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“It’s about family innit?”: Towards an understanding of the lives and experiences of teenage mothers and fathers as they make the transition to parenthood.

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A thesis submitted to City University, London
in accordance with the requirements for the degree
of Doctor of Philosophy.

School of Health Sciences

July 2013

For my parents,

Thelma and Joseph Graham

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My parents taught us their children, to work hard, to value education, and to use our knowledge for the benefit of others. They sacrificed much to give us the wonderful opportunities that we have so enjoyed. Both of them would be very proud of me.
I dedicate my thesis with love to them both.

Declaration

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Abstract

This research is a detailed study of the phenomenon of teenage parenthood at the beginning of the twenty first century. The study draws on a contextualised analysis of the lives and experiences of eight teenage mother and father couples as they make the transition to parenthood. The aim of the research is to analyse the experience of teenage motherhood and fatherhood in Britain today and to understand young, contemporary, mothering and fathering 'practices'. The study is based on qualitative research methods and has adopted a longitudinal approach to the collection of data. The research strategy used is the case study. Data collection proceeded over a period of nineteen months. Sixteen young mothers and fathers were interviewed up to four times over this period.

This study found that young people attach great value to family life and family relationships and that they have high ideals and aspirations for the future of their own 'new' families. It is this belief in the idea of family that guides a young pregnant woman's decision about continuing with her unplanned pregnancy, and the young man's commitment to support his pregnant partner and unborn baby.

This thesis also found that for the young mothers in this study, motherhood represents a positive choice. Pregnancy occurs at a time of vulnerability, yet these young women chose to continue their unplanned pregnancies and become mothers. The uniqueness of young motherhood is the multiple transitions that young women have to undergo simultaneously. Nonetheless, with the right support young mothers do mother successfully.

The study reveals that the young fathers had a strong desire to support their partners and be 'good' fathers to their children. Fatherhood is meaningful and important as an ideal, and represents a marker of responsibility and a transition to adulthood. Young fatherhood is challenging, yet it is also a generative experience. It is the young men's strengths and resourcefulness, generated in response to their difficult situations that stand out in the findings in this study.

The study found that young people are doing and living family in a variety of ways. Some are living with their families and caring for their children in this context. Others were embarking on independent lives. Yet the striking feature of the ways in which they 'lived' family was the extent of the family support networks which they sought out, depended upon, and valued highly.

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List of Abbreviations

1946 NSHD	1946 Medical Research Council National Survey of Health and Development
1958 NCDS	1958 National Child Development Study
1970 BCS	1970 British Birth Cohort Study
2000 MCS	2000 Millennium Cohort Study
ALSPAC	Avon Longitudinal Study of Parents and Children
BHPS	British Household Panel Survey
CMAC	Centre for Maternal and Child Enquiries
EMA	Education & Maintenance Allowance
GCSE	General Certificate of Secondary Education
NATSAL	National Survey of Sexual Attitudes and Lifestyles
NETRHA	North East Thames Regional Health Authority
NICE	National Institute for Health and Clinical Excellence
NSFG	National Survey of Family Growth
ODPM	Office of the Deputy Prime Minister
ONS	Office of National Statistics
SEU	Social Exclusion Unit
TPR	Teenage Pregnancy Re-integration
UK	United Kingdom
UNICEF	United Nations Children's Fund
UPA	Under Privileged Area
USA	United States of America
TPRU	Teenage Pregnancy Reintegration Unit

Chapter 1: Introduction

1.1. The background to the study

This research is a detailed study of the phenomenon of teenage parenthood in Britain at the beginning of the twenty first century. The study draws on a contextualised analysis of the lives and experiences of eight teenage mother and father couples as they make the transition to parenthood. The aim of the research is to analyse the experience of teenage motherhood and fatherhood in Britain today and to understand young contemporary mothering and fathering 'practices' (Morgan, 1996). The study is based on qualitative research methods (Flick, 2009; Mason, 2002) and has adopted a longitudinal approach to the collection of data (Holland et al., 2006; Saldaña, 2003). The research strategy used is the case study (Stake, 1995). Data collection commenced in January 2007 and proceeded until September 2008. Sixteen young mothers and fathers were interviewed up to four times over this period. It is the voices of these young mothers and fathers that inform the analysis and argument, articulated in this study.

My interest in young parents has its roots in my practice as a midwife and community nurse in South Africa and as a health visitor working in England. I was curious as to why some of the very young mothers that I worked with, as a health visitor, seemed to enjoy their motherhood and children, and thrive in their roles, while other young mothers, with similar social profiles, often living in the same neighbourhood, appeared to find motherhood so difficult. I was also conscious that I had very little contact with, and understanding of, the young women's partners, and fathers of their children. In my practice as a health visitor, I would see young men walking around the estate in which I worked, pushing their children in their 'buggies', with their baseball caps pulled down over their eyes, and yet I felt that I knew very little about them. The men would, periodically, accompany their partners to the Child Health Clinics to hold their babies for their immunisations, while the young mothers winced at their children's pain at a distance. Once the injections were completed, the young men would hand the children back to their mothers for comforting, and they would withdraw again into the background.

I was also conscious of a particularly negative discourse, predominantly around young mothers, but also including young, so called 'irresponsible' fathers, in the newspapers and on television, but also in the academic literature which did not resonate with my positive experiences of working with young mothers (Arai, 2009a; Dennis and Erdos, 1992; Duncan,

2005; Hudson and Ineichen, 1991; Murray, 1990; SEU, 1999a). Because of my disquiet about the issue, and the fact that I had a particular practice interest in young mothers (I was co-facilitating a post natal support group for young mothers at the time) I resolved to enquire into the issue. I had also undertaken an earlier research project into young mothers' non-attendance at antenatal parent craft classes (Graham, 2000). One important finding which emerged from that study was the ways in which the young women used their own resources to find out information about pregnancy, labour and motherhood, in preference to the more formal class based delivery of information by a health professional. The young women were excited about their pregnancies and were active in seeking information about their health, their pregnancies, their anticipated labour and motherhood. At this early stage it signalled to me that young women, and men, are in fact positive, productive and actively embracing parenthood.

1.2. Teenage parenthood as a focus of enquiry: Why teenage parents?

Teenage sexual behaviour, pregnancy, and parenthood have been the focus of much academic and policy debate in the United Kingdom (Arai, 2009a; Berthoud and Robson, 2001; Bonell, 2004; Duncan, 2005; Kiernan, 1997; Kiernan and Smith, 2003; Lawlor and Shaw, 2002a; UNICEF, 2001; Wellings et al., 2005). Arai (2009a:3) suggests that *'anxiety about youthful pregnancy is a comparatively new phenomenon'* although teenage pregnancy itself is not. The 'problem' of teenage pregnancy, Arai (2009a) proposes, arises from the changing sexual attitudes of the 1960s and 1970s, and the disentangling of childbearing and marriage. She points out that previously, a teenage conception to an unmarried couple was much more likely to result in marriage, whereas after the 1970s, it became increasingly less likely to do so. It is at this point that 'young unmarried mothers', who were dependent, and likely to require financial and welfare support from the state, came to the attention of policy makers (Cook, 2007; Furstenberg, 1991; Furstenburg and Cherlin, 1991; Selman, 2003).

The Conservative Government of the early 1990s was concerned about teenage motherhood, and that Government was the first to set a national target to reduce the conception rate for girls under the age of 16 years in England (Department of Health, 1992). The target was to move the rate from 9.5 conceptions per 1000 women in 1989, to 4.8 by the year 2000. The Health of Nation initiative, however, failed to achieve any significant reductions in the rate of conceptions in the under 16's. In 1997, at the time of the election of the 'New Labour'

Government, the rate was 8.9 conceptions per 1000 women aged under 16 years (ONS, 1999).

The focus on young unmarried women, and to a lesser extent young men, I suggest, has its roots in two separate but related moral panics (Cohen, 2002). The first of these emanates from Charles Murray's (1990) notion of the 'underclass.' It was his particular attention to lone mothers, that gave rise to widespread social concerns about the undermining of the family in society (Pierson, 2010). The second issue is rooted in a moral panic around young people, ignited in part, by the murder of James Bulger in 1993, by two ten year old boys. This momentous event gave impetus to New Labour's early focus on young people and their intention, and promise to the electorate in 1997, to tackle 'social exclusion' (Muncie, 2009; Muncie and Goldson, 2006). Additionally, these developments were taking place against a backdrop which focussed attention on young people in Western industrialised countries more broadly (Jones, 2009; Stainton-Rogers, 2004; Thomson, 2009). Technological development in these countries was demanding that young people complete their high school education, and go on to further, and advanced, education and training, so as to meet the economic and technological demands in these countries (Henderson et al., 2007; Jones, 2009). Early parenthood was seen to thwart young people in achieving educationally and from entering the work place. McRobbie (2000) has argued that the particular focus on young women came about because they were valued as acquiescent workers and an early pregnancy meant the loss of a prized worker.

Young people thus became a specific focus for intervention in terms of social exclusion for New Labour. This is reflected in the emergence of a number of policies across a range of sectors including health, social welfare, education, and the criminal justice system, all of which were published after 1997 (ODPM, 2002, 2004; SEU, 1998, 1999b, 2001). Indeed, the concept of social exclusion became central to New Labour's political strategy and was firmly rooted within policy across the United Kingdom.

Teenage pregnancy and young parenthood thus became situated within debates around social exclusion and the transmission of a cycle of poverty and exclusion (Byrne, 2005; Levitas, 1998; Pierson, 2010). This was as a result of it being directly associated with other named social problems, such as youth crime, homelessness, drug use, and truancy. It was this that led to the negative construction of the issue. This was exemplified in the establishment of the Teenage Pregnancy Unit, initially located within the Social Exclusion Unit, which was given

the remit of implementing the Teenage Pregnancy Strategy (SEU, 1999a). The Strategy had a number of specific goals:

- *To halve the rate of teenage conceptions among the under 18's between the period 1999 to 2010 and*
- *To get more teenage parents into education, training or employment, in order to reduce their long term risk of poverty and social exclusion* (SEU, 1999a: 8)

The Strategy remained a beacon of New Labour policy over the first decade of the twenty first century. Indeed, right up until to the election of the Conservative-Liberal Democrat coalition government in May 2010, there was a resolute intention to implement the goals of the Strategy.

Young fathers were also situated within policy and practice debates around exclusion. In relation to the Teenage Pregnancy Strategy (1999a:98) young men were seen as *'half of the problem and the solution'*. The Strategy (1999a:97) states young men will be targeted *'with information about the consequences of sex and fatherhood, including the financial responsibility to support their children'*. The underpinning ideology of the Strategy, in respect to men, was in terms of their obligations to addressing the 'problems' which they had created. The Strategy regards young fathers as parents by accident and 'ignorance', rather than by choice, expectation or interest.

While the focus of attention on teenage parents has been on preventing pregnancy and returning young parents to education, there has been less understanding about what works in supporting young people who are committed to developing and sustaining their young families. The young parents participating in this research study did, without exception, attach enormous importance to family life and family relationships and have high ideals and aspirations for the future of their own new families.

1.3. Aims of the study

This study set out with a broad research agenda; to try to understand what works to support young mothers and fathers in their new parenting roles. The aim of the research was to gain a greater understanding of the factors influencing the experiences of teenage mothers and fathers as they make the transition to parenthood. The study aimed to document these experiences from the period before the young mothers and fathers' children were born, until

these children were approximately a year old. The ultimate aim of the study is to contribute to the knowledge base on what is known about becoming and being a teenage parent.

This study has developed from one central research question: What processes influence teenage mothers and fathers' transitions to parenthood?

The research question has been guided by a number of secondary or sub-questions:

- What are the pathways into teenage parenthood?
- What influences teenage parents' feelings, decisions and choices around pregnancy and parenthood?
- What factors might promote teenage parents successful transition to parenthood?
- What particular challenges do teenage parents face in their transition to parenthood?
- What are the support needs of teenage parents and how might these change over time?
- In what ways do teenage parents' social interactions and social networks impact upon their experiences of parenthood?
- What health and social care services exist for teenage parents and how does this provision address the needs of teenage mothers and fathers?
- How is teenage pregnancy and parenthood constructed in health and social policy and the wider literature?
- What are the effects of the ways in which it is constructed?

An in-depth analysis of the data generated in response to these questions, and an interpretation and explanation thereof, is developed in the chapters which follow. I set out the structure, and the main arguments underpinning each chapter, in section 1.4. below.

1.4. Structure of the thesis and the argument, chapter by chapter

The overarching argument in this thesis, and set out in the chapters that follow, is that family is something meaningful and important to young parents, and that young people attach great importance to, and draw much strength from, their families. This includes both their families of origin and their 'new' families. Belief in the importance of family shapes young peoples' decisions about continuing with an unplanned pregnancy, and, about investing in parenthood. Family provides young people with security and certainty, and with love. It acts as a safety net for young parents who are parenting in contexts of adversity, and it allows them to both parent, and be parented, at a time when they themselves are making important life transitions requiring support. The argument articulated in this thesis is based on new and original data, and challenges commonly held assumptions of young people and their families in policy and

the academic literature. The thesis proposes an alternative understanding of family and family life and in young mothering and fathering. Different strands of this argument are developed in the findings chapters of this thesis, which are mapped out below.

Chapter 2 is a review of the literature on teenage pregnancy and parenthood. It draws on an interdisciplinary literature arising from social policy, the law, public health, medicine, nursing and midwifery. The aim of the review is to understand what is known about becoming and being a teenage parent and it situates these diverse literatures in relation to one another. The review centres on the contemporary picture of youthful pregnancy and parenthood, drawing predominantly on literature which focuses on young men and women in the United Kingdom.

Chapter 3 explains the theoretical underpinnings of the qualitative longitudinal case study research design. It is in three parts, and addresses each of the components of the research design and their theoretical foundations in turn.

Chapter 4 provides a detailed explanation of the research methods used to carry out the study. It sets out the ethical issues underpinning the study, and the issue of gaining access to the study participants. The chapter also provides an account of the site selection process, and the sampling, data collection and data analysis methods used in the study.

Chapter 5 introduces the findings chapters which follow thereafter. It is a bridging chapter, as it links the analysis, described in chapter 4, to the findings. It explains how and why the findings have been set out as they are in this thesis. The chapter, in essence, provides a road map to the findings chapters.

Chapter 6, the first of the four findings chapters in this thesis, presents an analytical account of the stories the young mothers and fathers in this study told about their experiences of growing-up in their families. The chapter examines young people's relationships with their mothers, fathers, siblings and wider family members. The theme 'family' emerged as an unanticipated finding in this study and has taken this research from a study of young teenage parents to one that encompasses the meaning and importance of family to young people. The central argument in this chapter centres on this issue – the meaning and significance of 'family' for the young people in the study. I argue that young people's early experiences of family and family relationships, both positive and negative, profoundly shape their views of family and their aspirations for their own 'new' families. Indeed, some young people's

aspirations for their families are modelled on their own good experiences of family. For others, it is based on a desire to give their children what they never had from their parents or families, or to do better than their parents did for them. I argue that it is this belief in the importance of family that guides a young woman's decision to continue with an unplanned pregnancy. I also argue that it influences young men's decisions to support their pregnant partners and their desire to remain in contact with their children. Further, I argue that it is this belief in family that influences young mothers' decisions to leave a relationship when it fails to meet their aspirations and the needs of their children.

Chapter 7 is a detailed analysis of the young mothers' motherhood journeys. The chapter begins with an analysis of the young women's contextual data which highlights their vulnerability in terms of their age and social circumstances. Yet I argue that despite their vulnerability and the limited choices open to them, the young women show much resilience in defying convention and continuing with their pregnancies. The chapter traces the young women's motherhood journeys and presents data from different milestones along that journey: conceiving a pregnancy, telling partners, announcing the news to parents, getting through the pregnancy, surviving labour and birth, managing the early days of motherhood and then completing a year of motherhood. The chapter highlights the highs and lows along this journey and the ways in which the young women overcome the constraints posed by their situations and their environments. I argue that what is unique about young motherhood are the multiple transitions that have to made over the motherhood journey. I also argue that these transitions are not linear processes and that the young women need to be able to make some transitions and then reverse these. I further suggest that motherhood often comes at a time when the young women themselves still need to be 'parented' by their own parents and that they need to be allowed to do this. Drawing on Sara Ruddick's (1990) framework of the 'demands' of motherhood, I argue that these very young mothers, with the right support, do mother very successfully. The chapter presents two illustrative case studies of young motherhood.

Chapter 8 examines the young men's experiences of becoming and being young fathers. It draws on Hobson and Morgan's (2002) framework of fatherhood to present the data. The chapter begins by mapping out the social and demographic data on the eight young fathers in this study. It follows the young men's fatherhood journeys from first hearing the news of their partner's pregnancies, through to the birth of their children. The chapter then details the

men's accounts of what it is like to be a young father and to be responsible for very young children. It examines how the fathering experience shaped the young men, and in turn, how the young fathers shape their fathering experiences with their partners. The chapter argues that, despite their youth and their social status, these young men want to be supportive to their partners and 'good' fathers to their children. In order to do this, the young men find ways of either resisting, or overcoming, the difficulties posed by being a young father.

Chapter 9 presents data on young mothers and fathers and their new families. It examines the ways in which the young parents in this study are 'doing' family. The chapter examines the different versions of family that emerged from the young parents accounts in this study and examines the assets and deficits of each as articulated by the young parents. The chapter examines what it is like to parent in the context of the wider family. I argue that while these young parents are challenging traditional orthodoxies about 'doing' family, they demonstrate, and draw on, their strength by and through the very untraditional manner in which they do it.

Chapter 10 is the final chapter. It responds to the questions posed in this thesis in a discussion centred on the four main themes which emerged in the study: 'Early family lives and family relationships', 'Young motherhoods', 'Young fatherhoods', and 'Becoming a new family; young mothers and fathers doing family'. The chapter also presents a critique on the limitations of the study methods, and it concludes with recommendations for policy, practice, education and further research.

Chapter 2: Literature Review: 'The Contemporary Picture of Teenage Pregnancy and Parenthood in the United Kingdom'

2.1. Introduction

This chapter presents a review of the literature on teenage pregnancy and parenthood. Its principal aim is to map out what is known about youthful pregnancy and parenthood in the United Kingdom, to identify areas where there is less knowledge and understanding about the issue, and to highlight some of the key questions and debates on pregnancy and parenthood in the teenage years.

The literature review unfolds from one pivotal question: What is known about becoming and being a teenage mother, or father, in a contemporary United Kingdom context? Four key questions are addressed across this review in order to answer this question: Firstly, what is currently known about teenage conceptions and the outcomes of these conceptions in the United Kingdom? This section also, where relevant, compares these data with other developed countries in Western Europe (with which they are frequently contrasted) and it highlights some of the problematic issues that arise with such comparisons. Secondly, the review explores the question; who becomes a teenage parent, and why? This part of the chapter examines the social, cultural and individual factors that are associated with youthful pregnancy and parenthood. Thirdly, it seeks to address the question; what impact does parenthood have on the life outcomes for young people who become parents while they are teenagers? Fourthly, it poses the question; what is known about the experience of being a young father? This question facilitates an examination of the literature on young fathers, young fatherhood and young fathering. This focus on young men is needed as the literature reviewed up to this point, has predominantly centred on young women. The chapter concludes by drawing the four threads of the review together, it signals what is significant about the current state of knowledge on teenage parenthood, and finally, it highlights the gaps in the knowledge base, in this way identifying the rationale underpinning the research question in this doctoral study.

2.2. Methods used to conduct the literature review

This section of the chapter details the various sources that were searched and consulted to locate the literature for the review. It also explains, in section 2.2.2 how the extensive literature located for the review has been used in different parts of the thesis.

2.2.1. Using a systematic approach to search the literature

The initial searches for the review revealed a wide-ranging national and international literature on teenage parenthood, extending back to the early 1960's. In-depth searching commenced in October 2005 and was conducted in three stages:

the first to locate any systematic reviews of the literature on teenage parenthood.
the second to locate any primary research.
the third to locate articles on teenage parenthood that were philosophical or discursive in nature.

A number of sources, detailed in sections 2.2.1.1 to 2.2.1.5 following, have been searched in order to locate potential relevant literature. These include:

2.2.1.1. Electronic databases (these searches were undertaken from October 2005 to June 2006 and updated in 2010):

Search Terms

The databases were searched for publications published from their earliest records onwards. The following search terms have been used alone, and in combination:

*teenage/*adolescent/*young/*parent.
*teenage/*adolescent/*young mother.
*teenage/*adolescent/*young father.
teenage *pregnancy/*conception /*birth.

Major commercial databases

These databases cover a wide range of disciplines including social science, applied social science (nursing, social work, education, health promotion, psychology, geography), and medicine (epidemiology, public health).

ASSIA (Applied Social Sciences Index and Abstracts).
BIDS IBSS (International Bibliography of Social Science).
CINAHL (Cumulative Index to Nursing and Allied Health Literature).
ERIC (Educational Resource Index and Abstracts).
NeLH (National Electronic Library for Health).
PsycINFO.

PubMED (Includes MEDLINE and OLDMEDLINE).

Sociological Abstracts.

ZETOC (British Library).

Specialist registers

Cochrane Library.

Health Technology Assessment Programme.

HPLS (Health Promotion Library for Scotland).

NHS Centre for Reviews and Dissemination.

NHS Research Register (The National Research Register was searched for ongoing and completed research into teenage parenthood in the United Kingdom. Cited studies were followed up for publications).

REGARD (ESRC database of information on research activities of recipients of its awards).

2.2.1.2. Abstracts of theses:

These were also followed up for any publications resulting from doctoral work.

Index to Theses (United Kingdom and Ireland).

Dissertation Abstracts (USA and United Kingdom).

2.2.1.3. Specialist websites:

(e.g. Alan Guttmacher Institute, Barnardos, Brook, Capability and Resilience Network at University College London, Centre for the Analysis of Social Exclusion (CASE), Child Poverty Action Group (CPAG), Department for Education and Skills, Department of Health, ESRC Families and Social Capital at London South Bank University, Institute of Public Policy Research (IPPR), Institute for Social and Economic Research (ISER), Joseph Rowntree Foundation, Neighbourhood Statistics, New Policy Institute, Office of the Deputy Prime Minister, Office of National Statistics, Social Science Research Unit EPPI-Centre at the Institute of Education, Sure Start Plus, The Centre for Sexual Health Research, University of Southampton, Teenage Pregnancy Unit website, Thomas Coram Institute, UNICEF, UpMyStreet, Young Foundation, YMCA).

2.2.1.4. Key experts:

A number of professionals and researchers, all working and undertaking research in the areas of teenage pregnancy and parenthood, and sexual health, were approached to discuss the research proposal for this study. Some of these individuals highlighted a number of additional relevant sources for the literature review.

2.2.1.5. Bibliographies:

The reference lists of nine literature reviews, reviews of reviews, systematic reviews and meta analyses, conducted on teenage pregnancy, as well as on teenage parenthood, were scanned for potentially relevant studies to include in the literature review. These included the following:

Berrington et al (2005)
Cheesborough et al (1999)
Dicenso et al (2002)
Harden et al (2006)
Kane and Wellings (1999)
Kirby (2001)
NHS Centre for Reviews and Dissemination (1997)
Swann et al (2003)
Trivedi et al (2007)

2.2.1.6. Inclusion criteria

Literature published in the English language.
Literature reporting research conducted in, and policy emanating from, and of relevance to, developed countries.
Literature published from 1968 onwards up to 2005, and on updating this review, up to 2010. This wide inclusion period was necessary to evaluate trends in conceptions and births and attitudes towards teenage pregnancy and parenthood over time.
Literature with a primary focus related to 'becoming' and 'being' a teenage mother and a teenage father.

2.2.2. The classification and presentation of the review findings

The retrieved studies and reports from all the aforementioned sources were classified and reviewed under the following headings:

Statistical and epidemiological data on teenage pregnancy and parenthood.
Predisposing factors for teenage pregnancy and parenthood.
Interventions and intervention programmes for teenage parents.
Outcomes for teenage parents and their children.
Policy documents relating to teenage pregnancy and parenthood.

Literature located on 'policy relating to teenage pregnancy and parenthood' is drawn upon throughout this thesis, but specifically in chapters 1, 2, and chapter 10, the 'Discussion and Conclusion' chapter of this thesis. The literature relating to 'interventions and intervention programmes for teenage parents' is presented in chapter 10, where it informs the discussion and argument, and underpins the recommendations made in the chapter. The presentation of the review findings on 'statistical data on teenage pregnancy and parenthood', on 'the predisposing factors for teenage pregnancy and parenthood' and on 'the outcomes for teenage parents and their children' follow in this chapter, and they are displayed in a way which follows the parenthood journey. Thus, the review, as outlined in the introduction to this chapter, commences with a presentation of data on what is known about conception, conception trends and conception outcomes in the teenage population, it then analyses the literature on the possible reasons for why some teenagers do go on to conceive a pregnancy or father a child, next it explores the impact of pregnancy on the young people concerned and their children, and then it examines the literature on to the experiences of parenthood itself. This 'longitudinal' approach to the display of the findings in the literature review is in keeping with the overall longitudinal methodology of the study. Data were collected longitudinally, and the findings, set out in chapters 6, 7, 8, and 9, are also presented in a way which mirrors the parenthood journey over time.

2.3. Setting out the context: Cross national comparisons and trends in teenage conceptions, the outcomes of these conceptions, and family formation

2.3.1. Teenage pregnancy: Cross national comparisons

The United Kingdom, along with the United States and New Zealand, has a high teenage pregnancy rate relative to other industrially and technologically developed countries in Europe and the rest of the world (UNICEF Data for 2000-2005; UNICEF, 2001). The reasons why this is so are not fully understood, but the governments of all three of these countries, as well as those in the other two 'English speaking' developed nations with high

levels of teenage pregnancy, Australia and Canada, are all attempting to address their teenage conception and birth rates (Arai, 2009).

However, despite international public health concerns about teenage fertility, teenage pregnancies have actually been falling across the industrialised world, including in the five 'English speaking' nations, since 1975 (Alan Guttmacher Institute, 2002; Imamura et al., 2007; ONS, 2010a; Singh and Darroch, 2000; UNICEF, 2001; Wellings and Kane, 1999).

Cross national studies that have been conducted into teenage sexual activity, contraceptive use, teenage pregnancy and parenthood, abortion and sexually transmitted infections, have shown a strong positive association between falling teenage fertility rates in countries where there is a greater policy emphasis on increasing educational opportunities, where there is an increased expectation of youth to continue in education and employment, and where societal acceptance of adolescent sexual relationships and comprehensive, balanced information about sex, sexuality and conception is available, indicating that it is broader structural factors that can have the most significant impact on teenage conception and birth rates (Panchaud et al., 2000; Singh and Darroch, 2000).

2.3.2. Trends in teenage conceptions, and 'conception outcomes', in England and Wales

This part of the chapter examines current and recent historical data (from 1969 onwards), on teenage conceptions in England and Wales, as well as data on the outcomes of teenage women's conceptions. 'Conception outcomes' are defined as those that lead to either a maternity (a live birth, or a stillbirth), or those that are terminated by abortion.

2.3.2.1. Teenage conceptions

There were approximately 870,000 conceptions[1] to women of all ages in England and Wales in 2006; the same year in which the teenage mother participants in this study conceived their pregnancies (ONS, 2008). 11.8% of these conceptions in 2006 (n= 103 100) were to teenage women under the age of 20 years (ONS, 2008). Of these teenage conceptions, 7.6% (n=7826) were to women aged 13, 14, and 15 years, the period described as 'early adolescence' (this represents 0.9% of the total number of conceptions for women of all ages), 32.9% (n=33,942) were to women aged 16 and 17 years, the period of 'mid adolescence', (3.9% of the total number of conceptions for women of all ages), and 59.5% (n=61,329) were

[1] The Office of National Statistics defines conceptions as pregnancies resulting in live births, still births or legal terminations (ONS Online Definitions Guidance, 2009). These data are available for the total population for England and Wales. Data from Scotland and Northern Ireland are collected separately by these countries. Data on other pregnancy outcomes, mainly miscarriages, are excluded from the definition of conception as they are only available for samples of the population, and are known to be incomplete.

to women aged 18 and 19 years, the period of 'late adolescence' (7.1% of the total number of conceptions for women of all ages).

Two notable features stand out in the data presented above: Firstly, the relatively small percentage of conceptions in women under 20 years of age in relation to that of women older than 20 years: 11.8%, as opposed to 88.2%. The attention that teenage pregnancy has received, given the scale of the issue, appears disproportionately large in relation to the myriad of other problematic issues facing teenagers, like the lack of educational and employment opportunities in contemporary Britain (Jones, 2009; McDowell, 2003). Secondly, the fact that most of the conceptions in the 'under 20 years' age group (58.6%), were to women aged 18 and 19 years. This fact is frequently overlooked or ignored in discussions about teenage pregnancy and teenage parenthood. Coleman and Dennison (1998) highlight that there is a notable difference in the biological, psychological and social implications of a pregnancy for a teenager in early, or mid adolescence, compared to that of a young woman in her late adolescence approaching adulthood, maturity and independence. Coleman and Dennison (1998) call for a more nuanced approach to the analysis of data about teenage conceptions and teenage pregnancy. Teenagers of various ages may have different health and psychosocial support needs in relation to a pregnancy, and it is important to recognise what these may be in early, mid and late adolescence in order for them to be addressed.

Figures 2.1 and 2.2, which follow, situate the 2006 teenage conception data, cited above, in relation to 'teenage' and 'all ages' conception trends in England and Wales over the last forty years. Data are presented for the period from 1969, up to 2009, the latest year for which conception data were available at the time of writing this review. They provide a clear illustration of what has been taking place with conception rates in all ages over this extended period. Figure 2.1 demonstrates that, as in the rest of the developed world, in the United Kingdom, teenage conception rates per 1000 women aged below 20 years have, since 1971, shown a general downward trend over the decades (ONS, 2010a).

Figure 2.1 shows conception trends by teenage women in individual age bands; 'under age 14', 'age 14', 'age 15', 'age 16', 'age 17', 'age 18' and 'age 19 years' respectively, from 1969 to 2009. An analysis of these statistics shows that conception rates per 1000 women aged 16, 17, 18 and 19 years fell steadily from 1971 to 1975, fluctuated in the 1980s and 1990s and have shown a slight downward trend since 2000 (ONS, 2010a, 2010b). There has

been little variation in the rates in teenage women younger than 16 years, although, as with the rates for 16, 17, 18 and 19 year olds, there has also been a slight downward trend since 2000, the time of the introduction of the Teenage Pregnancy Strategy (SEU, 1999a) and the consequent intensive focus on reducing the rate of conceptions in teenage women under 18 years of age.

The relative stability of the sustained downward trend of this conception rate is notable, and as pointed out by Kane and Wellings (1999), and Wellings et al. (2001), it takes place within the context of a reported lowering of the age for 'first sexual intercourse', for both males and females, to age sixteen years, with a small, but significant number of teenagers (30% of males and 26% of females) reporting first sexual intercourse below age 16 years.

Figure 2.2, included here for comparison purposes, shows conception trends for women across the age span of 15 to 44 years. It is interesting to note how the conception trends among the age groups have changed, with a shift towards women having their children later in their lives than previously. Since the mid 1980's there has been a significant increase in the trend towards women having their children after age 30, and a notable increase in the number of women having children after age 40 (ONS, 2010a). I return to a discussion about this issue later in the chapter, in sections 2.3.3 and 2.3.4, in a brief discussion about the age of motherhood and patterns of family life.

Figure 2.1 Conception Trends by Single Year 1969 to 2009 (Provisional). Women age < 14, 14, 15, 16, 17, 18, and 19 years. Source: ONS.

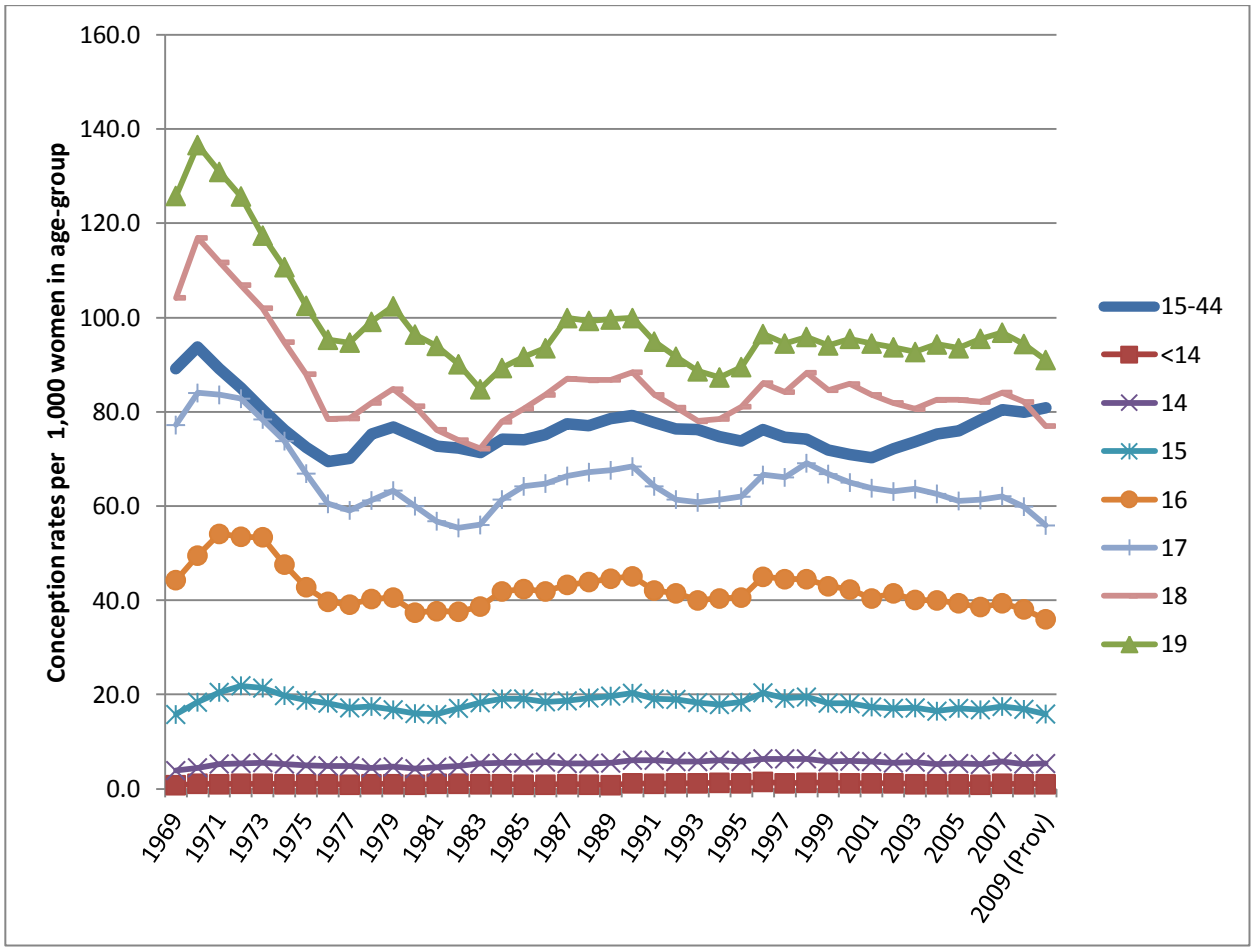
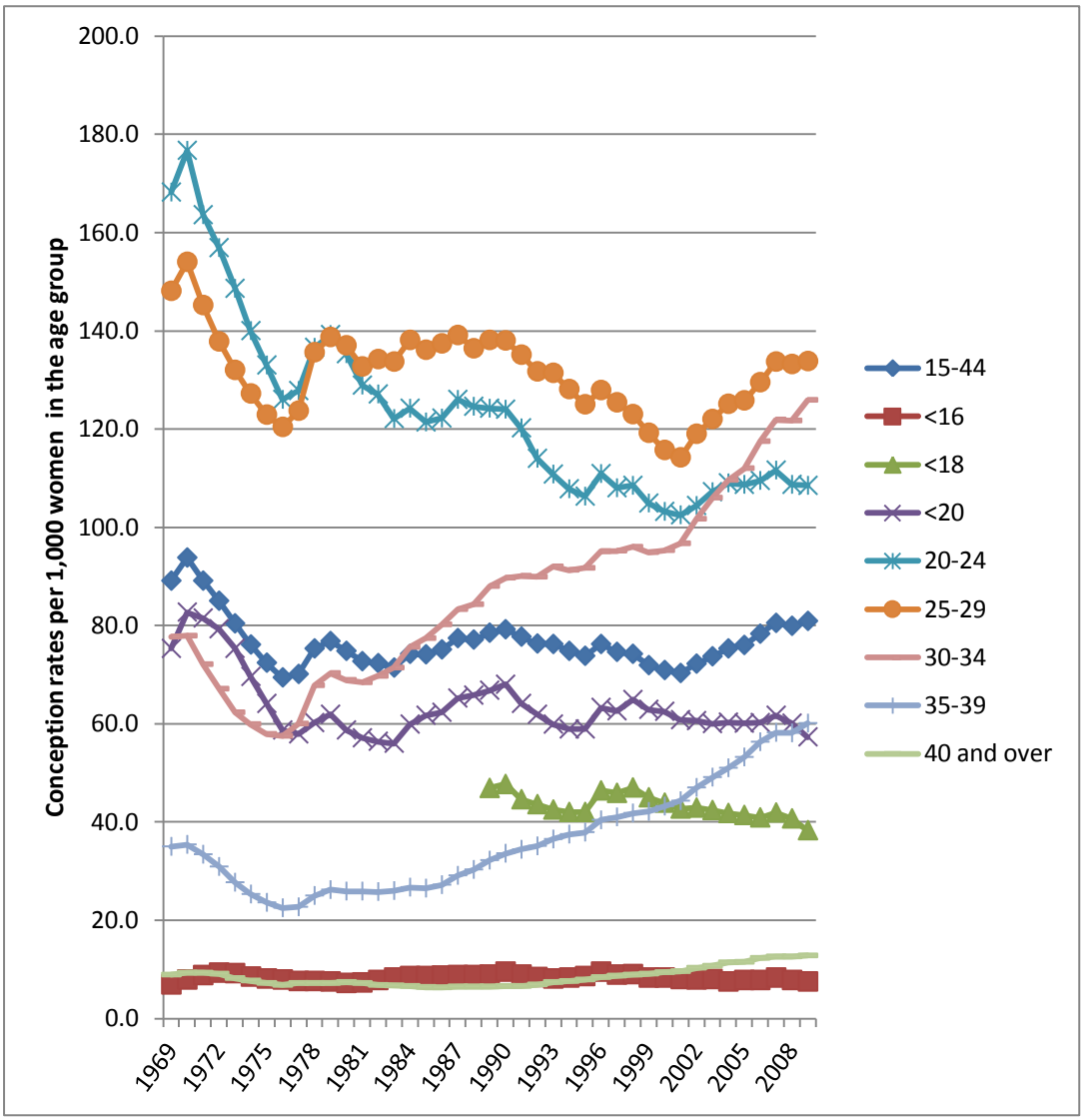


Figure 2.2 Conception trends 1969 to 2009 (Prov). Women age 15-44 and over. Source: ONS.



The overall downward trend in teenage conceptions notwithstanding, the rates in the United Kingdom remain higher than other countries in Western Europe, like Sweden, France, the Netherlands and Germany, whose rates are often cited in comparisons (UNICEF, 2001). It is this fact that is most frequently referred to in debate and discussion about teenage pregnancy within the United Kingdom itself (Arai, 2009; Bonell, 2004; Duncan, 2005; Lawlor and Shaw, 2002a; SEU, 1999a).

Arai (2003a, 2003b, 2009a) critiques the comparison of teenage conception rates in the United Kingdom with other European countries. She argues that 'model' countries, like Sweden, with low teenage birth rates have a proportionately much higher incidence of teenage abortion than occurs in the United Kingdom. This point is also highlighted by UNICEF (2001), who comment that the 'Nordic Model', referring in particular to Sweden and Denmark, with their high abortion rates, is far from an aspirational ideal. Teenage conception rates vary across Europe and these conception rates are often hidden or ignored in comparisons of birth data between countries. In section 2.3.2.2 I present data from the World Health Organisation on the proportion of abortions to live births in ten European countries. These data clearly illustrate that in many countries their low teenage birth rates are in fact due to very high rates of abortion.

Arai (2009a) argues for a more careful analysis of the European situation with regard to why birth rates may be low in certain countries and she calls for more cultural sensitivity in extrapolating effective measures from one country, in a blanket fashion, to the UK situation. Other authors, for example Cavalli and Galland (1995), have drawn attention to the fact that there are cultural differences in family formation in the United Kingdom compared to other European countries, reinforcing the idea that what is appropriate in one area may not be so in another.

2.3.2.2. Teenage conception outcomes: Abortion and births in the teenage population

Table 2.1 following, presents data on conception outcomes for 2006 in women aged 15-44 years in England and Wales (ONS, 2008). Again the year 2006 is presented for consideration, because of it being the year that the young women in this study conceived their pregnancies. These data show that a significant proportion of teenage conceptions to women under 20 years of age were terminated by abortion in 2006 (41.9%). They also reveal that the younger the teenage woman was when she conceived a pregnancy, the more likely it was that she would have the pregnancy terminated by abortion. In 2006, 63% of conceptions to

women under age 14 years lead to a termination by abortion. In those under age 16, it was 59.8% and in those under age 18 years it was 48.4% (ONS, 2008).

Table.2.1 Conceptions by age of women for 2006 including conception outcome and rates (Source: ONS 2008).

2006	*Age of woman at conception*	*Total Number of Conceptions*	*Percentage of Conceptions leading to a maternity*	*Percentage of Conceptions terminated by abortion*	*Conception rates per 1,000 women in the age group*	*Conception rates per 1,000 women leading to a maternity*	*Conception rates per 1,000 women terminated by abortion*
	All ages (15-44 years)	*870,000*	*77.7%*	*22.3%*	*78.3*	*60.8*	*17.4*
	Under 20	*103,100*	*58.1%*	*41.9%*	*60.2*	*35.0*	*25.2*
	Under 18	*41,768*	*51.6%*	*48.4%*	*40.9*	*21.1*	*19.8*
	Under16	*7,826*	*40.2%*	*59.8%*	*7.8*	*3.1*	*4.7*
	§ Under 14	*295*	*37.0%*	*63.0%*	*0.9*	*0.3*	*0.6*
	14 †	*1,764*	*34.6%*	*65.4%*	*5.2*	*1.8*	*3.4*
	15 #	*5,767*	*42.1%*	*57.9%*	*16.8*	*7.1*	*9.7*
	16 Ω	*13,107*	*51.3%*	*48.7%*	*38.6*	*19.8*	*18.8*
	17ϕ	*20,835*	*56.0%*	*44.0%*	*61.3*	*34.3*	*27.0*
	18 ¥	*28,494*	*61.0%*	*39.0%*	*82.1*	*50.0*	*32.1*
	19 √	*32,835*	*64.1%*	*35.9%*	*95.7*	*61.3*	*34.3*
	20-24	*191,200*	*71.3%*	*28.7%*	*109.5*	*78.1*	*31.4*
	25-29	*222,200*	*82.0%*	*18.0%*	*129.5*	*106.2*	*23.3*
	30-34	*212,400*	*86.9%*	*13.1%*	*117.5*	*102.1*	*15.4*
	35-39	*115,400*	*82.9%*	*17.1%*	*56.3*	*46.6*	*9.6*
	40 and over	*25,200*	*68.2%*	*31.8%*	*12.3*	*8.4*	*3.9*

§ Data confirmed – the % of conceptions leading to a maternity is higher for the under 14's than for 14 year olds. The expectation might be that the % of conceptions leading to a maternity would be lower for the under 14's than for the 14 year age group. Abortion percentages are consequently lower for the under 14 year age group than 14 year age group.
† Includes all women age 14 up to the day before their 15th birthday.
# Includes all women age 15 up to the day before their 16th birthday.
Ω Includes all women age 16 up to the day before their 17th birthday.
ϕ Includes all women age 17 up to the day before their 18th birthday.
¥ Includes all women age 18 up to the day before their 19th birthday.
√ Includes all women age 19 up to the day before their 20th birthday.

Previously, in section 2.3.2.1, I highlighted how teenage conceptions in England and Wales have shown an overall downward trend since 1971. While teenage conception rates have been reducing, there has, over the same period, been a rise in what is termed the 'abortion proportion' (the percentage of conceptions that end in an abortion), in teenage women since 1971. The introduction of the Abortion Act, 1967, which made it possible for women in England, Wales and Scotland[2], to terminate an unwanted pregnancy, has clearly had an influence on abortion rates, although, these were, and have not been, as dramatic as critics at the time of its introduction warned (Childs and Storry, 1999). Other issues raised earlier in

[2] The Abortion Act, 1967 does not apply in Northern Ireland, where abortion is illegal. A woman in Northern Ireland may only be allowed a legal abortion in specified circumstances; those where the life of the pregnant woman is at immediate risk, and if there is a long term or permanent risk to her physical or mental health (Childs and Storry, 1999).

this chapter, and in chapter 1, like that of the rising expectation of youth to continue in education, and the greater participation of women in the workplace more generally, are other factors that may also have influenced this rising trend in teenage abortion. It is however clear, that whatever the reason, that abortion is increasingly being used by teenage women in the United Kingdom as a means of controlling their fertility.

Background to the Abortion Act, 1967

The Abortion Act of 1967, which came into effect in April 1968 (*Abortion Act*, 1967) allows a woman to have her pregnancy terminated, if the circumstances of the pregnancy match certain specified statutory grounds in the Act. The Act, whose purpose was to *"amend and clarify the law relating to termination of pregnancy by registered medical practitioners"* did not, as Childs and Storry (1999) emphasise, legalise abortion, but rather, it was introduced to clarify the dissonance that had previously existed between two concurrently effective pieces of legislation at the time: The Offences Against The Person Act 1861, which made abortion a criminal offence, and The Infant Life Preservation Act 1929, which allowed for an abortion to be carried out by a medical practitioner under certain circumstances. The introduction of the Abortion Act of 1967 allowed for "*exceptions to the illegality of abortion"*, and provided a legal defence for medical practitioners who carried them out (Childs and Storry, 1999).

Abortion and teenage women

As Arai (2009) has pointed out, before the introduction of the Abortion Act, 1967, teenage women, like women of all ages in England and Wales with an unwanted pregnancy, would have had few options available to them other than to proceed with the pregnancy and make a decision about keeping their children, or giving their children up for adoption, or, they might have been able to procure an illegal abortion.

Table 2.2 following, details abortion trends in teenage women in England and Wales since the introduction of the Abortion Act, 1967. The data are presented for 1969, the first year these data were officially collected, and then at five yearly intervals from 1971 to 2006. These data clearly show that, for all ages (women 15 to 44 years) there has been a consistent rise in the abortion rate over this period.

Table 2.2 Abortion Trends in Teenage Women in England and Wales 1969 to 2006

Age of woman	*1969*	*1971*	*1976*	*1981*	*1986*	*1991*	*1996*	*2001*	*2006*
All Ages (15-44 yrs)	***5.8***	***10.5***	***10.8***	***12.4***	***13.5***	***15.0***	***15.8***	***16.3***	***17.4***
Under 16	*1.7*	*3.2*	*4.2*	*4.1*	*4.7*	*4.6*	*4.7*	*4.5*	*4.7*
Under 14	*0.3*	*0.5*	*0.6*	*0.7*	*0.5*	*0.7*	*0.8*	*0.7*	*0.6*
14	*1.3*	*2.4*	*2.9*	*2.9*	*3.4*	*3.5*	*3.6*	*3.5*	*3.4*
15	*3.6*	*6.9*	*9.3*	*8.7*	*9.7*	*9.3*	*9.4*	*9.4*	*9.7*
16	*5.6*	*13.0*	*15.8*	*16.2*	*17.6*	*17.1*	*17.9*	*18.5*	*18.8*
17	*6.9*	*15.2*	*18.2*	*20.1*	*22.7*	*22.7*	*24.1*	*26.6*	*27.0*
18	*8.0*	*16.7*	*18.4*	*21.6*	*25.3*	*26.6*	*29.4*	*31.4*	*32.1*
19	*8.2*	*16.4*	*17.6*	*21.0*	*24.6*	*28.6*	*31.0*	*33.4*	*34.3*

While the UK does have high teenage abortion rates, the ratio of teenage births to abortions is however still high compared with other countries. Data produced in the consultation document, 'Teenage Pregnancy' (SEU, 1999a) showed the variation in teenage abortion to birth ratios. For example in 2004, as detailed in Table 2.3 following, Sweden had a teenage abortion ratio of 4165.21 abortions per 1000 births, Denmark 2785.19 abortions per 1000 births and in the Netherlands it was 1491.26 abortions per 1000 births. In the United Kingdom in 2004 the ratio was 840.50 abortions per 1000 births. These data indicate that pregnant teenagers in the United Kingdom do not opt for abortion on the scale of teenagers in other parts of Europe. However, also noticeable in these data, is that the abortion ratio in the United Kingdom has risen from 2000 to 2004.

Table 2.3 Abortions / 1000 live births, age under 20 years.

Years	*Sweden*	*Denmark*	*France*	*Norway*	*Finland*	*Netherlands*	*Italy*	*Spain*	*Germany*	*UK*
2000	*2994.83*	*1835.53*	*1705.02*	*1693.41*	*1473.36*	*1295.80*	*1076.43*	*808.36*	*683.96*	*772.57*
2001	*3420.29*	*1864.34*	*1741.21*	*1680.38*	*1444.57*	*1314.09*	*1094.02*	*828.64*	*748.02*	*806.51*
2002	*3769.86*	*2163.84*	*1819.61*	*1634.83*	*1447.24*	*1407.85*	*1097.27*	*898.28*	*761.20*	*812.97*
2003	*4157.73*	*2481.57*	*1883.26*	*1746.23*	*1470.37*	*1371.26*	*1077.87*	*876.14*	*793.78*	*834.55*
2004	*4165.21*	*2785.19*	-----	*1704.08*	*1475.96*	*1491.34*	*1145.26*	*963.99*	*876.63*	*840.50*

Source: WHO Euro Data Available at http://data.euro.who.int/hfadb/tables/tableA.php?w=800&h600. Accessed 11/03/2008

2.3.3. The age of motherhood

The age at which women have their first child in the United Kingdom has been gradually rising over the last twenty five years. In 2009, it was the highest ever at 27.6 years. However, this is lower than in other European countries like Sweden, the Netherlands, Spain and France and indicates a lower age for childbearing in the United Kingdom overall (ONS, 2010b). The age of first motherhood is an important social indicator of 'normative' trends in family formation in a society (Arai, 2009a). These data point to the fact that in the United Kingdom family formation occurs earlier than it does in other European countries.

2.3.4. Patterns of family life

There has been an overall decline in fertility and an increase in age at first birth in the United Kingdom since the first statistics on these issues were collected. There has also been a reduction in marriage and a growth in lone motherhood. In addition, while fertility rates have declined in the United Kingdom, they are still relatively high in comparison to the rest of Europe (ONS, 2010b).

Babies born in England and Wales in 2009 were most likely to have been born to women in the 25-34 year age group, with this age group accounting for fifty five per cent of all births. Twenty-five per cent of babies were born to mothers aged less than 25 years. Twenty per cent of babies had mothers aged 35 years and over (ONS, 2010b). According to the ONS this represents an increase in the contribution of mothers aged 35 years and over and a decrease in mothers aged 25-34 years (ONS 2010b). Mothers are, according to these statistics, delaying motherhood until later in their lives.

2.3.5. Mirroring the pattern of women more generally

Teenage conception and birth data is often viewed in isolation from that of women in other age groups, but an examination of the overall trends in women's conception and fertility show that teenage women mirror that of women in other age groups. An examination of Figure 2.2 points to this 'mirroring' over a period of 40 years. Arai (2009a) argues for trends in teenage conceptions and births to be viewed as part of whole population trends, and not as occurring in isolation from that of older age groups. While teenage women having baby's stands out from the current trend for later childbirth, the actual fluctuations in numbers in teenage women follows the overall trend for all ages.

2.4. Explanations for early parenthood: social, family and personal contexts associated with becoming a parent

2.4.1. Introduction

This section turns to review current understandings of early parenthood and sets out to uncover: Who becomes a teenage parent? It also asks, why do some young people become parents at an early age, while others do not? In seeking answers to these questions, the section will examine both the social and individual contexts associated with teenage pregnancy and early parenthood and review any explanations for early parenthood arising from research in this area.

The section begins by mapping out the geographical and spatial distribution of teenage pregnancy across the United Kingdom. Much of this literature has emerged from research exploring the links between the socio-economic environment and entry into early parenthood. Curiosity about the social background of young mothers and fathers has part of its roots in public health and social demography, where interest in Britain, in the relationship between fertility and socio-economic factors, stretches back over a century (Chadwick, 1842 reprinted 1965).

The section then reviews the literature on the family and the personal contexts associated with teenage pregnancy and parenthood. Current knowledge and understanding about the correlates and outcomes of teenage pregnancy and early parenthood in the United Kingdom have emerged predominantly from cross-disciplinary analyses of a number of different ongoing national and regional longitudinal surveys that have been taking place at intervals extending over the last six decades in England, Wales, Scotland and since the millennium,

also in Northern Ireland. These population based longitudinal surveys have been used intensively in research into a number of significant areas including education (Joshi and Paci, 1997), health (Wadsworth et al., 2003) and social disadvantage (Bynner and Parsons, 2003).

In respect of teenage pregnancy and parenthood, the longitudinal surveys have been used to identify 'precursor factors' and 'pathways into parenthood' (Kiernan, 1980, 1997; Kiernan and Diamond, 1983). They have also been used to examine outcomes at specific points in teenage parents' later lives (Berrington et al., 2005; Hobcraft and Kiernan, 1999, 2001) and in enquiries into factors that might mediate adverse outcomes for teenagers (Berrington et al., 2005). Many of the research studies located for this review, on both the predisposing factors and on the outcomes of teenage pregnancy and early parenthood, draw on the longitudinal cohort studies as data sources. More detail on the longitudinal data sets is given later in this section.

Much of the research informing this section of the review took place during the 1990's and it is included here as this research has not recently been repeated. Different research topics generate interest at different times in history and this is certainly the case with teenage pregnancy.

2.4.2. Current understandings about who becomes a teenage parent and why?

It has long been observed that teenage pregnancy and early parenthood are closely tied to social background and social class (Hobcraft and Kiernan, 1999, 2001; Kiernan, 1980, 1997). To some practitioners and academics, who have worked in the area of teenage fertility, this relationship is so obvious that overrides all others (Geronimus, 1997, 2000; Phoenix, 1991; SmithBattle, 2000; Ward, 1995)

Research studies which have explored the geographical distribution of teenage conceptions, and the factors linked to this distribution, have found a close association between socio-economic deprivation and high teenage conception and birth rates (Diamond et al., 1999; Garlick et al., 1993; Griffiths and Kirby, 2000; McLeod, 2001; Smith, 1993; Wilson et al., 1992).

Wilson et al (1992) and Griffiths and Kirby (2000), for example, used national data to set out a picture of the spatial distribution of teenage conceptions, abortions and births in Britain. Wilson et al (1992) analysed data from England, while Griffiths and Kirby (2000) examined

data from across England, Wales and Scotland. Both studies used broad outcome measures: teenage conceptions, abortions and births in relation to measures of area deprivation. Both these studies also point to the close association of high teenage conception and birth rates to socio-economic deprivation.

Wilson et al's (1992) study aimed to determine the relative contribution of family planning and abortion service provision and socio-economic factors to teenage conceptions and abortions. The authors found that the strongest correlate of teenage conceptions and abortions in England at that time were socio-economic factors, in that, regions with high deprivation rates were associated with high teenage conception rates. Interestingly, they also found regions of high deprivation had low proportions of teenage conceptions aborted. The study identified a 'north-south' divide between the English regions in relation to teenage conceptions and abortions, but in the 'northern' regions there were more teenage conceptions with fewer resulting in an abortion than in 'southern' regions.

Griffiths and Kirby (2000) found, like Wilson et al, that the highest levels of teenage pregnancy in the United Kingdom were in the poorer urban and industrial areas while the lowest rates tended to be in rural and prosperous areas. They also observed that, in the main, wealthier areas have 'higher percentages of teenage conceptions leading to abortion' while poorer areas tend to have higher percentages leading to a maternity. Thus as Ward (1995; 149) expresses it, *"having sex does not sort out by social class, it's having babies that does"* (Ward, 1995). Interestingly they found that conception rates, and conceptions leading to abortion, were particularly high in inner London.

Whilst the previous studies have looked at broad outcome data on the association between deprivation and teenage fertility, Garlick et al (1993), Smith (1993), Diamond et al (1999) and Mcleod (2001) used 'small area data' as opposed to regional and country data to examine the association between teenage conceptions and socio-economic deprivation. Small area data are important, as they allow for more sensitive targeting of services. Garlick et al (1993) used the Jarman under-privileged area score (UPA) to examine the impact of poverty on rates of teenage pregnancy for women in the age range 11-15 years and 16-19 years residing in the former North East Thames Regional Health Authority (NETRHA). They found a high correlation between socio economic deprivation and teenage conception as well as high correlations between socio economic deprivation and live births to teenagers.

Smith's (1993) aim was to determine the rate of pregnancy and its outcome in areas of different socio-economic conditions in Tayside (Dundee, Perth and Kinross and Angus), Scotland, using Carstairs and Morris' seven category classification. Smith (1993) found the pregnancy rate in teenagers under age 16 was three times as high, and in all girls under 20, six times as high in the most deprived areas relative to the most well-off areas. The proportion of teenage pregnancies leading to abortion was higher in the most well-off areas, where two out of three conceptions ended in abortion, compared with one out of four conceptions in the deprived areas. Smith (1993) concludes that the wide geographical variation in the pattern of teenage conceptions indicate the need for a small area, rather than a regional approach, to setting targets and developing programmes aimed at reducing the teenage conception rate.

Diamond et al (1999) examined variation in rates of teenage conceptions across the former Wessex Regional Health Authority in South East England and showed that teenagers who live 3-7 km away from a youth oriented clinic were 1.11 times more likely to conceive a pregnancy than those who lived only 0-3 km away. These data indicate the importance of the availability of age appropriate services in the reduction of the teenage conception rate.

McLeod (2001) aimed to determine the impact of socioeconomic deprivation on rates of teenage conceptions in Scotland and to assess the extent of the local differences between areas in rates of teenage conceptions. Drawing on data from the early eighties (1981-1985) and comparing this to data from the nineties (1991-1995), McLeod (2001) set out to examine how the rates had changed over time. She found that, from the 1980s to the 1990s, conception rates increased differentially according to the level of the local socio economic deprivation, as measured by the Carstairs index[3]. In teenagers younger than 18 years of age, the annual conception rate increased in the most deprived areas (from 7.0 to 12.5 conceptions per 1000 13-15 year olds and from 67.6 to 84.6 per 1000 16-17 year olds), but there was no change, on average, among teenagers in the most well-off areas (3.8 per 1000 13-15 year olds and 28.9 per 1000 16-17 year olds). In teenagers aged 18-19 years of age, the conception rate decreased in the most well-off areas (from 60.0 to 46.3 per 1000) and increased in the most deprived areas (from 112.4 to 116.0 per 1000). McLeod (2001) was able to demonstrate that the amount of local variation in teenage conceptions, attributable to deprivation, more than

[3] The Carstairs index was developed as an alternative to the Townsend Index of Deprivation to avoid using household data as a 'denominator'. It was developed by Carstairs and Morris (1991) and is an index of deprivation used in epidemiology to identify socio economic 'confounding'. The Carstairs Index is based on four census indicators: low social class, lack of car ownership, overcrowding and male unemployment. Using these variables, areas are then split by postcode (Elliott et al 1997).

doubled over the period (from the 1980s to the 1990s). The proportion of conceptions resulting in a maternity was strongly associated with the level of deprivation, but, as McLeod observed, the 'effect' stayed the same over the period. McLeod concluded that, from the 1980s to the 1990s, the difference in rates of teenage conceptions widened between the more well-off and the deprived areas. She argued that this fact has implications for where resources should ideally be targeted, and she pointed out that wider structural factors, like poverty and deprivation, must be taken into account when considering the issue of teenage conceptions in Scotland.

By way of summary, research on the spatial distribution of teenage conceptions, abortions and births constitutes an important body of research highlighting, as outlined in the section above, the strong association between deprivation and teenage fertility in the United Kingdom. These data are, however, only able to highlight broad associations between deprivation and teenage conceptions, abortions and births. The advantage of examining life course events is that they give an insight into the ways in which events unfold over the life course, as argued by Wadsworth et al (2003). The next section will examine the birth cohort studies which have provided much of the data on life course events in the United Kingdom.

2.4.3. The longitudinal birth cohort studies

These surveys include the four national Birth Cohort Studies: the 1946 Medical Research Council National Survey of Health and Development (hereafter called the 1946 NSHD); the 1958 National Child Development Study (1958 NCDS); the 1970 British Birth Cohort Study (1970 BCS); and the 2000 Millennium Cohort Study (2000 MCS). In addition, the surveys include the Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective population based study in the Bristol area, the annual British Household Panel Survey (BHPS and the National Survey of Sexual Attitudes and Lifestyles (NATSAL) (Wadsworth et al., 2003).

Wadsworth et al (2003) highlight how the studies were originally designed to address specific policy issues and they have been continued to provide ongoing information about the major policy areas, as well as social processes like poverty, disadvantage, and social exclusion, as well as provide information about the effects of scientific developments on health and human development.

The Birth Cohort Studies have documented detailed information on all the major life areas including physical and mental health, intelligence and cognitive function, educational attainment, family and socio-economic circumstances, occupational history, parenting and social attitudes. These measures have been used by researchers from across a range of different disciplines in their analyses. Researchers have used the data to explore both vulnerability for certain life events as well as protective factors and resilience to these events (Wadsworth et al 2003).

The studies are a rich resource for researchers and they have a relevance across many disciplines. They also have a number of advantages, including that they are large data sets and are nationally representative, which increases the likelihood of them providing a true prevalence of the factors measured. Further, they prevent spurious associations. The information is collected currently and prospectively, so that the chronological sequence of events is known. They begin at birth and therefore provide opportunities for research into how early life influences adulthood. Finally, they provide an opportunity for comparison both within and between cohorts born in different social and historical contexts (Wadsworth et al 2003).

The limitations of the studies are in their explanatory power. They can provide information about associations between variables, but not why the associations might exist. The longitudinal cohort studies have provided a very rich resource for studying the effects of early life experiences on the life course of young people. In addition they have highlighted many of the effects of family circumstances on young men and women. They have also shown what increases their resilience, and their vulnerability to becoming parents (Wadsworth et al 2003).

2.4.4. Family background and early life experiences

The importance of the family in the socialisation and care of children has been a central theme in family social theory (Cheal, 1991; Silva and Smart, 1999). The family's primary role towards children is its responsibility and obligation to care for them and to attend to their need for personal growth and development (Featherstone, 2004). Research suggests that instability or insecurity in the family, which may interfere with the family's care of, and duties towards, children may be echoed in children's personal experiences and that this, in turn, may influence their later life experiences (Kiernan, 1997).

Research identified for this review shows that young people who become parents at an early age most often originate from families who have experienced enduring, and deep rooted social and economic adversity. That is, where parents were unemployed, where the family were claiming state welfare benefits, where the breadwinner was on a low income, where the family were living in social housing, and where the parents were in social classes IV and V (Berrington et al., 2005; Dearden et al., 1992; Dearden et al., 1994; Dearden et al., 1995; Diamond et al., 1999; Hobcraft and Kiernan, 1999; Kiernan, 1980, 1997; Kiernan and Diamond, 1983; McCulloch, 2001; Wiggins et al., 2005). In relation to these factors however, McCulloch (2001) found that individual and household characteristics were more important in determining teenage births than area characteristics.

Kiernan (1980; 1997), along with colleagues (Kiernan and Diamond 1983; Hobcraft and Kiernan 1999; 2000; Kiernan and Smith 2003), has, over the past two and a half decades, intensively researched the factors associated with young parenthood and its effects on young mothers, young fathers and their children in later life. This research has concentrated on analysing data drawn from the British longitudinal birth cohort studies and has established a substantial evidence base on how *specific* early family life experiences influence young people's vulnerability to becoming a parent at a young age.

