

Experiences of Being a Teenage Mother in the UK: A Report of a Systematic Review of Qualitative Studies

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Executive Summary

Background: Teenage pregnancy and motherhood is a central focus of the UK government's policies to tackle social exclusion and health inequalities. It is widely acknowledged that an understanding of the needs and experiences of young mothers is essential for the development of effective policies, an understanding provided by qualitative studies which record their experiences of their lives. But no systematic reviews of these studies have been carried out.

Aims: To undertake a systematic review (SR) of qualitative research on the experience of being a teenage mother in the UK.

Objective: To systematically review the qualitative evidence on the lives of young mothers, under the age of twenty, in the UK from 1990 to 2003.

Methods: An initial scoping exercise was undertaken prior to the main review. The first three stages of the main review (searching the research literature, applying inclusion/exclusion criteria to the studies located through the search, and quality-assessing the studies which met the inclusion criteria) followed the standard methodologies used in SRs of quantitative studies. The final stage of the SR involved the integration of synthesis of themes about young mothers' experiences from across the studies which met both the inclusion and the quality criteria. This stage used meta-ethnography, one of the most well-developed and frequently used methods of synthesising findings from qualitative studies. Meta-ethnography facilitates the identification of themes which run both within and across studies.

Results:

(1): The search strategy located twenty studies meeting the inclusion criteria (i.e. a UK study, published between 1990 and 2003 of the experience of young women who have become a mother in their teenage years). Ten of the studies met the quality criteria, and were therefore included in the systematic review of findings.

(2): Integrating findings across the ten studies enabled a set of recurrent and dominant experiences to be identified. These experiences related both to the constraints operating on teenage mothers and the mothering practices that they developed in the face of these constraints. With respect to *constraining factors*, teenage mothers are poor mothers, having to care for their children in impoverished circumstances, which are hard to either improve or escape from. They are also young mothers, going against the grain of social prejudices, which position them as irresponsible and inadequate mothers. Against these constraining factors, young mothers develop *resilient mothering practices* by drawing on the only two resources to which they may have access: the support of their families (emotional, practical, financial), and their personal capacities as mothers. At the heart of these practices is the development of a 'good mother' identity, a sense of self nurtured by investment in the mother-child relationship and supported by family (and by their mother, the maternal grandmother in particular).

Conclusions: The SR points to the potential value of including well-conducted qualitative studies in the evidence base of policies to reduce teenage pregnancy and support teenage mothers. Using a combination of standard SR procedures and meta-ethnography, it demonstrates that such studies can be synthesised in ways which provide deeper and broader understandings of the lives of teenage mothers. Qualitative syntheses clearly provide only one segment of the evidence base. Nonetheless, they offer an important insight into the constraining contexts and resilient practices which structure the everyday experiences of young mothers in the UK.

1. INTRODUCTION

Over the last five years, teenage pregnancy and parenthood have gained increasing attention in public health and social exclusion policy debates. This is partly as a result of concerns that the UK has the highest rate of teenage pregnancies in western Europe (UNICEF 2001). Birth rates to teenage mothers in most other western European countries fell during the 1970s, but UK rates have stayed relatively consistent since 1969 (Botting et al. 1998). The under 18 and under 16 UK conception rates have, however, fallen by over 6% between 1998 and 2000 (ONS 2000).

In addition to concerns over the numbers of young women entering early motherhood, there is also a growing recognition of the reciprocal relationship between teenage parenthood and social inequalities – teenage parents are most likely to be from poor or socially excluded backgrounds, and becoming a teenage parent tends to deepen these inequalities (Botting et al. 1998; Kane and Wellings 1999; Kiernan 1995; SEU 1999; UNICEF 2001). Girls and young women from social class V are approximately ten times more likely to become a teenage mother as girls and young women from social class I (SEU 1999). In addition, there are a number of adverse social and health consequences for young parents and their children (Botting et al. 1998). Young mothers are less likely to complete their education and are more likely to be in receipt of benefits (SEU 1999) and to be lone parents (Kiernan 1995) than older mothers. The children of teenage mothers are also at greater risk of poverty, poor housing and inadequate nutrition than children born to older mothers. (Botting et al. 1998).

In 1998, the UK government responded to these concerns regarding teenage pregnancy and parenthood. It asked the Social Exclusion Unit (SEU) to investigate the causes of teenage pregnancy and develop a strategy to reduce the high rates of teenage pregnancy and parenthood in England. In 1999, the SEU published its report, *Teenage Pregnancy* (SEU 1999) which sets out a ten-year national strategy to tackle the causes and consequences of early parenthood. Teenage pregnancy and young mothers are now at the heart of a number of cross-cutting health and social policies addressing health, social and economic inequalities. One of the four themes identified by the governments recently published *Tackling Health Inequalities: A Programme for Action* (DH 2003) is to support families, mothers and children to ensure the best possible start in life and break the inter-generational cycle of health inequalities. Reducing teenage pregnancy and supporting teenage parents is a key area of action. For example, the Surestart Plus pilot programme specifically aims to reduce the risk of long-term social exclusion and poverty from teenage pregnancy.

Despite the number of cross-cutting policies which attempt to address social and health inequalities in this vulnerable group of women, the evidence supporting the effectiveness of current policies is very slim. A Health Development Agency evidence briefing, *Teenage pregnancy and parenthood: a review of reviews* (Swan et al. 2003) found very little UK review-level evidence on interventions and evaluations aimed at improving outcomes for teenage parents. In addition, the report highlights the narrow range of evidence relied upon by most reviews, and suggests this may restrict the answers generated by future reviews.

As the HEA review indicates, there is little scope for improving the evidence base for policy through further reviews of interventions. Our systematic review (SR) draws on an alternative, and as yet unexploited, source of evidence. It focuses on qualitative evidence on the perspectives of teenage mothers and mothers-to-be of their lives. The SR provides a review of the social, material and economic experiences of teenage pregnant women and mothers living in the UK, privileging their accounts of their lives. In so doing, it fills an important gap in the evidence base of public health policies.

Young women's perspectives are important because the meanings they attach to their experiences and practices are not accessible through 'experts' or professional perspectives on their lives (Lloyd-Smith and

Tarr 2000). Yet, their accounts have not, so far, been systematically incorporated in the development and evaluation of policy.

Qualitative research is not traditionally included in systematic reviews. The methodology used for this review therefore draws on work underway, nationally and internationally, to develop methodologies appropriate for reviewing qualitative studies (Britten et al. 2002; Campbell et al. 2003; Rees et al. 2001).

2. BACKGROUND

2.1 Who is a teenage mother?

At least 1.25 million teenagers become pregnant each year in the 28 Organisation for Economic Co-operation and Development (OECD) countries recently reviewed by UNICEF (2001). Of these, approximately 75% will go on to become teenage mothers, and 500,000 will seek an abortion. The US has the highest teenage birth rate, at 52.1 per 1,000 pregnancies, and the UK has the highest rate of European OECD countries and western Europe as a whole. Throughout most of western Europe, birth rates to teenage mothers fell during the 1970s, but UK rates have remained relatively stable since 1969 (Botting et al. 1998). Conception rates have, however, declined in the UK for both the under 18 and under 16 age groups by 10% and 11% respectively since 1998 (IAGTP 2003). What is rarely acknowledged in UK public health and policy debates is that the low incidence of births to teenagers in some European countries (such as Sweden and Denmark) is partially attributable to the widespread use of abortion rather than successful interventions to reduce conception rates (Arai 2003b; Kane and Wellings 1999; UNICEF 2001).

Deprivation is a key indicator for UK teenage pregnancy. Young women from social class V are approximately ten times more likely to become a teenage mother than young women and girls from social class I (SEU 1999). Conception rates are slightly higher in the north of England than the south, although there is a great deal of regional variation (Botting et al. 1998). Young people scoring below average on measures of educational achievement have been found to be significantly more likely to become teenage parents (Kiernan 1995). Teenage mothers are more likely than older mothers to be unmarried, and a significant proportion of births to young mothers are registered to the mother alone (Botting et al. 1998).

Other groups of young people more vulnerable to becoming teenage parents include those in or leaving care (Biehal 1995), homeless young people (JRF 1995), school excludees, school non-attenders and young people under-performing at school (Kiernan 1995), and young people involved in crime (Botting et al. 1998). Bangladeshi, Caribbean and Pakistani women are more likely to enter into early motherhood than white women, but rates of teenage pregnancy are below the national average among Indian women and rates in South Asian communities generally have been decreasing (Berthoud 2001).

There is very little research which examines teenage fathers (Swan et al. 2003). The Joseph Rowntree Foundation (JRF 1995), analysing longitudinal data from the National Child Development Study, reports that young fathers (like young mothers) were most likely to come from low income families and to have left school at the minimum age.

2.2 Outcomes for teenage mothers and their children

Teenage pregnancy has been associated with a range of negative outcomes for young mothers and their children. Population trend data (Botting et al. 1998) show that almost half of teenage mothers smoke during pregnancy with health consequences for both mother and baby. Other research suggests that babies of teenage mothers tend to have a lower than average birth weight than older mothers and that rates of infant mortality and morbidity are higher for children of teenage mothers (Botting et al. 1998; SEU 1999). The ONS data also found that 43 per cent of young mothers have an episode of depression within one year of childbirth, and postnatal depression may be up to three times as common in early mothers as their older counterparts (Botting et al. 1998).

Some critics have argued that research on the health outcomes of adolescent childbearing are contradictory. They suggest that the construction of teenage pregnancy and motherhood as a 'problem' means research can

be highly selective and report only the negative outcomes of early parenthood (Arai 2003a; Cunnington 2001; Lawler and Shaw 2002). For example, there is some evidence that younger maternal age protects children from diabetes (Bingley et al. 2000), women from breast cancer (McPherson et al. 2000) and obstetric outcomes are often more favourable in this population compared with older age groups (Wolkind and Kruk 1985).

The crucial question relates to whether the adverse outcomes experienced by (some) mothers and children of teenage pregnancies are causally related to the *age* of the mother, or whether there are other factors which lead to such negative outcomes. Several quantitative studies have found that teenage pregnancy is associated with low birth weight, prematurity, increased perinatal and infant mortality, poorer long-term cognitive development and low educational achievement for both mother and child (Fergusson and Woodward 1999; Fraser et al. 1995). However, Lawler and Shaw (2002) document that where studies have attempted to address the underlying causes of these negative effects, the results are less clear-cut. Some research has found that negative outcomes remain even after controlling for maternal socioeconomic position and other confounding factors (Fraser et al. 1995), some found that age has no effect (Gueorguieva et al. 2001; Lee et al. 1998; Scholl et al. 1992), whereas other studies report that, once maternal socioeconomic position and smoking are taken into account, young age is associated with better outcomes (Geronimus 1992; Geronimus 1996; Makinson 1985; Reichman and Pagnini 1997).

A recent systematic review of the medical consequences of teenage pregnancy concluded that poor outcomes such as low birth weight and anaemia were predominately caused by the social, economic and behavioural factors associated with teenage pregnancy (Cunnington 2001). In addition, Cunnington asserts from this review that most teenage pregnancies are low risk – a point which is usually omitted from research and policy debates. Lawler and Shaw (2002) argue that the poor health outcomes associated with teenage pregnancy and motherhood may be influenced by differing attitudes and values of health care professionals and society more generally. They use the example of an ultra-orthodox Jewish community living in Jerusalem amongst whom marriage and pregnancy at a young age is encouraged and the women strongly supported within the community. Research with this community found good pregnancy outcomes with teenage mothers (Gale et al. 1989).

What is raised by these studies is the way in which ‘teenage motherhood’ is constructed as a social problem, and the influence this may have on how health research is conducted and reported (Bullen et al. 2000; Carabine 2001). Critics have argued that, in both policy and public discourses, teenage motherhood has been represented as an undesirable and deviant form of motherhood which undermines ‘traditional’ family forms, as well as being identified as a source of pathology and generating problems such as poverty, crime and delinquency (McRobbie 2000; Roseuil and Mann 1996; Wallbank 2001).

It may be that health research has uncritically accepted the assumption that young motherhood is undesirable and is contributing, perhaps inappropriately, to the construction of teenage motherhood as a social and public health ‘problem’. As Lawler and Shaw (2002) point out, women having babies in their thirties and forties where chromosomal abnormalities and complications are an increased risk are not labelled a ‘public health problem’. They state: ‘we do not agree that teenage pregnancy is shameful, nor do we believe teenage pregnancy is (or best conceptualised as) a public health problem; however, we do believe that the accumulative effect of social and economic exclusion on the health of mothers and their babies, whatever their age, is’ (p.553).

An aspect of early motherhood that is not disputed is the positive correlation between rates of teenage conception and area deprivation (Bradshaw and Finch 2001; SEU 1999). Young women in the poorest areas are more likely to become pregnant than their counterparts in wealthier areas, and they are less likely to use abortion to resolve unplanned pregnancies (Griffiths and Kirby 2000) (Smith 1993). There is strong evidence

of a link between teenage parenthood and lack of participation in education, training and employment at age 16 or 17 (Botting et al. 1998). Some 90% of teenage parents receive income support, are more likely than other lone parents to rely on benefits alone and are likely to be receiving benefits for longer (SEU 1999). Forty per cent of teenage mothers (under 20) live in someone else's household (including their parents), and for under 18s this increases to 80% (Botting et al. 1998).

However, the nature of the relationship between poverty, deprivation and teenage parenthood is not clear and is under-researched in the UK. It is not apparent to what extent the effects of teenage pregnancy are determined or mediated by poverty. This has been identified as a primary gap in the UK evidence base (Swan et al. 2003). More work needs to be done to explore the influence of age, poverty and background on outcomes for young mothers and their children. Intervening with this group is key to tackling the social and health issues that surround young parents and children; yet little evidence assessing the effects of interventions to improve interventions for teenage parents (Swan et al. 2003).

2.3 Policy context

Tackling teenage pregnancy and early motherhood is central to the Government's attempts to reduce health inequalities, child poverty and social exclusion (Health 2002). In 1998, the Social Exclusion Unit (SEU) was asked to investigate the causes of teenage pregnancy and develop a strategy to reduce the high rates of teenage pregnancy and parenthood in England. In 1999, the SEU published its report *Teenage Pregnancy*, which sets out a ten-year national strategy to tackle the causes and consequences of teenage parenthood. One of the main aims of the strategy is to increase to 60% the participation of teenage parents in education, training and employment to reduce the risk of long-term social exclusion by 2010 (SEU 1999).

Teenage pregnancy and young mothers are now at the heart of a number of cross-cutting health and social policies addressing health, social and economic inequalities. The government's recent publication *Tackling Health Inequalities: A Programme for Action* (DH 2003) is an action plan which sets out to address health inequalities over the next three years. This action plan has been developed from initial evidence reviewed in the *Independent Inquiry into Inequalities in Health* (Acheson 1998) and subsequently by the government's *Cross-Cutting Review on Tackling Health Inequalities* (Health 2002). Both these reviews identified improvements in early-years support for poor children and their families as an area likely to have a significant impact on the underlying determinants of health inequalities. Consequently, one of the four themes of the *Programme for Action* is supporting families, mothers and children to ensure the best possible start in life and to break the inter-generational cycle of health inequalities. Reducing teenage pregnancy and supporting teenage parents is a key area of action in the theme, and exemplified by the Surestart programme.

Sure Start is a major driving force behind the Government's strategy to tackle child poverty and social exclusion. The five year Surestart Plus pilot programme specifically aims to reduce the risk of long-term social exclusion and poverty from teenage pregnancy (www.info.doh.gov.uk/tpu/tpu.nsf). It offers personal adviser support to pregnant young women and teenage mothers and fathers in 20 pilot areas (see national evaluation Rosato et al. (2004)). The pilot programme has four objectives:

1. Improve health
 - targets: to increase numbers of pregnant teens in contact with health services; reduce numbers of teen mothers smoking during and after pregnancy.
2. Improve learning of teenage pregnant women & their children
 - target: to increase numbers participating in education
3. Strengthen families and communities
 - target: to increase percentage who report involvement of family or partner in child's upbringing.
4. Improve social and emotional wellbeing

- target: to increase identification and support of all teen mothers with postnatal depression.

