

Peer and neighbourhood influences on teenage pregnancy and fertility: Qualitative findings from research in English communities

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Abstract

Geographic variation in teenage pregnancy is attributable to social and cultural, as well as demographic, factors. In some communities and social networks early childbearing may be acceptable, or even normative. It is these places that are the focus of policy initiatives. This paper reports the findings of a qualitative study of neighbourhood and peer influences on the transition from pregnancy to fertility among 15 young mothers in three English locations. Data were also collected from nine local health workers. The findings show that, from the mothers' perspective, there was no evidence that peers influenced behaviour. However, the data did suggest that early childbearing might be normative in some communities.

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Introduction

The geography of teenage pregnancy and fertility

The government created the Teenage Pregnancy Unit (TPU) in 1999 to implement the Teenage Pregnancy Strategy (TPS). The TPS is one of a number of initiatives to reduce social exclusion and has two main targets: to reduce pregnancy among English adolescents and prevent the disengagement of young parents from the worlds of work and education (SEU, 1999).

From its beginning, the TPU made geographic variation in teenage pregnancy central to its work: it has links with the Neighbourhood Renewal Unit (NRU) and employs a network of local health workers (the 'co-ordinators'), who oversee the implementation of the TPS in their area. The TPS makes extensive use of the evidence on geographic variation in teenage pregnancy. In 2000, the under 18's conception rate ranged from 19.4/1000 in Richmond-upon-Thames to 89.8 in Hackney (NRU, 2002). British research has demonstrated a positive correlation between deprivation and teenage pregnancy or motherhood (Bradshaw and Finch, 2001; Garlick et al., 1993; McCulloch, 2001; McLeod, 2001; Wilson et al., 1991). In the period 1992–1997, 48% of teenage conceptions

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occurred in the 20% most deprived wards (ODPM, 2005). Use of abortion also varies geographically; teenagers in deprived areas are more likely to conceive than their counterparts in wealthier areas, but are less likely to have abortions (Griffiths and Kirby, 2000; Lee et al., 2004; Smith, 1993). Geographic variation in teenage fertility can be so substantial in some places that: "...first-time mums in Glasgow's affluent areas are older than grandmothers in the city's poorest communities" (NHS Board, Greater Glasgow, 2003).

Geographic variation in teenage pregnancy and fertility has been attributed to the concentration of individuals with the demographic characteristics associated with youthful childbearing (McCulloch, 2001). However, not everyone with these characteristics experiences early pregnancy, and areas with the same socio-economic profile can have different teenage reproductive profiles—some places might not be very deprived and yet have 'anomalously' high teenage pregnancy rates, for example (Bradshaw and Finch, 2001; Lee et al., 2004).

This suggests that teenage pregnancy is probably related to factors other than those that are solely socio-economic. So, while the effect of relative poverty (and, to a lesser extent, variation in service provision) on early pregnancy is acknowledged, the TPU maintain that: "...deprivation is not the whole story... There are variations [in teenage pregnancy rates] between seemingly equivalent areas..." (SEU, 1999, p. 22).

This statement hints at geographic variation in *social* or *cultural* influences on teenage pregnancy and fertility. The idea that youthful pregnancy may be partly attributable to such influences, and the strong policy focus on specific neighbourhoods (part of the 'rediscovery' of community, Skidmore and Craig, 2004), owes much to a widely held belief that some communities are more accepting, or even promoting, of early childbearing than others. The TPU, e.g., advise local health workers that:

There are many issues that will come up...about whether teenage pregnancy is a priority for your area...teenage pregnancy can sometimes be a very emotive, difficult subject... Local people may feel defensive about a campaign that seems to criticise the choices they have made over generations to become parents at an early age (TPU & NRU, 2002, p. 44).

The role of peers, and other social actors, in neighbourhood settings is central to the idea of 'pro-

early childbearing' communities: young people—particularly in deprived areas where opportunities for social mobility are restricted—may be especially vulnerable to the influence of peers and others in their communities (Anderson, 1991; Crane, 1991). This type of influence has been described elsewhere in relation to adolescent sexual activity and the risk of pregnancy (Brewster, 1994; Hogan and Kitagawa, 1985), but the decision to continue a pregnancy and become a parent can also be similarly affected by others. The latter is the focus of this paper.