In one of the first studies of the factors associated with teenage motherhood, Kiernan (1980), analysed data collected on members of the 1946 birth cohort up to their age 26 year survey interview. The study aimed to enquire into the background characteristics associated with varying ages at entry to motherhood and Kiernan found an association between teenage motherhood and less advantageous socioeconomic variables in the young women's family of origin. This cohort of women was aged 13 to 19 in the years 1969 to 1976. Thirteen per cent of this cohort became mothers while still in their teenage years. This percentage has remained relatively stable over the intervening years and, in 2006, was just under 12%.

Kiernan's (1997) study on the 1970 BCS found a similar association between family deprivation and early parenthood. This study drew on data from the 1958 NCDS to investigate the social, economic and educational backgrounds of young parents. Kiernan analysed data taken at the seventh wave of data collection when the participants were 33 years of age and were asked, for the first time in the study, about their partnership and pregnancy histories. Using information collected at age 7 and age 16 years in the study, Kiernan found that young mothers and fathers were more likely to come from families

experiencing socio-economic deprivation and that children from families who has experienced financial difficulties at age 7 or 16, were also more likely to become parents at a young age. These data were collected longitudinally therefore Kiernan was able to examine the impact of 'enduring financial adversity' by comparing the situations in these children at age 7 and then again at age 16. Kiernan found that the probability of becoming a young parent was significantly greater in the group with financial adversity experiences at both ages 7 and 16. She also found that the effect for women is more significant than it is for men.

Berrington et al's (2005) study had similar findings to those of Kiernan (1997), and they were also able to identify a greater effect for women than for men. They used data from ALSPAC, the 1970 British Cohort Study, and the United Kingdom General Household Survey to identify 'pathways' through which women and men become parents at a young age. Using multivariate analyses, Berrington et al (2005) found that a number of factors could be identified that predicted the likelihood of becoming a mother while still a teenager. At age 10 years, these factors included the following; having a behaviour disorder, having poor reading ability, being in a family in receipt of state welfare benefits, being in social housing and having parents who had 'low aspirations'. Furthermore, the likelihood was even greater for young women whose parents had left school at age 16, for those who lived in a lone parent family, for those with fathers in social classes iv and v, and for those young women whose mother had been a teenage mother herself. The highest five of these aforementioned factors, when combined, increased the likelihood of becoming a teenage mother by 31%.

With respect to young men, Berrington et al's (2005) analysis revealed similar factors as in the young women, although they had a reduced effect for young fatherhood (under age 23). Berrington et al (2005) concluded that teenage pregnancy remains a 'marker', an indicator, of general socio-economic disadvantage.

2.4.5. Early family life and material disadvantage

Characteristics of early family life have also been shown to increase young people's vulnerability to becoming a parent at a young age. McCulloch (2001) found that personal deprivation, as opposed to area deprivation, was a more important predictor of teenage parenthood.

Studies which have enquired into the effects of ethnicity have shown that, when all factors like deprivation are controlled for, there is no real difference between ethnic groups in the United Kingdom and the USA.

In their research into the early family lives of teenage mothers, Wellings et al (1999) found that the most important issue influencing the likelihood of becoming a teenage mother was the quality of communication between parents and their children about sex and sexuality.

Women and men who have grown up in, and have experience of the care system, are also more likely than their peers to become pregnant and go on to become teenage parents (Social Care Institute of Excellence (SCIE), 2004/5). The reasons for this are not immediately clear, but it may be that the adverse experiences of their early lives, that brought these young people into the care system in the first place, may play a significant role in this. Chase et al (2006) argue that young people in the care system do not receive appropriate or sufficient sexual health education and that this makes them more vulnerable to becoming parents at an earlier age than their peers who not in the care system. Barn and Mantovavi (2007) suggest that teenage pregnancy in young people in the care system is associated with the need for the young person to compensate for the adversity and lack of love that they experienced in their early childhoods.

2.4.6. Educational effects

While family background has a vital influence on the experiences of children and on their later life chances, so too does education. Makepeace et al. (2003) make an important point in noting that education can compensate for deprivation, but a lack of education can compound it. The research studies located for this review consistently demonstrate a significant association between early pregnancy and parenthood and an adverse relationship with education and the educational system. Young people who are most vulnerable for becoming a teenage parent are those who, for a variety of reasons, have a history of being poor educational achievers (Kiernan and Diamond 1983; Kiernan 1997; Hobcraft and Kiernan 1999; 2001; Berrington et al. 2005), those who have disengaged with the educational system either through compulsory or self exclusion (Dawson et al., 2005) and those who are unhappy, or dissatisfied, with school (Bonell, 2004; Bonell et al., 2003).

In addition, young people from families where the parents have low educational achievement (Kiernan and Diamond 1983; Kiernan 1997; Berrington et al 2005), and those whose parents

have low aspirations for their children's education and educational futures, (Hobcraft and Kiernan 1999; 2001) are also more at risk for becoming pregnant and fathering a pregnancy as young person.

The longitudinal Birth Cohort Studies have been used extensively to evaluate educational ability and educational achievement. Kiernan and Diamond (1983) analysed data from the 1946 NSHD longitudinal study of births to examine the age at which this cohort of women and men began their childbearing. Kiernan and Diamond found that one of the most important factors related to early parenthood was educational attainment. This study took place at a time when only 16% of the participants continued in education after age 18. The study showed that the greater a person's educational attainment, the later the individual started their childbearing. This study also found that when parental interest in the child's secondary education was high, so too was the child's educational attainment. These children also remained in education for longer. This was true across the social classes. Women and men whose parents were strongly interested in their early academic development tended to start childbearing later than those whose parents showed little interest. The authors suggest that children with high aspirations may delay starting a family in order to realise their ambitions, before going on to have children.

Similarly, Wellings et al (1999) found that the prevalence of teenage motherhood decreases as the young person's educational level increases. They found that teenage pregnancy occurs much less frequently in young women with A-level or higher qualifications. Interestingly, they also found that this is reversed for abortion, with those young women with the highest qualifications having the highest rate of abortion.

Dawson et al (2005) found that, at the point of conception, fewer than half of teenage mothers in their study had been attending school. Bonell et al (2004; 2003) have argued that disengagement from school is closely linked with teenage motherhood, and that this was true even after controlling for educational 'performance' and behaviour problems.

2.4.7. Sexual activity and teenage pregnancy

The age at which young people engage in first sexual intercourse has, since the early 70's, become successively lower. There has, at the same time, been an increase in the proportion of young people who have sexual intercourse during their teenage years. For example, as cited by Wellings et al (1999), the proportion of women who had intercourse before the age

of 20 increased from under 30% of those born in 1931 to nearly 90% of those born at the end of the 1960s. This study also showed a link between early sexual intercourse and early childbearing. Wellings et al (1999) defined 'early sexual intercourse' as intercourse before the age of 16, which in Britain is the age of sexual consent. Woman who had 'early sexual intercourse' were three times more likely to become mothers as teenagers, and men more than four times as likely to become fathers, as young people who had first sexual intercourse aged 16 or over. Wellings et al (1999) also found that the failure to use contraception at the 'first intercourse' was associated with teenage motherhood.

The policy response to the correlation of early pregnancy and parenthood was the Teenage Pregnancy Strategy (SEU, 1999a). This document identified three core factors that contribute to the high rates of teenage pregnancy in the UK: 'low expectations', linked to poverty and deprivation among teenagers; 'ignorance' about contraception; and 'mixed messages' about sex, and it set about addressing these factors in order to achieve its key aims (Hadley, 1998). However the Strategy has been criticised for its emphasis on addressing 'ignorance' and 'mixed messages', with very little attention paid to the difficult issue of 'low expectations', which are inherently linked to deprivation (Arai, 2003a; Duncan, 2005). One of the key messages emerging from the Teenage Pregnancy Strategy Evaluation (Wellings et al., 2005) is the need to address the underlying socio-economic 'determinants' of teenage pregnancy.

2.5. The experience and impact of teenage parenthood: life progression and the social, economic and health outcomes for teenage mothers and fathers

2.5.1. Introduction

In this section of the chapter I review the literature on the impact of early motherhood and fatherhood on teenage women and young men. This section examines two overriding themes that emerged from the literature search on outcomes: social outcomes which include outcomes related to education, training, employment, income, family structure and relationships and health outcomes which relate more directly to physical and mental health. The literature on these outcomes is predominantly also derived from complex statistical analyses of large data sets including ALSPAC, the 1970 British Cohort Study, the 1958 Child Development Study, and the Millennium Cohort Study and the British Household Panel Survey. The evidence derived from these surveys demonstrates that early motherhood and fatherhood is related to poor social, economic and health outcomes in women and men who become parents very early on in their lives and there is also evidence that their children are

also adversely affected by having very young parents. This section seeks to unravel the explanations for this.

Teenage pregnancy is linked to a number of adverse social and health outcomes for teenage mothers, young fathers and their children. However it is important to note the distinction between association and causation, and that becoming pregnant, or having a baby below the age of 20 does not inevitably lead to poor outcomes. On the other hand, there is evidence that the 'cumulative effect' of social and economic deprivation does have an adverse effect on the health of mothers and their babies, irrespective of the mothers' age. Therefore, as Lawlor and Shaw (2002a) argue, having policies that are only directed at teenage pregnancy may result in less overall public health gain than policies that are aimed at addressing and tackling the wider socio-economic inequalities that exist across the whole population. They argue that it is important to provide social support, as well as good medical care, for all mothers and their children (Lawlor and Shaw, 2002a).

2.5.2. The social impact of teenage parenthood

2.5.2.1. Material circumstances: Income and housing

A number of research studies, conducted in the United Kingdom over the past twenty-five years, have shown that teenage women who conceive and continue with their pregnancies experience considerable material disadvantage compared to women who delay becoming a mother until after their early twenties (age twenty three) or even later (Kiernan 1995; Hobcraft and Kiernan 2001). This disadvantage has been shown in statistical analyses of longitudinal population study data, to extend well into adulthood (Ermisch and Pevalin, 2003a).

Hobcraft and Kiernan (2001) analysed data from the 1958 National Child Development Study to examine adult outcomes in women at age thirty-three. Outcomes were analysed in a number of different areas including: welfare, socio-demographic, physical health, emotional well-being, as well as demographic behaviour. Their research demonstrates that, in later adult life, teenage mothers are more likely to be financially dependent on the state to provide their income and housing.

2.5.2.2. Education, educational attainment and employment

The issue of education is important across the world in developed countries, as increasingly young people engage in post secondary school education, parenthood is delayed, families

have fewer children, both parents are in work, and women expect to have lifelong, outside of the home, working careers (Makepeace et al., 2003). Teenage pregnancy and early parenthood can interrupt schooling and education and training after age 16. However, the relationship between teenage parenthood and education is more complex. The literature, reviewed in the previous section of this chapter, on the current understandings and explanations for teenage pregnancy, has highlighted the significant link between teenage and youthful conceptions and educational failure, estrangement, disengagement and young people's low expectations of pursuing a career and moving into work (Bonell et al 2003; Dawson et al 2005). Yet, research has found that motherhood can re-kindle the interest of young mothers who were previously alienated or disengaged from education (Dawson et al 2005). Young women will re-engage with education, providing it is appropriate and supportive of their own and their child's needs (Dawson et al 2005). In the last ten years there have been significant developments in the improvement of the education of young mothers, primarily as a result of the Teenage Pregnancy Strategy.

2.5.3. Health outcomes

2.5.3.1. Teenage motherhood and emotional well being

Drawing on data from the first ten waves of the 1991 to 2000 British Household Panel Survey, Liao (2003) compared the medium to long term mental health effects of first time motherhood among four groups of British women in the 1990s: teenage mothers, teenage non-mothers, mothers aged 20 to 30 years and mothers aged 30 years and over. The research defined medium term mental health effects as those occurring one to three years after giving birth, and long term as those occurring three to five years and beyond after giving birth.

The study found that teenage mothers were inclined to have a significantly higher level of post partum depression in the medium term after giving birth. However, in an examination of the data relating to when mental health may improve in all women after a first birth, Liao (2003) found that it was only after at least five years that women's mental health began to improve.

Berrington et al (2005) analysed data from ALSPAC, the 1970 British Cohort Study and the United Kingdom General Household Survey, to compare the general health, mental health and social circumstances at around age 30 years between mothers who had given birth when younger than 20 years of age to those who had given birth at an older age. They used statistical modelling techniques known as path models in order to take a life course approach,

which enabled them to demonstrate the complex ways in which the 'precursor' and the 'consequences' factors mediate and moderate how becoming a teenage mother has an impact on the women's later health and well-being. Berrington et al (2005) found that teenage motherhood was associated with poor adult health. In the more detailed 'pathway analysis' they found that these associations were explained in part by poor socio economic background before the pregnancy, but that they were also mediated by a greater risk, among teenagers compared with older mothers, of relationship breakdown, of being in a family where no-one was in work, and of being unhappy in their neighbourhood. A lack of social support, related to not having a close confiding relationship with either a partner, or their own mothers, was also important as a mediating factor. With respect to maternal health, the authors concluded that young motherhood is an important precursor for poor health in adulthood. They note that women, who have children in their early twenties, also experience the same disadvantage as younger women. Their work points to the need for a broader definition of young motherhood (Berrington et al 2005). Furthermore, this study showed that teenage motherhood was found to be associated with an increased risk of poor maternal mental health around the time of pregnancy and into later life. As with general health outcomes, the association between teenage motherhood and poor maternal mental health was attributable to, in part, the socio-economic background of the teenage mothers.

Berrington et al (2005) identified three important factors which mediate between teenage motherhood and poor mental health: namely, living in social housing, being a lone parent and not being in a satisfactory job. Of these mediating factors, housing quality and the presence of a partner were the most important. Interestingly, theses researchers found that the mothers' reports of the quality of the emotional support that they received did not appear to mediate the effect of teenage motherhood on maternal mental health. The authors concluded that what was important therefore in a partner was the practical support that they were able to offer: sharing the household chores and being around to help the young woman offset any arising negative events in her life.

2.6. Young fathers and young fatherhood

The literature reviewed thus far has predominantly centred on teenage pregnancy and parenthood as it pertains to young women. The reason for this is that research into teenage pregnancy and parenthood has mostly, although not exclusively, focussed on young women.

This section of the review seeks to address this imbalance and it now turns to examine the literature on young fathers and young fatherhood.

2.6.1. Introduction

Research and policy interest in young fathers[4] and young fatherhood in the United Kingdom has a relatively recent history, with concern about the issues of youthful fatherhood emerging over the last ten to fifteen years (SEU, 1999a; Speak et al., 1997). The attention to young fathers follows in the trail of a longer international scholarly focus on fatherhood more generally (Dennis and Erdos, 1992; Lewis, 1986), the family and family change (Williams, 2004), the nature of fatherhood in the modern family (Smart and Neale, 1999); Collier (2008), as well as debates about the future of fatherhood in contemporary society (Collier, 2001).

The wide literature on fatherhood, emerging from perspectives as diverse as, for example, feminism, the masculinities literature, studies of the family, family law, and child development, has brought to light rich insights into fathers and fatherhood in the family today. However, knowledge and understanding about young fathers, their social and demographic circumstances and life courses and the ways in which young men negotiate their roles, responsibilities and rights in relation to their children and families is, by comparison, empirically and theoretically underdeveloped.

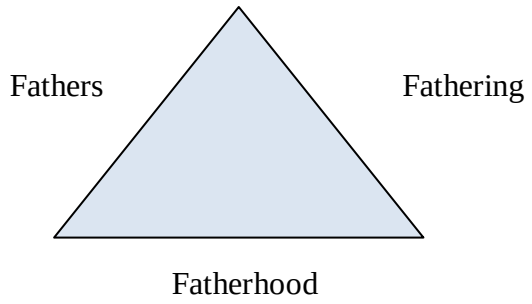
The reasons for the lack of interest in the concerns and issues of young fathers might be due, in part, to the historical focus on young women as both the problem and the solution to unmarried teenage motherhood. The role of men in teenage pregnancy and parenthood has had a particular focus in policy in the United Kingdom: the emphasis being on men's sexual behaviour and the prevention of teenage pregnancy (SEU, 1999a). With respect to parenthood, men have been seen predominantly in terms of their financial responsibility towards their children (SEU, 1999a). Further, researchers have found young men to be a 'hard to reach' group. Young men, particularly those experiencing financial hardship, housing problems, homelessness and unemployment, may be living in insecure circumstances and it may be these factors that make it difficult to gain access to young men. For example,

[4] This thesis uses the term 'young fathers' to refer to all fathers aged approximately 22 years and younger. 'Teenage fathers' refers to those fathers aged 19 years and younger. In the course of researching for this review the term young fathers was encountered most commonly in the literature to describe the issues of young fatherhood. The review will use the term young fathers generically to encompass all fathers under 22 years. Teenage fathers will be used when this group of fathers are referred to specifically.

young men are under-represented in the 1985 National Child Development Study at ages 16 and 23 as well as in the Census 2001.

This section of the chapter reviews relevant literature on young fathers in the United Kingdom. The review draws on an heuristic framework of fatherhood proposed by Hobson and Morgan (2002). These authors view fatherhood as a dynamic triadic interaction between '*fathers'* and the biological and social processes by which the term is attached to an individual, '*fatherhood'*, which includes the *rights, duties, responsibilities and statuses that are attached to fathers*, and '*fathering'*, or the caring practices negotiated and moulded within individual families (Figure 2.3 presents the interfacing relationship of these concepts).

Figure 2.3 Interfacing Relationships



Hobson and Morgan illustrate this interrelationship as follows:

> *"Men are configured as fathers through civil laws around marriage, divorce and custody. They are contoured as fathers in welfare state policies directed at workers and parents, through the governance of the market in policies directed at parents and workers, which is revealed in the division of work time and family time. The relations within individual families shape fathering and the practices of fathers, as seen in the division of care and decision making within the household" (Hobson and Morgan 2002:11).*

The review, rooted in this 'fathers', 'fatherhood' and 'fathering' framework, sets out to answer the following three questions: First, what is known about the social and demographic profile of teenage fathers in the United Kingdom?; Secondly, how is teenage fatherhood constructed through laws, policies and discourses in the United Kingdom?; Thirdly, how are teenage fathers involved in the family, with the mothers of their children, and in caring for

their children? In attempting to answer these three questions the review aims to construct a picture of what is known about teenage fatherhood in the United Kingdom today.

2.6.2. The social and demographic profile of teenage fathers in the United Kingdom

Current social and demographic knowledge about teenage fathers and the pattern of teenage fathering in the United Kingdom, has, like knowledge on teenage mothers, predominantly emerged from secondary analyses of longitudinal data collected in two large birth cohort studies conducted over the last fifty years. These cohort studies include the 1958 National Child Development Study (NCDS), which researchers have used to examine the social, economic and demographic factors associated with teenage fatherhood (Burghes et al., 1997; Dearden et al., 1992; Dearden et al., 1994; Dearden et al., 1995; Kiernan, 1997) and the 1970 British Cohort Study, which has been analysed to identify the later life outcomes of early fatherhood (Hobcraft and Kiernan, 1999; Sigle-Rushton, 2005). Some of the literature reviewed in this section is dated and may not accurately depict teenage fatherhood in 2011 in the United Kingdom. However, as more recent understandings on the issues presented here were not located for this review, these older findings are included so as to give some picture of the profile of teenage fatherhood in the United Kingdom.

2.6.2.1. Data on teenage fatherhood: How many teenage fathers and at what ages?

The first understanding of the age at which men and women become parents for the first time emerged from the second wave of the British Household Panel Study (BHPS)[5], which documented the marital, cohabitation and fertility history for both men and women in the survey. The analysis of this survey data was undertaken by the Family Policy Studies Centre in an overarching review of policy and research on fathers and fatherhood in Britain in the mid 1990s and it is this source that largely informs this section of the review (Burghes et al 1997). The 1992 BHPS, which included a nationally representative sample of 4350 men and 5068 women aged 16 years and over, revealed that 1.2% of teenage men age 16-19 years are fathers and that 5.3% of teenage women 16-19 years are mothers (See Table 2.4). There is no data available on teenage men younger than 16 years. The percentage of teenage women who become parents is greater than it is for teenage men. An age difference between teenage mothers and their partners may explain why this is so.

[5] Data for the second wave of the BHPS 1992 was collected between 05/09/1992 to 30/04/1993. The main objective of the BHPS 1992 is to collect data on social and economic variables at the individual and household level in Britain. The survey was designed as an annual survey of every adult (16+) member of a nationally representative sample of more than 5000 households. The same individuals in the household are re-interviewed in successive waves and, if they move out of original households, all new adult members of the new households are interviewed. Children are interviewed once they reach the age of 16. There is also a special survey of 11-15 year old household members from wave four (03/09/1994 to 09/05/1995) (Source: UK Data Archive www.data-archive.ac.uk)

Table 2.4 Parental status of men and women by age

Age group	*Mothers* *%*	*All women* *N*	*Fathers* *%*	*All men* *N*
16-19	*5.3*	*299*	*1.2*	*336*
20-24	*25.0*	*460*	*10.6*	*413*
25-29	*50.8*	*541*	*37.2*	*440*
30-34	*72.3*	*520*	*58.4*	*480*
35-39	*79.6*	*435*	*71.8*	*405*
40-44	*88.3*	*474*	*80.2*	*386*
45-49	*88.9*	*453*	*85.9*	*395*
50-59	*86.8*	*613*	*87.2*	*563*
60-69	*81.2*	*602*	*74.8*	*497*
70+	*82.2*	*671*	*81.5*	*435*
Total (N)	***3525***	***5068***	***2664***	***4350***

Source: BHPS 1992 cited in Burghes et al 1997

It is also important to note that collecting data on male fertility is fraught with difficulty. Men may, both deliberately and unintentionally, under report the children they have fathered. It is for this reason that many surveys have not collated these data (Burghes et al 1997).

Detail on the ages of teenage mothers' partners is not absolutely clear as birth registration details only reveal the age of the father for joint mother and father registered births. In 2008, 77% of births to women aged 20 years and younger were jointly registered by mothers and fathers, 23% of births were registered solely by the mother (ONS Dataset Name PBH37). This shows that, approximately, three out of four men, who have children with women under the age of 20, have their names on their children's birth certificates.

Therefore, there will be no details of the partners for approximately one third of the births registered for this age group of mothers in 2008. The Social Exclusion Unit's report, 'Teenage Pregnancy (SEU 1999a)', citing data from the Office for National Statistics' Analysis of Birth Statistics 1997, states that teenage mothers' partners are typically three and a half to five years older than them.

In their review of the literature on teenage parenting, Coley and Chase-Lansdale (1998) suggested that fathers in the United States were approximately two to three years older than teenage mothers. Darroch et al (1999), in a study of the age differences between sexual partners in the United States, found that 64% of sexually active women aged 15-17 had a partner within two years of their age, 29% a partner who was three to five years older, and 7% a partner who was six or more years older. This study also found that, among women younger than 18 who became pregnant, the pregnancy rate of those with an older partner, six or more years older, was 3.7 times as high as the rate among those whose partner was no more than two years older. Among women younger than 18 who became pregnant, those with a partner who was six or more years older were less likely to have an unplanned pregnancy (70%), or to terminate an unplanned pregnancy (21%), than were those whose partner were no more than two years older (82% and 49%, respectively). The authors were unable to draw any conclusions as to what it was about the characteristics of the 'older' partners of 15-17 year old women that affected their 'reproductive behaviour'.

The study analysed data from the National Survey of Family Growth (NSFG), a nationally representative survey in the United States of 10,847 women aged 15-44 in 1995. In Cycle 5 the NSFG asked women for the first time to provide data on the characteristics of their sexual partners, their use of contraception and their fertility. NSGF data were augmented with data from a nationally representative survey of 9,985 women on abortion conducted by The Alan Guttmacher Institute in 1994-1995. Birth Statistics data were also collected from the Center for Health Statistics (US).

2.6.2.2. Who becomes a teenage father? Teenage fatherhood and its associated factors.

There is less known about the factors associated with teenage fatherhood in the United Kingdom than there is with teenage motherhood, but what is known suggests that teenage fatherhood is, as with teenage motherhood, similarly rooted in deprivation (Dearden et al 1992; Dearden et al 1994; Dearden et al 1995; Kiernan 1997) and that it may also be associated with disadvantage in later life (Hobcraft 1998; Sigle-Rushton 2005).

At an individual level, evidence from analyses of the 1958 National Child Development Study[6] indicates that teenage men who have a history of educational, or behavioural issues,

[6] The 1958 National Child Development Study (NCDS) is a continuing longitudinal study which has followed the lives of almost 17,500 people born in England, Scotland and Wales in one week in March 1958. The survey was designed to examine the social and obstetric factors associated with perinatal mortality in the sample. The study participants have been followed up at birth, ages 7, 11, 16, 23, 33, 41 and, in 2004, at age 46 to monitor their physical, educational, social and economic development. In 1999/2000 the NCDS combined with the

are more likely to become teenage fathers in the United Kingdom (Kiernan 1992; Dearden et al 1992; Dearden et al 1995).

Family structure has also been associated with early fatherhood. Kiernan (1992) found that men were more likely to become parents before age 23, if they had experienced parental relationship breakdown and if they were living in a stepfamily or reconstituted family, at age 16. Analyses of the 1970[7] British Cohort Study showed that men were more likely to become fathers before age 22, if their home life had been affected by parental death or divorce. Dearden et al's 1994 study of the 1958 NCDS however found that childhood family structure was not significantly associated with teenage fatherhood.

At a wider structural level some research has found poverty and deprivation to be significantly associated with teenage fatherhood (Dearden et al 1994). Kiernan's (1992). Analysis of the 1958 NCDS found an association between social class and young fatherhood, with young fatherhood strongly associated with lower social class.

One study located for this review examined the link between teenage fatherhood and disadvantage in later life. Sigle-Rushton (2005) used data from the 1970 British Cohort Study to examine and compare the later life outcomes of young fathers (those who became a father before age 22) to men with similar backgrounds who did not become fathers. Drawing on (Burchardt et al., 2002b) definition of social exclusion as a guiding framework[8], Sigle-Rushton (2005) found that there were significant differences between the two samples on one of the key activities in relation to social exclusion: consumption. Young fathers, at age 30, are more likely to be living in subsidised housing and to being in receipt of means tested benefits. They are also significantly more likely to report experiencing poorer health at age 30. There is also evidence in the analyses that these men, at the age of 30, are more likely to have had three or more co-habiting relationships.

1970 British Cohort Study to undertake a joint survey. These two longitudinal surveys are to undertake joint surveys in the future. (Source: Centre for Longitudinal Studies, Institute of Education, University of London www.cls.ioe.ac.uk)

[7] The 1970 British Cohort Study (BCS) is a longitudinal study that has attempted to follow the lives of over 16,000 people who were born in one week in April 1970. The survey was originally designed to study perinatal mortality and the provision on antenatal and postnatal services. It has expanded over time to include a broad range of socioeconomic, demographic, health and attitudinal measures. The study interviewed mothers shortly after birth and follow up interviews were conducted at ages 5, 10, 16, 26, and in 2000 at age 30 (Source: Centre for Longitudinal Studies, Institute of Education, University of London www.cls.ioe.ac.uk)

[8] Burchardt et al's (2002) proposed definition of social exclusion is when '*An individual is socially excluded if he or she does not participate in the key activities of the society in which he or she lives'*. These authors examine four key activities in relation to social exclusion: '*production: participation in socially or economically valuable activities; consumption: the capacity to purchase goods and services; political engagement: involvement in local or national decision making; and social integration: integration with family, friends, community'.*

2.6.3. Young fatherhood in the United Kingdom

This section of the review gives an overview of two of the laws that shape the experience of fatherhood for teenage fathers in the United Kingdom today.

The law relating to fathers

Two laws relating to fathers and fatherhood in the United Kingdom are highlighted in this section: The Children Act 1989 and the Adoption and Children Act 2002. Aspects of these two Acts relate to fathers' rights, responsibility and the notion of parental responsibility towards their children (*The Children Act*, 1989; *The Adoption & Children Act*, 2002).

The Children Act, 1989

The concept of parental responsibility was introduced by the Children Act 1989 and it includes all the rights, duties, powers, responsibilities and authority which, by law, parents have to their children and property. Parental responsibility includes *'the right to physical possession, the power to control education, to discipline, to administer property, to consent to medical treatment, to make contact with the child and to represent the child in legal proceedings'*.

If a child's mother and father are married to each other when their child is born, or they marry thereafter, they will both have parental responsibility for that child, according to the Children Act 1989. If the child's father is not married to the mother, only the mother has automatic parental responsibility. An unmarried father can obtain parental responsibility in a number of ways: by entering into a formal agreement with the child's mother; by obtaining a parental responsibility order through the courts; or through a Section 8 residence order.

Formal agreements can be made by the parents of the child, for the father to have parental responsibility. Formal agreements are registered with the High Court. Registration is not based on any assessment of the child's welfare, and is in reality, an arrangement between the parents and simply an administrative procedure. An unmarried father can apply to the court for a parental responsibility order for a child. In deciding to make the order in this case however, the court will treat the child's welfare as paramount. The order affords the unmarried father the same legal position as married fathers in that he shares the rights and duties with the mother. A Section 8 Residence order will determine who the child is to live with and these can be made in favour of both parents, even if they do not live together.

Adoption and Children Act, 2002

The most significant development for unmarried fathers is in relation to parental responsibility. In England and Wales since the 1 December 2003, and in Scotland since 4 May 2006, an unmarried father may obtain parental responsibility if both parents register the birth together. This only affects children born from this date. Northern Ireland has had this provision since 17 July 2001.

2.6.4. Teenage fathers: a statistical overview of their relationship with the mothers of their children

The Office for National Statistics (ONS) collates data on the age of fathers from birth registration details. This data gives an idea of the age of the father at childbirth where parents jointly register their child's birth (See Table 2.5). Births that are solely registered by the mother do not provide the fathers age. The average age of fatherhood in England and Wales, where the birth of a child has taken place within a marriage, has risen from 27 in 1971 to 31 in 1999. By contrast, the average age of fatherhood, where the birth occurred outside marriage, decreased from age 28 to age 26 between 1971 and 1991, but increased to just under age 28 in 1999.

Table 2.5 Mean Age of Father at Childbirth: England & Wales

Years	***1971***	***1980*****	***1991***	***1997***	***1998***	***1999***
Births within marriage	*27.1*	*27.8*	*29.6*	*31.0*	*31.2*	*31.3*
Births outside marriage	*28.0*	*26.1*	*25.9*	*27.5*	*27.7*	*27.8*
All live births	*27.2*	*27.7*	*28.7*	*29.9*	*30.0*	*30.1*

Father's details are only presented on a jointly registered birth; on a sole registration (those registered by the mother only) the Father's details are not present **Data for 1981 are not available Source: Office for National Statistics (2001) Social Focus on Men

Table 2.6 lists the trends in 'sole' and 'joint' registered births outside of marriage in the United Kingdom at intervals from 2004 to 2008. This table shows a growing trend towards unmarried parents jointly registering their children. Fathers' inclusion on the child's birth certificate suggests an intention to maintain a close relationship with the child (Kiernan, 2003).

Table 2.6 'Sole' and 'joint' registered births outside of marriage in the UK from 1964 to 2008

(%'s)	*Under 20*	*20-24*	*25-29*	*30-34*	*35+*
1964 Sole	*81*	*62.5*	*46.2*	*40.1*	*39*
Joint	*19*	*37.5*	*53.8*	*59.9*	*61*
1974 Sole	*67*	*52*	*37.3*	*30.5*	*33.2*
Joint	*33*	*48*	*62.7*	*69.5*	*66.8*
1984 Sole	*45.1*	*36.2*	*30.9*	*27.9*	*28.8*
Joint	*54.9*	*63.8*	*69.1*	*72.1*	*71.2*
1994 Sole	*33.4*	*23.1*	*19.5*	*18.2*	*18.8*
Joint	*66.6*	*76.9*	*80.5*	*81.8*	*81.2*
2004 Sole	*27.2*	*18*	*14.3*	*12.2*	*13.3*
Joint	*72.8*	*82*	*85.7*	*87.8*	*86.7*
2008 Sole	*22.8*	*15.1*	*12.1*	*10.9*	*12.0*
Joint	*77.2*	*84.9*	*87.9*	*89.1*	*88.0*

Live births outside marriage, age of mother and whether sole or joint registration 1964 – 2004. Dataset PBH37, England and Wales. (Source ONS).

This literature review identifies a statistical information gap in relation to fathers. This arguably, reflects fathers' peripheral status in processes of fathering and fatherhood. For example, a pregnant woman would have data collected at multiple points along her antenatal and post natal care journey but the same cannot be said for young fathers.

Contemporary fatherhood has started to receive more attention in the literature (Dermott, 2008; Doucet, 2006; Featherstone, 2009). This literature has sought to explore the changing role of fathers' in the family. Specifically, it has set out to examine the idea of the 'new fatherhood', where fathers are understood to be shifting the balance towards playing a more engaged role in caring for their children (Barclay and Lupton, 1999). Collier and Sheldon (2008) suggest that 'the new fatherhood', however, may be overstated. They argue that 'traditional fatherhood' is long living and Dermott (2008:24)) suggests that it may be more helpful to speak of a 'collection of fatherhoods'. Brannen and Nilsen (2006) demonstrate that it is actually unemployed and part-time employed, working class fathers who are more

able to engage in the 'New Fatherhood' model. The extent to which the 'New Fatherhood' model has a relevance to young men has yet to be explored.

2.7. Chapter summary

This chapter has mapped out the literature on what is known about teenage pregnancy and parenthood. It has outlined the current trends on teenage pregnancy and family formation in the United Kingdom, and considered these data in relation to a wider European perspective. This chapter has also examined the causes and consequences of early motherhood and fatherhood and finds that the literature points to a strong association between socio-economic deprivation and teenage pregnancy and parenthood. Young people from disadvantaged backgrounds are more likely to become pregnant, or to father a child, and then go on to become a parent. In turn, early parenthood has been shown to lead to a range of poor health, social and economic outcomes. These poor outcomes are also more likely to impact on their children, who themselves experience a range of negative outcomes arising from, in particular, the mother's adverse health outcomes, low educational attainment and low participation in paid work. Overall, the literature review paints a fairly gloomy picture of young motherhood and young fatherhood. However, what this literature is unable to explain, and what remains less well understood, is the experience of young motherhood and young fatherhood, and what it is that might influence that experience, either positively or adversely. Why it is that some young people, despite the evidence, thrive in their roles as young parents, and conversely, why do others not? This research study attempts to answer these questions.

Chapter 3: Research Methodology. Theoretical underpinnings of the study

3.1. Introduction

Chapter 3 explains the theoretical underpinnings of the qualitative longitudinal case study research design. Together with chapter 4, which provides an account of the research methods used to conduct the study, the two chapters 'ground' this research study theoretically, and they also link these theoretical explanations to what was done over the course of the research, and how, and why, the research decisions were taken as they were. The chapter is in three parts and addresses each of the components of the research design and their theoretical foundations in turn. Before considering these three components however, the chapter begins with an account of my developing thoughts about the theoretical underpinning of the study. The justification for using a qualitative methodological approach runs through this first discussion on my evolving ideas about the research. Following this, the chapter discusses the longitudinal design of the study. Qualitative longitudinal research, which explores change in individual and social contexts, is emerging as a methodology in its own right. This section of the chapter gives a full description of this 'new and emerging' methodology. The chapter then turns to examine the case study research strategy. This part of the chapter gives a brief overview of the development of case study research, and it explores the two central concerns of the case study research strategy: what is a case? And, what is a case study? The chapter concludes with a section outlining the case study in this research study.

3.2. Thinking theoretically about the study

> *"Case study is not a methodological choice but a choice of what is to be studied. If case study research is more humane or in some ways transcendent, it is because the researchers are so, not because of the methods. By whatever methods, we choose to study the case. We could study it analytically or holistically, entirely by repeated measures or hermeneutically, organically or culturally, and by mixed methods – but we concentrate, at least for the time being, on the case" (Stake, 2005:443).*

The above quotation by Stake (2005) is almost an incantation that case study research begins foremost with the case. So it was in this study, from its very beginnings. I document the origins of this research more fully in chapter 4, but it was my interest in teenage mothers and fathers and the decision to examine their experiences of parenthood which was the impetus for my undertaking a doctoral study in the first place. The case in this study *was* thus first. Although Stake (2005: 443) states that "*case study is not a methodological choice"*, I chose it because it would facilitate a qualitative enquiry. A qualitative research methodology was most appropriate for this study, where I was seeking to explore teenage mothers and fathers experiences of their transitions to parenthood in-depth, and, over some considerable time.

My understanding of qualitative research, and the definition underpinning this study, follows Mason's (2002). She defines qualitative research as being rooted in a philosophical position that is generally 'interpretivist', in that it is involved with understanding how the social world is *"interpreted, understood, experienced, produced, or constituted"* (2002:3). In addition, that it draws on flexible data generation methods, able to take into account, and adapt to, the different social contexts in which data are generated. Also, that it is based on methods of analysis, interpretation, and argument building, that involve an understanding of *"complexity, context and detail"*, and which place an emphasis on "*holistic forms of analysis"* and explanation of the data generated.

Qualitative research is used to explain the meaning of situations (Marshall and Rossman, 2011). In addition, *"Qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them"* (Denzin and Lincoln, 2005:2). Furthermore, they argue, "*Qualitative research is a field of enquiry it its own right. It crosscuts disciplines, fields and subject matters"* (Denzin and Lincoln 2005: 2).

Mason (2002) points to the rich variety of qualitative research strategies and techniques and at the outset of the study, I considered a number of potential approaches for the enquiry. I made the decision to use a case study research approach as it allowed me to explore a number of complementary and overlapping issues: the young mother's experiences of her transition to motherhood, the young father's experiences of his transition to fatherhood, and the young couple's joint shared experiences of their relationship and of parenthood. I also wished to explore these issues in relation to their wider social situations. The case study is able to cope with complexity, and, was thus ideal for my purposes. Stake (2005) states that cases can be studied by using different methods. It follows therefore, that case studies have the potential to be 'nested' within other research approaches. A case study drawing on qualitative methods might therefore be situated within an ethnographic study, a grounded theory study, or as Stake (1995) suggests, within a constructivist or naturalistic enquiry. I considered all these approaches in-depth, but none fully satisfied the needs of this current enquiry.

Ethnographic research is concerned with the study of cultures or subcultures (Creswell, 2007; Spradley, 1979). It usually involves a long term engagement in the field in which the researcher 'immerses' themselves in the culture under observation. I tried, but was not able to conceptualise the issue that I was studying, teenage parents and their transitions to

parenthood, as an identifiable culture or subculture. Also, the young people I proposed to study were in different geographical locations and again I could not find a way to conceptually bring them together within a common cultural system. Further, the indispensable component of an ethnography is the use of observation as a data generation method (Atkinson, 1990). This would have been an entirely inappropriate data generation method in this study where I was seeking to understand transitions to parenthood from the perspective of the young parents themselves. On the basis of these points, I rejected the idea of an ethnographic research study.

I also ruled out the idea of conducting a grounded theory study. This method relies on the technique of 'theoretical sampling' where data collection in a study is guided by the 'emerging theory' as data collected are coded, and analysed (Glaser, 1978). The longitudinal design of this study, where the sample size needed to be predetermined at the outset of the study, precluded the use of theoretical sampling and thus using a grounded theory methodology.

I could have situated the case study of teenage parenthood within a constructivist enquiry but I decided not to do this. Constructivism is a theoretical perspective developed over the 1980's and 1990's by two North American qualitative research theorists: Egon Guba and Yvonna Lincoln (Guba and Lincoln, 1989; Lincoln and Guba, 1985). Research within the constructivist paradigm is conducted in a 'naturalistic' setting, and it facilitates the exploration of the participants' views of the social world. I was unconvinced that situating the case study within a constructivist paradigm would add or strengthen the theoretical underpinning of the study. I felt that if I were to use it, that it would be introducing another 'layer' to the research design, but I was unable to justify its real value and contribution to data collection, data analysis and interpretation of the findings. I have nonetheless drawn on aspects of Guba and Lincoln (1989) and Lincoln and Guba's (1985) ideas about maintaining rigour in a qualitative study.

Mason (2002) advises researchers that they do not have to adopt a "*doctrinaire"* theoretical approach in their research but that neither should they select to use an eclectic approach in an "*ad hoc"* manner. She cautions researchers to ensure that they are able to clearly articulate their perspectives on what their research is about; not in a superficial way, but in a manner that exposes the very essence of the meaning of their research endeavour. Mason (2002) suggests researchers examine their assumptions regularly over the conduct of their research.

Further, she urges researchers to transform their assumptions about their research, where necessary. In the next section I set out my assumptions about the nature of reality and how I believe that the social world might be known. It is these positions that have informed my approach to conducting this qualitative longitudinal case study.

3.3. Stating my position: Questions of ontology and epistemology

3.3.1. My ontological position

Ontology in the social sciences aims to answer the question: What is the nature of social reality? (Bryman, 2012). Or, in other words, 'is there a defined social reality, and how should it be understood? (Blaikie, 2007). The theories which address this question are often explained by setting two opposing theoretical categories in relation to one another: realist and idealist[9]. Realist theories claim that there is an external reality which exists independently of people's beliefs or understanding about it. Within the realist perspective of reality there is a distinction between the world, and the meaning and interpretation of it held by individuals (Blaikie, 2007). Idealist theories, on the other hand, maintain that reality is only knowable through the human mind and through socially constructed meanings (Snape and Spencer, 2003). My ontological position in this qualitative enquiry into teenage parenthood rests on the idealist side of the realist / idealist debate. I do however also recognise that there are external factors like social class, gender, and race, which exist outside of human social constructions thereof and which do exert significant influence on individuals' experiences and interpretations of the social world.

3.3.2. My epistemological position

Epistemology is concerned with what we regard as knowledge or evidence of things in the social world. On the issue of social reality, epistemology focuses on questions such as: How can social phenomena be known? And, how can knowledge be demonstrated? (Blaikie, 2007; Bryman, 2012). My epistemological position in this study is that the teenage mothers and fathers are the experts in their own lives and that they should be the primary sources from whom to collect knowledge about their experiences. The data collection methods used in this study: in-depth semi-structured interviews and an audio diary event were drawn upon, as they were founded in my epistemological position that young people are able to engage with the social world and that they are able to express their thoughts and feelings and reflect on their

[9] Blaikie (2007) notes that there are now a variety of ontological perspectives used in the social sciences in addition to the realist and idealist categories. I introduce them here as two opposite ends of a dichotomous relationship to make the point about the difference between their perspectives.

experiences, when permitted and facilitated to do so. I return to the issue of conducting interviews with the young people in chapter 4 of this thesis.

3.4. Qualitative research methodology

I have already explained my understanding of qualitative research and the definition of qualitative research underpinning this study. In this section I return briefly to the issue of the qualitative research methodology of this study, and explain the particular relevance of the use of the case study research strategy within a qualitative methodology framework.

Flick (2009:12) suggests that the era of grand narratives and theories is past. He argues that late modernity brings with it a demand for more *"situated, contextualised, specific, and localised investigations".* Flick (2009:12) argues that the rapidly changing social environment, and the consequences of this for people's life experiences and expectations, mean that social researchers are confronted with new and changing social contexts which, Flick (2009) proposes, requires a shift in the ways in which social researchers explore and understand the social world. Qualitative research, thus, has increased relevance in the context of 'late modernity' (Giddens, 2009). This study is rooted in the idea of the local, contextualised enquiry. Following Flick (2009: 21), this research *'is oriented towards analyzing concrete cases in their temporal and local particularity'.*

Next, I turn to examine the second component of the research design underpinning this study: the qualitative longitudinal research design.

3.5. Qualitative longitudinal research

This section of the chapter gives an account of the theoretical underpinning of the qualitative longitudinal research component of the study. My first encounter with qualitative longitudinal methodologies was through the work of Thomson and Holland (2003) who were engaged in a ten year qualitative longitudinal research study following a generation of young people, from four different geographical areas, growing up into adulthood. I attended an ESRC methods research study day facilitated by these researchers. They were working with colleagues on an ESRC funded project to research and develop the theory underpinning qualitative longitudinal research methods (Holland et al., 2006). A longitudinal research design is not merely a sequencing of data collection episodes, it has a developing theoretical underpinning, which I explore next.

3.5.1. Longitudinal research

The British Birth Cohort Studies, discussed earlier in chapter 2, are well known examples of longitudinal research. These large population surveys, commenced in 1946, 1957, 1970 and 2000, have collected, and continue to collect, successive waves of data, at prescribed intervals, on all the major life course events from the cohort participants (Wadsworth et al., 2003). The aim of this type of research is to generate theory on the linkages between individual and structural processes. For example, as highlighted in the literature review in chapter 2 of this thesis, Hobcraft and Kiernan (2001) have used the Birth Cohort studies to demonstrate an associative relationship between teenage pregnancy and early child bearing, and social background and social class.

Neale and Flowerdew (2003) draw attention to the fact that longitudinal research is concerned with exploring the factors related to the temporal dimension of experience. They argue that although social life has always been studied through its connections to the temporal, that time has taken on a particular significance in late modernity. They explain:

> *"it is through time that we can begin to grasp the nature of social change, the mechanisms and strategies used by individuals to generate and manage change in their personal lives, and the ways in which structural change impacts on the lives of individuals. Indeed, it is only through time that we can gain a better appreciation of how the personal and the social, agency and structure, the micro and the macro are interconnected and how they come to be transformed" (Neale and Flowerdew, 2003:190).*

Neale and Flowerdew contend that the very development of the longitudinal research methodologies came about because of the need to explain the changing nature of people's lives. They state that longitudinal research designs inherently *"embody the notion of time"* (2003:190). They also draw attention to Berthoud's (2000:2) interesting conceptualisation of longitudinal research and time, where he suggests that longitudinal designs capture a *"movie"* as opposed to a *"snapshot"* of social life, as in conventional designs.

3.5.2. Longitudinal *qualitative* research

Most of the longitudinal research studies conducted in the United Kingdom (UK); the aforementioned Birth Cohort Studies, but also the annual British Household Panel Survey, have quantitative research designs. There are some, like the Avon Longitudinal Study of Parents and Children, and the ten yearly, National Survey of Sexual Attitudes and Lifestyles, which do incorporate some qualitative data collection component into the study designs.

These studies notwithstanding, as Henwood and Lang (2005) found in their review of qualitative research resources in the United Kingdom, quantitative studies predominate in the area of longitudinal research.

There is a rich tradition in the UK of qualitative research conducted through a long engagement with the field, as, in ethnographic studies, and Holland et al (2006) situate qualitative longitudinal research within this tradition. But, as Neale et al (2012) point out, qualitative longitudinal methodologies and explorations of the theoretical underpinnings of the method, have, until recently, been relatively under-developed. This has begun to change over the last decade and since the early part of the new millennium, a number of researchers have begun to undertake qualitative longitudinal projects, and started to collaborate to develop the methodology (Henderson et al., 2012; Holland et al., 2006; Neale and Flowerdew, 2003; Neale et al., 2012; Smith, 2003; Thomson, 2009; Thomson and Holland, 2003).

3.5.3. Defining qualitative longitudinal research

Saldaña (2003), a principal proponent of qualitative longitudinal research and a theorist on the method, identified two main understandings of qualitative longitudinal research in his review of the literature: *First,* those specifying different types of study, including; (i) continuous research in the same small society over a number of years, (ii) periodic restudies at regular and irregular intervals and, (iii) return after a lengthy elapse of time since the original research. *Second,* those specifying the duration of the research; (i) for example, at least one year, (ii) at least two, but ideally three waves of data collection over at least a year (Young et al., 1991) (iii) multiple data collection events over months or years, (iv) or, as in life course research, generating data over generations to describe different human pathways and actions from birth to death.

Drawing on his research experience, Saldaña (2003) discusses three issues in relation to qualitative longitudinal research: duration, time and change. He suggests that *"Longitudinal means a lonnnnnnnng time"* (2003:1) although he also advises that each study is *"context-specific and driven by its own goals, research questions, conceptual framework, methodology and other matters"* (2003:ix). He cites two examples from his research to illustrate this point; first, "*a naturalistic observation of participants' daily culture in a school setting"* conducted with a teacher participant 'Nancy', which extended "*on and off"* over twenty months, and 'Barry', "*a life history of one young man's growth as adolescent and actor"*

conducted over a four year period (2003:2). Thomson et al (2003) note that qualitative longitudinal research is distinguished by the way temporality is intentionally designed into the study, making change a central focus of the method. Saldaña (2003) makes a similar point about change being the focus of a qualitative longitudinal endeavour. Drawing on two other research studies in which he has acted as supervisor; a study of three months duration, and the other extending over four months, he notes that these periods of study were too short to observe the change processes under investigation in both studies. The important point Saldaña (2003) makes is that there should be a "*discernment of change"*.

I agree with Saldaña's (2003) point about the 'discernment of change' but feel that three months may indeed be sufficient for a qualitative longitudinal study if the change being studied is fast moving, and the social environment fluid and rapidly changing. Although the research on which this thesis is based would satisfy the strictest guidance described for a qualitative longitudinal research study; it was conducted over nineteen months and involved four 'waves' of data collection over that period, I observed transformational changes in the young parents between even the first and second wave interviews conducted before, and then three to four months later, after the birth of their children. I contend that the important criterion is that the study design is appropriate for the research question. This point is emphasised by Mason (2002), in her text on designing qualitative research. Some questions need to be answered in shorter time frames, and may need to involve repeated data collection episodes over a short time frame.

3.5.4. The qualitative longitudinal approach in this research

This study, which has enquired into a significant life transition in the young people involved, has used a qualitative longitudinal methodology to collect data in four data collection waves over a period spanning the period from before the birth of the young parents' children and up to the period just after their children's first birthdays. These repeat data collection episodes, detailed in chapter 4 on data collection methods, have facilitated an in-depth 'look in' on the change experienced by the young mothers and fathers in the study.

3.6. The case study research strategy

This section of the chapter examines the case study research strategy which permitted the investigation into the young mothers and fathers' experiences of their transitions to parenthood. It begins with an overview of case study research. This part of the section identifies the significant debates that have taken place about the meaning and value of case

study research over its long history. The section then explores the key issues highlighted in the literature on case study research by way of the following two questions: What is a case? And, what is a case study? In the section on 'what is a case?': I examine ways in which 'cases,' are conceived and defined within case study research, and how the term is differently constructed by two major case study theorists working from different epistemological positions. The next section examines the issue of what constitutes a case study. Here, I again juxtapose and discuss two major approaches to case study research and appraise the value, as well as some of the proviso's attached to doing a case study. Section 3.6.4. concludes this section on the case study by providing a definition of the case and case study in this research.

3.6.1. An overview of case study research

The literature on case study research, which extends from the early part of the twentieth into the twenty first century, reveals that there have been longstanding discussions about the meaning, methods, purpose and value of case study research throughout its history (Burawoy, 1988; Burgess, 1927; Collins, 1992; Eisenhardt, 1989; Platt, 1988; Ragin, 1992; Stake, 1995; Stake, 2005; Stoecker, 1991; Yin, 2003; Yin, 2009; Zonabend, 1992). These discussions, which at times have been heated, can be linked to the history and evolution of social research over the last eighty years more generally (Becker, 1992; David, 2006). The issues debated and argued in these discussions, argues David (2006:xxvii) are rooted in interpretivist – positivist debates, and include, for example: 'the merits of inductive versus deductive approaches to carrying out research; the value of description as opposed to causal explanation as a goal of research; the issue of subjectivity, objectivity and rigour in the research act ; the relative importance of a focus on the micro, individual level of social action as opposed to the macro, structural level of action; and extensive discussion about the 'representativeness' of the research study sample; and, following on from this, the ability to be able to generalise or transfer research findings to a wider population or setting'.

The particular charges that have been levelled at case study research are that, because it has historically been more closely aligned to inductive, qualitative and descriptive forms of research, that it is subject to researcher and participant bias and therefore lacks scientific rigour. In addition, that the case study research strategy with its focus 'the singular' case does not provide a basis for generalisation, hence its utility is limited (David 2006). In the introduction to a collection of publications on case study research, David (2006) highlights the strife in the discussions that have surrounded case study research. He observes: "*Case*

study research opens up a series of contentious issues that go to the heart of what it means to carry out social research" (David, 2006: xxxix). Indeed, the criticisms that have been levelled at case study research echo those that have been directed at qualitative research throughout its history more generally (Becker, 1992; Platt 1988).

The case study method has a long history which Hamel et al (1993) claim emanates from the work of Frederic Le Play (1806-1882), in France. According to these authors Le Play's case study method is rooted in his belief that society cannot be studied *"as a single entity or unit"* rather that *"some key element"* of that society needed to be the focus instead (Hamel et al 1993:7) . Le Play selected the working class family as his *"observation point"* or *"case"* as this he contended, made up society's basic unit (Hamel et al 1993). Through Le Play, more than 300 monographs of the family were initiated and these contributed to understandings at the time of family types and inheritance rights. Le Play's methods, including his very selection of the working class family as representing society were criticised. Cheysson (1887, cited in Hamel et al 1993) argued that by drawing on the working class family that his method was valid only for these families and their living conditions, and not society more generally. Le Play's methods eventually fell into disuse in France at the turn of the nineteenth century. However, his influence on contemporary case study method is recognised, rooted as it is in his use of a social unit as an object of study for society as a whole, and it is for this that he is remembered (Hamel et al 1993).

Case study research, known by this name, has its roots within the Department of Sociology at the University of Chicago in the period around, and between, the first and second world wars (Bulmer, 1984). The Chicago School of Sociology, which had been established in 1892, at the time of the founding of the University itself, was the first academic department of sociology in the USA. Under the direction of its first chair and head of Department, Albion Small, and its earliest scholars (William I. Thomas, Robert Park, and Ernest W. Burgess), the 'Chicago School' promoted empirical social research and pioneered case study research as a rigorous social research method (Bulmer 1984). A number of 'classic' case studies were conducted by scholars from the Chicago School and these include: *The Polish Peasant in Europe and America* (Thomas and Znaniecki 1920); *Middletown: A Study in Modern American Culture* (Lynd and Lynd 1929); *The Jack Roller* (Clifford Shaw 1930); *The Taxi-Dance Hall (Cressy 1932); The Family Encounters the Depression* (Angell 1936); and two

'later studies', *Street Corner Society* (Whyte 1943) and *Tally's Corner* (Liebow 1967) (David, 2006).

Notwithstanding the attention generated by the early case studies, interest in 'case based research' in sociology declined after the Second World War in preference to quantitative survey based methods of data collection and analysis (Bulmer 1985; David 2006). Bulmer (1984) argues that this decline in interest is inevitable in empirical social research where different research methods have their moment in history. The current interest in the qualitative longitudinal methodologies as used in this study, are an example of this. Bulmer (1985) also adds that case study research is vulnerable to decline because of its applicability to the contemporary situation in contrast to methods that are widely generalisable and perhaps, more long lasting. David (2006) documents the current interest in case study research dating back to the 1970's. In the first part of this chapter, I drew on Flick's (2009) suggestion that the 'era of grand narratives and theories is past' and that with late modernity there has been a turn towards more situated, specific investigations. This I argue is the reason for the current interest in case study research approaches.

The contribution of the Chicago School is immense, and as Bulmer (1984) states it is the 'new' empirical methods used in the studies emanating from the Chicago School of the 1920's (the use of personal documents, intensive field work, documentary sources, and social mapping) as well as its commitment to rigorous research, for which it is recognised.

3.6.2. What is a case?

The central pillar of case study research is the 'case'. It is in relation to this that data within a case study inquiry are generated and analysed. Further, on the basis of the findings emerging from the enquiry, and following various processes of logical reasoning and argument, claims might, or might not, depending on the underpinning epistemology of the research, be made about the applicability, or transferability of the findings to other populations, settings or situations (Creswell, 2007; Gerring, 2007; Ragin, 1992; Thomas, 2011; Yin, 2009).

Understandings of the term 'case' however, and the ways in which it is conceived and constructed by case study researchers and theorists, vary considerably (Becker, 1992; Orum et al., 1991; Platt, 1992; Ragin, 1992; Stake, 1995; Yin, 2009). Ragin (1992), encapsulates this variability in understandings in the following quotation, citing a colleagues' response to

the question; what is a case? (It is) "*like a Rorschach test*[10] *and capable of producing a variety of responses from social scientists, even like-minded ones."* (1992:16).

Robert Stake (1995; 2005, 2006) and Robert Yin (1994, 2003; 2009) are both important methodologists and theorists of case study research, and their different expositions of the approach, as well as their definitions of 'the case', reflect some of the variability referred to by Ragin (1992) in the previous paragraph. They differ primarily in their paradigm orientations, in that their case study research approaches take up different positions along the qualitative - quantitative research spectrum. Stake's (1995; 2005; 2006) case study research is firmly rooted on the qualitative end of the spectrum, while Yin's (1994; 2009) approach, although encompassing using both qualitative and quantitative methods, is on the quantitative end. For example, Stake (1995; 2005) states that theory may emerge from a case study in an inductive way, although there is no requirement that this should happen. Also, in keeping with a qualitative epistemology, he emphasises that case studies are a poor basis for generalisation. Yin (2009) on the other hand, advocates that a case study should be guided by theoretical propositions. He also argues that through a process of "analytic generalisation", case study findings may be generalised to theory. Stake (1995; 2005) and Yin's (2009) different approaches to case study research are reflected in their definitions of what constitutes a case. In the following quotation, Stake highlights how the definition of a case is rooted in the paradigm or methods of a study:

> *"Definition of the case is not independent of interpretive paradigm or methods of inquiry. Seen from different worldviews and in different situations, the 'same' case is different" (Stake 2005: 460).*

Stake (1995; 2005) and Yin's (2009) differing explanations of the case are explored in the rest of this section.

Stake (1995:2) is tentative about defining the concept of 'a case' and suggests that there is a difficulty in making *"precise definitions of cases or case studies because practices already exist for case study in many disciplines"*. His reluctance to provide an exact definition is founded in his position that: *"conflicting precedents exist for any label"*. He adds *"it is important for us to recognise that others will not use the words or the methods as we do"*. Stake does however give examples and descriptions of his understanding of what constitutes a case. Drawing on his disciplinary roots in education, he states that a case could be "*a*

[10] The Rorschach Inkblot Test is a psychological test in which the subjects perceptions and interpretations of inkblots are recorded and analysed using psychological interpretation.

child" or "*a classroom of children"*, that it could be "*an event"* or "*a happening such as a mobilization (a gathering) of professions to study a childhood condition"* (Stake 2005: 444). He emphasises that case study research centres on "*the study of the one"* and that although the time spent studying *"the one"* may be variable, and he enlightens; *"a day or a year",* that while researchers are concentrating on *"the one"* that they are engaged in case study research (1995: 2).

Stake highlights that not everything is a case. For example, he provides the following illustration: *"A teacher may be a case, but his or her teaching is not, as it lacks the specificity, the boundedness, to be called a case"* (1995: 2). To Stake the case is a *"bounded system"*; it has a *"boundary and working parts"*. Stake acknowledges that it may be difficult to say *"where the child ends and the environment begins"* but that the concepts of *"boundary"* and *"working parts"* are useful for specifying the case (2005: 444).

Yin (2009), one of the most well known and published of the case study research theorists Yin (1994; 2003; 2004; 2009), also recognises difficulties associated with defining the case, especially at the outset of the study. Yin refers to the concept, "*the unit of analysis (which is the same as the definition of the case)"* (2009:30), and states that the case, or unit of analysis is directly related to the way in which the researcher has defined the initial research question.

> *"Selection of the appropriate unit of analysis will start to occur when you accurately specify your primary research questions. If your questions do not lead to the favoring of one unit of analysis over the other, your questions are probably either too vague or too numerous – and you may have trouble doing a case study (Yin 2009: 30).*

As well as the research question, Yin (2009) states that the case is also linked to the aims and propositions and hypotheses of the study. Yin gives examples of potential cases and states that the case may be an individual, *"as in a classic case study",* but that it can also be "*some event or entity other than a single case* (2009: 29). He cautions against selecting a case like a programme implementation process where the beginning or endpoint of the case cannot be easily identified.

Both Stake (2005) and Yin (2009) state that the original definition of the case may *"be re-visited"* (Yin 2009: 30) or undergo *"changes"* (Stake 2005: 460) as the research progresses. They both allude to the fact that defining the case, especially at the beginning of a study, is indeed difficult and indicate that definition of the case is an ongoing process.

> *And however we originally define the case, the working definition changes as we study. And the definition of the case changes in different ways under different methods of study" (Stake 2005: 460).*
>
> *However, when you do eventually arrive at a definition of the unit of analysis, do not consider closure permanent. Your choice of the unit of analysis, as with other facets of your research design, can be revisited as a result of discoveries during your data collection" (Yin 2009: 30).*

The issue of the definition of a case being an ongoing process reflects the fact that case studies are usually best used when the issue under investigation is complex. The difficulty with definition I argue, is rooted in the nature of the complexity of case study research.

3.6.3. What is a case study?

> *"...we may describe an investigation as a case study because it involves ethnographic research in one setting, without ever considering what constitutes a case study, or whether there are methodologically decisive differences between case studies and other kinds of studies" (Ragin 1992: 1).*

Case study research according to Stake (1995: xi) is: "*... the study of the particularity and complexity of the single case, coming to understand its activity within important circumstances" (Stake 1995: xi).* For Stake (1995), case study research is about the study of the singular 'case', in all its complexity, in relation to the 'context', or the wider processes taking place around it. Stake (2006:4) has widened his definition of case study research to include multi-case methods but, *"the single case* (remains) *of interest because it belongs to a particular collection of cases"*. He explains that *"a multi-case study project as a whole will have its plan and organisation, and so will the study of each individual case"* (2006:1). Stake's case study research draws on *"naturalistic, holistic, ethnographic, phenomenological, and biographic research methods"* (1995: xi), rather than quantitative, deductive, 'cause and effect' and comparative methods to conduct his inquiries. The value of Stake's (1995: 2005) case study approach is in exploring the complex relationship between the case and its context in a holistic way in order to illuminate the topic, or case of interest.

Yin (1994; 2009) like Stake, also views the utility of the case study in being able to explore complex situations.

> *"...case studies investigate real-life events in their natural settings. The goal is to practice sound research while capturing both a phenomenon (the real life event) and its context (the natural setting). One strength of the case study method is its usefulness when phenomenon and context are not readily separable..." (Yin, 2003: xii).*

Yin (2009) however states that researching such complex situations requires drawing on multiple sources of evidence to cope with the many variables in a situation, and that this includes using both qualitative and quantitative methods. The data generated from the multiple sources is then triangulated. Yin (2009:18) also states that *"the case study benefits from prior development of theoretical propositions to guide data collection and analysis"*.