Without evaluation, it is difficult to assess the effectiveness of such interventions like Surestart Plus on the lives of teenage parents. For example, what seems to be missing from policies and strategies attempting to address health and social inequalities for this vulnerable group of women is recognition of the cumulative weight of disadvantage which teenage mothers encounter, and the interconnected ways in which this disadvantage is experienced and compounded. In part this has been highlighted by the Independent Advisory Group on Teenage Pregnancy in their 2002/2003 annual report. They are concerned that (IAGTP 2003: 39):

...many young parents still have very low incomes, face many obstacles in returning to education and work, and do not live in appropriate housing. Accordingly, we recommend that the Government gives priority to the provision for teenage parents of:

- adequate financial incentives to support young parents and to encourage them to return to learning
- adequate and affordable childcare
- suitable, affordable housing, including sufficient supported housing

It may be that, without social policies which directly address the impoverished financial, material and social conditions which the majority of teenage mothers, through no fault of their own, find themselves, it will prove very difficult to attain governmental targets. Developing these policies requires a solid base of UK evidence on how teenage mothers experience and manage their disadvantaged lives. This points to the need to undertake and review qualitative research which privileges the accounts of teenage mothers. Information about the experiences and practices of early mothering is crucial to informing interventions to improve the lives of young mothers and their children.

2.4 Why review qualitative research?

Across health and welfare policy, there is an increasing appreciation that users' views are important for developing effective policies. In the *Cross-Cutting Review on Tackling Health Inequalities*, involving local people in research processes is highlighted as a key component of successful interventions (Health 2002). The Independent Advisory Group on Teenage Pregnancy (IAGTP 2003) also underlines the need to encourage the active involvement and participation of children and young people in developing policy and services which are effective and meet their needs.

Over the last ten years, there has been a rapid increase in research on teenage pregnancy and motherhood conducted in the older industrialized countries. This is dominated by research carried out in the USA, where the majority of studies are quantitative. By comparison, there is very little US qualitative research. In the UK, there is a small body of qualitative research investigating teenage pregnancy and motherhood. These studies appear to be clustered around two subject areas: the reduction of teenage pregnancy, and needs-based research for teenage mothers and mothers-to-be. Research focused on the reduction of teenage conceptions and pregnancy concentrates upon young people's attitudes towards, and experiences of, contraception, sex education, sexuality and young parenthood. There is also some research on the decision making-process once young women establish they are pregnant. The second area of UK qualitative research has a needs-based approach and centres on housing, nutrition, health and social services, and education. In combination, these two seams of UK qualitative research form a modest, but nonetheless important, resource. Our review of UK qualitative research provides a synthesis of teenage mothers accounts, which remain almost absent from policy debates relating to this group of young women.

3. SYSTEMATIC REVIEW METHODOLOGY

Over the last decade, qualitative research has found increasing recognition in the health field as a legitimate and important source of knowledge about health and healthcare. The proliferation of empirical studies using qualitative methods has led to an accumulation of a substantive body of qualitative health research. At the same time, there has been a growth of interest in evidence-based policy. These two trends together have prompted a growing interest in how individual qualitative studies may be integrated, or aggregated, to better inform health policy and practice (Dixon-Woods and Fitzpatrick 2001; Paterson et al. 2001; Popay et al. 1998; Sandelowski et al. 1997).

Interest in synthesising the findings of qualitative health research has been partially driven by the move towards evidence-based medical practice. Methodologies for research syntheses are well-advanced with respect to quantitative studies. Medical literature is systematically searched and utilises methods such as meta-analysis, to combine the findings of quantitative studies (Campbell et al. 2003). While there has been considerable development of methods for aggregating/synthesising quantitative findings, methods to synthesize/aggregate qualitative research findings are less advanced and are still in the early stages of development (Dixon-Woods et al. 2003).

Although guidance on conducting systematic reviews from the NHS Centre for Reviews and Dissemination includes advice on the inclusion of qualitative evidence (CRD 2001), it acknowledges the need for research and development in this area and the contested nature of some of the issues (Dixon-Woods and Fitzpatrick 2001). There is an emerging debate which argues that conventional systematic review methodology cannot be used 'lock, stock and barrel' as a method for reviewing qualitative research findings. Critics argue that systematic review methodologies must be developed to take account of the differences in the nature of knowledge and the assumptions underpinning the methods being deployed (Booth 2001; Campbell et al. 2003; Murphy et al. 1998; Popay et al. 1998).

The under-development of methods to review qualitative studies is partially the result of the fact that qualitative research has only recently been legitimated as a form of 'evidence' within the evidence-based policy movement. But it is also a consequence of the considerable disagreement among qualitative researchers over the appropriateness of attempting to review and integrate qualitative research findings (Campbell et al. 2003; Sandelowski et al. 1997). The epistemological and methodological tensions surrounding these debates centre on the contextual nature of qualitative research. Qualitative epistemology argues that study findings are specific to a particular context at a particular point in time and history. What this means is that we cannot assume that concepts, experiences and practices (e.g. family, motherhood) have homogenous meanings, which stay constant across time and place; different contexts support a variety of meanings. In other words, meaning is emergent from and contingent on context, and therefore that meaning is lost if detached from context. It is the rich detail which arises from such contextualisation which gives qualitative research its unique insight into the understanding of social phenomena (Sandelowski et al. 1997).

As this suggests, at the heart of the debate over whether qualitative findings can, or should, be integrated is the question of generalisability. It is a question about whether the specificity of concepts which arise from qualitative methods is transferable across settings. This question can be framed as a modern/postmodern debate (Campbell et al. 2003). At one end of the spectrum, qualitative researchers with postmodern tendencies may argue that concepts which are in eternal flux makes generalisability or 'fixity' undesirable, inappropriate and fruitless in our attempts to 'understand' the social in postmodernity. Qualitative researchers of a more 'modernist' persuasion may argue that, while late-modernity is a reflexive and mobile society, we continue to operate upon some shared meanings of the social, recognising that these change over time and have context-specificity. It is perhaps where researchers position themselves in relation to this debate that influences their attitudes to the synthesis of qualitative findings.

The systematic review reported here operates on the assumptions that it is both desirable, and possible, to attempt to integrate individual qualitative research studies, in order to build up a cumulative body of empirical work to better inform health policy and practice. As Britten and colleagues (2002) suggest:

To claim that generalisation is not possible is to deny the transferability of any shared meanings or generative mechanisms (Britten et al. 2002: 214)

What is crucial, however, is that the methodology developed to synthesize qualitative research is appropriate to the research being integrated. This review was conducted using a combination of conventional systematic review methods and newly-emerging methodological insights from recent reviews of qualitative research (Campbell et al. 2003) (Barroso et al. 2003; Dixon-Woods and Fitzpatrick 2001; Hawker et al. 2002). There were four stages to the review: a search strategy to locate studies; the application of an inclusion/exclusion criteria; quality appraisal; and the integration/synthesis of study findings.

4. A SYSTEMATIC REVIEW OF QUALITATIVE STUDIES ON YOUNG MOTHERS: AIMS AND METHODS

4.1 Aims

The aims of the review are:

- To undertake a systematic review of qualitative research evidence on the experience of being a teenage mother in the UK.

4.2 Search Strategy

4.2.1 Literature scoping

Prior to the main review, a scoping review of the literature was conducted to establish whether a systematic review in the topic area had been previously conducted, to estimate the quantity of research on teenage mothers' lives and to gain an indication of the range of subjects covered in the body of work. This included searching for existing reviews and primary studies consistent with the review's objectives. A search of electronic databases (Cochrane, ASSIA, World Cat, Bids) was carried out on 21.01.03 using search terms: teenage or adolescent and mother. A hand search of the literature was also carried out which was guided by a key informant of the field (Hilary Graham). The scoping exercise demonstrated that a systematic review of qualitative research of young mothers' perspectives had not been conducted.

4.2.2 Search outline

For the full review, different sources of published and unpublished research literature were searched to locate relevant reports. Non-research based literature was excluded. The search terms were developed in line with systematic review practice (CRD 2001). The search strategy included the following:

- Databases

Searches were conducted on core bibliographic databases: Assia, Caredata, CINAHL, Dissertation Abstracts International, Embase, HMIC (Grey literature database), IBSS (Inter. Bibliog. Soc.Science), MEDLINE, PapersFirst (Conference proceedings), Psycinfo, Sociological Abstracts, SSCI (Social Science Citation Index).

Other databases and research registers searched: Index to theses, Cochrane database of Systematic Reviews, CORDIS (EU based research) (www.cordis.lu/home.html), ESRC Regard (www.regard.ac.uk), HDA Evidence Base, MIRIAD (midwifery research database) (www.leeds.ac.uk/miru/), National Research Register (www.doh.gov.uk/nrr.htm), REFER (Research Findings Electronic Register DOH), Sociological Research Online (www.soresonline.org.uk), Zetoc (conference proceedings), Copac (includes British Library), Worldcat.

It should be noted that searching for qualitative studies in electronic databases presents particular problems in relation to the specificity and recall of the number of records obtained. Until recently most databases have not indexed qualitative research with a specific subject heading. This is beginning to change, for example Medline had used "Nursing Methodology Research" but introduced the MeSH heading "Qualitative research" in 2003. While filters have been devised and tested for randomised controlled trials and other types of study, work on filters for qualitative studies is in its early stages and often those developed are not

practically useable. Overall, the only approach is to use free text words to identify qualitative studies but the recall/specificity problems remain.

Search terms were divided into two categories:

- study design terms (e.g. qualitative, focus group, grounded theory)
- “attitude” terms, that is words which were likely to occur within a description of qualitative research (e.g. experience*, perception*, perspective*, attitude*, explor*).

Initial trials using these terms found that, while all were useful in identifying qualitative research, terms from the study design set were found to have a higher specificity, that is they produced fewer irrelevant items. Given the time constraints, it was decided to use a limited number of qualitative terms for some of the database searches. The term “questionnaire” was found to have low specificity, so after analysis of a selection of results, in these databases it was combined with the following terms: “open-ended”, “semi-structured”, “unstructured”, “in-depth”. Similarly “interview*” provided good recall of qualitative studies but also many false hits of non-qualitative studies. Items retrieved using “interview” were therefore retrieved separately to speed up sifting (for search terms used see appendix A).

- Internet sources

Internet searches were conducted of the following sites: The Campbell Collaboration (www.campbell.gse.upenn.edu/), ESRC UK Centre for evidence based policy and practice (www.EvidenceNetwork.org), National Centre for Social Research (UK)(www.natcen.ac.uk), Centre for Analysis of Social Exclusion (www.sticerd.lse.ac.uk), Health Education Board for Scotland, Health Action Zones, Public Health Departments, Surestart, Joseph Rowntree Foundation, Kings Fund, Surstart.

In addition, the following were utilized in the search:

GreyLit gateways: SOSIG.ac.uk, OMNI.ac.uk .

Search engines utilised: Google.com, Altavista.com, Lycos.com, Yahoo!Health (www.dir.yahoo.com/health/index.html), Bubc.ac.uk .

Jiscmail.ac.uk (academic information exchange) NAME LISTS,

Key informants:

Lorraine Greaves (Canada)	Helen Roberts (City University)
Linda McKie (UK-Scotland)	Amanda Amos (Edinburgh Uni.)
Erma Lawson (USA)	Naomi Eisenstadt (Surestart)
Hilary Graham (UK)	Same Mason (Surestart)
Rhona Campbell (Bristol)	

- Key Journals were hand and electronically searched (alerts were set up for new relevant studies):

British Medical Journal, Health and Place, Health and Social Care in the Community, Health Education Journal, Health Promotion International, Journal of Adolescent Health, Qualitative Health Research, Sociology of Health and Illness, British Journal of Midwifery, Journal of Adolescence.

- Relevant edited books which reported on qualitative research were searched.

- Reference citations from relevant research (journal articles, books and reports) were followed up for further potential research studies.

4.2.3 Search results

The combined search strategies yielded 4159 citations. The abstracts and titles of the citations were read and 3918 studies were rejected because the majority were not qualitative research, they were conducted outside the UK or were not concerned with teenage mothers and mothers-to-be. The remaining 241 citations were read through a second time, and a further 143 citations were rejected for similar reasons. The final number of citations was 98. Many of the citation abstracts did not yield enough information to ascertain whether the research was appropriate so remained included until a copy of the study was obtained (see appendix B for search strategy results and the numbers extracted).

4.3 Inclusion/Exclusion criteria

In line with conventional systematic review methodology, the inclusion/ exclusion criteria (see table 1 below) were applied to the 98 studies located in the search strategy by two independent researchers. There were no disagreements between the two researchers and 20 studies were deemed to fit the inclusion criteria for the review. There were, however, a number of difficulties in applying the inclusion/exclusion criteria to qualitative research in relation to identifying the ages of those included in the study, retrospective data, date of data collection, and in determining study type and analysis (whether qualitative data collection and analyses were undertaken).

Table 1: Inclusion/Exclusion Criteria.

Parameters	Inclusion Criteria	Exclusion Criteria
Location	United Kingdom	Non-United Kingdom
Language	Studies written in English	Studies not written in English
Time Frame	Studies published from 1990 (inclusive) onwards	Studies published before 1990
Population	Studies which focus on or include women under 20	Studies with women who are 20 and over
	Studies on women who are pregnant or caring for one child or more	Women who are not pregnant or caring for any children
Outcome	Studies concerned with teenage mothers and mothers-to-be <i>own accounts</i> of their lives	Studies which DO NOT have teenage mothers' and mothers'-to-be own accounts of their lives.
		Studies concerned with pregnancy/abortion/adoption decisions
		Studies investigating risk factors of teen pregnancy/parenting e.g. child abuse, low birth weight
		Studies concerned with adolescent pregnancy prevention/ sex education
Study Type	Primary research	Book reviews, opinion pieces, literature reviews, policy documents
	Studies which report on findings which use qualitative methods (data collection & analysis)	Studies which DO NOT include qualitative methods of data collection & analysis
		Studies in the psychology paradigm

The problem of locating qualitative research and then determining the relevance of studies to be included within reviews has been highlighted by the newly-emerging work on the systematic review of qualitative research (Campbell et al. 2003) (Barroso et al. 2003; Dixon-Woods and Fitzpatrick 2001; Hawker et al. 2002). Study identification strategies for conventional (quantitative) systematic reviews are based on achieving statistical representativeness which is not a feature of qualitative research. SR search strategies are based on linear and sequential steps, with deviation from the approved protocol considered a threat to SR validity. Qualitative research is reflexive and the steps involved are more fluid and iterative (Booth 2001).

Some researchers have suggested that search strategies for locating qualitative studies should draw on sampling techniques used in primary qualitative research such as ‘data saturation’ approaches (Booth 2001; Paterson et al. 1998; Schreiber et al. 1997). Booth (2001) advocates snowball citation, as one such sampling method, where the reviewer searches for papers that possess characteristics relevant to research questions and continues to search until no new references are identified. In a similar vein, Schreiber (1997) proposes theoretical sampling, where studies are searched for until there are a sufficient number to answer the research question. In practice, this means studies are located that identify themes, once these themes have been recognized, in qualitative terms further occurrences of them are only of interest if they expand or modify an already-identified theme. A researcher continues sampling until theoretical saturation is reached, i.e. no new relevant data are emerging. These search techniques may vary and depend on the research questions, the desired end product and theoretical framework of analysis. As one might expect, there is some anxiety that selective sampling may result in the omission of relevant data, thus limiting the understanding of the phenomenon (Jensen and Allen 1996; Sherwood 1999).