Research on neighbourhood and peer influences

There is a relatively large, mostly North American, literature on neighbourhood and peer influences on teenage reproductive behaviour. The British research on neighbourhoods is usually linked to contemporary debates about urban regeneration, neighbourhood renewal and the geographic dimensions of social exclusion (Blackman et al., 2001; Kintrea and Atkinson, 2001; Lupton, 2003). This literature can be seen, in turn, as part of the work exploring social/spatial variations in—and the effect of 'place' on—health and well-being (Flournay and Yen, 2004; Tunstall et al., 2004).

Much of this work reports the results of analyses of large-scale, statistical data, though there is some qualitative research on contextual influences on health in adult populations. This includes explorations of community influences on general well-being (Airey, 2003), smoking behaviour (Stead et al., 2001) and on mental health (Whitley et al., 2005). Similar research on children's health is reviewed by Attree (2004), while Morrow (2001) examines children's perceptions of their neighbourhoods and the impact of this on their health and well-being.

The conceptual backbone of the research on neighbourhoods is that:

...properties or norms emerge from the... community and these...exert their own influence on individuals' behaviors...spatially varying cultures exist that influence, shape, constrain or confine individuals' behavioral preferences or predisposition (Teitler, 1998, p. 2).

As noted earlier, social interaction is central to understanding how neighbourhoods affect behaviour. Individuals can be influenced by their families, peers, neighbours and others in the community (Crane, 1991; Evans et al., 1992; Moore and Chase-Lansdale, 1999). Other factors, such as

provision of services are also significant, but it is neighbourhood influences generated through social interaction which: "...form the core of the more complex argument that it is worse to be poor in a poor area than one which is more socially diverse" (Kintrea and Atkinson, 2001, p. 8).

Thinking specifically about the transition from pregnancy to birth, how can social interaction with peers and others in neighbourhood settings affect outcomes? There are at least three ways: on a spectrum, the nature of the interaction ranges from direct to less direct, and the peer, or other social actor, from close to more remote.

First, once a young woman conceives, friends and others in her social networks can exert verbal or other pressure on her to terminate or continue the pregnancy (Tabberer et al., 2000). Second, friends who have experienced birth might constitute role models in the eyes of the pregnant young woman (Whitehead, 2001). Finally, the visibility of other young women who are pregnant or parenting in the neighbourhood, and their acceptance or otherwise within the community, sends out a strong signal about local attitudes to early motherhood (Anderson, 1991).

It is not difficult to envisage how a normative environment where friends and neighbours begin childbearing in their teens might help create local cultures of early fertility. Speaking of regional 'fertility cultures', Hank (2001) observes that, even in an era of mass media and modern communication "...community norms and direct personal communication remain highly influential for the development of an individual's attitudes" (p. 10). The geographic concentration of such fertility cultures may, in part, explain area variation in teenage reproductive outcomes.

Three points—substantive, ideological and methodological—should be made about the research on neighbourhood and peer influences. First, many studies suggest that these influences are less powerful than those found at individual or family level (Pickett and Pearl, 2001; Teitler, 1998).

Second, the ideology underpinning, and informing, some of this literature is one where individuals are depicted as vulnerable to the (usually adverse) influence of others and lacking in personal agency (Bauder, 2002). Kintrea and Atkinson (2001) maintain that neighbourhood researchers avoid judging the people they are studying and, in this respect, are ideologically distinct from proponents of the 'Underclass', who attribute inferior morality to residents of deprived communities (Murray,

1996). Yet, in the neighbourhoods and associated literature, there is sometimes still an underlying view that the sexual and reproductive behaviour of people in some places is problematic, or even pathological (Bauder, 2002). In the case of teenage pregnancy, e.g., this is *assumed* to be a pervasive and significant problem affecting those in poorer communities when it may not be seen in this way by the residents of such places (Aitken, 2001; Macintyre and Cunningham-Burley, 1993).

Third, as already noted, much of the research on neighbourhood and peer influences makes use of statistical methodologies. The relative lack of qualitative research is paradoxical; most neighbourhoods research hinges around the idea that individuals are influenced through social interaction (Teitler, 1998), and qualitative approaches are well suited to exploring this since they offer: "...historically contextualized data on local social processes" (Alexandrescu and Jones, 2004, p. 2).