Stake and Yin's definitions of what constitutes a case study enquiry differ fundamentally in approach but both theorists view a case study inquiry as being an in-depth investigation into complex situations and activities within their surrounding real life contexts. In the opening quotation to this section Ragin (1992:1), states that an *"investigation may be described as a case study without even considering what constitutes a case study"*. The foregoing discussion on the two different case study research understandings and approaches of Stake (1995; 2005; 2006) and Yin (1994; 2009) have facilitated such a discussion in this chapter. In the second part of the quotation, Ragin (1992:1) raises the important question of whether there are "*methodologically decisive differences between case studies and other research studies".* Again, the discussion in this section has highlighted that the particular value of the case study is in permitting an investigation of complex situations involving the phenomenon in its real life context and it is this that sets the case study apart from other research studies. To Ragin (1992:5) a *"case oriented approach places, cases, not the variables center stage".*

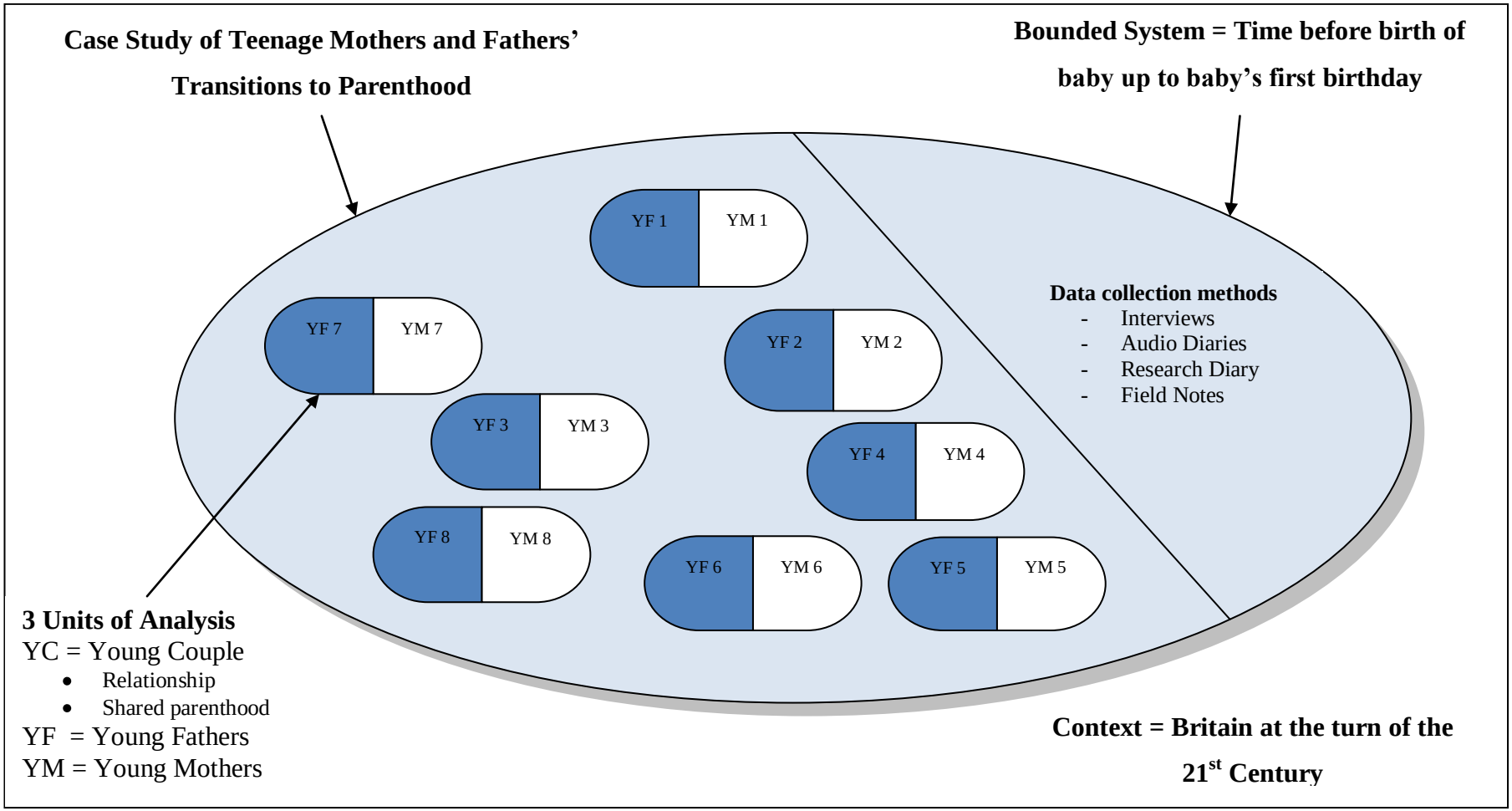
3.6.4. Defining the case and the case study in this research

In line with Stake (1995; 2005):

- This research is a case study of teenage mothers and fathers transitions to parenthood.
- The context for this case study is Britain at the turn of the twenty first century.
- The case study is bounded in time: it extends from the period before the young mothers and fathers babies are born, up to just after their children's first birthdays.
- The experience of the transition to parenthood is explored intensively through a contextualised analysis of eight teenage mother and father 'cases'.
- Drawing also on Yin (2009), there are three units of analysis, *first*, the couple (including two subunits of analysis: (1) their relationship and (2) shared parenthood), *second*, the young mothers, and *third*, the young fathers.

- Data collection methods include serial, semi-structured in-depth interviews conducted over the period of study, an audio diary event with three parents, the research diary and the field notes.

Figure 3.1. Strategy of Enquiry Case Study



3.7. Chapter summary

This chapter has outlined the theoretical underpinnings of the qualitative longitudinal case study research design. It has provided an explanation of the theoretical foundations of each of the three components of the research design: the qualitative methodology, the longitudinal methodology and the case study. In addition to this, it has also set out my perspectives on the research. The chapter has concluded with a description and illustration of the case study in this research. Chapter 4 describes the study methods.

Chapter 4: Research Methods

4.1. Introduction

The aim of chapter 4 is to give a detailed explanation of the methods used to carry out the research for this study. Alongside this, the chapter also provides an account of the motives underlying the many decisions taken about the conduct of the research. The chapter begins with a section detailing the early beginnings of the study and how and why young people were involved in the initial development of the research. The chapter then sets out how the required ethical permissions to conduct the study were obtained from the relevant gatekeepers. Other ethical components to this study, which involved young, potentially vulnerable people as participants, were numerous, and the issues raised by these young peoples' participation are dealt with in different parts of the chapter. These issues include how young people were recruited to take part in the study, how their consent to participate was gained, and how the involvement of young people, with a study which extended over a period of nineteen months, and, which followed their lives over a particularly significant 'moment', was managed over the course of the research. The chapter includes a description of the study settings, the reasons why the relevant two study settings were selected, and it also explains how access to these areas was negotiated. Next, the chapter details the theoretical and practical matters associated with generating the study sample. Following this discussion, the steps involved in collecting and analysing the data for the study are examined in detail. These two sections also demonstrate how the longitudinal methodology directed both the data collection and data analysis processes. The chapter then turns to explain how the issue of scientific rigour has been attended to over the duration of the research. Finally, the chapter concludes with a personal reflection on the conduct of the research and on my position in, and on, this process.

4.2. Very early beginnings of the study

In chapter 1, in the section outlining the background to this study, I identified that my interest in young parents was founded in my practice as a midwife, community nurse and health visitor. In late 2000, two health visitor colleagues and I had set up a weekly post natal support group for young mothers under the age of 21 years who were experiencing low mood after the birth of their children. It was during these weekly sessions, listening to young women talk about their lives, that I began to systematically develop my thinking about a research study on teenage parenthood and to get informal feedback about the feasibility of my research design ideas from the groups' attendees. I was interested to explore whether the

young women, drawing on their own feelings and experiences, and insider knowledge of their peer group, thought that teenage parents would be interested in becoming involved in a study of 'young parenthood'. I asked whether the women thought that their partners, the fathers of their children, would consent to take part, and about whether they thought that young parents would remain part of a study which extended over a period of time, and involved repeat meetings with a researcher. I made it clear to the young women that I was seeking their insider opinions on a study that would, if it went ahead, involve young people other than themselves. The insights gleaned during this preliminary testing of my ideas informed the design of my first research proposal which expanded into the study on which this thesis is based. Importantly, the feedback received from the young women attending the post natal support group convinced me of the value of consulting young people as 'advisors' in the research process. To this end, I planned to recruit young people, other than the research participants, to an advisory group, so that I could seek their opinion about aspects of the planned research study.

4.3. Young people and this research study

4.3.1. Introduction

Two groups of young people have been involved in this research study; first, the sixteen young participants, eight mothers and eight fathers, whose accounts of their lives, feelings and experiences during their transitions to parenthood, are the central focus of this research.

Second are the 'advisory' group, recruited to help with the design of the research, and whose roles were to act as 'advisors and consultants' in the development of the study. The aim of this section of the chapter is to set out my position on the involvement of young people in the research process, and to explain the role of the advisory group. The many important issues pertaining to the study participants are explained in later sections of the chapter.

4.3.2. Young people, rights and the research process

The United Nations Convention on the Rights of the Child, adopted in 1989 and ratified by the United Kingdom in 1991, has driven the imperative to increase children and young people's participation in society more generally (Tisdall et al., 2009). Article 13 of the Convention sets out children's right to freedom of expression and to receive and give information in a variety of forms, and this includes speaking and writing, or in any other way. Article 12 gives every child and young person the right to express and have their views given

'due weight' in everything that affects them (United Nations, 1989). This focus on children's rights in the 1990's coincided with another development regarding children, the 'new' sociology of childhood (Mayall, 2002; Prout and James, 1997) which challenged traditional views of childhood as being a state of 'becoming', becoming an adult, rather than 'being', *"fully constituted social subjects"* and *"competent social actors"* in their own right (Wyness, 2006:236-237).

Both the rights agenda, and the idea that children are competent to express their views, are in keeping with recent developments in research conducted with children and young people. Since the mid 1990's, this children's 'rights' and children as 'agents' philosophy has filtered into research that is conducted with children and young people (Curtis et al., 2004; Oakley, 1994). It is now incumbent on all researchers, to demonstrate that children's rights are central in research that it done with them (Alderson and Morrow, 2011).

My starting point therefore for this research study was that it should be conducted in a spirit of respect for young people, that it should acknowledge their right to participate in the research process, that it should recognise that young people have expert knowledge about their lives and that if given the appropriate opportunity, that they will express their views and opinions. In keeping with this philosophy, I decided that I would involve young people in an advisory capacity to help me develop aspects of the study.

4.3.3. Working with an advisory group

Two groups of teenagers, aged 13 to 18 years, were recruited from the two separate research sites in this study, to act as 'advisors' during the development of the research proposal. I made the decision to draw the young people, who were to comprise the advisory group, from the same two communities in which the proposed research was to take place. My reason for having the two groups was so that the young people being consulted on aspects of the study would be able to represent their peers, and the practices and preferences of their contemporaries, if they originated from the same community as the research participants.

Four young people, two women and two men, none of whom were parents, were recruited to the advisory group in the northern research site. These four young people were all involved with a youth group and introduced to me by a colleague who was a leader of the group. Three people, two young women and one young man, all of whom were parents, were recruited to the advisory group in the southern site. These young people were all introduced

to me by the 'Teenage Pregnancy Reintegration Officer', a school teacher, working at a specialist educational facility for pregnant mothers and teenage parents in the southern research site area. Ethical permission to work with the two groups of young people prior to submitting the main NHS Ethical approval application was obtained from the Senate Ethics Committee, City University, London, in March 2006.

I met separately with the two groups of young people over a period of two months but the discussions with each group were on the same subjects, and the substance of each groups' meeting was shared, as appropriate, with the other group. Because of the geographical distance between the two groups, it was not possible for them to have met up together.

The focus of the meetings with the young people was on seeking their feedback on the proposed research design for their peer group, and to help with the development of the publicity material associated with the study. This included the invitation letter to young parents, the information leaflet, the consent form, and the audio diary guidelines. One of the young men from the northern site offered to illustrate the leaflets to make them more appealing to young people, and after submitting a few alternative designs to the two groups, one group of designs emerged as the favourite. These were then developed even further, and have been used on all the publicity material for the study. (See Appendices A to I). The young people also tested the appropriateness of the reading level for all the material, ensuring that it would be suitable for their peer group. I met with the northern site group on three occasions and had two meetings with the southern site group. I took sandwiches, crisps, fruit and soft drinks to all the meetings with the two groups, and on the last meeting, gave each advisory group participant a ten pound 'Boots' voucher as a token of appreciation for their time and input into the group.

4.4. Site and site selection

4.4.1. The two research sites in this study

The research was conducted in two separate geographical areas: site one, the 'northern research site', is in a city in the North of England, and site two, the 'southern research site', is a large inner city area in the South East of England.

The 'Northern research site'

The northern research site is a 'port and coastal' city. At the time of the 2001[11] Census, the city had a population of approximately 244,000 residents, living in 104,000 households. This had changed little by the 2011 Census with the population rising to 256,000. The city is ethnically and culturally homogenous, with 95% of the population being White British. 5% of the population is of South Asian, Black, Mixed Race and Chinese or other ethnicity. The city is characterised by multiple markers of deprivation. The 2004 Indices of Deprivation tool revealed it to be the 9th most deprived Local Authority in England (Department for Communities and Local Government, 2004). This tool measures multiple deprivation in seven domains: income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, living environment deprivation, and crime. The teenage conception rates per 1000 women leading to a maternity in the under 20 years age group were higher than the national rate for this age group and showed that the site had sufficient annual births to make conducting the study in the area feasible (ONS, 2005)

The 'Southern research site'

The southern research site had a population of just under 235,000 at the time of the 2001 Census but as a 'young population', was growing, and by the 2011 Census had reached approximately 308, 000 (Census, 2001; 2011). The population is ethnically diverse and composed as follows: 32.6% White British, 1.1% White Irish, 5.4% Other White, 1.2% White and Black Caribbean, 0.8% White and Black African, 0.8% White & Asian, 0.9% Other Mixed, 12.1% Indian, 8.7% Pakistani, 9.0% Bangladeshi, 12.7% Other Asian, 6.7% Black Caribbean, 12.7% Black African, 1.1% Other Black, 1.4% Chinese, 2.4% Other (Census, 2011). A significant proportion of the population were born overseas and at the 2001 Census, this figure was 38%. The 2004 Indices of Deprivation show it to be the 11th most deprived Local Authority in England (Department for Communities and Local Government, 2004). As in the northern site, the teenage conception rates per 1000 women leading to a maternity in the under 20 years age group were also higher than the national rate and showed that it too had sufficient births to generate a sample for the study, confirming the feasibility of conducting the research in the area.

[11] 2001 Census data are cited here as the research and site selection pre-dated the 2011 Census.

4.4.2. The rationale underpinning the selection of the two particular sites in this study

Marshall and Rossman (2011:101) list a number of criteria that make a site a realistic and feasible option: first, that entry is possible; second that there is a high probability that the people or phenomenon of interest is present; third, that the researcher is able to build trusting relationships with the participants in the study; fourth, that the study can be conducted and reported ethically; and finally, that data quality and credibility of the study are reasonably assured.

The decision to undertake the study in the two particular sites was based on my links to the two areas. That said, the underpinning rationale for the selection of the northern and southern sites differed. The choice of the northern site stemmed from my former employment in the area as a health visitor. I had worked in one area of the northern research site for a period of nine years. My work as a health visitor, and then as a lecturer-practitioner, working with student health visitors city-wide, had given me an in-depth insight into the health, education and social profile of the area, and an idea of the feasibility of carrying out the study in the area. It had also facilitated my understanding of the different health, education and social care agencies working with teenage parents and thus my knowledge of the potential recruitment pathways to the study.

Marshall and Rossman (2011) point out that there are disadvantages to researching as an insider and these include ethical and political dilemmas, uncovering potentially damaging information, and struggles with 'closeness' and 'closure'. I was mindful of these potential dilemmas, but clear that as a Registered Health Visitor, bound by a professional code of conduct, performance, and ethics, that I would take action on any arising professional issues that I may have uncovered (NMC, 2008). I had also been away from my former employment as a health visitor in the site for a period of over a year and this gave me some distance from the site. In addition, having worked as a health visitor lecturer- practitioner for a couple of years had allowed my former colleagues to get used to seeing me in a role other than that of health visitor. Nonetheless I knew that I had to remain aware of these issues. Coffey (1999:36) argues that the real problem is not the closeness of the researcher to the site *"but a failure of the researcher to acknowledge and critically engage with the range of possibilities of position, place and identity"*.

The choice of the southern site was linked to my research fellowship. A condition of this award was that I conducted research in an area with links to my host University. I had no

personal knowledge of the site, but one of my research supervisors, colleagues at my host University, and the academic Department in which I was based, had ongoing, long, well established teaching, practice and research connections to the community, and I was able to learn much from them about the area. I was pleased about the prospect of having to negotiate my entry to this site as a newcomer, albeit with connections to facilitate my entry, as I felt that it would be a good 'research learning' experience.

4.5. Gaining ethical and research governance approval to conduct the study

4.5.1. Ethical approval

Ethical approval to conduct the study was gained in August 2006 from the NHS London Multi-Centre Research Ethics Committee (MREC), following an amendment to the consent sheet developed for the study. The original consent sheet displayed the participants' chosen pseudonyms beneath their names and signatures. The Ethics Committee requested that these data be disaggregated, and that the participants' pseudonyms on the consent sheet be replaced by a code number. The linked pseudonyms and code numbers were thus to be held on a separate list from the consent sheet. See Appendix C for the final version of the consent sheet. No revisions to the research proposal were required.

4.5.2. Research Governance approval

Research governance approval was initially sought from one Primary Care Trust in the northern site, and from one Primary Care and one Hospital Trust in the southern site. Gaining research governance approval in the northern site took three months and was achieved in late November 2007. It took six months to gain research governance approval for the joint Primary Care and Hospital application in the southern site, and this was finally achieved in February 2007. This was an unexpected delay and postponed the commencement of recruitment in the southern site. Even after commencing recruitment to the study in the southern site, I experienced difficulties. I discuss some of the recruitment issues later in the chapter , but one of the main contributing reasons in the southern site may have been due to a 'serious untoward event' that took place in the Hospital Trust.

In May 2007, the Hospital Trust alerted the Healthcare Commission that a serious incident had just been discovered in its maternity service (Healthcare Commission, 2007). Women, who had been referred to the Hospital for antenatal care had not been booked into the system and had not received any antenatal care. The exact numbers involved are not known, but the

Healthcare Commission thought that over 800 women might have been involved. Senior staff in the maternity service had been made aware that there was a serious backlog of referrals building up in December 2006, but it was not until April 2007, that any action was taken to address the issue. This was unfortunate, as the timing of the serious incident coincided with my study's recruitment period. The incident was reported to the Hospital Executive Team, the Strategic Health Authority and the Healthcare Commission, who then investigated the incident (Healthcare Commission, 2007).

This serious incident only came to light later during the course of the research, but because of the difficulties I was experiencing in the southern site, in February 2007 I decided to recruit more couples than originally planned in the northern site. To increase potential referral sources, and to elicit help from midwives to recruit to the study, I submitted an additional application for research governance approval for the Maternity Hospital in the northern site. This was granted within two weeks of application.

4.6. Sampling

4.6.1. Sampling in this qualitative research study

This study has used a purposeful sampling technique (Patton, 2002), to deliberately select participants who were motivated to participate in a longitudinal study, and who possessed the required attributes to permit a detailed, in-depth investigation into the phenomenon which is the focus of this research study: that is, the lives and experiences of teenage mothers and fathers as they make the transition to parenthood. Specific details about the 'attributes' of the participants, or as they are framed in this study, the criteria set out for inclusion in the research, are listed later in the chapter. This part of the chapter also lists the 'exclusion criteria' which I considered may be needed in circumstances relating to omitting certain participants from the study.

Qualitative enquiry usually involves working with 'small' samples of people, although Mason (2002) draws attention to the fact that this is not always the case[12]. In addition, participants are intentionally selected for possessing certain qualities that will inform the research question, and decisions about the size of the sample are not always fully decided at

[12] Mason (2002) argues that qualitative researchers may, in some instances work with large samples where the researcher wishes to include a wide range of categories of a phenomenon from which to generate data. That range of categories may in reality be quite wide and necessitate sampling large numbers. What is important to note, Mason highlights, is that the logic in this type of sampling is not about being statistically representative of a total population, but about having a sample that provides enough data to answer the research question. In some instances, this simply requires a large sample. Others in the literature, for example, Marshall and Rossman (2011) and Miles and Huberman (1994) refer to the concept of 'maximum variation sampling' to describe a sample that includes a variety of behaviours and types of the phenomenon under investigation.

the start of the project. This is because researchers using qualitative methods often appraise the adequacy of the sample as the research progresses, and may make adjustments to the sample based on judgements about whether the data being collected is in fact generating sufficient knowledge to satisfy the aims of the research (Marshall and Rossman, 2011; Mason, 2002; Miles and Huberman, 1994; Patton, 2002). Further, as Miles and Huberman (1994:27) point out, the selection of the sample is not done in order to make *'sample to population'* generalisations, but rather to provide in-depth *'analytic'* or theoretical insights into a particular issue or phenomenon. This contrasts with the sampling logic within the quantitative research tradition where the study sample is usually selected randomly, albeit according to specified criteria, its size is calculated statistically based on 'power' calculations, selection errors in the sample are carefully controlled for, and the end point aim *is* generalisation of the findings, from the sample, to the wider population (Blaikie, 2009; Bryman, 2012; Punch, 2005).

4.6.2. Selecting the sample in this study

> *"As Denzin (1989) says, 'All sampling activities are theoretically informed' (p.73). Thus the sensitising concepts from the literature review and the research questions provide the focus for site and sample selection; if they do not, the researcher at the very least makes the procedures and criteria for decision making explicit" (Marshall and Rossman, 2011:104).*

Marshall and Rossman (2011), citing Denzin (1989), in the quotation above, highlight that it is the research question and the findings from the literature review that guide decisions about sample (and site) selection in a study. Mason (2002) makes a similar point, stressing that it is existing research and theory, together with the research question, that directs sampling decisions.

In this study, the research question and literature review are in symbiosis, with the research question directing the scope and focus of the literature review, which in turn has influenced and shaped refinement of the research question. Both these processes have informed the decisions about the design of this study and with respect to sampling issues, the required inclusion and exclusion attributes of the participants in the study.

Marshall and Rossman (2011) and Mason's (2002) ideas about the research question and literature review guiding sampling in a study can be examined in relation to this research. The research question; "*What processes influence teenage mothers and fathers' transitions to parenthood?"* did indeed set the inclusion criteria and boundaries for the sample. These

included the central concern of the study, teenage mothers and fathers, and the issue of temporality associated with the word "*transitions"* which called for a longitudinal approach to data collection. The concept of a transition, *"a passing from one condition to another"* I felt, required the generation of data from teenage women and men over a period of time. Also, based on findings from the literature, I set the limits for data collection to extend from the period before the birth of the young parents' children and to include the first twelve to fifteen months of parenthood. The literature indicated that few teenage parent relationships lasted longer than twelve months but there was no evidence about the nature and course of these young relationships over this period of time (Allen and Bourke Dowling, 1998; SEU, 1999a).

With regard to the literature review, three principal issues emerged which, in addition to those generated by the research question, and which have overlapped with these, fed into determining the main inclusion criteria of the sample: Firstly, a lack of detailed knowledge about young motherhood as it unfolds over the early months after the birth of a baby, and how the needs of young mothers evolve and change over this period. This called for a study which was able to follow the young mother's experiences over a period of time, and therefore the inclusion of participants who were aware of the longitudinal nature of the study, and prepared to consent to take part in such a project. Secondly, the review uncovered a lack of understanding about young fathers and their fatherhood and fathering experiences. In response to this, the study set out to focus on young fathers as well as mothers. Thirdly, the review uncovered almost no literature on young parent couples, their relationship trajectories after the conception of their children, or how they negotiated their ongoing parenthood responsibilities with one another. The study thus planned to recruit mothers, and the fathers of their children, and it aimed to follow both parents and their parenthood and relationship journeys over the study period.

4.6.3. The sample inclusion and exclusion criteria

The inclusion and exclusion criteria for the study sample are set out below. These criteria were discussed with all the professionals who were asked to recruit participants to the study. In addition to this, all the health visitors, midwives and Sure Start workers who agreed to help recruit participants to the study, were given an A5 sized sheet of the inclusion criteria as an 'aide memoire', to place into the front of their diaries. The actual procedure for identifying, approaching and recruiting participants is detailed in section 4.6.5.

Inclusion criteria:

- Participants needed to be aged 19 years or younger.
- Participants aged under 16 years were to be assessed by the referring health and social care professional and the researcher as being 'competent', according to Gillick Competence Guidelines (Gillick vs West, Norfolk & Wisbech AHA & DHSS [1985] 3 WLR (QBD))), to give consent to participate. This issue of obtaining consent from a person under age 16 is discussed in full in sections 4.7.1. and 4.7.2. on 'gaining informed consent' and 'age and informed consent'.
- Pregnant, not yet delivered young women, and, in the case of teenage men, 'fathers to be'.
- Second and subsequent time teenage parents were also to be included.
- Teenage fathers needed to be planning to be in contact with their child but not necessarily co-resident with the mother of their child. It was anticipated that some of the relationships between the young parents might have dissolved during the study period. However, I planned to stay in contact with both parents over the duration of the study in order to attempt to document how parenthood unfolded for both parents during this period.
- Resident in either the northern or southern research site.
- Participants needed to be willing to be a part of a research study for a period of approximately fifteen to eighteen months.

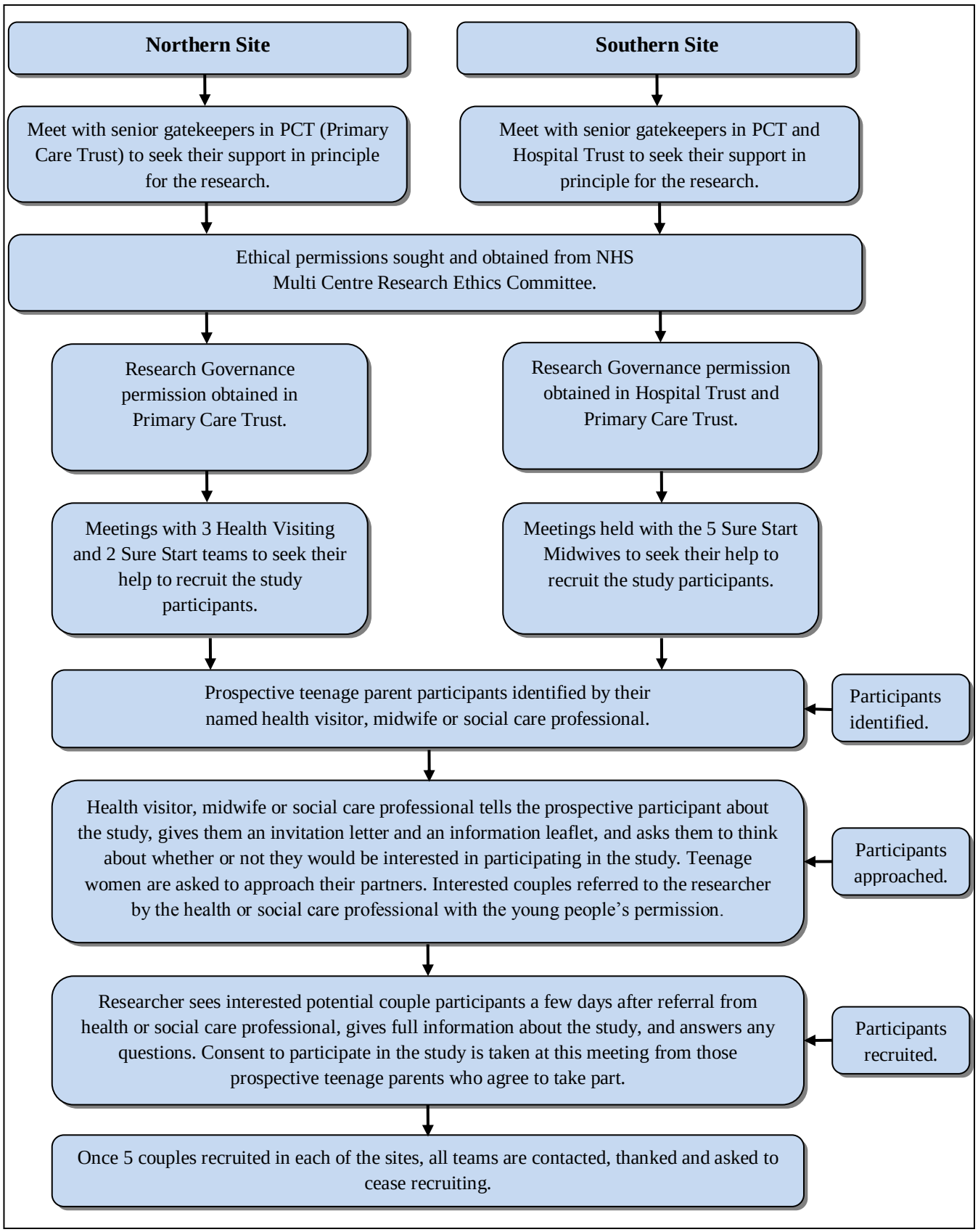
Exclusion criteria:

- Teenage parents whose baby may have been due to be placed in foster care or be placed for adoption (the experiences of these parents were outside of the scope of this study).
- Teenage parents who suffered a stillbirth would have been sensitively and respectfully withdrawn from the study with their consent.
- Teenage parents whose baby was gravely ill following birth might have been withdrawn. The decision to exclude those parents would only have been made after discussion with the young parents themselves and in consultation with the health and social care professionals supporting and caring for them.

4.6.4. Recruiting the sample

Figure 4.1. maps out the research plan for recruiting the study sample. This figure illustrates the recruitment pathway in this study; from the first meetings with senior gatekeepers in the two research sites, through to the completion of the recruitment phase of the study. Step by step details of this process are discussed in section 4.6.5 which follows this mapping.

Figure 4.1. A representation of the original research plan for recruiting the study participants in the two research sites



4.6.5. The detailed step by step plan for recruiting participants in the northern and southern research sites

The northern research site

The advantage of having worked as a health visitor in the northern research site meant that I had a good understanding of where I might be able to recruit young pregnant mothers and expectant fathers to the study. In this site, the operational policy, setting the practice standards for health visiting across the Primary Care Trust (PCT), required that all pregnant women be visited at least once by their named health visitor during the antenatal period. This meant that with the required consents, and the anticipated support of former health visitor colleagues, I would be able to request that any teenage pregnant women and their partners, seen during the health visitor antenatal home visit, who met the inclusion and exclusion criteria, be referred to the study.

Initially, before submitting the applications for NHS ethical and research governance approval, I made contact with the Head of Health Visiting for the PCT. She was supportive of the research being carried out in the area, and at her invitation, I made a short presentation on the proposed study to the 'Health Visitor Professional Development Group'. This group comprised of experienced health visitor representatives and team leaders from each health visiting and Sure Start team across the PCT. Their assistance, together with that of the Head of Heath Visiting, was critical to being able to carry out the research, as well as the success of the project. The city in which the northern research site is situated is divided into two distinct areas, east and west. I proposed to recruit the young participants from the east side of the city and I made this known during my presentation and meeting with the Health Visitor Professional Development Group. I agreed that as soon as I had permission to start the study, that I would arrange with team leaders to meet with each health visiting and Sure Start team in the chosen research site at their respective weekly team meetings to seek assistance with the recruitment of the young participants. This process involved meeting with three health visiting and two Sure Start teams. Both the Sure Start teams in the area had experienced health visitor team members who were offering additional support to pregnant women and their partners including pregnant teenage 'mothers to be' and their partners. Some of the work carried out by these health visitors with these young people was delegated to other Sure Start workers, in many cases nursery nurses, and other experienced social care workers. Because of these professionals' work and contact with young parents, I included them in my

meetings and discussions about recruiting to the study. Permission to include the Sure Start workers was covered by the original ethical and research governance applications.

The southern research site

As the southern research site was initially unfamiliar to me, and I had no knowledge of the workings and responsibilities of any of the statutory or voluntary services in contact with pregnant teenage women and their partners in the area. Therefore, within the first few months of commencing my doctoral studies I set out to visit different health, social and educational agencies that I thought might be working with young expectant parents. The visits served two purposes: firstly they introduced me to the site and persons working with young people in the area, and secondly, they allowed me to assess whether or not I would be able to successfully recruit young people to the study via these agencies.

I met with a range of statutory and voluntary services including the Teenage Pregnancy Support Service in the area, the Connexions Service and the Foyer Federation, who provide safe accommodation to young people, including young parents. I managed to gain permission to visit the Education 'Reintegration Service' in one of three Borough's in the southern area. This service is responsible for the education of 'excluded', statutory school age children, as well as pregnant teenagers and young fathers under the age of 16 years. In addition to making these contacts, I also called upon two Sure Start Centres and met with both their leads. While all these agencies posed potential opportunities to recruit young people to the study, I believed that based on my earlier experience of recruiting young people to a research study, and on my recent positive experiences in the northern site, that the best recruitment route in the southern site would also be through health professionals. I therefore made the decision to recruit to the study via this route. A further justification for making this choice was that I also had a clearer understanding of the NHS ethical permission procedures and timescales than I did of those of the other statutory and voluntary services. The longitudinal nature of the research demanded that I recruit participants to the study fairly quickly, and I was concerned that any delays in gaining permission to conduct the study via other routes may have jeopardised my being able to complete the study within the prescribed timescale for the project.

I next set out to meet the significant gatekeepers in two of the three PCT's situated in the area. I delayed making contact with the third PCT as it covered a geographical area that has,

over the last fifty years, been the focus of significant research attention on a wide variety of health and social issues. Again I followed the same processes as I had used in the northern site and met with senior health visitor managers. Early on in these visits, I realised that I would need to adopt a slightly different approach to the one in the northern site where I planned to ask health visitors to recruit young participants. In the southern site, health visitors had no routine contact with pregnant women until after the women had given birth. It would therefore have been too late to recruit participants for this particular study, where I was intending to interview parents before the birth of their children.

I did however uncover a promising recruitment pathway in the area. In one of the Boroughs in the southern site, all pregnant teenage women referred by Primary Health Care Services for 'booking in' to the Maternity Hospital serving the area, were referred to specialist Sure Start midwives to maintain contact, offer additional support and to provide the young woman's care throughout her pregnancy. Once again I started the process of seeking support for the research by meeting with key gatekeepers within the NHS Hospital Trust, including the Head of Midwifery, who gave me the contact details for the lead specialist Sure Start Midwife. She in turn invited me to a team meeting to do a presentation on my proposed research and to meet with the five specialist Sure Start midwives working in the area. Following a fairly robust meeting with the Sure Start midwives, they agreed to help recruit pregnant teenage women and their teenage partners to the study.

One point of contention raised at this meeting however was the skin tone colour of the 'little people' figures in the drawings on the participant invitation letter (Appendix A) and information leaflet (Appendix B). One of the midwives objected to the 'white' colour of the figures which, as originally presented, reflected the white base colour of the paper used in this material. The midwife felt this material was directed at the White teenage population only and sent a message of "*This is nothing to do with us" (Research Notes 8/11/2006),* to anyone outside this particular ethnic group. This was not a detail I had even considered, nor had it been raised by the advisory group in the southern site where the three members were of dual heritage. After discussion with the group, I agreed that I would ask 'Craig', the advisory group member who had done the original drawings for the information leaflet and invitation letters, to shade the little figures in dark and light skin tones to represent the different ethnic populations in the area.

The ethnographic literature highlights the importance of 'immersion' in the field to get to know it, in order to study it. I was aware that this unintentional, but insensitive cultural error on my part may have jeopardised my engagement with these midwives and therefore the study in this area. It highlighted for me the importance of 'hanging about' and of getting to know and understand 'the research field' before entering into it (Atkinson, 1990; Coffey, 1999). I agreed to make contact again with the Sure Start midwifery team as soon as I had obtained research governance approval from the Hospital Trust.

The planned procedure for identifying, approaching and recruiting participants.

The foregoing section has set out the steps I took to meet with key individuals and professional groups in both the research sites to elicit support for the project and identify potential recruitment routes. In this next section, I detail the strategy used for identifying, approaching and recruiting the young participants to the study. These recruitment proposals were the same for both the sites as illustrated in Figure 4.1.

Pregnant teenage women were identified by their named health visitor, midwife or Sure Start worker. These professionals were asked to approach all pregnant teenage women or expectant teenage fathers who fulfilled the inclusion criteria for the study, to tell them about the study (a study of the experiences of teenage mothers and fathers over the first eighteen months of parenthood), to give them an invitation letter to join the study and an information leaflet. They were also asked to explain to the young person why they had been approached, and to ask them to consider whether they, and their expected baby's other parent, would be interested in taking part in the study. Partners were asked to refer their partners. This 'snowball sampling' technique, where study participants are asked to recruit others from among their acquaintances (Marshall and Rossman, 2011; Patton, 2002) was used in this study in a few occasions, but 'nested' within the overarching purposeful sampling strategy. Three of the pregnant teenage women who participated in this study recruited their partners via a snowball sampling method. (See the last column in Table 4.2.).

Those pregnant women and their partners who expressed an interest in taking part were asked by their health or social care professional whether or not I could contact them to discuss the study. The young women who approached their partners themselves were contacted by their health or social care professional a few days after their initial notification of the study and those couples who showed an interest were also asked if I could contact them directly.

I made telephone contact with the potential participants as soon as their details were passed to me and I arranged to see both the young women and men together at a time and place of their choosing. All the couples elected to meet with me at home. At this visit I also met with the extended family of six of the final eight couples who eventually became a part of the study.

I started out by introducing myself and the study and discussed the information leaflet with the couple. I also prepared myself to answer any questions about the study. I was not asked a single question about the research in any of the eight introductory meetings I conducted. I was however asked other questions; about pregnancy, labour, birth, and the appropriate number of layers to maintain a baby's optimal body temperature. I introduced myself as a health visitor researcher and it was clear to me that the young participants also saw me as a health professional. I set out to conduct this research wanting to listen to young parents. This philosophy has underpinned my approach throughout the research. I therefore answered any questions posed immediately, honestly and within my professional capabilities. I sought permission from the young people to refer them to their named health professional for further support even in situations where the couple were seeking advice on a seemingly minor issue.

All eight couples who agreed to meet with me on the first occasion to hear about the research agreed to take part. Three of the young men; Paul, Chris and RobBob, (See Table 4.2.) were very keen to become a part of the study and agreed before their partner had agreed. I found this remarkable, as young men are sometimes a 'hard to reach', 'hidden' or 'invisible' group (Blaikie, 2009; Doherty et al., 2004). I had anticipated that young men might decline the invitation to take part. I obtained written consent from both prospective parents at this first meeting. This was in accordance with advice received from the NHS Research Ethics Committee who required that parents be given a 'cooling off period' of a few days, where they could reconsider their decision to take part before actually becoming involved in the first data collection episode. The issue of obtaining consent is discussed later in this chapter.

I also made provision in my plans for those potential participants who chose to defer their decision about participating. I resolved to leave them my contact details and asked them to contact me when they had made a decision about their involvement. I planned to send them a reminder text message to their mobile phones within a week of meeting them if nothing was heard from them at that stage. I stated in my NHS ethical approval application that I would not make further contact with non-respondents unless they initiated contact with me. This

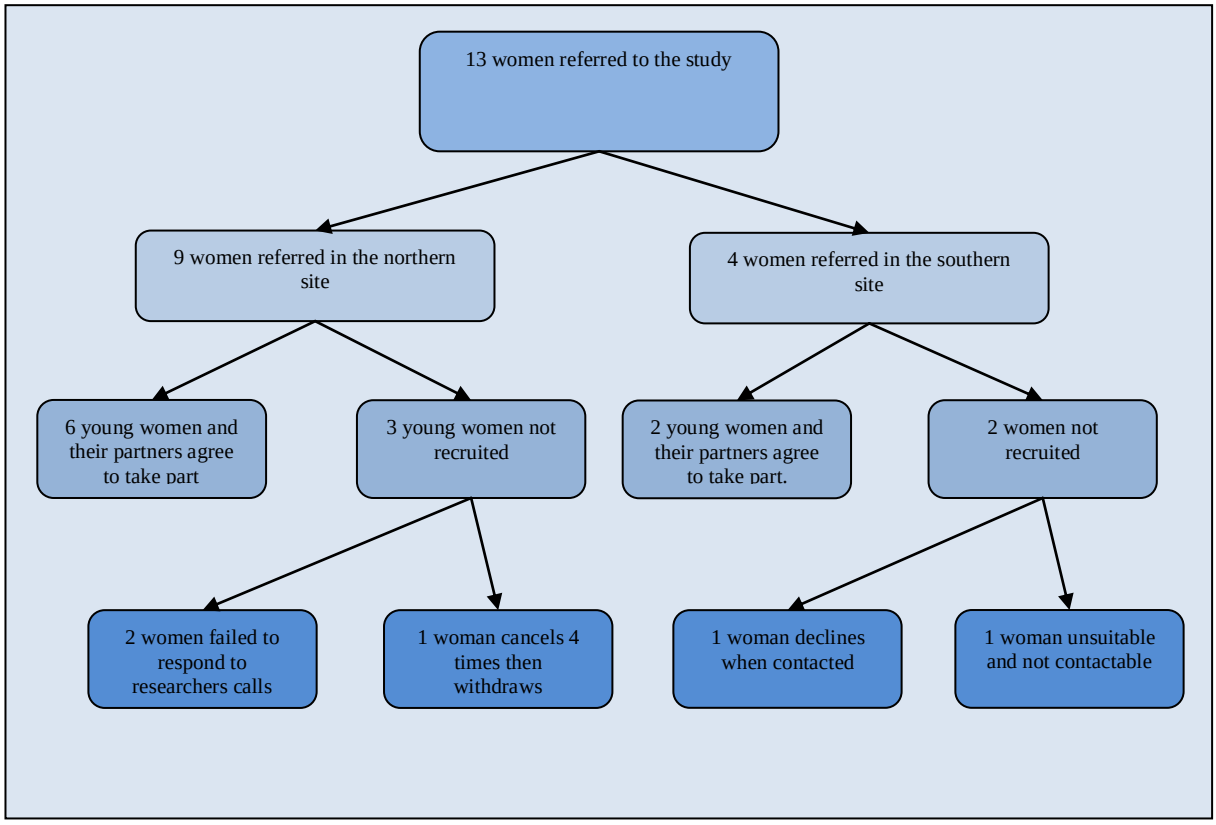
particular situation never arose as all eight couples who agreed to meet with me at their homes consented to take part immediately.

A total of thirteen couples were referred to me by the health visitors, midwives and Sure Start workers across the two research sites; nine in the northern site and four in the southern site. See Figure 4.2. for a graphical representation of this process. I have discussed my contact with eight of these couples, all of whom became part of this research. I was unable to make contact with one pregnant woman in the southern site, she had been referred to the study by one of the Sure Start midwives but she was not a teenage mother. I tried to contact her but she was out when I called. I also had no response to my telephone calls or to a letter, inviting her to make contact with me. A second young woman changed her mind and decided she did not want to take part after all when I telephoned her. In the northern site, two young women failed to respond to my telephone calls and answer phone message or to an invitation letter to make contact with me. A third young woman agreed to meet with me, but then kept cancelling and re-scheduling our meeting. This happened on four occasions. She then initiated contact and told me that she had too much going on in her life at the time to consider taking part in the study.

I made monthly visits to talk to the Sure Start midwifery team in the southern site and the three health visiting and two Sure Start teams in the northern site to keep the profile of my research high and to encourage them to refer young people to the study. I also met with individual health and social care professionals at their separate bases. I took along fresh invitation letters and information leaflets and teatime snacks for the various teams on every occasion of our meeting. Despite all this encouragement, the thirteen referrals described in the previous paragraph were the only referrals made to the study from across the two research sites over the recruitment period. I had initially planned that recruitment would take place over three months, but I eventually extended this to seven months to recruit the eventual sample of eight couples.

The processes for identifying, approaching and recruiting the young participants were all discussed with the teenage member advisory group during the research planning phase, and the advisory group had indicated that they found these to be acceptable ways of recruiting young participants to the study.

Figure 4.2. Outcome of the referrals from health and social care professionals to the study



4.6.6. Sample size considerations

The original plan at the outset of the study was to recruit five teenage couples in each of the two research sites. This à priori decision about sample size was made to suit the longitudinal study design and permit four planned data collection episodes over a defined period. The disadvantage of employing a longitudinal design, particularly within a pursuit such as a doctoral study, with a prescribed time scale for completion, is that it does not easily allow for making changes to the sample as the research unfolds. This issue is not explored in any depth in the literature and I found very few doctoral studies with a qualitative longitudinal design that included an extended data collection phase, as I planned in this project. I considered the issue of the size of the sample for this study very carefully and discussed the issue at some length with my research supervisors, both experienced qualitative researchers.

The three main considerations guiding my decision about the size of the sample included: First, the informational requirements of the study and the need to generate sufficient data on young parents' experiences of their transitions to parenthood. Second, the potential for

attrition within a longitudinal research endeavour. Third, the feasibility of being able to recruit enough couples to the study within a short time frame so that I could begin following their parenthood journeys without delay.

I decided to recruit ten couples, five in each research site. My hopes at the beginning of the project were that four couples, two in each site, would stay with the study till the fourth and final data collection episode. I considered that some couples may separate during the research and hoped that , in addition to the four couples remaining with the study, that two or three other young parents from the original couples, probably young mothers, but possibly also a young father, would do the same. Mason (2002) stipulates, with respect to judgements about sample size in qualitative research, that the sample should provide access to enough data and with the right focus to enable the researcher to answer the research question. In discussion with the research study supervisors, I believed that if my 'hoped for' sample did indeed stay with the project till its completion, that I would be able to answer the research question posed in this study.

I estimated that at a worst case scenario, the study attrition rate might be between forty to sixty percent, but this estimation was pure guesswork. Saldaña (2003), states that in his experience, most participants do remain with a qualitative longitudinal study over its duration, but nevertheless advises researchers to 'over recruit' participants, as a precaution. I was however unsure about how young people, interviewed at roughly six month intervals, and at a particularly complex juncture in their lives would behave over the period of the study.

In the end it was the issue of feasibility that decided the issue of sample size and numbers. I did not feel it would be possible to recruit any more than ten couples in a three month period to the study. The birth rates indicated that there was a potentially large cohort in both study sites, but given my experience of practising in an area of relative deprivation, where is a low uptake of health services, and with feedback from my health visiting colleagues on the issue, I prepared for a low uptake of the invitation to participate. Table 4.4. illustrates what actually happened with recruitment and attrition in this study: that eight couples, eight teenage women and eight teenage men, were recruited to the study, and at the final data collection episode, that six couples, six teenage women and six teenage men, had remained involved with the study for its duration.

Table 4.1. Month of recruitment

Recruitment site	*December 2006*	*January 2007*	*February 2007*	*March 2007*	*April 2007*	*May 2007*
Couple 1 – North Janet & Steven						
Couple 2 – South Victoria & David						
Couple 3 – North Jessica & John						
Couple 4 – North Sally & Paul						
Couple 5 – North Emma & Lewis						
Couple 6 – North Laura & Chris						
Couple 7 – North Shorti & Skinny						
Couple 8 – South SpongeBob & RobBob						

4.6.7. Recruitment issues and difficulties

Recruitment to the study proved to be difficult, and, as can be seen from Table 4.1. above, I never managed to recruit the planned five couples in each of the two research sites. Instead, I recruited six couples in the northern site and two in the southern site. In addition, it took over six months to recruit the final sample of eight couples and in June 2007, I decided to stop recruiting. I made contact with the professionals in both sites, thanked them for their help and asked them to stop referring young people to the study. In the rest of this section of the chapter I consider some of the potential reasons for the recruitment difficulties.

I found that the most difficult age group to recruit to the study were younger teenage parent couples. Table 4.2. shows that the young participants were in their mid to late teenage years. I discussed this issue with the lead teacher in the 'school girl' mothers unit in the southern site. This professional had over thirty years of working in the Unit and of working with young mothers. Drawing on her experiences, she believed that many of the younger pregnant teenagers were in less established relationships which militated against recruiting the two prospective parents as a couple. In addition, she felt that there was sometimes much family animosity towards the young fathers when a pregnancy in a very young mother was first disclosed, and the young man was often afraid to maintain his relationship with her or in

some cases was prevented from doing so. These very young men, in her experience, often 're-appeared' when their baby was born. Although I had stipulated in my inclusion criteria that the couple did not need to be in a 'committed relationship' and that the young men only needed to be intending to remain involved with their child, this may have been too difficult for some young men. I felt that there was much merit in her explanation and that it resonated with my experiences as a health visitor.

I also discussed the issue with some of the health visitors in the northern site. One health visitor told me that she felt very uncomfortable asking teenage women about their partners and their relationships with the fathers of their children for fear of 'prying' and alienating the young mother. She had felt unable to approach the subject of my research as she felt she did not have enough information about the family. I admired this health visitors' honesty but it was nonetheless an alarming admission, given the potential dangers this lack of information about the household members may pose to a vulnerable child.

Another health visitor admitted that despite the policy to visit pregnant women in the antenatal period, that she did not have the time to do this because of her large caseload numbers and workload pressures. If she did get to visit, it was often very late into the woman's pregnancy and sometimes this had been too late to refer to the study. One health visitor commented that it was difficult to find potential couples as most of the young women were on their own, without a partner. This may well have been this health visitor's experience, but I question whether this was true for all young mothers. Data from the ONS shows that in 2004, 72.8% of births outside of marriage in women under the age of 20 years, were 'joint' registered births. As highlighted earlier, this demonstrates a degree of closeness from fathers and a commitment to want to be involved in their children's lives (Kiernan, 2006). The health visitors who did refer young couples to the study all conducted joint antenatal visits with both prospective parents and I believe that this may have made a difference to the recruitment success from these professionals. I have already discussed the issue of the serious untoward incident in the southern site, and feel that this had a significant negative impact on recruitment to the research in this site.

4.6.8. The study participants

Biographies on each of the sixteen participants are attached as Appendix K, while Table 4.2. which follows, presents brief details summarised from these biographies, as well as particulars about the recruitment of each of the participants. The biography and Table 4.2.

information reveal that, in summary, eight pairs of teenage parents, comprising eight pregnant teenage mothers and eight teenage fathers 'to be' were recruited across the two study sites to participate in this study. The teenage mothers ranged in age from 15 to 17 ¾ years at the time of the birth of their babies and the teenage fathers from 15 ½ to 18 ¾ years. Five of the young couples were recruited as a pair by a health visitor, midwife or social care professional during an antenatal contact with the couple. Three of the young women participants had showed interest in taking part in the study when they were initially approached by their health visitor or Sure Start worker and they in turn approached their male partners.

All eight of the young couples were in a 'committed relationship' with one another at the time of recruitment and indeed the six couples who remained involved with the study over the duration of the nineteen month data collection period were still in relationships with one another at the fourth and final interview.

Table 4.2. Study participant's biographical details

Couple	Participants pseudonym	Age at birth of baby	Sex	Education, training and employment situation at the time of baby's birth	Living arrangements at time of baby's birth	Site recruited, date and by whom?
1	Janet	16 ¾	F	Doing an apprenticeship. On maternity leave.	Living with partner	North 22/12/2006 Sure Start Worker
	Steven	19 ½	M	In employment.	Living with partner	North 22/12/2006 Partner
2	Victoria	16 ¾	F	Not in education, training or employment.	Living with partner	South 14/02/2007 Sure Start Midwife
	David	18	M	Not in education, training or employment.	Living with partner	South 14/02/2007 Sure Start Midwife
3	Jessica	16 ½	F	Abandoned FE College Course. Not in education, training or employment.	Living with mother and her partner	North 16/02/2007 Health Visitor
	John	16 ¾	M	Doing Level 1 motor mechanics at FE College.	Living with partner and her mother	North 16/02/2007 Health Visitor
4	Sally	18 ¼	F	Not in education, training or employment.	Living with partner	North 16/02/2007 Health Visitor
	Paul	18 ¾	M	In and out of temporary labouring work.	Living with partner	North 16/02/2007 Partner
5	Emma	17 ½	F	Not in education, training or employment.	Living with family and partner	North 02/03/2007 Health Visitor
	Lewis	19	M	In employment as factory operative.	Living with partner and her family	North 02/03/2007 Partner
6	Laura	18 ¼	F	Abandoned FE College course. Not in education, training or employment.	Living with her mother and younger brother	North 06/04/2007 Health Visitor
	Chris	16 ¼	M	At end of GCSE year at school.	Living with his mother and 6 younger siblings	North 06/04/2007 Health Visitor
7	Shorti	17 ¾	F	Not in education, training or employment.	Unknown	North 11/05/2007 Sure Start Worker
	Skinny	18 ½	M	Not in education, training or employment.	Unknown	North 11/05/2007 Sure Start Worker
8	SpongeBob	15 ¼	F	At school.	Living with her mother and sibling	South 30/05/2007 Sure Start Midwife via Education
	RobBob	19	M	Unemployed. Lost job 2 months before baby born.	Living with his mother	South 30/05/2007 Sure Start Midwife via Education

4.7. Ethical considerations in this study

Two principal ethical issues underpinned the conduct of the research in this study: First, informed consent, and second, the protection of research participants from harm (Alderson and Morrow, 2011; Beauchamp and Childress, 2001). Both these issues presented challenges in this study involving young people, many of whom, either because of their young ages, difficult social and economic circumstances, or the fact that they were very young 'parents to be', were therefore seen as being vulnerable and in need of special consideration or protection.

4.7.1. Gaining informed consent

Informed written consent was obtained at my first meeting with both the young parents after a full explanation of the information leaflet. This leaflet provided details of the purpose of the study; the nature of the young person's commitment to the study; how and why they had been selected to participate; data collection procedures and the storage thereof; the destination of the audio recordings; the potential discomforts of participating; issues of confidentiality and anonymity; voluntary consent; their right to withdraw from the study without explanation; and circumstances in which I may withdraw their participation. It also provided contact information, including a contact for any complaints about the research (Polit and Hungler, 1999).

4.7.2. Age and informed consent

Participants in this study included teenage mothers and fathers, age 15 to 19 years, who were deemed 'competent' to give their consent to participate in the study. The issue of being 'competent' to consent in the UK, in a young person under age 16 years, is guided by the 'Gillick Competence Rule'[13]. To make a 'competent' decision, the young person must be shown to be able to: Understand the issues; retain the information long enough to believe that the information could be true; consider the information appropriately and make a decision on the information received (Gillick vs West, Norfolk and Wisbech AHA & DHSS [1985] 3 WLR (QBD)).

[13] Gillick Competence and Fraser Guidelines are sometime used interchangeably, but this is incorrect. Lord Fraser's guidance, issued for clarification after the judgement on competence, is narrower than the Gillick principle, and only relates to contraception. Gillick competence relates to criteria laid down in the High Court in 1983 for establishing whether a child, irrespective of age, had the capacity to provide valid consent to treatment in specified circumstances (Wheeler 2006).

Therefore, any person below the age of 16 could have given consent to participate in the study if they had the capacity to understand fully what the study was about, including the advantages and disadvantages of their decision to take part. A young person is deemed to be 'Gillick Competent' after receiving all appropriate information regarding the intervention and demonstrating their comprehension of the material. Consent with this group of people is then valid. This is 'Gillick Competence'. There was only person in the study aged under 16 years at the time of recruitment.

The initial judgement about 'competence' was undertaken by the referring health and social care professional, who knew the young person and referred them to the study. I had met all the interested potential participants and drew on my practice experience as a nurse, midwife and health visitor, working with vulnerable clients, to make a deciding professional judgement, using 'Gillick Competence' criteria, about the young person's competence to consent. All the young people referred to this study were deemed 'competent' to consent.

The issue of competence also applies to persons aged 16 to 19 years and the issue of competence to consent in these participants has been assessed in this study in the same way as in the younger participants.

4.7.3. Protecting research participants from harm

Three principal ethical issues, in relation to the conduct of this study with young people, are considered in this next section. These include: first issues of coercion, acquiescence and obligation during the research process; second, issues relating to confidentiality, anonymity and disclosure of information; and, finally, the effects on the participants of taking part in the research.

4.7.4. Coercion, acquiescence, obligation and issues of power during the research process

There were two issues of particular importance in the way the young people were approached to participate:

- feeling obliged to participate because they have been asked by a person they liked and trusted (their named health or social care professional) and
- being coerced to participate

The issues of coercion and obligation were discussed with the teenage advisory group to gain their views on the issue. Following these discussions, the wording on the information leaflet was adjusted to ensure the voluntary nature of participation was clear:

'Do you have to take part? No of course not - it's up to you'.

and

'You are free to stop taking part at any time during the research without giving a reason. If you decide to stop, it will not be held against you at all'.

The issues of coercion and obligation were also discussed with the referring health and social care professionals. The voluntary nature of participation was also reinforced in all meetings with potential participants. Any participant's decision to withdraw from the study was honoured without question. I lost touch with one couple after the first interview when they left the area. A second couple withdrew after the second interview.

4.7.5. Confidentiality, anonymity and disclosure of information

The issue of obtaining consent, both with teenage parents under age 16 and those aged 16 to 19 years, has been discussed in full above. However, a number of other important factors need consideration when undertaking research with young people. This is important in a study such as this one which involved young people and contact with their very young children. Two linked issues of particular importance were considered in-depth before submitting the research proposal for ethical approval: firstly, the issue of maintaining confidentiality, where a disclosure may give rise to grave concern for the young person or their infants' welfare; secondly, managing child protection concerns that might arise during the conduct of the study.

The large evaluation of the Teenage Pregnancy Strategy by Wellings et al (2005) and of Sure Start Plus by Wiggins et al (2005) highlighted the number of cases of child abuse and domestic violence revealed by teenage parents in their interviews with the researchers. There is a dearth of research on the association between experiencing abuse or domestic violence and teenage pregnancy and parenthood. Blinn-Pike et al.'s (2002) review of the literature on this issue was unable to reach any conclusive findings due to the poor quality of the research they appraised for their review. However, following the findings of Wellings et al (2005) and Wiggins et al (2005) on this issue it was a something I was mindful of.

One young study participant was under the age of sexual consent. She was 14 ½ when she conceived her pregnancy. The issue of age with teenage women and their partners is important, because of concerns of the sexual exploitation of young teenage women by older men. The Sexual Offences Act, 2003 prohibits sexual intercourse under the age of 16, though, in practice this is very hard to enforce (*Sexual Offences Act*, 2003). Young people under the age of 16 can, however, receive contraceptive advice and treatment from healthcare professionals, in accordance with Fraser Guidelines (Wheeler, 2006). With regard to this young person, I made a professional judgement based on what I had seen and heard of her situation, that she was not being exploited.

As a registered health visitor I had professional obligations to the research participants. No issues arose that gave cause for concern during the course of the study. The standards for conduct, performance and ethics regulating the practice of registered nurses, midwives and health visitors state that these professionals must, among other obligations: protect confidential information, co-operate with others in the team, be trustworthy and act to identify and minimise risk to patients and clients (NMC, 2008). There is, therefore, a clear professional obligation to act to minimise any identified risks to the teenage parent participants and their children, to work in a co-operative manner with other health and social care professionals working with the young person and their family, and to balance the need to protect confidential information.

The issue of anonymity and of maintaining confidentiality were discussed at length with the teenage advisory group. The advisory group felt that confidentiality was never to be broken but, after much discussion, agreed that they understood the need to act on any 'life and death' situations should they arise during the course of the study. The information sheet stated that the only circumstances under which I would share information were if the participant and their baby were in danger of being harmed.

In addition to the academic supervision I received for the study, I also participated in professional clinical supervision with the Designated Nurse for Child Protection in one of the research sites over the duration of the study. This was to help me resolve any professional dilemmas I may have encountered during the course of the research.

Anonymity has been guaranteed to all participants. This includes all written and verbal reports that will arise from the study.

4.7.6. The potential effects of participating in the research

In this study, where the researcher and participants were discussing highly sensitive issues and where participants discussed and reflected on these issues, there was the potential for participants to become emotionally distressed. As an experienced health visitor I was able to respond to any immediate distress and thereafter, if necessary, refer the young person, with their consent, to their named health and social care professional or other appropriate agency. There were a number of occasions throughout the research where I acted to support the young participant and subsequently referred them for further support to their named health visitor. Participants were given a small 'thank you' gift voucher to the value of £10.00 after each interview. There was no other direct benefit to taking part.

4.8. Data collection

4.8.1. Introduction

The data in this study have been collected using a qualitative longitudinal methodology over a period spanning nineteen months. This longitudinal approach to collect data was used to capture the young parent's changing experiences of motherhood and fatherhood over the early months of parenthood. Qualitative longitudinal research, as outlined in Chapter 3, investigates change in individual and social contexts over time (Holland et al., 2006; Saldaña, 2003). It explores factors related to the temporal dimension of experience, as in this study, which is inquiring into a significant life transition in the young people involved (Neale and Flowerdew, 2003).

In line with case study research methodology, where 'the case' is often explored and illuminated from a number of perspectives (Stake, 2005), this research study has drawn upon different methods to generate data. These have included: In-depth semi structured interviews. These were the principal method of collecting data over the study period. Up to four interviews were conducted with each teenage parent couple, commencing from before their children were born and extending up to the time their children were twelve to thirteen months of age. In addition to the interview data, the study also generated data from an audio diary event, completed by three of the teenage parents when their children were between seven and nine months of age. To supplement the interview and audio diary data, the study drew upon, as data, the field notes, memos, and reflective diary entries made during the research process. Table 4.3. lists these data sources and the nature of the data they generated.

Table 4.3. Data sources

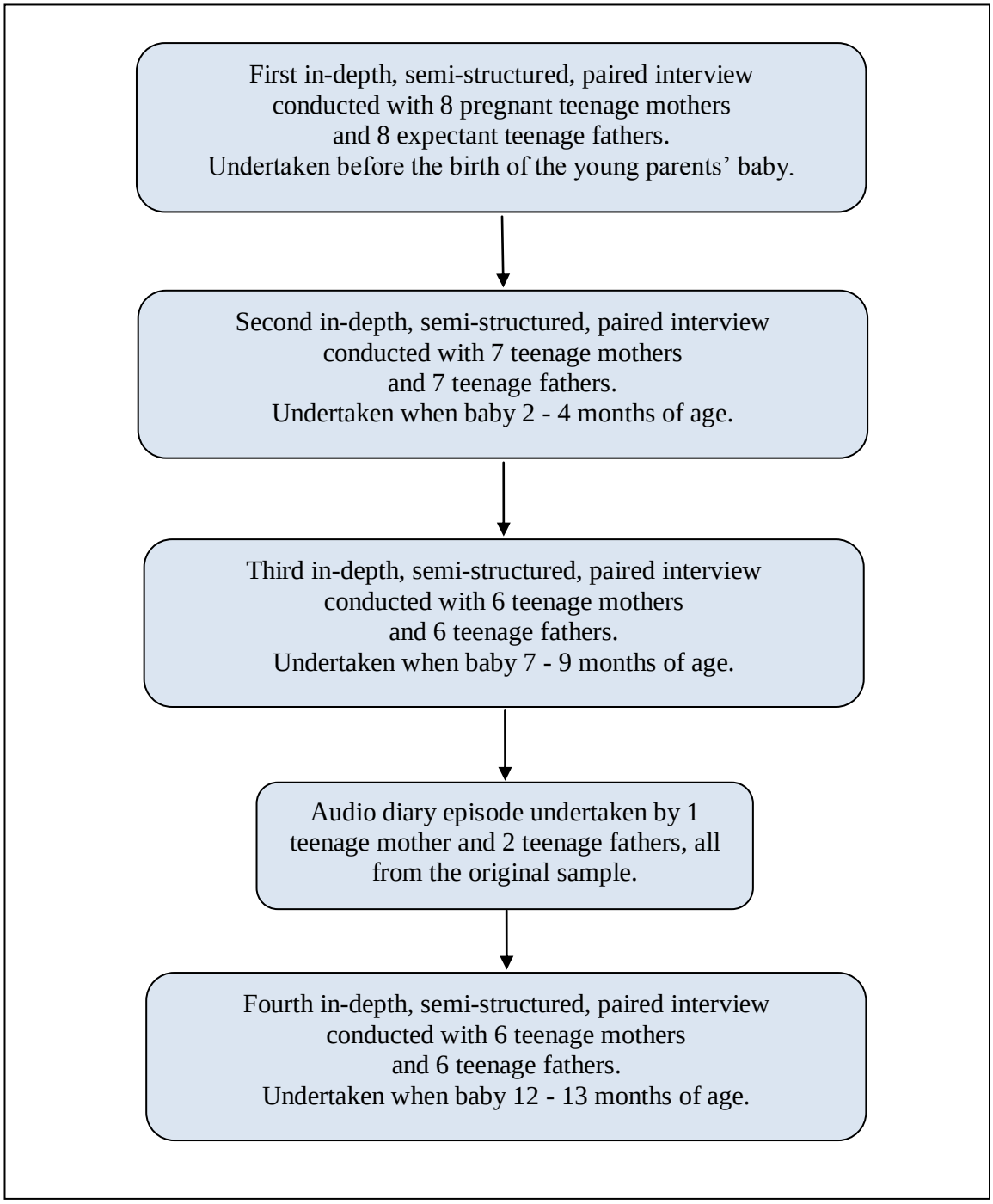
Data Source	Nature of the data
27 Digitally recorded in-depth semi-structured paired, interviews.	Up to 4 interviews conducted with each of the young mother and father couples over a period of 19 months. Interviews explored the factors influencing the young parents' experiences as they made the transition to parenthood over the first +- 18 months of parenthood.
3 Digitally recorded audio diary events.	Audio diary completed by 3 teenage parents, 2x fathers and 1x mother, over a 2 week period after interview 3 and before interview 4 four. Participants recorded their experiences of being a parent
Field notes and memos.	A written record, to a typed format, of all face to face, written and telephone contacts with the two research sites including statutory and voluntary agencies, senior gatekeepers, the ethics committee, research governance officials, the teenage member advisory group, the health and social care professionals involved in recruiting to the study and the study participants. It also includes the post interview notes taken which record factual background information about the interview and the participants and any referrals made to other agencies. Memos more ad hoc, but also documented developing ideas about the conduct of the research and data analysis.
Reflective research diary.	A hand written diary containing my researcher reflections, feelings, impressions and ideas about the research, the research process and events taking place over the duration of the research.