The 20 studies located for the quality appraisal stage of this review could have been located through such search techniques. Figure 1. illustrates the narrow range of sources through which the 20 studies were located. In addition, there was cross-referencing between studies: most were referenced in other studies identified through the research. It is plausible that had a citation snowball technique been utilised to identify studies for inclusion in this review, it would have achieved similar results more quickly (and therefore cheaply). As this indicates, a question mark hangs over the usefulness of using quantitative search techniques to find qualitative research

Fig. 1: Sources for the studies meeting the inclusion criteria.

Cinahl 2; Cinahl & Assia 1; Assia 3; Assia & HMIC 2; IBSS/HMIC 1; Regard 1; SOCAB 1; Psyclit 1; JISMAIL 1; Internet search 3 (JRF, National Children’s Bureau, YWCA); Guardian 2, Lancs library search 2.

4.4 Quality Assessment

The quality assessment of qualitative research is a highly contested aspect of research methodology and systematic review debates. There are no commonly-agreed quality criteria by which to judge qualitative research. The NHS guidance for systematic reviews emphasises the need for a structured approach to quality assessment for qualitative studies, but also recognises the difficulties of achieving consensus on the criteria that might constitute quality standards. Until the debate on quality appraisal moves closer to resolution, this is likely to be an area of continuing contention and therefore of differing practice (Estabrooks et al. 1994; Jensen and Allen 1996; Sandelowski et al. 1997).

Our review utilised the quality assessment criteria developed by the EPPI-Centre (Rees et al. 2001). These criteria were chosen because they were based on the rationale and assumptions of qualitative research rather

than on a checklist of prescriptive ‘technical fixes’ (Barbour 2001). The EPPI-Centre criteria are listed in Table 2 (criteria 2-7 from Rees et al 2001, (criterion I added as a filter). The eight quality criteria were applied independently by two researchers to each of the 20 studies.

In order to make transparent the application of the quality criteria by the two researchers, an appraisal system was developed. The eight quality criteria were applied to each of the 20 studies. For each of the studies, a mark of A to D was awarded for each of the eight quality assessment criteria. The appraisal system was:

A – No or few flaws

B – Some flaws

C – Significant flaws which may affect the validity of the findings

D – Untrustworthy findings/conclusions

The quality appraisal therefore involved assessing each study according to each of the eight criteria in Table 2. A final overall assessment was then made of each study based on these eight criteria. Studies assessed as grade A, B & C were used in the final synthesis; D graded studies were rejected.

The 20 studies resulting grades were: A = 0, B = 4, C = 6, D = 10 (see appendix C. for the details of the quality assessment). Table 3. details the ten UK studies (with grades), covering 326 teenage mothers and mothers-to-be.

By excluding those studies graded D, the quality assessment enabled a high degree of reliability and validity in the findings of the studies to be synthesised. We found that the studies included for the final synthesis covered a range of different subject areas such as housing, diet and family relationships. The exclusion of some studies on the grounds of a quality criteria still enabled the synthesis to work with a broad range and depth of findings on young mothers’ lives.

Table 2: Quality assessment criteria, based on EPPI-Centre criteria (Rees et al, 2001)

The study has:

1. A focus on teenage mothers' lives;
2. Explicit account of theoretical framework and/or inclusion of a literature review: does the report provide an explanation of, and justification for, the focus of the study and the methods used? This question is intended to assess whether the research has demonstrated how it was informed by, or linked to, an existing body of knowledge;
3. Clearly stated aims and objectives: does the report explicitly and clearly state the aims of the study?
4. A clear description of context: does the report adequately describe the specific circumstances under which the research was developed, carried out and completed?
5. A clear description of sample: does the report provide adequate details of the sample used in the study including details of sampling and recruitment? This should include presentation of socio-demographic data and data on any other salient factors so that an assessment of who was included and excluded from the research can be made to aid interpretation and judgements about the validity and generalisability of findings;
6. A clear description of methodology, including data collection and data analysis methods: does the report provide an adequate description of the methods used in the study including its overall research framework, methods used to collect data and methods of data analysis? This question is to assess how the methods shapes the findings of the study, again to aid interpretation and judgements about the validity and generalisability of findings;
7. Evidence of attempts made to establish the reliability and validity of data analysis: researchers need to show that some attempt had been made to assess the validity and reliability of the data analysis;
8. The inclusion of sufficient original data to mediate between data and interpretation: does the report present sufficient data in the form of, for example, data tables, direct quotations from interviews or focus groups, or data from observations, to enable the reader to see that the results and conclusions were grounded in the data? Could a clear path be identified between the data and the interpretation and conclusion?

Table 3. The studies which met the quality assessment criteria.

Authors	Aim	Sample Size	Sample Composition	Data Collection	Region
Mitchell and Green (2002) Grade: B	To explore the role and importance of kinship within the lives of working class women as they seek to make sense of motherhood and their own self-identity as a young mother	14 young mothers	15-24 years, white (ex.1), working class	Interviews in community buildings e.g. women's centre, or own homes	North East England
Schofield (1994) Grade:B	To explore how the young mothers makes her way through pregnancy, birth and motherhood and how she comes to terms with her changing role	13 mothers attending, now or in past, school mother education unit	White, 16 or under when pregnant. Ages not specified but range 15-24 years probably	Semi-structured interviews in homes or education unit	Ipswich
Phoenix (1991) Grade: B	To document women's life histories & experiences over a 2-year period to seek to understand the process of becoming a mother	Approx. 75	16-19 years; majority born in UK, 14% elsewhere; poor economic circumstances	Interviewed 3 times over 2 years in own homes	London
Walters and East (2001) Grade: B	To explore the experience of repeated homelessness in the lives of young mothers	3	Under 21 years; living in temporary accommodation – hostels for homeless families	Action research strategy; four focus group meetings	Central England
Letherby et al. (2001) Grade: C	To collect information about young mothers experiences of motherhood (& housing in particular)	29 (28 mothers; 1 father)	16-24 years	5 Focus groups; 10 interviews in homes	Coventry
Aarvold and Buswell (1999) Grade: C	To challenge the 'problem' approach of teen mothers and, drawing on the views of very young mothers, present an alternative perspective rooted in the supportive processes of the family & household	31 – questionnaire 15 – focus group	Under 16 years when became pregnant. All attending an educational unit for school-age mothers	Questionnaire and 3 follow-up focus groups	?
Burghes and Brown (1995) Grade: C	To shed light on the pathways that take young women from their early sexual experiences & contraception to single lone motherhood	31	Aged 17-23 years; 19 single lone mothers 12 cohabiting or married. All under 20 when gave birth	Interviews	Doncaster Fareham London Manchester Plymouth
Speak et al. (1995) Grade: C	To investigate the barriers to independent living, as experienced by young, single, never-married mothers.	40	16-24 years not married or cohabiting Under 20 when gave birth	Semi-structured interviews in homes; 15 group discussions in community centres	Newcastle-upon-Tyne

Burchett and Seeley (2003) Grade: C	To look at what foods pregnant teenagers were eating, how they made their food choices & what factors influenced their eating behaviours	46	Under 18 years and pregnant	Interviews using questionnaire	Stoke-on-Trent Rochdale, Liverpool Lambeth, Gloucester Croydon,
Corlynon and McGuire (1999) Grade: C	To explore the views and experiences of pregnancy & parenthood of young people in care	30	29 mothers; 1 father. All in, or had been, local authority care. All pregnant at 16 years or under. 23 white; 7 black/Asian/mixed race	Interviews and 3 group discussions	11 Local Authorities: 2 – North East 4 – North West 2 – Central 3 – South

4.5 Integrating/synthesising qualitative research on teenage mothers

4.5.1 Integrative/synthesis methodology

For reasons detailed in Section 3 (Systematic Review Methodology), there are as yet, no set guidelines or common agreements on the most appropriate methods to combine/synthesize qualitative research findings (Britten et al. 2002). This is illustrated by the number and diversity of methods used by different researchers to integrate/synthesise qualitative studies (Hammersley 2002; Strike and Posner 1983). In a recent document, Dixon-Woods et al (2003) identify a broad range of methods which have been utilized, including, for example, narrative summary, thematic analysis, grounded theory, meta-ethnography, ‘aggregation of findings approach’, qualitative meta-analysis, qualitative meta-synthesis, meta-study, Miles & Huberman’s cross-case analysis, content analysis, and case-survey.

The common link between these different methods is that they all attempt, at varying levels, to draw out and integrate findings across qualitative studies in ways that generate new insights and understandings. A qualitative synthesis is therefore seen to differ from a traditional literature review. A literature review summarises findings to make an informed assessment about the current state of a field of knowledge. A literature review does not identify and chart the main concepts for comparison (Britten et al. 2002). Sandelowski et al (1997: 369) suggest that the aim of a synthesis is not to reduce findings but to enlarge ‘the interpretative possibilities of findings’. Campbell et al (2003: 672) suggest that the purpose of qualitative synthesis is ‘to achieve greater understanding and attain a level of conceptual or theoretical development beyond that achieved in any individual empirical study’. A synthesis requires a degree of conceptual innovation (Strike and Posner 1983) or development beyond that attained in individual studies (Campbell et al. 2003). Like a secondary analysis, qualitative synthesis could involve re-interpretation, based not on the original data but on the published findings.

The decision about which of the many methods to employ is in part driven by the aim of the synthesis itself. Paterson (2001) argues that the purpose of a synthesis is the key driving force behind the choice of method. Sandelowski & Barroso (2003) go further and claim that method selection is decided by both the purpose of the meta-synthesis and the researchers’ ‘appraisal of the nature of the findings themselves’ (p.158). The methods for this synthesis drew primarily upon meta-ethnography (Noblit and Hare 1988). In addition, cross-case analysis (Miles and Huberman 1991) and grounded theory’s comparative techniques (Glaser and Strauss 1998) were utilised to address the problems of synthesising disparate research findings.

The reasons for these method choices were complex and multiple. Meta-ethnography (Noblit and Hare 1988) is perhaps the most well developed, and frequently used, method of synthesizing qualitative research findings for example, Beck 2002; Britten et al. 2002; Campbell et al. 2003; Nelson 2002; Paterson et al. 1998. It is also one of the few areas of funded methodological research for qualitative synthesis (see Britten et al. 2002; Campbell et al. 2003; Dixon-Woods et al. 2003)). One of the most problematic aspects of qualitative

synthesis methodology is the tension between developing practical and communicable methods that synthesise qualitative findings and, simultaneously maintaining the integrity of individual studies. Part of the appeal of meta-ethnography to qualitative researchers is its potential as a method which can preserve the interpretative properties of primary data. Also, it is one of the few methods to lay out explicit guidelines for conducting a synthesis (see also Paterson et al. 2001). Furthermore, it is a method which has been utilised successfully in a number of qualitative reviews. It was for these reasons that it was selected as an appropriate method to draw upon to synthesise qualitative findings on teenage mothers.

4.5.2 Meta-ethnography

Meta-ethnography is a set of techniques, in many ways analogous to the comparative analysis method favoured by grounded theory, for synthesising qualitative studies. It was first developed by Noblit and Hare (1988) and is a theory about how to interpretatively, rather than aggregatively, derive understanding from multiple qualitative studies. The overall aim of meta-ethnography is to achieve greater understanding and attain a level of conceptual or theoretical development beyond that achieved in any individual empirical study. Noblit & Hare (1988: 11) state:

We focus on constructing interpretations, not analyses. To our way of thinking, the synthesis of qualitative research should be as interpretative as any ethnographic account.

The meta-ethnographic method involves selecting relevant empirical studies to be synthesised; then, reading them repeatedly and noting down key concepts. These key concepts become the raw data for the synthesis. The synthesis is achieved through three techniques:

1. Reciprocal translation analysis – this entails examining the key concepts across each study. An attempt is made to translate the concepts into each other. Judgements about the ability of the concept of one study to capture concepts of others are based on the attributes of themes themselves, including cogency, economy and scope. The concept which is ‘most adequate’ is chosen;
2. Refutational synthesis. The key concepts and themes in each study are identified and contradictions between the reports are characterised. The ‘refutations’ are examined and an attempt made to explain them;
3. Lines of argument synthesis – involves building a general interpretation grounded in the findings of the separate studies (similar to comparative analysis of grounded theory).

Meta-ethnography has potential as a method for the synthesis of qualitative research but there remains a number of issues to be resolved if it is to develop in ways that are helpful to reviewers (Estabrooks et al. 1994). One problem with meta-ethnography is that it is envisaged as a method for synthesising ethnographic qualitative research, that is, qualitative research which uses a similar theoretical/conceptual framework. The issue of whether it is suitable for synthesising studies from a wider range of perspectives and methodologies remains unresolved (Campbell et al. 2003) and intensely debated (Dixon-Woods et al. 2003). Jensen & Rodgers (2001) argue that meta-ethnography should only be used to synthesise studies within a single paradigm. However, Campbell et al’s (2003) work has demonstrated that it is possible to utilize the method for studies from various qualitative traditions. (See also Sandelowski et al. 1997).

Meta-ethnography relies upon comparing concepts between studies through the process of conceptual translation and refutation. It takes for granted that the concepts are of the same interpretive level. After reading the studies included for the synthesis on teenage mothering, it was apparent that there were different levels of interpretations within the findings. These ranged from more ‘interpretative’ findings which arose

from sophisticated theoretical and conceptual research frameworks, through to findings which relied less on such frameworks and were more descriptive. Popay (1998) describes these different levels of findings as 'thick' & 'thin' interpretations. For this review, it seemed inappropriate to compare (for translation or refutation) a 'thick' interpretation of, for example, 'the maintenance of the good mother identity' with a more descriptive account of how young mothers will go without food so that their child may have adequate nutrition; the findings may be about the same subject but they are at different conceptual levels. It was for this reason that the reciprocal translation synthesis and refutational synthesis were not attempted. As a replacement, cross-case analysis (Miles and Huberman 1991) and grounded theory's comparative techniques (Glaser and Strauss 1998) were utilised to address the problems of synthesising disparate research findings. However, the third strand of the meta-ethnographic method, 'lines-of-argument synthesis' was utilised.

4.5.3 Synthesising qualitative research on teenage mothers

The aim of the SR is to synthesise research on teenage mothers' and mothers'-to-be perspectives on their lives. The ten studies included for the final synthesis, therefore, covered a broad range of topic areas, such as housing, mothering, diet, relationships, education etc. Many syntheses which use meta-ethnographic techniques have more narrowly defined conceptual subject areas. In response to the difficulty of dealing with a broad range of subject areas, the synthesis was conducted in two parts.

Firstly, a cross-case thematic analysis was conducted to draw out the main themes of the studies. From these themes a coding category was developed and used to categorise the main findings of each study. The second stage of the synthesis utilised Noblit and Hare's (1988) 'lines-of-argument' synthesis, where the concepts/findings of the individual studies were compared to generate a new interpretative context or a 'second level inference' (Noblit and Hare 1988: 64). The following sections discuss these two stages in more detail.

Cross-case thematic analysis

The first part of the synthesis draws on Miles & Huberman's (1991) cross-case analysis method. As Dixon-Woods et al (2003) note, it is a very 'stylized' method, which nonetheless provides important principles to adhere to when dealing with multiple cases (case meaning in this instant a single research study). Miles and Huberman argue that the method aims to 'deepen understanding and explanation' (1991:173) and refer both to Noblitt and Hare (1988) meta-ethnographic techniques and Glaser and Strauss's grounded theory (1967). They claim (1991: 173):

Multiple cases not only pin down the specific conditions under which a finding will occur but also help us form the more general categories of how those conditions may be related.