There are a small number of British studies of neighbourhood and peer influences on teenage pregnancy where qualitative data have been collected. The findings from these suggest that in some communities early motherhood is acceptable, or even normative (Macleod and Weaver, 2003), and that these 'pro-early childbearing' communities can be created or bolstered by local anti-abortion sentiment (Tabberer et al., 2000). A recent example of this is seen in Lee et al.' (2004) analysis of teenagers' use of abortion. Evidence of variation in abortion rates between areas (other factors held constant) suggests that: "...familial or community cultures have an impact" on reproductive outcomes (p. 49). These authors observe that:

...in areas where early motherhood was relatively commonplace...respondents referred to the experience of friends and relatives who also had a baby young. They highlighted the normative aspects of early motherhood in their social milieu (p. 53).

This observation is reflected in the following newspaper reports focusing on the work of two coordinators (one in the Wirral, one in Hull):

We talk about 'normality for locality'—meaning that in a young woman's neighbourhood, she may have family...and friends under 20 years old who have had babies. Where becoming a mum at 17, 18 or 19 doesn't carry a stigma (Corbett, 2003).

There is a long-standing culture of young parenthood here. There is no social stigma about it, family and community networks are supportive... (Benfield, 2005).

The work reported here aims to extend the existing qualitative research on community and peer influences on teenage reproductive behaviour, with the focus of the work on the transition from pregnancy to fertility.

Method

Teenage mothers

Data were collected during depth, face-to-face, semi-structured interviews with 15 women who gave birth before age 21. This research formed part of a wider study that included the analysis of longitudinal data (Arai, 2004). The issues explored included: women's perceptions of peer or other influences on the transition from pregnancy to fertility; the visibility of pregnant and parenting teens in the women's social and community networks; and local attitudes to teenage mothers.

Interviews lasted 45–60 min, and young women were interviewed in Inner London, Northumberland and Greater Manchester. These areas contrasted with each other in relation to geographic location, type of area and teenage reproductive scenarios (these are areas with high rates of teenage pregnancy/fertility, though teenagers in Inner London are more likely to terminate their pregnancies than teenagers in the other locations). Respondents were guaranteed anonymity and given expenses. The interview data from these respondents were transcribed and thematically analysed (Aronson, 1994; Rice and Ezzy, 2000).

Co-ordinators

Interviews were conducted with nine co-ordinators. Co-ordinators are the representatives of the TPU in English localities, and can offer insights into the normative environments of such places. The co-ordinators represented different types of area, geographic location and teenage reproductive scenarios (e.g., high teenage pregnancy/low use of abortion, low teenage pregnancy/high use of abortion). For reasons of confidentiality, the location of individual co-ordinators is not identified here. These interviews were conducted by telephone given co-

ordinators' lack of time, their workloads as well as distance. The issues explored included co-ordinators' perceptions of the reasons for teenage pregnancy in their areas and local attitudes to young mothers. These interviews varied in range and depth and, given this variability, the observations made here using these data are largely exploratory.

Findings

Young mothers' accounts

The demographic characteristics of the young mothers are shown in Table 1.

All the mothers came from working class backgrounds. Most of the women were unemployed or in part-time and/or temporary employment (some women also reported that local job opportunities were restricted, particularly in Northumberland). One woman had entered higher education and the remainder (14) had either none, or the most basic (i.e., GCSEs), level of educational attainment. However, some women wanted to re-enter education and several had already arranged to attend courses. All spoke English as a first language. Three women had spent time away from their families being 'looked after' in the English care system. The average age at which women started childbearing was just over 17 years. Mothers were interviewed from a few weeks to approximately 3 years after they had first given birth, and were in their late teens or early 20's when interviewed.

Two general points should be made about the young women's accounts. First, any exploration of peer, or other, influences on behaviour is limited by the fact that individuals are often not aware if, or how, their behaviour is affected by others. (This was partly addressed here by asking direct questions about the nature and scope of influences. Respondents were asked if anyone had suggested they have an abortion, or tried to deter them from having one, for example.) Second, the women provided accounts that were focused primarily on their friends and their immediate social networks; they were less inclined to discuss wider, community influences on behaviour.