These data sources are described and discussed more fully in section 4.8.3. after the next section, which maps out the data collection cycle for the interview and audio diary episodes.

4.8.2. The data collection cycle

Data were generated as outlined in the cycle which follows. The four semi-structured paired interviews were specifically planned to take place at a time which coincided with four 'significant moments', in the teenage mothers and fathers' early months of parenthood. These moments include: first, pregnancy, and for the young men, expectant fatherhood, second, the birth of the young parents' children and their experience of new parenthood, third, the first few months of parenthood, up to seven to nine months after the baby's birth, and fourth, the period one year after the birth of the young couples' baby.

Figure 4.3. Overview of the data collection cycle for the interview and audio diary data



A flow chart of the young parents' journey through the different stages of the research process, from recruitment to the fourth and final interview stage, giving a full overview of their involvement in the study, is attached as Appendix E. Table 4.4. sets out specifically how data were collected longitudinally from each of the young parent couples over the nineteen month data collection period.

Table 4.4. Collection sequence for each of the eight participating couples – January 2007 to July 2008

	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul07	Aug 07	Sept 07	Oct 07	Nov 07	De c07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08
Janet & Steven	*1st I/V**			*Birth of Baby*			*2nd I/V*						*3rd I/V*				*4t I/V*		
Victoria & David		*1st I/V*	*Birth of Baby*			*2nd I/V*				*3rd I/V*						*4th I/V*			
Jessica & John		*1st I/V*	*Birth of Baby*			*2nd I/V*				*3rd I/V*		*Diary Event (Jess)*			*4th I/V*				
Sally & Paul		*1st I/V*	*Birth of Baby*				*2nd I/V*				*3rd I/V*					*4th I/V*			
Emma & Lewis			*1st I/V*			*Birth of Baby*			*2nd I/V*				*3rd I/V*		*Diary Event (Lewis)*			*4th I/V*	
Laura & Chris				*1st I/V*			*Birth of Baby*			*2n d I/V*				*3rd I/V*	*Diary Event (Chris)*				*4th I/V*
Shorti & Skinny					*1st I/V*					*Birth of Baby*									
SpongeBob & RobBob						*1st I/V*	*Birth of Baby*		*2nd I/V*										

*I/V = Interview

4.8.3. Data collection methods

4.8.3.1. In depth semi structured interviews

The aim of this study was to understand teenage mothers and fathers transitions to parenthood from the perspective of the young parents themselves. The study therefore needed to draw upon data collection methods which were able to facilitate the exploration of these perspectives; the feelings, emotions and motivations of teenage parents, and further, was able to investigate how the social context of their lives influenced their experiences of being parents. Marshall and Rossman (2011:93) state that the in-depth qualitative interview allows the researcher *"to capture the deep meaning of experience in the participants' own words"*. It was for this reason that the in-depth qualitative interview was selected as the principal data collection method for the study.

The epistemological underpinnings of the qualitative interview are rooted in the interpretive tradition (Warren, 2001). The method allows the researcher to make interpretations from participants' responses, rather than derive facts from them, as in the quantitative tradition. Holstein and Gubrium (1995) view qualitative interview participants as active meaning makers, not passive beings simply conveying answers from a body or repository of answers. They argue that it is the role of the researcher to structure the interview, and to create an interview environment that promotes the process of meaning-making within an interview.

The notion of the interview as a 'conversation' is explored by some authors on interview method. Burgess (1984:102) in an established text on field work method in the social sciences describes interviews as, *"conversations with a purpose"*. Kvale (1996) also draws on the idea of the interview as a 'conversation', and clarifies that it is a specific kind of conversation, one in which the researcher seeks knowledge of the participant's world. I set out wanting to create a relaxed informal environment for the interview; one that resembled a discussion or conversation between individuals, and one in which I could explore issues central to the research question but also one in which the young participants could talk about issues that they defined as important. In order to satisfy both these aims, I decided to conduct semi-structured interviews (Mason, 2002).

Fontana and Frey (2005), Marshall and Rossman (2011) and Patton (2002) all categorise interviews into different types according to their degree of 'structure'. At one end of the

structure spectrum is the informal, loosely structured [14], conversational interview, and at the other, is the relatively structured, more standardised interview, where specific questions are asked of all participants and often in a prescribed sequence. Somewhere between the two approaches, and, according to Mason (2002), with some large variations in style and character, is the semi-structured interview. Mason sets out the core features of the semi-structured interview and suggests that all semi-structured interviews have the following central characteristics in common: First, there is an interactional exchange of dialogue between the researcher and the participants. Second, they have a relatively informal style which resembles a discussion. Third, they have a "*thematic, topic-centred, biographical or narrative approach"* (2002:62). They are also designed to have a flexible structure and to allow the researcher and the participants to develop arising or unexpected themes. Fourth, they allow for the construction or reconstruction of knowledge in the interview, a process which involves a co-production between researcher and participant (Mason, 2002).

In addition to the flexibility of the semi-structured interview described in the paragraph above there are also challenges posed by the method. Marshall and Rossman (2011) state that interviews require the building of trust between researcher and participant. In addition, some interviewees may not be able or willing to convey their feelings and experiences in the context of the interview. Further, they require a relatively skilled interviewer in order to generate rich data. To Mason (2002) however, the biggest challenge of the interview lies in its epistemological and ontological roots, and it is the researcher who must decide if the interview method is indeed the most appropriate to help answer the specific research question.

4.8.3.2. Interviewing young people

The young people involved in this research were all in their mid to late teenage years when they were recruited to the study. My personal and professional experience of interacting with young people in this age group has shown me that they are capable of reflecting on their lives, and will give voice to their ideas, feelings and experiences if they are given the appropriate opportunities to do so. A number of investigators researching social processes and change with young people have successfully used qualitative interviews and focus groups as data collection methods (Curtis et al., 2004; Edwards and Alldred, 1999; Henderson et al.,

[14] Mason (2002) uses the notion of a 'loosely structured interview' as opposed to 'unstructured interview', as is done by others in the methods literature (Fontana and Frey, 2005; Paton, 2002). Mason argues that the term 'unstructured interview' is inaccurate, as no research interview could be completely lacking in structure.

2007; Highet, 2003; Thomson and Holland, 2002). All of these investigators have shown that young people are willing and able to communicate their experiences of the social world within a research interview situation. I was therefore confident in my choice of the interview as a data collection method, but I was also mindful that I would need to carefully plan to create a research interview environment that would facilitate communication for the young people as well as engage and maintain their interest in the process.

4.8.3.3. Planning to undertake the qualitative interviews

Mason (2002:67) advises that *"good qualitative interviewing is hard, creative, active work"* and that they *" require a great deal of planning".* I began my preparation and planning by attending to my interviewing knowledge and skills, and to this end, I enrolled in a three day *"Depth Interviewing Skills"* course run by the National Centre for Social Research (NatCen) in May of 2007. NatCen is an independent, non-commercial social research institute, known in the United Kingdom for conducting the annual *British Social Attitudes Survey*. The organisation also has an educational arm, 'NatCen Learning', who provide research training for researchers. The three day programme, delivered by experienced qualitative researchers, covered both the theoretical and practical aspects of conducting interviews, and it also provided 'hands-on' practical interviewing experience, in order to develop participants' interviewing skills to a good level.

My interviewing experience was more than that of a novice: I had conducted two previous research studies in which I had used qualitative interviewing. In addition to this, I had over twenty years experience of working as a nurse, midwife and health visitor in communication situations that always required me to listen carefully, to attend to nuanced contextual cues, and to respond in a flexible way to 'unexpected and arising' issues. All sound transferable skills for a researcher. This notwithstanding, I wanted to develop my interviewing skills even further, to a high level, as I wanted the young participants to feel confident in me as a researcher so that they would be able to share their personal stories, as well as enjoy taking part in the research. In addition to attending the NatCen training, I also discussed and rehearsed my interviewing with a senior, experienced research colleague, who allowed me to test out my proposed interview questions on her. She in turn gave me invaluable feedback on my interviewing style and on the substance of the proposed first interview guide. I was mindful that the quality of the interviews I conducted would directly influence the nature, depth and scope of the data generated in the study, and ultimately the findings and the

strength of the arguments to emerge from these (Legard et al., 2003; Mason, 2002). In the next section of the chapter I discuss how I drew on the use of paired interviews as a data collection method with the young parents and how these interviews were instrumental in generating the rich data in this study.

4.8.3.4. Paired interviews

The young participants in the study were all given a choice of taking part in either an individual, or a paired, couple interview. The method has been used with very young children (Mauthner, 1997; Mayall, 2000), with teenagers in early to mid adolescence (Highet, 2003) and, in relationship studies (Allan, 1980; Valentine, 1999). I decided to offer the paired interview option following discussions held with the teenage member advisory group. They suggested that their preference would be to be interviewed with their partners, over being interviewed alone. My reasons for offering this format for the interview centred around wanting to give the young participants the option to tell their stories in a setting in which they felt most comfortable, and over which they had some measure of control. I believed that giving the young people a choice about having their partners with them during the interview would facilitate this. In addition, I felt that by providing the young people with a choice of having someone else with them during the interview might positively influence their decisions to take part in the study.

All the young people expressed a strong preference for the paired interview option, and this format was used for all the first round interviews. Highet (2003) found that the young participants in her study on cigarette and cannabis use also liked the joint interview arrangement. She found that they relaxed and became more enthusiastic about participating when they heard that they could be interviewed with a friend. She also found a more equal balance in the relationship between the interviewer and the participants. The natural social context of having a friend as company also promoted the generation of high quality data.

I had initially thought I might interview the couples separately in the second and subsequent interview rounds, but after the first round of interviews, which did indeed generate a rich data set, I decided against doing this. A further factor influencing my decision to continue with the joint interviews was that I believed that introducing individual interviews at this later stage would have undermined the couple's trust in one another and introduced an element of uncertainty into the interview process. I was concerned that the couples might worry about what the other partner was revealing about him or her in their individual interview. This is an

issue raised by those researching in the fields of 'the family', where family members are interviewed separately, and those examining 'couple relationships', where the couple is interviewed apart (Heaphy and Einarsdottir, 2012; Morris, 2001). I did not want the research to have the effect of posing a threat to the stability of these young relationships. Another important motivation for me to continue using the joint interview arrangement was that I had found the format encouraged 'quieter' young people to participate. One young father was profoundly deaf, and until our third interview together, was shy about talking. He would sometimes ask his partner to tell a particular part of his narrative or to answer a question on his behalf. I do not believe that he would have taken part in the study had he not been able have his partner at his side for the interviews. This would have been a loss to the study as he provided much insight into young fatherhood. He was able to build up his confidence over the course of the interviews, with his partner present, and for the third and fourth interviews, made a significant contribution to both.

Paired interview methods are however not without their detractions. The presence of another person in the interview may have a censoring effect, and prevent full discussion and disclosure of information to the researcher (Heaphy and Einarsdottir, 2012). I found that I was not able to fully explore aspects of the young people's sexual history. For example, I was not able to ask if this was the young person's first pregnancy or expected baby as the young person may not have wanted to reveal this in front of their partner. Further, there is also the possibility of one or other of the partners dominating the interview and wanting to do all the talking or answer for the other. This did occur in some of the interviews that I conducted, and when they did, I would intervene if and when appropriate, and ask the young person to let the other finish and then they could take their turn.

Others in the literature have highlighted additional difficulties about conducting paired interviews and have pointed to issues like: they can be practically difficult to organise, as both partners need to be present at the same time, that they require careful forethought in terms of planning how to structure and style the interview and pose the questions, given that two interviewees need to be considered, and that transcribing them is more difficult than an individual interview (Allan, 1980; Heaphy and Einarsdottir, 2012; Morris, 2001; Valentine, 1999).

My experience of conducting the paired interviews was that they were very hard work indeed. I found them to be emotionally demanding and that they required me to be fully

attentive to two, on occasion, vulnerable young people, in interviews that often extended over an hour. I had to manage situations that I had not necessarily predicted would take place in a research interview and handle issues that I had certainly not considered when I had written my ethics proposal section on *"balancing the risks and benefits of the study"*. For example, there were occasions when one or other of the couple challenged the way in which the other partner had answered a question. In one interview, the couple, far from reaching a consensus on an issue, began arguing in a heated manner and I had had to step in and remind them that they were both entitled to have a personal view or 'take' on any matter. There was a tense 'atmosphere' for a while after the incident which was overcome when I turned the questioning to what I hoped would be, a less provocative topic. In another interview, with a different couple, the young mother criticised her partner's contribution to the household chores, *"He's a lazy shit"*, she did temper her criticism by admitting that he was a *"good dad"*, but he appeared wounded by the criticism nonetheless. Again I intervened to explore what had just been said by the young woman and asked the young father how he had felt about it. On this occasion, he agreed that he did not help as much as he could and I was able to reflect that it is always difficult to hear criticism of ourselves. We were able to move on in the interview after this incident. In another interview, one of the young fathers revealed in front of his partner that he had not felt ready to leave home when she had announced her pregnancy, and had only done so because he had wanted to support her by moving in with her. He went on to add that he actually hated the house that they were sharing. She had looked very distressed on hearing this and told him that she had not known that he felt this way. He left the room at this stage and I had to speak to her about the situation and then to him when he returned to the interview.

To the outside observer these incidents might not seem that significant, but they had the potential to 'blow up' in the interview situation, as well as after I had left the couple and gone home. I felt responsible for the young people, and when there had been difficult topics discussed in the interview, I stayed on after the interview was completed to talk to the young couple to make sure the incident had indeed been diffused. In those few interviews where I felt that the incident could escalate into a more serious situation, as in the last couple discussed above, I referred them, with their consent, to their health visitor.

The foregoing challenges of the joint interview notwithstanding, I did find that the positive benefits of interviewing the young participants in pairs far outweighed any detractions or

shortcomings. The young people themselves liked the paired arrangement, and six of the original eight couples, six young mothers and six young fathers, stayed committed to the study to its completion. I was able to generate good quality data that provided a depth of understanding about young relationships, young motherhood and young fatherhood. The joint interviews in this study facilitated an exploration of young couple relationships and joint parenthood, but significantly, they also allowed each of the young participants, in every one of the pairs, to relate their own, individual, separate stories. These related to their experiences of their early lives, of young motherhood or fatherhood, and of their own hopes for the future.

Different qualitative methods generate different data, as Mason (2002) points out in her text on qualitative research. My own experience is that the paired interview allows for the generation of data on shared experiences and perceptions, but not exclusively. I found that the paired interviews could be organised in such a way as to allow both shared and individual stories and experiences to emerge. This, I argue, is the one of the strengths of the paired interview method in this study. I highlight this important point, as the data in this study have been analysed from a number of different standpoints, all emerging from the individual and joint narratives elicited in the paired interviews. These narratives include: the young people's separate early lives and family experiences, the young mother's experiences of motherhood, the young father's experiences of fatherhood, the young couple's relationship and the young couple's experiences in their own, 'new' families. I will return to this issue in the data analysis section of the chapter.

4.8.3.5. The interview guides

The four semi-structured interview guides were conceived and developed at the outset of the study and submitted, as required, with the original NHS ethical application. My plan was that each of the interviews would take place at an important moment in the young parents early months of parenthood, and that these 'moments' could be explored in the interviews. The interviews were planned to take place at the following stages: before the birth of the young people's babies, shortly after the birth, at seven to nine months after the birth, as the young parents were settling into their new parenthood roles, and a year after the birth of their children, described in the literature as a landmark moment, as fifty per cent of relationships are said to fail to last through the first year of the baby's life (Allen and Bourke Dowling, 1998; SEU, 1999a).

The interview guides are attached as Appendix F, which was the first interview guide, Appendix G, the second interview guide, Appendix H, the third interview guide and Appendix I, the fourth interview guide. The detailed exposition of each of the themes in interview one, Appendix F, were set out in this expansive manner in order to give the ethics committee an insight into the type of questions that would be posed in the interview, and the way in which they may have been asked.

In keeping with the aims of the semi-structured interview, the themes were not introduced in any specified order in the interview, and I was open to pursuing other lines of enquiry as they emerged (Mason, 2002; Patton 2002). For example, the importance of the young people's families; their mothers, fathers, siblings and extended family, and the high value young people placed on their families, emerged unexpectedly as a central theme in the first round of interviews. This topic was then examined in detail in all of the following interviews.

Some topics were designed to be pursued in all of the interviews. An example here is the young couple's relationship, which was addressed over all four interviews. The opportunity to follow up certain topics or themes over the course of the research facilitated an examination of how issues, situations or needs may have been changing or developing as the young parents matured in their parenting roles. This exploited the strengths of the longitudinal design, and created an opportunity to examine the young parent's changing experiences over time.

Some topics were however linked to specific interviews and the aims of the interview conducted at that time. For example, the aim of interview one, conducted before the birth of the young couple's baby, was to explore the experience of being pregnant or an expectant father as a teenager, and the issues specifically related to this; discovering the pregnancy, making decisions about continuing with the pregnancy, breaking the news to others, coping strategies, support systems, and preparing for the birth and arrival of the baby. A number of other themes were also introduced and explored in this first interview, like the young person's experiences of growing up, but the theme of the interview was 'getting and being pregnant', and 'becoming an expectant father' as it was happening to the young person.

Similarly, the aim of interview two, conducted two to three months after the birth of the young parents' babies, centred on the experience of birth and becoming a new parent. Other topics discussed at this interview were explored in relation to this momentous event in the

young people's lives. The aim of interview three was to 'look in' on the couple when their babies were 7 to 9 months of age, and explore their ongoing adjustment to new parenthood, their feelings about motherhood, fatherhood and their babies, their relationship with one another, their relationships with family, and their re-engagement with their other social networks, and education, training, and work. Interview four, the final interview, was conducted at a time when the young parents' children had reached their first birthdays. This interview aimed to look back over the previous fifteen to eighteen months of the young people's lives, and explore their feelings about their experiences. It then aimed to take a look forward and explore the young people's future aspirations for themselves, their relationship and for their children.

4.8.3.6. Conducting the interviews

I met with every one of the young couples in their homes before conducting each of the twenty seven interviews in this study. The aim of these meetings were to obtain the young participants' initial, and then ongoing consent to carry out the interviews, and to arrange an agreeable appointment to conduct the upcoming interview. These meetings were also valuable in other ways: they allowed me a small, 'advance look' on what had been happening in the young peoples' lives since our last meeting, and I felt I was better able to prepare for the upcoming interview because of this. For example, one of the couples moved into a new flat when their baby was about a year old. The accommodation was far away from family and potential babysitters. I was concerned about the disruptive effect an active toddler might have had on the interview process. Meeting with them in advance of the interview gave me an opportunity to suggest that the interview to take place at a time when their baby was most likely to be asleep, taking a nap, or after bedtime. Another couple had temporarily separated after the birth of their baby. They both still however wanted to take part in the second interview. Doing the advance visit gave me an insight into their relationship tensions and I felt I was better able to prepare to explore this in the upcoming interview. In addition to negotiating consent, and being able to prepare fully for the interview, I also felt that the close ongoing contact I maintained with the young couples maintained their interest in the study and their continued willingness to be a part of it until its completion. In keeping with ethnographic traditions of maintaining contact with participants, I also sent birthday cards to all the young people, and after the birth of their babies, first birthday cards to the children (Ellen, 1984). I also sent seasonal celebration and festival cards.

The young couples all chose to be interviewed at home. For three of the young couples this took place at the young mother's parental home, for two other couples, at the young father's parental home, and for three of the couples, at their jointly shared home. None of the appointed interviews were cancelled or postponed by the young people. I agreed with one young couple, Sally and Paul, to delay their second interview for a few weeks as they lost their home following flooding in the city in which they lived in 2007. I interviewed them once they had settled into alternative accommodation.

The interviews were conducted at a time of the young couples' choosing and these took place during weekdays, over weekends and in the evenings after one or other of the couple had finished work. Before the first interview I sent all of the young people a letter outlining potential areas for discussion. I did this to give the young people time to think about the areas to be covered in the interview and so improve the quality of the data generated (Cannell and Kahn, 1968). I also felt that it might demystify the interview process and any potential nerves about doing the interview. I had done this in an earlier study that I had conducted and it had worked well with those particular participants (Graham, 2002). See Appendix L for an example of my letter to the young parent participants. However, I only did this for the first interview round, as reflecting on their usefulness afterwards, I felt unsure about whether or not they had been helpful in this study. The completed first interviews had covered so many additional topic areas to those outlined in the letter, that I felt the pre-interview topic guide letter was redundant. I decided to try the second round of interviews without them. After conducting a couple of interviews, I resolved to abandon giving topic guidance in the letter as it seemed unnecessary. I did however still send letters to remind the young people of the agreed date and time for upcoming interview. By the second interview, the young people were initiated into the interview process, appeared to be comfortable in the interview situation, and, I hoped, trusting of me to create a safe environment in which they could talk.

The interviews were all recorded in full with the young people's consent, using a small, high quality, 3.5cm x 9cm, Olympus WS-310M Digital Voice Recorder ® with a built in USB key. The USB facility allowed the completed recorded interview to be immediately downloaded to my computer for storing in a password controlled audio file. The very small size of the recorder meant that it could be placed unobtrusively on a surface between the two interviewees and me, the interviewer. The microphone on the recorder was of a very high quality and I did not have to use any other supportive recording equipment. I changed the

batteries on the recorder before every interview and tried it out before setting off to conduct the interview. I had tested the recorder extensively, on friends and family, and in different communication situations, with two people present, and in a group. I became very familiar with the recorder and comfortable working with it. I had no technical failures with the equipment and all twenty seven interviews were recorded in full and downloaded onto my personal computer for transcription without any hitches.

Patton (2002:380) emphasises the importance for the qualitative researcher of recording data accurately:

> *"No matter what style of interviewing you use and no matter how carefully you word questions, it all comes to naught if you fail to capture the actual words of the person being interviewed. The raw data of interviews are the actual quotations spoken by interviewees. Nothing can substitute for these data: the actual things said by real people. That's the prize sought by the qualitative inquirer".*

The only way that I could have recorded the *"actual words"* of the interviewees faithfully, and in full, was by using an audio recorder. I have a hearing disability and find I need to concentrate very carefully when listening to speakers. It would have been impossible for me to have captured the interview in writing while attending to the young people and attempting to record their answers at the same time. I did not take any notes during the conduct of the interview, giving my full attention to the young people and their responses. After the interview, I wrote up my field notes in full: detailing all the contextual information about the interview, for example, where it took place, where we sat, anything that happened during the encounter, interruptions and any other interaction observations.

I used the same approach for all the interviews that I conducted. I arrived at the participant's front doors at exactly the agreed appointment time. On some occasions, I had waited around the corner in my car, or in a cafe, till setting off to arrive on time. In addition to the pre-interview visit and appointment letter, I also sent a text message to the young mother and father via their mobile phones the day before the interview, reminding them of the interview and the appointment time. All the couples were expecting me on my arrival. Most of the young people offered me either a hot drink or other refreshment on my arrival, and I always accepted if they appeared to be having one too. Otherwise I accepted a glass of water, if anything was offered. Victoria and David presented me with something to eat at every one of the interviews I conducted with them, usually something small and home made. David also gave me a bag of crisps and a cool drink to take away with me *'for your journey'* when I was

departing. I accepted them as his way of saying thank you. I spoke to other family members if they were present on my arrival or departure. On those interviews conducted after the birth of the young people's babies; I also looked in on their children. Another advantage to doing the pre-interview visits was being able to talk to the young people about the need for a quiet, private space, in which to do the interview. There were a few occasions when one or other of the young people's parents arrived home during the interview, but on every occasion they exchanged a brief greeting and then left the room for us to get on with the interview.

The young people sat next to one another, usually on the sofa, but for one of the final fourth interviews, the young couple and I sat at their new kitchen table. I occasionally sat on the floor if there was no chair for me. Shortly after the young couple had settled with their drinks, I checked that they were content for me to start recording the interview. I placed the digital recorder on a surface to one side of the young couple and me, just within my view, so that I could see that the red recording light was on. I sometimes used the couple's nappy box as a raised surface for the recorder, or otherwise I improvised with another small table or object in the room. I had practised using different surfaces at home and found that most materials were satisfactory to use. I avoided using any surface being used for anything else, like a coffee table placed in front of the sofa as the recorder picked up any kicks, knocks or vibrations to the surface. I tried to set up the recorder with as little fuss as possible and only one of the young participants, Lewis, made any comment about being recorded. Before the first interview he had wanted to hear what his voice sounded like on the recorder. I got him to tell me about what he had had for breakfast, and I played it back to him. He had laughed, embarrassed, but I pointed out that our recorded voices sound very different because of the different way we hear it on a recorder, compared to how we hear it via our normal internal auditory feedback system (Research Diary LE 5/03/2007).

All the young couples were offered a copy of the transcripts of all their interviews. Only two of the parents took up the offer: Janet and Laura. Janet had stated that she had wanted copies for baby Keira's 'baby book', so that she could tell her when she was older, about her parents taking part in the study. This was an example of the seriousness with which the young people viewed taking part in the study. I gave both young women copies of their first interview transcripts. After the second interview Janet had stated that she was happy with the one transcript as a reminder of the study and did not want another. Laura accepted a copy of all four interview transcripts without commenting. When I asked her what she had thought

about seeing her spoken words written down, she said she had not read them and just wanted to keep them. I did not pursue the matter any further.

For two of the interviews, interviews one and four, I used drawing as an elicitation method. For both these interviews, I had taken along coloured marker pens and A3 size paper for the young people to draw on. I selected this size of paper as it could fit comfortably on the young people's laps if they chose to do their drawings this way, rather than place it on a surface like a coffee table. I left the recorder running for the drawing activities which took place right at the beginning of both the first and the fourth round of interviews. Most of the young people took about ten minutes to do their drawings. I started the first interview by asking one of the couple to volunteer to talk about their drawing and then turned to the other partner to do the same. I then began to probe and question more deeply and explore the planned topics on the interview guide. For the fourth round interviews, I asked the young people to put their drawings to one side after they had completed them and I returned to them at a later stage in the interview.

I used a photograph elicitation method in the third interview. I had given each of the young parents a disposable camera and asked them to take photographs of a day in their lives with their baby. I arranged to collect these before the interview and I had them developed for use during the interview. All twelve young people still involved with the study took part in this activity. I left all the photographs with the young parents after the interview. Jessica wanted to give me one of her photographs, a photo of her, John and baby Chloe. I thanked her and accepted it. I used no elicitation techniques in the second round interviews which were conducted after the birth of the young parent's baby. This round of interviews was characterised by much emotion as the birth of the baby had a profound effect on both the young women and the young men. The purpose of the drawings and of the photographs were to stimulate discussion on the topics of 'my life so far' (first interview), 'a day with my baby' (third interview) and 'this is my life now' (fourth interview) and to introduce an element of fun into the interview session. I did not use the drawings or photographs as 'representational data' to analyse (Coffey, 1999), but did record, transcribe and analyse the discussions that they stimulated. Table 4.5. provides details of the length of each the interviews conducted over the study period.

Table 4.5. The duration of each of the interviews

	First Interview	*Second Interview*	*Third Interview*	*Fourth Interview*
Janet & Steven	*47 minutes*	*75 minutes*	*55 minutes*	*60 minutes*
Victoria & David	*74 minutes*	*79 minutes*	*58 minutes*	*66 minutes*
Jessica & John	*85 minutes*	*112 minutes*	*97 minutes*	*93 minutes*
Sally & Paul	*59 minutes*	*120 minutes*	*71 minutes*	*109 minutes*
Emma & Lewis	*54 minutes*	*69 minutes*	*62 minutes*	*63 minutes*
Laura & Chris	*82 minutes*	*117 minutes*	*155 minutes*	*135 minutes*
Shorti & Skinny	*61 minutes*	-	-	-
SpongeBob & RobBob	*58 minutes*	*65 minutes*	-	-

I started all the interviews by thanking the young parents for their time and for being willing to share their experiences with me. I used a 'turn-taking' method to pose questions in the interview, first to one partner and then other. I ended the interviews by thanking the young parents for talking to me and for sharing their experiences with me. I then asked the young parents if there was anything else that they would have liked to have talked about in the interview but hadn't had the opportunity to do so. I also asked whether they had any questions to ask. Most of the young people said no but I was asked some questions like: *"Is this room too cold for the baby?"* (David), *"Can you write us a letter for housing?"* (Laura and Chris) and *"What are you really going to do with the tape?"* (Janet). I answered all these questions directly. I gave professional advice on the desirable room temperature for a baby, I wrote the letter in support of Laura and Chris' application for social housing with the health visitor's permission, and I sent her a copy for her records. I explored Janet's question with her and told her what would happen with the recording in the immediate and long term future.

4.8.3.7. Audio diaries

Three teenage parents; one teenage mother and two teenage fathers, completed an audio diary during the interval between interviews three and four. I had invited four young people to take part in this activity but one young mother failed to start her diary episode and after not doing so in an extended period, we jointly agreed that she would abandon the activity (See Table 4.4. for the timings of the audio diary event in relation to the interview episodes).

My decision to include the audio diary as a data collection method was to gain a 'look in' on the everyday, real life, 'as they happened' experiences of the young mothers and fathers in the study. I wanted to understand how the young parents lived out their daily lives, not only as mothers and fathers, but also as the young people that they are. Diaries have the potential to give researchers entry to the more 'naturalistic' parts of participants lives; those parts that would not be accessible in any other way. In addition, they provide an insight into how participants interpret and perceive real life situations (Alaszewski, 2006). In other words, diaries have the potential to provide a more complete, rounded picture of young people's lives. I chose an audio diary over a written diary as I felt that these might be more appealing to young people to complete.

The young participants in this activity, Jessica, Lewis and Chris were all given a small hand held Olympus VN 3100PC digital voice recorder to make their recordings. I purchased this particular digital voice recorder as the technical data claimed that it produced a good sound quality. Also, on inspection and personal testing, it appeared relatively easy for the young mothers and fathers to use, and, it was inexpensive. I had not wanted to purchase anything of high value in case it was lost or damaged. I purchased two recorders for this activity. The downside with this particular digital voice recorder was that, although inexpensive, it had no USB connectivity and I had to re-record the diary entries after I collected them from the young people. I did this onto my other high quality digital recorder and then downloaded them for transcribing by the professional transcriber. The young people were all given verbal and written guidance on how to complete the diaries (See Appendix J). They were asked to record the diary over a two week period and to add to it for a few minutes every day, more if they liked. They were asked to talk about their experiences of being a parent but also about any other aspect of their lives. I made contact with the participants after one week by text message to see how the diary event was going and collected them after the two weeks had elapsed.

I had no idea of what to expect when I collected the first completed diary from Jessica. She had made thirteen entries over the two week period that she had held her diary. These varied in length from the first 20 second entry she made on the first evening after taking responsibility for her voice recorder, to the last three minutes and ten second entry made two weeks later. Jessica used her diary time to talk about her relationship with John, her financial concerns, an upcoming holiday with her family and the activities she had undertaken during the day.

Lewis made five diary entries over the two week period that he held his audio recorder. His entries were all of short duration; none were more than a minute in length. Lewis completed his five diary entries in the evening, at home, and he used the five diary episodes to briefly describe a significant event that had taken place during that particular day: a visit to the seaside on the train with Emma, a contact day with his eldest daughter, a day shopping, another contact day with his eldest daughter and an evening entry to report that baby Rhiannon was crying uncontrollably.

Chris made sixteen entries in his diary over the two week period that he was involved in the event. His diary event coincided with the Easter holiday and he had a week's annual leave over the period. During that time he had his baby over at his house to 'sleep over' on a few occasions. Chris' diary entries are much longer than either Jessica's or Lewis'. All of his entries start with a scene setting sentence like *"it's seven o' clock on Saturday evening and I'm sat here waiting for Aoife to go to sleep"*, he then goes on to reflect on his daily routine, the activities he has undertaken during the day with his baby, his love for his baby daughter, his developing relationship difficulties with Laura, and his hopes for their future as a family. Chris' entries take place at different times of the day, always at home and they vary in length from just over one minute to the longest entry which is six and a half minutes long.

Like the interview recordings, the audio diaries were transcribed in full to a typed format by the professional transcriber.

4.8.3.8. Field notes

Over the course of the research I maintained a written typed record of all face to face, written and telephone contacts with the two research sites. These included contact with statutory and voluntary agencies, managers and other contacts in the Hospital and Primary Care Trusts, the NHS ethics committee, the research governance officials, the teenage member advisory group

and all the health and social care professionals involved in recruiting to the study. I also maintained a log of all contacts with the research participants. The field notes also include notes I made after the interviews with the young parents. These notes recorded factual information about the interview itself; where it took place, any occurrences during the interview, who was present, the duration of the interview and any interruptions and significant events which took place at the time of the interview. Included in the field notes are also any memos I made to myself about the research process and the analysis.

4.8.3.9. Reflective research diary

In addition to the field notes I also maintained a hand written diary containing all my reflections, feelings, responses to situations, impressions, and developing ideas about the study, over the duration of the research. Seale (1999) argues for a form of "reflexive methodological accounting" to achieve and demonstrate quality and rigour in qualitative research. I have tried to use my research diary to challenge my thoughts, feelings, actions and behaviour and to keep a record of my intellectual journey over this process. In this way I have tried to work towards 'achieving and demonstrating quality and rigour' in my study.

4.9. Data analysis

4.9.1. Introduction

This research generated a substantial data set from the twenty seven paired interviews, the three audio diary events, the field notes, and my reflective research diary. This section of the chapter gives an account of how these data were analysed and interpreted. The way that they have been displayed in the findings chapters and the reasons underpinning this arrangement are set out in detail in chapter 5, which introduces the findings chapters.

The description in this section of the chapter gives a chronological step-by-step account of the analysis process, of the decisions I took along the way and the reasons underpinning the numerous judgements I made over the process. Data analysis in this study was not a discreet episode along the research journey, it coincided instead with data collection, and it continued right up until the writing up stage of the thesis. Silverman (2006) encourages such an approach and highlights that it is this iterative arrangement of data collection and data analysis that allows each process to inform the other.

Data analysis in this study has not always proceeded smoothly. There have been many moments when I felt lost and overpowered by the process which has sometimes felt like I was

building a landscape jigsaw puzzle with no picture to follow. Throughout this stage of the research however, I have tried to be systematic and organised and I have recorded the process, my thinking, the steps taken and all the revisions I have made. What follows is an account of this process.

4.9.2. Early analysis work

I conducted the first four interviews in the study within a period of six weeks, generating a sizeable amount of interview material with which to begin to engage. I transcribed the first of the interviews myself but my hearing disability made the process of faithfully transcribing the material a very long and frustrating one. I therefore decided to contract the services of a professional transcriber to help me with this activity and keep me up to date with the transcription process. The transcriber had extensive experience of working with confidential research interviews and was recommended to me by a researcher colleague. I discussed the issue of transcription with a few of my experienced research colleagues, and most of them stressed that self-transcription was very important in getting to 'know' your data. I acknowledged this, but I also had to recognise my limitations in being able to do this satisfactorily myself, and instead, I resolved to use other strategies to help me to fully familiarise myself with the data[15]. I started by listening repeatedly to the interviews which I stored on my i-Pod ® and this allowed me to access the interview material easily, and in any setting I found myself when I was away from my usual work base; so for example, I used it while travelling on the train, or at home. I took care with this process to prevent any breach of confidentiality, and I purchased a high quality set of headphones which were guaranteed to eliminate noise 'leakage' into the surrounding environment. By listening to and reading the transcribed interview texts simultaneously, I found I was able to get to know my material very well indeed. I was also able to check the fidelity of the transcription through this process, and correct any errors made by the transcriber.

4.9.3. Decisions about data analysis

I started thinking about how I was going to analyse and manage the data generated in the study, prompted by my research supervisors, at the very beginning of the project, at the development of the research proposal stage. I was anxious about the process of analysis as I

[15] Over the course of the study I transcribed nine of the twenty seven interviews myself. I transcribed all four of Laura and Chris' interviews and one interview each conducted with, Victoria and David, Sally and Paul, Emma and Lewis, Jessica and John and Janet and Steven. I had all of these interviews checked for accuracy by the professional transcriber.

wanted to be able to 'do justice' to the data generated from the young participants, but I was unsure of what analytic approach to use.

In his text on qualitative case study research method, in a chapter on data analysis and interpretation, Stake (1995:77) makes the following statement: *"Methods books like this one provide persuasions, not recipes. Each researcher needs, through experience and reflection, to find the form of analysis that work for him or her."* Stake gives little guidance about the process of analysis, but he does provide some insight into his thoughts about the focus of analysis in case study research. He states that it is the nature of the study, the research question and the interests of the researcher that determine whether the analytical approach is on *"direct interpretation and narrative description"* or on the *"aggregation of categorical data"* (1995:77). Stake's distinction is between an in-depth understanding of the *'intrinsic case',* studied, *"because we need to learn about that particular case"*, versus, using the case to "*understand phenomena or relationships within it"*, as in the '*instrumental case'* (1995:3). In terms of analysis, he foregrounds *narrative description* in the intrinsic case study but the *aggregation of categorical data* in the instrumental version. While he juxtaposes the two case study approaches to highlight a difference in their purpose, and hence ways in which they should be approached in terms of analysis, he does state that *"often we cannot decide"* which of the two the case study might be (1995:4).

I was not deterred by Stake's lack of specific direction, rather, I felt encouraged that I could search for a way of analysing the data that did 'work for me' and the project. I turned to a number of texts to help inform my understanding of analysis (Charmaz, 2006; Glaser and Strauss, 1967; Mason, 2002; Miles and Huberman, 1994; Silverman, 2006; Strauss and Corbin, 1990). One of the most helpful to me was that of Mason (2002), who, rather than prescribing an analytical technique, suggested an overarching framework within which I could fit the analysis for the study. Mason proposes an eclectic approach to data analysis where she suggests interrogating data in three different ways: *cross-sectionally*, using some form of comparative analysis across the data set, *within case,* by using for example case studies, and by using *diagrams and charting* to make links across the data. Mason does not propose that all three approaches have to be used to analyse data in a study, but she does comment that most researchers will draw on elements of all three. At this point I felt that I had a framework that could 'hold' the analysis at an abstract cognitive level, but it also gave me practical ideas about how I could go about examining the data set in different ways.

In terms of doing a cross, and within case analysis, I had experience of using a content analysis methodology (Burnard, 1991) and a thematic analysis (Morse and Field, 1996) but I was undecided about whether I would draw on either of these approaches for the analysis. I was however conscious that the analytical approach needed to 'fit' with the overarching methodological approach. Burgess et al. (1994), contend that data analysis is not detached from the rest of the research process, and that it cannot be separated from other phases of a research project. They argue that data analysis is instead "*integral to the way in which questions are posed, sites selected and data collected"* (1994:143). Their call for a synergy in a research study, with analysis being 'integral' to other stages of the research process, is echoed by Mason (2002). She emphasises the need for ontological and epistemological consonance across a study, including the analytical approach.

I set out to look at analytical approaches which would facilitate a cross and within case analysis and which would promote an in-depth understanding of the case. In January 2007 I attended a two-day "Analysing Qualitative Interviews Training Course" in the Department of Primary Care, at the University of Oxford. The analytical approach examined on the course was 'Thematic Analysis'. I had sought out the course as I wanted to be able to learn first-hand from experienced researchers who were prepared to be open enough to explain and demonstrate their analytic methods and processes. I found the course gave me much insight into the analysis process and I also learned many helpful analytical techniques, but I remained undecided about how I should approach the analysis in my study.

I also looked at a qualitative data analysis approach developed at the National Centre for Social Research called 'Framework' (Ritchie et al., 2003). It is essentially a thematic analysis approach and it facilitates an examination of the data both 'within-case' and 'across' the data set. The idea is that the researcher constructs a list of themes and subthemes from the most salient themes, concepts and categories that recur in the data. Data are displayed in a matrix, on a sheet that looks much like an Excel ® spreadsheet. Each main identified theme in the study has its own matrix, with the participants assigned to a row on the vertical axis of the matrix, and each subtheme or variable of the main theme, to a column on the horizontal axis. Data from each participant is summarised or synthesised, and then entered within the appropriate corresponding 'cell' of the matrix. The analytical approach is systematic and clearly auditable, and the National Centre for Social Research has developed supportive computer analysis software for it.

I examined the Framework approach in-depth, but I decided against using it in my study because I didn't feel that it would allow me to work outwards from my data, in an inductive way. I felt that I might overlook or lose the discrete, subtle, or hidden ideas, concepts and relationships in the data, in favour of the larger, obvious or more dominant ones. In Framework, only the most prominent and recurring themes are used to apply the data, and the method relies on summarising or synthesising participants responses. At this point I finally made the decision to use a detailed, inductive, line by line analysis of my data. I explain my methods of analysis in section 4.9.5.

4.9.4. Organising and managing the data

In May 2006, before submitting the NHS Ethics Application for the study, I attended an introductory workshop, on the use of qualitative data analysis software, in the Department of Sociology at the University of Surrey. The Department's "CAQDAS Networking Project", funded by the Economic and Social Research Council (ESRC), provide training in the use of different qualitative data analysis software packages to researchers. In both the earlier research studies I had conducted, I had analysed the data using manual methods. While the manual method had served the analytical purposes of both those studies, it was however very fiddly, and I was concerned that I would not be able to manage the large amounts of data I anticipated would be generated in this present study without the aid of a computer. I was also drawn into wanting to learn to use computer assisted analysis software as part of my wider doctoral research training programme.

The advantage of using a computer for analysing data is that it does all the work usually involved in a manual qualitative data analysis: the coding 'in the margins' of hard copies of interview transcripts, making multiple copies of interview transcripts, and then the cutting out and pasting together of similarly coded interview text. Qualitative analysis software is capable of handling the analytic process in its entirety; from managing and organising large data sets, to coding and retrieving data (Friese, 2012; Lewins and Silver, 2007; Richards, 2009). Computer analysis software also has the advantage of providing a retraceable record of steps taken in the analysis process, and as Bryman and Burgess (1994) argue, they can enhance the rigour of the analysis process. Computer analysis software cannot however help with decisions about the coding of material, or the interpretation of data; the intellectual skills required to perform these functions, remain those of the researcher (Lewins and Silver, 2007).

Qualitative software analysis methods are not embraced by everyone, and they have attracted comment for a number of reasons. Bryman (2012) includes the following critiques from the literature: the temptation to quantify qualitative findings, with this potentially leading to qualitative research being judged by the same validity and reliability criteria of quantitative research. In addition, that the code and retrieve function of most of the computer packages results in the fragmentation of textual materials. Further, that they denude data of their context. Coffey et al. (1996) have pointed out that most of the qualitative computer analysis software is based on 'code and retrieve' principles, rooted in the methods of grounded theory, and that this methodology is gaining a pre-eminence in the analysis of qualitative textual material analysed with computer software. They also argue that textual analysis is predominating with computer analysis, and that this is at the expense of other emerging methods in qualitative research. Coffey et al.'s points are important ones, and are issues that I will be mindful of when undertaking data analysis in future projects.

The day-long workshop at the University of Surrey was a 'taster' session, designed to introduce attendees to three different leading software packages: QSR NVivo, MAXqda and Atlas.ti. After working with the three packages over the day, I felt I could work comfortably with both MAXqda and Atlas.ti. however, I decided to continue with Atlas.ti for two reasons. First, I was able to get a good grasp of the package, and I learned most of the basic functions of the software on the introductory day. Second, the package was very powerful and I felt that although I would probably only use some of its functionality for my current project, that it had much potential for me to learn to do more complex activities, such as the analysis of other forms of qualitative data like photographs, and other visual material, in a future project.

Most of the CAQDAS software packages require some specific additional preparation of the interview transcripts before they can be used within the software itself and the process of coding can begin. One of the advantages of Atlas.ti software is that it supports the use of Microsoft Office Word® documents. All my documents had been written up and saved in Word files and all that I had to do by way of preparation of the documents for coding, was to arrange the interview transcripts in paragraphs. I did this by simply placing a line space between speakers on all the transcripts, ensuring that each new speaker was introduced in a new paragraph.

4.9.5. Coding and analysing the data

In Atlas.ti, documents are 'assigned' to the software rather than imported directly into it, and as soon as I felt that I knew my material well enough, I started assigning the interviews to the software to begin coding and analysing them. Coding is the process of *"devising a consistent system for indexing the whole of a data set according to a common set of principles and measures"* (Mason, 2002:150). Charmaz (2006:3) explains it as follows: *"Coding means that we attach labels to segments of data that depict what each segment is about. Coding distils data, sorts them, and gives us a handle for making comparisons with other segments of data".*

I started out using an inductive coding approach, using Atlas.ti's' 'open coding' facility, generating codes on words, sentences and paragraphs as I proceeded line by-line through the documents. I decided on this method, as opposed to working from a list of previously generated codes, as I wanted the codes to 'emerge' from the data, rather than be imposed on them. My analysis of the data was informed by the approach Charmaz (2006:47) takes to the *initial coding* of data in a grounded theory study.

After coding the first four interviews I found that I had a list of over a hundred and sixty codes and I then generated almost thirty more after coding interviews five and six. Richards (2009), one of the original co-developers of the QSR NUD*IST / NVivo software, warns about the dangers of doing ever-increasing coding when using computer analysis software. She calls it the *'coding trap'*, something easy to fall into, because coding is so quick and simple to do on the computer (2009:109). Richards suggests a number of strategies to avoid the coding trap, most significantly, to only code what is important to the project.

At this point in the analysis however, I was not sure that I could make a decision about what was important and what to ignore. I was just overwhelmed by the whole process. My coding work had fragmented the data to such an extent that I felt they had lost meaning. There seemed to be a disjuncture between the situated stories the young people had told in their interviews and what I could see on the printout list of the codes I had generated. I decided to stop and take a step back from coding. Coffey and Atkinson (1996) raise the issue of how coding can fragment data, and as a consequence, the natural flow of the participants' narrative is lost. Reissmann (1993:vi) makes a similar point, and cites her disquiet with the analysis of data using traditional *categorisation* techniques as the turning point in her career, to narrative methods. Bryman (2012), commenting on the issue of the fragmentation of data

with coding, suggests that narrative methods may well be a productive way to move forward in the analysis of certain types of data, namely those where 'context' and 'flow' are most important. However, narrative approaches have a clearly defined methodology, including how narrative data should be generated, and I could not introduce narrative analysis methods at this point into the project (Reissman, 2008).

This was a difficult junction in the analysis process, and I decided that the only way I could progress the analysis was to try to 'reconstruct' the data by writing up one of the 'cases' in-depth. Mason (2002:165) suggests a number of reasons why a researcher may choose to do a holistic, non-cross-sectional analysis, like in a case study. She proposes the following reasons: First, a researcher may want to gain a sense of the distinctiveness of parts of the data set, which a search for cross-sectional themes may not provide. Second, the researcher may wish to understand social processes, or complex narratives and practices, and these may be too complicated to be responsive to cross-sectional coding. Third, the researcher may wish to organise their data around themes, issues or topics which do not appear cross-sectionally in the data because they are particular or specific. Fourth, a researcher may place a strong emphasis on context which may not be identified in a cross-sectional analysis. Fifth, a researcher may feel that a holistic organisation of data will provide the most appropriate form of analytical *'handle'* on the data, enabling the researcher to make comparisons and build explanations in a distinctive way. Sixth, a researcher may wish to use a holistic method of analysis in addition to cross-sectional coding, so that the researcher may build explanations based on two alternative ways of interrogating the data set. Mason adds that in addition to a cross-sectional analysis, that most qualitative researchers will also adopt a form of holistic analysis.

My reasons for wanting to write up a case study at this point were to try to get a stronger 'grasp' of the data. I was sure that I would need to look across the data set, but my sense was that I needed to go back to the young people's accounts first. I returned to the interview with Sally and Paul, and, focussing on Paul, but not exclusively, as his story interweaves with that of Sally's, I started to draft a narrative contextualised case study of his life as he told it in the first interview: his account of his early life, his relationship with his parents and brother, his experiences at school, of the world of work, his meeting Sally, hearing the news of her pregnancy, his relationship with her family, his experiences of being an expectant father and

his aspirations for the future, for himself, for Sally, their relationship, and their expected baby.

I carried on developing Paul's case study over the duration of the research, and this evolved into a substantial case study of one young man's experiences of early fatherhood over a nineteen month period. Over the course of the research, I also developed three other long case studies and two shorter ones. The longer case studies included a couple and parent study, that of Janet and Steven and their baby Keira, a young motherhood study, which is Laura's account of being a young mother, and another young father study, that of Chris, Laura's partner. The two shorter case studies focussed on discrete aspects of two of the young people's lives, SpongeBob and her 'concealed' pregnancy, and Lewis, a young second time father who wanted to 'be a family' with his partner Emma, their baby, and his daughter from a previous relationship. All of these case studies have been incorporated into the findings.

The decision to write up Paul's case study was a turning point in the analysis process. It did help me to 'reconstruct' his story, and get back to the 'whole' of Paul's account of his life and his experiences. Earlier in this chapter, I highlighted how the joint interview format had allowed not only the young mothers and fathers shared experiences and perspectives of their relationship and of parenthood to emerge, but it had also permitted both the young participants to tell their own, individual, and separate stories of their lives. Writing up the case studies allowed me to pull the selected individual stories together, and it also served to highlight the *'distinctiveness of parts of the data set'* (Mason 2002: 67): the underpinning raison d'être of the case study (Stake 1995). These case studies have also had a profound influence on the shape of this thesis, and the way in which the findings have been presented. I discuss this issue in more depth in the introduction to the findings chapters.

After writing up Paul's case study I started writing Janet and Steven's joint case study of their early and developing relationship, then Laura's of young motherhood, and after that, Chris' case study of becoming and being a young father. At this point I was not sure how I was going to incorporate these into writing up of the findings, but I started analysing each of the case studies in-depth, looking at the chronology of the young people's stories and the themes emerging from their narratives. I did all of this manually, using charting and diagrams: plotting the young people's stories sequentially, and highlighting different themes on large A2 size sheets of paper (60cm x 42cm), using coloured marker pens. Next, based on Paul's,

and then Chris' case studies, I constructed a 'picture' of young fatherhood, right from the expectant fatherhood period onwards. I was able to add to this young fatherhood case study as the research progressed, and, as I collected data in subsequent interviews. In this way I was able to build up an in-depth study of young fatherhood. I also started comparing the experiences of the other young fathers to that of the developing case study of young fatherhood, drawing on the grounded theory method of comparative analysis (Charmaz, 2006).

For example, the young men in this study all decided to support their pregnant partners, rather than leave or desert them, as young men are often popularly represented as doing. I was interested in trying to understand the reasons why the young men appeared to 'choose' fatherhood and remain involved with their partners. By comparing the young men's accounts of what fatherhood meant to them, a theory emerged supporting the idea that the young men did indeed choose fatherhood, but sometimes for different reasons: for some young men fatherhood was meaningful and important in itself, for others it was a marker of their adulthood, for others their masculinity, for some it was a generative experience, for others, a transformative opportunity.

The process of comparison is central to the grounded theory method, where emerging versions of a theory are compared, contested, and then revised, in the light of new or different constructions of that emerging theory. Although this study did not use a grounded theory methodology, I did adapt elements of the method for the analysis. Charmaz, while not exactly advocating the particular analytical approach I have used in this study, does extol the virtues of the flexibility of the method to researchers:

> *"Researchers can draw on the flexibility of grounded theory without transforming it into rigid prescriptions concerning data collection, analysis, theoretical leanings, and epistemological positions" (2006:178).*

After constructing the case study of young fatherhood, I started to develop one on 'young relationships', drawing on the in-depth study of Janet and Steven. As with the young fatherhood case study, I 'built this up' from the accounts of all the other young couple's narratives of their relationships. Again, I used a comparative method to do so, constantly looking for alternative or competing instances of the emerging account.

I then developed a case study of 'young motherhood, starting with Laura's case study, in the same way as I had done for 'young fatherhood' and 'young relationships'. During the

conduct of the first round of interviews the topic of 'family'; the family of origin and the 'new' family, emerged as a theme. After this, I started writing up a case study of 'family' rooted in a shorter study of Lewis' accounts of his early life, his experiences of growing up in the looked after system, his feelings about his parents and his past, and his very strong motivation to establish his own independent family with his partner Emma, their baby, and his daughter from an earlier relationship. This theme of family featured strongly throughout the young people's accounts of their lives and again I added to the case study over the duration of the research.

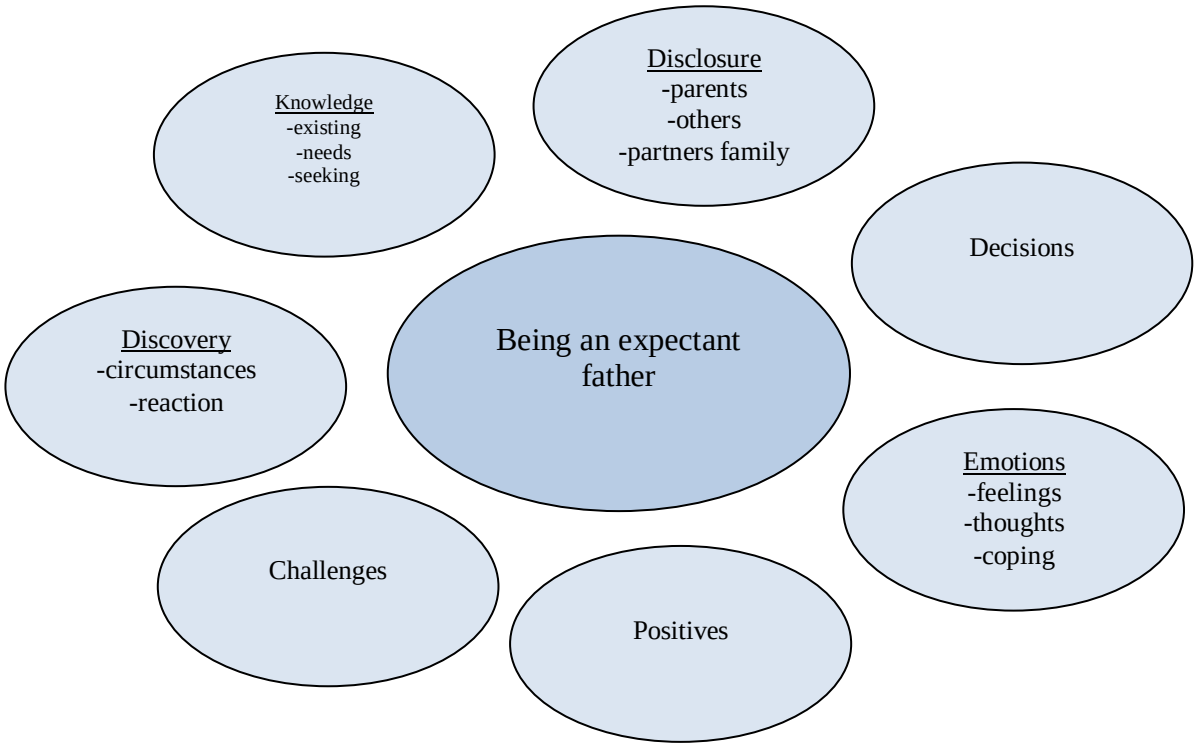
In all, at the end of this lengthy analytical process, I had developed six case studies with a focus on the young people themselves: those of Paul, Janet and Steven, Laura, Chris, SpongeBob and Lewis. In addition to these six individual case studies, I also wrote up six themed case studies: *'young fatherhoods'*, *'young motherhoods'*, *'young intimate relationships'*, *'understanding young mothers and fathers early lives and their families of origin*', *'becoming a 'new' family*', and towards the end of the analysis, one final one on *'battling through: resilient young parenthood'*.

As highlighted in the introduction to this analysis section of the chapter, qualitative data analysis is an iterative process, and so it has been in this study. The multiple case studies outlined in the paragraph above were not started and then completed one after the other, but rather they each developed over the months of data collection and analysis. After writing up Paul's, and then Janet and Steven's case studies, as far as their accounts went up to the end of the first interview, and before I started the second round of interviews, I decided to return to examining the data cross-sectionally. Paul's case study, as well as Janet and Steven's had highlighted a number of important themes that I wanted to examine across the data set. I could have just done the holistic analysis, but I was aware that I might be 'missing' something important in the data, or analysing selectively, as I was looking at each case study with my eye focussed towards certain themes, issues or topics. In the individual young people case studies, I was concentrating on the young people themselves, and in the themed case studies, my eye was trained towards the particular topic of the study. To address the issue of potentially selectively looking at the data, I decided that I would do a thematic analysis across the data set, different from my original line-by-line analysis, and focussed this time, on wider sections of data.

The case studies helped the development of the thematic analysis, (and I explain how I did this in the next paragraph), and the thematic analysis informed the case study development. It was in doing the thematic analysis that I identified the aforementioned themes of *'becoming a 'new' family'* and *'resilient young parenthood'* which in turn, resulted in my writing up additional case studies on both of these issues. My approach was that I analysed the data thematically at the end of each round of interviews, and I also progressed the case studies up to the point of the most recent interview. I moved back and forth between the two analyses, doing as Mason (2002) proposes; building explanations based on the two ways of looking at the data.

Bryman (2012:578) points out that thematic analysis does not have '*an identifiable heritage or distinct cluster of techniques'* as in grounded theory or critical discourse analysis, and I decided to draw on some of the strategies I had learned on the thematic analysis workshop I had done in Oxford. A technique taught on the workshop was how to develop a coding structure, or hierarchy. I could have done this using the Atlas.ti software but I decided that I would do it manually at first, again using large A2 size sheets of paper and coloured marker pens; a separate pen colour for each sheet and each theme. I returned to the interview transcripts anew, and began to identify and generate broad themes, which I wrote manually in the margins. Each newly generated theme was written on a separate sheet of paper in its own pen colour. Similar, related, or what were obviously sub-themes of the original broad theme, were grouped together. Figure 4.4. illustrates how I did the manual charting of the theme and sub-themes of "Being an expectant father" from the first round of interviews.

Figure 4.4. Being an expectant father



I ended up with thirteen main themes at the end of the first round of interviews. These are listed in alphabetical order below (all of the themes were coded with an added suffix of 'mother' or 'father', where applicable, so that the mothers and fathers data could be analysed separately; they were also numbered '1, 2 , 3 or 4', so that the interview in which the data were generated could be identified. This was done for all interviews):

- Anticipating / preparing for the birth
- Being an expectant father
- Being an expectant mother
- Day to day living (socialising with friends, leisure activities, daily routines)
- Early life (demographic data, family, school/education, friends, hobbies and other interests)
- Expected baby
- Future aspirations
- Getting pregnant (conceiving the pregnancy)
- Partner /relationship
- Pregnancy
- Professionals and Health, Welfare and Social Services

- Self (self ascribed personal traits, well-being, coping strategies, resilience, self efficacy, self esteem)
- Support

Of all the themes, that of 'early life' was by far the largest. Interestingly, the biggest sub-theme within this 'early life' category was that of 'family', and it was apparent both from my readings of the transcripts, and the number of lower order themes within the family theme, that this needed to be a separate theme in itself. So the original list of thirteen themes for the first round of interviews became fourteen with that of 'Family' added as the fourteenth.

I had not discarded the original codes from the coding on Atlas, but rather I re-examined them and their relationship to the new hierarchies. I then began to re-name them on the Atlas.ti. software. This was done by a technique called 'drag and drop' where the old code is overlaid with the new one. Coding occurs 'globally' across the whole data set in Atlas.ti. and a change to one code, results in a change to all codes of the same name within the software. For example, the code 'impact of pregnancy on relationship' became 'Partner /relationship-impact of pregnancy'. Thus the theme 'partner / relationship' became the main theme. This change affected all the codes thus labelled.

This was how I proceeded to analyse all the interviews in rounds two, three and four: using the same thematic coding technique as in the first round of interviews: reading through the interviews and identifying themes, charting these, developing a hierarchy, coding the transcripts and reviewing the themes. The cross sectional analysis informed the development of the case studies, and they in turn influenced the development of the hierarchies.

4.9.6. Analysing, interpreting and incorporating the audio diary data into the findings

Of all the data collected over the course of the study these proved to be the most challenging to me. At first I was unsure of how I would use these data and even considered putting them to one side and leaving them out of the analysis. However I felt this would have been ethically questionable, and unfair to the three young audio diarists who had engaged in the activity. I explained in section 4.8.3.7. that the audio diary entries, especially those from Lewis, and the first entries from Jessica, were very short 'bite sized' entries, none of which were longer than a minute. Because of this I was unsure of how to incorporate them into the analysis. They seemed at first to me to be, descriptive 'talk'.

Notwithstanding my initial reservations, I proceeded with the audio diary data as with the interview data: they were transcribed in full, and again I listened to them repeatedly to familiarise myself with them. I also assigned them to the Atlas.ti software for analysis.

All three diaries did indeed provide 'a day in the life' insight into Jessica, Lewis and Chris' lives. Both Jessica and Chris' diaries revealed their relationship difficulties and concerns, and their feelings and experiences of the demands of motherhood and fatherhood. Lewis' audio diary is much more descriptive than either Jessica or Chris' and he focuses on describing what he had done during the day. The only exception is when he talks about his daughter from a former relationship. In his audio diary Lewis speaks of his feelings of frustration of having his first born daughter being cared for by the 'looked after' system, as he was as a child. He reveals his commitment to 'fight' for 'parental responsibility' so that she could join him, Emma and their baby Rhiannon to make a 'proper' family.

Again drawing on Charmaz (2006) and using initial line by line coding I coded the three audio diary transcripts. I have incorporated all three audio diary data analyses into the case studies which were written up during the data analysis phase in this study: on 'young motherhoods', on 'young fatherhoods', on 'young intimate relationships' and on Lewis' own shorter case study as a second time young father seeking to establish his own family. Aspects of these case studies have, in turn, all been used in every one of the four findings chapters of this thesis. Chris' audio diary fed extensively into his case study on young fatherhood, presented in Chapter 8 while Jessica's audio diary has informed both the case study on young motherhoods and young intimate relationships.

4.9.7. Incorporating the field notes and reflective diary entries into the analysis.

The field notes and reflective diary entries have been instrumental in facilitating the analysis in this study. In conjunction with the audio recordings and the interview transcripts, these entries have 'taken me back' to the situation and reminded me of events that took place in the interview situation. The reflective research diary and memos have helped me keep a log of my developing ideas, analyses and interpretations of the data and these have informed the final analysis and interpretation presented in this thesis.

4.9.8. Addressing issues of rigour and quality in this study: reliability, validity and the wider applicability of the findings

> *"Although we might wish to reject some of the technical procedures which have been designed to measure the quality of quantitative research, I do not advocate abandoning the ideas which lie behind concepts of validity, generalisability and reliability. In my view they have a usefulness which is expressed in the broad message that qualitative researchers should be accountable, and their research should be rigorous and of high quality" (Mason 2002:40).*

This section of the chapter addresses the important message conveyed by Mason in the quotation above, that qualitative research needs to be *'rigorous and of high quality'* and that researchers *'should be accountable'* for their actions. The concept 'rigour', as applied in this study, relates to the '*condition of being detailed, accurate, and scrupulous'* (Oxford English Dictionary, Online) in the conduct of the research, while that of 'high quality', pertains to the study's *'positive attribute of being rated at a certain value'* (Oxford English Dictionary, Online) because of the precision and thoroughness with which it is conducted.

Many qualitative researchers reject the relevance of applying the positivist concepts of reliability, validity and generalisability to qualitative research outright (Denzin and Lincoln, 2005; Seale, 1999), arguing that while qualitative research must attend to issues of rigour and 'trustworthiness', that it needs its own criteria to do this (Lincoln and Guba, 1985). Indeed, Lincoln and Guba (1985) and Guba and Lincoln (1989) have developed '*parallel'* criteria to those of the positivist paradigm, which they propose should be used to judge the rigour of the methods used in a qualitative study. Guba and Lincoln (1989) call these criteria the *'trustworthiness'* criteria and they are linked to the concepts internal validity, external validity, reliability and objectivity.