Miles and Huberman have developed an impressive array of matrices, tables and models to aid cross-case analysis which are not used specifically in this synthesis. However, the principles behind cross-case (comparative) analysis do inform the techniques utilised. In particular, Miles and Huberman (1991: 207) emphasise a thorough understanding of each case to avoid superficiality; to avoid aggregation, that is, cases should not be 'idly lumped' on basis of similarities and differences; the preservation of case specificities during analysis; inquiry into deviant cases; and importantly, to avoid forcing the analysis too quickly, researchers must recognise that inductive grounding takes time.

For this synthesis, a cross-case analysis was conducted where each study was treated as a single case with multiple findings/data. Each of the studies graded A or B in the quality appraisal (number = 4) were closely read a number of times. At this point, it was decided that one of the four studies (Walters and East 2001) was too narrowly focused and not of broad enough scope to inform the overall themes. It was retained for the next

part of the synthesis. The purpose of repeated close reading of the three studies was to sensitize the researcher to the main themes/ findings of the research. Notes were made about general categories under which these main findings/ themes would be appropriately grouped and coded. Then a mapping diagram was developed which grouped together the main findings of the three studies under each of these developing codes. The key broad themes identified from the interpretations, explanations and descriptions of the three studies were:

Motherhood and Mothering; Identity; Stigma; Pregnancy; Education; Employment; Housing & Place; Socio-economic; Mental Health; Social Support; Intimate Relations;

These themes identified from the three studies were then used as codes to apply to the remaining seven studies. Each of the seven studies were closely read and the research interpretations, explanations and descriptions were coded using the aforementioned categories. Then for each study, a mapping diagram was developed which had the findings from the study aggregated under each code. In order to facilitate understanding of each case (research study), a summary of the context of the research (e.g. sample characteristics, theoretical framework, aims, methods) was written at the top of each mapping diagram (for example of mapping diagram see appendix C).

It is important to note that, similar to primary qualitative data analysis, the identification of the strongest themes means there is an inevitable loss of more marginal areas which may still be of importance (Thorne and Paterson 1998). Also, the procedures described so far were not merely a simple categorisation process. While identifying the main themes, the findings from the study were compared to one another and in a similar way to primary research were analysis begins the moment the researcher enters the field (Horowitz 2002), the moment a researcher starts a synthesis, comparative analysis takes place.

By moving between the original ten primary studies and the mapping diagrams (with coded findings), the interpretations, descriptions and findings of the research were compared. This early comparative analysis examined the differences and similarities between the findings, and placed particular emphasis on preserving the context of individual interpretations and explanations.

At project meetings, the initial analysis was recorded in interim synthesis reports and discussed. There were four areas which, on preliminary analysis of the eleven broad themes, were emerging as important interpretative contexts for understanding teenage mothers and mothers-to-be perspectives on their lives. These were:

- Management of a stigmatised identity
- Kinship & intimacy
- Material & economic conditions
- ‘Good’ mother & self-worth

‘Lines-of-argument’ synthesis

The second stage of the synthesis process utilised Noblit and Hare’s (1988) ‘lines-of-argument’ synthesis which is analogous to grounded theory’s general method of comparative analysis method (Strauss and Corbin 1998). Noblit and Hare state that the ‘line-of-argument’ synthesis is the same as basic theorizing in qualitative research. A lines-of-argument synthesis is essentially about inference. What can be said of the whole based on selective studies of the parts? They describe the process as:

...it is emic...in its allegiance to the studies being synthesized, it is historical in that it uses time to give order and history-in-use to give context; it is comparative in that it constructs an analogy

of the relationships among studies; and it is holistic in that it constructs an interpretation of all the studies, their interrelations, and contexts. (Noblit and Hare 1988: 62).

In other words, the concepts of individual studies are compared to examine the similarities and differences between cases to generate a new interpretation context or a 'second level inference' (Noblit and Hare 1988: 64). Lines-of-argument synthesis is based specifically on the comparative analysis method of grounded theory. To aid the comparative analysis for this synthesis, a table for each of the identified codes (outlined in the previous section) was designed which tabulated the studies' main findings under each code. In this way, the concepts, interpretations and findings for a particular code e.g. motherhood, could be compared more easily (in one table) across the ten studies (see appendix D for code tables). Comparing concepts using code tables enabled the analysis to move away from the particular to the general, and allowed for greater abstract thinking space.

The comparative analysis used for the 'lines-of-argument synthesis' moved between the original ten studies, the mapping diagrams developed in the first phase of the synthesis, and the code tables. Comparative analysis is an essential component of social science research (Strauss and Corbin 1998). Using comparisons highlights the features of the data, it stimulates thinking and allows different avenues to open up. The process of 'sustained comparisons' (Sandelowski and Barroso 2003:161) of considering the relationship between the studies' concepts to produce new interpretative possibilities, used explicit qualitative data-analysis techniques of grounded theory (Strauss and Corbin 1998). These techniques were systematic comparison (or theoretical comparison), memos and visual devices, and in-vivo conceptualisation.

Systematic comparison is an analytical tool for comparative analysis in grounded theory (Strauss and Corbin 1998: 95). It involves comparing a finding or concept from the research data with concepts, findings or theories from the literature (or experience). Strauss and Corbin (1998:80) explain, 'theoretical comparisons are tools (a list of properties) for looking at something somewhat objectively rather than naming or classifying without a thorough examination of the object at the property and dimensional levels'.

The results and findings generated through the synthesis have compared with those in other relevant research literature. Specifically, Silva's (1996) edited volume on feminist perspectives on lone motherhood (some of the chapters were by authors whose research was included in the review) was used to sensitize the researcher to wider trends, patterns and experiences of lone motherhood. Wallbank's (2001) book *Challenging Motherhood* was used to expand thinking about the ways in which motherhood norms are discursively constructed and 'teenage motherhood' is constructed as outside the bounds of acceptable motherhood. Bailey's (1999) study of pregnancy in middle class adult women, was used as a direct comparison to the accounts of pregnancy of the teenage women (majority working class) in the research included in the synthesis. Lawler's (2001) book *Mothering the Self* was compared also to highlight social class dimensions in the findings, but it was also useful for considering the impact on self-identity of motherhood. Sandelowski and Barroso (Sandelowski and Barroso 2003) observe that the choice of comparative literature used in this exercise will depend on the interests and expertise of the researcher, the nature of the findings and the state of knowledge about subject matter of the synthesis. The use of explicitly feminist literature (where a great deal of work has been carried out on motherhood and mothering) will mean that the interpretative context of the synthesis will be influenced in this direction.

Two further qualitative data analysis techniques derived from grounded theory were also used in the lines-of-argument synthesis. These were memos and visual devices. Memos are written records of analysis and visual devices are, usually, diagrams which depict the relationships among concepts. Both of these techniques are analytical and conceptual rather than descriptive. As Strauss and Corbin (1998), state writing memos and diagrams is an important part of the analysis process because they help the researcher gain analytical distance

and encourage creativity. It is by writing or visually representing concepts and relationships that the analysis moves from description to conceptualisation and theory.

These qualitative data analysis techniques were used when moving between the ten primary research studies, the mapping diagrams and the code tables. They were invaluable for sharpening and deepening understandings of the common and unique features of the findings/interpretations of research on teenage mothers and mother-to-be, as well as developing and expanding an interpretative context in which the concepts could be related. Effectively what these techniques facilitated was the move from the research findings/interpretations of multiple studies to concepts and relational statements that can be used to explain/interpret teenage mothers' lives. On some occasions, the concepts used to make relational interpretations between the studies were taken from the research in the synthesis (an 'in-vivo concept'). Analysis across studies in one sense is partially bringing together those findings, which in the light of the whole, have greater significance. Noblitt and Hare 1988 argue that the aim of lines-of-argument synthesis is to discover a whole among a set of studies. A lines-of-argument synthesis, like grounded theorising relies on the examination of similarities and differences between cases and on holistic schemes to integrate these.

5. RESULTS: POVERTY, STIGMA AND RESILIENT YOUNG MOTHERING

Our synthesis was of qualitative studies published in the last ten years of women's experiences of mothering under the age of twenty in the UK. The synthesis, using the cross-thematic analyses and lines-of-argument synthesis described in Section 4, indicates that young mothers' lives are shaped by two dominating factors. Firstly, they care for their children in impoverished social and economic circumstances and have very few opportunities to improve their situation. Secondly, as young mothers they are positioned discursively as inappropriate mothers and a social 'problem'. The synthesis suggests that, in the face of these constraining factors, young women develop resilient mothering practices. Their mothering practices draw upon the only two resources to which they may have access: the emotional, practical and financial support of their families and their own personal capacities as mothers.

This section of the report explores the young women's resilient mothering practices through the four strongest themes emerging from the synthesis (acknowledging that in doing so, other aspects of the young mothers' lives may not be represented). These are: material and economic conditions, the effects of stigmatisation, kinship and intimacy, and maintaining self-worth through the 'good' mother identity.

5.1 Material and economic conditions

...Money's always a worry but you just cut your cloth accordingly.

(unnamed in: Burghes and Brown 1995: 50)

...Not being able to sleep...that's what gets me...I'm all right during the day, with the two of them...too busy to think about it much...at night, when they're in bed, you start thinking, how am I going to pay this or that. Then by the time I go to bed I can't sleep...takes hours sometimes. He [the doctor] gave me some tablets but I daren't take them, couldn't wake up next morning, and I'm scared if I don't hear the bairns in the night. Anyway, I don't need tablets, I need £200.

(unnamed in: Speak et al. 1995: 45)

I miss meals probably because I ain't got enough money and I haven't got any food in.

(17 year old, 7-9 months pregnant, living alone in: Burchett and Seeley 2003)

For example us the other weekend, our cheques hadn't arrived and we were faced with a whole weekend without any money at all. So you're in a state and if you phone up and you're confronted by someone who's rude and not understanding, it's going to make you worse...The whole system seems like that...You've got benches and benches of depressed looking people...and you have to wait ages and ages and it's all depressing.

(17 year old woman who married in pregnancy and had twins in: Phoenix 1991)

As these accounts illustrate, the majority of young mothers in the studies lived in poor economic and social circumstances with very few choices or opportunities. Most of the women were not in paid employment, lived on state benefits and, more often than not, received little financial support from the fathers of their children (who were also often unemployed). Labour market opportunities for the women were limited and generally part-time and low paid. Poverty was their over-riding problem and had wide reaching effects on the young mothers' lives; whether it was struggling to have enough food or the right sort of food for themselves and their children, the lack of decent, affordable housing, being unable to get employment or return to education because of the scarcity of affordable childcare facilities, to being unable to visit their own mothers because they did not have the bus fare. The synthesis demonstrates that living in poor circumstances with restricted opportunities to escape impoverishment is the dominating context of young mothers' lives. The

traditional avenues of escape from poverty - education and employment - are obstructed by the women's new positions as young (usually) lone mothers caring for their children. Maggie and two young mothers describe the difficulties of gaining paid employment:

I'd love to have gone back to work. I would still like to go back to work now if I could find a way of paying for somebody I could trust...I'd go back to work tomorrow.

(unnamed mother in: Burghes and Brown 1995: 57)

Not at the moment no. I wanna like see him at school first, then try and go after something. See at the moment - I'd have to have a really good job. See at the moment anyway I'm better off on the dole, because my rent's paid and that. So I'm better off as I am really. I mean I'm poor, but I'm better off than I would be if I'm working.

(18 year old single woman in: Phoenix 1991: 224)

I've just been offered a fantastic job in the summer holidays...but the Lone Parent Advisor said don't bother because it is for 11 weeks and I would have to stop my benefit and reapply for it...it makes me really angry.

(Maggie in: Letherby et al. 2001: 19)

The synthesis suggests that teenage mothers did not, generally, lack drive, determination or agency regarding their circumstances, what they lacked were resources, opportunities and, perhaps, confidence. Hannah and another young woman explain:

We have all got high ambition, we want to work and we are independent and we are not just sitting back and thinking everyone owes us something because we have got a baby.

(Hannah, pregnant at 19 now 22 in: Letherby et al. 2001: 22)

There are a lot of things that people say about young mothers - that we have got no ambition, that we're just young people that want to get pregnant to get flats. I will tell you now, whether I got pregnant or not, I am a determined person and I would have got my own flat anyway.

(17 year old young mother in: Corlynon and McGuire 1999:110)

Whether the women wanted to work, continue or return to education or take up training opportunities, the combination of very little money and caring for a child meant these options were not easily available. Consequently, the young women's mothering practices and life 'choices' were overwhelming defined by their poor socio-economic circumstances.

5.2 The effects of stigmatisation

It was hard. Everyone kept looking down their nose at you, going ooh! All the time people would say 'That's a pretty baby, is that your brother?' They looked down their noses at me.

(Kelly in: Schofield 1994: 112)

I have been in town and people have been giving me dirty looks...thinking the age I am and with me having M.

(Angela in: Aarvold and Buswell 1999: 4)

They look at you like you are a slag or something. No one smiles at you or anything, they just give you dirty looks.

(Sandra in: Letherby et al. 2001: 20)

The second factor which the synthesis suggests dominates the lives of young mothers in the UK is the stigmatisation of 'teenage' motherhood as a social problem. The young women's experience of

stigmatisation is not, the research synthesis indicates, confined to a few derogatory comments. They encountered a level of judgement and hostility across a wide range of social sites such as schools and education facilities, health, welfare and housing services, in their neighbourhoods, and from their families. Furthermore, the young mothers resented their treatment. For example, a young mother (Unnamed in: Speak et al. 1995: 20) challenges the local authority housing department's attitude:

Why do they put us all here? They think it don't matter...just 'cause we're young. They don't treat you like proper families, just bung us down here. No one wants to live down here.

Pregnancy is the time when the young mothers-to-be first began to experience social disapproval. Pregnancy in women is generally culturally valued as a site of reproduction of new members of society (Bailey 1999). Some of the women reported feeling annoyed that their pregnancy, which is usually a celebrated event, was greeted by family, friends, schools and work as a problematic one:

Everybody wasn't as enthusiastic as I thought they'd be at first meaning parents and parents-in-law...My father kept saying you should have waited a while.....

(18 year old married woman in: Phoenix 1991: 87)

Not one person said 'Congratulations' to me.

(Debra in: Aarvold and Buswell 1999: 4)

The synthesis suggests that, in the main, the young women had not planned their pregnancies and most were shocked and distressed themselves on discovering they had conceived (the older teenagers were more likely to be trying to conceive, especially if they were in a stable partnership). Nonetheless, after the initial shock, the pregnancy was accepted over time by the majority of young women and the baby eagerly anticipated.

I started getting really worried...(but)...I had a lovely pregnancy (and felt) I can't wait 'till I have this baby...it was going to be good...good fun...looking after the baby.

(unnamed mother in: Burghes and Brown 1995:38)

The young mothers' enthusiasm for their pregnancy contrasted starkly with the incidents of social judgement and disapproval they encountered. The studies in the synthesis suggests that as the young mother's pregnancy became visible, their bodies became physical markers of immorality, irresponsibility, and inappropriate sexual activity.

People look at me and think 'She looks young, what is she doing pregnant?' and you get these weird looks off people.

(Julie in: Aarvold and Buswell 1999: 4)

However, the young women developed strategies to cope with social disapproval, as well as find ways to protect their sense of self and their own increasingly positive feelings about their imminent motherhood. One such strategy evident in the women's accounts was a reluctance to use health and support services during their pregnancy.

I didn't go, I should've though but I felt that if I went people would look at me all the time. I just didn't want to go.

(Tina in: Letherby et al. 2001: 16)

I don't [go to local support group]. They look at you like you're a slag...cause I was so young like...15 when I had her. It's for older mothers, they're all older you know, 20 and that.

(unnamed mother in: Speak et al. 1995: 52)

...you want to get out (of hospital)...you don't want to sit there with them looking down at you...she made me go to bed at half past eight, I was not allowed to watch TV or anything.