In relation to the more direct type of influence by close friends, no young mother reported that the decision to continue with the pregnancy was affected by her friends or other individuals. Friends and others, though, had been consulted and asked for advice in many instances. Or, as in Charlie's

Table 1
Demographic characteristics of the young mothers

Study name	Location	Age at first birth	Number of children	Ethnicity	Marital status	Living arrangements
Katie	Inner London	18	1	White	Single	Living in hostel
Diana	Inner London	19	1	Black mixed	Single	Lone adult in household
Zaheda	Inner London	18	1	Asian	Divorced	Living with partner
Suzy	Inner London	17	1	White	Single	Lone adult in household
Charlie	Inner London	18	1	White	Single	Living in hostel
Kath	Northumberland	17	2 ^a	White	Married	Living with husband
Hillary	Northumberland	18	1 ^a	White	Single	Living with partner
Sally	Northumberland	17	1	White	Single	Living with parents
Julie	Northumberland	18	1	White	Single	Living with parents
Caroline	Northumberland	16	1	White	Single	Living with parents
Jilly	Greater Manchester	16	1	White	Engaged	Living with partner
Ellie	Greater Manchester	18	1	White	Engaged	Living with partner
Chloe	Greater Manchester	15	1 ^a	White	Single	Lone adult in household
Donna	Greater Manchester	16	1	White	Single	Lone adult in household
Yvonne	Greater Manchester	20	1	White	Single	Lone adult in household

^aPregnant at time of interview.

(Inner London) case, offered no advice at all: “...none of my friends tried to discourage me from having a baby, or tried to put me off, or tried to put termination into my head”.

Yvonne’s (Greater Manchester) experience was common to many of the women. She was happy to be pregnant and would not consider an abortion even though it was mentioned to her by others:

Yvonne (Y): ...I was shocked [when I found out I was pregnant]. I was happy inside. I thought of abortion...but I just couldn’t... LA¹: Did any of your friends mention abortion? Y: No. When I told the baby’s dad, he didn’t say things like ‘Get rid of it’, but he...said ‘Have you thought about abortion?’ And I said ‘Yeah’, but I couldn’t. I was only about eight weeks but I had got used to the idea.

Jilly (Greater Manchester), given advice and support by her partner and her father, also decided to continue with the pregnancy:

LA: When you were pregnant, did you think about a termination, or did anybody suggest it to you? Jilly (J): My partner said to me ‘It’s your choice, I’ll stick by you.’ I couldn’t have had a termination. LA: Did anyone [else] suggest it to you? J: My dad said ‘Don’t just think of all the good things with a baby... It’s not all good...’

Kath (Northumberland) was informed about her choices, but opted for motherhood anyway:

Kath (K): I was told that [an abortion] was an option. And I said ‘Well, no, not really’, because I personally don’t believe in it, y’know. LA: Did the doctor tell you it was an option? K: No, it was actually my social worker at the time. And, by the time I got to the doctor, I’d already made up my mind...I was actually only eight weeks when I found out. So...I could still have had one [an abortion]...

Like Kath, Donna (Greater Manchester) was given advice about her choices (and assurances of support):

Well, I were young and...me mum said ‘Look at both options, what you could do’, but me mum said that she could never tell me what to do, ‘cause it’s my baby. She said ‘I’ll stand by you whichever way you want to go.’... Obviously [other people]...all suggested it and told me what the options are...

While the women did not consider that they had been influenced by others, and most did not report *direct* pressure in relation to the resolution of their pregnancies, there were a couple of instances where others had tried to convince the young women that abortion would be the ‘best option’. The youngest mother, Chloe (Greater Manchester), e.g., had been ‘persuaded’ by her mother to have an abortion but,

¹LA is the interviewer.

like most respondents, she was happy to be pregnant:

...I really wanted a baby, I really wanted one... When me mum found out I was pregnant, she said 'What are you going to do about it?' And I said, 'I am going to keep it.' She said 'You can't keep it.' And she talked me into having an abortion. I booked it and everything. But after a few days, I went to me Grandma's and I said 'Grandma, I don't want to get rid of this baby, I want it.' So, she said, 'You have it then, I'll help you.' So, I changed me mind. I backed out of the abortion...

Similarly, Katie (Inner London) said the manager of the hostel where she was living tried to talk her into having an abortion and, when Katie was taken to hospital with a suspected ectopic pregnancy, the manager contacted her:

...she phone[d] up and I told her it might be an ectopic pregnancy and it might have to be taken out. And she was going 'Oh, it's all for the best anyway.' [Boyfriend] went mad about it. He had a go at her.