'Credibility', according to Guba and Lincoln (1989) is the first criterion or dimension of trustworthiness, and is parallel to internal validity. Credibility focuses on establishing the match between the constructions of the respondents, and those the researcher attributes to the respondents. Techniques used to increase credibility include; prolonged engagement in the research field, persistent observation, peer debriefing, negative case analysis, outside monitoring of the developing research constructions, and member checks. *'Transferability'*, the second criterion, is parallel to external validity or generalisability. Guba and Lincoln (1989) state that in a qualitative study, transferability judgements about applying the findings from one context to another rests on the researcher providing sufficient detail about the time, place, context and culture within which the study took place, so that others may make

judgements about how to apply the study in their situations. '*Dependability'* the third criterion, is parallel to reliability, and concerned with the stability of data over time. In contrast to quantitative research, qualitative research is emergent in nature, and this precludes any fixed standardisation of processes, as required in quantitative research. Guba and Lincoln (1989) propose that because of this, qualitative researchers must instead provide an audit of the methods, decisions and interpretations made in a study, so that these and the logic underpinning them may be tracked and appraised. *'Confirmability'* is the fourth criterion, and is parallel to the concept of objectivity. Confirmability is concerned with assuring that data, interpretations, and the outcomes of research emanate from the research contexts and the respondents, and are not merely *'figments of the researchers' imagination'* (Guba and Lincoln 1989:243). Researchers achieve confirmability in a study again by providing a confirmability audit, often in conjunction with the dependability audit, so that '*data, constructions, assertions and facts'* can be tracked to their sources, and that the logic used to arrive at the interpretations in a study is clear to others outside of the study. These outsiders can then appraise and 'confirm' the outcomes and conclusions of the research.

I will include the aforementioned 'trustworthiness' criteria correlates highlighted by Guba and Lincoln (1989) in my account of how rigour has been addressed in this study, but I *have* elected to structure the discussion under the conventional rubrics of reliability, validity and generalisability (which I will also refer to as the wider application of the findings). As Mason (2002) argues, these scientific criteria are useful in qualitative research if they are applied appropriately. I therefore use them in an applied manner. My reason for using these terms is as follows: Guba and Lincoln's criteria are rooted in the North American qualitative research tradition of 'Constructivism' and as I have elected to situate this British study of teenage parenthood within a British research tradition, I argue that it is fitting that it is appraised drawing on discussions of the issue as set out by Mason (2002), and Seale (1999), two British social methods theorists.

Reliability

The concept reliability conventionally refers to the consistency of a research instrument to produce the same results on repeated measures. The logic underpinning this understanding is that if you repeatedly measure the same phenomenon, occurrence, or object, that you should get the same result on every occasion (Polit and Hungler, 1999; Punch, 2005). Mason (2002) argues that this logic is problematic for qualitative researchers where neither

the ‘instrument’, the means by which the researcher will generate data, nor the ‘phenomenon’, the focus of enquiry, can be readily standardised. This notwithstanding, both Seale (1999) and Mason (2002) emphasise that qualitative researchers must be precise in both the methods, and the conduct of their research.

Mason (2002) proposes that in order to demonstrate to others that their methods are reliable, qualitative researchers must provide an account of the ways in which their data generation and analysis methods have been carried out with precision, care, and honesty. Guba and Lincoln (1989:242) refer to this detailed account as the *“dependability audit”*, it allows the reader of the research to follow and clearly understand the steps and decisions taken during the conduct of the research.

In chapter 4, this methods chapter, I have addressed the issue of reliability and dependability in the research by providing a detailed explanation or audit of the research methods used in the study. I have also given an explicit account of the reasons underpinning the different decisions taken in the study. For example, I have given a full explanation of the reasons for undertaking in-depth paired interviews with the young participants, and I have clearly outlined the procedure for conducting the interviews. Further, I also demonstrated how I attended to my interviewing skills with the view to improving my competence and ability in this area. I have provided a step by step justification of my data analysis approach and given a clear rationale for all the analytical choices made. I have detailed how I conducted the analysis and arrived at the interpretations of the data that I have made. In addition to all of this, the four findings chapters in this thesis provide extensive quotations to illustrate the arguments I make in this thesis. Finally with respect to reliability, I have also attached as appendices the interview guides, and lists of the emergent themes from the thematic analysis for the four interviews. Chapter 5 sets out how the data are presented in the findings chapters.

Validity

The concept validity relates to judgements about whether or not the research measures, or explains, what it claims to be measuring or explaining (Polit and Hunglar, 1999; Punch, 2005). Mason (2002) proposes that qualitative researchers will demonstrate validity in their research by showing that their methodology is ‘valid’. This she proposes should be done in two ways: Firstly, by demonstrating validity of data generation methods; where the researcher interrogates the *appropriateness* of the data generation methods in being able to

access the required information to answer the research question, as well as the *adequacy* of the selected methods to do this. Secondly, researchers demonstrate validity by demonstrating validity of interpretation; this requires the researcher to show that the data have been analysed carefully and accurately and that the interpretations are rooted in the data. I will attend to both validity of the data generation methods and validity of analysis and interpretation, in the sections that follow.

Validity of the data generation methods

The research question in this study: *'What processes influence teenage mothers and fathers transitions to parenthood?'* required data generation methods and a data generation approach that would facilitate access to young mothers and fathers and their experiences of new parenthood. To generate data in order to answer this question, I have conducted in-depth interviews with teenage mothers and fathers as well as elicited an audio diary event with three parents and drawn out their views on, and experiences of, young motherhood and fatherhood. I have therefore tapped into the sources that can best illuminate the research question: the young parents themselves. I have also followed these young people's experiences over a period of time, from before the birth of their children, and beyond their children's first birthdays, and can assert that I have addressed the issue of 'transition' by virtue of the longitudinal design of the study. This long engagement with the young participants, during the research interviews and other informal meetings, facilitated a relationship of trust between me and the young mothers and father participants. Guba and Lincoln (1989) claim that a prolonged engagement with the research field helps to establish rapport and build the trust necessary to overcome any facades put up by participants. It also enables the researchers' immersion into the research context and culture. This Guba and Lincoln state, enhances the credibility of the study. The rich data set generated is evidence of the appropriateness and adequacy of the data generation methods and the longitudinal design used in this study.

Validity of the data analysis and the interpretation

In order to enhance the validity of the analysis and interpretation of the data in a study, Mason (2002) proposes that researchers adopt two strategies. Firstly, she suggests researchers provide a full account of the analytical process and that they make clear their personal 'standpoint' on and developing ideas about the research. Secondly, that they check

the validity of their analysis and interpretations with respondents or others who are able to do so.

Chapter 4, following Mason's proposal, has provided detail of every step of the analysis process from the very early beginnings of the study, through the different analytical stages, up to arriving at my interpretations of the data. The aim of this detailed description was to make clear the link between the data sources and the final interpretations arrived at in this study. These steps correspond with Guba and Lincoln's (1989) recommendations for demonstrating the credibility of the data analysis process. In addition to this, I maintained a reflective research diary over the duration of the research, recording my developing ideas, feelings, position in and reflections on the research. This research diary has allowed me to maintain a reflexive approach to the study and to question and challenge the steps I have taken in the research process. Both these processes; the detailing of the analytical steps and the reflective research diary form a part of the confirmability audit as described by Guba and Lincoln (1989) and demonstrate how I have also attempted to maintain objectivity in this research.

With reference to Mason's second point; the validation of the findings with others, early on in the research I started discussing my ideas about the study with one relatively recently qualified, and three experienced health visitor colleagues. I maintained regular contact with all four of these health visitors over the duration of the research and took my analyses and interpretations of the data to meetings with them for discussion. In this way I was able to get feedback on, and be challenged about, my analysis and interpretation of the data. Guba and Lincoln (1989) also advocate the use of peers to discuss the findings and challenge the researcher's constructions about the study, in order to increase the credibility of the study.

Generalisability: the wider application of the findings

> *"The real business of case study is particularization, not generalization. We take a particular case and come to know it well, not primarily as to how it is different other cases but what it is, what it does. There is emphasis on uniqueness, and that implies knowledge of others that the case is different from, but the first emphasis is on understanding the case itself" (Stake 1995:8).*

Stake, in the quotation above, sets out his position on the purpose of the case study research endeavour: that it is about understanding the uniqueness of the case, and not about

generalisation. He does however add the following to his discussion on generalisation in a discussion of constructivism:

> *"Case study research shares the burden of clarifying descriptions and sophisticating interpretations. Following a constructivist view of knowledge does not require the researcher to avoid delivering generalisations. But a constructivist view encourages providing readers with good raw material for their own generalisations" (Stake 1995:102).*

Stakes position in this quotation is that by providing readers with '*good raw material'*, that they can make their own generalisations. This standpoint resonates with that of Guba and Lincoln (1989) on the issue of 'transferability', the parallel criterion of generalisability. Transferability involves making judgements about applying the findings from one context to another. The researcher's role is to provide enough detail about the conduct of the research for readers of the research report to be able to make judgments about how to apply the findings in other settings. Guba and Lincoln stress that the onus, or *'burden of proof'* of 'transferability' is on the reader, not the researcher (1989:241).

While Mason (2002) urges qualitative researchers to avoid making inappropriate generalisations, indeed she stresses that this is morally, politically and intellectually unacceptable, she does state that qualitative researchers need to think about the wider applicability of their findings. Qualitative researchers, Mason argues, on the basis of the strength of their argument and explanation, make a case for the wider resonance of their research.

In this study I have attempted to address the issue of the wider applicability of the findings by providing an in-depth description of the research process. I have also provided a 'thick description' of my analysis and interpretation of the data in the findings chapters. Both these strategies will allow the reader to make a judgement about the wider applicability of the findings.

Seale (1999:6) argues that qualitative researchers need to do more than just present the findings and then leave it to the reader to agree or disagree with them. He states that making a case for the wider application of findings requires an *'active and labour-intensive approach towards genuinely self critical research'*; one in which the researcher examines the appropriateness of the methods, the care and accuracy with which the research is conducted and the data are analysed, where the researcher questions how the conclusions are supported

by the data analysis and where the researcher makes a case for the wider resonance and significance of the research. I have addressed Seale's first points throughout this section on the rigour and quality of the research, and in response to the last point, I make a case for a wider application of the findings in this research based on the argument I develop throughout this thesis. I return to discussing this issue of the wider resonance of the findings in the last chapter of this thesis, where I consider the contribution this thesis makes to a new understanding of young motherhood and young fatherhood.

4.10. Personal reflections on my position and influence in and on the research process

My reflections about 'who I was' in this research started at the outset of the study: would young people from a range of backgrounds talk to a middle aged, middle class, white, health visitor from a university, about their very personal life experiences and expectations? They did, and I believe that it was my professional skills as a health visitor which best facilitated my relationships with the young people in this study. The paired interviews I conducted with them were characterised by trust and openness. I worked hard to create an interview environment in which the young mothers and fathers would feel comfortable. The interviews themselves were centred on activities which facilitated the conversations. I have worked extensively with families before but, in this research, I sought to listen and to learn about the young people's lives and experiences. This research challenged my perspectives on parenting, young families, young mothers and fathers, on extended family, and on my role as a health visitor. I was hearing and seeing situations and experiences that I had not previously been attentive to. These young men and women opened my eyes to their lives, and their aspirations and ideals.

I chose to do this research with young people, as I hold them in high regard. Teenagers can challenge, test and push the boundaries in ways that this research required. Over the course of the study, I got to know the young mothers and fathers, their children and their extended families very well. I was invited into their lives; I attended baptisms, birthday parties and was invited to see some of their achievements. The journey was an emotional one for them and for me. I was able to draw on my skills and resources to help and facilitate some of their difficult transitions through the interviews. The interviews sometimes became a space for their own development. Initially, I was concerned that young people would find it difficult to talk. They are sometimes regarded as a 'hard to reach' group. This was not my experience. The rich data generated in this study is testimony to this.

4.11. Chapter summary

Chapter 4 has provided a full account of the methods used to conduct this research study. It has also given a clear rationale for the many decisions made while carrying out the research. The chapter concludes with a personal reflection on my position and influence in, and on the research process. The following five chapters are all concerned with presenting the findings from this study. Chapter 5, which follows, is the introduction to these findings chapters.

Chapter 5: Introducing the findings chapters

5.1. Introduction

The aim of chapter 5 is to introduce the four findings chapters which follow. It is in essence a bridging chapter, linking the data analysis, described in the previous methods chapter, to the findings. It explains how the findings chapters have been set out in this thesis, and why they have been arranged as they are. Details of the young parent participants, and their relationship statuses over the duration of their involvement with the research, are presented in the first part of the chapter. The information about the young parents is highlighted in this introduction as it is the young mothers and fathers' stories of parenthood which unfold in the findings chapters. Next, the chapter provides a substantial summary of the data analysis processes described in chapter 4. This summary does not seek to repeat the in-depth data analysis process descriptions, or the explanations of the theoretical underpinning of the data analysis, nor my reasons for taking the particular analytical decisions, these have all been laid out in the previous chapter. Rather, it highlights the key steps taken in the analysis, and it then explains how the main themes emerging from the data analysis have led into structuring the display of the findings in this thesis. The summary is therefore intended to facilitate the transition into this introduction to the findings chapter, and the descriptions that follow. After this, the chapter discusses the emergence of the main and overarching themes in the study, and the central argument of the thesis. The chapter then demonstrates how, and why, the findings chapters took on their current structure. It highlights that both individual and shared couple narratives are presented in the findings chapters. The chapter concludes with a diagram illustrating the progression of the research process, from data analysis, and on to the presentation of the findings in the findings chapters.

5.2. The young mothers and fathers

Table 5.1. summarises information about the young couples and the duration of their relationships over the course of the research. The table provides details about the length of the young couples' relationship at the time of the conception of their children, and their respective ages at the conception and birth of their children. It also sets out their relationship statuses over the course of the research. The table reveals that the duration of these relationships at the time the young parents conceived their children, varied from a 'few weeks', to one 'on-off' three year relationship conducted over the couples' early adolescent years. All six of the young couples who remained with the study over its duration were still in partnerships with one another at the end of the study; this despite a few relationship

difficulties over the course of the research. Information about the relationships of the two young couples who left the study, after the first, and then the second round of interviews, is not known.

Table 5.1. Details about the young mothers and fathers and their couple relationships over the duration of the study

	Length of relationship at time of conception	***Age at conception***	***Age at birth***	***1st Interview conducted before the birth of the baby.*** ***Still in relationship at interview?*** ***√ = yes*** ***x = no*** ***? = unknown***	***2nd Interview conducted at 2-4 months after the baby's birth.*** ***Still in relationship at interview?*** ***√ = yes*** ***x = no*** ***? = unknown***	***3rd Interview conducted at 7-9 months after the baby's birth.*** ***Still in relationship at interview?*** ***√ = yes*** ***x = no*** ***? = unknown***	***4th Interview conducted 12-13 months after the baby's birth.*** ***Still in relationship at interview?*** ***√ = yes*** ***x = no*** ***? = unknown***
Janet & Steven	*2 ½ Years*	*16* *18 ¾*	*16 ¾* *19 ½*	√ √	√ √	√ √	√ √
Victoria & David	*+ - 6 Weeks*	*16* *17 ¼*	*16 ¾* *18*	√ √	√ √	√ √	√ √
Jessica & John	*Met in year 7. On and off for 3 years*	*15 ¾* *16*	*16 ½* *16 ¾*	√ √	√ √	√ √	√ √
Sally & Paul	*+ - 6 Months*	*17 ½* *18*	*18 ¼* *18 ¾*	√ √	√ √	√ √	√ √
Emma & Lewis	*+ - 4 Months*	*16 ¾* *18 ¼*	*17 ½* *19*	√ √	√ √	√ √	√ √
Laura & Chris	*+ - 9 Months*	*17 ½* *15 ½*	*18 ¼* *16 ¼*	√ √	√ √	√ √	√ √
Shorti & Skinny	*Few Weeks*	*17* *17 ¾*	*17 ¾* *18 ½*	√ √	*?* *?* } *– lost to study* →		
SpongeBob & RobBob	*Few Months*	*14 ½* *18 ¼*	*15 ¼* *19*	√ √	√ √	*?* *?* } *– lost to study* →	

5.3. Summarising the data analysis

In section 4.9. of chapter 4, I gave a chronological step-by-step explanation of how I analysed the data in this study and set out the reasons underlying all of my analytical decisions. Figure 5.3. at the end of this chapter maps out the process graphically. In summary, I proceeded with the data analysis as follows:

- After familiarising myself with the interview transcripts and assigning these to the CAQDAS software, I started out doing an inductive line-by-line coding of the interview data.

- After coding six of the transcripts from the first round of interviews, and generating close to two hundred codes, I found that the data were very fragmented and that they seemed removed from the rich descriptive narratives generated in the paired interviews.
- I was unsure of how to proceed, but I decided to stop the line-by-line coding and to 'look' at the data more holistically. I started writing up a case study on 'Paul' who was eighteen years of age, and both 'happy', and 'scared', about the prospect of becoming a first time father. I wrote up Paul's life story in detail, as he had told it in the first interview, including his accounts of his early family life, his primary and high school career, his early working life, his relationship with his parents, brother, friends, his relationship with Sally his partner, her family, being an expectant father and his hopes for the future for himself, for his relationship with Sally, and for his expected baby.
- I added to Paul's case study at the end of each round of the subsequent interviews and over the nineteen month data collection period, this case study developed into an in-depth holistic analysis of one young man's experiences of early fatherhood.
- After writing up Paul's case study, I wrote up a further three large case studies in a similar way to which I had done Paul's. I wrote up a case study of Laura and her experiences of young motherhood, on Chris, Laura's partner, on becoming and being a young father, and then one on Janet and Steven, focussing on their relationship and parenting experiences over the period of the study.
- In addition to these larger case studies, I also wrote up two shorter studies; one on SpongeBob, a very young mother, whose concealed pregnancy was only revealed at thirty six weeks of pregnancy, and one on Lewis, a young man who had grown up in the 'looked after' system and whose aspiration was to establish his own independent family with his partner Emma, his baby Rhiannon, and his elder daughter, from an earlier relationship.
- These six 'young person centred' case studies, four long and two short, in turn gave rise to six 'themed case studies'.
- This happened in the following way; while developing and adding to Paul's and then Chris' case studies of their experiences of young fatherhood, I began to compare and contrast their case studies with one another. This led me into beginning to write a case study on the theme of 'young fatherhood'.

- At the same time as writing up these case studies, I was also analysing the data generated in the paired interviews in a cross sectional manner, and from that analytical look 'across the data' was now able to add to the growing themed case study of young fatherhood from the other young men's experiences.
- In a similar way, I also began another themed case study of 'young motherhoods', prompted initially by Laura's motherhood experiences case study, and, as in the young fatherhoods case study, I was able to develop and progress this 'themed analysis' of young motherhood by adding to it from the cross sectional thematic analysis from the other young women's interview data.
- I then wrote up a themed case study on young intimate relationships, arising from Janet and Steven's relationship and co-parenting case study. Then a themed case study of 'family', building it up from Lewis' case study and again, developing it from the other young people's stories of family.
- I developed two further themed case study; one on becoming a 'new' family and finally, one on 'battling through', on resilient young parenthood. These last two themed case studies emerged directly from the cross sectional thematic analysis.
- By way of a final summing up, my approach to data analysis was that I analysed the data thematically at the end of each interview stage, and I also progressed the case studies and themed case studies up to the point of the most recent interview.
- Table 5.2. which follows, lists the six 'young person centred' and the six 'themed case studies' written up while analysing the data.

Table 5.2. The young person centred case studies and the themed case studies

Young person centred case studies	*Themed case studies*
• *Paul: a young fatherhood study.*	• *Young fatherhoods.*
• *Laura: a young motherhood study.*	• *Young motherhoods.*
• *Janet and Steven and their baby Keira: a couple and parent study.*	• *Young intimate relationships.*
• *Chris: a young father, fatherhood and fathering study.*	• *Understanding young mothers and fathers early lives and their families of origin.*
• *SpongeBob: a young mother with a concealed pregnancy study.*	• *Becoming a new family.*
• *Lewis: a young father who grew up in 'care' wishing to establish his own family study.*	• *Battling through: resilient young parenthood.*

5.4. Emergence of the main and overarching themes and the central argument in the study: "It's about family innit?"

The data analysis process in this study moved between the holistic case study analysis and the cross sectional thematic analysis, with each informing the development and refinement of the other. Towards the end of the development of the last themed case study it became apparent that these six case studies were the main themes, having emerged from the cross sectional analysis and the person centred case study analyses. They can be recognised as main themes as I was able to account for all the data generated in the study under these six thematic rubrics.

One theme interestingly, and surprisingly, stood out in the analysis, that of 'family' and the importance the young mothers and fathers attached to both their families 'of origin', and their 'new' families. It was the young mothers and fathers belief in the importance of family, notwithstanding their own positive or negative family experiences, that guided both the young women's and the young men's decisions about continuing with, and supporting an unplanned pregnancy, and, investing in parenthood. Family was a supportive safety net for the young parents, many of who were parenting in contexts of adversity. Family allowed the young person to parent, and be parented, at a time when they themselves were making important life transitions requiring support. Family, and family support was critical to the

young person being able to parent their children, to be able to develop their relationships with their partners, and to be able to grow as individuals.

The theme of family was present in all six of the themes and it was clear to me that this theme brought together, and unified, all of the other themes in the study, much like a core category or *'core index'* in a grounded theory study (Glaser and Strauss, 1967; Strauss, 1987) 'Family' emerged as the overarching theme in this study, and it was from this that the central argument of the study originated: "It's about family innit?" Various strands of this argument are present in all six main themes, and drawn out, and developed in this thesis. I return to the theme of family as a unifying category in section 5.5. of this chapter, where I discuss how the structure and layout of the findings are, most importantly, also rooted in the central explanatory argument of the thesis.

5.5. Presenting the findings

5.5.1. First attempts

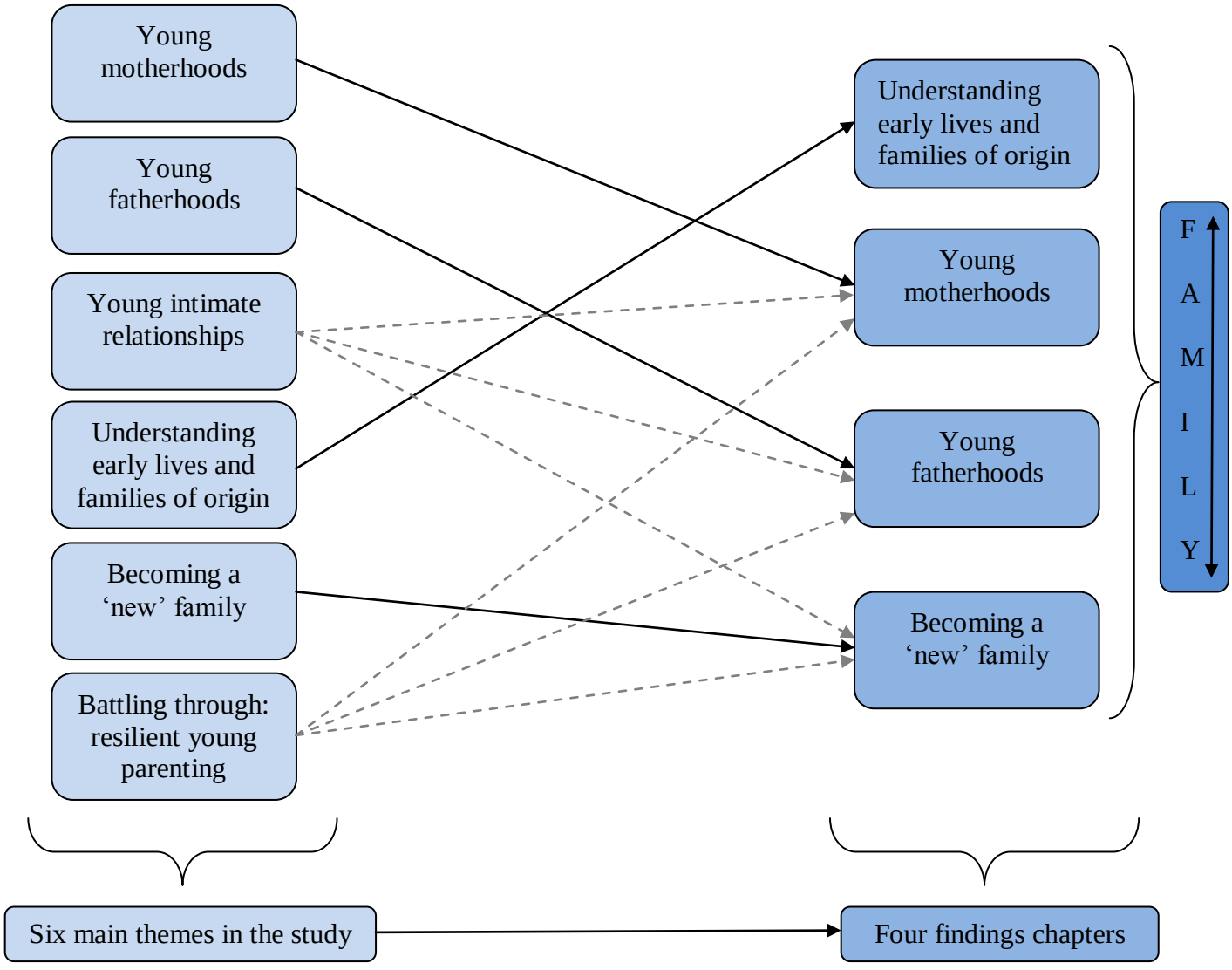
My first thoughts about structuring the findings were that I would use the six themed case studies as the outline framework for the findings chapters, and that I would use an illustrative case in each as a vehicle to lead into the presentation and discussion of the theme and its subthemes. So for example, for young motherhood, I planned to use Laura as an illustrative case, but I also intended to include the experiences of the other young women participants. I proposed to do the same for all five of the other themes: 'young fatherhood', 'young intimate relationships', 'understanding young mothers and fathers early lives and their families of origin', 'becoming a new family', and 'battling through, resilient young parenting'.

5.5.2. Refining the structure

I was aware that there was overlap between some of the main themes, with some subthemes relating to more than one main theme. This posed two difficulties: first I had to decide where best I would present the subtheme if it related to more than one main theme, and second, I had to consider how I would avoid presenting material more than once. For example, some of the subthemes from 'young intimate relationships' overlapped with both 'young motherhoods' and 'young fatherhoods'. So too did some of the subthemes from 'battling through: resilient young parenting'. In addition, I also knew that I could not present six findings chapters in the thesis, so I resolved to allow two of the main themes; 'young intimate relationships' and 'battling through: resilient young parenting' to be subsumed within others.

The subthemes from 'young intimate relationships' were therefore included with those of 'young motherhoods', 'young fatherhoods' and with 'becoming a new family'. Those from 'battling through: resilient young parenting' were also included with 'young motherhoods', 'young fatherhoods' and with 'becoming a new family'. So the six original themed case studies and all their subthemes evolved into the four findings chapters. Figure 5.1. which follows, illustrates this process.

Table 5.3. Refining ideas about presenting the findings



5.6. The structure and outline of the findings chapters

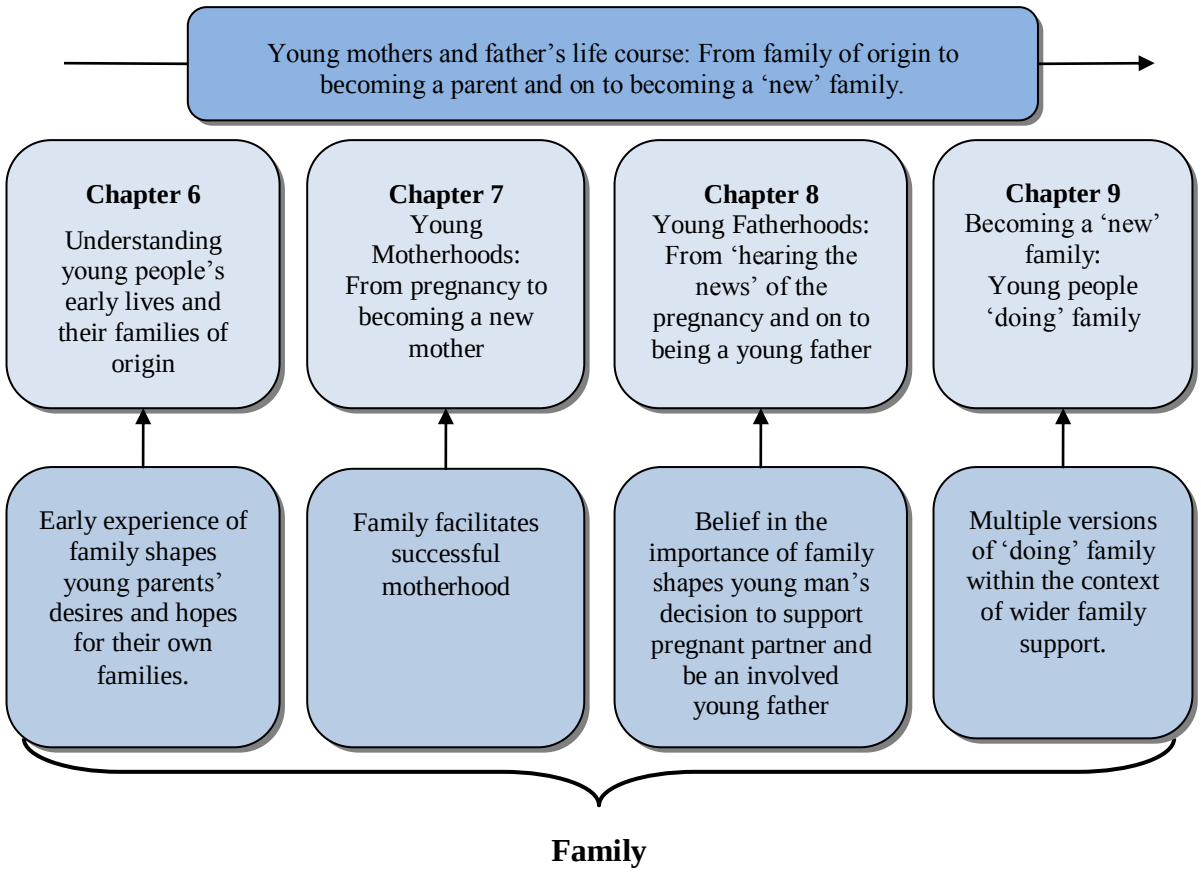
The findings in this thesis are presented in four chapters and they mirror the young people's life courses, both sequentially, and internally, within the individual chapters. Chapter 6 starts at the beginning of the young participant's lives and presents the findings on *"Understanding young mothers and fathers experiences of growing up and their early family lives"*. The

chapter explores the meaning and significance of family for the young people in this study. Emerging from the analysis is that irrespective of whether young people's early family life experiences were positive or negative young people attach much importance to family life and family relationships and they have high ideals for their own new families. Chapter 7, then moves on to the next phase in the young women's lives and presents the findings on *"Young motherhoods"*, and the young mothers' motherhood journeys. Chapter 8 concerns *"Young fatherhoods",* presenting findings on the young men's challenging and generative experiences of young fatherhood. Chapter 9 follows the next stage in the young people's lives, presenting the findings on *"Young mothers and fathers 'doing' family"*. This chapter examines the ways in which young parents managed their lives and their relationships with one another, and their families, after the birth of their children.

The findings chapters follow the young people through their transitions to parenthood: from their early lives, on to motherhood, fatherhood, and then on to their own new families. Both chapters 7 and 8 on young motherhoods and young fatherhoods have an internal longitudinal design, and they track the young people's experiences over time: from their early relationships, to 'getting pregnant', 'making decisions', 'being pregnant / an expectant father', through labour, over the birth of their children and then on to new parenthood.

In addition to the longitudinal structure of the findings, their arrangement is also, but most importantly, underpinned by the central argument of this thesis which I sketched out in section 5.3. of this chapter; that, "It's about family innit?" Different strands of the central argument about family being meaningful, important, and sustaining to the young people unfold in the four findings chapters in a logical manner. These strands are drawn together in the conclusion chapter of this thesis.

Figure 5.1. A representation of the structure and outline of the findings chapters



5.7. Shared and individual narratives in the interviews

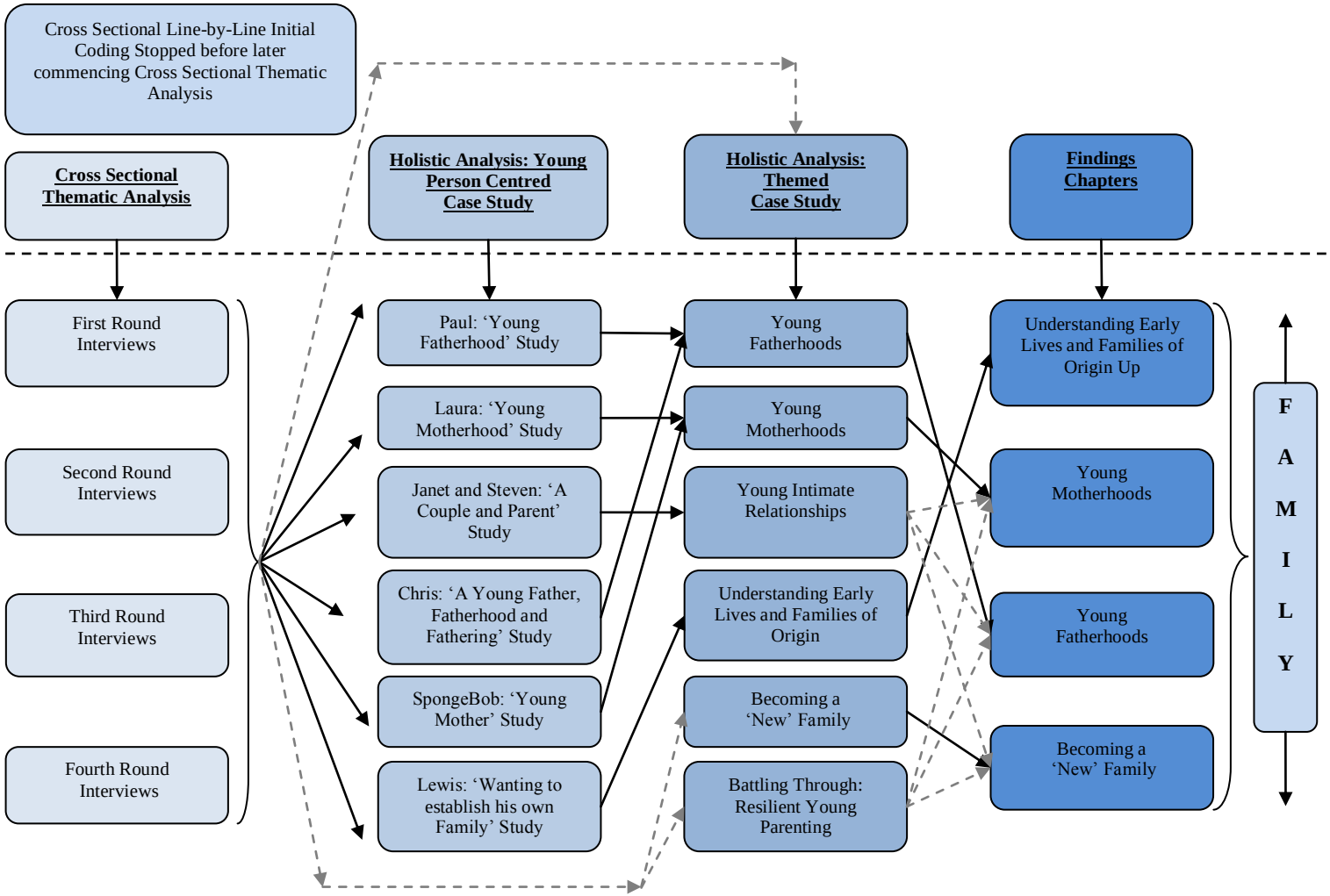
In chapter 4 I discussed how I conducted paired semi-structured interviews with the young participants, and I outlined how successful these had been in generating a rich data set. With reference to the paired interview, I also highlighted how different qualitative data collection methods generate different types of data. I noted that in addition to generating joint shared couple stories, a strength of the paired interview method, that these paired interviews also allowed the young people's individual narratives to emerge; those which were separate from their partners'. I re-make this point here, as the findings in this thesis present not only the shared couple narratives, but also the individual experiences of each of the young participants.

5.8. Chapter summary

This chapter has explained how the findings chapters have been set out in this thesis, and why they have been arranged as they are. The findings are presented in Chapters 6 to 9 which

follow. The chapter concludes on the following page with a diagram showing the progression of the research from the data analysis stage, to the display of the findings in the findings chapters.

Figure 5.2. From data analysis to the presentation of the findings



Chapter 6: "My family is very important to me" (Chris 1: 467): Understanding young mothers and fathers' experiences of growing up and their early family lives

6.1. Introduction

Chapter 6, the first of the four findings chapters in this thesis, presents an analysis of the stories the young mothers and fathers in this study told about their experiences of growing up. The data introduced here draws extensively on the discussions of the young people's early lives, generated in the first round of interviews, when the sixteen young participants were still 'parents to be'. The chapter does, however, also include analyses of data generated in the three successive interviews, conducted with the young people after they had become parents. As the young people got to know me, over the two year data collection phase of the study, they were increasingly willing to talk about their personal issues in greater depth and they gradually added to their 'growing up' and 'family life' narratives. Their life stories, thus, became more rounded and complete as the series of interviews progressed.

A key theme of particular significance, running through the life stories of all the young people in this study and in their accounts of their transitions to parenthood, is that of 'family'. This was a surprising finding in this study and one that has taken this research from its starting point of a study of young parenthood to one that encompasses the meaning and significance of 'family' in contemporary times. For some of the young people in this study, their experiences of family life and family relationships are, and have been, very satisfying and these young people speak of nurturing, supportive and enduring relationships with their parents and family members. For others, their family experiences have been deeply unsatisfactory and their family relationships are strained. In a few situations, young people speak of family with difficulty and reveal family relationships that have broken down seemingly irretrievably. However, irrespective of the nature of the experiences that young people have had in their families of origin and the quality of the relationships young people have with their family members, findings from this research demonstrate that young people in this study attach enormous importance to family life and family relationships and that they have high ideals and aspirations for the future of their own 'new' families. This is an important finding and unsettles theoretical and ideological views of the family as being in crisis and breaking down. It is particularly noteworthy that these teenage 'parents to be' view the family as important and as something they wish to re-create for themselves and their own

children, given that, in contemporary times, teenage parenthood is often seen as being one of the markers of the decline of the family.

The central argument of this chapter is that young people's early experiences of family and family relationships, both positive and negative, profoundly shape their views of family, their ideas of what a good parent is and their hopes and desires for their own families. For some young people, their aspirations for their 'new' families are modelled on their own good experiences of family. For others, it is based on a desire to give their children what they never had from their parents and families, or to do better than they believe their own parents did for them. I argue that it is young people's belief in the significance and value of family that guides their decisions about continuing with an unplanned pregnancy. Further, it influences young men's decisions to support their pregnant partners and to want to remain in contact with their children. Significantly, it also influences young mothers' decisions to elect to leave, or end a relationship, when it fails to meet their expectations and the needs of their very young children.

This chapter is arranged in seven sections. The first section examines young people's stories about their early life experiences, the events and issues they identify as important to them, their school days and their overall views of their lives, through the case study of Paul. It is interesting to note how positively these young people view their futures as partners and as parents, often in the light of the many challenges they have faced. The second section sets out the findings on the young mothers and fathers' families of origin. It presents an analysis of the families the young people in this study have grown up in. The third section turns to examine the young mothers and fathers' relationship with their parents. It looks initially at the relationship young women and men have with their mothers, then it examines young people's relationships with their fathers. In the fourth section the chapter draws on the young people's accounts of their relationships with their siblings and extended families and discusses how these young people value their siblings and extended families. Section five looks at how the young people negotiate their relationships with their partners' families. This section emphasises the importance young people place on 'family' and how they compromise to develop and maintain relationships with their partners' families. In section six I examine how the family, of necessity, takes over the place of other social networks. Finally, in section seven, I present young people's understandings and definitions of the concept of 'family' and their aspirations for their own 'families'. Current theorising on family proposes that family

structure is no longer relevant, and that it is what families 'do' that is important, rather than what families 'are'. However, the findings presented in this section suggest that the young people in this study do believe that two parents are important in a family and it is this very two parent structure that makes a child, and two parents, 'a proper family'.

6.2. "My life so far"

In the first of the series of interviews conducted in this study, I asked the young people to recall the course of their lives from their earliest memories up to the present: "*Tell me about your life so far".* To help trigger their memories, I asked the young people to represent their lives in the form of a drawing and then to talk about their depictions. The young people were encouraged to interpret the drawing activity in any way that they pleased. Some of the pictures, produced by the young mothers and fathers-to-be, are abstract portrayals of their lives, while others are more literal representations. These pictures tell stories of relationships with family members, of happy and sad family events, of family outings and holidays, of experiences of school, friends and of their current relationships with their partners. In the case study that follows, one of the young fathers-to-be Paul, aged 18 ¾ when I interviewed him, tells his life story through the drawing he has done. Paul, together with his partner Sally, was one of the six in-depth case studies I analysed and wrote up for this study. In the following extract from the larger case study, he is happily anticipating fatherhood. Paul features again in chapter 6 on young fatherhoods, in an account of his experience of Sally's labour, the birth of his son and of becoming a father. The two case studies contrast sharply and highlight the challenges faced by young people as they negotiate parenthood.

6.2.1. Paul's story

Paul was sitting on the couch next to his partner Sally during the drawing activity. Sally and Paul were upbeat throughout the activity and they were teasing one another by taking turns to peep at what each was drawing on their sheet of paper. Paul finished drawing the picture depicting his biography first, followed by Sally shortly afterwards. They took just over ten minutes to complete their drawings, and then each laughingly concealed their drawing from the other. I asked who would like to 'go first' to talk to their drawing and Paul volunteered, as he said he was the *'noisier'* of the two of them. He said that Sally couldn't normally get a word in because of him. He said it was not that she was shy, but it was just that he was *'loud'*.

Paul had used a line graph to represent his life 'so far', with alternating peaks and dips to represent what he called *'the high and lows'* in his life. He had used a black marker pen for his graph and had annotated the various high and low points with a black ball point pen I had left on the table in front of him.

Paul started his graph with a horizontal line, beginning on the left hand side of the page and extended the graph across the width of the A3 page. He annotated the starting point with his birth date and the label: *'the day I was born'*. His line then fell to a moderate low point when, at age four years, he had his ears pinned back. Laughing, he said his ears were *'like Dumbo's* and that it had been *'better to have them pinned back'*. Paul remembered it being very painful, but also embarrassing, as he had to go to school with a *'basin of bandages'* round his head. He said his mother had a video of the occasion and *'loads of pictures'*.

Paul's graph then made two high peaks. The first peak represented a family holiday when he, aged about 12, had travelled to Turkey with his mother, father and elder brother for his first *'really far away holiday abroad'*. Paul described how his parents had allowed him to walk around the holiday complex by himself and had left him with *'a key for the apartment and with money as well'*. Paul had enjoyed his independence and not having to accompany his mother and father around.

Paul's second peak on his graph represented his starting secondary school, but it rapidly fell to the lowest point in the graph as he found school *'very depressing'*. Paul said he *'didn't like being told what to do'*. He explained that in primary school, there was one class for all the children and that this arrangement allowed you *'to get to know all your mates and it's like you've got your own group of people'*. In contrast, in secondary school, *'there is so many different groups of people so it's real hard to try and get along with everybody'.* Paul explained that the secondary school he attended was one of the largest in the Northern research site and turning to Sally to verify this said, *'isn't it?'* He also said, '*It's one of the most dangerous as well, yeah'.* Sally laughed and said that she did not think it was dangerous. Paul replied, '*Well, for lasses, it wasn't but there was some psychos. People bringing knives and that to school, they did. When I was younger it was more scary but, as I grew up, you just learn to look after yourself don't you?*' Paul explained that the older students used to bully the younger students: *'When you first start school, it's like you've got people of the older years all going ...oh… do you know what I mean… oh, you're only young so we'll beat you up...'* Laughing, he said, you dealt with it *'by being mates with the hard*

ones' and, eventually, as you moved up in years, the older students left school. Looking back, Paul said, *' I can't believe I used to get bullied because where I am now, it's just like.... it's just different'.*

For Paul, his best time at school was a trip to Aachen in Germany at Christmas time. For him, the appeal of the trip was the very long bus journey with his friends, rather than the destination: *'Germany was alright, but it's all about the coach trip for me really, just being with all your mates and that on the coach was just a big laugh and that'*.

Paul's recollections of school are negative. He says he hardly ever went to school '*probably because it was one of the worst schools in [names county]'.* When he was at school, he says he was not rowdy in class but he *'never stayed in the classroom, just like went for walks down the corridors and stuff and smoked outside'*. When asked, Paul said that he liked *'science probably*', but *'that's only because all me mates were in it. We never did now't and there was about six lessons a week of it so'.*

Referring to the experience, rather than the intellectual demands of school, Paul said that he had found it *'bad'*. He seemed surprised that students were required to bring their own pens, pencils, rulers and rubbers and said that, when they did not, they were sent to '*SD one'* (detention) and required to do lines. He recalled one teacher being bullied after he had had a stroke and then having a '*mental breakdown'*. Paul said that this teacher would not return to school until after '*we'* (his class) had left. He had been Paul's maths teacher, so the group did not have a permanent teacher for the two years of Paul's GCSEs. Paul said that other teachers *'didn't give a monkeys'* and *'weren't scared of kids'.* Paul writes that he left school at sixteen *'with no qualifications'*.

Paul's graph then shot to the highest point of the whole graph. He explained his graph thus: *'Then it goes to the biggest high of my life up to now, is meeting my girlfriend, Sally, and now I am very excited to be having a baby and starting a family'.* I pointed out to Paul that this last point was the highest point in the graph. Laughing, he turned to Sally and me in turn and said, *'Yeah. I'd have been beaten up if it wasn't the top'.* All three of us laughed. Paul then laughingly added, *'No, I'm only joking.'* Paul's graph ended with a *'To be continued .....'* annotation.

6.3. Theoretical underpinnings of the chapter

Contemporary theorising about 'family life' turns around the inter linked concepts of change and diversity (Finch and Mason, 1993; Giddens, 2009; Gillies, 2003; Jamieson, 1998; Morgan, 1996; Silva and Smart, 1999; Smart and Neale, 1999). The concept change in the family refers to both the historical changes that have taken place in the family over time, as well as change within individual families as, for example, children are born into them, or family members leave. Diversity in family life refers to how families may also become increasingly different, relative to one another, through separation, death, and divorce and re-partnering. The important point to make about the impact of this change and diversity is that family structures are, as a result, varied and complex (Silva and Smart, 1999).

Overlaying the account of family, in this chapter, is the notion of 'family practices' and the idea that it is no longer seen as important how families are structured, but rather, it is what families 'do', and how family is 'lived' that is. The concept 'practice', in relation to family, was developed by the sociologist, David Morgan, who challenged the idea that family is a 'thing' (Morgan, 1996). He argues that family is, instead, a set of practices, *'a variable set of relationships which change and are modified and so emphasise fluidity'* (Smart and Neale, 1999:21). So, family is something that we 'do' rather than something that we 'are' (Morgan, 1996).

Morgan expands on the concept of 'family practices' in his more recent work (Morgan, 2011), explaining a number features that are attached to the idea of 'family practices'. First, family practices, Morgan argues, *'links the perspectives of the observer and the actor'.* So, practices are not just about the observable events, but they are about the way family is actually lived and experienced by the people in or engaging with it. Second, family practices implies a *'sense of the active',* so *'family actors'* are not just mothers and fathers, but are those actually seen as 'doing' mothering and fathering. Third, the concept is also meant to suggest a *'sense of the everyday'* (those everyday life events which are experienced by most people): partnering, parenthood, illness and death. Fourth, the concept implies a *'sense of the regular';* these are the regularities of everyday family living. Some of these regularities are shared by others and Morgan uses the example of the school run as an example of this, while others, like 'family' jokes, are attached to members of particular households. Fifth, the concept implies a *'sense of fluidity'.* Morgan invokes a dual sense of fluidity: the first is in terms of boundaries and who is regarded as being included or excluded in family practices.

So, who counts as family and non-family underscores the point that the term 'family', is a fluid one. The second sense of fluidity is evident in relation to family practices, which may be understood in different ways. For example, childcare arrangements may be perceived as simply peculiar to the needs of the family or, alternatively, as a particularly gendered practice in a specific family. Finally, family practices imply a *'linking of history and biography'*. This is a recognition that individuals do not start with a blank sheet as they are going about family living. They enter into, for example, parenthood which is already shaped by the prevailing laws, the economic environment and cultural practices. Morgan uses the analogy of professional practice to explain this idea. So professionals have a 'licence to practice' that describes the activities of that profession, defines its limits, but does not prescribe professional activity in the finest detail.

6.4. Early family life: complexity and diversity

The family life experiences of the young people in this study reflect the changing and varied patterns of family life in Britain today. Emma, Sally, Paul, Victoria and John were all living with both their natural parents at the time their babies were conceived. Yet, in these families, there is a degree of variability and complexity in their family lives. Emma, four years older than her brother, Tom, had lived with both her parents in the same family house for most of her life. Dan, Emma's nineteen year old cousin, was also living with the family. He had moved in '*a few years ago'* because, as Emma explained '*cos I dunno ... there'd been loads of arguments'*. Her partner, Lewis, who was a year and a half older than Emma, was also living with the family. He had moved in thirteen months earlier, as he had had no fixed address since leaving the care system. Angela, Emma's mother, had explained to the health visitor, who had referred the couple to the study, that she felt she needed to offer him a home. He was homeless and had been sleeping wherever he could find a spare sofa. She had also been worried because Emma was 'dossing' with him and she did not always know her whereabouts.

Sally, Victoria, David, Steven and Chris came from large families. Sally was the third born in a family of six children. The eldest in the family was twenty one years of age, while the youngest was aged three. Victoria and David, who were both first generation British, but of Bangladeshi heritage, were from large families. Victoria was the third youngest of nine children while David, also from a family of nine, had brothers and half brothers and a younger sister. Sally, Victoria and David all had siblings who had left home, married and

started their own families. Steven came from a family of five children and Chris from a family of seven.

John and Paul both had fathers who had worked away from home during the week, returning only at weekends. John's father had done this when he was younger, while Paul's father continued to work as a long distance lorry driver. Both John and Paul explained the effects of this pattern of family living on them. John, as a consequence, felt he had a close relationship with his mother, but poor communication with his father. Paul returned to the theme of his father's absence during the week time and time again. Although his father was still a part of the family, his physical absence during the week, and then his emotional absence when he was around, was an issue Paul was determined not to repeat with his children. Paul was determined he was going to 'be there' for his child.

Steven, Chris and SpongeBob were living with their mothers and stepfathers, siblings and half siblings. David, Laura, Shorti, RobBob, Janet and Jessica were living with their mothers. Paul had been living with his father, but was moving between his mother and father. Lewis had entered the 'looked after children' system at the age of ten and had lived in a few foster homes during his time in care. His two younger brothers had been adopted. Lewis was in contact with both his natural parents, but was much closer to his father than his mother.

The young people's accounts of family show that they still espouse traditional ideas about family. Young people see a value in being rooted in wider family and kin networks and are, in fact, practising family in this way. Their practices have much more resonance with the families described in Young and Willmott's (1957) study of working class families in the East End of London. These seemingly complex families, rooted in their wider networks, are such an important resource to these young people. It is their very complexity, and wide network arrangements, that are their strengths.

6.4.1. Chris' story

The aim of the following section of the chapter is to explore the stories the young women and men in this study tell about their early life experiences in their birth families, as well as their changing relationships with their parents, siblings and wider extended families.

Chris was due to turn sixteen and about to start his GCSE exams, when he and Laura, his seventeen and a half year old partner, joined the study. Chris, the eldest of the children in his

family, was living with his mother and his six siblings, the youngest being a few months old. Laura, who was in her twenty-sixth week of pregnancy at the time, was living close-by with her mother and younger brother. Chris' family were resident in a five bedroomed, former council house, which his mother had purchased when the family had moved to the area some sixteen months earlier. The house was situated on the Bracken Downs estate, a large social housing estate, in the city in the Northern research site.

Chris' family had moved to Bracken Downs, from another city in the North of England, to get away from the aftermath of a gang related incident, during which one of Chris' close friends had been murdered. He related the circumstances surrounding his friend's death and the family's decision to relocate: *"He got murdered by twenty youths ... with bats erm ... so anyway we moved to Bracken Downs cos we wanted to get away from all that ..."* Chris explained that, after the trial of the accused youths, there had been much enmity between the two opposing factions involved in the situation: one faction supported the murdered youth on the one side and the one faction supported the offending youths on the other. *" After a while it was ... quite ... mad. There was loads of stuff happening, there was loads of fighting and that and I just wanted nothing to do with it any more. I just didn't want to be in that area any more ... I just thought ... saw this area and I liked it so ...".* (CL 1: 119).

Chris' family had lived in their previous neighbourhood for over twelve years and the move to Bracken Downs involved fresh beginnings and life changes for all the family members. For the children, it meant starting again at new schools, midway through the first school term. This was particularly significant for Chris who was in Year Ten at the time, the first year of his two GCSE years. But the move also meant that the family left behind extended family and friends, most significantly Chris' maternal grandparents, with whom he was especially close.

Despite the challenges of starting life in a new neighbourhood, Chris depicted his family's relocation to Bracken Downs in a positive light. He was glad to leave behind the tense and dangerous situation arising from his friend's murder, and he admitted that he had felt very unsafe in his old neighbourhood. He settled down well at his new school and made friends quickly. During our first interview, Chris explained, *"I've got a close bond with my friends".* Chris stated that one of the advantages of moving had been that the family were able to purchase a larger house than they had previously owned, because of the comparatively low house prices in the new area.

Chris positions himself as an active decision maker, along with his mother, in the family's resolve to leave their former home and establish themselves in Bracken Downs. He uses the word *'we'* in relation to family decisions and situates himself strongly within his family. In referring to the family's purchase of the house, Chris states, ' *Yeah, we'd, we'd bought the house bef ... you know like a few month before but we was still like wait ... transferring our stuff over .. and then we moved in ... just before Christmas'*. In my research notes, after my introductory meeting with Chris and Laura, I have described him in the following way:

> "very together articulate fifteen year old. He seems quite mature and self assured - not over confident - just like he knows who he is and where he is going in life. He speaks confidently about himself, his GCSEs, his holiday job and his excitement over the baby! He was quite relaxed about taking part in the study and agreed straight away to the first interview". (CLs 1:30/3/2007).

In the first interview, Chris sketched out his very early life and his family structure:

Chris: *I was born in [names place] in Ireland in 1991...*

Moira: *Uh huh ... and is that where the ...*

Chris: *Shamrock comes from ...and I moved to [names place in Northern England] at a young age and at four year old my dad left and I ... it was a rough time for mum ... being a single mum and stuff and she was pregnant with my little brother...*

Moira: *Mmm.*

Chris: *And then she had him and then she went on to have another five more kids so there's seven of us all now...*

Moira: *... Boys and girls?*

Chris: *Yeah, there's erm [laughs] two sisters and erm five brothers, erm. [laughs] (CL 1:62).*

Chris shows an understanding of the situation his mother faced when his father left the family. She was a single mother, expecting her second child and he highlights that it was '*a rough time'* for her. He acknowledges the difficulties she faced before talking about his own feelings and experiences of being '*left*' by his father. He also shows that there have been family discussions about the issue.

Chris' relationship with his mother had been difficult in earlier years and Chris explained this as being due to his anger about how his father had treated his mother, and how he had made no attempt to make contact with Chris and his younger brother, Daniel. Chris explained how

the transformation of his relationship with his mother took place when he told her about Laura being pregnant:

Moira: *Ok…Now Chris you had to go and tell your mum.*

Chris: *Yeah… um…*

Moira: *How did you feel?*

Chris: *I was a bit thingy cos my mums quite strict and... I've never really been close with my mum. …you know what I mean? And we was going to Leeds the next day and the whole family was there... and it just didn't seem right at that moment... to sit down and tell her there... so we waited till we come back home and then…and then I actually… she was um tidying up her room... and I just went in and I was talking about it and said Laura's late on. We've done a test and she's pregnant ...then my mum sh ... give me a hug and then she said, 'Everything will be alright. We're here for you' … so that's when I knew that like I had that.. you know, bond, that I didn't think I'd had with my mum…so then I just went downstairs and told my mum's boyfriend and that and he was just congratulating me and stuff. He shook me hand and that and then.. since then it's just… been there for us really..*

Moira: *So both your families have been supportive?*

Chris: *Mmm.*

Laura: *Yeah. When Chris told his mum I was in his bedroom and like... I think I was going to sleep, wasn't I?*

Chris: *Yeah, you was going to sleep.*

Laura: *His mum came in and said, 'Oh .. it's lik,e oh, it's all alright and everything and said, 'Congratulations' and everything and if there's anything I want to talk to her about just…let her know..*

Chris: *Mmmm.*

Laura: *So that felt nice to like… so she wasn't mad, but she was alright with it. [laughs] (CL 1:507).*

Chris saw his mother as a strong resource for himself and Laura, and described his relationship with his family as good. Family life in Chris' home, with six younger siblings, was busy and noisy.

During the first interview with Chris, he explained that he had recently renewed his relationship with his father after years of being estranged from him. Chris' contact with his father, as well as his rekindling of his relationship with him, had come about through his younger brother, Daniel. He explained:

Chris: *... I didn't even want to know my dad ... It was my little brother that wrote a letter to him and said ...I want ... you know I want to keep in touch and stuff like that ... and then my dad come over to [names northern town] and I ... I just talked to him and I told him how I was feeling and stuff like that and said like ...asked him questions and stuff an ...I... I've just learned then to like you know just forgive everything like. ..and now I've got a good bond together and stuff like that ...*

Moira: *You didn't want anything to do with him. Why was that?*

Chris: *Just the fact knowing that he was like what he did when...to my mum, like leaving her, when she was pregnant and stuff like that ... the fact that he didn't even get in touch and stuff an ... like Christmases, like when you don't get a card or... made me real mad ...*

Moira: *Did you used to feel that?*

Chris: *Yeah, I used to get really mad and stuff and ... like I used to think, like I had to take it out on my mum ... I'd go real mad and stuff like that an...just like get mad and stuff all the time ... but we're a real close family now and stuff like that ... (CL 1: 1381).*

The fact that Chris' father had left his mother, while she was pregnant with her second child, and that he had had no contact over the years with Chris and his brother, Daniel, had had a profound impact on Chris. He explained his anger and moodiness as a teenager on this, and felt this had impacted upon his relationship with his mother.

Chris' relationship with his father was, however, not sustained over the longer term. During our second interview, Chris explained that he had gone to see his father. However, after this, his father's contacts had reverted to nothing, and by the third interview, Chris had stated that he wanted nothing more to do with his father because he had let him down again. He was very reluctant to discuss this issue, but said he was mainly concerned and angry for his younger brother, Daniel.

Chris' experiences with his father shaped his decisions in relation to his relationship with Laura, his partner. Chris was emphatic that his children should '*respect women',* as he had respect for women. I propose that this was because his father had not shown respect for his mother. Even through his patchy relationship with his mother, Chris could still empathise and understand her situation with his father. Chris said of his mother, *' I respect her'.*

Chris' own experiences, as the eldest child in the family, had given him a confidence about caring for his own child. He explained that he had '*done everything'* for his siblings, '*bathed em changed em ...'.* Chris' siblings were born to three different fathers from his mother's

relationships. His youngest brother, who was a year old, had been born after the family's move to Bracken Downs.

Chris' relationship with his mother's partner was good. He had congratulated Chris when he told him about his expected baby, and had offered him holiday work for the summer holiday after his GCSE's were completed, while waiting for the start of his apprenticeship. Despite his good relationship with his grandfather, and his mothers partner, Chris felt he had missed out by not having a father in his life. He wanted to be an available father to his children:

Chris: *I want to be the sort of dad where... like my son or daughter can come and speak to me about anything at all ...trust that I'll make the right decisions for them, you know what I mean...like I'm…I'll give then their own space ...I want to be the sort of dad where, if it's a son go and play football or, if it's a daughter, just go and do whatever they want with them as well…you know like whether it's like sitting in … ballet or something (laughs) you know what I mean 'Id really…I wouldn't mind doing it…*

Laura: *[laughs]*

Chris: *As long as I can spend some time with them. I want a real close like knit relationship with my kids and stuff like that... (CL 1: 1365).*

6.5. Young people and their parents

Young people in this study spoke at length about their parents, during the course of the four interviews I conducted with them. They were bringing the ways in which they had been mothered and fathered to the fore, at a time that they themselves were preparing to mother and father their own children. Their own experiences served as their reference points for the ways in which they wanted to do things with their children. This section analyses data on young people's stories about their mothers and fathers. It looks, first, at the early relationships between mothers and their children and, then, at those between fathers and their children. I return to the theme of the relationships between mothers and fathers throughout the following findings chapters.

6.5.1. Mothers

Mothers featured prominently in all the young people's narratives about their early lives, about growing up, in discussion about their relationships with partners, in the revelation of their expected babies, in the preparation for parenthood, their stories of labour, the very early days of parenthood, and in relation to them establishing their own families. Mothers appear to be the glue that seem to hold 'it all together'. All the young people, in this study, had

grown up with their mothers although Lewis had been taken into care and his two brothers adopted when he was aged about ten. Five themes emerged from the young people's accounts of their relationships with their mothers and these are set out next.

6.5.1.1. Mothers as repositories of memories

In the picture she has drawn of her early life, Sponge Bob has annotated a point around her seventh birthday, when she says, *'I taught myself to ride my bike'*. She recalls how her mother had recorded the moment in a photograph and stored it in her photograph album. Shorti, who described herself as a *'daddy's little girl'*, has a photograph of herself, at age four, wearing a T-Shirt her mother had had made for her, which read: *'If Mum Says No Ask Dad',* as she explained, *'because that was me all over because I'd just ask my dad for everything'.* Paul recalls his memories of having his ears pinned back helped by the video and photographs his mother had taken to record the moment. After the birth of their babies, Emma, Laura, David and Jessica all produced photographs of themselves as babies which their mothers had taken out of albums to 'prove' how much the baby looked like their parent.

While some of the early memories of growing up are documented in photographs and video recordings, others are told and re-told in conversations with children as they are growing up. Janet, an only child, who grew up in her family with her mother, recounted her life in her drawing of her early life. Janet had identified that at her first Christmas she was crawling and, that at her first birthday, she had a 'big' party. She performed in her first concert at age five. Janet's memories show evidence of her mother talking to her about her very early milestones, some of which she would have been too young to have remembered on her own.

Chris' recounting of the difficulties his mother had experienced when his father left her with a young child and 'a baby on the way', shows evidence of the conversations they have had about the issue. These data point to the closeness of the relationship between mothers and their children and the importance of this to the young people themselves.

6.5.1.2. Keeping the family together, keeping the family going

The young people's accounts show that they see their mothers are the fulcrum in the family. Many of the young people's fathers were either working away, had left home and were either permanently or semi-permanently absent from their lives. Mothers were the one constant in the young people's lives and it was their mothers that they turned to first when hearing that they were to become parents.

6.5.1.3. 'Scooping up and taking in'

Mothers are often the person who will step in when a disaster happens in the young people's lives and bring them back into the family. When Sally and Paul told her mother that she was pregnant, Sally's mother responded by giving Paul a *'big hug*'. Sally's mother, like many of the mothers in this study, welcomed these young men into their families when their daughters announced their pregnancies. After a flooding disaster in the large Northern research site, Sally's mother once again came to the fore and took all her family, including Sally, Paul and their baby, to live together in a property she had rented.

Angela, Emma's mother, had invited Lewis to live with the family after Emma and he had started their relationship. The couple were sleeping at the homes of Lewis' friends and Angela often didn't know where Emma would be for the night. Angela explained to the family health visitor that she had done this to keep Emma safe, as well as to provide Lewis with a home. A number of the mothers in this study had also allowed their daughters to have their partners either live with the family on a permanent, or semi-permanent basis (Emma and Janet), or allowed them to stay overnight at weekends and holidays (Laura and Jessica). Sally's mother would not allow Sally to have Paul 'stay over' at their home, because she did not think it appropriate with Sally's younger siblings in the house, but she did allow her to stay over at his home.

6.5.1.4. Keeping an eye on things

Laura and Janet's mothers had had a system for monitoring their menstrual cycles. Laura's mother charted her menstrual periods on a calendar and so did Janet's. When Laura was 'late on', before the disclosure of her pregnancy, it was her mother who enquired into the situation. While Sally's mother would not allow Paul stay over at their home, she did let her stay over at his parents' house, as long as she knew of her whereabouts.