(Lindsey in: Aarvold and Buswell 1999: 5)

Tina's extract above illustrates the dilemma for the women. Tina did not attend ante-natal clinics or parentcraft classes which she knew would have been beneficial to her and her child. The research studies suggest that the young women cared deeply about doing their best for their children and placed great significance on 'giving the baby a good start'. Many of the women attempted to change their behaviours and lifestyles, trying to give up smoking, drinking and to eat a healthier diet. But they also wanted to avoid being judged as inferior mothers. The synthesis indicated that the tension between attempting to do the best for their children by seeking support from health and welfare agencies and evading social disapproval was a considerable source stress for the women. In many cases, it resulted in them avoiding health and support services.

The synthesis clearly highlights that stigmatisation impacts upon the young women's mothering practices and life 'choices' and it is a key feature of understanding early motherhood. The next section illustrates the influence of stigmatisation on the young mothers' identities.

5.3 The 'good' mother identity

The synthesis suggests the young mothers had a strong desire to be 'good' mothers. Despite the often difficult circumstances in which they became mothers, many felt proud about the ways in which they were bringing up their children and felt positive about being a mother:

It's great I love it. She's really good, she hasn't got any teeth yet but she's doing all the other things, crawling, pulling herself up the stairs, trying to walk...

(Tina 16 with 9 month old daughter in: Letherby et al. 2001: 21)

...I'm making the best of what I've got and I think I'm doing a damn good job...I'm proud of the way I handle things and I juggle things so that I can still do what I want and he is not getting neglected.

(Jenny in: Mitchell and Green 2002: 15)

Motherhood provided the young women with access to a loving relationship, to social recognition and to a valued identity:

I loved being pregnant. I thought it was brilliant...had this feeling of being worthy of something and I just felt...radiant all the time. And I was looking forward to having the baby...I couldn't wait for this little thing to look after and love.

(unnamed in: Burghes and Brown 1995: 50)

It has made me more settled in, like, myself, because I have a goal now and I have something to achieve and I have to bring her up the best way I can and give her the best of everything and do what I can to help her grow not to be like how I am.

(17 year old with child aged 7 months in: Corlynon and McGuire 1999: 140)

I was like looking at him in the cot and I was thinking: 'god, he is actually mine, you have grown up now you are a woman.

(Sharon in: Mitchell and Green 2002: 14)

He has made my life a lot more full – I would have just been sitting here doing nowt.

(Lyn in: Aarvold and Buswell 1999: 8)

Motherhood is a symbol of adult status (Schofield 1994) and it is a socially idealized form of womanhood (Phoenix and Woollett 1991). It is an identity which confers self-validation and social-approval. The synthesis illustrates that, through motherhood, the young women felt they achieved maturity; they became responsible and caring adults. The construction and maintenance of their new identities as mothers – a positive identity and a source of self-worth and social legitimation - is a key feature of their resilient mothering practices.

5.3.1 Self-worth and the ‘good’ mother identity

The synthesis reveals that young women resist being located as deficient mothers by constructing themselves as ‘good’ mothers. However, the construction of the ‘good’ mother identity is made difficult for the young women because they are positioned, by virtue of their age and class, outside of the dominant cultural norms of motherhood. The studies’ findings consistently gave prominence to the ways in which the young women felt judged on their mothering ability:

It’s like when I’m on the bus and she starts crying and I see people looking and I know they think because I’m young I’m not a good mum.

(Elizabeth, pregnant at 14 in: Letherby et al. 2001: 21)

Donna: They think you’re stupid, don’t they? Cos you’re young!

Penny: It’s judgement day, like you’re automatically labelled as ‘She’s a right – ‘

Donna: Yeah – When you’ve been homeless a lot, it’s like ‘There must be something bad about her’.

Elaine: Especially if you’ve got a social worker...you’re a ‘bad mother’.

(Discussion group in: Walters and East 2001: 174)

...because I’m so young I suppose, they look at you like you’re a slag, like you can’t possibly look after a baby, as if you’re going to hurt it or something.

(unnamed mother in: Speak et al. 1995: 39)

The young mothers did not see themselves in negative terms, and resented these perceptions. The synthesis suggests that part of their resistance to being positioned as an unfit mother was to stress their abilities as mothers: to invest in the ‘good’ mother identity. The ‘good’ mother is defined through a discourse of her children’s needs, and this discourse was heavily drawn upon by the young mothers:

From the moment my baby wakes up until he goes to bed I don’t leave his side. I feel I have to be with him all the time.

(Cheryl, pregnant at 16, in: Letherby et al. 2001: 21)

...the bairn always gets plenty...I see to that like...but I don’t think I do. Well I know I don’t not really. That’s why I’m tired all the time and ratty, get dead ratty these days...can’t be bothered with nowt.

(Unnamed young mother in: Speak et al. 1995: 48)

I think I should spend it on her more [Why?] I think I have an obligation to buy her things first. She comes first anyway whatever happens. That’s what I think.

(17 year old at birth, married woman in: Phoenix 1991: 196)

In seeking to construct an identity as responsible, caring mothers and to resist the negative representations of teen motherhood, the young women continued to position themselves within the regulatory framework of 'normal' mothering. They rejected negative stereotypes of teenage mothers as not applicable to themselves, but they did not reject them outright. They continued to apply these negative constructions to other young mothers. In effect, the women, as Mitchell and Green note (2002), made a mental division between them as good caring respectable mothers and 'other' inadequate teen mums. Phoenix (1991) describes this process as 'othering'. Jenny and another young mother illustrate:

No, I mean there are mothers down my street that just let their kids do what they want. But there is no way I would let him [son] do what he wants...they [other mothers] are not bothered about the cars that go up and down the street, whereas I am, he can play out the back.

(Jenny in: Mitchell and Green 2002: 15)

A lot of mothers get pregnant *because* [Phoenix's emphasis] they find that when they have kids they can cope better because they seem to get more money when they've got a child, than when they're on their own.

(19 year old single woman in: Phoenix 1991: 171)

In addition, the young mothers constructed a number of positive discourses regarding early mothering to challenge the notion that teenage motherhood is an undesirable position.

I've never seen how age is relevant but other people do. I can never see how someone can say, well you're only so and so, you can't do that. I mean, who says?

(Wendy in: Schofield 1994: 112)

I think there will be (advantages) when he's older because hopefully I'm still young enough to understand.

(18-year-old with child aged 2 ½ years old in: Corlyon and McGuire 1999: 107)

I'm going to be young, she's going to be young...and we're going to have quite a close relationship I think because we're young together.

(unnamed mother in: Burghes and Brown 1995: 54)

Like other accounts, the mothers above seek to refute assumptions about young motherhood by stressing the advantages of early motherhood and insisting that age is not important in the ability to mother (Schofield 1994; Phoenix 1991; Letherby 2001). They emphasised that the small age gap between mother and child would increase closeness and understanding (Corlyon & McGuire 1999). Also, when children reached teenage years themselves, the mothers would then be young enough to pursue their own interests.

The construction of the 'good' mother identity can be seen as a resilient young mothering practice: a way in which poor, working class mothers can generate a positive sense of self while living in disadvantaged circumstances and being stigmatised as 'unfit' mothers. The next section considers the implications of the 'good' mother identity for the young mothers practices and life choices.

5.3.2 'Good' mothering practices

The synthesis suggests that the young women felt an intense pressure 'to prove' they could be a good-enough mother. Their attitudes to paid employment is an illustration of how the need to be a 'good' mother may impact upon life 'choices'.

Well sometimes I feel I would like...to go out to work to earn extra money and that but I also feel that I should be at home with her. So she's more important. When she starts school I can start working. I chose to have her. It's my place to stay with her.

(17 year old married woman in: Phoenix 1991: 57)

...when I actually had him I decided I couldn't leave him...I thought, 'oh, part-time mother' it wasn't for me that – I didn't like that idea.

(unnamed in: Burghes and Brown 1995: 57)

I went to work when David was 7 weeks old. I don't know whether it was the thought of being out of work or if it was the thought of doing nothing but I couldn't bear the thought of living off the social. I've never been one to ask for handouts – although it's not, you've worked for it, you're entitled to it but I'd rather sit and do a full day's work and know that I've earned money.

(Kelly in: Schofield 1994: 109)

As these accounts illustrate, the young women's attitudes regarding paid employment often drew on conflicting and competing sets of regulatory discourses on mothering. On the one hand, they may want to work to resist being positioned as lone mother 'welfare scrounger', as well as improve their financial circumstances (most often expressed for the sake of the child). At the same time, they draw on discourses of 'normal' mothering which define a mother's role as primarily concerned with the happiness and wellbeing of her children. Putting the child's needs first is the defining characteristic of a 'good' mother. It was common for the studies to report that the young women believed that a child needs their mother and childcare is solely a mother's responsibility. What may be a significant factor in the young mothers' 'choices' concerning paid employment, apart from a lack of financially worthwhile opportunities and affordable childcare, is that their identity as a 'good' mother is not compromised.

5.4 Kinship & intimacy

Without the help of my mum I don't think I would have coped...I lived at home until J was 18 months old.

(unnamed mother in: Burghes and Brown 1995: 51)

Aye, I go visit my Mam or our Shona [sister], just pop in like just for natter, but it's always at meal times [laughs]. The bairns eat more at our Shona's than at home sometimes.

(unnamed mother in: Speak et al. 1995: 48)

Our mums sometimes invite us over to dinner. That's their way of helping us without giving us money. They buy us little bits and pieces...for the baby or they bring something up for the home. So they don't actually give us money. They just do it in their own sort of little way.

(17 year old married woman in: Phoenix 1991)

The synthesis points to strong evidence that family relationships were fundamental to the ways in which the young women coped with early mothering. It is through kin relations (which may include the father of the child's family) that the women were supported emotionally, financially and practically. Families assisted with housing or setting up home, finances, clothes and equipment for mother and child, food, budgeting and mothering advice, as well as childcare. A central figure of family support for the young mothers was their own mothers – the grandmothers. As one may expect, the younger mothers (16 and under) were especially dependent on support from their families.

The importance of kin relations to the young women's resilient mothering practices was made clear in situations where family ties had broken down. For example, particularly vulnerable groups of young mothers, such as those in local authority care (Corlyon and McGuire 1999) and/or those who were homeless (Walters and East 2001), often struggled without family support. Corlyon and McGuire's (1999) research also has accounts of some young mothers who were able to re-establish relationships with their families, usually their mother, after childbirth and receive some kind of support.

The synthesis suggests that the parental response (especially their mother's) to their pregnancy was a critical issue, and many were very anxious about their families' reaction:

I wasn't sad and I wasn't happy. It wasn't a shock to me. I was just scared about what might happen at home. That's what I was fretting about. (16 year old in: Phoenix 1991: 85)

I think you worry more when you're living at home about getting pregnant. It's not being pregnant, it's your mum and dad, I think that's what they worry about...I don't think it's being pregnant, it's the reaction of everyone else.

(young mother, pregnant at 17 in a discussion group in: Corlyon and McGuire 1999: 114)

The response of the women's families to their pregnancy was mixed:

She were alright because she were the same age when she had me, so she understood what I were going through. (unnamed mother in: Burghes and Brown 1995: 39)

I was amazed. I knew that I was pregnant at two months but we didn't tell my Dad till I was four because my Dad would have had the pregnancy terminated...My Mum and Dad have very different attitudes. He was absolutely terrible about it. He went over the top. He got in the car and drove off. Just to calm down a bit, just the thought of me being pregnant.

(Christine in: Schofield 1994: 66)

In most circumstances, the young women's parents were disappointed and angry with their daughter's pregnancy. On a few occasions the young pregnant women were rejected from the family home. But it was more usual for the young mothers-to-be to be accepted over time as families adjusted, and eventually welcomed the impending addition to the family. As one young mother illustrates:

...after...she wanted the baby as well and she was looking forward to me actually having the baby because she loved babies. (unnamed mother in: Burghes and Brown 1995: 39)

What is clear from the synthesis is that kin relationships offered emotional, financial and practical support fundamental to sustaining the young mothers and their children. Kinship provided more than a safety net; it was constitutive of the young women's resilient mothering practices. Family relations for the young mothers are a resource which is not easily available to them elsewhere (from health and welfare agencies, employment, social networks or male partners). Consequently, where young mothers were unable to re-negotiate their bonds with family members in the light of their pregnancy, they did not have access to the resources of the family, and found it very difficult to cope. One young mother describes her feelings after being thrown out of home at 16 when she left school:

I was devastated. I was all on my own for the first time in years...suddenly I'm on my own with the little baby. (In: Burghes and Brown 1995: 49)

5.4.1 Kinship and identity

On closer examination, the synthesis indicates that kin relations were important safe spaces, usually free of the stigmatisation and surveillance the young mothers had experienced across other social sites. Melanie illustrates:

...but the problem is you get so much shit off people...I don't want to be part of this community if they're going to make us feel shit all the time. My own family don't treat me like that.

(in: Letherby et al. 2001: 20)

As such, family bonds are not only a vital practical and emotional resource for the young mothers; they also provided space for identity work. The young women were able to produce a positive sense of self through the 'good mother' identity by mothering practices which are made possible, partially through family support (Mitchell and Green 2002). Sharon, Jane and Leanne explain the importance of their mothers:

...If I am really down in the dumps, I'm like, 'mam will you have the kids for an hour?' 'Mam let me have a break for an hour' But some single parents haven't got that, have they? So that's a good thing because I don't know what I'd do without our mam.

(Sharon in: Mitchell and Green 2002: 15)

Mum taught me a lot. How to look after her. I wouldn't have known how clean to keep her. There were some people in the [tuition] unit who used to keep them in the same nappy, the same clothes, but whether it was their fault, they didn't know what to do...whereas I had mum at the beginning.

(Jane in: Schofield 1994: 98)

At one time I just left him [the baby] on the bed so I didn't hit him. My mum was really good and helpful, she would always give me a break...

(Leanne in: Letherby et al. 2001)

These women's accounts illustrate the ways in which the social support provided by the mother-daughter bond plays a significant role in enabling resilient young mothering practices and hence a positive self-identity as a 'good' mother. For example Burchett and Seeley's (2003) study which found that families had a significant impact on young mothers' ability to attain a sufficient diet during pregnancy – by buying and cooking food, encouraging healthy eating and lending money for food. This support enables the women to 'do' the right thing and 'be' a good mother.

5.4.2 Kin relations and independence

The synthesis made clear that the young mothers' kin ties were not static, they were fluid and shifted as the needs of the young mothers changed. Inevitably, kin bonds were sometimes a source of tension especially as the young women's confidence as mothers increased.

I went back to school but it didn't work out. My mum and dad wanted the baby for themselves which is a little bit understandable...We really had clashes. Mum wanted to take over and I wouldn't let her. So in the end I had to go, which was definitely the best thing.

(Jane in: Schofield 1994: 91)

...she used to say do it like this, dress her like that and after a while it got on my nerves and I had to move out.

(unnamed mother in: Burghes and Brown 1995: 51)

I cope sometimes without my mam but now seeing he's getting just a little bit older I would rather cope by meself. (Vicki in: Aarvold and Buswell 1999: 10)

The young women's eagerness to assert themselves as mature, responsible mothers manifested itself around a desire for independence:

If I stay at home my mum is gonna do everything for me and I'm gonna...just automatically rely on her so when I do eventually get my flat I won't be used to doing things. So I prefer to stay independent and *be* independent. (16 year old in: Phoenix 1991: 152)

I want somewhere of my own. You can't look after your babe the way you want to because there's too many people around. (Kim in: Schofield 1994)

However, the synthesis indicates that independence from kin relations was often beyond the financial reach of the young mothers. This was because in most cases the young women's mothering practices and basic level of survival (food, heating, housing) relies heavily on their families support. One young mother explains why she had to leave her own home and return to her mother's:

...if I could have got it right, like real home right away. It were clean, my Mam saw to that but I didn't have no curtains, and it were cold and just horrible to be there...so I asked my Mam could I go back and I think she were glad really...I don't know what I'd have done if she said 'no'. (unnamed mother in: Speak et al. 1995)

Even where the women had gained independence (particularly the older teenage mothers) and managed to obtain suitable, affordable housing, geographical proximity to their families was crucial.