Another way that peers might influence outcomes is as role models. The respondents were asked if they had friends who either had experienced teenage pregnancy or motherhood. Definition of 'friends' varied; some women mentioned 'knowing girls at school' who became pregnant, while others spoke only about close friends. It was difficult to ascertain the nature of these friendships. (Often these relationships were fluctuating. That is, schoolfriends may have been briefly close friends, but the friendship changed over time.) For this reason, pregnancy as well as childbearing was explored (since the respondents would not know how the pregnancy was resolved in all cases).

There were differences across the locations in the number of friends mentioned as either experiencing teenage pregnancy or birth; the women in the Northern locations were more likely to have friends who had experienced pregnancy or parenthood as teenagers than women in Inner London. Across the three areas, women in Greater Manchester were the most likely to mention knowing people who either experienced a teenage pregnancy or motherhood (23 friends were mentioned by five respondents). Three respondents in Northumberland mentioned just eight friends. None were mentioned among the London-based women. Katie (Inner London) ex-

perienced a reduction in her friendship circle because motherhood was so unusual among her friends. Conversely, Jilly (Greater Manchester) mentioned the relatively high number of girls who became pregnant at her school:

I do know perhaps about six girls in my year at school that have got children now... It's funny because we had friends round the other day, and we had a photograph of the year... We were going [pointing to the photograph] 'Oh, she's had a baby, she's pregnant.'

Chloe (Greater Manchester) also knew girls at school who had become young mothers:

There was three at my school that had babies. One in my class...my other friend... There's loads of us from my school that have just had babies. They are all having them now, whereas I had mine a bit younger.

To explore wider, community influences the women were asked about their perception of youthful childbearing in their past and present neighbourhoods, and their experiences, as young mothers, of interacting with local residents. The latter provides a (very approximate) measure of community attitudes to early childbearing, and offers insights into how dominant notions of teenage motherhood impact on the lives of young mothers (Kirkman et al., 2001).

It should be noted that it was difficult to ask questions that seemed to suggest that there might be a culture of early fertility in the women's localities without seeming to imply that there was something wrong with this. This was partly addressed by the interviewer mentioning her origins in a working class community where youthful motherhood was common and the fact that members of her own family had been teenage mothers.

Some of the women appeared to be an anxious about being found morally or sexually 'loose'. One young mother (Ellie, Greater Manchester), when asked why rates of early motherhood are high in her neighbourhood, jokingly replied "We are all slappers in [place]!" Respondents' accounts were sometimes hesitant and uncertain. Yvonne (Greater Manchester), e.g., mentioned young motherhood not being especially common in her neighbourhood, but her account seemed to suggest otherwise:

There was never any teenage pregnancies at school. No. But then in my last year, three girls in

my year got pregnant...it's not that many that I know that have got children. But the ones that have got children have got two or three of them. I have never actually heard of any teenage pregnancies, anything like that. Mind you... ✕ when I was about 15, two people on the street had children.

Donna (Greater Manchester) also mentioned the visibility of early motherhood in their areas:

Donna (D): ...most of them are young now, that are having babies... LA: Do you think it's different in different areas? D: No, I think it's the same everywhere now. In Manchester...the amount of girls that have babies now that are young... LA: But you don't know anyone? D: No, but...you can see them walking about. When I speak to families, it's like 'Oh, I've got a niece, that's like 20, had hers at 17.

Without exception, the women reported that the birth of their child was a positive event, and one which brought families together. Caroline (Northumberland), e.g., had an acrimonious relationship with her mother and stepfather, but the birth of her son changed family dynamics:

With my stepfather, we never used to get along until I had [son] and he doesn't treat us like a child anymore. Me and me mam we were never actually in the same room...until I had [son] and we're like best friends now... She's realised that I'm old enough to have a child and I'm not a child myself anymore.

The support offered to the young mothers by their own families contrasted with sometimes negative local attitudes to the women. Most reported at least one experience of hostility towards them, though this usually took the form of isolated incidents and was not pervasive; no woman reported it affecting her daily movements, for example. The individuals responsible were usually older, unrelated people. It was not clear if these acts of hostility were about disapproval of maternal age or the 'inappropriateness' of sex outside marriage. Charlie (Inner London), Donna and Yvonne (both Greater Manchester) all mentioned people giving them 'looks':

...I did get the odd look on the street and off older people that are a bit more 'No sex before marriage'... Yeah, I could see them looking at me and thinking 'She's a bit young', as I was

pushing the pram. I could hear this man... [saying] 'You're too young to be a mother aren't you?' It was generally men that said it, actually, than it was women (Charlie).