6.5.1.5. Gatekeepers and facilitators

Gavin et al. (2002) have demonstrated the gate-keeping role of grandmothers, in relation to allowing young single fathers access to their children. In the current study, most of the young women were old enough to have left their family homes and the control of their parents, if they had wanted to. The role of mothers was much more as facilitators of the young couples' relationship. Some of these mothers showed great wisdom in supporting the relationship between the couple. One morning I arrived for a pre-interview meeting with Emma and Lewis to find Emma very distraught. Lewis had not come home the night before, after an

argument between the young couple. Angela, Emma's mother, was very sympathetic but told Emma to give Lewis some space. She tried to explain to Emma that he was only 18 and would probably just have slept over at his father's house. A different response from Angela could have caused a very different outcome to this situation.

Janet's mother had given over her tenancy to her, as she has wanted to give the couple a chance to start life on their own. Laura's mother had given up her bedroom and moved in with Laura's brother, Oliver, so that Laura and Chris could have a room to themselves and the baby a room to herself.

6.5.2. Young people and their fathers

Shorti, Victoria, Sally, Emma, Paul and John had all grown up in households with both their mothers and their fathers. Their experience of having both parents with them, throughout their childhoods, reflects those of the majority of children and young people growing up in Britain today (Census, 2001, 2011). David, Skinny, Sponge Bob and Rob Bob's parents were all living apart, but their fathers had maintained regular supportive contact with them, while they were growing up, and all of them spoke of their current relationships with their fathers. After entering the 'looked after system' at the age of ten, Lewis had had limited contact with both his parents over the years. Since leaving care, however, Lewis had sought out and made contact with both his parents and while, at first, he did not pursue a relationship with this mother, he was in regular contact with his father.

Five of the young people in this study, however, had grown up having had very little contact with their fathers. Laura, Jessica, Janet, Steven and Chris' fathers had all left their families when their children were very young. These men had had almost no contact with their children in the intervening years and like Laura, in the extract below, their children did not really know them:

Moira: *And Laura are you in contact with your dad?*

Laura: *No. I don't know my dad. Not at all.*

Moira: *So you've not seen him for a long time?...*

Laura: *No. I think probably when I was about one.*

Moira: *So it's been a long time? ...*

Laura: *Yeah.*

Moira: *Ok. And do you have a step dad?*

Laura: *No. My brother's dad I usually class as my step dad but he don't live here or nothing no more, so I don't see him much now ... (CL 1: 616).*

At the end of Laura's extract, she responds to my question about whether or not she had a stepfather saying that she classes her brother's father as her '*step dad'*, but that he no longer lived with the family. Laura, Jessica, Steven, Chris, Sponge Bob and Paul had all spent some of their lives living with stepfathers. Steven and Sponge Bob's stepfathers had been part of their families for years. Paul moved between his mother and stepfather and his father, with a constantly changing family life. Laura, Jessica and Chris' experiences of stepfathers are of men who have joined, but then left their families. These young people have experienced their own father's departure and then, for some of them, their stepfathers also. These young people's experiences, of fathers, and father figures, are of men who have come into and then out of their lives, losing contact with the children with whom they had often spent significant periods of time. For all of these young people, this experience moulded what they wanted for their own families. In particular, the phrase *'be there'* runs through all the young men's accounts of what a 'good father' is.

Steven's experience with his stepfather is different. Steven described a good relationship with his stepfather. In the following two extracts, he acknowledges the enormity of his stepfather re-partnering with his mother, and taking on the responsibility of Steven and his four younger siblings. This was despite his thinking his stepfather was *'boring'*. He also signalled his awareness of his stepfather's good relationship with his mother. Janet admonishes him about his *'boring'* comments and reminds him of what his stepfather had done for the family:

Steven: *He took on all of us.*

Moira: *It was your stepdad that brought you up, wasn't it? Are you like your stepdad, or are you different?*

Steven: *I'm different because he's boring ... he just likes to sit in house all the time, do nothing.*

Moira: *Okay...*

Janet: *Yeah but Steven he took you all on for god's sake. [very forcefully]*

Steven: *Yeah I know he has.*

Moira: *Hang on a minute ...let him, let him say ... and I'll ask you now.*

Steven: *And he is boring, but he has been a good dad to us all.*

Moira: *What was good about him?*

Steven: *Well he isn't good on the computer, I'll tell you that, he's shit. He's, he's always been there for us, always looked out for us all, he's been good to my mam. (SJ 1: 502).*

The absence of men in the young people's lives made a profound impression on them. For Jessica the departure of her father and then her 'second dad', when she was four years old, has made her mistrustful of allowing a father figure into her life, as she discusses in the extract below:

Jessica: *Well my real dad, he, he doesn't want to know, until he found that, that I was born and then he wanted something to do with me, and my mam was like you're not just getting back with me for the baby's sake. If you want me that bad it wouldn't be for the baby's sake, it'd be for your sake and, and the baby's sake and my sake but it was just because he wanted to be with me and he wanted to get back, but he still had the chance to see me and he didn't want to.*

Moira: *So you were a very little baby.*

Jessica: *Um, mum got with somebody else.*

John: *She wasn't a little baby.*

Jessica: *Yeah, I was one.*

John: *You was one.*

Jessica: *Well I was still a baby.*

John: *Not a small baby ... [Jessica raises her eyes as if in exasperation and turns her back on John, shutting him out of the conversation].*

Jessica: *My mam got with someone else, I was about three month old and I classed him as a dad.*

John: *Yeah.*

Jessica: *Because he, he got brought up with me when he was four ... when I was four ... and they had a big argument and he left me, they left, well my mam didn't, but he did, and he used to come through on a weekend and pick me up and then he got with somebody else and she didn't like me, she didn't want me to go no more so he moved to Bradford and I had to stay with my mam, and then my mam didn't get in another relationship until last year.*

Moira: *Okay.*

Jessica: *And as much as I'd like to call my mam's boyfriend, Dad, it's hard because the amount of people, like the last one she had, I called him Dad and he left. He left me, so I, how do I know the second, this one's not going to do the same? So.*

Moira: *Do you ever see your ... I know you don't see your real dad, but do you ever see your second dad then?*

Jessica: *Now and again. (JJ1:1301).*

Janet, an only child who had grown up with in a household with her and her mother, found it difficult to talk about her father:

Moira: *And Janet ... your dad, do you see him?*

Janet: *No I don't now ... but he's only just started to get back in touch now ...*

Moira: *And have you told him about the baby ... that he's going to be a granddad?*

Janet: *Yeah, I told him just before Christmas.*

Moira: *And?*

Janet: *He was... I don't know....he's a bit weird anyway but he's... I suppose he's a bit happy, but I don't know.*

Moira: *Came as a surprise?*

Janet: *Yeah ...*

Moira: *Getting used to the idea? ...*

Janet: *I don't know ... I haven't really spoke to him so ... we don't really talk much so...*

Moira: *Don't you?*

Janet: *I think it's better to leave it that way. [closes off the topic] (SJ 1: 380).*

Janet's experience of her father leaving the home had an impact on her views of men in general. After the birth of *their* baby daughter Keira, Janet and Steven experienced relationship difficulties. Steven's unacceptable behaviour in Janet's eyes, going out drinking with his friends, caused her to literally throw him out of the house by depositing his clothing in a black bin liner at the door and refusing him entry to the house. Throughout her interviews, Janet made remarks about her views of men in general, as she does in the extract

below. It is interesting how she and Steven concur, and base their views of men, on their experiences of their birth fathers:

Janet: *I just think all men are idiots basically.*

Moira: *Do you really?*

Janet: *Yeah, I do. I just think they are all the same.*

Moira: *How do you feel when she says that, Steven?*

Steven: *She's probably right, my dad was the same, but yeah, yeah my dad was the same ... your dad was the same...*

Janet: *My dad was the same, it's all I've ever known so ... (SJ 2:1207).*

In the next extract, Chris talks about why he didn't want to have anything to do with his father:

Moira: *And you didn't want anything to do with him, why was that?*

Chris: *Just the fact knowing that he like, what he did to my mum, like leaving her when she was pregnant and stuff like that ... the fact that he didn't get in touch and stuff an ... like Christmases like when you don't get a card or ... made me real mad. (CL 1:1362).*

In the following extract, Steven responds to my enquiry about him being in contact with his father and of him hearing the news that he was going to be a father. Janet makes an insightful comment regarding her feelings about their fathers:

Moira: *And Steven telling your ... is your dad with you?*

Steven: *No. Mum and dad are split up a long time ago when I was little, but I see him now and again but no, it was my mam that told him because I was at work, she told him over the phone one day, he wasn't too bothered about it really ...*

Moira: *It sounds to me like you've both got quite supportive mums...*

Janet: *Yeah.*

Moira: *Okay ...*

Janet: *Not so much dads. (SJ 1:380).*

While John and Paul had spent all their formative years with both parents living in the household, both their fathers worked away from home during the week, returning only at weekends. John's father had done this when he was younger, while Paul's father continued

to work as a long distance lorry driver. Both John and Paul explained the effects this arrangement had had on them. John, as a consequence, felt he had a close relationship with his mother, but poor communication with his father:

John: *Because it's like talking to a brick wall talking to my dad.*

Moira: *Is it?*

John: *Yeah. Seriously, because my dad's ... my dad used to work away from home when I was little.*

Moira: *Yes ...*

John: *So I'm more of a mammy's boy.*

Moira: *Okay...*

John: *My dad will only talk to me for something interesting. If I ask him about summat on TV, if it's about history and all, because he watches all these about the dinosaurs and that that was around ages ago and that, he watches stuff like that. So if I, if I'm there watching it, I'll ask him and he'll tell me. It's the only time he'll talk to me. (JJ1: 1139).*

Paul returned to the theme of his father being absent throughout his first three interviews. He raised the issue of his father's absence in this next extract, taken from the first interview I conducted with him:

Paul: *Well, my dad was never there up to six days a week, anyway ...*

Moira: *Did your dad work away?*

Paul: *Yeah, he's a lorry driver....he's a good, well he's not really a good dad, but he's a good person kind of thing.*

Moira: *Yeah...*

Paul: *But wasn't really a good dad ... but now he is [laughs] he's making up for all them bad years, all eighteen of them ... (PS 1: 1059).*

Paul says his father is a 'good person' but not really a 'good dad'. To Paul a 'good dad' is one who is present in his children's lives.

6.5.2.1. Fathers as a reference point

The way the men in this study had been fathered influenced how they wanted to father their children. The young men either wanted to be 'even better' than their fathers, just like their fathers, or, as in Paul's case, not like his father at all.

'I want to be better than my dad'

David's parents had separated when he was very young, but he saw his father regularly and he had a very good relationship with his father. Nonetheless, even he wanted to be a better father than his own father.

David: *My dad ...he was a good dad.*

Moira: *A good dad?*

David: *Yeah.*

Moira: *Okay and do you want to be like your father with your son?*

David: *I'll be more better than my dad.*

Moira: *Okay, in what way?*

David: *I know like, given … everything. (DV 1: 1748).*

'I want to be just like my dad'

Some young people spoke very positively about their fathers (and mothers) and wanted to be just like them:

Rob Bob: *Yeah, I was always out with my dad, like going out to parks and stuff like that, going out for walks and stuff.*

Moira: *Okay, so you want to be that kind of dad like your dad was?*

Rob Bob: *Yeah, yeah, I want to be just like my dad because he was like always been a good dad to me. He's never done nothing bad to me like, so you know what I mean?*

Moira: *Yeah.*

Rob Bob: *So it's always been good. I want to be just like him.*

Moira: *Yeah, and what's good about your dad and the lessons you've learnt most from your dad?*

Rob Bob: *I don't know. I can never remember like my dad doing anything to me to like make me want to go against him or anything like that. He's always been really nice to me and like always looked after me and stuff like that, so yeah, that's why I want to be just like him... both my parents are like really nice, it's just, obviously they got divorced and that, so that's the only thing bad about it really but they're both like the same, my mum's like really caring as well like my dad is and stuff like that, she looks after me in the same ways. (RS 1: 1578).*

6.6. Brothers, sisters, aunts, uncles, cousins, grandmas and grandpas

Family is important

All the young people in this study spoke about their siblings and their extended family. They were all immersed in wider family networks. Sally spoke with much affection about her sisters and had been very happy when her baby sister was born:

Sally: *Growing up with Jenny was good.*

Moira: *What was good about it, Sally?*

Sally: *I don't know, just a baby...* (PS 1:384).

Chris, the eldest in his family, had *'done everything'* for his brothers and sisters. Shorti was godmother to her deceased sister's daughter, '*my gorgeous niece Kelly'*, who was very important in her life, and who kept her rooted to her family.

Family and generational issues

Young people also spoke about their grandparents and the affection they held for them. Jessica enjoyed spending time with her grandparents, who were actually her '*second dad's*' (stepfathers) parents. Chris had a very good relationship with his grandfather, who had been his role model when his father had left. He also had great-grandparents and was in regular contact with them. He was very proud to be adding another layer to the family tree:

Chris: *And in mine...I've got five generations still alive now. It's like my great-granddad still alive and stuff like that, so I've got all five alive and stuff like that...* (CL1:1102).

Family as social network

For many of the young people in this study, becoming an 'expectant parent' significantly impacted on their social networks. Pregnancy, for example, could be a very isolating experience. For the young men, while not as isolating, it did affect the way, and with whom, they socialised. The most dramatic effect, however, was on the young women and their relationships with their friends. At a time when their friends were continuing with school, going to college, entering further education or the workplace, and making new friends and contacts, these young women found themselves confined to the home.

Laura explained that she did not see her friends as much once she became an expectant mother, as they were leading their own lives and had different preoccupations:

Laura: *Friends I am closest to is Katie, Stacey and Amber, but I don't see them much now... erm ...our baby is due on the nineteenth of July ... (CL 1:45).*

Sally had confined herself largely to her home:

Moira: *And Sally, do you see your friends?*

Sally: *No, not really... I just keep myself to myself (PS 1:610).*

Victoria left home to escape the extreme pressure from her mother and older sisters to terminate her pregnancy. This meant taking up residence in a different Borough. Although she was still seeing her mother daily, the move meant she had left behind all her friendship networks. Her only socialisation was, therefore, taking place within the family and with her partner, David. Shorti followed her partner, Paul, to Bracken Downs, from the South of England, thus removing herself from her old networks. Sponge Bob and Jessica, who were both at school at the time they conceived their babies, felt left out by their former school friends. Jessica was able to leave school, but Sponge Bob was planning to return in the September following her baby's birth in the July of the school holidays. She was worried about how she would be received by her peers when she did.

Although most of the young women had conceived at a time they would be moving on into college, further education and work, these young women were not able to do this because of their pregnancies and, as a consequence, they felt confined to the home. Pregnancy, it seems, did prevent them from making new relationships. The young women also avoided going to antenatal 'classes'. At age 17 and 18, many of them were outside the reach of the specific remit of the Teenage Pregnancy Unit target group (age 16 and under) and did not take part in any teenage antenatal classes targeted at young mothers. Consequently, they missed out on any friendships that they may have made there. This was also true after the birth of their babies, in that they were reluctant to go to any mother and baby groups because they felt so 'out' of the mainstream.

Janet was an exception to this. She continued with her hairdressing apprenticeship up to the month before her baby was born and rejoined her hairdressing class in the September of the new term. Her baby was six months old at the time. Janet made friends at college and went at regular intervals with her friends for nights out, maintaining her social networks over her pregnancy and into the months after becoming a mother. Janet was quite assertive and ready to challenge anyone who criticised her for being a young mother.

Chris' friends were very important to him and he kept in contact with his more distant friends on the networking site MSN. My Space was well established with young people, but Facebook was still very new at the time (2007), having only been established in September 2006. Many of the young people in this study, however, had no access to the internet and the networking possibilities of their peers. Consequently, Jessica and John, Sally and Paul, Janet and Steven, Victoria and David, Shorti and Paul did not have internet access in their homes. This may reflect the economic deprivation in the families and communities in which these particular young people lived.

Both Steven and Paul had decided to leave behind their old circle of friends when they discovered they were going to be fathers. For Paul, this meant leaving behind a circle of friends whom he described as *'wasters'*. Steven, on the other hand, left behind his 'drinking mates' to appease Janet. Predominantly, the young people socialised within their families, their families thus fulfilled a very important networking function. Few of the couples had any mutual friends and they did their socialising, if any, on separate nights out with separate groups of friends. The effects of this on the couple relationship meant that it impacted on their sociality. This had a range of pervasive effects on the manner in which the young couples socialised.

6.7. Partners' families?

The young people's accounts of their relationships with their partners' families show that they felt it was important to get on with them. Young people acknowledged the kindnesses extended to them by their partners' families, in the form of gifts and in mutual shopping trips to buy things for the baby. Most of the young people made an effort to go and speak to both families to share the news of the pregnancy with them, thus involving both families from the start of the pregnancy. Sally and Paul also 'invited' Paul's mother to attend the birth of their baby. The ways in which young people spoke about their partner's family, and indeed prompted their partners to talk about their families showed that they respected them. The young mothers' accounts also showed how they, in particular, maintained relationships with their partner's family, facilitating these future networks for their children. The data demonstrated how it was the young women who facilitated the relationships with their own, but also their partners' family for their children.

6.8. What is family?

A theme emerging in all the young people's accounts of their families was that they all were very clear about what a family is. Their definitions encompassed Morgan's (1996, 2011) definition, where family is about 'practices', it is about what you 'do'. But importantly, for these young people, family *is* also about what you *are*, a mother and a father, and about connections and enduring links to wider family.

Family is process – it's what you 'do'

Family for Janet is about what family members do together:

Janet: *...And what was we saying on the ...We were saying on the way home here today, saying that I want to get a table in there so we can all sit to the table and eat meals together, so that'll be nice.*

Moira: *Did you do that, you and your mum?*

Janet: *No, we've never done that because it's only just been the two of us, so.*

Moira: *So you could be...you could be a little relaxed then.*

Janet: *Yeah.*

Moira: *Yeah. And what made you decide you wanted to get a little table?*

Janet: *Because it's more like families isn't it? If you know what I mean? It's what families do, I suppose that's what I want. (SJ 1:543).*

Family is structure – it's what you 'are'

For Jessica, a *'proper family'* is one with a '*mum and a dad'*:

Moira: *What kind of things then do you want to do then as a mum?*

Jessica: *Things I could never do when I was little with my family because I never had a proper family ... my dad didn't want to know me. So I couldn't go out with my mum and dad together. (JJ 1: 1267).*

For Sally, family is about being, and living together:

Moira: *What made you decide you wanted to live together? Because, Sally, you could have got a house on your own and, Paul, you could have got a flat on your own.*

Sally: *We want to be like a little family, don't we?*

Paul: *Yeah, it's like I don't reckon I'd have lasted being on my own anyway. I can't cook, can't clean [laughs] well I can, I'm just really lazy, yeah, can't iron, I'd have gone home everyday so it'd have been a waste of time.*

Moira: *Well, I would have given you good marks for today.[Paul was ironing when I arrived]*

Sally: *[laughs]*

Paul: *Two out of ten ... I give up.*

Moira: *You said you wanted to be a little family, what does that mean to you?*

Sally: *I wouldn't have liked him being somewhere else. I'd have liked us all to be together. (PS 1: 895).*

Family is about continuity and longevity:

For Chris, family is about continuing the generations:

Chris*:* *I've got five generations still alive now...its like my great-granddad still alive and stuff like that so I've got all five alive and stuff like that ...*

Moira*:* *Goodness.*

Chris*:* *It's quite a big thing.*

Laura*:* *Yeah, you've got a big family.*

Chris*:* *And we've got five generations on both sides like on me dad's side as well and on me mum's side. (CL 1:1837).*

Paul expressed it like this:

Paul: *Yeah, no, I don't, it's just, just like, it's like growing up in your own family but before, say like me and mine, it's like that's your family but soon as you have say like a girlfriend and that, and child in your own house, you're your own family then and you actually, the family that you used to be in is just like a distant family, it's not, you're just like, you want your own business in your own business, that's, whatever you do is what. (PS 4:2375).*

6.9. Chapter summary

This chapter has presented an analytical account of the stories the young people told about growing up and their early family lives. Running through all these accounts is the theme of family, and of how important family was, to the young parents in this study. Young parenthood is often associated with debates about the decline of the family, but the findings in this thesis show that these very young parents believe in family and are committed to the ideal of family. The chapter has presented data on young people's relationships with their families. It suggests that it is these early relationships, both those that are satisfying as well as those that have broken down, that shape young people's views of family and their hopes

for their own ‘new’ families. I argue that it is young people’s belief in the importance of family that guides their decision to continue with an unplanned pregnancy. I also argue that it influences young men’s decisions to support their pregnant partners and to wish to remain engaged with their children. Further, I propose that it is this belief in family that may influence young women’s decisions to leave a relationship when it is unsatisfactory, or when it fails to meet the needs of their children. I will develop different strands to this argument in the three chapters that follow.

Chapter 7: "It would've been easier if I'd been able to live first, but I'd never not have her" (Janet 4:1627): Young motherhoods.

7.1. Introduction

The quotation in the title of this chapter, captures the essence of young motherhood as described by the women in this study; that it is difficult being a young mother because it disrupts the usual life processes that take place in one's youth: education, work, intimate partner relationships, social life and friendship networks. The young women explained how motherhood demands that you put the needs of your baby before your own, and that this is harder to do when you have not yet had time to experience much of life and the real and imagined freedoms attached to being young. Nonetheless, however difficult young motherhood can be, all the young women in this study expressed their love for their children and that, even after considering everything that they had been through, they would not be without them.

Chapter 7 reveals this story of young motherhood as told by the eight young women who took part in the study: Sponge Bob, Jessica, Victoria, Janet, Emma, Shorti, Sally and Laura. This chapter, together with Chapter 8:chapter 8, which examines the lives and experiences of the young fathers, provides a unique insight into young parenthood from two different perspectives: that of the young mothers and their partners, the young fathers. These two different, but complementary, stories are revealed separately, although they are closely entwined. In those many instances where the stories overlap, I include the young men's voices in the women's narratives and again in chapter 8, include the women's voices in the stories related by the men. Chapter 7, however, maintains a young motherhoods focus, and chapter 8, a young fatherhoods one.

The chapter begins with an analysis of the contextual data on the young women. These data highlight the vulnerability of the young women in terms of their ages, their social circumstances and the choices open to them when they became pregnant. Yet I argue that, despite their vulnerability and their seemingly limited choices, these young women are exercising personal agency by continuing with their pregnancies. The young women showed that they were very aware of their youth, the potential difficulties posed by being a young mother and the prospect of mothering in a society that took a negative view of young pregnancy and young motherhood (Arai, 2009a; Bonell, 2004; Daguerre and Nativel, 2006; Duncan, 2005; Wilson and Huntington, 2006). These young women demonstrated much

personal strength in continuing with their pregnancies and in resisting conventional views that they were too young to be having children.

The young women showed their resistance in different ways. Some, like Laura and Sally, opted to quietly continue with their pregnancies by keeping *'myself to myself'* (Sally), dropping out of education and training and staying out of public view and critical scrutiny. Others, like Jessica and Victoria, had to put up a resolute defence of their decisions to continue their pregnancies in the face of family disquiet about them becoming mothers at such a young age. Victoria and Jessica challenged ideas that young motherhood is constraining, arguing that it preferable to have a baby when you are young as opposed to when you are 'old', *'to have a baby when you are old...when you are forty...oh no'* (Victoria) and as an opportunity, *'I'll have more time with my children in the long run'* (Jessica), and that young mothers can do as well as any mother, *'Keira has never gone without'* (Janet). Once Janet had made the decision to continue with her pregnancy, she put her 'bump' on display and continued to wear her fashionable figure hugging clothing. She carried on with her hairdressing apprenticeship and aimed to get as much of her College portfolio completed as possible before her maternity leave. She continued to support herself with the help of her mother, her partner, her own and her partner's families and the hairdressing salon manager where she was placed for her apprenticeship. She tackled a taxi driver who challenged her for being pregnant at such a young age and told him she was working, financially independent, and had never *'sponged'* off the state.

After the analysis of the young women's biographical data, the chapter then focuses on the early motherhood journey and presents data from the different milestones along that journey: conceiving a pregnancy, telling partners, announcing to parents, getting through pregnancy, up to the time of labour and the birth. The chapter highlights the highs and lows attached to these moments as experienced by the young mothers along their journeys. It reveals how these young women cope with the difficult situations they are faced with.

Running through the argument in this chapter is the contention that what is unique about young motherhood, and the experiences of these young women, are the multiple simultaneous transitions that have to be made over the young motherhood journey. This is unique to young motherhood. So, young mothers are changing personal identities, leaving home, experiencing changed partner relationships, suddenly having to be partnering in a serious way, losing friends because of their more circumscribed social circles, having to forge other

alliances (especially within the family), leaving education, or having to make education decisions in relation to being pregnant, all at the same time. Some of these processes are exciting, as they are new, but they are also demanding and stressful.

The way some young women appear to manage the multiple demands facing them is to drop what are seemingly less important activities to them at the time. The young mothers managed their competing demands by focussing on their most important demand, their babies. They wanted to spend time on their pregnancies and their expected babies. They were preparing for their mothering in the knowledge that their babies would need full time care and the young women in this study wanted to do the child caring themselves.

The young mothers valued the importance of education and this was apparent during the third and fourth interviews I conducted with them. At this stage, the young women were beginning to feel more confident that they, and their children, had got through the difficult early days. Once the children had grown up a little, the young women were more able to focus on their own education needs and their future careers. These young women had to make many personal sacrifices for their children. The motherhood journey is taken from the time the women first discovered their pregnancy up to the time of preparing for their labours. The next phase of this transition, young motherhood, is picked up in chapter 9 in 'Becoming a Family'. Aspects of young motherhood are also elaborated in the Chapter 'Young Fatherhoods'.

7.2. Situating the analysis in the wider literature

The wide ranging literature reviewed in chapter 2 informs the analysis, interpretation and explanation of the young women's accounts of motherhood. In addition to these literatures, the analysis also draws on the philosopher, Sara Ruddick (1990)'s , thesis on mothering. At the heart of Ruddick's argument is the idea that anyone doing 'maternal work', taking on responsibility for children's lives and providing child care, is required to meet three demands, "*preservation, growth and social acceptability"*. *"To be a mother is to be committed to meeting these demands by works of preservative love, nurturance and training"* (Ruddick, 1990:17).

The first demand, the preservation and protective care of children, involves preserving a child's life, keeping them safe and attending to their emotional needs. The second demand, growth, involves nurturing a child's emotional and intellectual growth and Ruddick (1990)

suggests that others may be involved *(interested)* in helping to meet this demand. The third demand on which maternal practice is based, social acceptability, is not made by children's needs, but by the 'groups' of which a mother is a member. Social groups require that mothers shape their children's behaviour *(growth)* in ways that are acceptable to the group. This facilitates the child's entry and acceptance in the group.

The relevance of Ruddick's framework as an analytical tool came to the fore during the analysis of the young women's accounts of their experiences of motherhood. For example, the young women's stories of the ways in which they shared the news of their pregnancies to their parents, 'telling their parents early on' and 'getting and keeping parents on their side', involving them in the excitement of buying things for the baby, these were all examples of the young women nurturing their ongoing relationships with their parents. This ensured a safe home for their children. In this way, they were assuring their children's protective growth and safety, even before their babies were born.

7.3. The young women

Table 7.1 provides summary biographical information on the young mothers. This information was obtained from the young women themselves, on different occasions, and from a variety of sources: firstly, from the brief personal data I collected from the young people when they were first recruited to the study; secondly, from the young women's, 'my life so far' drawing activity, done during the first interview where I had asked the young people to do a drawing of their lives and the important events in it and, thirdly, over the course of the four interviews, as the young women revealed more about themselves, their families and their family situations.

Table 7.1 also details the young women's ages at the time they conceived and gave birth. It also lists information about where and with whom the young women were living at the time of their conceptions, in addition to their educational, work and vocational training involvement at the time of the discovery of their pregnancies. These demographic and contextual issues are discussed in the section that follows.

Table 7.1.The young women's biographical data

	Age at conception of baby	*Age at birth of baby*	*Home and residence*	*Education, employment and vocational training involvement/plans at the time baby was conceived*
SpongeBob	*14 ½ **	*15 ¼*	*Living at home with mother and older brother*	*In Year 10 at school.*
Jessica	*15 ¾*	*16 ½*	*Living at home with mother.*	*Final GCSE year at school§. Planning to go to FE College†.*
Victoria	*16*	*16 ¾*	*Living at home with both parents and 6 out of 9 siblings. 3 older siblings have their own families.*	*Final GCSE year at school. No specific post GCSE plans.*
Janet	*16*	*16 ¾*	*Living at home with mother.*	*Final GCSE year at school. Due to start an apprenticeship in hairdressing after GCSEs.*
Emma	*16 ¾*	*17 ½*	*Living at home with both parents, brother and cousin.*	*2 months post GCSEs. NEET#.*
Shorti	*17*	*17 ¾*	*Living at home with mother at the parental home some of the time but also dossing at friends' houses.*	*6 months post GCSEs. NEET.*
Sally	*17 ½*	*18 ¼*	*Living at home with both parents and 4 out of 5 siblings. Sally's older brother was living with his partner.*	*Abandoned hairdressing course at FE College within a couple of months of starting. NEET.*
Laura	*17 ½*	*18 ¼*	*Living at home with mother and younger brother.*	*At FE College doing the first year of an 'Animal Care' apprenticeship.*

*All ages have been rounded up to the nearest quarter.
§ General Certificate of Secondary Education – School Leavers Certificate – Level 1.
† Further Education College.
# Not in Education, Employment or Vocational Training.

7.3.1. Age

All the young mothers in this study were under 18 years of age when they conceived their pregnancies in 2006. Conception data, published by the Office for National Statistics (ONS), shows that there were a total of 41,768 conceptions for women under 18 years of age in England and Wales in that year (ONS, 2008a). The conception rate, which provides information about the rate of conceptions per 1000 women in the same age group, shows that there were 40.9 conceptions per 1,000 women under age 18 in 2006. The conception rate leading to a maternity in the under 18s was 21.1 per 1,000 women (51.6 %), while the rate of conceptions per 1, 000 women leading to an abortion was 19.8 (48.4 %) (ONS, 2008a).

Arai (2009a) has suggested that these data be considered in a different sized population to get a more realistic picture of the numbers of women involved. So, to follow Arai, if these data were considered in a population of 100 women under the age of 18 years, it would mean that approximately 4 young women out of every 100 would have conceived a pregnancy in 2006. Two of these women's conceptions would have proceeded to a maternity and two would have been terminated by abortion. Considered this way, the number of young women under the age of 18 who proceeded to either a maternity or an abortion in 2006 is, I argue, relatively small.

Table 7.2 details the conception data by age of women in 2006. These data are adapted from ONS conception statistics (ONS, 2008a). The table lists information about conceptions in all ages (15-44 years) and then lists all the age bandings as analysed by the ONS. These age bandings include: women under age 16, under age 18, under age 20, then women in the age range 20-24 years, 25-29 years, 30-34 years, 35-39 years and 40 years and over. These broader data are included in Table 7.2 for comparison purposes and to give an overview impression of the data on conceptions in England and Wales in 2006.

The table also provides age specific conception data for teenagers in single years: under age 14 years, 14 years, 15 years, 16 years, 17 years, 18 years and 19 years. These single year data are important in the discussion that follows, on conception and conception outcome[16] in the young women in this study, relative to conception and conception outcome data for England and Wales in women in the same age group.

[16] Either leading to a maternity or terminated by abortion.

Table 7.2. Conceptions by age of women for 2006 including conception outcome and rates (Source: ONS 2008).

2006	*Age of woman at conception*	*Total Number of Conceptions*	*Percentage of Conceptions leading to a maternity*	*Percentage of Conceptions terminated by abortion*	*Conception rates per 1,000 women in the age group*	*Conception rates per 1,000 women leading to a maternity*	*Conception rates per 1,000 women terminated by abortion*
	All ages (15-44 years)	*870,000*	*77.7%*	*22.3%*	*78.3*	*60.8*	*17.4*
	Under 20	*103,100*	*58.1%*	*41.9%*	*60.2*	*35.0*	*25.2*
	Under 18	*41,768*	*51.6%*	*48.4%*	*40.9*	*21.1*	*19.8*
	Under16	*7,826*	*40.2%*	*59.8%*	*7.8*	*3.1*	*4.7*
	§ Under 14	*295*	*37.0%*	*63.0%*	*0.9*	*0.3*	*0.6*
	14 †	*1,764*	*34.6%*	*65.4%*	*5.2*	*1.8*	*3.4*
	15 #	*5,767*	*42.1%*	*57.9%*	*16.8*	*7.1*	*9.7*
	16 Ω	*13,107*	*51.3%*	*48.7%*	*38.6*	*19.8*	*18.8*
	17ϕ	*20,835*	*56.0%*	*44.0%*	*61.3*	*34.3*	*27.0*
	18 ¥	*28,494*	*61.0%*	*39.0%*	*82.1*	*50.0*	*32.1*
	19 √	*32,835*	*64.1%*	*35.9%*	*95.7*	*61.3*	*34.3*
	20-24	*191,200*	*71.3%*	*28.7%*	*109.5*	*78.1*	*31.4*
	25-29	*222,200*	*82.0%*	*18.0%*	*129.5*	*106.2*	*23.3*
	30-34	*212,400*	*86.9%*	*13.1%*	*117.5*	*102.1*	*15.4*
	35-39	*115,400*	*82.9%*	*17.1%*	*56.3*	*46.6*	*9.6*
	40 and over	*25,200*	*68.2%*	*31.8%*	*12.3*	*8.4*	*3.9*

§ Data confirmed – the % of conceptions leading to a maternity is higher for the under 14's than for 14 year olds. The expectation might be that the % of conceptions leading to a maternity would be lower for the under 14's than for the 14 year age group. Abortion percentages are consequently lower for the under 14 year age group than 14 year age group.
† Includes all women age 14 up to the day before their 15th birthday.
# Includes all women age 15 up to the day before their 16th birthday.
Ω Includes all women age 16 up to the day before their 17th birthday.
ϕ Includes all women age 17 up to the day before their 18th birthday.
¥ Includes all women age 18 up to the day before their 19th birthday.
√ Includes all women age 19 up to the day before their 20th birthday.

This age specific data allows for an examination of the conception statistics for 2006 relative to the age bands in which the young women in this study are included. Therefore, Sponge Bob's conception at age 14 ½ and her conception outcome as a maternity can be considered in the light of data for other young women in the 14 year age group. Similarly, Jessica's conception at age 15 ¾ can be viewed in relation to other women in the 15 year age group, Victoria (16), Janet (16) and Emma's (16 ¾) conceptions to that of other women in the 16 year age group, and Shortie (17), Sally (17 ½), and Laura's (17 ½) to their respective 17 year age group.

The data shows that the women in this study were part of a small group of young women who got pregnant in 2006 and part of an even smaller group who continued with their pregnancies in that year. The decision to either proceed with, or terminate, an unplanned pregnancy is complex and dependent upon many interacting factors within the woman herself and the social and cultural environment in which she is located (Arai, 2007; Luker, 1996; Neighbourhood Renewal Unit, 2002; Sloggett and Joshi, 1998).

7.3.2. Home and residence

All the young women were living at home with their families at the time they conceived their pregnancies. They were all fully dependent on their parents for all their basic needs; accommodation, food, clothing, spending money and overall financial support. Even Shorti, who was spending more than half of the week away from her home dossing with friends, was still fully dependent on her mother.

The discovery and subsequent announcement of their pregnancies sometimes brought about changes in the young women's living circumstances. Jessica and Janet's partners moved in with them and their families. Sally continued to live at home, but moved in with her partner after they were allocated a Council[17] house together. Victoria was living at home, but felt she had to leave because of the pressure she was under from her family to terminate her pregnancy. She became homeless and lived in bed and breakfast accommodation before being supported by the Connexions Service into her own flat. Her partner, David, moved in with her when she moved into her flat. Shorti moved up to the Northern research site with her partner, Skinny, to live with his mother while they applied for a Council house. Emma's partner had moved in with her family a few months before her pregnancy and Laura continued to live at home, seeing her partner after the end of his school , and then subsequently work day. Sponge Bob lived at home for the duration of her undisclosed pregnancy, but moved in with her partner and his mother after their baby was born.

7.3.3. Education, training and employment

Sponge Bob was in Year Ten at secondary school when she conceived her pregnancy. She had been attending the same school since starting her high school career. She was about seven months pregnant when her pregnancy was first disclosed. Her pregnancy was revealed close to the end of the academic year and her school principal had referred her to the

[17] The City Council in the northern research site still operate their own council housing allocation system. The Council housing system in this site is currently larger than the Housing Association system.

specialist education unit for pregnant teenage mothers and parents in the Borough for support. Sponge Bob planned to have her baby in the July over the summer holidays and return to her own school in the September to start the first of her GCSE years.

Jessica, Victoria and Janet were all in their GCSE year at school when they conceived their pregnancies. Jessica's pregnancy was confirmed in the middle of her GCSE exams and, because of the stress at the time, she didn't take many of her exams. She nonetheless secured a place at the local Further Education College to do a GCSE equivalent in 'Health and Social Care'. Jessica took up her place in the September when she was three and a half months pregnant. She left College at the end of the autumn term at almost seven months of pregnancy because, as she explained to me and John her partner, who was teasing her for having left her course, it was *'hard'* being pregnant at College:

Jessica: *When you've got a big massive bump in front of you and you're trying to wobble through College, you can't do it mate, it's hard'. (JJ 1:1192).*

Victoria, also in her GCSE year when she became pregnant, said that she had liked school but lost interest in her GCSE year:

Victoria: *I loved school. It was fun, it was fun, it was just at the end when I had my GCSEs and it was getting boring and everyone was more into their work ...*

Moira: *Did you take any of the exams?*

Victoria: *No, halfway through I was never going to school, well I used to go to school, I just didn't go into my lessons. I was very bad. (DV 1:2198).*

Victoria had not made any plans to go to College or to undertake any vocational training.

Janet, also in her GCSE year when her pregnancy was confirmed, was planning to go on and train as a hairdresser. Janet had enjoyed school and she looked back positively on her school days. Janet had always wanted to become a hairdresser and had secured an apprenticeship where she attended College and received an apprenticeship honorarium while training in the Hair Salon. Janet started her apprenticeship in the September after taking her GCSEs. She was three months pregnant at the time. Janet worked right up until her 36th week of pregnancy, doing as much of her set portfolio for her apprenticeship as she could. She took 6 months out after her baby was born before returning to continue her training.

Emma conceived her pregnancy two months after receiving her GCSE results. She explained that she had only just passed her GCSEs. She had planned to go to College and do

her A-Levels, but could not face sitting in a classroom so soon after her GCSE year and decided to take a year out and work before deciding what she wanted to do next. Emma explained that her parents had high expectations of her and her brother:

Moira: *Are they quite strict parents?*

Emma: *Not strict, but it's like we've got ... see, I don't mean this nastily but Lewis has sort of been brought up to be like... do you know... how without saying it as if I'm like really posh, but he used to like get away with... do you know everything, stuff that I...*

Lewis: *Murder.*

Emma: *He's been brought up differently, haven't you, to me but it's like with us like we was like, we were expected to like do well, pass all our GCSEs and go to College and go to University and get a job, do you know what I mean? And have a plan, and have my life planned out like that but they're not strict in the sense of like telling us, telling us off it's just sort of they had a few high expectations.*

Moira: *Okay. So how many GCSEs did you get?*

Emma: *I got eleven, no, I think about at least, I don't know...*

Moira: *And how did you do?*

Emma: *I only just passed, I didn't get really good grades.*

Moira: *Did you want to go on and do A-levels?*

Emma: *I did put my name down for College but then I didn't go, I just didn't, I ... couldn't...I absolutely hated school and I couldn't cope with going from school to college in the space of six weeks.*

Moira: *Okay.*

Emma: *So I'm going to start this year though.*

Moira: *Are you?*

Emma: *Yeah. I'm going to do retail, like working in shops and stuff like that.*

Moira: *Is this a course at College?*

Emma: *Yeah, it's an apprenticeship course, I get paid for doing it, so it would be like, instead of it being like sort of College it's going to be more of a job if you know what I mean, and you get paid for doing it. (LE 1:108).*

Shorti left school after her GCSEs, but she had not moved on to any further education, vocational training or work. She conceived her pregnancy in the November after leaving school.

Sally had started a hairdressing course at College after her GCSEs, but had dropped out because she wasn't enjoying it. She was not in any education or training programme when she conceived her pregnancy. Sally came from a home where both her parents worked, they '*always had'*. Her older brother was working and her older sister had done Nursery Nurse training at College and was working in a children's nursery. Sally's parents expected her to 'do something', but she hadn't yet decided what she wanted to do in terms of a job or career.

Laura was at an agricultural Higher Education College doing an 'Animal Care' apprenticeship. She was in her first year, having tried to get into retail the year before, but she had not enjoyed the experience. Laura had enjoyed school and looked back on her school days with affection. She was enjoying her College course, but dropped out after the confirmation of her pregnancy as she knew that she wanted to stay at home and look after her baby after she was born.

In chapter 2 I discussed the association between youthful parenthood and education and highlighted the link between youthful conceptions and educational failure, alienation, disengagement and young people's low expectations of work and career (Bonell, 2004; Bonell et al., 2003; Dawson et al., 2005). Indeed, a principal argument set out in the Teenage Pregnancy Strategy was that one of the reasons the pregnancy rate in the UK was high was because of 'low aspirations'. Young people, the Strategy argued, with poor expectations of education or the job market had no reason not to get pregnant (SEU, 1999a)

The findings in this study, however, unsettle some of the assertions about the issue of 'low aspirations' made in the Strategy. While two of the young women in this study (Victoria and Shorti) were not engaged in education, training or employment when they conceived their children, all of the other young women either were, or were planning to be, involved. Jessica and Laura had both previously been involved in employment, education or training, but had 'dropped out'. I argue that, for both these young women, it was not because they lost interest in education but that they paused their education to manage the multiple difficult issues going on in their lives at the time. Laura also wanted to be at home to look after her baby when she was born. Emma had wanted to take a year out of school and Sally had dropped out of

education because she was not enjoying her course. Both these women had planned to return to education sometime in the future. At the third and fourth interviews conducted with the young women many of them had spoken about wanting to return to education and get a job for the sake of their children and their futures. This finding resonates with that of Dawson et al (2005) who found that motherhood 'rekindled' an interest in education.

7.4. Young women and their partners

A discussion about young motherhood, getting pregnant, continuing with a pregnancy, labour and birth experiences and the early days and months of motherhood would be incomplete without situating these experiences in relation to the young men who were the women's partners and the fathers of their children. This section of the chapter describes the relationships the young women had with their partners. The chapter then introduces a case study of Janet and Steven's early relationship. It charts the course of the couple's early relationship from their first meeting, through their courtship to their 'getting together' and on to discovering Janet's pregnancy. This case study, like all the case studies in this research, provides a series of 'rolling camera' insights into the evolving relationships and *'practices'* of a group of young people making their transition to parenthood (Holland et al., 2006; Saldaña, 2003).

7.4.1. The course of the early relationship: Meeting and getting together

The women all met their partners and the fathers of their children in their local communities. In the northern research site it had the effect of creating families who remained in the same area over generations. Indeed, many of the young people in this study had grandparents and great-grandparents, aunts, uncles and cousins all living in the same area. Sally, Jessica, Laura, Janet and Emma all described lively, and fairly regular, extended family get-togethers. In the southern research site, David and Victoria drew their friends from their own Bangladeshi community. Victoria and David's fathers had known one another, unbeknown to them, before they immigrated to the UK in the 1970s. The effect is that the young people partner and have their children within the context of close family and familiar community. There is much strength in this model, but it also has its downside in that young people can become tied to areas and are not able to leave to seek jobs and other opportunities elsewhere (Narayan, 2002).

The young women's accounts of their relationships with their partners show that they had been 'going out' with their partners for varying periods of time when they discovered that

they were pregnant. Shorti (17) met Skinny (17 ½) while waiting for a train at their local train station. She stated that she had conceived her pregnancy very early on, within a few days, of her and Skinny meeting. Victoria (16) and David (17 ½), who met at the local park through mutual friends, had being seeing one another for about three months when Victoria's pregnancy was confirmed at the local family planning clinic. Sally (17 ½) and Paul (18), Laura (17 ½) and Chris (15 ½) and Emma (17) and Lewis (18) had been in their relationships with one another for a few months when they all discovered that they had conceived a pregnancy.

Sally and Paul had been introduced by Sally's cousin who had been in Paul's class at secondary school. Laura and Chris met when Chris moved into the house overlooked by Laura and her family. Emma and Lewis were introduced at a party and Sponge Bob (14 ½) and Rob Bob (18 ¼), who met at a 'gig', had been going out for a year when I met them a few days before the birth of their baby. Janet (16) and Steven's (18 ¾) relationship had been ongoing for two years. Jessica (15 ¾) and John (15 ¾) had known one another for the longest of the couples taking part in the study. They met in Year Seven when they both started at the same high school. John had followed Jessica around for a few years before they started going out with one another on an *'on and off'* basis in their Year Ten at school.

For most of the young women these were their first 'committed' relationships with a partner. The young couples' descriptions of their meetings and the way they laughed joked and teased one another about their first meeting and then how their relationships had developed, conveyed their obvious affection for one another:

Moira: *Okay, I'm going to ask you about, where did you meet? When I, when I was here last time you were talking about year seven.*

John: *Yeah.*

Moira: *Tell me, tell me right from the beginning.*

John: *Well when we was in year seven, and I've always liked Jessica, I used to follow her around everywhere, go wherever she'd be, I'd be there and that and she used to tell me to go away and everything.*

Moira: *What did you like about her?*

John: *She seemed like a nice girl at the time, so I thought I'd go for her and see if I'd got the chance and that.*

Moira: *You were both at the same school.*

John: *Yeah.*

Moira: *Which school were you at?*

John: *Archbishop Jones, which turned into Francis Crick.*

Moira: *Okay.*

John: *So. It was only until year eleven that she started to understand that I liked her.*

Moira: *Okay.*

John: *So.*

Moira: *And then when did you start going out?*

John: *I don't know, when did we start going out?*

Jessica: *Year ten.*

John: *Year ten, yeah. Started going out in year ten, on and off.*

Moira: *So you'd liked her all the way from year seven, that's a few years, that's very faithful.*

John: *It's a lot of hard work you know. To keep up with the lads.*

Moira: *It sounds like it.*

John: *It's a lot of hard work round a big school you know, following someone. (JJ 1:611).*

7.4.2. Janet and her partner Steven: Meeting, courtship, getting together

Janet was about fourteen years of age, and Steven sixteen, when they first met and started going out with one another. They had both grown up on the Bracken Downs Estate in the Northern research site and while they had both been 'zoned' for the same primary and secondary schools, Janet had attended the local state Catholic supported schools for the duration of her school education.

Steven said that he had *"noticed"* Janet a few months before he asked her to *"start meeting".* Janet, sometimes reluctant to reveal her emotions towards Steven, admitted that she had also been "*aware"* of him. In the following extract, Steven, and Janet, who got Steven to lead in telling the story of their first meeting as he *"seems to remember more than me",* describe the initiation of their relationship.

Moira: *Tell me about when you first met the two of you then. Go on, I'll ask Janet*

Janet: *Steven seems to remember more than me.*

Moira: *Okay then... Go on Steven.*

Steven: *I first met Janet outside the underpass near the Queen's Centre...*

Moira: *Yeah.*

Steven: *... While she was out with all her mates drinking beer.*

Janet: *I wasn't drinking.*

Steven: *She was drunk.*

Moira: *Mmm. And what did you think of her?*

Steven: *That she was a nice girl. Bit loud, but she was nice.*

Janet: *[makes a snorting laughing sound through her nose]*

Moira: *And Janet can you remember when you first met Steven?*

Janet: *Well Steven says that he met me when he was, when I was thirteen but I don't know which time he's referring to so.*

Steven: *Fourteen.*

Janet: *You said that you first met me when I was thirteen because you said you asked me my age, I don't, I don't even remember that.*

Moira: *Go on then Janet, so when did you first start going out?*

Janet: *Well I was drunk and I was sat down and I remember I'd just been sat there like a little doll and my head was spinning, he said Janet I like you, will you start meeting me? And I was like... I didn't believe him at first and I was like oh, what are you on about? And then I said yeah and then that was it really.*

Moira: *So what was it about Janet, Steven?*

Steven: *Well she's a good looking girl.*

Moira: *[Laughs]..okay. And you liked him?*

Janet: *Yeah. (SJ 1:156).*

For both Janet and Steven, it was their first serious romantic relationship and, at the time they took part in the first interview for this study, they had been in a committed relationship with one another for almost two and a half years. A year earlier, when Janet and Steven had been going out for about eighteen months, Steven *'moved in'* with Janet and her mother Jackie.

Janet was an only child and she had been raised alone by her mother. Steven, aged eighteen when he joined Janet and her mother, was working as a labourer with a business doing powder coatings for a local caravan construction company. Janet, about to turn sixteen, was completing her GCSE exams. The move was not quite permanent for Steven, as he was still spending two or three days a week at his family home.

A few months after moving in to live together, Janet discovered that she was pregnant. She found the news of her pregnancy *"a bit shocking really"*, as she had not planned to get pregnant. Janet explained that she had always wanted to be a hairdresser and that at the time she discovered her pregnancy she was due to start a hairdressing apprenticeship. These apprenticeships, where candidates work part time in a salon and attend a College of Further Education for the rest of the week, are more difficult to obtain than doing a hairdressing course full time at a College. Apprenticeships are dependent on the young person passing a certain number of GCSEs at a specified level, whereas the entry criteria to undertake the course at College only are very flexible. Janet had done well at school and had worked hard to achieve the necessary GCSE grades to do the apprenticeship. She decided that she was going to continue with her apprenticeship *"whatever"*. The person heading the Salon where she was placed was very supportive of Janet and her decision to carry on with her hairdressing training when she revealed that she was going to have a baby. This person later also helped to fund a part time Nursery place for Janet and Steven's baby, Keira. During the course of the study, I came across many instances of other people, both inside and outside the family, supporting the young couples materially.

Steven first heard the news of Janet's pregnancy while he was out playing football one Sunday morning. Janet phoned him immediately to tell him that her home pregnancy test was positive. He explained that, when Janet revealed the news, he was *"scared at first"*. Initially, he said he *"just couldn't think"*, but that once he'd told his mother, who took the news very well, he had felt *"relieved"*.

Janet delayed telling her mother *"for a while"*, as she had been undecided at first about what to do about the pregnancy:

Moira: *And you Janet, how did you tell your family?*

Janet: *Well I didn't tell my mum for a while and I was cleaning my teeth in the bathroom and she just came up to me and said you're pregnant aren't you? And I just I just laughed and then she just said I knew it, I knew it and that was it really.*

Moira: *And did you ask her how she knew?*

Janet: *She just, I just said how did you know? And she went a mother knows these things and stuff like that so... But we weren't actually decided on what we was going to do at first.*

Moira: *Okay, what do you mean by decide what you're going to do?*

Janet: *We didn't know what ...[long pause]*

Steven: *If we was going to keep it.*

Moira: *Okay so you had to make some choices then.*

Janet: *Yeah. [pause]*

Moira: *Okay and how did you, how did you decide to carry on, to follow the path that you have followed?*

Steven: *[pause] Well it's not the first time that Janet's been caught pregnant.*

Moira: *Okay.*

Steven: *And we had a termination on the first time and it made it, it made her really upset for quite a long time, it took her a long time to get over it, so I wouldn't let her go through that again, so that's why we decided to keep that and ... (SJ 1:313).*

In the extract above, Janet finds it difficult to talk about the fact that she had had an earlier termination of pregnancy and that she had been forced to confront the decision about continuing with a pregnancy for a second time. Steven intervenes in this exchange and explains that Janet she had been very upset after the termination and that he hadn't wanted her to go through all that turmoil again and that it was because of this that they decided to keep the baby.

7.5. Conceiving a pregnancy, getting pregnant

There are important questions to be raised about how the young women in this study came to conceive their children and then go on to become mothers. An analysis of the young women's discussions about these issues revealed that they appeared to go through a number of critical decision gateways on their journey to motherhood (Luker, 1975). These included:

firstly, their intentions to get pregnant; secondly, and related to this issue, were the young women's use of contraception; the third issue regards the discovery of the pregnancy and the decisions to continue with a newly discovered pregnancy and then, finally, the young women's decisions about involving their partners in the discovery and decision-making process.

7.5.1. Intending to get pregnant?

The issue of intention to conceive is difficult to unravel and has perplexed researchers in the area of family planning for many years (Barrett and Wellings, 2000; Cartwright, 1988; Murty and Firth, 1996; Price et al., 1997). Barrett and Wellings (2000) point out that unravelling the issue of intentions, planning and decision making around pregnancy is complex. Planning means different things to different people. This is important in any analysis of whether a young pregnancy was planned or not. That said, only Emma in this study reported having semi-planned her pregnancy.

Cater and Coleman (2006) researched the issue of 'planned' teenage pregnancy and found that pregnancy was a positive choice for some young women. They found that it was more common in those communities where young motherhood had a high visibility and acceptability.

7.5.2. Using contraception

Related to the issue of intention is that of contraception (Barrett and Wellings, 2000; Luker, 1975, 1996). The couples in this study discussed two issues in relation to contraceptive use: firstly, that they had been using contraception and that it had failed, and, secondly, that they had been careless about using contraception.

In the first extract, Laura talks about how her contraception method failed because she had *'diarrhoea and sickness'*:

Moira: *Okay….now I want to ask the two of you… now it came as a shock when you got pregnant...*

Chris: *Mm mm.*

Moira: *And I'd like to ask you a little bit about why... contraception...had you spoken about contraception the two of you at all?*

Laura: *Yeah.*

Chris: *We was using it, wa'nt we?*

Laura: *Yeah. Um… first we used condoms didn't we …when we first...*

Chris: *Yeah, yeah.*

Laura: *And then I went onto the pill cos we thought well like in case something goes wrong um and then I got diarrhoea and sickness and then that's when I got pregnant...*

Chris: *Round about then.*

Moira: *Ok, so it was ...*

Laura: *And then I stopped taking the pill because I read the packet saying that you should go and see your doctor...and then... it was just too late by then…*

Moira: *Ok...*

Laura: *[Embarrassed laugh] (CL1:631).*

In the second extract Jessica talks about her failure to use contraception 'when she needed it':

Moira: *Okay, when you said you got caught pregnant, were the two of you using contraception?*

Jessica: *We was, there was, I think it was one night we'd been to a party, Billy's party.*

John: *Well, yeah...*

Jessica: *And I was, I was paralytic, I couldn't walk and that's when it happened, I'm sure it was...that, that was the first time we've not used contraception, when we was both drunk and it was from, it was in round about May, Juneish, end of May, June wasn't it his party?*

Moira: *And did you, do you feel you knew enough about contraception? What about you Jessica?*

Jessica: *Well I knew what it was for, but I just thought, I thought what, I didn't really...because I knew I wasn't the sort of person to sleep around and then when I did get caught pregnant I thought god, I could have done with more than just a condom, I could have been, there was a time when I was on the Pill actually and I got ill from it because it wasn't right.*

Moira: *Okay.*

Jessica: *I was only on it for about a week, it made me go real swollen in my face. So I stopped that and I just told my mum I'd use contraception if I ever did and I didn't think of anything else really, like injections because I knew I wasn't that sort of person to get myself in that situation, but obviously I was wrong. (JJ 1:737).*

7.5.3. Discovering the pregnancy

All of the young women, with the exception of Sponge Bob, became aware that they might be pregnant very early on in their pregnancies, at the time of their first missed period. In the following, extract Sally reveals how she discovered that she was pregnant and her feelings at the time:

Moira: *How did you first find out? What made you think you were pregnant?*

Sally: *I was about... I was scared and I walked past Boots one day and I thought I'd go and get a test and thinking I was and then that was it.*

Moira: *Okay, so why had you thought you were pregnant... had you...*

Sally: *I missed my period. I didn't want to go and get a test [laughs] I was scared.*

Moira: *You were scared. Did you say anything to Paul?*

Sally: *No.*

Moira: *So he had no idea, no idea you suspected something.*

Sally: *Yeah.*

Moira: *Okay, so what happened then?*

Sally: *I got two lines on it.*

Moira: *And what were you thinking?*

Sally: *Scared of what my mam would say.*

Moira: *Mainly your mum... Why?*

Sally: *I don't know. You just got to deal with it. I don't know.*

Moira: *So how did you tell Paul?*

Sally: *I just sat in the car next to Paul and said I aren't smoking no more. [laughs]*

Moira: *Okay, and what did you think when she said that?[to Paul]*

Paul: *Well at first I wondered what she was on about until she actually got the test and went 'oh I'm pregnant', right in my face.*

Moira: *You'd kept the little stick?*

Sally: *Yeah. [laughs]*

Paul: *To show me! (PS 1:663).*

Sally shows that she had already made up her mind about continuing with her pregnancy. Despite all her fears, she had decided to proceed with her pregnancy before even telling Paul. Sally still had to tell her mother and, for her, this was the biggest hurdle.

Shorti had also made up her mind about continuing with her pregnancy. She described her 'shock' that it has come back positive, but by the time she got downstairs to tell Skinny, she appeared to have made up her mind:

Moira: *Shorti, tell me about how you felt when you discovered that you were pregnant. Why did you do the test? What was the feeling?*

Shorti: *I don't know really it was just I kept on being sick anyway in the mornings, throughout the day, but I suffer from sickness anyway and it weren't even that I missed my period because it was like just before I was due on that I did the test, I just, I don't know, I just got this feeling, I thought I'll just do a pregnancy test.*

Moira: *Okay, so what, did you go and buy a test?*

Shorti: *Well I'd bought one before when we was out shopping because I just had this feeling, so.but I didn't...I bought two lots...*

Moira: *Did you speak to anybody? Tell...*

Shorti: *What? Once I'd found out?*

Moira: *No, before you found out, about maybe being pregnant.*

Shorti: *No. Oh I'd mentioned it to Skinny's sister that I had an idea that I might be, but I did, but it was weird because I bought two different tests, like these stick ones.*

Moira: *Mmmm.*

Shorti: *And when I did both of them and like it said that I weren't pregnant.*

Moira: *No?*

Shorti: *I don't know if it was too early to tell at that time but then like a week, two weeks later I did the other one, that's when I found out I was pregnant.*

Moira: *Okay, so, and how did it feel when you saw that little, those two little lines on the stick, what did you think? Were you on your own when you did it?*

Shorti: *Yeah, I was upstairs.*

Moira: *Now were the two of you living together at the time?*

Skinny: *Yeah.*

Moira: *Where? In [South East England]*

Shorti: *No, it was here.*

Moira: *Okay, you'd already moved up.*

Shorti: *Like I told Skinny that I was going to bed. I don't know I just like did the test and I was just like really shocked because after doing the other two I was expecting it to come back that I weren't pregnant.*

Moira: *When you say shocked, what do you mean by shocked?*

Shorti: *It was just, because it weren't long before I did the other two tests, so it was like a bit weird that it come up, I was like, I was happy but just shocked at the same time.*

Moira: *Okay, so then?*

Shorti: *It hadn't really sunk in and then I come down and told Skinny. (SS 1:484).*

Laura, who *'kind of knew anyway 'cos I was late due my period'*, had a conversation with her partner, Chris, about her suspicions. Chris begins the conversation:

Chris: *She was in my room she went...I'm late so I was like...really? She was like yeah so I was like a bit shocked at first and then she was like I think we should get a test, so I said alright and we just went and got a test and then...*

Laura: *We wanted to do it together, didn't we?*

Chris: *Yeah, we wanted to do it together.*

Laura: *Find out together...so I went and got a pregnancy test... and me and Chris did it together and we waited...for a couple of minutes before we looked it and then we looked at it together...and we both just looked at each other and started grinning and it was like ...it was sh...shocking but it was like...I was still happy.*

Moira: *Tell me a bit about the shocked.*

Laura: *The shocked was still good it just hadn't sunk in properly and it was like..I don't know it didn't seem like reality had really hit me yet... (CL 1:294).*

For Victoria, there was also no question of not continuing with the pregnancy:

Moira: *I want to take you back to when you first found out you were pregnant, did you think about different choices about what you could do about your pregnancy? Did you think about... did you definitely know you wanted to continue with the pregnancy or did you think about alternatives? Did the two of you have a conversation?...*

Victoria: *No. There wasn't a time we thought we should...we never thought that we should get rid of it because it's against our religion anyway.*

Moira: *Is it?*

Victoria: *Yes, because once you're over forty days pregnant, you're supposed to keep the baby, because it's actually got a soul now and it's been given a soul and before forty days you can have an abortion if you want or to, but if you're pregnant and its over forty days and you're a risk of dying, it's a risk to you or the mother's going to die or the baby or whatever...*

Moira: *Yes...*

Victoria: *Or if, if you got raped.*

Moira: *Okay.*

Victoria: *Then you have to get rid of it. (DV 1:335).*

Jessica was in the final months of her GCSE year at school when she started experiencing the symptoms of early pregnancy. She was going to school, but leaving early because she was feeling very unwell. Her mother had suspected she was pregnant and asked Jessica's cousin to take her to the local family planning clinic for a pregnancy test. Eventually, Jessica's mother bought a 'cheap' pregnancy test and Jessica's pregnancy was confirmed. Interestingly, it was Jessica's mother who took initiated the test at the family planning clinic and it was she who eventually confirmed the test. Jessica described the situation:

Moira: *Okay, I'm going to take you right back Jessica, to when you first found out you were pregnant, tell me a little bit about that.*

Jessica: *Before I found out I was still at school, I was still at school and I'd get up in a morning and I never liked school anyway but I went, and I used to get to school round about ten to nine every morning, I was just sick and it was my break so I went, I used to go home, and my mam was a bit iffy, obviously at first and she took me to doc, no...I'd gone for a couple of pregnancy tests at the Bay Leaf Centre.*

Moira: *By yourself?*

Jessica: *With my cousin, the one who was here.*

Moira: *Okay.*

Jessica: *And they said I weren't pregnant, so I thought, not pregnant.*

Moira: *The pregnancy test said not pregnant?*

Jessica: *Umm.*

Moira: *Okay.*

Jessica: *And then it continued and I was getting stressed, restless sleeping, and vomiting...I was getting aches and pains, I was putting on weight.*

Moira: *Okay.*

Jessica: *And I was getting depressed...*

Moira: *All for no apparent reason?*

Jessica: *Well what I thought was for no reason. So my mum came in with a cheap pregnancy test one day thinking oh we'll just try her, she called me out of bed, come down, did it, and it said I were pregnant, well I didn't know what to do then...just started crying, so she made an appointment at doctors, do you know just to confirm it. (JJ 1:116).*

Jessica was at first uncertain about continuing with the pregnancy:

Jessica: *Went to doctors, confirmed it, came back, I was pregnant. I was three months pregnant at the time and then I continued, the sickness stopped when I was about four months but then it started getting into the baby blues, well all I wanted to do was cry and I just cried over the slightest thing, and then there was a stage that I went through where I was like should I have a baby or should I not? With me being only fifteen when I got caught pregnant.*

Moira: *Mmm.*

Jessica: *And then I thought forget about what everybody else says, it's my, it's up to me and John really and we've just got to do what's best for us so we decided we was going to keep the baby and just start afresh and since then John practically moved in. (JJ1:192).*

Before conceiving, Jessica had many forewarnings about not getting pregnant:

Jessica: *All my family, they always used to say to me of if you get pregnant you're going to ruin your life and you're the stupidest person they used to call me. (JJ 1:212).*

Following the confirmation of her pregnancy, Jessica came under a lot of pressure from her aunts, her cousin Jo and mother to think about the implications of having a baby at her age. The couple also experienced not so subtle pressure. Jessica paraphrases part of the conversation:

Jessica: *... They're saying oh when you, the worst thing is having a baby and they don't mean it nastily, just you can't do what you used to be able to do, you*

can't have a proper life but I think you can have a proper life when you've got a baby, you can start young... (JJ 1:228).

Jessica and John's pressure from the family continued until they seemed to make a decision about the pregnancy.