We'd prefer to – to move like further down in Townside or further away. It all depends. But a little nearer to me mum and his mum. Cos it's...the walking...yeah cos when you've got a double buggy you can't get on a bus and you have to walk everywhere, and that's a bit far. (17 year old in: Phoenix 1991: 157-8)

I missed my family, I just wanted to be back home [Townville]. I'd been up there [another northern city] two years and I just wanted to come back home. I was due to have Bethany in the April and I came home in the February. I had no one up there apart from Paul, my boyfriend. He had his family up there but I just wanted to be near my own family. (Kim in: Mitchell and Green 2002: 13)

The emphasis that the young women placed on geographical proximity to their families highlights the importance of kinship to successfully caring for their children. The resources provided by the family were integral to the young women's resilient mothering practices. To some extent at least, kinship, was a protective factor against the material and psychological hardships of young, working class motherhood.

The next section considers the role of the male partners and intimacy in the young women's lives.

5.4.3 Male partners and intimacy

The synthesis suggests that a significant proportion of the fathers in unplanned early pregnancies were not deeply involved in bringing up the child, although there were a number of exceptions. While there was a substantial proportion of young men who were unwilling to enter into fatherhood, the synthesis suggests that the involvement of the father was also determined by the young mothers:

I don't want anything to do with him. I just don't want to ever see him. I don't want to hear from him. I don't want no money from him...I just want to get on with my life with the baby...He's on drugs all the time; he's never got any money; he beats his girlfriends up. I'm not going to sit there and stand for that...the baby's got me and that's all she needs.

(Maria in: Aarvold and Buswell 1999: 11)

I knew that I would be very unhappy with him and I knew that a child would obviously be very unhappy with him as well...and so it was never an option.

(unnamed mother in: Burghes and Brown 1995: 43)

He was only on a YTS scheme but she had everything new. She had a new pram. He saved up each week, and a new Moses basket. Every Friday he used t come up and it was pay day and he'd say 'I've brought the baby something.' Even if it was just a pair of socks, that meant a lot to me.

(Annette in: Schofield 1994: 71)

The women were by no means passive about the involvement of the fathers, and there were a number of complex, and often conflicting influences on women's attitudes. As the above extracts illustrate, a strong influence on the woman's decision to remain involved with the father of their child or with future male partners was its perceived effect on the welfare of the child. The fathers were often seen as unable to fulfil the role of fatherhood and partner - financially, emotionally and practically.

D's father was sort of there after I'd had him. He stayed around. But he weren't any help. He was more of an aggro than help. (19-year old with child aged three in: Corlynon and McGuire 1999)

If he's in a room with her, he doesn't keep an eye on her. He'll watch television and ignore her. Wish he'd do more.

(Kim in: Schofield 1994: 103)

He is on the dole as well, and he has to give money to his mum, so...[he can't give any money to the respondent].

(Single woman in: Phoenix 1991: 163)

Some young mothers did maintain a relationship with the father of the child; some by cohabiting, and some by having more fluid living arrangements. However, these relationships were usually maintained where the woman felt they would benefit the child. Negotiating relationships with the father and potential partners was also a source of tension especially where unsteady relations with father made the women anxious about child's security. The synthesis also suggested that the young mothers' attitudes to the conventional gender relations of marriage influenced their relationships with the child's father.

The majority of people I know haven't got anything out of it [marriage] ...To me I could never get married because I've sat down and watched my mum and dad's marriage fall apart and I wouldn't like to go through that myself...I mean they [men] come home, find the kitchen clean, food waiting...They get a little slave.

(16 year old in: Phoenix 1991: 111)

He doesn't really respect his mum the way he should. He just slags her off and expects her to cook and clean after him and I don't want K to come home to me and disrespect me like that.

(16 year old with child, 16 months in: Corlynon and McGuire 1999: 132)

I'd feel more secure I think, if I was married - even though it's only a piece of paper, so they say.

(unnamed in: Burghes and Brown 1995: 46)

I don't want to get married till I'm at least 18. My boyfriend wants me to get married at 16 but I want to live with him first to see if I can put up with him 24 hours a day.

(Barbara in: Schofield 1994: 70)

Interviewer: Would you like to get married?

Sally: No, 'cos I think once a fella's got a piece of paper in their hand they think they own ya.

(In: Mitchell and Green 2002: 10)

The synthesis pointed to ambivalent attitudes to marriage, with some young mothers clearly rejecting marriage, others aspiring to such conventions and others, like Barbara, uncertain. These attitudes can be seen to reflect the de-stabilisation of gender conventions and family forms circulating in wider society (Roseneil and Mann 1996; Smart and Neale 1999). Consequently, many of the women did not feel the need to legitimise their child through marriage or by maintaining a relationship with the child's father. They did, however, place great importance on their own relationships with their children, and in many cases prioritised this over relationships with current and future partners.

I turned round to him (potential boyfriend), 'before we go any further, I'm going to be up front with you, I have a little boy and he will always come first' and he said 'that's fine'...No man will ever come before my kid...

(Jenny in: Mitchell and Green 2002: 9)

It was just that age, it just wasn't tiresome at all. Like I said, she was a good baby. I was just doing things with her. I just wanted it to be me and her...Nothing was difficult but you grow up with them a little bit.

(Jane in: Schofield 1994: 92)

The synthesis indicates that the young mothers most important relationship was with their child who provided permanent unconditional love, less risky and fragile than the transient love associated with male partners. Rosie describes the uncertainty of heterosexual relations:

He wants to get back with me and he wants to be a dad. But at first he didn't and I can't get back with him because he might...like in nine months time he'll want nothing to do with me.

(Rosie in: Aarvold and Buswell 1999: 11)

Poor young mothers have fewer options than their wealthier counterparts for building positive identities, or finding security and meaning for their lives. The synthesis indicates that the young women's prioritisation of the mother/child dyad 'provides an anchor for one's life' (Beck and Beck-Gernsheim 1995: 73) and can be seen as the young mothers choosing the most trustworthy and stable source of intimacy, fulfillment and positive self-identity within their impoverished circumstances.

6. SUMMARY

The UK government is seeking to tackle social exclusion and health inequalities through policies which are informed by evidence. Key sources of evidence include well-conducted research and the perspectives of disadvantaged groups. Qualitative research provides access to both these sources of evidence, through rigorously-conducted studies of the needs and experiences of groups targeted by policy. Yet, to date, qualitative studies of how social disadvantage is lived and endured occupy only a marginal place in the evidence base of UK policy. It is quantitative studies assessing the effects of intervening in disadvantaged lives which provide the main source of evidence.

Our systematic review was designed to help fill this gap in the evidence base. It focuses on one highly disadvantaged group: women who become mothers in their teenage years. It provides the first systematic review of qualitative studies of their experiences of being a mother. The review included UK studies published from 1990, identified through comprehensive search strategies and quality assessed using established quality criteria.

It established that there is very little UK evidence on how young women experience becoming and being a mother in their teenage years. A carefully-conducted search of the research literature located 20 qualitative studies of young mothers in the published between 1990 and 2003. Of these, 10 met standard quality criteria for qualitative research. Most of the studies were conducted prior to 1997, before the raft of new policies were launched by the government to reduce the rates of poverty and teenage pregnancy, and to support teenage mothers with children.

The findings of the studies were synthesised through a two-staged process. The first stage involved the identification of issues which were repeatedly highlighted in the studies (around stigma and social support, and poverty and housing problems, for example). While of potential theoretical and policy interest, our report focuses on the second stage of the synthesis. It is at this stage that our synthesis provides greater insight into the experience of young motherhood in Britain. This is because the second stage of the synthesis enabled us to identify a broader and underlying set of experiences, within and across the studies. As a result, it generated a second and deeper level of understanding (what has been called a ‘second level inference’).

The synthesis suggested that young women’s experiences as mothers are shaped by constraining factors and resilient mothering practices. With respect to constraining factors, our review highlighted how young mothers care for their children in material circumstances which are both impoverished and provide few opportunities for improvement. It highlighted, too, how young mothers are positioned in public and policy debates as ‘problem’ mothers. Motivated by their desire to be good mothers despite these material and social constraints, young women develop resilient mothering practices. The synthesis suggests that young women care for their children by drawing on the only two resources to which at least some have access: the support of their families (emotional, practical and material) and their own capacities as mothers. Having the support of kin, and of their mothers in particular, and being able to maintain a strong and positive identity as a good mother were the pivots around which their relationship with, and care for, their children were built.

As our report indicates, the systematic review of qualitative research is still in its infancy, and the methods appropriate to it are still under development. But qualitative research can open doors into people’s lives – and into their hopes and fears – which are more likely to remain shut in quantitative studies. In the case of our systematic review, it offers rare and privileged access into the realities of being young and a mother in the UK. As such, it provides an important source of information and understanding for those developing and delivering strategies to support disadvantaged young mothers: for policy makers and managers, and for practitioners within the statutory and voluntary sector.

The potential value of qualitative reviews makes the limited number of high quality studies of teenage mothers’ lives a matter of concern. With the majority of the high-quality studies relating to the period prior to the introduction of the Teenage Pregnancy strategy, one important conclusion of our systematic review is the need to increase the number of high-quality qualitative studies which capture the experiences of young mothers today.

Building on the issues highlighted in our review and on the policy emphasis on education and employment for young mothers, we would note the need for qualitative studies (and, building on these, systematic reviews) in three particular areas.

These relate to:

- how (re)entry into education and employment affects, and is affected by, kin support and mothers' investment in a good mother identity;
- the impact of housing problems (and rehousing) on young mothers' access to the key resources of family support and a strong maternal identity);
- mental health of young mothers, particularly of those for whom family support is limited or disrupted.

Appendix A - Search Terms for Bibliographic Databases

ASSIA/ Sociological Abstracts (CSA)

((((adolescent* or teen* or young* or youth* or schoolgirl) within 1 (mother* or maternity or parent* or pregnan* or Post-parturient or Postparturient or Childbirth or childbearing or Primigravida* or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) OR (early (childbearing or motherhood or parenthood))) AND (Qualitative or Case Stud* or Participant Observ* or Ethnograph* or Focus Group* or Participat* or Interview* or Theoretical Sample or Observational or Phenomenolog* or purpos* Sampl* or grounded theory or content analysis or lived experience* or life experience* or ethnological or ethnonursing or action research or longitudinal or observation* or path analysis or questionnaire* or survey* or account or accounts or attitud* or discourse* or experience* or explor* or findings or meaning* or narrative* or perspective* or perception* or talking or understanding* or vignette*))

Caredata

teenage pregnancy and user views

teenage pregnancy and qualitative

CINAHL (+ study design terms only)

1 pregnancy in adolescence/ (1459)

2 (adolescent mother\$ or adolescent maternity or adolescent parent\$ or adolescent pregnan\$ or adolescent Post-parturient\$ or adolescent Postparturient\$ or adolescent childbearing or adolescent Childbirth or adolescent Primigravida\$ or adolescent Post-partum or adolescent postpartum or adolescent ante-natal or adolescent Antenatal or adolescent Post-natal or adolescent postnatal).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (729)

3 (teen\$ mother\$ or teen\$ maternity or teen\$ parent\$ or teen\$ pregnan\$ or teen\$ Post-parturient\$ or teen\$ Postparturient\$ or teen\$ childbearing or teen\$ Childbirth or teen\$ Primigravida\$ or teen\$ Post-partum or teen\$ postpartum or teen\$ ante-natal or teen\$ Antenatal or teen\$ Post-natal or teen\$ postnatal).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (557)

4 (young\$ mother\$ or young\$ maternity or young\$ parent\$ or young\$ pregnan\$ or young\$ Post-parturient\$ or young\$ Postparturient\$ or young\$ childbearing or young\$ Childbirth or young\$ Primigravida\$ or young\$ Post-partum or young\$ postpartum or young\$ ante-natal or young\$ Antenatal or young\$ Post-natal or young\$ postnatal).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (154)

5 (youth\$ mother\$ or youth\$ maternity or youth\$ parent\$ or youth\$ pregnan\$ or youth\$ Post-parturient\$ or youth\$ Postparturient\$ or youth\$ childbearing or youth\$ Childbirth or youth\$ Primigravida\$ or youth\$ Post-partum or youth\$ postpartum or youth\$ ante-natal or youth\$ Antenatal or youth\$ Post-natal or youth\$ postnatal).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (19)

6 (pregnan\$ adolescent\$ or pregnan\$ teen\$ or pregnan\$ young\$).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (360)

7 (parenting adolescent\$ or parenting teen\$ or parenting young\$).mp. [mp=title, cinahl subject headings, abstract, instrumentation] (53)

8 2 or 3 or 4 or 5 or 6 or 7 (1468)

9 1 or 8 (2098)

10 action research.mp. [mp=title, cinahl subject headings, abstract, instrumentation] (733)

11 9 and 10 (3)

12 content analysis.mp. and 9 [mp=title, cinahl subject headings, abstract, instrumentation] (38)

13 focus group\$.mp. or Focus Groups/ (3766)

14 9 and 13 (52)

15 discourse\$.mp. (1047)

16 9 and 15 (2)

17 ethnograph\$.mp. (1848)

- 18 9 and 17 (31)
- 19 ethnonursing.mp. (84)
- 20 9 and 19 (0)
- 21 grounded theory.mp. (2479)
- 22 9 and 21 (20)
- 23 narrative\$.mp. (1961)
- 24 9 and 23 (14)
- 25 phenomenological.mp. (1427)
- 26 9 and 25 (12)
- 27 qualitative.mp. or QUALITATIVE RESEARCH/ (13049)
- 28 9 and 27 (118)
- 29 vignette.mp. (186)
- 30 29 not 27 (179)
- 31 29 and 9 (1)
- 32 questionnaire\$.mp. or QUESTIONNAIRES/ (42713)
- 33 (open-ended or semi-structured or semistructured or unstructured or in depth or open question\$.mp. [mp=title, cinahl subject headings, abstract, instrumentation] (6469)
- 34 32 and 33 (1469)
- 35 9 and 34 (17)
- 36 11 or 12 or 14 or 16 or 18 or 22 or 24 or 26 or 28 or 35 (206)
- 37 limit 36 to yr=1990-2003 (198)
- 38 interview\$.mp. [mp=title, cinahl subject headings, abstract, instrumentation] (32846)
- 39 9 and 38 (321)
- 40 limit 39 to yr=1990-2003 (308)
- 41 Nursing Methodology Research/ (0)
- 42 9 and 41 (0)
- 43 42 not (40 or 37) (0)
- 44 40 not 37 (188)
- 45 QUALITATIVE ANALYSIS/ or qualitative.mp. (8079)
- 46 9 and 45 (83)
- 47 46 not (37 or 44) (3)
- 48 9 and qualitative\$.mp. [mp=title, cinahl subject headings, abstract, instrumentation] (118)

Dissertation Abstracts International (+ study design terms only)

((adolescen? or teen? or young? or youth?) w/1 (mother? or maternity or parent? or pregnan? or Postparturient or Postparturient or childbearing or Childbirth or Primigravida? or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) or early childbearing or early motherhood or early parenthood) and (action research or content analysis or discourse? or Ethnograph? or ethnonursing or Focus Group? or grounded theory or narrative? or Phenomenolog? or Qualitative or (questionnaire? and (open ended or semi-structured or semistructured or open question? or in depth or unstructured)))

Embase

- 1 exp Pregnancy in Adolescence/ (1550)
- 2 (((adolescent or teen\$ or young\$ or youth\$) adj (mother\$ or maternity or parent\$ or pregnan\$ or Postparturient or Postparturient or childbearing or Childbirth or Primigravida\$ or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) or early childbearing or early motherhood or early parenthood).ti,ab. (1709)
- 3 (pregnan\$ adj (adolescen\$ or teen\$ or young\$)).ti,ab. (546)
- 4 smoking.mp. [mp=title, abstract, subject headings, drug trade name, original title, device manufacturer, drug manufacturer name] (49484)