Donna (D): Some people...they walk past and look at you, 'cause you look young... They look at you, they give you a dirty look. Obviously, you know what they're thinking. LA: What are they thinking? D: 'Look how young she is, with a baby...' LA: What kind of people? D: Older, some in their 40s. Not old people, you know. Not young 'uns.

Some people do [look down on you]. The elder generation. They don't actually say anything, but it's the looks. They tend to give you looks...as if to say, 'You are too young to have that baby'...it was mainly the men who would ask. I remember one man saying to another, 'That girl is having a baby' and the other one said 'Is she married?' And he said 'No' and he tutted. A lot of the women are fine about it...I think a lot of them do think that you have to be married to have a child (Yvonne).

And Ellie (Greater Manchester) related a poignant tale:

Ellie (E): When she [daughter] was about five or six months old, I took her and [niece] to a playgroup, but nobody knew that [niece's name] was my niece, they all assumed I had two [children] and instead of asking me, nobody spoke to me...I tried to make conversation but they'd answer me with one word and then turn their backs.

LA: What kind of women were these?

E: In their 30s, you know, the proper age to have children, as they feel. But there were about four or five women that I actually knew, that live round here, and that hurt me more, and as I was walking home I got really upset and I started crying.

Chloe (Greater Manchester), the youngest mother, reported that:

People look at me...I still get on the bus for 40p now! And people look at me, and I don't notice them looking...but me cousin notices and she'll say 'God, she's giving you a dirty look, what's she giving you a dirty look for?' Because I look so young, people can't believe that me son's four.

Even when they encountered hostility from other people, the young women were eager to point out they had not been negatively affected by the birth of their child:

Julie (Northumberland): [A woman] who works in the High School...[she said] 'I am old enough to be your mother', and I said 'I am a mother' and I said 'What are you shaking your head for?' She says 'You're pathetic. You've ruined your life.' And I said 'I'm quite happy. It has changed my life but it hasn't made it worse.'

Co-ordinators' accounts

Co-ordinators had a 'bird's eye-view' of teenage pregnancy in their localities and, reflecting this, their accounts focused on macro influences on teenage pregnancy and fertility, such as deprivation, lack of opportunity and community norms. In this respect, there was a clear link with the findings in the literature (Kintrea and Atkinson, 2001).

Peer influences were mentioned by a couple of co-ordinators, but not in isolation from other factors. One co-ordinator (East), e.g., attributed variation in rates across the county specifically to aspects of local culture and peer pressure:

LA: Presumably it [teenage pregnancy] varies across [county], with it being such a big area?

Co-ordinator: Different cultures, very very different cultures in different areas. Very different peer pressure.

Another (South West) believed that the attention given to young pregnant women might affect how their peers view early pregnancy:

...if you are 14 and you see your best mate get pregnant and suddenly she gets a lot of attention...you start thinking 'What's in it for me not to get pregnant? She's getting lots of attention and actually I'd quite like that as well.' We have to be able to offer...something for the young women who don't get pregnant too.

In relation to community influences, co-ordinators mentioned religion, ethnicity and tradition as important, but socio-economic factors were mentioned most frequently. The link between residence in a deprived community, lack of opportunity and early parenthood (and antipathy to abortion) was a

simple, observable fact based on the research and co-ordinators' experience 'on the ground':

...you might get young women in more affluent areas, more confident young women going 'God, a baby's going to ruin me life, it's not what I want.' (North West).

In areas with higher deprivation...where young people have less ambition...they are more likely to continue with their pregnancy...in [place where rates are low]...a lot of the kids go to college and university, and their parents are in employment and they are going to school, and they have that ambition... (Inner London).

...if you've got ambition or see yourself with a career or whatever then you might be more likely to terminate if you got pregnant, or to use contraception. I think for some people it probably is a calculated thing (Inner London).