Jessica: *We had, we had a conversation with my auntie and she said there's mainly three choices you can have, you can either keep the baby, you can have an abortion or you can give, what was it, give the baby to someone when you've had her. You know foster carer or something, she went now, none of us are going to mind whatever you say, it's your choice and we both just sat there and we, "we're keeping the baby", their faces dropped and they didn't like it but... (JJ1:343).*

Laura suspected her own pregnancy:

Laura: *I kind of knew anyway, cos I was late due my period. (CL 1:252).*

Victoria had also missed her monthly menstrual period:

Moira: *So what made you decide you were going to go and have the pregnancy test then?*

Victoria: *Because I wasn't starting my period, that's why. (DV 1: 79).*

7.5.4. Responses to the news

With the exception of Jessica, whose mother took matters into her own hands when she suspected Jessica was pregnant, all the other women informed their partners of the pregnancy before they told anyone else. Victoria, Jade and Laura all told their partners first that they were suspicions that they might be pregnant and then suggested they either did the pregnancy test together as a couple, or they went along together to a family planning clinic to have it confirmed. Sally, Janet and Shorti all suspected that they might be pregnant, tested themselves and then broke the news to their partners. Sponge Bob had an undisclosed pregnancy which was only revealed when she was about seven months pregnant, but she too broke the news to her partner first.

The young women in this study responded in one of four ways: 'shocked but happy', 'shocked but then accepting with time'; 'kind of expecting it' and then 'unsure'. I examine the young men's (and their partners) responses in depth in chapter 8. I set them out here in summary.

'Shocked but also happy'

Sally, Shorti, Victoria and Laura all reported being shocked but then happy when they first learned of their pregnancies.

'Shocked but then accepting'

Sponge Bob and Jessica were initially 'shocked' but once they had adjusted to the idea of being pregnant accepted that they wanted to be parents.

'Kind of expected'

Jade, discussed earlier, who had semi-planned her pregnancy, was expecting a positive result but when Jade did have her pregnancy confirmed, she was a little shocked. Young people, like Jade, suggest that the distinction between 'planned' and 'unplanned' pregnancy may not be so clear cut (Barrett and Wellings, 2000).

'Unsure'

Janet was initially unsure about being pregnant and was undecided about whether to continue with her pregnancy. She had an earlier pregnancy terminated. Steven, her partner, wanted her to continue with her pregnancy and, interestingly, it is he who influences her decision to continue with the pregnancy.

7.5.5. Making decisions

The young women in this study revealed that the decision making process about continuing with a pregnancy is complex. The process starts off with the young mother's immediate decision to share her news with her partner. In this study, all the young women shared their news with their partners first. Some involved them right from the beginning in the pregnancy testing process, while others told their partners immediately after confirming the pregnancy themselves. This demonstrates a level of trust and intimacy in their relationships with their partners. I discuss Sponge Bob in a case study in this chapter, because she was the only one of the young women who did not reveal her pregnancy early.

The young women's accounts of why they continued with their pregnancies show that they took a strong stand on the issue, often couched in moralistic terms. In the following extract Shorti explained that she would *'never terminate a baby'* as she felt *'responsible':*

Moira: *Now both of you, I want to ask you, I want to take you right back to when you discovered you were pregnant...now you obviously had choices. You could have carried on with the pregnancy or you could have terminated the pregnancy. How, how did you make the decision to follow the path that you have?*

Shorti: *I would never have terminated anyway, even if Skinny had said to me, which I know he wouldn't have. I don't think we are ready, I think we should have an abortion, I wouldn't have done it.*

Moira: *Wouldn't you?*

Shorti: *No, I would never terminate a baby.*

Moira: *Okay.*

Shorti: *Even if I was poor, didn't have no home, was living on the streets, I would never terminate a baby.*

Moira: *You wouldn't?*

Shorti: *The baby didn't ask to be brought into this world, so...*

Moira: *You felt, you feel...*

Shorti: *Yeah, I have a responsibility. (SS 1:1022).*

Laura took a similarly moral stand:

Laura: *I'd never think about abortion or anything like that cos I'd…*

Moira: *Wouldn't you have?*

Laura: *No I just... not one of them.. I just don't agree with it really and um I agree with like if yer responsible to make it then you should take responsibility for your own actions really... but I don't…*

Moira: *And did you feel that when you were ...were first pregnant? When you found out?*

Laura: *Yeah yeah I wa'nt . I just I just couldn't have an abortion cos to me its killing a baby and … (CL 1:1518).*

Sponge Bob also had a clear idea that she *'wanted to keep it'* and that it would be *'really evil'* to *'get rid'* of her baby. It is interesting to note the strong and moral tone these young women took with respect to continuing their pregnancies. I argue that the reason underlying this is their belief in the importance and significance of family, where children are valued above

material and financial wealth. The young women were living in situations of poverty, adversity and hardship and children added value to their lives.

7.6. Telling parents about the pregnancy

One of the most difficult things the young women described having to do was to break the news of their pregnancies to their parents. While sharing the news of a pregnancy is a potentially emotional event for any woman, for these young teenage women, it was, without exception, something that they all found difficult to do. This notwithstanding, most of the women revealed the news of their pregnancies to their families, shortly after discovering it for themselves. For the women in this study, the person they revealed their news to first of all were their mothers, who generally accepted the news very well.

The first thought in Sally's mind, when her pregnancy test revealed a positive result, was that she had to tell her mother. Both she and Paul laughed as they told the story of going to tell her mother about their news. Sally and Paul had already been together to tell Paul's mum, who *'wasn't that happy'*. They then had to break the news to Sally's mother. They explain how they did this in the following extract:

Paul: *Then [with emphasis] we went to go and see her mam.*

Sally: *I followed her in the back garden, and then followed her everywhere around the house trying to tell her and then she went in the back garden to hang the washing out. [laughs]*

Moira: *She must have wondered why you were following her around like a little puppy. [laughs]*

Paul: *I was scared waiting outside, wasn't I? And when, when she told her she come running out didn't she, and I thought she was going to hit me, so I got her little cousin didn't I, to stand in front of me and said don't let her hit me because your mam's pretty scary. [laughs]*

Moira: *Is she?*

Sally: *No! ...she give him a hug.*

Paul: *Yeah, but she still came up and give me a big hug.*

Moira: *She's obviously not a woman you would normally mess with?*

Paul: *No, no. [laughs]*

Moira: *And you, [to Sally] what did she do when you told her?*

Sally: *Just gave me a hug.*

Moira: *Ah. And how did that make you feel?*

Sally: *Better.*

Moira: *Yeah.*

Sally: *And then she made me a cup of tea. [laughs]*

Moira: *Did you cry when you told her?*

Sally: *Yeah ...*

Moira: *It's quite emotional isn't it?*

Sally: *Yeah... ... (PS 1:790).*

Sally's mother responded by giving her a hug and she welcomed Paul into the 'family' by giving him a hug too. Sally broke the news to her mother first, who then told her father. Initially, Emma also approached her mother, as she had not wanted to tell her father herself. In the following extract Emma describes how she 'broke her news' and she reveals her feelings at the time:

Emma: *I was just absolutely crapping myself about telling my mam and dad wasn't I? I told, I come down here and told my mam in the morning while he [Lewis] was still in bed. [laughs]*

Moira: *And?*

Emma: *She's, she sort of just, she thought it was, she knew it was stupid and I knew it was stupid but...*

Moira: *What was stupid?*

Emma: *Getting pregnant in the first place, I knew it was daft but my mum told my dad because I didn't want to tell my dad. (LE 1: 577).*

Janet's mother initiated the conversation about her being pregnant. Janet had been pregnant a year earlier and had elected to have that pregnancy terminated. She delayed telling her mother about being pregnant a second time, until she and Steven had decided whether or not they were going to continue with the pregnancy:

Moira: *And you Janet, how did you tell your mum?*

Janet: *Wel,l I didn't tell my mum for a while and I was cleaning my teeth in the bathroom and she just came up to me and said 'You're pregnant, aren't you?'*

And I just, I just laughed and then she said I knew it, I knew it and that was it really.

Moira: *Did you ask her how she knew?*

Janet: *She just, I just said how did you know? And she wen, a mother knows these things and stuff like that so... (SJ 1: 313).*

Laura's mother approached her, saying she had noticed that Laura had not started her menstrual period. Laura explained that she charted her monthly menstrual cycle on the calendar and her mother had observed that she was late starting her period. I have discussed the monitoring role that mothers sometimes take on in an attempt to 'hold' their daughters and keep them safe, as they have no other way of doing this:

Moira: *Ok...so how long did it take then, Laura, before you went to go and tell your mum?*

Laura: *Oh how long was it? Was a couple of days, wasn't it?*

Chris: *Around a week.*

Moira: *How did you feel about telling her?*

Laura: *I was quite scared at first, and then she mentioned me being due soon because she keeps it on the calendar, and then I was like oh well I've got to talk to you about summat.*

Moira: *Okay.*

Laura: *And then I just came out with it and then, I don't know ...*

Moira: *What did you say to her?*

Laura: *I think I'm pregnant like and then I told her about the test and everything ...and she was like kinda welling up a bit [laughs] and then she...that's when she wanted to do, wanted me to do another one so she could see for herself and not get like too upset about it.*

Moira: *Now the welling up, was that because she was happy?*

Laura: *Yeah.*

Moira: *Or because she was upset?*

Laura: *It's because she was happy, yeah, yeah.*

Moira: *She was happy. Now you say she keeps a note of when you're due, why...why do you do that?*

Laura: *I don't know. It's just something we do.*

Chris: *Something you've always done.*

Laura: *So we know when...we're about to come on and everything...*

Moira: *Does your mum do it for herself as well?*

Laura: *Um yeah, but she's gone through the menopause and so she don't do it no more. [laughs]*

Moira: *So it's just something you do every month, chart it and...*

Laura: *Yeah.*

Moira: *Okay...and do you...what kind of relationship do you have with your mum?*

Laura: *I'm close to mum. I always have been.*

Moira: *Mmmm.*

Laura: *Yeah , she's always been there for me, you know able to talk to her about... everything so...*

Moira: *So you find it easy to talk to your mum?*

Laura: *Yeah.*

Moira: *Okay.*

Laura: *Except for, I thought, I always thought that it would be easy to tell my mum that I'm pregnant, or whatever, but it's just a bit scary...*

Moira: *What was scary about it? What made it scary?*

Laura: *[laughs] It's just the fact of sitting her down and saying it cos I'm real ...a bit thingy in serious situations ...don't like to be in situations like that...mmm ... I don't know just ...work out how I could say it really...just getting the conversation started and everything... (CL 1:335).*

Victoria, like all the young women, was *'scared'* to tell her family:

Victoria: *I was like shocked as well...I was scared...I was like oh my god, like we were so young and you know but…*

Moira: *What were you scared of?*

Victoria: *I was scared about my family and like, how am I going to have a baby, how am I going to keep a baby. I don't know what I, I don't know, I was really scared.*

Moira: *Okay, so who did you tell first?*

Victoria: *Who did we tell first? I don't remember. I think it was a friend. I'm sure it was a friend, yeah...*

David: *You told…*

Victoria: *Yeah, my friends first.*

David: *Your cousin...*

Victoria: *And then we told our parents.*

David: *I told my brother.*

Victoria: *Yeah...His brother told everyone first, because his brother told my dad and my dad told my mum and then my mum told everyone and you know.*

Moira: *How was your dad?*

Victoria: *My dad was alright about it but it was just my mum...she was really scared for us.*

Moira: *Was she?*

Victoria: *Yeah, yeah, I was so scared....*

Moira: *Is this the first baby in your family?*

Victoria: *No. First gran... no, no, no.*

Moira: *So you've got brothers and sisters who've got children?*

Victoria: *Yeah.*

Moira: *Okay, and have any of them had children at a young age?*

Victoria: *No, no.*

Moira: *Okay.*

Victoria: *No, they've always got married first and then had kids. (DV 1:50).*

7.7. Pregnancy

Three overarching themes encompass the young women's discussions about pregnancy: first, the experience of *'being'* a young pregnant mother-to-be included both the physical and the emotional experience of being pregnant; second, pregnancy as a period of *'preparation'* for the baby, for motherhood and for labour and birth; and third, pregnancy as a time of *'change',* which include changes in the young woman's relationship with her partner and parents, in her interactions with friends, in her social life, and in her engagement in education or work. The processes, described in this section, all involved multiple transitions for the

young mother and all were happening at the same time. The overriding sense is that nothing will be the same again.

7.7.1. 'Being pregnant'

The physical experiences

At the same time as the young women were living through all the anguish of a suspected pregnancy and then having it confirmed, some of them also described the physical discomfort often associated with early pregnancy. In the extract below, Jessica describes her symptoms, which were most acute in the early morning at the start of the school day, forcing her to go home. She also had to contend with her mother's reaction to her symptoms and to her missing school at a time when her GCSE exams were due to take place in a few weeks:

Jessica: *Before I found out, I was still at school. I was still at school and I'd get up in a morning and I never liked school anyway but I went, and I used to get to my school round about ten to nine every morning, but I just was sick and it was my break so I went. I used to go home. My mam was a bit iffy at first...I went for a couple of pregnancy tests at the Bay Tree Centre and they said I weren't pregnant, so I thought not pregnant...and then it continued and I was getting stressed, restless sleeping, I was vomiting, I was getting aches and pains, I was putting on weight...and I was getting depressed. (JJ 1:116).*

Victoria felt stressed throughout her pregnancy. After announcing that she was pregnant, she came under pressure from her older sisters and her mother to terminate her pregnancy. The tension was so intense that she decided to leave home. She was initially housed for three months in emergency bed and breakfast accommodation in another Borough. She was then allocated temporary accommodation for a further two months, before finally being allocated a one bedroom flat in her original Borough. David, her partner, was very supportive and moved in with her when she took over the tenancy of her flat. She did make contact with her mother and they renewed their relationship, but her pregnancy was a lonely one and when I met her, two weeks before she delivered, she was very anxious and tearful. Victoria missed her family, and felt isolated throughout her pregnancy. She had needed her mother during her pregnancy and looked back on it as a fairly negative experience:

Victoria: *Pregnancy at first it was alright but then it was in the summer. Oh, I would never want to get pregnant in the summer, trust me, because it's so hot and believe me I couldn't handle it because of the heat. I used to just go crazy, just lose it with anyone... I used to feel hot and I used to sweat, I used to feel so drowsy as well. And then the winter came and then it was alright, but then at the end, when it was about three months left I had a urine infection because*

I used to hold my bladder. I had to go to toilet and run up and down, up and down, especially at night time, I had to go three, four times. I used to never cry before but you know when I'm pregnant, if anyone switches the light on I used to cry, because that's how angry I used to get. He knows how it was like and he used to feel, he used to feel so bad. (DV 1:222).

Many of the young women described feeling emotionally labile during their pregnancies. Shorti, recruited to the study in the northern research site, was eighteen weeks pregnant when I interviewed her and her partner Skinny. She had grown up in the South East of England and, after meeting Skinny, had moved up to the North to live with him. The couple were planning to settle in the area but had no permanent home. They were living with Skinny's mother and her partner, and also sometimes with Skinny's sister, who lived in the same neighbourhood. Their accommodation situation was insecure at the time Shorti discovered that she was pregnant. Shorti felt *'far away'* from her mother who lived in the South East of England. She was also anxious about her pregnancy. Her sister, the same age as Shorti when she delivered her baby daughter three years previously, had died a week after giving birth. Shorti explained that her sister had had '*very high blood pressure'* and then she developed '*a clot in her lungs'* which had caused her death. Her sister's daughter, now three years old, was living with her mother in the South East and Shorti missed her as she was close to her. Skinny was not too sympathetic towards Shorti:

Moira: *And Shorti, what impact has it [pregnancy] had on you?*

Shorti: *Made me a bit more moodier.*

Moira: *Has it?*

Shorti: *And emotional. I cry at the slightest thing.*

Moira: *Do you?*

Shorti: *Yeah, like if he tells me to shut up I'm nearly in tears. He just makes me so emotional because I'm an emotional person anyway with everything that's happened throughout my life...but now, it's just...I don't know... (SS 1:1232)*

In the following extract, Sally talks about how pregnancy has restricted her 'fun'. These are of course self-imposed restrictions and Sally had, earlier, also spoken of having to give up smoking because she was pregnant. She jokes about the restrictions, but she did take healthy living seriously. She was focussed on doing the right thing for her baby. Sally was isolated from friends throughout her pregnancy and she *'kept herself to herself'*. She had given up

College before getting pregnant and her social circle was restricted to her inner and extended family. For her, pregnancy was a lonely experience.

Moira: *So you've got a baby, you've got Charlie due in just under four weeks, mmm?*

Sally: *Yeah.*

Moira: *Tell me about what the pregnancy's been like.*

Sally: *It hasn't been that bad actually. It's just carrying it. [laughs]*

Moira: *Okay, so what's it about carrying it?*

Sally: *Just having fun.*

Moira: *So you can't have fun when you're pregnant?*

Sally: *Yeah.*

Moira: *What kind of fun would you like to be having?*

Sally: *It's Christmas, innit?[laughs]*

Moira: *So?....*

Sally: *No drinking.*

Moira: *No drinking...so you've got that to look forward to.*

Sally: *[laughs] Yes.*

Moira: *And how have you been during your pregnancy with Charlie?*

Sally: *I had sickness at first though, but it's gone now...but I've kept myself to myself, haven't I?[to Paul] Moody.*

Paul: *Very moody. [laughs]*

Moira: *Have you?*

Sally: *Yeah.*

Moira: *Have you had the moodiness all the way through, or just now?*

Sally: *Just getting now, isn't it? Getting worse. [laughs]*

Paul: *Very bad.*

Moira: *Do you know why you're moody?*

Sally: *Near the end of it now.*

Moira: *End of the pregnancy?*

Sally: *Yeah.*

Moira: *How do you manage...*

Sally: *Shout at Paul! [laughs]*

Moira: *[laughs] (PS 1:584).*

In the above extract Sally says that she manages her moodiness by shouting at Paul. The women's partners were very important in getting them through pregnancy.

Despite the hardships pregnancy posed, all the young women were excited about their babies. Laura juxtaposes the early discomforts of early pregnancy with her feelings at 27 weeks pregnant, when I interviewed her for the first time. She could not wait for her baby to arrive and was very excited:

Moira: *Okay Laura. What does it feel like being an expectant mum?*

Laura: *Um..well, at first I did kind of feel down cos you know in about the first three months ...cos I started getting really bad headaches and everything and that made me a bit snappy and everything..*

Moira: *Okay, and the headaches, what was causing those?*

Laura: *Um, I think that was just down to pregnancy. I went to my doctor and everything and he said just stop worrying and everything will be fine and everything...um… but now I'm real excited…*

Moira: *Mmm.*

Laura: *And I can't wait for it to come now... I'm getting a bit bored with waiting now, but my mum says, ah you'll love the peace and everything but I don't know...I'm just real excited for it to come now... (CL 1:850).*

In the extract below Janet talks about her experience of pregnancy and the feeling of having *'something inside'* of her that is hers. She refers to the closeness between her and Steven:

Moira: *Okay, so the nicest thing then about being pregnant and an expectant mum?*

Janet: *Just knowing that there's something inside that, that's yours and that's part of you. Be real strange when she's here because there'll be nowt in there then.*

Moira: *[laughs]*

Janet: *It's nice though, so like when you just laid down cuddling just knowing that she's there, that there's summat there. Yeah, think that's the nicest bit. (SJ 1:704).*

Despite feeling very uncomfortable in her advanced state of pregnancy, Jessica is still able to express how 'nice' it is having her baby move inside of her and she identifies with her baby easily. She speaks of her showing that she has connected with her:

Moira: *Jessica... tell me what it's like being a pregnant mum? What's the pregnancy been like? What's it feel like?*

Jessica: *...Horrible.*

Moira: *Yeah?*

Jessica: *I don't mean it like that.*

Moira: *No, no, no.*

Jessica: *Being fat!*

Moira: *Being fat?*

Jessica: *Yep...It's hard.*

Moira: *Mmm.*

Jessica: *It's hard to do stuff when you're fat.*

Moira: *Okay... ... When you think about being pregnant, how, besides the feeling fat, what else have you felt?*

Jessica: *It's a nice feeling, knowing that you've got something inside of you and you can feel her moving. It's emotional. (JJ 1:44).*

Shorti enjoyed feeling her baby move and seeing the scan pictures, hearing the baby's heartbeat and seeing her 'stomach' grow. For her it was a good feeling:

Moira: *What's the nicest part of being pregnant?*

Shorti: *Feeling the baby move and I don't...seeing the scan pictures and hearing the heartbeat and also just like seeing my stomach grow since I've been pregnant. It's just like, just like really weird because like one minute it looks like really small and then when I wake up it does look like it's grown overnight. It's really massive when I wake up, from how my stomach was when I first found out to how it is now. It's just like so amazing how much like it grows inside you, so it's like, it's a good feeling but it feels really weird at the same time, just like there's a person inside you.*

Moira: *You're getting used to the idea?*

Shorti: *Yeah, I've got used to the idea after hearing the heartbeat and feeling the baby move. It's just like made it more real instead of just seeing pictures and not knowing like how big the baby is and that. (SS1: 1322).*

In the next extract, Emma responds to my question about what the best part of being an expectant mother is and she also refers to the enjoyment of buying things, sorting through them and also of feeling her baby move:

Moira: *Emma, what's been the best part of being an expectant mum?*

Emma: *I like buying the clothes and sorting the things out and I like it when we sit there, don't we, and feel her moving. That's dead nice.*

Moira: *Oh that's lovely.*

Lewis: *I haven't felt it yet.*

Emma: *I can feel it sometime. I can feel it more than he can ... ... (LE 1:1373).*

7.7.2. Pregnancy as a time of preparation

Pregnancy is a time of preparation and the young mothers spoke about preparing for their babies and also preparing for motherhood. The young women spoke with excitement about buying and getting things for their expected babies; some things they purchased themselves, others were given to them by family and friends.

In the first extract Emma talks about the things she has been given for her baby. Emma talks of the generosity of others towards them:

Emma: *We bought the pram, that's at my nanna's... yeah we've got a Moses Basket, bath, clothes, trainers, teddies, a big one. [laughs] Most of my family have give me money to go out and buy stuff when, later on because the amount of stuff that we got is just, like people, it's like people who, the women who works at the snooker club where he goes, even she's given us stuff. (LE 1:1375).*

Jessica's preparation involved reading everything she could about *'babies'* so that she would know what she was *'letting herself in for':*

Jessica: *I've been reading my pregnancy book and ... everything that's got a picture of a little baby on it I've got to read, I've got to buy it.*

Moira: *What kind of things are you wanting to read about?*

Jessica: *In magazine, like 'Real Life'.*

John: *'Real People'.*

Jessica: *'Real People', it's got stories in about babies, babies that have died and how they've died. Anything to do with babies, I take it all in, I'd like to know everything, I'd like to know the reason for cot death... but nobody knows that. Reasons of how ...what symptoms babies can have when they're born and stuff like that, I like to know what I'm letting myself in for...*

Moira: *Letting yourself in for, in terms of?...*

Jessica: *Well, everybody's baby can't be perfect. I just want to know about everything in case my baby did come out with a symptom I'd know about it, I don't know, if she's got a slow heart beat like John's got, heart murmur...*

John: *It's not a slow heartbeat, my heart misses a beat.*

Jessica: *Okay. Like me, I get angry over the slightest little thing.*

Moira: *Mmmm, is that now just while you're pregnant?*

Jessica: *No. We used to think I had ADHD because of my temper, but I didn't. It was just family problems...I don't want to find out that I did have ADHD and they didn't tell me and my baby's going to have it. I know everything will be fine anyway so... but just in case something goes wrong...whereas if I read everything that people are giving me about childcare and stuff, I'm knowing, getting it in my brain bit by bit, I know what I'm letting myself up against. (JJ1: 878).*

Only three of the young couples who took part in this study had access to the internet at home. Laura and Chris both had access to the internet and used it extensively; they were actively interested information seekers. In the extract below the couple talk about a particular internet site they found useful. Chris was also engaged in looking at the site and, interestingly, they liked looking at pictures of the baby to 'see' what it would look like. They are very engaged and interested in their baby and this would appear an ideal time to engage them in health promoting activities for their child:

Moira: *Where have you got all your information from then... about pregnancy and the birth?*

Chris: *Um, we've had magazines, haven't we, and books and ...we've also like been on the internet as well, where they tell us everything.*

Laura: *Um, and I've got this site, you know, for like pregnant mums and that where they can ask questions*

Moira: *Internet site?*

Laura: *Mm ...about… any problems or anything...so I just go on there and they send you an email each week saying how far you are ...like congratulations, Laura, you are twenty six weeks and stuff like that and they give ya some written information about the baby and you're feeling and an illustrated picture of like showing what your baby looks like and everything...*

Chris: *And it tells you how long it is!*

Moira: *Sounds good. Where did you find it?*

Laura: *I just looked it up and I thought, oh I'll join that ... they send it to my 'Inbox'. That's how I know...they tell you what it's measuring.*

Chris: *That it's starting to swallow.*

Laura: *Like now it...on this one it said it's touch sensitive so if, I like, when your baby's kicking and everything, if you try and touch it, it might feel ya and everything and it's light sensitive and everything...all stuff like that...*

Chris: *And it can start to recognise my voice and stuff like that.*

Laura: *Yeah, yeah.*

Moira: *Oh wow. And Chris, do you have a look as well?*

Chris: *Yeah ...look when Laura looks.*

Laura: *I like seeing the pictures and seeing how... like what it looks inside me cos I can't really imagine what it looks like...and like to see what's happening to it all...like if it's opening its eyes yet and if it's got a colour to the eyes or anything like that ...I like stuff like that. (CL 1:1148).*

Laura and Chris, like all the young people in this study, never attended any parent craft classes but this couple were not disinterested in gaining information, rather they preferred accessing the information they needed in ways other than a class. In response to my question, Laura introduced the idea of 'support', but she felt that she had enough support at home. She was able to satisfy her information needs by drawing on her own resources, suggesting that she thought parent craft was largely irrelevant to her needs. Chris appeared to have an idea that the parent craft classes were about learning childcare and, as he had extensive experience of caring for his younger siblings, did not feel that they were for him:

Moira: *Okay...Laura and Chris are you planning to go to any of the antenatal... parent craft classes ...any of those?*

Laura: *I don't really know...I think...I don't think I need no classes or anything like that cos obviously I get a lot of support at home and everything...Mmm, I don't know. I'll see how it goes really...*

Chris: *And with me like, I've grown up like ...like without a dad so I've had to look after other babies when my mum's off so ...I know most stuff anyway...*

Moira: *So Chris you're used to…*

Chris: *I'm used to doing all sorts...I've bathed 'em, I've changed their nappies, I've looked after them and stuff like that...[laughs] (CL1: 1108).*

Sponge Bob was also interested in getting information once her pregnancy had been revealed:

Moira: *What kind of things have you wanted to know?*

Sponge Bob: *Just really...It's mainly on after the birth, like how to look after it. And then we've got stuff on before it...how to look after it while it's still being made in a way [laughs] and like preparing things and everything and getting a bag ready for just in case I go into labour or anything... (RS 1:1413)*

7.8. Labour and Birth

All the young women were apprehensive about labour but some more so than others. In the following extract, Victoria, reveals her fear:

Victoria: *Oh I was so scared because you know my mum asked me about two days ago, how long is left and I said twenty days.*

David: *No...*

Victoria: *I thought it was twenty days, then yesterday he goes to me twelve days. I was like oh my god! My heart started beatin. I was thinking oh my god, oh my god! I swear it was twenty.*

Moira: *Tell me why your heart is beating so.*

Victoria: *Because I get so scared.*

Moira: *Tell me what you are scared of...*

Victoria: *I don't know, I'm so...even now I feel it, my heart beats, I'm so scared...*

Moira: *Tell me...*

Victoria: *How to do and like I'm going to be in so much pain, and I'm going to be so scared and I won't know what to do, I'm just going to cry...I don't know.*

Moira: *Why are you so scared? Why are you worried about if you cry?*

Victoria: *No I'm not worried about if I cry, I'm just worried about the pain that I'm going to be in. (DV 1:189).*

Sponge Bob was excited, a little concerned about the birth, but she was thinking about the 'after':

Moira: *In two weeks time Sponge Bob, you are going to be a mum...what does that feel like?*

Sponge Bob: *I'm excited, I'm just a bit scared about the whole birth part but...it's holding her and like making her like fall asleep and stuff, like holding her and rocking and stuff... (RS 1: 1361).*

Janet's response is interesting in that she tackles the idea of labour and the pain of labour head on. She has been reading about the subject and is ready to face it when it comes. In this extract Janet also reveals that she has been telling Steven *'everything'* that she has learned:

Moira: *So tell me, what's it, what's it like being an expectant mum?*

Janet: *I suppose... it is scary but it is exciting as well, like everyone's saying to me oh aren't you scared about the pain and everything, and I aren't, everyone's going on about all this pain and I just want it to come now because I want to know what it's like.*

Moira: *Is this the pain of labour you're talking about?*

Janet: *Yeah, so...*

Moira: *Have you spoken to anyone about it...your midwife?...*

Janet: *I haven't actually spoken to her because I've had a different one every time.*

Moira: *Okay.*

Janet: *But just, got loads of books, books you know from when we went and got it registered, or summat?*

Moira: *Mmmm.*

Janet: *Got loads of books so it tells you everything.*

Moira: *Okay. So what sort of thing have you been reading about?*

Janet: *Pain relief and things like that.*

Moira: *Okay...*

Janet: *It tells you what to do...when's the best time to push…*

Moira: *Okay... and you Steven? Have you had been able to read the books and stuff?*

Steven: *I haven't done that much reading to be honest. Been coming home from work, about half an hour and then get a bath, have my tea, then an hour's rest and then go to sleep really. So I haven't had much time to do anything really.*

Moira: *Okay, so who's going to be there at the birth?*

Janet: *My mum and Steven.*

Moira: *Your mum and Steven.*

Janet: *[To Steven] Mind you, I tell you everything about it anyway, don't I?*

Steven: *Yeah. (SJ 1:704).*

'Change'

Pregnancy was a time of preparation but it was also a time of change. These changes were all encompassing for some of the young women and some of the most significant involved changes in relationships with partners, parents and in their social circles. In the extract below Janet talks of some of the difficulties she was experiencing in learning to live with someone. She and her partner, Steven, were adjusting to living together on a permanent basis:

Moira: *So what's been the hardest part about being an expectant mum?*

Janet: *Getting on with Steven, that's been it. No it's not that, I suppose it's, I don't know, you get, I'm getting to know things about him that I didn't really know before.*

Moira: *How long have you been living together here in the house?*

Steven: *...Couple of months.*

Moira: *So you feel you're getting to know more about him now that he's in the house?*

Janet: *Yeah. No, I don't think it's so much that...I think it's just... because it's like, I thought I knew him, I thought I knew everything about him before, but you don't really.*

Moira: *So what, what are the hard bits?*

Janet: *...Um, I can't really.*

Steven: *At the minute it's just getting along with each other, isn't it?*

Janet: *It is yeah. Well, I don't know, I think we do get on alright sometimes but...*

Steven: *We have our off days.*

Janet: *Yeah, and it's… it's mainly me.*

Steven: *Both tired.*

Janet: *To be quite honest with you, it's just moody.*

Steven: *We're both tired really. (SJ 1:675).*

7.9. A very young mother to be

Sponge Bob was 14½ when she and her partner Rob Bob, who was 18 ¼ at the time, conceived their baby. They started going out after a weekend camping trip in the countryside. They had met before the camping trip at a 'gig' and Rob Bob confessed that '*I liked her from... from when I saw her at the gig'*. Sponge Bob thought Rob Bob was *'a good looking guy'* and as Rob Bob explained, *'We basically like everything the same really... the same heavy metal music, the same bands... we both like going to gigs'*. A few days after the camping trip, Rob Bob asked Sponge Bob out and the couple had been together ever since.

Sponge Bob was referred to the study by the Teenage Pregnancy Reintegration (TPR) Officer in the Southern research site. The aim of the Teenage Pregnancy Reintegration Project is to allow school age pregnant pupils and parents to continue with their education and is a part of the Children's and Young People's Education Services Directorate in the Local Authority. The service supports both young women and young men of school going age. Sponge Bob had been referred to the TPR Project by her high school. The school were also the agency that had first shown concern that Sponge Bob may be pregnant and, via the school Education Welfare Officer, had phoned her mother and asked her to take Sponge Bob to see a medical doctor.

I had met the TPR Officer earlier in the project, when I was looking for young people in the southern research site to recruit to the Advisory Group for the study. She had introduced four young parents to me, who subsequently went on to help me convene the Advisory Group. The TPR officer was an experienced schoolteacher who had worked with young pregnant pupils and parents in the area for over twenty years.

Sponge Bob was referred to the study as a 'late diagnosed pregnancy'. When I first met her and her partner, Rob Bob, she was just over 15 years of age and 38 weeks pregnant. She had had her pregnancy officially confirmed two weeks earlier, although she herself had known for a little longer. Before meeting her and her partner, I had been unconvinced that she, or her partner, would agree to take part in the study, given that her advanced pregnancy had only recently been confirmed. I felt that she had probably had enough drama and enquiring

professionals to cope with at the time. However, to my surprise, both she and her partner were willing and happy to consent to take part in the study. I arranged to meet the couple three days later at Rob Bob's home to conduct the first interview.

Sponge Bob reported that she had been unaware that she was pregnant up until about five or six weeks earlier. In my field notes, written after first meeting them, I had written the following on my impressions of Sponge Bob:

> *... Sponge Bob seems older than her 15 years. She is tall and elegant and looks like a ballet dancer. Wearing a huge oversized grey sweatshirt, black track suit bottoms and black trainers. No make-up and wearing her hair in a high pony tail. Quiet and composed and has really good social skills. Chatted easily to me, good eye contact. Soft deep voice. Much more relaxed and confident than Rob Bob who seems shy and quite 'young'. Pregnant abdomen quite obvious, even with the loose sweatshirt. Seems to be handling the trauma of the last weeks well. (RS 1: 28/6/2007).*

In our first interview, I asked Sponge Bob, probably as every other professional had asked her at the time, if she had been aware that there was 'something going on' with her body:

Moira: *Okay, Rob Bob's had his turn of going first, I'm going to ask you [Sponge Bob] first now...I want to ask you about finding out that you were pregnant, think, think right back, when did you first kind of think like... mmm... something's maybe going on with me, something's happening, what actually happened? How did you become aware that something was happening... how did it happen?*

Sponge Bob: *I didn't really know much about it. Like I didn't really notice or anything and then like one day I just like went for a test just in case and then found out that I was. (RS 1: 707).*

I am not sure what prompted Sponge Bob to initiate the conversation about the possibility of her being pregnant, but she wrote a letter to her partner, Rob Bob, telling him of her suspicion:

Moira: *So how did you tell Rob Bob? What did you say to him?*

Sponge Bob: *I told him in a letter.*

Moira: *Okay...what did you say in the letter?*

Sponge Bob: *I think I might be a little bit pregnant...I was worried.*

Moira: *So you were worried?*

Sponge Bob: *Yeah.*

Moira: *Worried about?*

Sponge Bob: *That I might be...*

Moira: *Okay ... and then how did you give it to him?*

Sponge Bob: *I gave him it at the bus stop and then got on the bus really quickly after. (RS 1:737).*

Rob Bob was the first person with whom Sponge Bob had shared her suspicion and, when he read his letter, he took charge of the situation immediately:

Rob Bob: *I got home, read it and then just rang her straight away. I was like, alright, we'll get this sorted out and just went to the clinic the next day. (RS 1: 768).*

The couple went along to the local Family Planning Clinic and they had Sponge Bob's pregnancy confirmed the next day. I asked Sponge Bob whether or not she had a feeling that she might be pregnant and she reveals that, even at the point of having the test, she was denying that it was going to happen, probably as she had done for most of her pregnancy, up to that point. She does report that she was happy, although she was also scared of her parents' reaction:

Moira: *Okay so what were you feeling?*

Sponge Bob: *I was happy but then scared of what my mum and dad and that would say.*

Moira: *Did you think...did you think it might be positive, before the test result came out, Sponge Bob?*

Sponge Bob: *I don't know, I was like thinking...then I was…then I was like, just trying not to think it, just sort of thinking it's not going to happen now, it's not going to happen...*

Moira: *Yeah...because it's such a big thing, isn't it?*

Sponge Bob: *Yes.*

Moira: *Okay, so you went to the clinic. Did they do a urine test?*

Sponge Bob: *Yeah, with their little pregnancy test thingy.*

Moira: *Who did it?*

Sponge Bob: *This lady.*

Rob Bob: *One of the nurses.*

Moira: *So, you'd done your urine sample?*

Sponge Bob: *Yeah, and then she put it on the, like waited, and like waited a couple of minutes to make sure.*

Moira: *When you saw the result, what did you feel?*

Sponge Bob: *I was kind of okay, sort of trying to figure out what I was going to do, sort of.*

Moira: *Had you already had the conversation between the two of you, if we are pregnant, if it is positive then I've decided I'm going to keep the baby.*

Sponge Bob: *Yeah, but it was still a bit of like…*

Rob Bob: *Shock.*

Sponge Bob: *Wow!*

Moira: *And when you say 'Wow!', what did that feel like for you?*

Sponge Bob: *I was sort of like, you know when you sort of sit like, and you're kind of like worried about things, you sort of sit there, everything's kind of gone and it's just focusing on that one thing, like okay...*

Rob Bob: *Takes time to sink in.*

Sponge Bob: *Yeah, it was like mmm… what do I do? (RS 1:800).*

Sponge Bob was told at the Family Planning Clinic that she was about thirty weeks pregnant and advised to go and see her doctor. This is a surprising reaction on the part of the Clinic, given Sponge Bob's age and the advanced state of her pregnancy. At 15, Sponge Bob was under the age of sexual consent, and while Family Planning Clinics may give contraceptive advice and treatment to a young person under the age of 16 in accordance with Fraser Guidelines, I argue that Sponge Bob should have raised at least some concerns in the health professionals who had done her pregnancy test and given her the positive result. She should not just have been referred to her general practitioner.

Late presentation in pregnancy, defined as presenting for antenatal care after 22 weeks, is associated with poor pregnancy outcomes and increased maternal and perinatal mortality and morbidity (Centre for Maternal and Child Enquiries, 2011). It is sometimes assumed that the phenomenon of concealed, or undetected pregnancy, is most common in young unmarried teenagers, but an 11 year study into the phenomenon in South Glamorgan has shown that 58% of women with undetected, or concealed pregnancy, were multiparous (Nirmal et al., 2006).

The reasons why women conceal, or deny, their pregnancies are varied. Conlon (2006), in a landmark investigation into the phenomenon in Ireland, proposed a number of categorisations of the condition which have now been developed to include: *concealment,* where the woman has full knowledge of the condition but conceals it from others; *conscious denial*, the woman is aware of the pregnancy at some level, but does not act in a way that society would expect, on that awareness; and *undetected,* the pregnancy when discovered is a complete surprise to the woman and those providing her care (Ali and Paddick, 2009).

The reasons for the condition are varied but include the following: firstly, social and cultural reasons which may occur in the *concealment* category; secondly, poor support from partners or social networks which is associated with *conscious denial and psychotic and non-psychotic reasons in the undetected category*. The condition is high risk to both mother and baby, and health outcomes can be very poor for both (Centre for Maternal and Child Enquiries, 2011).

I am not able to say which of these categories Sponge Bob would have fallen under, but she did present a potential risk to herself and her baby, which should have been picked up on by the persons at the family planning clinic where she attended for her pregnancy test.

Sponge Bob decided that she wanted to keep her baby and Rob Bob was supporting her decision. In the following extract I ask Sponge Bob if she had considered the alternatives to keeping her baby; I was thinking about whether she had considered having her baby adopted, or placed in foster care, while she considered her future. Despite her maturity, Sponge Bob was still unaware that termination of her pregnancy by abortion was not an option and reflects the poor counselling she had received:

Moira: *Now, you decided, okay, we are going to keep the baby. What made you decide that? Because you could have made other decisions at that point. You could have said look, I don't think I feel ready for this. So what made you decide on the particular choice that you have made?*

Sponge Bob: *I don't know. I think it's just because it's a little person, it's kind of evil, especially seeing as though how far along it would have ... it is... so if I wanted to get rid of it, it would be really evil, I want to keep it anyway because...*

Moira: *Okay, when you say that you were so far on and in terms of keeping the baby... did anyone talk to you about what kind of options there were?*

Sponge Bob: *Not really. I knew that it was a choice of either keeping it, or not keeping it.*

Moira: *When you say not keeping it, you mean?*

Sponge Bob: *Like abort it.*

Moira: *Okay.*

Sponge Bob: *I just thought that might be a bit harsh because it's not really the kid's fault or anything, so it's evil.*

Moira: *Did you ever think about something like adoption or anything along those lines?*

Sponge Bob: *Not really, because it would be kind of like giving it away and then when it's older and everything, then sort of sitting there like they find out they were adopted and like you are cruel, it's kind of harsh. I think it's like when you see on TV or something, like a kid that's grown up and stuff and not knowing who it's parents are and stuff, doesn't have the best of life, they normally have like problems when they get older, have anger problems and everything and they become like ...become like really bad or something like that. I don't know, just seems kind of harsh. (RS 1:932).*

Even though her pregnancy had been confirmed and Sponge Bob had been told by the doctor at the Clinic that she was about 32 weeks pregnant, neither she nor Rob Bob took any further action to speak to anyone about the pregnancy. The Family Planning Clinic staff, also, did not follow her up afterwards. This was despite Sponge Bob being under age and in danger of delivering with the associated danger to the baby.

According to Sponge Bob, about four weeks later the school contacted her mother, who then took her to see the doctor. Sponge Bob sets the scene:

Moira: *I'm going to ask you about telling people. Who did you go and tell? Who was the first person that you told?*

Sponge Bob: *We didn't really tell anyone because my mum sort of found out from when she took...the school phoned her to ask her to take me to get a test to see if it was happening and that and then...*

Moira: *Was this after you'd been to the Clinic?*

Sponge Bob: *Yeah.*

Moira: *Had the school heard or…?*

Sponge Bob: *I think it was because people started saying things to them.*

Moira: *Had you told anybody, any of your friends or anything?*

Sponge Bob: *No.*

Moira: *So how do you think the school found out?*

Sponge Bob: *I don't know. They just like sort of started saying things because me and my mate we all wear jumpers in school and stuff.*

Moira: *Like... so...explain to me...*

Sponge Bob: *We normally wear like really baggy jumpers.*

Moira: *Okay.*

Sponge Bob: *And then because I normally wear like baggier ones than her, they started going she must be pregnant just because she's wearing a baggy jumper but I've always worn baggy jumpers. So then the school sort of started hearing it and then kind of, they called my mum and dad and stuff.*

Moira: *Who from the school called?*

Sponge Bob: *I think it was the Student Welfare Officer, or something like that.*

Moira: *Okay.*

Sponge Bob: *So then she phoned them and then the next day they took me for a test.*

Moira: *Your mum and dad?*

Sponge Bob: *My mum took me for the test.*

Moira: *And you already knew that you were pregnant?*

Sponge Bob: *Yeah.*

Moira: *But you didn't tell her?*

Sponge Bob: *No. And then she found out and then...*

Moira: *So did you pretend in front of her, like 'Oh, goodness'?*

Sponge Bob: *Yeah.*

Moira: *Did you? [laughs] You're a good actress.*

Sponge Bob: *And then.*

Moira: *How long. How long had you known before this happened?*

Sponge Bob: *I think it was about a month.*

Moira: *About a month?*

Sponge Bob: *And that's when we found out how far I actually was.*

Moira: *Because that's when you went for the scan?*

Sponge Bob: *Yeah.*

Moira: *Did you go with her for the first scan?*

Rob Bob: *Yeah?*

Moira: *And what did she… how did she react?*

Sponge Bob: *She was very shocked, quite angry, but then she calmed down.*

Moira: *When you say angry, what did she...*

Sponge Bob: *She was like, 'How could you do, have done this now? I didn't know you was even doing this.' I was like... she was... and then she calmed down and then sort of accepted it and everything and then like, so okay... we just went to get some stuff.*

Moira: *Okay, how long did she take to calm down?*

Sponge Bob: *Surprisingly, it wasn't that long. It took about an hour. (RS 1: 991).*

Sponge Bob's mother contacted her father, who lived in the area with his second family. Sponge Bob reported that he was *'Not best pleased, but I'm not that bothered what my dad thinks because I haven't been that close to my dad'*. Sponge Bob dismisses him and then has little further contact with him. At this point Rob Bob's family were completely unaware that Sponge Bob was pregnant and due to deliver in two weeks time. Rob Bob just didn't know how to tell his mother and only revealed the pregnancy after the birth of the baby. Sponge Bob went into labour a week later and delivered a healthy baby girl. After the birth Sponge Bob and the baby moved in with Rob Bob and his mother.

7.10. Chapter Summary

This chapter has given an account of the eight young women's early journey into motherhood. The chapter has presented contextual data on the young women and argued that despite the difficulties of their situations and their youthful vulnerabilities, these young women have actively chosen to become mothers. The chapter has argued that these young women's decisions to actively choose motherhood reflect an expression of resistance and determination. Unanimously, they were determined to proceed with their pregnancies and embrace motherhood. The early motherhood journey which begins with pregnancy is characterised by highs and lows and the development of resilience in the face of these challenges.

A second argument running through this chapter is that what is unique about the young motherhood journey and the experiences of these young women are the multiple, simultaneous transition that they are making. Young mothers are changing personal identities, some mothers are leaving home and moving into new homes and families, they are experiencing changed partner relationships, their sociality is changing and they are having to forge different alliances within the family, they are having to make education decisions and embarking upon new life trajectories. The women manage these demands in different ways, yet what underpins this all is their focus on the needs of their expected children.

Their motherhood journeys continue in Chapter 9 of this thesis, 'On Becoming a Family'. Aspects of their young motherhood are also explored in the Chapter on 'Young Fatherhoods', chapter 8, where their voices form an integral part of the young men's experiences and narratives of fatherhood.

Chapter 8: "Just to be able to say that I am a dad and like from now on it's like I'm not going to throw my life away, it's like it's not just me I'm thinking of now, it's somebody, it's like a child, it's like another person." (Paul 1:1282): Young men, young fatherhoods

8.1. Introduction

Chapter 8 shifts the analytical focus in this thesis onto the eight young men and examines their experiences of becoming and being young fathers. As in Chapter 7, it is the voices of the young participants, and in this chapter it is the turn of the fathers who are at the centre of the analysis: Chris, John, David, Skinny, Paul, Rob Bob, Lewis and Steven.

The young men in this study were all teenagers when their children were born, their careers were not yet established, most of those who were working had insecure employment, and all of the young men were still dependent upon their parents and others for their accommodation, and for at least some financial support. All these factors contributed to making these young men's fathering vulnerable: their young ages meant that they were parenting outside of traditional norms, and their relative dependency on their families, low incomes, unemployment and insecure futures, gave them little social status. Yet I argue that despite this, and because the young men had such a strong desire to go on and be supportive to their partners, and 'good' fathers to their children, that they found ways of either resisting or overcoming the difficulties posed by being a very young father. It is the strengths and resourcefulness of the young men, generated in response to the situations in which they found themselves, that are at the centre of the analysis in this chapter.

In keeping with the review of the literature on young fatherhoods in Chapter 2, I draw, as I did there, on Hobson and Morgan's (2002) heuristic framework of fatherhood to structure the presentation of the findings in this chapter. The analysis is, therefore, presented under the three broad headings of *young fathers, young fatherhood and young fathering.* The first section on *young fathers* sets out the social and demographic data on the eight young men in this study. The second, *young fatherhood,* charts the young men's fatherhood journeys from first hearing the news of their partner's pregnancy, through the decision making about remaining involved with their partners and unborn children and then on to the birth of their children. The third section, *young fathering,* examines what it is like to be a young father and what it is that young fathers do in terms of caring for their very young children. It also examines how the fathering experience and the young men themselves are shaped by their

relationships with their partners and by work, unemployment and, importantly, by their children.

There are two substantial case studies presented in the chapter, one of Paul and his experiences of labour, birth and becoming a father, and then one of Chris, and his account of fathering over the first year of his baby daughter's life. The case studies are supported by material from the other young men where they either add a different perspective to the discussion, or where they contribute to a more nuanced analysis of the findings. The purpose of the case studies is to allow for an in-depth analysis of the experience of becoming, and then being a young father, through the detailed accounts of two young men. I therefore aim to use these case studies to capture "*the particularity and complexity of a single case"* in order to come to "*understand its activity within important circumstances"* (Stake, 1995:xi). I draw the chapter to a close with a summary of the main findings**.**

8.2. Theoretical underpinnings of the chapter

The analysis in the chapter is rooted in a wide ranging interdisciplinary literature drawn from socio-demographic data on young fathers, the law, current government policy on children, young people and families, medicine, and contemporary sociological understandings of the 'new, involved fatherhood'. These literatures are reviewed in relation to young fatherhood and they are invoked to aid an understanding of young fathering 'practices' (Morgan 2006).

8.3. The young fathers

Table 8.1, below, summarises biographical information on each of the young men who took part in this study. As in chapter 7, which summarised information on the young women, these data are drawn from the young people's biographies and revealed in the interviews. Like the young women, these data point to the vulnerability of the young men; in terms of their ages, their lack of qualifications, their tenuous employment situations, and their low incomes. The biographical data also show that the young men are still predominantly reliant on others, mainly family, to support them in providing housing and material and financial resources. This section briefly discusses these issues as they pertain to the eight young men in the study.

Table 8.1. The young men's biographical data

	Age at conception of baby	***Age at birth of baby***	***Home and residence***	***Education, employment and vocational training involvement / plans at the time the baby was conceived and then born.***
Chris*	*15 ½*	*16 ¼*	*Living at home with lone parent mother and 6 siblings / Remained at home after birth of baby but spent part of weekend with partner Laura and baby.*	*Passed 10 GCSEs with mostly C Grade and above. Doing plastering apprenticeship with national building company.*
John*	*16*	*16 ¾*	*Living at home with both parents / Moved in with partner Jessica and her mother permanently after Jessica's pregnancy was confirmed.*	*Gained no GCSEs at school. Doing Level 1 course in motor mechanics at FE College.*
David	*17 ¼*	*18*	*Living at home with lone parent mother and younger sibling / Moved in with partner Victoria 3 months before baby born.*	*Abandoned hairdressing apprenticeship. NEET#*
Skinny	*17 ¾*	*18 ½*	*Asked to leave father's home and then homeless / Moved in with his mother and her partner on a temporary basis with his partner Shorti.*	*Passed 'few' GCSEs. NEET.*
Paul	*18*	*18 ¾*	*Living at home with both parents. Moved in with partner Sally into their own house 2 months before baby born.*	*Left school with 'no qualifications'. Failed College mechanics course. In and out of temporary employment because of lack of work opportunities in the geographical area.*
Rob Bob	*18 ¼*	*19*	*Living at home with his lone parent mother and his older sister. After birth of baby continued to live with mother, joined by partner Sponge Bob and baby.*	*Laboured for 2 years after GCSEs doing painting and decorating. Lost job 2 months before baby born. Looking for employment.*

	Age at conception of baby	*Age at birth of baby*	*Home and residence*	*Education, employment and vocational training involvement / plans at the time the baby was conceived and then born.*
Lewis†	*18 ¼*	*19*	*Moved in with his partner Emma and her family as he was homeless. Lewis had moved in with the family a year before his baby was born.*	*Working full time for a temping agency as a factory operative.*
Steven#	*18 ¾*	*19 ½*	*Living semi-permanently with partner Janet and her mother but still spending some time at home with his mother, stepfather and 4 younger siblings. Moved in with Janet before baby was born.*	*Working full time as a labourer in a factory.*

*****Ages have been rounded up to the nearest quarter. Chris who was age 15 years and 5 months at the time his baby was conceived is recorded as being age 15 ½ . He was 16 years and two months of age when she was born. His age at the time of his baby's birth is recorded above as 16 ¼. Similarly John, who was 15 years and 11 months when his baby was conceived, is recorded as being 16 years of age when she was conceived and 16 ¾ when she was born.
† Lewis was a second time father. He was 17 ½ when his first child, with a previous partner, was born.
# Steven and Janet had conceived a pregnancy a few months before the pregnancy which was the concern of this study. Janet had had her first pregnancy terminated.

8.4. Young men becoming fathers

Table 8.1 reveals the ages of the eight young fathers in this study. These ranged from 15½ to 18¾ years at the time their children were conceived with their partners, and from 16¼ to 19½ years at the birth of their children. The term 'young father', or 'young fatherhood', is used by different authors in various studies to describe fatherhood which occurs up to approximately 22 or 23 and sometimes 24 years of age (Reeves, 2007; Sigle-Rushton, 2005; Speak et al., 1997). The fathers in this study are on the younger side of the 'young father' spectrum.

8.5. Too young to become a father?

Chris was 15 ½ when he and his partner Laura (17 ½) discovered her pregnancy. He was in his final GCSE year at school and living at home with his mother and six younger siblings. Like John (16), David (17 ¼) and Skinny (17 ½), the three other very young men in this study, Chris was acutely aware that he was a young 'father to be' and of the issue of his age in relation to becoming a parent. In the following extract, he refers to some of his and Laura's romantic plans for their future together. He raises the issue of having a child at what he calls a *'decent age'*. I did not specifically explore with Chris what he implied by 'decent'

during the interview but, in the context in which he uses the word here, having achieved in life, having monetary resources, material goods and being settled in his relationship, I have taken it to mean what he sees as being an 'appropriate' age to have a child:

Moira: *Ok, so you'd thought about making plans for the future ... like the things you wanted to do..*

Laura: *Yeah...*

Chris: *Yeah, in years to come though... [emphatically]*

Moira: *.... and what were the plans, when you were talking about the future?*

Laura: *I dunno...*

Chris: *Well we was going to wait to like, you know, like when we'd done well and that and money and stuff and had a house and was settled down at like a decent age round twenty-five twenty six and then we was going to have a child. [laughs] (CL 1:316).*

In the a foregoing exchange Chris signals that, because of their young ages, he and Laura were not yet, in his eyes, in an ideal situation to have a child. In acknowledging this, Chris, like the other young men and women in this study, has taken on the prevailing view of young parenthood that becoming a parent at a young age, without the requisite material and financial resources to support a child, is not unproblematic (Daguerre and Nativel, 2006; Pearce, 1993; SEU, 1999a; Sigle-Rushton, 2005). In the next exchange he also signals his concern about how having a child at a young age might change him, place restrictions on him and make him grow up fast when he wasn't yet ready to do so:

Moira: *Ok, so if I asked you then, what's been the main impact on you of being an expectant dad?*

Chris: *I don't know really .. I think it's just the thought of I am going to be a dad that's impacted me the most ... it's just made me think well .. this is how my life's going to be now ... you know what I mean...so it's like .... don't know.. it's...[long pause]*

Moira: *You said earlier that some things have changed and some things haven't changed ...What hasn't changed?*

Chris: *Like I thought that it'd be like ... well I'd have to be where I can't really have a laugh and stuff now I won't be able ... no laughter and that ... but nothing's changed at all. I still have a laugh with my friends and that and with Laura and stuff ... I thought maybe I'd have to really grow up and fast but .... (CL 1:813).*

While Chris acknowledges that his initial fears have not materialised about how being a young 'father to be' might constrain him, he is voicing another concern on the discourse of young parenthood, that young people are not yet emotionally 'ready' to parent a child (Quinton et al., 2002).

David was, also, still living at home with his lone parent mother when his partner Victoria's pregnancy was confirmed. He had abandoned his hairdressing course some six months earlier and was unemployed. Like Chris, and his concern about the need to 'have something' to offer a baby, David was worried about how he and Victoria were *'going to keep a baby'* as they were *'so young'* and had no home of their own or material goods to offer a baby.

Skinny's first reaction to hearing the news of his partner's pregnancy was whether he had the capability, as a young man, to be a 'good dad':

Moira: *Ok, now you had to tell your mum and dad, tell me how you did that, why were you worried, why were you nervous to tell them?*

Skinny: *I don't know really, because of how old I am, I was just like... didn't really know if I was going to make a good dad or not. (SS 1:577).*

These data reveal that the young men were concerned about their unborn children and that their immediate thoughts, on hearing that they had fathered a child, were about being able to do the right thing for them. Chris, David and Skinny were concerned about what material, financial and personal resources they had to offer to a child. However, they, like all the fathers in this study, chose to support their partners and go on to be involved with their children. I explore the reasons for this 'choosing fatherhood' decision later in the chapter. For now, these findings demonstrate that these young men are capable of being reflective, responsible, insightful, and interested in their unborn children's welfare. This contrasts with a particular view of young unmarried fathers as being 'feckless', 'absent' or 'problem' fathers (Dennis and Erdos, 1992; Hudson and Ineichen, 1991; Murray, 1990; SEU, 1999a) and adds to a more nuanced understanding of young fatherhood.

8.6. Men and their partners' ages

All the couples in this study were within 3 years and 9 months of one another's ages. Table 8.2 details a comparison of the young men and women's ages at the time of the conception of their children, and then at the time of the birth.

Table 8.2. The young men and women's ages

	Age of the young person when baby conceived	***Age of the young person when baby born***
Chris	*15 ½*	*16 ¼*
Laura	*17 ½*	*18 ¼*
John	*16*	*16 ¾*
Jessica	*16*	*16 ¾*
David	*17 ¼*	*18*
Victoria	*16*	*16 ¾*
Skinny	*17 ½*	*18 ½*
Shorti	*17*	*17 ¾*
Paul	*18*	*18 ¾*
Sally	*17 ½*	*18 ¼*
Rob Bob	*18 ¼*	*19*
Sponge Bob	*14 ½*	*15 ¼*
Lewis	*18 ¼*	*19*
Emma	*16 ¾*	*17 ½*
Steven	*18 ¾*	*19 ½*
Janet	*16*	*16 ¾*

The biggest age difference was between Rob Bob, who was just over 18 years of age when he fathered a child with Sponge Bob, who was 14 ½ at the time. The issue of age differences between teenage women and their partners is important, because of concerns about the sexual exploitation of young teenage women by older partners. Sponge Bob, like Jessica, John and Chris, were also all under the age of sexual consent when they conceived their children. While the Sexual Offences Act, 2003 prohibits sexual intercourse under the age of 16, the law would be very difficult to enforce in practice. A young person under the age of 16 can, however, receive contraceptive advice and treatment from healthcare professionals, in accordance with Fraser Guidelines (Gillick vs West, Norfolk & Wisbech AHA & DHSS [1985] 3 WLR (QBD))).

Despite the age difference between Sponge Bob and Rob Bob, and the fact that she was under age 16, I never got the sense that she was being exploited by her partner. If I had, I would have taken the appropriate action and referred the couple to a Social Services Child Protection Service. None of the under-age young people ever referred to the issue of under-age sex and I did not raise it as an issue either.

While under-age sex was not discussed, two of the 'older' young fathers, Steven (18 ¾) and Paul (18), both raised the issue of age in relation to their feelings about 'getting' their young partners pregnant. Steven voiced his concerns about Janet *'being only sixteen'* and his regret that she had become pregnant at *'such a young age'*.

In the second interview I conducted with Paul, he spoke about his feelings of Sally being pregnant at seventeen. He felt responsible for the pregnancy. In the following extract he responds to a question I had posed about the quality of his relationship with Sally's parents. He expresses his guilt about 'getting' their seventeen year old daughter pregnant when they hardly knew him:

Moira: *And Sally's mum and dad and family, how do you get on with them and how did they treat you now?*

Paul: *They treat me better now that, well I had a job, I don't know, I just, I just let it all go over my head, I mean, I don't let anything bother me because if I did then it, I don't, I don't, it's, I've just got to be strong for myself kind of thing because it's like, well it's like, it was their seventeen year old daughter that I got pregnant and you know what I mean, they never even saw me, they only ever met me once didn't they really? (PS 2:1531).*

8.7. First and second time fatherhood

For all but one of the young fathers, this was the young men's first experience of fatherhood. Lewis had a daughter from a previous relationship who had been born when he was 17 ½ years of age. This relationship was short-lived and had broken down acrimoniously after the baby was born. When I first met Lewis, before the birth of his and his partner Emma's baby, he was having weekly supervised contact with his daughter who was a year old at the time. She was the subject of a Care Order under Section 31 of the Children Act 1989 (*The Children Act*, 1989) and was living with foster parents.

8.8. Home and residence

None of the young men were living independently at the time they conceived their children. All were reliant on parents, or others, to provide a roof over their heads. Chris, John, David,

Paul, Rob Bob and Steven all had good contact with their families and were all still living, at least some of the time, at home. Skinny had been asked to leave home by his father as their relationship had broken down. He had travelled to the northern research site with his partner Shorti, to live temporarily with his mother and her partner. Lewis had been homeless since leaving the care system. He had, as discussed in chapter 6, been offered a home by his partner Emma's parents, at the instigation of her mother.

The announcement of a pregnancy frequently prompted a change in the young men's living circumstances and most of the young men who were still living at home moved in with their partners and their partner's families. Chris was the one exception as he continued to live at home, spending part of the weekend with Laura at her house, and then she with him at his home. After the confirmation of his partner's pregnancy, David moved out of home to live with his partner, because the relationship was difficult between him and his mother. John had been spending weekends at Jessica's house and, when the pregnancy was confirmed, he moved in with her and her mother permanently. Steven had also been living semi-permanently with Janet and her mother and he then moved in more or less permanently before the birth of their baby. He was still spending some nights a week at home to help oversee his younger siblings while his parents were out working. In this study it is the families who provided solutions to where the couple should live when they had decided to move in together. I take up the discussion about family models and the process of 'doing young parenthood' within the context of family, in Chapter 9.

8.9. Education, training and employment

Six of the eight young men were engaged in work or training. Chris and John were both undertaking further educational training: Chris was doing a joinery apprenticeship and John was doing motor mechanics at a Further Education College. None of the other men were qualified above GCSE level. Lewis and Paul were both in temporary employment and dependent upon the availability of agency work in the area. Steven was in full time work, labouring at a powder coatings company. Rob Bob had recently lost his labouring job, after always having been in work. He was looking for employment. David had dropped out of his hairdressing apprenticeship as he had found the work 'not for males'. He had subsequently done a few short semester courses at College, but none of which would lead to a qualification. Skinny had had no career plans and had not been employed, or in training, since leaving school two years earlier.

All of the men were on low incomes and unable to set up home independently. Chris was earning the minimum wage for a 16 year old. Paul, Lewis and Steven were all earning the national minimum wage. John was in receipt of an Educational Maintenance Allowance[18] (EMA). Rob Bob and Skinny were in receipt of state benefits and David was receiving the state disability living allowance. Because of their low incomes, all of the men needed to live with their families and this limited their ability to move and to find work in areas of higher labour demand.

McDowell (2003) shed light on the work crisis facing young, white, working class men in contemporary Britain. The young men in her study, like most of the men in this study, had 'failing' school experiences and a lack of qualifications which disadvantaged them in the labour market. Like their fathers and grandfathers before them, she found that the young men in her study were tied to their locality and the 'low level' type of work available in their areas. But unlike their forebears, young men today do not have access to the secure manual labour that was previously available, primarily because of the change to Britain's manufacturing base. In addition to this, the type of work that is available, service sector work, demands the 'soft' personal skills and social capital that these young working class men do not have, or have access to (McDowell, 2003:221). McDowell makes the important point that young men in particular are disadvantaged because of their social class and their gender.

The ways in which the young men in this study attempted to overcome their financial and material disadvantage, in order to fulfil their fathering responsibilities, was to turn to their own and their partner's families and pool their resources with those of the wider family.

8.10. Fatherhood

8.10.1. The very beginning of fatherhood: hearing the news

The initial emotions experienced by the young men, on learning of their partners' pregnancy, ranged from 'shock', to sorrow, to an attitude of philosophical acceptance, to happiness and, for some of the young men on first hearing the news, real excitement and wonder about the prospect of fatherhood. These early reactions were often entwined with feelings of 'shock' giving way to joy, or gladness alternating with fear, particularly about having to tell both sets

[18] The Educational Maintenance Allowance, which closed to new applicants on the 1 January 2011, was previously paid to all 16-19 year olds from low income households who stayed on in education after reaching statutory school leaving age. The aim of the £30.00 weekly allowance was to encourage post age 16 participation in education or further training, and provided a small amount of money to ease the burden on families supporting young people not yet working. It was a means tested benefit (www.direct.gov.uk).

of parents. Expressions of 'shock' are often reported in studies of young people's responses to hearing the news of a pregnancy (Gregson, 2009; Higginbottom et al., 2006; Stapleton, 2010). The young people in this study used the word shock as a 'hold all' for a multiplicity of feelings attached to hearing unexpected news.