- 5 exp Smoking/ (24493)
- 6 Tobacco/ (6171)
- 7 (smok\$ or tobacco or cigarette\$ or nicotine).ti,ab. (64689)
- 8 5 or 6 or 7 (70817)
- 9 Smoking Cessation/ (7482)
- 10 1 or 2 or 3 (2681)
- 11 8 or 9 (71965)
- 12 10 and 11 (206)
- 13 limit 12 to yr=1990-2003 (191)
- 14 Blacks/ (7178)
- 15 13 not 14 (182)
- 16 (Qualitative or Case Stud\$ or Participant Observ\$ or Ethnograph\$ or Focus Group\$ or Participat\$ or Interview\$ or Theoretical Sample\$ or Phenomenolog\$ or purpos\$ Sampl\$ or grounded theory or content analysis or lived experience or life experience or ethnological or ethnonursing or action research or longitudinal or observation\$ or path analysis or questionnaire\$ or survey\$ or account or accounts or attitud\$ or discourse\$ or experience\$ or findings or narrative\$ or talk\$ or perspective\$ or perception\$ or vignette\$.mp. [mp=title, abstract, subject headings, drug trade name, original title, device manufacturer, drug manufacturer name] (1025046)
- 17 10 and 16 (1190)
- 18 limit 17 to yr=1990-2003 (1097)
- 19 18 not 14 (1061)

HMIC (Silverplatter) (+ study design terms only)

((((teen* or teen* or young* or adolescen*) **adj** (mother* or maternity or parent* or pregnan* or Post-parturient or Postparturient or childbearing or Childbirth or Primigravida* or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) or early childbearing or early motherhood or early parenthood) **and** (action research or content analysis or discourse* or Ethnograph* or ethnonursing or Focus Group* or grounded theory or narrative* or Phenomenolog* or Qualitative or (questionnaire* and (open ended or semi-structured or semistructured or open question* or in depth or unstructured))))

International Bibliography of the Social Sciences (Bids)

(adolescent* or teen* or young* or youth*) **and** (mother* or maternity or parent* or pregnan* or “Post-parturient” or Postparturient or childbearing or Childbirth or childbearing or Primigravida* or “Post-partum” or postpartum or “ante-natal” or Antenatal or “Post-natal” or postnatal or early childbearing or early motherhood or early parenthood) **and** (account , accounts , action research , attitud* , Case study , content analysis , discourse* , Ethnograph* , ethnological , ethnonursing , experience* , explor* , findings , Focus Group* , grounded theory , Interview* , life experience , lived experience , longitudinal , meaning* , narrative* , observation* , Participant Observ* , Participat* , path analysis , perception* , perspective* , Phenomenolog* , purpos* Sampl* , Qualitative , questionnaire* , survey* , talking , Theoretical Sample , understanding* , vignette*) **and** keywords (pregnancy , motherhood , parenthood)

Medline (Ovid)

- 1 exp Pregnancy in Adolescence/ (2888)
- 2 (((adolescent or teen\$ or young\$ or youth\$) adj (mother\$ or maternity or parent\$ or pregnan\$ or Post-parturient or Postparturient or childbearing or Childbirth or Primigravida\$ or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) or early childbearing or early motherhood or early parenthood).ti,ab. (2513)
- 3 (pregnan\$ adj (adolescen\$ or teen\$ or young\$)).ti,ab. (800)
- 4 smoking.mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (57042)

5 exp Smoking/ (36558)
 6 Tobacco/ (7356)
 7 (smok\$ or tobacco or cigarette\$ or nicotine).ti,ab. (71791)
 8 5 or 6 or 7 (80586)
 9 Smoking Cessation/ (5951)
 10 1 or 2 or 3 (4307)
 11 8 or 9 (81008)
 12 10 and 11 (243)
 13 limit 12 to yr=1990-2003 (232)
 14 Blacks/ (11144)
 15 13 not 14 (216)
 16 (Qualitative or Case Stud\$ or Participant Observ\$ or Ethnograph\$ or Focus Group\$ or Participat\$ or Interview\$ or Theoretical Sample\$ or Phenomenolog\$ or purpos\$ Sampl\$ or grounded theory or content analysis or lived experience or life experience or ethnological or ethnnonursing or action research or longitudinal or observation\$ or path analysis or questionnaire\$ or survey\$ or account or accounts or attitud\$ or discourse\$ or experience\$ or findings or narrative\$ or talk\$ or perspective\$ or perception\$ or vignette\$.mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (1141032)
 17 10 and 16 (1877)

Psycinfo (Ovid) (+ study design terms only)

1 pregnancy in adolescence/ (0)
 2 (adolescent mother\$ or adolescent maternity or adolescent parent\$ or adolescent pregnan\$ or adolescent Post-parturient\$ or adolescent Postparturient\$ or adolescent childbearing or adolescent Childbirth or adolescent Primigravida\$ or adolescent Post-partum or adolescent postpartum or adolescent ante-natal or adolescent Antenatal or adolescent Post-natal or adolescent postnatal).mp. [mp=title, abstract, heading word, table of contents, key concepts] (2639)
 3 (teen\$ mother\$ or teen\$ maternity or teen\$ parent\$ or teen\$ pregnan\$ or teen\$ Post-parturient\$ or teen\$ Postparturient\$ or teen\$ childbearing or teen\$ Childbirth or teen\$ Primigravida\$ or teen\$ Post-partum or teen\$ postpartum or teen\$ ante-natal or teen\$ Antenatal or teen\$ Post-natal or teen\$ postnatal).mp. [mp=title, abstract, heading word, table of contents, key concepts] (1091)
 4 (young\$ mother\$ or young\$ maternity or young\$ parent\$ or young\$ pregnan\$ or young\$ Post-parturient\$ or young\$ Postparturient\$ or young\$ childbearing or young\$ Childbirth or young\$ Primigravida\$ or young\$ Post-partum or young\$ postpartum or young\$ ante-natal or young\$ Antenatal or young\$ Post-natal or young\$ postnatal).mp. [mp=title, abstract, heading word, table of contents, key concepts] (393)
 5 (youth\$ mother\$ or youth\$ maternity or youth\$ parent\$ or youth\$ pregnan\$ or youth\$ Post-parturient\$ or youth\$ Postparturient\$ or youth\$ childbearing or youth\$ Childbirth or youth\$ Primigravida\$ or youth\$ Post-partum or youth\$ postpartum or youth\$ ante-natal or youth\$ Antenatal or youth\$ Post-natal or youth\$ postnatal).mp. [mp=title, abstract, heading word, table of contents, key concepts] (151)
 6 (pregnan\$ adolescent\$ or pregnan\$ teen\$ or pregnan\$ young\$).mp. [mp=title, abstract, heading word, table of contents, key concepts] (567)
 7 (parenting adolescent\$ or parenting teen\$ or parenting young\$).mp. [mp=title, abstract, heading word, table of contents, key concepts] (258)
 8 2 or 3 or 4 or 5 or 6 or 7 (3615)
 9 1 or 8 (3615)
 10 action research.mp. [mp=title, abstract, heading word, table of contents, key concepts] (784)
 11 9 and 10 (5)
 12 content analysis.mp. and 9 [mp=title, abstract, heading word, table of contents, key concepts] (15)
 13 focus group\$.mp. or Focus Groups/ (3012)
 14 9 and 13 (45)
 15 discourse\$.mp. (9342)

- 16 9 and 15 (30)
 17 ethnograph\$.mp. (3938)
 18 9 and 17 (28)
 19 ethnonursing.mp. (17)
 20 9 and 19 (0)
 21 grounded theory.mp. (1620)
 22 9 and 21 (10)
 23 narrative\$.mp. (9720)
 24 9 and 23 (40)
 25 phenomenological.mp. (4383)
 26 9 and 25 (14)
 27 qualitative.mp. or QUALITATIVE RESEARCH/ (16281)
 28 9 and 27 (106)
 29 vignette.mp. (1879)
 30 29 not 27 (1846)
 31 29 and 9 (5)
 32 questionnaire\$.mp. or QUESTIONNAIRES/ (69310)
 33 (open-ended or semi-structured or semistructured or unstructured or in depth or open question\$.mp.
 [mp=title, abstract, heading word, table of contents, key concepts] (19858)
 34 32 and 33 (2586)
 35 9 and 34 (12)
 36 11 or 12 or 14 or 16 or 18 or 22 or 24 or 26 or 28 or 35 (249)
 37 limit 36 to yr=1990-2003 (236)
 38 interview\$.mp. [mp=title, abstract, heading word, table of contents, key concepts] (65397)
 39 9 and 38 (521)
 40 limit 39 to yr=1990-2003 (458)
 41 Nursing Methodology Research/ (0)
 42 9 and 41 (0)
 43 42 not (40 or 37) (0)
 44 adolescent pregnancy/ or adolescent fathers/ or adolescent mothers/ (2127)
 45 44 or 8 (3680)
 46 10 or 12 or 13 or 15 or 17 or 19 or 21 or 23 or 25 or 27 or 34 (45031)
 47 45 and 46 (252)

Social Science Citation Index (Web of Science)

((adolescent* or teen* or young* or youth* or schoolgirl) same (mother* or maternity or parent* or pregnan* or Post-parturient or Postparturient or Childbirth or childbearing or Primigravida* or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) and (action research or Case Stud* or content analysis or discourse* or Ethnograph* or ethnological or ethnonursing or Focus Group* or grounded theory or Interview* or life experience or lived experience or longitudinal or narrative* or Participant Observ* or path analysis or Phenomenolog* or purpos* Sampl* or Qualitative or questionnaire* or survey* or Theoretical Sample* or vignette*)

((adolescent* or teen* or young* or youth* or schoolgirl) same (mother* or maternity or parent* or pregnan* or Post-parturient or Postparturient or Childbirth or childbearing or Primigravida* or Post-partum or postpartum or ante-natal or Antenatal or Post-natal or postnatal)) and (account or accounts or attitud* or attitud* or experience* or explor* or findings or observation* or Participat* or perception* or perspective* or talk* or understanding*)

Appendix B – Search Results

Database	Date searched	Hits	Title or abstract	Extract No	Filename
ASSIA	20.02.03	571	Both	49	Assqual1+2+3
Sociological Abstracts	20.02.03	896	Both	28	Socalmq2+3
Social Science Citation Index	25.02.03	303	Both	25	Wosq1.enl
IBSS	20.02.03	581	Both	14	Ibssqual 1+2+3+4
CINHAL • Context +interview	25.02.03	198 188	Both	26 11	Cinq1 Cinq2
EMBASE • Context +interview	25.02.03	73 203	Both	4 5	Embq1+4 Embq2+3
Psyclit • Context +interview	27.02.03	239 345	Both	14 22	Psycq1+2 Psycq3+4
PapersFirst	26.02.03	1	Ti	1	hardcopy
Caredata	26.02.03	4	Both	2	hardcopy
HMIC • Context	27.02.03	28	Both	10	Hmicq.enl
Medline • Context +interview	27.02.03	140 388	Both	16 13	Medlinequal Medqint2+3
Dissertation Abstracts	04.03.03	1	Both	1	Hardcopy
Index to Theses	20.02.03	500	Both	4	
The Cochrane Library	20.02.03	0	Both	0	
National Electronic Library for Health (DH) DARE REFER	20.02.03	0 93		0 0	
ESRC Regard	20.02.03	29	Both	7	
Joseph Rowntree Foundation	27.02.03	15	Both	4	
HDA Evidence base-HealthPromis	27.02.03	90		9	

Appendix C – Qualitative studies of young mothers excluded from review at quality appraisal stage

Quantitative data led interpretation

Allen and Dowling (1998) *Teenage Mothers: Decisions and Outcomes*. London: Policy Studies Institute

Retrospective data

De Jonge (2001) Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. *Journal of Advanced Nursing*. Vol. 36 (1) pp. 49-57

Insufficient original data

Folkes-Skinner and Meredith (1997) Teenage mothers and their experiences of services. *Health Visitor*. Vol. 70 (4) pp. 139-40

Hendessi and Rashid (2002) *Poverty: The price of young motherhood in Britain*. YMCA and Oxfam

Smith-Bowers (2002) *First Steps: Teenage Pregnancy and Supported Housing*. University of Westminster for Buckinghamshire Health Authority.

Whitehead (2001) Teenage pregnancy: on the road to social death *International Journal of Nursing Studies* Vol. 38, pp. 437-446

Not primary research

Hudson and Ineichen (1991) *Taking it Lying Down: Sexuality and Teenage Motherhood*. London: MacMillan

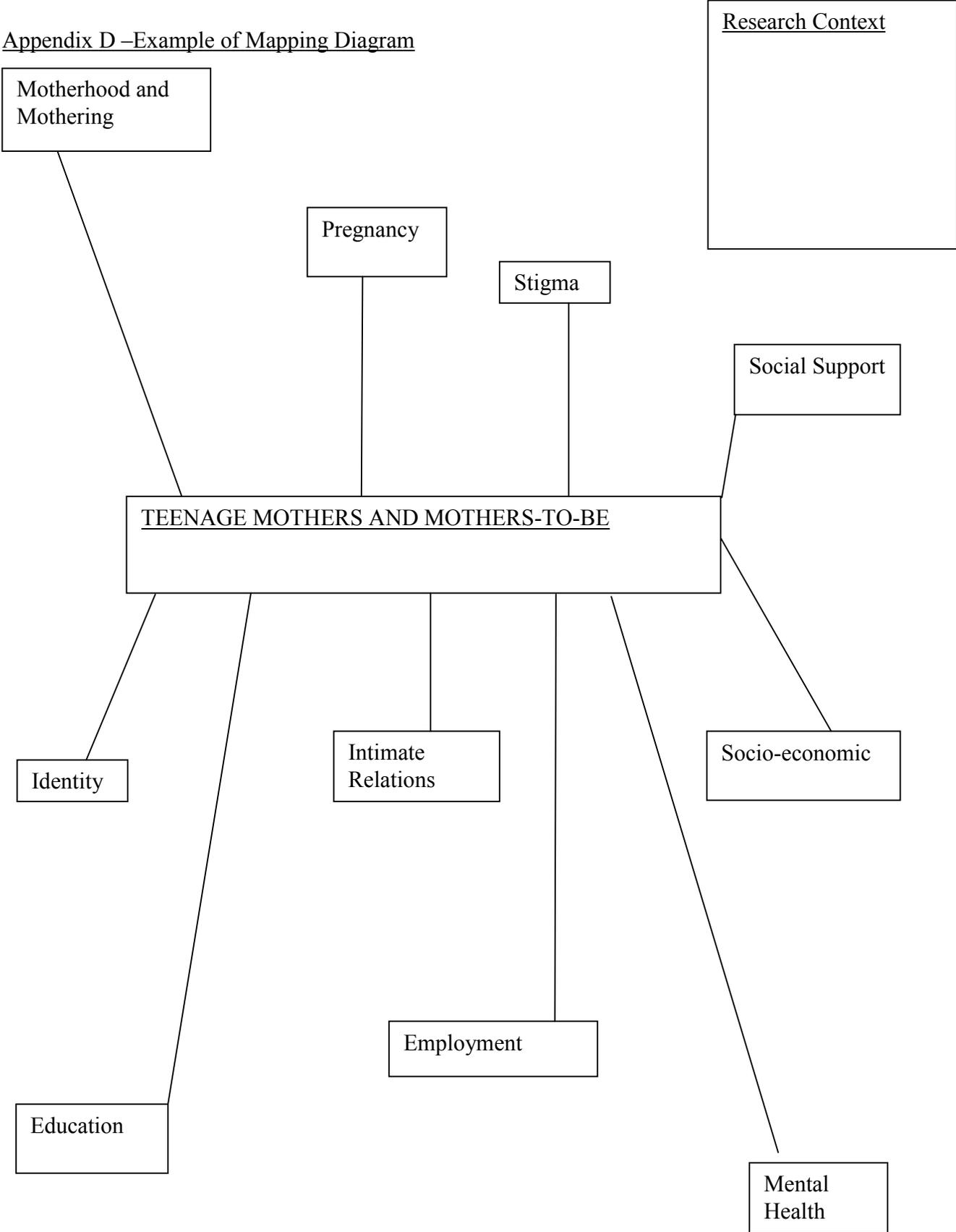
Primarily focused outside the aims of the review

Letherby et al. (2002) *Pregnancy and post-natal experience of young women who became pregnant under the age of twenty years*. Coventry Primary Care Trust, Walsall Primary Care Trust and The Centre for Social Justice, Coventry University.