While, for some co-ordinators, lack of opportunity (and its effect on ambition) and peer influences together contribute to early fertility:

A young woman from a very poor area who may not feel that there is a future, nobody's directing her to that neither, her mate down the road might have a baby, and she might go 'Yeah, have one [baby] with me, we'll go to [the] park together, we'll do this, we'll do that.' There's no aspiration (North West).

Most co-ordinators did not mention abortion, though some acknowledged that it is politically controversial; the TPU cannot be seen to promote the use of abortion or it risks offending 'pro-life' sentiments. One co-ordinator (South West) believed that antipathy to abortion, late presentation for pregnancy testing (which can affect access to abortion) and cultural acceptance of teenage motherhood together explained early fertility:

It is culturally quite acceptable to have children young in [place]... But quite often for young people...they don't do anything about it very quickly. They're scared. They don't know who to tell. I think they hope it would go away... It's [abortion] extremely controversial... For a lot of young women, the thought of a termination is just abhorrent.

A recurring idea in co-ordinators' accounts was that some communities welcome, or even promote, early childbearing. And while the TPU would like to see a reduction in teenage conceptions, most

co-ordinators were wary about either condemning youthful pregnancy or accepting it. However, community attitudes to family building sometimes made it difficult to implement initiatives:

LA: In some...communities, it's [considered] okay to have children young. Is there a conflict between what the TPU wants to do and the community?

Co-ordinator (Inner London): I suppose that's the thing, that the [TPS]...should be saying 'Really, we are looking at addressing unintended teenage pregnancies'...I suppose if pregnancy is intentional and its part of a community's culture to have children quite young so that you grow up with your children and...you can get on with your own life once your children are grown up...so those messages do grate against the...core values of some of the communities we work with...it's quite difficult to get into those communities...because they just think 'Well, for us, it's not a problem you know. We marry young, have children young and the extended family support you in that.'

This co-ordinator's sentiments resonate with the findings of a recent analysis of teenage pregnancy work in New Deal for Communities areas. Teenage pregnancy was found *not* to be one of the main concerns for residents, despite high rates of early pregnancy in these areas (Blank et al., 2003). Instead residents' health concerns focused around access to services and the impact of drugs on their communities.

In one Inner London location, the local population's ethnicity, traditions and attitudes to family building were believed to influence the area's teenage fertility rate: "...within certain communities in [Place]...teenage pregnancy...doesn't fit the national stereotype and...it's to do with communities who positively promote early marriage..." These communities are not necessarily minority ethnic ones. One co-ordinator, also in an Inner London location, said of her area that: "[There] are well-established generations of White indigenous working-class people and there can be a tradition of early pregnancy within those groups."

Interestingly, a tension can be seen in some co-ordinators' accounts between their assertion that teenage motherhood is acceptable, or even desirable, in some communities, and the recognition that

teenage mothers are sometimes the targets of local, and wider, hostility:

I think maybe within the local community [they are ostracised]. I don't feel it in terms of organisations, 'cause in the work I do, I don't feel that there's negative [feelings]... But I think in the community, just with speaking with the young women themselves, that they do get comments, on the bus. They get comments from other people. Same with accessing ante- and postnatal classes, they won't, they don't because they think they are going to be judged (Inner London).

Back in the 80's it [teenage pregnancy] was demonised. Society was sort of 'People having children and then have another child just to get a home'...I think that still exists to a certain extent (Inner London).

Discussion

The analysis of qualitative data collected from young mothers in three English locations demonstrated no evidence of peer influences on the transition from pregnancy to birth, though mothers did report being given advice by others (and, in one or two instances, this was advice that went against the young woman's own wishes). Mothers in the two Northern locations reported knowing more women who had experienced teenage pregnancy or parenthood than women in London, which suggests that early childbearing may be more normative in some communities and social networks than others. Among the women there was some awareness of other teenage mothers in their communities, but most respondents were hesitant about this. Women in all locations reported experiencing minor acts of hostility (especially 'looks'), but this may have been triggered by their (perceived) marital status and not their age, and was not pervasive. This suggests that teenage motherhood per se may not be problematic in these locations, but not necessarily that it is encouraged or promoted.

In contrast, some co-ordinators believed that peers can affect reproductive outcomes, but this was not a major theme in the interviews and peer pressure or influence did not, on its own, explain outcomes. Co-ordinators did tend, however, to see young women as more vulnerable to external influences than the mothers saw themselves. Co-ordinators believed that some communities

'promoted' early childbearing and cited ethnicity and tradition as important in this respect. Despite the apparent acceptance of teenage motherhood in some places, co-ordinators recognised that young mothers can be the targets of local hostility. Importantly, all co-ordinators mentioned the effect that socio-economic deprivation has on aspirations and life chances and, therefore, the chances of teenage pregnancy.

There are limitations with the present study. The young mothers may not have wanted to appear gullible or easily pressurised by their friends and others, and this may have affected their accounts (or, as suggested above, they simply may not have been aware of friends' influences). Community and peer influences on behaviour may be stronger elsewhere. Recent research in English seaside resorts suggests that these 'hedonistic' and 'carnivalised' communities, which are oriented to leisure and entertainment, can increase the likelihood of young people having unsafe sex (Bell et al., 2004). In addition, service use was not examined here, and this may be an important neighbourhood-level determinant of outcomes (Billy and Moore, 1992).

Given these caveats, what are the implications of the research? There are at least three—these relate to the points made above about the literature on neighbourhood and peer influences.

First, initiatives that target peer influences (SEU, 1999), or aspects of local culture that are believed to promote early pregnancy and fertility (TPU & NRU, 2002), may have only limited success. It is not the contention here that peer or wider influences on behaviour do not exist, but that they appear to be modest in impact. The relatively deprived backgrounds of the mothers, and their low educational achievement, are probably stronger determinants of reproductive outcomes than contextual factors. This was recognised by the co-ordinators who all cited deprivation and lack of opportunity as powerful influences on outcomes.

Second, given the relative lack of qualitative research on peer and neighbourhood influences on adolescent reproductive behaviour, we need to develop a more methodologically diverse evidence base to inform policy on youthful pregnancy. The work reported here, while worthwhile in its own right, needs to be extended. In particular, there were a number of issues raised in the study that warrant further attention. One of these is around service use: the assertion by one respondent that teenage mothers are reluctant to use services because they

fear being judged by others has been noted elsewhere. de Jong (2001) observed that the teenage mothers she interviewed expressed anxieties about the possible stigmatisation of support groups for young mothers, and that this would probably affect their use of such groups. What is the impact of this on the women's health and well-being, and that of their children? If there is an impact, can this be minimised?

Another area for further study is highlighted by evidence of a tension in young mothers' accounts about the nature and scope of acceptance. Although accepted by their families, it seems the mothers were not always accepted by others in their communities. Similarly, co-ordinators reported teenage motherhood being acceptable, or even traditional, in some places, yet recognised that young mothers can be ostracised. More research is needed to unpack these apparent contradictions.

Last, the fact that most young women claim to have made their own reproductive decisions (about birth, if not pregnancy) without being overtly influenced by friends or others contrasts with contemporary discourses on teenage pregnancy which emphasise naivety or gullibility around sex and parenthood. The TPU partly attribute teenage pregnancy to the fact that: "Young people lack accurate knowledge about contraception...and what it means to be a parent" (SEU, 1999, p. 7). We need to develop a more nuanced discourse around young mothers, one that recognises them in all their complexity. As Lister (1996) has noted, people in deprived communities are often depicted as having no sense of agency. The idea that teenage mothers might be active, rational agents, capable of making their own choices (which may or may not be to their detriment) is often overlooked.

Though beyond the scope of this paper, it might be worthwhile briefly considering why youthful pregnancy—especially in poor communities, the so-called 'hot spots' of teenage pregnancy (Andalo, 2005)—has become a significant policy issue. It should also be noted that teenage fertility rates have halved since the 1970s (Selman, 1997), which suggests that the government's focus on youthful pregnancy may be largely about other issues: anxiety about (premature) sexual activity, the changing structure and role of the family, the cost of welfare benefits and the growth of 'dangerous classes' in poor neighbourhoods (Levitas, 1998). Hoggart (2003) maintains that the issue of teenage pregnancy is 'shot through' with class differences,

though this is disguised through talk of ‘social exclusion’ so much so that initiatives to tackle teenage pregnancy have become conflated with those tackling social exclusion. For Hoggart, this has implications for the social control of ‘unfit’ mothers. If this is the case, the focus on teenage pregnancy, especially in deprived areas, is a smokescreen for other, less palatable concerns.

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