Symon and Wreiden (2003) *Pregnant teenagers' perceptions of the acceptability of a nutritional education intervention: a qualitative study* (forthcoming)

Tacchi (1999) Teenage health in Bristol: a qualitative study of pregnant and non-pregnant young women. *Midwifery Digest*. Vol. 9 (3) pp. 317-22

Appendix D –Example of Mapping Diagram



Appendix E – Code Tables

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Pregnancy	-mixed family reactions -Crisis for family -Upset by absence of +ve reactions	-Most inadequate diet for P -made changes to diet +ve & -ve -Improve diet for baby's health -Knew right food to eat but cannot afford it	-Majority unplanned -Shock & anxiety but want baby -Scared re: family reaction	-majority unplanned -majority distressed, difficulty accepting -=-ve reaction most likely with 16/7 -Fear of family/care rs reaction -all fathers told of pregnancy few attended antenatal classes	Unplanned -Initial family reaction -ve but +ve also	Unplanned not planned	-Most unplanned -Age- older more likely to be trying; younger important not to conceive -Fear of disclosure to parents -Accepted by all over time	-Not planned -Disclosure difficult -'Shock' to acceptance -Family important	X	X

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Motherhood & Mothering	<ul style="list-style-type: none"> -Maturity achieved through m -perceived as fulfilling & +ve achievement -mature, responsible & caring -‘Pride’ in coping -Feelings of being misjudged add to strive to be ‘good-enough parent’ -Stoicism & acceptance part of kinscript -young motherhood a form of family work – the process of family regeneration 	<ul style="list-style-type: none"> -+ve attitude to baby’s health -Diet improved to give baby ‘good start’ 	<ul style="list-style-type: none"> -most found parenthood difficult -+ve enjoyment of bringing up child -propelled from teenage independence to responsible parenthood -Child imp. So do not try to make rel with father ‘work’ -Views on young M varied but all wanted their children -Expected to have children 	<ul style="list-style-type: none"> -not lost childhood cos didn’t have one -ambitions beyond parenting, careers -advantage of young mum –small age gap -become more responsible -didn’t want help or seek it -disadvantages, loss of freedom, money hardship 	<ul style="list-style-type: none"> -felt intense pressure to be ‘good mum’ -‘Counter discourses’ felt +ve about being mother - do not consider too young to be mothers 	<ul style="list-style-type: none"> -Transition to motherhood strengthens kinship ties -Symbol of adult status -being ‘good mother’ maintains respectability -Pride in mothering -Prioritizing mother & child relationship -Female networks foster identity as ‘good mother’ -‘joint mothering’ (with grandmother) 	<ul style="list-style-type: none"> -Wanted children; age not limiting factor -Expectation that most fulfilling aspect of life -Mainly satisfied -Employ, ed & careers not damaged -Belief that child ‘needs’ mother; childcare is their responsibility -Gives sense of purpose and meaning -Prioritise child needs -Pride -‘good mother’? 	<ul style="list-style-type: none"> -Child special significance -Pride and self-esteem -Accelerated adult status -Morally mother should care for child (barrier to employment) -Desire for independent M barrier to education 	<ul style="list-style-type: none"> -Believed best for child not to work -Adulthood & Motherh’d demands difficult 	<ul style="list-style-type: none"> -ve stereotyping of ‘bad mothers’ affected confidence as mothers -Protect child from homelessness, may stay in violent rel

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Intimate Relations	<ul style="list-style-type: none"> -Majority no longer in rel with child's father -Men rejected as unable to fulfil idea of functional, respectable family unit -Father rarely included in kinscript 	X	<ul style="list-style-type: none"> -Happy to father less eager about responsibilities of fatherhood -Most no longer in rel with father of child -Do not try to maintain rel as may not be good for child -Physical violence -Aspired to 'permanent' rel' -ve about marriage-divorce, permanance, violence) -Child registration joint & single 	<ul style="list-style-type: none"> -most not with fathers -aspired to a partnership alone through choice -reject father cos independence & father unappealing -valued own space -rare financial support from father -father unsuitable partner in women's eyes -1/4 father been in prison 	<ul style="list-style-type: none"> -Partner harassment & violence -Hoped for marriage & 'traditional' family life -Housing problems present difficulties to maintaining rel with father e.g disapproving parents, benefits system 	<ul style="list-style-type: none"> -Prioritizing mother/child relationship -Relationship flexibility (do not expect rel with child's father or marriage) - Individualism; autonomy & personal space - 'Choices' mediated by structures & inequalities 	<ul style="list-style-type: none"> -half fathers pleased with pregnancy -Child not primary motive for marriage -ve attitudes to marriage e.g. lack of freedom -Expected to marry cos normative expectations; reliable partner; improve circumstances; better than boring job -male unemployment deters marriage -Emotional support gmother (usually) -Men did not provide companionship, childcare or finances -conflict - 'mutuality' & conventional gender relations 	<ul style="list-style-type: none"> -Restricted involvement of fathers (usually) -Child not legitimated by marriage (usually) -No expectation for fathers (if in rel) to contribute to childcare or have close rel with child -A secure rel helped coping with role of mother -unsteady rels = anxious about child's security 	<ul style="list-style-type: none"> -Few maintained rel with father of child -Reason not to: child, unemployment, unstable, violent -Fathers do not contribute financially 	<ul style="list-style-type: none"> -Domestic violence & homelessness relationships -Protect child from homeless so stay in violent rel

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001),	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Social Support	<ul style="list-style-type: none"> -Kinscripts-fundamental to families roles & functions, allow +ve incorporation & care of child & personal development of the young mother -Family forms support system – financial, emotional, practical -Tension over childrearing as mother’s confidence increases -Mother becomes mature in return for support 	<ul style="list-style-type: none"> -Family have substantial impact on mothers diet; buying & cooking, encouraging healthy eating, lending money for food -ve impact also- food provided not healthy, tms not in control of food choices -Family a ‘safety net’ 	<ul style="list-style-type: none"> -Family mixed emotion but then acceptance & pleasure -Gmother central figure of support & practical assistance-childcare & finances, housing -Tension with this support also -Other sources: family centre, mothers in same hostel, fathers family, friends 	<ul style="list-style-type: none"> -Mother rel not always available -where avail, provides practical, emotional financial -difficulty forming friendships, trust & self-esteem - family/friends key to childcare & education are often not available -little support when left care if no family 	<ul style="list-style-type: none"> -Parents & partners provide housing -Variety of sources – parents, friends, peers, volunteers -Loss of friends thro childbirth -Tms with family support are likely to need a lot of support 	<ul style="list-style-type: none"> -Female kinship significant to coping - Geographical proximity to extended kin (including father’s family) the norm -lay knowledge of older kin prioritised over health professionals 	<ul style="list-style-type: none"> -Networks affected by limited material resources -Social networks relatives; few men; few friends -provide continuity, stability -Rels esp. Gmothers = childcare (employed) & material support - Geographical proximity important (material) 	<ul style="list-style-type: none"> -Gmothers source of practical & emotional support -Parental reaction key to coping esp. childcare for work and education - In/dependence tension in Gmothers support -+ve Family and child rels = self-esteem 	<ul style="list-style-type: none"> -Family support ‘paramount importance’ in early months of independence (finances, food) -Family not able to advise on benefits & housing -Family help repair poor quality housing -Family pressure lead to mothers taking poor quality housing (1st offer) 	<ul style="list-style-type: none"> -Lack support networks

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Stigma	-Aware of, & sensitive to being 'misjudged' -Do not see themselves as a problem -Aware of 'seemingly disproportionate surveillance' esp. health professionals -Reject father & take stigmatised course of action to provide for child & own self-respect	X	-ve attitudes to preg & motherhood at school encouraged some young women to leave	-recognise young mothers stigmatised -rejected idea 'they' got pregnant for flats -intolerance of girls 'deliberately' getting pregnant --ve attitudes of schools & peers	-Felt judged by others esp. health professions -ve attitudes barrier to attending services -Felt judged on their mothering because of age can't be 'good mum' and sexual behaviour	-aware of -ve stereotypes -+ve self in 'respectability' of good mother -mental division them as good caring mothers compared to bad uncaring mothers i.e 'other' mothers	Resistance by construction of teenM 'other' (not them) -aware stereotype of tm not being good mothers -so provided most childcare; child's appearance important -School attitudes barrier -Marriage not solution	-resistance to stigma; 'stubborn', 'determined', 'working', age not important to ability to mother -Resentment to prejudice in schools & health services	-Awareness of stigma and judgement of mothering ability -Avoiding groups & services because do not want to be judged -Perceive given poor quality housing because single parent - Harrassment because teen mum	-ve stereotyping as 'bad mothers' and 'homeless' affects confidence as mothers

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Identity	<p>-Maturity a classed & gendered concept</p> <p>-W/c women attempt to achieve maturity thro' childbirth; m/c do before childbirth</p> <p>-W/c maturity as readiness to take on responsibilities; m/c readiness in terms of self-development – education & career</p> <p>-Maturity not autonomy rather responsibility or inter-dependence</p> <p>-Pride in coping & survival +ve value, self-respect</p>	X	<p>Motherhood - 'grown-up overnight'</p>	<p>-+ve self image, more likely to be in education</p>	<p>-‘Bad’ mother internalisation of stigmatised identity</p>	<p>- Individualisation; wanting independence, freedom and autonomy</p> <p>-Adulthood important</p> <p>-Mother = achieving socially accepted womanhood</p> <p>-+ve id as ‘caring self’</p> <p>-‘othering’ fosters a +ve respectable identity</p>	<p>-Housing independence important to mother id</p>	<p>-Id as ‘strong’, ‘copers’ = strategy for survival</p> <p>- Mother/child id conflict</p> <p>-Housing independence important to mother id</p> <p>-Mature id defined by connection (relations) not autonomy</p>	X	X

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Socio-Economic	-Parental financial support -Little income	-Not enough money to eat regularly during pregnancy -Not eating right type of food because too expensive -Budget/ money management skills to try and make most of income -Eating less & buying cheap ‘fillers – one such budgeting strategy -Benefit levels inadequate for nutritional diet	-Financial difficulties -Mothers cohabiting had fewer money problems	-pressure of lone parenthood -rare to receive financial support from father	X	-Choices mediated by underlying structures & inequalities -Benefit regulations influences living arrangements & work	-Lack of money major problem; benefits or low paid -Active efforts to maximise income & manage money -Food lack nutrition ‘cheap & filling’ -Limited material resources important to maintaining social networks -Sequence of marriage then conception only if men can fulfil traditional economic function -would like more for child – educational toys, nutritious food, clothes	-Context in which many young mothers live their lives	-Major problem is lack of money -Living on income support difficult to furnish home -Little money left for food (inadequate level of nutrition) -Poverty – problems with fuel payment, debt etc.	-Poverty

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Housing & Place	-Families 'rally round' to make existing family homes ready for new baby	-2/3 living with family -Those living away from family hard to manage on money -Temp accommodation poor or non-existent cooking facilities	-Range of unsatisfactory housing conditions -ve living with parents – cramped, tension -Access to accommodation help establish cohabiting rels. -difficulties getting adequate housing -Family formation made more difficult by problems access to independent housing -Living with family rarely ideal for long term	-most living alone -LA housing ok -poor private housing -frequent moving -under 16 particularly disadvantaged	-Poor housing choice-type, location & quality -Age barrier to social housing -Couples problem getting housing & being recognised as a family (benefits also) -High activity to secure housing -ve Semi supported housing-lack of independence, rules but +ve support -Parents & partners provide housing	- Geographical proximity important to social support	-Many live in parental home -Dependent on local authority housing -Poor treatment by H depts. -Strategies to improve housing: repeat visits; becoming homeless; parental eviction; misstating circumstances -Own home key to independence & adulthood -Limited housing choice e.g. high rise flats -Geog proximity to family important	- 'Choices' restricted -Most living in parental home -Key feature of independence own home	-Lack of affordable accommodation - Homelessness may not be rooflessness -parental collusion of 'homeless' to get housing -Poor quality of housing offered -Area important for parental support, distance from ex's -Often given housing in less desirable areas	- Homelessness part of a cycle of deprivation -Women central concern explained in terms of being 'settled' & 'unsettled' -living alone unsettling

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001), (??)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995) *poor evidence for claims	Walters & East (2001)
Education	-More mature attitude to education	-Missing meals while attending education institutions	-Stigma reason some left school -Pregnancy barrier to continuing education	-ambitions to continue ed but unused to planning, unaware how to achieve -few in ed. -double disruption to: care, preg -+ve self image & family background more likely in ed. -childcare key to continue ed. -mixed reactions to special ed for preg girls	-ve & +ve experiences of mother & baby ed. Unit -Education raised self-esteem & confidence -Ambitions to get qualifications	X	-motherhood sometimes spur to gaining ed. -Combining motherhood & education difficult -Childcare barrier --ve school attitudes	-Specialist unit for pregnant schoolgirls +ve support; education; acceptance; adult; preparation for birth	X	X

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001),	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Employment	X	-Missed meals while at work	-Childcare barriers -Believed should not work until child school age – missing early dev & not wanting to leave child with others -All assumed would work when child in school	-ambitions to have careers but not know how -majority not in paid work -desire to get off ‘the social’	-Ambitions to work	Unemployed or p/t, temporary, low paid, low status work	-Motherhood more attractive to unrewarding low paid work -M as important or more than career -many antagonistic to having young children & employment -Childcare barrier -Wanted work for financial reasons -perception of poor employment prospects = no need to actively defer motherhood	-Low pay & benefit relationship barrier -Childcare barrier -Some working meant did not fit stereotype of TM living on benefits	-Give up work to mother (some) -Also lack of maternity rights -Childcare a barrier -Low wage/benefit barrier	X

	Aarvold & Buswell (1999)	Burchett & Seeley (2003)	Burghes & Brown (1995)	Corlyon & McGuire (1999)	Letherby et al (2001)	Mitchell & Green (2002)	Phoenix (1991)	Scholfield (1994)	Speak et al (1995)	Walters & East (2001)
Mental Health	-Need to defend themselves & speak with pride -Pride in coping – mothers +ve value Self-respect maintained by rejecting father because inadequate	X	X	-low self-esteem (unsure about friendships) -1 st experience of independent living- loneliness	-Stigma internalised, women think they are not good mothers -Self-esteem increased through education	-Female kinship significant coping mechanism for every-day life (child & poverty) -Loneliness (esp.evening) - Motherhood promotes +ve self-identity	-Regular contact import to happiness; without anxious, depressed, lonely - employment & motherhood combination stressful	-unplanned pregnancy = fear, confusion, stress -Self-identity as ‘strong’ for coping -unsteady male rels = anxiety for child’s security -Mothering = self-esteem & life satisfaction - Close rels kin & child = self-esteem	-Housed distance from family caused strain & stress -Poor housing/area /crime/violence causing worry & sleeplessness, fear -Isolation in rural areas -Nights stressful – no money & in house	- Homelessness has a –ve impact on self-esteem

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