In the first extract on the young men's reactions, David, describes his response to the news that his partner Victoria's pregnancy test was positive. Victoria begins by describing how happy they both felt about her pregnancy. David agrees, but he also remembers his initial reaction to the news, interjecting with his first memory of his reaction to the positive pregnancy test:

Moira: *Ok, so the first thing I want to ask you is to tell me... what it's like, what's it like being pregnant?*

Victoria: *It's been alright so far, yeah...but when I found out I was happy.*

David: *Yeah..happy.*

Victoria: *We were really happy yeah, he was really happy, I was happy but he was really really happy, yeah.*

Moira: *So tell me, take me right back then, right back to the beginning, how did you find out?*

Victoria: *Basically, we went to a ..yeah clinic to have pregnancy test done, so I had to get you know urine, and they check, put the pregnancy test in and they check it, so I went for that and they done that and then it was positive.*

Moira: *Straight away?*

Victoria: *Yeah.*

David: *I was shocked [quietly].*

Moira: *You were shocked?... (DV 1:33).*

Similarly John, experienced the news as a shock:

John: *Well it was a shock at first. (JJ 1:376).*

Steven was numbed, unable to think:

Moira: *How did you feel when she told you, Steven?*

Steven: *Scared at first... [long pause].*

Moira: *What were you thinking?*

Steven: *Didn't think at first.*

Moira: *Nothing at first?*

Steven: *No.... (SJ 1:113).*

Some of the other men responded with immediate happiness. In the following extract, Skinny remembers in detail the circumstances and his feelings and emotions when Shorti told him that she was pregnant:

Moira: *Ok, so tell me how she told you, Skinny.*

Skinny: *Wel,l I was laying in the two-seater sofa watching the movie.*

Moira: *Mmm.. You were living here the two of you at the time?*

Shorti: *Yeah.*

Skinny: *And I heard some movement about upstairs and I thought oh just moving about upstairs and I thought oh she's just fidgeting about or just going to the toilet and then she walked down the stairs and she turned round and she said I've got something to tell you and I said well make it quick then because I'm watching this film and then she turned round, she goes hiya daddy and I just stood, basically just laying there and I thought am I dreaming this or what? And then she come over and she showed me the pregnancy test and then I just stood up, gave her a cuddle and I was in tears...*

Moira: *Ahhh...*

Skinny: *I was worried of what my mum was going to say but then I was also well... happy as well.*

Moira: *Ok.. happy?...*

Skinny: *Like I said before, just knowing that I'll have my own flesh and blood running about, so be happy.*

Moira: *Ok, now you had to tell your mum and dad, tell me how you did that, why were you worried, why were you nervous to tell them?*

Skinny: *I don't know really, because of how old I am, I was just like... didn't really know if I was going to make a good dad or not.*

Moira: *You were worried...*

Skinny: *Yeah, I was worried yeah, whether I'd be good enough or not but then I told my mum and she goes shut up, you're just messing me about, so I went upstairs, got the pregnancy test and just put it on the table in front of her and I*

went look, there's your proof, I'm going to be a dad and then she was fine with it... I think she was a little bit annoyed because of how old I was when she fell pregnant but since then she's been happy. (SS 1:546).

It took a little while for it to sink in with Chris, but he too was happy:

Moira: *Now Chris, when you watched the little line ... and although you weren't very sure, how did it feel for you?*

Chris: *I just felt real weird, it's like it wasn't real like Laura said, it was not real at all, it didn't seem like it was really happening and then it took a while to sink in and when it did it was nice...I liked the feeling [laughs]. (CL 1:337).*

Paul was 18 when his partner Sally aged 17½, got into his car, announced that she was 'giving up smoking' and then gave him the little 'test stick' from her Boots home pregnancy kit, confirming that she was pregnant. At the time, the couple had been 'going out' for a few months and were in a steady relationship. In the following extract, taken from the first of the interviews I conducted with the couple, Paul talks about how Sally announced her pregnancy and his feelings and reactions to the news. Paul was happy about the baby and viewed Sally's pregnancy as being an important development in their relationship. He admits to being a bit daunted by the fact that the pregnancy, to him, meant committing to someone for the rest of his life, but he philosophically accepts this decision:

Moira: *So, Sally, you took your little stick out, and and did you know what it meant? [asking Paul]*

Paul: *Well no, she said I were pregnant.*

Moira: *And how did you feel?*

Paul: *I was, I was, I was happy actually...*

Moira: *Yeah...*

Paul: *I don't know, just, I was just smiling wasn't I all the time?*

Sally: *Yeah.*

Paul: *[laughs]*

Moira: *Okay, so you were happy, what was, what was nice about it?*

Paul: *I don't know, it's like, it's like another step in your relationship isn't it? Getting closer to somebody, feeling that you might have to stay with them for the rest of your life, even though at first it's like a bit daunting because you*

might think, oh no I have got to stay with them, but after a while you think it's not that bad. (PS 1:721).

Lewis, the second time father, and his partner Emma, had been semi-planning the pregnancy so it was not unexpected:

Moira: *And you Lewis, how did you feel?*

Lewis: *I was just laughing about it me. (LE 1:410).*

8.10.2. Making decisions: choosing fatherhood

After discovering that they had fathered a child, all eight young men in this study opted to 'stand by' and support their partners. The material, emotional and financial support offered by the young men extended from the time the pregnancy was revealed to them, through the initial period of decision making about continuing with a pregnancy, to announcing the pregnancy to both sets of parents, over the months of their partners' pregnancy and the birth of their children and on to caring and being an 'involved father' to their children. The sustained commitment of these very young men, to their partners and unborn children, adds to current understandings about young relationships and about young men and their involvement with their children (Lamb and Tamis-LeMonda, 2004; Lamb, 1976; Palkovitz, 1997; Speak, 2006; Speak et al., 1997).

This section of the chapter presents an analysis of the young men's accounts of how and why they 'chose' to continue their involvement with their pregnant partners. The first part of the section, *'continuing with the pregnancy'*, examines the ways in which the young men engaged in the decision to continue with a pregnancy. The second part; '*what underpins the decision to support a partner and be an involved father?',* examines the reasons underlying the young men's decisions to remain involved with their pregnant partners and invest in fatherhood. I argue that this analysis of the young men's motivations to 'choose fatherhood' makes an important contribution to the body of knowledge of why young unmarried men either opt to be involved with their partners and unborn children, and why they might not. The third component of this section, *'supporting young fathers to be'*, examines those factors that facilitate young men's involvement with their pregnant partners and unborn children. I make the case that the insights gained from the analysis in this section demonstrate that there are wider structural and relationship factors, some within, but others beyond the young men's control, that decide their ongoing relationship with their partners and unborn children. I argue, therefore, that for the minority of young men who do not support their pregnant

partners and unborn children, the issue of non-participation is complex. While there may be young men who do just wish to 'walk away' from their partner and fatherhood responsibilities, there are also some young men who are, for a number of reasons, prevented from doing so. This issue has important implications for the development of policy in the area of young fathers, as well as having a relevance to professionals working with and supporting young fathers. I address the policy and practice implications of these issues in chapter 10 of this thesis.

8.10.3. Continuing with the pregnancy

In the previous chapter on young motherhoods, I highlighted how some of the women appeared to have already have made up their minds that they were going to continue with their pregnancies, even before sharing their news with their partners. I refer here to two examples: Sally's announcement that *'I aren't smoking no more'* as she handed over her positive pregnancy test result to her partner Paul, and Shorti's, *'hiya daddy'* when she revealed her pregnancy to her partner Skinny. These women's declarations of their intentions about their pregnancies through their 'annunciations' may have left their partners no room for discussion about the choices open to them at the time, and the young men may have had little choice: they could either support their partners or they could try to walk away. However, the analysis of the young men's accounts of their feelings at the time they heard of their partners' pregnancies shows that they wanted to remain involved with their pregnant partners and for some of the young men, they actually held firm views themselves that they would like the pregnancy to continue. I explore the different ways the young men responded next.

"I didn't even ask": No alternatives considered

Paul had no doubts that the unplanned pregnancy he had fathered would just proceed. His partner Sally's definite declaration that she was stopping smoking would have given him a clue that she intended to continue with her pregnancy so he didn't have to ask her what her position on the issue was, but he states that he did not even consider an alternative to Sally continuing with her pregnancy. The following extract on this issue of making choices about a pregnancy arose from a discussion on Paul's parents' feelings about Sally's pregnancy:

Moira: *How does he feel about his grandson coming?*

Paul: *He's alright with it isn't he? He was alright anyway wasn't he, my dad? But it was just my mam.*

Moira: *Has she got used to it?*

Paul: *My mam?*

Moira: *Yeah.*

Paul: *I think after there was nothing we could do about it after a certain time, just got to deal with it, haven't you?*

Moira: *Okay, you say there was nothing you could do about it after a certain time, did you think, did you have other choices the two of you or did you just decide we're going to carry on with the pregnancy?*

Sally: *Yeah.*

Moira: *Did you consider different choices?*

Paul: *No, I didn't consider, I didn't even ask, I just, well we just knew didn't we? Like I didn't have no like...*

Moira: *You just knew you wanted to carry on?*

Paul: *Yeah, we didn't even, we didn't even ask each other, we just knew that we were both... (PS 1:1082).*

Like Paul and Sally, Chris and Laura also revealed that they had also not even discussed alternatives to Laura continuing with her pregnancy. Chris had been a part of discovering the pregnancy from the beginning as he and Laura had 'done' the pregnancy test together so the couple had had time to think about and discuss possible alternatives to resolving the situation. In the extract below, Chris raises the issue of abortion and says he would never 'ask' for an abortion. He also dismisses the idea of adoption saying optimistically *'you've gone through the worst bit and it can only get better so...'*. Chris was the eldest of seven children in his family headed by his lone parent mother. I argue that Chris' positive response to Laura's pregnancy is him demonstrating his ability to cope with difficult situations, modelled on his mother's example:

Chris: *And you know like say like I'd never ask for an abortion and...but adoption...some people give it away as soon as it's born, like why? You've gone through like the worst bit and it can only get better so...*

Moira: *And did you talk about that at all? When you first found out you were pregnant?*

Laura: *No we didn't really talk.*

Chris: *I think we both knew where we stood, like what we wanted, you know what I mean.*

Laura: *We didn't say oh should I have an abortion or anything like that.*

Chris: *No no.*

Laura: *We just ...*

Moira: *So it didn't even come up?*

Laura: *No. [together]*

Chris: *No. [together]*

Laura: *We just..we didn't think like that...*

Moira: *Not even with your parents...family...*

Laura: *No. [together]*

Chris: *No. [together] (CL 1:1502).*

"We could have waited but..."

Lewis and Emma had been 'semi-planning' their pregnancy. They were not using contraception regularly and, as Emma put it, *'I sort of wanted it but I didn't want to tell my mam and dad if something happened'*. The couple had been going for pregnancy tests at the local Teenage Pregnancy Support Service every time Emma was 'late' starting her monthly menstrual period. Despite their inconsistently using contraception, Lewis expressed some doubts about the timing of the pregnancy, but never wavered that it should continue, or that he would support his partner:

Lewis: *Well, I didn't want you to get pregnant right now, we could have waited but ... (LE 1:475).*

"What do you want to do?"

When Sponge Bob revealed, in a letter to Rob Bob, that she thought she might be pregnant, he was completely supportive of her and took the lead in initiating contact with the Family Planning Clinic so that she could have a pregnancy test. He did not know it at the time, but she was then about seven months pregnant and would not have been able to have her pregnancy terminated at this stage of pregnancy. The 1967 Abortion Act (*Abortion Act*, 1967), amended by the Human Fertilisation and Embryology Act (*Human Fertilisation and Embryology Act* 2009), only allows for a termination of pregnancy in the United Kingdom up to the twenty fourth week of pregnancy (www.opsi.gov.uk/acts). Nonetheless, Rob Bob

asked her what she wanted to do and said he would have been supportive of her choice whatever her decision. He did frame the decision as jointly agreed between the two of them, demonstrating his active participation in the decision making process: *'so we decided to keep it':*

Moira: *So tell me how it felt, opening that letter...*

RobBob: *I was just shocked when I read it but I was actually like in two minds like if she wants to get rid of it I don't mind but if she wants to keep it I'd love that, that kind of thing and I just rang her up and said right we'll go to the clinic tomorrow and get it sorted out and the next day we got to the clinic, we were sitting outside and we was just talking about it like what would you like to do with it kind of thing and I said to her, oh would you like to get rid of it? And she goes well not really I would like to keep it and I was like yeah I'm on the same level, so we decided to keep it.*

Moira: *Right now RobBob, you said you were shocked... tell me about what that shock felt like.*

RobBob: *I was just amazed, never expected it to happen to me like now, I always thought it would happen in a couple more years but I didn't mind, I was like happy about it, so... (RS 1: 779).*

"I couldn't let her go through with it"

Steven's partner Janet had a pregnancy terminated some twelve months before the pregnancy which was the focus of this study. Steven had also fathered that pregnancy and he explained that after the termination Janet had been 'upset for quite a long time'. He felt that he *'wouldn't let her go through'* that upset again. He gives the impression that he helped Janet make the decision to continue her pregnancy for her mental well-being alone. However, it might also have been for Steven's well-being. Steven later discussed how he had accompanied Janet to her routine twelve week dating scan for this pregnancy (NICE, 2003)[19] before the couple had made a decision about whether or not they were going to continue with the pregnancy. Janet then revealed that Steven had been unable to go into the scanning room as he had not wanted to see the baby on the screen before they had made a decision about whether to terminate her pregnancy or not: *'remember... you didn't want to go in, it was before we decided'.* I suggest that, as well as Steven not wanting Janet to go '*through that again'*, he also did not want to go through a termination of pregnancy again:

[19] The NICE (2003) clinical guidelines, Antenatal care: Routine care for the healthy pregnant woman. CG 6, was replaced by the NICE (2008) clinical guidelines, Antenatal care: Routine care for the healthy pregnant woman. CG 62. I have cited the 2003 guideline as this was in place in 2006/2007 when the women in this study were pregnant.

Moira: *Okay and how did you, how did you decide to carry on, to follow the path that you had followed?*

Steven: *[pause] Well it's not the first time that Janet's been caught pregnant.*

Moira: *Okay.*

Steven: *And we have had a termination on the first time and it made it, it made her really upset for quite a long time, it took her a long time to get over it, so I wouldn't let her go through that again, so that's why we decided to keep that and … (SJ 1:336).*

Resisting pressure

John's initial reaction to hearing of Jessica's positive pregnancy test was also immediate acceptance. He was staying over at Jessica's house, which he did regularly most weekends. His first reaction, with no attempt at avoiding the issue, was to phone his mother and tell her the news of Jessica's pregnancy:

John: *I was in bed, and her mam shouted her down for a pregnancy test, she took it, she was pregnant, so I rang my mum up and told her. (JJ 1:251).*

In chapter 7, I discuss the pressure that Jessica and John had come under from her mother and her family to carefully consider their decision to continue with the pregnancy. John shows much resilience in continuing to support Jessica and in helping her to withstand the pressure she was experiencing from her family. I explore the reasons underpinning John's and the other young men's decisions in the next section.

8.10.4. What underpins the decision to support a partner and to be an involved father?

What makes these young men decide to support their pregnant partners and then go on to become involved or engaged fathers? Lamb and Tamis-LeMonda (2004), have suggested factors that influence men's fathering involvement with their children. Building on Lamb's seminal work on the role of fathers in child development (Lamb, 1976; Lamb et al., 1987) these authors identified characteristics of the father, characteristics of the child and characteristics of the context in which fathering takes place, which all influence father-child involvement. Lambs' theoretical framework provides a useful structure for examining the issue of participation in fatherhood in general. The categories in the analysis that follows do not map directly onto those of Lamb and Tamis-Lemonda (2004) but add to understandings about 'characteristics of the father'.

Speak et al's (1997) empirical study examined barriers and bridges to participation in fatherhood in young fathers up to the age of 24. These authors found that there are a number of factors that either promote, or hinder, fathers' involvement with their children. These include the involvement of others, including the child's mother and the maternal and paternal grandparents, all of whom could either support, or impede involvement, whether or not the young men had pre- and post-birth support for their fathering experiences from either formal professional or informal sources, and, finally, there were issues like housing, employment, income and financial problems that, unless addressed, could constrain young men's involvement with their children.

The current study adds to these understandings of young men's involvement, but its specific contribution is to the knowledge base on what fatherhood means to young men. The meaning and value placed on fatherhood is, I argue, fundamental to the young men's first steps towards becoming involved with their children. In this section of the chapter, I set out those factors that underpin young men's decisions to support their partners and to be involved fathers. The factors identified in the analysis of the men's accounts, and mapped out in the section that follows, are: first, the view that fatherhood is meaningful and important in itself and that the young men 'celebrated' fatherhood; second, fatherhood is significant as it signals adulthood; third, the young men had a strong sense of responsibility to their partners and their unborn children; fourth, fatherhood presented an opportunity for the young men to transform their lives; fifth, fatherhood is a generative experience for the young men and finally, that fatherhood is a mark of the young man's masculinity. I draw on an illustrative case in each example.

A celebration of fatherhood

Fatherhood was something valued by the young men in this study and seen as something meaningful and important. Chris, not yet 16 when we conducted the interview from which the following extract is taken, states that there is nothing better than knowing he is going to be a father. He was discussing his feelings on hearing of his partner's pregnancy:

Moira: *A nice feeling?*

Chris: *Yeah.. real nice.*

Moira: *What was nice about it? What were you thinking?*

Chris: *I don't know it was like.. well I'm going to be a dad and you know what I mean ..there's now't better than that really is there.. just the fact I'm gonna be a dad. (CL 1: 432).*

While the idea of fatherhood took time to sink in for Chris, once it did he experienced it as a good feeling. Some of the other fathers experienced similar feelings: after his initial 'shock' David was, according to his partner Victoria, *'very very happy'*; Paul *was 'happy actually'*.

Chris was able to imagine fatherhood in the future and he paints a positive vivid image of family domesticity with himself firmly located in the picture:

Moira: *So you're looking forward to baby being here?*

Chris: *God yeah!*

Moira: *How do you see yourselves.. the three of you in the future... what is the picture?*

Chris: *Nice quiet area, and just...baby in the garden as well and sat round [laughs],some deck chairs in the sun [laughs].*

Laura: *[laughs]*

Chris: *Just chilling out...just get a little pool or something...just splash around in and... [laughs] (CL 1:1658).*

Fatherhood as a sign of attaining adulthood

For John, fatherhood marked his growing up and a point of transition to adulthood. John was determined that, in continuing with Jessica's pregnancy, they were proving Jessica's mother and her extended family wrong, and that they were *'not just kids'*:

Moira: *So what made you decide that was the decision you wanted to make? [to carry on with the pregnancy]*

John: *To prove to people that we are old enough... that we're not just kids...they think we don't understand, that we're too young, they think oh they're having a bairn together but they're still young, since she's got pregnant we're understanding more, so we're proving people wrong... (JJ 1:350).*

Taking responsibility

Unlike the happiness experienced by some of the other young men, Steven was unable to even think when he heard that his partner Janet was pregnant. Nonetheless, he had a strong sense of responsibility towards Janet and his unborn baby. He was worried about Janet

'being only sixteen' and the effects on her of a previous termination of pregnancy. He supported her through the very early stages of pregnancy when she was unsure about continuing with her pregnancy. In the extract below, I had asked Janet about her hopes and dreams for the future. Janet starts to talk about her hopes that her unborn baby will be well and that she and Steven will both be 'alright' with everything. Steven adds that he hopes that they are a little happy family. He comments and then repeats that he will *'be there'* for his daughter:

Moira: *So what are your hopes and dreams for the future?*

Janet: *Just that everything goes well...that we're alright with it all.*

Moira: *And when you say everything goes well you're thinking about...*

Janet: *Well everything really...well her health.*

Moira: *Yeah...*

Janet: *I just hope she's really healthy and everthing's all right for her...*

Steven: *And we're a little happy family as well.*

Janet: *Yeah, I hope so... well if not I just hope that we can just...*

Steven: *I'll be there for her.*

Janet: *If it doesn't work out between me and you that we can still talk politely without arguing and that you'll still be there for her and I'll still be there for her.*

Steven: *I'll be there... (SJ 1:1033).*

For Lewis, a second time father, fatherhood gave him a purpose in life and someone in life to be responsible for and to go out to work for:

Moira: *Lewis, what impact has fatherhood had on you? ... Has it changed you in any way?*

Lewis: *Well if I didn't have no kids then I wouldn't be at work now.*

Moira: *No?*

Lewis: *No, I just wouldn't be bothered with it. (LE 1:1360).*

Fatherhood as a transformative, redemptive process

For Paul, who had had a difficult relationship with his mother during his teenage years, always *'back chatting her',* who had regularly been in trouble with the police for being *'loud and noisy'* in the neighbourhood, who had truanted from school and not had much academic success, leaving school with *'no qualifications'* and then failing his College course, who had struggled to *'get a job'* and *'keep a girlfriend',* fatherhood, as well as his relationship with Sally, presented an opportunity to maintain the changes he was beginning to make to turn his life around:

Moira: *Paul, has it changed you in any way?*

Paul: *Yeah well it has, it's not just baby, it's Sally as well. Like I used to be out on the streets until three or four in the morning with your, my mates, and never go in, always back chatting my mam, tell her to go away, I was quite bad actually but it's like I got myself a job and then I met Sally and then it's all changed since then hasn't it?*

Sally: *Yeah.*

Paul: *I'm like, because she, she didn't know what I used to be like but all my mates did so like she didn't really know how it was but now, so it's, she's just met me, not old me, if you know what I mean, it was like sudden, like sudden, it was like a sudden change for me. I just thought if I don't change I might not be able to keep a girlfriend or because I never could anyway, so it's just changed with Sally, and the same with baby. (PS 1:1212).*

The generative aspect of fatherhood

The term generativity was framed by the psychologist Erik Erickson (Erikson, 1950, 1959) to describe what he viewed as the primary developmental task of adulthood: caring for and nurturing the life of the next generation. Erikson distinguished three types of generativity: biological generativity or procreation, parental generativity which involves carrying out the child rearing activities that allow children to be nurtured and develop to their full potential, and societal generativity which includes those activities that contribute more broadly to society's community life. According to Erikson, generative adults, therefore, create, nurture and promote the developmental growth of others as well as, more broadly, society (Snarey, 1997).

Hawkins and Dollahite (1997b) have taken the concept generativity and applied it to theorising about fathers and fatherhood, hence the term 'generative fathering'. Their aim is to try to move debates and discussions about fatherhood towards an 'assets model', which

considers men's potential to be caring of, and for, the next generation, as opposed to a 'deficits model', where men are seen as performing inadequately as fathers. Generativity, as originally described by Erikson, is a developmental task of middle adulthood, but Rhoden and Robinson (1997) have explored its application to young teenage men and assert that, despite the other developmental challenges posed by adolescence, *"adolescent fathers are capable of generative feelings and actions"* (Rhoden and Robinson (1997:112).

In the next extract, Paul's comments capture the essence of generative fathering. Paul shows that fatherhood has made him think about caring for someone else, a child, and that it has some personal value. An important aspect of generative fathering is that it is also good for the father's well-being (Hawkins and Dollahite, 1997a):

Moira: *And the nicest part about thinking that you're going to be a dad?*

Paul: *I don't know, just, just to be able to say that I am a dad and like from now on it's like I'm not going to throw my life away, it's like, it's not just me I'm thinking of now, it's somebody, it's like a child, it's like another person. (PS 1: 1282).*

Skinny, in the following extract, expresses his excitement that he will be able to hold the next generation of his family, his *'own flesh and blood in his arms'.*

Skinny: *I was feeling so excited, just knowing that the twenty fourth of October, I'd have my own flesh and blood in my arms, it was a really good feeling, brought a tear to my eye as well. (SS 1:344).*

Marker of masculinity

Linked to the idea that fatherhood confirms the young man's transition from child to adult, is also the idea that fatherhood also 'marks' the young man out as virile, and as having 'proved' his masculinity or maleness (Featherstone, 2009).

As well as a sign that he was growing up, fatherhood for John was also an acknowledgement of his being *'a man'.* John and his partner, Jessica, had known from the twenty week ultrasound scan that they were having a baby girl. He responds to my question about what it felt like to be an expectant dad by saying, *'it takes a man to have a girl'.* He also sounded hopeful that, as with his mother and sister before him, after the birth of a girl that boys will follow sometime thereafter:

Moira: *John, I'm going to ask you first, what's it like being an expectant dad, what's it felt like for you?*

John: *Excited!*

Moira: *Excited?*

John: *Yeah. Especially to find out I was having a girl.*

Moira: *Okay, why?*

John: *People say it takes a man to have a girl so...*

Moira: *So you're quite proud.*

John: *Yeah, Now my, my mam had two girls first, my sister had a girl first, my mam had a boy which is me, and then my sister had a boy.*

Moira: *Oh right.*

John: *So girls have come first then boys. (JJ 1:18)*

6.4.2.3 Supporting young 'fathers to be': What made the young father's involvement possible?

In the previous section, I set out the underlying reasons why the young fathers in this study chose to support their partners and commit to become involved in their unborn children's lives. In this section, I analyse those factors that, from both the young men and women's narratives, facilitated the young men's intentions to support their partners and their unborn children.

The search for reasons for why young men might disengage from being involved with their partners and unborn children is, arguably, endless. However, there is much to be learned from a policy, practice and theoretical perspective from those young men who do engage in a positive way. Understanding what works, and in this case, what works to support young men's involvement with their partners and unborn children, rather than what does not, is a more useful basis from which to develop policy and practice with young fathers. Strengths based models have been used in other settings, like social work, to underpin professional practice (Kondrat, 2010).

In chapter 2, in the review of the literature on young fatherhood, I highlighted how fatherhood is something that is biologically determined, as well as being invested with rights, duties and responsibilities. These factors imbue fathers with obligations to their children, but

they also impart rights which facilitate men's access, contact and involvement with their children. Fatherhood is, however, also socially determined and it is often these social processes which have a far greater influence on whether fathers will be able to be involved in their children's lives (Hobson and Morgan, 2002). This is especially true for the young men in this study whose future involvement with their unborn children was contingent upon a number of factors. It is these factors that I explore in this section.

Young men and their relationship with the mothers of their children

A first pre-requisite for the young men's involvement with their partner's pregnancies and their unborn children was the quality of the relationship the young men had with the mothers of their children. The young women were key to facilitating the men's future involvement with their children. If the young mothers had not wanted to continue their relationships with the young men, nor to have them involved in their lives, it would have created a significant barrier to these young men becoming involved fathers. This is an obvious, but crucial, first hurdle for young men to overcome.

In this study, all the young men and women were in committed relationships with one another at the time their children were conceived and the women's pregnancies revealed. While the relationships themselves were of differing durations, all the couples were on 'good terms' with one another at the time the pregnancy was discovered. This fact appears to have facilitated the young couples' discussions about the pregnancy, what to do next and how to break the news to parents and involved others.

The young men and women's stories about how the news of the pregnancy was shared between them, demonstrates that these young relationships were close and confiding. All of the young women, with the exception of Sponge Bob, disclosed the news of their pregnancies to their partners first, almost as soon as they themselves had discovered it. When Sponge Bob did discover and reveal her pregnancy, it was to her partner Rob Bob, before anyone else. In the next extract, Chris shares how his partner Laura revealed her pregnancy to him. From this extract, it is clear that Laura wanted Chris involved right from the very beginning:

Chris: *She was in my room she went, I'm late, so I was like, really? She was like yeah, so I was a bit shocked at first and then...she was like I think I should get a test... so I said well alright and then we went and got a test and then ...*

Laura: *We wanted to do it together didn't we?*

Chris: *Yeah we wanted to do it together...*

Laura: *Find out together. (CL 1: 273).*

Victoria and Emma both took their partners along with them to a Family Planning Clinic to have their pregnancy tests done. I make the case that the women's confidence in disclosing their news to their partners demonstrates a level of trust, 'knowledge of the others' possible reaction, and an emotional closeness in their relationship.

A second important factor to the young men's ongoing involvement as 'fathers to be' was the importance the women attached to their children having their child's father involved in their lives. In Chapter 6 I argued that the young parents attached great importance to family life and family relationships, and it was this that influenced young people to continue with a pregnancy, and go on to create their own families. In the following extract Sally talks about wanting to create a *'little family'* for herself, her partner and their expected baby. She expresses her desire for them all to be *together*:

Sally: *We want to be like a little family don't we?... I wouldn't have liked him being somewhere else, I'd have liked us all to be together. (PS 1: 895).*

Janet, who grew up as an only child with her lone parent mother, wanted her child to have an involved father. Janet had had little contact with her own father while she was growing up. In the extract below, she expresses the hope that even if it doesn't *'work out'* between her and Steven, that they will both still *'be there'* for their baby:

Janet: *If it doesn't work out between me and you that we can still talk politely without arguing and that you'll still be there for her and I'll still be here for her. (SJ 1:1060)*

In Corlyon and McGuire's (1997) study of pregnancy and parenthood in looked after young people, they found, rather than young men deserting their responsibilities to the mothers of their unborn children, that they were instead excluded from becoming involved fathers:

> *More fathers appear to be pushed out than drop out. Young mothers did not want them in their lives with their additional demands, smelly feet and useless offers of help. They had nothing to offer except an increased workload.*
>
> (Corlyon and McGuire, 1997:85)

Corlyon and McGuire make a serious point about young fathers being excluded by young mothers, rather than the young men opting out of their responsibilities. However, in contrast to the almost casual rejection of the young men and their 'smelly feet' in the quotation above, the young women in this study actually showed that they valued the young men's involvement in creating a family, and in being there as a father for their children.

Seven of the couples in this study went on to jointly register the birth of their baby. An important indicator of whether both women and men intend for men to be involved in the lives of their children is whether or not the men's names are registered on the child's birth certificate (Kiernan, 2006). The Adoption and Children Act 2002 (*The Adoption & Children Act*, 2002) gave unmarried fathers parental responsibility if the birth of the child is jointly registered with the mother (www.legislation.gov.uk/ukpga). Fathers can acquire parental responsibility by other means: by marrying the child's mother, by entering into a parental responsibility agreement, or by obtaining a parental responsibility order through the courts (Children Act 1989). Statistical data from the ONS (2009) shows that, in 2007, the year the children in this study were born, 74% of births to women under age 20 were jointly registered by mothers and fathers.

On the brink of independence and having 'something' to offer their partners and children

Two distinct, but related issues, stand out in the men's accounts as being facilitators to their ongoing involvement with their partners and children. The first of these concerns the young men's potential independence, or being at a stage in their lives where they are close to attaining their independence. Independence enables the young men to fulfil their partnering and fathering roles. The second related issue centres on the young men having 'something', be it emotional, material or financial, to offer to their partners and unborn children, to promote their involvement with them. It is important, however, that it is the young men themselves who feel they have something to offer, or to invest, in their relationships and children.

I became aware of the first issue, the notion of standing on the brink of independence, when I was recruiting young people to the study. I found it impossible to recruit couples at the younger end of the teenage age spectrum. I found that in the younger women, with very young partners, the relationship had often floundered in the early stages of pregnancy. It seemed that very young men found it too difficult to overcome the many obstacles to taking

on their fatherhood roles. The issue resurfaced in the analysis of the young men's accounts of the early days of pregnancy, and their feelings about becoming young fathers. I discussed the issue of age earlier in the chapter, but an additional theme, related to age, that emerged from the analysis of these data, was the issue of being 'old enough' to find solutions to the physical, emotional, resource and relationship barriers to fatherhood.

Steven, John, Paul, Lewis and Chris spoke about the importance of being able to contribute financially and materially to preparing for their children. Steven was saving and doing as much overtime at work as he could:

Steven: *I'm starting to be a little bit more responsible with my money, getting my head down at work, trying to do the best I can, getting all the hours in that I can as well, getting, trying to get most of the stuff that I can before she arrives. (SJ 1: 667).*

John was saving as much of his weekly Educational Maintenance Allowance. He had started to cycle to College so that he didn't have to use his allowance on bus money:

John: *Yeah, every, every money that I get now from College, even though I only get thirty pound a week, I put most of that away don't I? So... (JJ 1:402).*

Sally was not yet eighteen and therefore not old enough to apply for a council house. Paul, however, at eighteen was, and he was able to secure a tenancy on a council flat for them. For David, his contribution was his ability to support Victoria and *'be there'* for her during her pregnancy and the early days of fatherhood. David's involvement was facilitated by the emotional resources he had to offer Victoria. Rob Bob planned to be his baby daughter's full time carer after she was born, so that Sponge Bob could return to school to complete her GCSEs. It was this that Rob Bob 'brought' to their partnership:

Rob Bob: *Once like Sponge Bob has gone back to school, I just like see me looking after her during the day, like taking her out places, like to my mates and stuff like that.*

Moira: *So you've decided you're going to look after her, Rob Bob?*

Rob Bob: *Yeah. So while she's at school, I'll be looking after the baby. (RS 1:1524).*

The young men in this study were in a vulnerable position because of their youth and lack of cultural, educational and social capital (Bourdieu, 1986; Ferguson and Hogan, 2004). Yet all of them found it possible to go on and be involved with their partners and children. I argue

that young men need to have something, or believe that they have something, to 'invest' in their relationships with their partners and their children for these relationships to continue. Over the course of the study, Lewis was 'fighting' to gain parental responsibility for his one year old daughter from a previous relationship. She had been removed from the care of her mother and placed in local authority foster care. As part of the local authority assessment of him as a suitable parent, Lewis had had to undergo a battery of assessments, interviews and court appearances. These had extended over a year. He was prepared to do all of this for the sake of his daughter, but only up to a point. Lewis felt that, if the battle became too difficult, he would have to withdraw his application for parental responsibility (*The Children Act*, 1989). He felt that, unless he could gain full parental responsibility for her, and have her come and live with him and his 'new' family, there was '*no point'* in continuing his application.

Support from the young women's family

The young women's mothers played an important role in facilitating the young fathers' initial and ongoing relationships with the young women. When Sally first told her mother of her pregnancy, her mother's reaction was to run up to Paul and give him a hug. Paul had been terrified, at first believing that Sally's mother was about to *'hit'* him. The positive response from Sally's mother had the effect of welcoming him into the family fold. Paul was treated *'like a brother'* from that point on, attending all the regular family get-togethers. Sally and Paul's relationship was allowed to continue to develop. The young woman's parents may have a number of reasons for supporting their daughter and her partner. In the following extract, Paul acknowledges that Sally's parents may have another motive for not having said anything to him about *'making her pregnant',* the fact that they might have been keeping their feelings to themselves for fear of losing Sally:

Paul: *You don't actually know what people think about you do you? So, sometimes you get paranoid, I'll be thinking that they might hate me for making her pregnant but they daren't say nowt because they might not want to lose Sally kind of thing. (PS 1:1552).*

Gavin et al (2002) examined disadvantaged African-American fathers' involvement with their children and found that the child's maternal grandmother played an important 'gate keeper role' in facilitating the fathers' access to their children. These authors conclude that a positive relationship between young fathers and the child's grandmother promoted access, as well as greater involvement by the young men in their child's care giving.

In the current study, the maternal grandmothers played a more facilitative role, than an access controlling role. I witnessed this facilitative role one morning when I arrived to speak to Lewis and Emma to give them each a disposable camera to take photographs for the third interview. I intended to use the photographs as discussion prompts in the interview. When I arrived, Emma was distraught. She and Lewis had had an argument the night before and he had left the house in anger and not returned all night. Her mother was trying to comfort her and to reassure her. I recorded their exchange in my research notes:

> *Emma was very upset and tearful when I arrived. Lewis was out. Lewis and Emma had a big argument last night and Lewis took his bike and left. Angela [Emma's mother] was very understanding. She suggested that Lewis would only have gone to his dad's place and that once he had cooled down that he would come home. She reminded Emma that Lewis was 'only 18' and that she needed to give him 'some space'. She suggested that Emma be civil with him when he returned...Angela handled this so well. She could have responded very differently and really made things worse if she'd just taken Emma's side. I was very moved. She is a wise mother and clearly thinking of their relationship and both the children.*
> *(LE 3s: 8/2/2008)*

Families and, in particular, mothers have an important role to play in facilitating the young father's relationship with his partner and his children. I discuss the role of families in supporting the couple and their children in greater depth in chapter 9.

8.10.5. Labour and birth: the young men's perspective

Running through the young men's accounts of hearing the news of their partners' pregnancies, and the fact that they were going to be fathers, is a feeling that *'it didn't feel real'*, or that it *'hadn't sunk in'*. This sense of non-reality all changed with the onset of the women's labour. The following two extracts, describe Chris' and Steven's reactions and emotions as their partners started their labours.

Chris had finished his GCSE exams, and was at school, when Laura phoned to tell him that she was having contractions and had phoned the maternity hospital who told her she could come in to be assessed:

Chris: *Well I was just there writing out my CV and stuff and talking when Laura phoned me and I was kind of thinking well she's had like these sort of cramps before so it might just be them, so I wasn't really like worried or anything. Then when she rang me again the second time and said oh I think we need to go like to hospital and just get checked out, because like a lot of worry just hit me and stuff, you know like, but excitement at the same time and that.*

Moira: *Tell me about the excitement...*

Chris: *No, it was just really good, it was just a real nice feeling, sort of like adrenalin but it was more happy, just, you're excited and you want to get there.*

Moira: *And the other side, the worry...*

Chris: *Just worry and stuff, is everything all right and stuff like that. Feeling like I've got to get there quick and stuff... I had to run didn't I from school... must have got in in about two minutes ...Then I was thinking like is she going to be a boy or a girl and stuff. (CL 2:691).*

Chris describes being excited about the event but he was also worried that everything would be alright. He was thinking about meeting his baby and whether 'she' would be a boy or a girl.

In the next extract both Steven and Janet describe the scene as she went into labour. Janet feels that this was the moment that it finally *'sunk in'* for Steven as he was *'just mental'* and *'running about everywhere'* when her 'waters' broke:

Steven: *At the start of your labour we was out wasn't we?*

Janet: *It was my granddad's birthday on the Sunday, so we had a party and it was my two cousins had been confirmed at church, so they was having like a party for that wasn't they?*

Steven: *Yeah.*

Janet: *And then we'd come home.*

Steven: *You went to go and get a bath didn't you?*

Janet: *No I went to toilet. I had the bath after...*

Steven: *Oh, went to toilet. I was feeling a bit sick.*

Janet: *Because he'd had too much to drink... You never heard me when I shouted and told you my waters had broke.*

Moira: *What happened?*

Janet: *Oh I don't know, all water gushed out, and then it just kept going didn't it and then because we had the airbed up down here because I could only sleep on that couldn't I when I was pregnant, cos it was real comfy. He said oh lay down and chill out and everything and see if owt happens because we didn't know if it was or not, well you didn't really believe me did you? So I'd laid down and then my waters was still breaking when I was on the bed and they just broke fully then... You rang your mam and then your mam run across and*

then you rang my mam and then my mam was here and then I don't know, well my pain started straight away actually as soon as my waters broke.

Steven: *Yeah your mam rang the midwife didn't she?*

Moira: *What did it feel like for you, Steven?*

Steven: *Just felt really weird.*

Moira: *In what way?*

Steven: *In a happy way really, knowing that I was going to be a dad as well. It was just all new to me, really strange.*

Janet: *I think with you though, I think that's when it really sunk in. I don't think he realised that he was actually going to be a dad when I was pregnant but when my waters broke he was just mental wasn't you? He was just running about everywhere.*

Moira: *Really?*

Steven: *Yeah... (SJ 2:152).*

8.10.6. Paul's story of labour and birth

In this section I explore the experience of labour and birth from the perspective of Paul. This case study examines one young man's experience of becoming a father, but it also includes the experiences of the other young father participants where they are able to shed a different, or more subtle light, to the understanding of the experience.

I met Paul and Sally, for the second of the four interviews I conducted with them, when their baby son, Charlie, was just over four months old. An earlier appointment with them, scheduled to have taken place three weeks previously, had had to be cancelled as the couple were caught up in a major flooding incident in the city in which they were living. I met the couple for the interview at their temporary home. Baby Charlie was asleep, the other adults were at work and the children were at school. Paul had just been laid off from his temporary job with a company doing post flood house clearing work for the City Council. The basic clearing work, for which he had been hired as an extra hand, had been completed fairly quickly. Paul was feeling stressed about being jobless again and the couple also had no idea about when they might be able to return to their home.

Paul had mixed emotions as he reflected on having partnered Sally through her labour and then being present at the birth of his son. Sally had experienced a severe post partum

haemorrhage[20] (WHO, 2012) and, as she herself commented over a year later, in the last of the interviews I conducted with them, *'I could have died'*. The post partum haemorrhage had a significant impact on Paul. He recalled the incident in detail:

Paul: *I saw all this blood come out um.... they never even, you know when they give the injection to take the plac, is it the placenta out?*

Moira: *Mmm...*

Paul: *They put it in and you're meant to wait so many minutes and they just put it in and pulled it out straight away.*

Moira: *Yeah...*

Paul: *So they shouldn't have done that either, but they did.*

Moira: *Okay.*

Paul: *And then she started bleeding even more again.*

Moira: *It sounds like it was quite a lot of blood then.*

Sally: *It covered the bed.*

Paul: *It was all over the bed, all over the floor and running near the door, that's how much there was.*

Moira: *Were there people coming in the room at this stage?*

Paul: *Yeah, there was doctors, proper doctors. (PS 2:383).*

The event had been traumatic for Paul. He was of the impression that Sally's placenta was pulled out too soon after she was given an oxytocic drug, routinely administered to all labouring women immediately after the delivery of the baby's anterior (first) shoulder. The purpose of this procedure is to reduce the potential for post partum haemorrhage by hastening the contraction of the uterus and speeding up the expulsion of the placenta (NICE, 2003)[4]. Paul believed that a too rapid delivery of the placenta had taken place and that this had made Sally bleed even more than she was already doing. The whole event was never discussed with any of the professionals involved at the time, nor did an opportunity arise after the event for Sally and Paul to discuss the experience with anyone.

Paul had seemed very low in mood when I met the couple for this interview and quite changed from the happy, friendly person I had met in the first interview. Both Paul and Sally

[20] Post partum haemorrhage is defined as any blood loss from the genital tract during delivery above 500ml (WHO 2012)

were emotional during the interview as they discussed the events of Sally's labour and baby Charlie's birth. At the end of the interview I discussed with the couple whether or not they would like to be referred to their health visitor for a support visit. They agreed, I made the referral and I left it to the health visitor to follow up. I was very concerned about them and the future of their relationship. In my research notes written after the interview, I have recorded the following:

> *Paul very very down. Not sure these two are going to get through this without some help. (PS2: 26/7/2007).*

I contacted Sally the next day to tell her that I'd made the referral to the health visitor and she reported that both she and Paul had been comfortable after the interview. I was anxious when I contacted them four and a half months later to arrange the third interview, as I was unsure that they would still be in a relationship with one another. I was very relieved for them when I found out that they were. Paul's low mood, however, had persisted and he was still 'down' nine months after the birth of his son. Paul was never assessed nor treated for depression, and the causes of his low mood were possibly multi-factorial and the result of a combination of events in his life; witnessing the traumatic events surrounding the birth of his son, the loss of his home and its contents, and his ongoing struggle to find a permanent job.

Depression in men, following the birth of their children,[21] is gaining increased attention (Goodman, 2004; Greenhalgh et al., 2000; Ramchandani et al., 2008) and in a recent large prospective cohort study of 86,957 UK families with children aged 0-12 years, one of the first to assess the incidence of depression in adults in families in the UK, the researchers found that the incidence of depression in men was 2.69 per 100 person years[22], and 3.56 per 100 person years for men in the first year after the birth of a child in that family. The study suggests that men are at risk for depression after birth especially in the first year, although the risk is lower than it is for women (the incidence in women was 7.53 per 100 person years overall and 13.93 per 100 person years in the first year after the birth) (Davé et al., 2010). Depression in men, in the post natal period, has attracted interest from a public health perspective because it is associated with the development of psychiatric disorders in the men's children (Ramchandani et al., 2008).

[21] Post natal depression is only clinically defined for women.
[22] 100 person years is the accumulated amount of time that people in the study were being followed up.

After Sally's obstetric emergency had been stabilised some hours later, and after her mother, and Paul's mother, who had also been at the maternity hospital, had gone home, Paul went home:

Moira: *What did you do, Paul?*

Paul: *I can't remember ...went home.*

Sally: *You went home.*

Paul: *Quite late wasn't it, when I come home? I didn't even go to sleep I don't think.*

Moira: *No? Why? What was going on in your head?*

Paul: *I don't know, I don't know, I just didn't..it didn't bother me but I think, it's like I wasn't real worried about Charlie, I was more worried about Sally, so I think...*

Moira: *You'd seen her go through quite a lot hadn't you?*

Paul: *Mm..I was a bit scared like, because like she'd lost loads of blood and that, it was like everyone said to go home and go and get some sleep and that, there's nowt you can do, so I went home and I thought, I didn't get no sleep...*

Moira: *No?*

Paul: *I was scared, yeah, I was just scared for Sally. (PS 2:692).*

Right from the start of the interview, after my first request to the couple; *'tell me how it all happened'*, Paul had wanted to talk in detail about Sally's labour and the birth of his son. He related the events of the day in careful sequence: from the time Sally's very early contractions started, to being sent home as she was not in proper labour, to the spontaneous rupture of her membranes, to the second visit to the hospital and being admitted to the labour ward, through the hours of Sally's labour and on to the birth of their baby. When I saw him he had not spoken to anyone about the birth *'properly'* ... *'not even Sally'* and I felt, throughout the interview, that he had just wanted an opportunity to talk about his experiences of that momentous day. Had Paul been a young soldier, who had experienced his first life or death skirmish in a war situation, he would probably have had fellow soldiers to share the experience with. As it was, Paul had not shared his feelings with anyone and his expression of fear for Sally's life, in the extract above, was the first time he had said this in front of her. Paul had become emotional while talking and had left the room at this stage for a few minutes. I wrote in my research notes of the *26/7/2007* that Sally had looked *'like she'd*

taken a really hard knock and was on the verge of tears'. I asked Sally, while Paul was out the room, how she felt to hear him talk about their birth experience. She had replied: '*I didn't know he felt like that'*.

I found that all the young men, who participated in the second interview, were eager to talk about the birth of their children. Most of these narratives are warm, excited accounts of the day, but even in these happy explanations, there were events and issues that had arisen during their partners labours, and then the birth, that the men had found difficult or unpleasant and they took the opportunity of the research interview to be able to give 'their perspectives' on the birthing experience. I will turn to the issue as the research interview as a therapeutic device in my reflexive account of conducting this study, but the young men did seem to find talking in the interviews helpful. As an example of this, I draw on an answer to the question I posed to all the participants at the end of the second and subsequent interviews to them: '*what was it like talking in the interview today?'* At the end of the second interview with Chris, he responded to this question saying: *'it's nice to give your point of view to someone neutral'*.

The young men's accounts show that they had had little opportunity to talk to anyone about their feelings and experiences following the birth of their children. Some of the young men had little left in common with their former friends, some had lost contact with old friends, and others had not had opportunities to make new friends, because of their investment in their relationships with their partners. In addition to this, many of the men did not have fathers that they could talk to about their experiences. For some of the young men it was because their relationships with their fathers were poor, while for others, it was because they were no longer in contact with theirs. Chris expressed it thus:

Chris: *I haven't had that real like dad experience, you know what I mean like, so I didn't really know what it, to be expected, if you know what I mean, so, just trying to go through with it and see what happens. (CL 4:1825.)*

The result of this is that the young men did not always have someone with whom they could explore their experiences of the day in a way that might have been helpful to them.

Research commissioned by the (Department of Health, 2005), on an evaluation of maternity services in England, shows that there are many routine and opportunistic occasions available for assessing men's health needs and promoting their well-being along with their partners, both before, and after the baby is born. For example, 85 per cent of men in the NHS study attended with their partners for check-ups with the midwife. 71 per cent of men were present

for at least some postnatal visits from the midwife and 68 per cent were present with those from a health visitor. I argue that these moments, with both parents, are ideal opportunities to engage the couple to promote their health and well-being in the broadest sense, and that they should not be wasted.

Paul never had an opportunity to talk outside of the research interview, and he just slipped under the radar of the health professionals who had contact with the family: the general practitioner, the midwife and the health visitor. His low mood remained hidden but ongoing. When I reflect on my own practice as a health visitor, I am not sure that I would have assessed this whole family's health sufficiently well enough to detect Paul's low mood. In the families I have worked with, in a similarly socially deprived neighbourhood, the men have often 'hung around' in the background during my home visits, engaging in the visit from the sidelines, perhaps answering a question or making a joke, and then drawing back again. Again, I argue for men and fathers to be included in any routine assessment of family health needs and for health professionals to make the most of every encounter with all members of the family in order to do this.

Paul had been very happy when he first found out that he was going to be a father: '*I was just smiling wasn't I all the time'.* Earlier in this chapter I discussed the young men's responses to their partner's pregnancies and the reasons underpinning their decisions to support their partners and go on to be involved fathers. Fatherhood represented many things to Paul. For him it was about growing up and demonstrating responsibility, proving to his parents and himself that he could get and hold down a job, that he could maintain a relationship and, in supporting his partner, take responsibility for his unborn child.

Notwithstanding his acceptance that he was going to be a father, and all that this meant to him, and his contentment with being in his relationship with Sally, Paul was worried about how he would cope as a father:

Moira: *Paul, what's it [the pregnancy] been like for you?*

Paul: *Very scary. It's quite hard, it's like when I see all Sally's family with all their new bairns it's like quite hard to... I don't know, picture me with one kind of thing, because they like, like warm to it straight away kind of thing...just comes natural... but I don't know how I'm going to, I don't know, cope.*

Moira: *Okay. When you say how you're going to cope... what kind of things are you thinking about coping with?*

Paul: *Crying and the just having to look after it all the time. (PS 1:646).*

Neither Sally, nor Paul, had attended any antenatal parenting classes because as Sally put it, *'I've got lots of support'.* She had, however, attended all her antenatal appointments and Paul had accompanied her to most of these, as well as both the scheduled ultrasound scans (NICE, 2003). Paul reported that he had always felt included in the consultation with both the general practitioner and the midwife at Sally's antenatal appointments, but he felt that the appointments were for Sally's health and not his: *'they don't need to know anything about me though do they?'* Paul, however, felt unprepared for fatherhood and he was also clearly anxious about witnessing Sally's labour and the birth:

Moira: *Now for the delivery ... who's going to be there?*

Sally: *Paul and my mum.*

Paul: *And my mam.*

Moira: *And Paul's mum.*

Sally: *Yeah.*

Paul: *In case I faint! (PS 1:985).*

Fathers' presence as birthing partners in the labour ward is an expected event in contemporary Western societies (Dermott, 2008; Draper, 1997). According to research conducted for the Department of Health (2005) cited earlier, some 98 per cent of men in the age range 16 to 44 years, who were either living with the child's mother or in contact with her at the time of the child's birth, attended the birth of their child in the September 2005 study period. There is a body of research that has examined men's place and role in the labour ward (Draper, 1997; Enkin et al., 2000) but, in western society, men are now expected to be at their partners' side when they give birth. The young men and women in this study accepted, without question, that the men would be birthing partners alongside the women's mothers.

Witnessing the birth of their children was a deeply emotional event for the young men and their experiences chime with those of other men recorded in the literature (Draper, 2003; Gattrell, 2005; Henwood, 2005; Lewis, 1986). In the next two quotations, taken from the interview conducted with John and Jessica after the birth of their baby, John explains that he was very excited about the birth of his baby. It was to be John's first child and, for him, the birth is tied up with his starting to 'grow up' and be responsible:

John: *I was real excited.*

Moira: *Tell me about that.*

John: *Because it was the first bairn that I've had and it's just like, it's a time like where you start to grow up when you've had a bairn and that so... ... (JJ 2:517).*

The emotion John was feeling is revealed by Jessica in this second extract:

Moira: *What did it feel like watching her being born?*

Jessica: *He started crying.*

Moira: *Did you?*

John: *Yeah.*

Moira: *Was it emotional?*

John: *Yeah, I was saying to myself at the end of the day what's done is done I'm going to be a dad and I'm going to have a beautiful little daughter that's just going to be born in a second...*

Jessica: *[laughs]It was a second wasn't it? (JJ 2:550).*

Steven was also very excited and this time it is he who says that he had tears in his eyes when his daughter was born. His partner reveals the extent of his excitement and how he got involved straight away in doing the caring for his daughter. Over the next few days, while Janet and their baby, Keira, were still in hospital, Steven stayed with his family for as long as was possible *'just to look after them both'*. In this next extract Steven and Janet discuss the birth of their daughter and this creates an opportunity for Janet to affirm and complement Steven on his caring response to his daughter, *'he was real good':*

Steven: *I saw the top of her head at first but then I had to come back up to Janet to try and...*

Janet: *Then you were slapping me on the shoulder saying the head's there, the heads there.*

Moira: *Were you excited?*

Steven: *Yeah.*

Moira: *How did that feel?*

Steven: *Just real weird...They just kept on telling you to push didn't they?*

Janet: *They just dragged her out. [laughs]*

Steven: *Dragged her out on to the belly.*

Moira: *What an entrance you [to baby]...How did it all feel Steven?*

Steven: *Alright. I had tears in my eyes.*

Janet: *You was crying wasn't you? You was the first one to hold her, first one to feed her, first one to change her mucky bum.*

Steven: *First one to change her yeah.*

Janet: *I thought he was real good. I didn't think he'd be like that. He was just like, I don't know, not taking over as such but I don't know, wanted to do things, like he came nine till nine didn't you? He was there all the time so.*

Steven: *Yeah, I was there all the time.*

Moira: *Tell me about that.*

Steven: *Just ... to look after them both. (SJ 2:516).*

Dermott (2008) points out that men's presence at the birth of their children is often seen as the definitive sign of the emergence of a 'new fatherhood', one in which fathers are emotionally involved and engaged with their children. Interestingly, in his desire *'to look after them both'*, Steven also invokes a traditional model of fatherhood: that of the guardian of his new family. Collier and Sheldon (2008) argue that the shift towards the 'new' fatherhood model has been overstated, and that the traditional model of fatherhood, remains 'tenacious' in the contemporary family.

In addition to these transformative, life changing and positive experiences of the birth of their children, is another more difficult account of the men's experiences of witnessing birth. As Dermott (2008) points out, positive accounts of men's emotional transition to parenthood have received much attention in the literature (Draper, 2003; Henwood, 2005; Lewis, 1986) but there is also research that has highlights a more ambivalent response by men to witnessing birth (Miller, 2011). A number of men in this study found some aspects of being at the birth of their children difficult, and I bring these to light in the next section.

In the first of the interviews I conducted with Lewis, the second time father in this study, he talked about the birth of his first child and stated that he had found it 'gross'. Lewis had just turned 17 at the time of that birth with his former partner, and was emotionally unprepared for the birth:

Moira: *And you Lewis? What's, what impact has it had on you being an expectant dad? Of course you've got little Georgia?*

Lewis: *No, it's not much of a, not much of a shock because I've already been through that, haven't I?*

Moira: *Was it a shock the first time?*

Lewis: *No, not really.*

Moira: *Not really?*

Lewis: *No, apart from being at the birth, that was just gross.*

Moira: *Was it?*

Lewis: *Not, not in a nasty way but it was weird, a bit freaky.*

Moira: *In what way?*

Lewis: *Don't know just, I'm not used to seeing babies pop out of... [laughs] (LE 1:1327)*

Emma, Lewis' partner and the mother of his second child, had to have an emergency caesarean section for the delivery of their baby, Rhiannon. In the following extract, Emma talks about Lewis 'going white' when he heard he was to accompany her for her caesarean section. Emma's mother, Angela, who was supportive of Lewis in his fathering role, offered to go instead, but Lewis decided to take up his place next to Emma to be there for the birth of his baby daughter:

Moira: *So when they said to you we're going to do a caesarean what did it feel like, what did it feel like for you?*

Lewis: *I don't know, I just thought it, she'd just come out quicker and she did.*

Moira: *Were you worried?*

Lewis: *Well, yeah.*

Emma: *His face just went white and my mam was saying to him you don't have to go in if you don't want to. I'll go because my mam had a caesarean with me you see, so she was saying I'll go in with her if you don't want to. (LE 2:247).*

Normally birthing partners stand at the head of the operating table and the surgery is performed behind a screen which obscures the surgery site. Lewis, however, had a chance to glace back at Emma's open wound as he was accompanying his new born daughter to be examined by a paediatrician. Lewis presents another side to men's views of witnessing birth,

one that is less about a heady emotional reaction and one that is blunt and unguarded. Lewis recounted his experience to me in front of his partner, Emma, who just listened quietly:

Lewis: *I saw all inside her belly... I said it's a good job I didn't have anything for my breakfast or something to eat.*

Moira: *Why? Was there lots of blood?*

Lewis: *No, not really, it was just weird seeing inside someone else's belly, it's like I said to her I've seen more of you than you have you. (LE 2:280).*

In the following extract Chris hints at the fact that he had found moments during the birth more difficult:

Moira: *Now Chris, I'll take you back now. When she started to push did you go and have a little look? Did you see her little head coming out?*

Chris: *I did ... back end didn't I and stuff? The midwife said to me oh the head's out, so I thought the baby was actually out and I went to have a look and wish I didn't, you know what I mean? (CL 2:1288).*

I did not know what Chris meant and I did not follow up his comment and ask him, but I assume it was the 'messiness' of birth and possibly seeing his partner in a different light to one in which he was used to seeing her.

Paul was more explicit than Chris, and refers to the birth as being *'like something animals do'*. He was unprepared and profoundly affected by the actual birth process itself. Sally, who was listening to him speak, interjects and tries to offer an explanation of why the labour was so difficult saying, *'it's back to back labour'*, referring to the fact that the baby was facing the 'other way' from usual, with his spine against his mother's spine and his face facing up. The position is associated with a longer, more painful labour in the early stages and may require medical intervention, even before labour starts (NICE, 2003). Although Paul finds the delivery difficult, he does say that he *'would go again'*:

Paul: *I saw, I saw his head and then he just popped out.*

Moira: *What did that feel like?*

Paul: *Horrible.*

Moira: *What were you thinking?*

Paul: *Gross, I don't know, I just, I didn't like it.*

Moira: *What, what's?*

Sally: *It's back to back labour.*

Moira: *Okay, what was, what was the horrible bit? What were you thinking?*

Paul: *Don't know, it's like something animals do isn't it really? It's all right when you see animals doing it but when it's, I don't know, it's just real weird, I just didn't like it. I'd obviously go again like but I didn't like, it made me feel, I don't know, sick.*

Moira: *Did it?*

Paul: *Yeah. (PS 2:356).*

Some of the young men spoke of their partners being *'snappy'* (Chris) with them or, as Janet admitted to Steven, *'I was real nasty, snatching the gas and air from you wasn't I?* Laura had also gripped Chris' finger so tightly during her contractions that she dislocated his finger and a paediatrician, who was in the delivery room, had had to readjust the joint for him. David had felt hurt about the way his partner, Victoria, had 'shouted' at him during her labour. Victoria's mother had also been present for the delivery, and for the young men who were the sole recipients of their partners' abuse, this was difficult to understand. After the birth, however, it was Victoria's mother who had reassured him that he had done 'okay' supporting his partner:

Victoria: *My mum was there for like just rubbing my back.*

David: *Well her mum... she [pointing to Victoria] shouted at me.*

Victoria: *No, because you didn't do it properly.*

David: *I could've.*

Victoria: *No. I was feeling so angry.*

Moira: *Okay, did you get angry with your mum?*

Victoria: *No.*

Moira: *You only got angry with David.*

Victoria: *Yeah.*

David: *Yeah, but her mum told me that I did okay... Every lady shouts at the birth.*

Victoria: *[laughs] (DV 2:306).*

These were events that the young men were unprepared for, but they were able to talk about them afterwards and they understood the context in which they had occurred. Paul, however, struggled to come to terms with all the events of the day. Sally had also *'shouted'* at him during her labour and this shouting had affected Paul almost more than the discomfort of witnessing the birth of his son and Sally's post partum haemorrhage.

Paul: *Well men can know this right now that whatever you do don't go anywhere near them, when they're having the baby. Jesus, they shout at you and scream at you, might as well just stand away and just look.*

Moira: *Really?*

Sally: *[laughing]*

Paul: *Yeah, don't try and comfort them.*

Sally: *You're in that much pain.*

Paul: *You are, yeah. I don't care what it is, they'll either break your hand or they'll scream at you.*

Moira: *Did you nearly get your hand broken?*

Paul: *Well I did a bit, didn't I?*

Sally: *[laughs]*

Moira: *And did you get screamed at?*

Paul: *Yeah, I did, yeah.*

Moira: *Did you scream at your mum as well? [to Sally]*

Sally*:* *No.*

Paul: *No, just me, just for trying to keep the calm. (PS 2:959).*

A year later, in the last of the interviews I conducted with the couple, Paul looked back on the day his son was born, and summed up his experience in the extract below. I had been talking to Sally about the birth of her baby, and Paul interjects in the conversation:

Moira: *It was quite a stressful time.*

Sally: *Yeah.*

Moira: *It wasn't like plain sailing then.*

Sally: *No.*

Moira: *Okay...*

Paul: *I don't know, it was just the most scariest time of my life really.*

Moira: *Really, Paul?*

Paul: *Yeah, having, Sally having the baby, yeah.*

Moira: *When did the scary start?*

Paul: *When she started swearing at me, shouting at me, when she was having him.*

Moira: *During the labour?*

Paul: *Yeah. So I've never, I don't even, I never even seen babies really, because like, I was like the youngest on my, my mum's side of the family, so I never had to babysit anyone, never had to look after babies, never really saw babies and then when she was having the baby I thought, do you know what I mean? Oh no ... and then she started shouting at me, so I was thinking this is getting worse, push him back..... but yeah, I mean when, when he came out and that it was, it was the best time of my life really, so... I mean I took to him straight away didn't I? And fed him and when he came back and stuff. (PS 4:2825).*

Paul's comments, that having the baby being the *'scariest time'* of his life but also the *'best time'* of his life, sum up what becoming a father meant for him; it was something that he had wanted but been anxious about. The birth had been difficult and, even as his son was being born, he had wanted to *'push him back'* and stop what was happening in his life at that point. But Paul *'took to him straight away'* and, at another point in the interview, marvelled at his baby son:

Moira: *And afterwards when you looked at him lying there, what did you think?*

Paul: *No, it's not like... it's just, I don't know... it's real... you know they have fingernails and stuff when they come out. (PS 2: 585).*

In time, Paul came to terms with the experiences attached to Sally's labour, the birth of his son and becoming a father. His experience had been difficult but, drawing on his desire to *'be there'* as a father for his son and to *'be strong'* for himself and Sally, he managed to find a way through the very difficult challenges he had faced. Paul's experience of labour and birth captures a universe of potentially difficult experiences but all the young men in this study faced some challenges during their partners' labours and the birth of their children. Paul, like most of the young men in this study, was able to negotiate his way through his experiences because of his strong commitment to his child and to his partner. However, he

did so at a cost to his own well-being, and the consequences for him and his young family might only be revealed in the future.

8.11. Young fathering

The *'young fathering'* section of this chapter details the men's accounts of what it is like to be a young father and to be responsible for, and to care for[23], very young children (Ribbens-McCarthy and Edwards, 2011). The section examines how the fathering experience impacted on the men as youthful men, and in turn, how the men as young fathers moulded their particular fathering experiences with their partners. This section presents analyses of different aspects of the men and their lives: their caring experiences in relation to their children, how fatherhood influenced their friendships and social networks, and how their work, or workless experiences, impacted on their fathering. Each of these areas is set against the backdrop of their new fatherhood status. The impact of fatherhood on the young men themselves, and on their relationships with their partners, is explored through the case study of Chris.

Young fatherhood, young fathering: Chris' story

Chris' baby daughter was born in the early hours of a Saturday morning. He and Laura's mum, Karen, had been with Laura over the duration of her twelve hours of labour. Karen went home, after the birth of her granddaughter, and Chris stayed with Laura and his new baby for as long as he could before he was sent home by the midwifery staff to *'get some sleep'*. Chris explained how he was feeling at the time:

Moira: *And Chris, when you, when you did get some time on your own what did it feel like then?*

Chris: *I didn't sleep that night actually, I were quite excited and stuff and, so I didn't go to bed, I just stayed up and then I was like I was real excited and stuff wasn't I?*

Laura: *Yeah.*

Chris: *And like it opened [referring to the maternity hospital]...I was allowed on from eight, yes, it was eight until like nine at night, so I got there for like half seven wasn't I?*

Laura: *Yeah.*

[23] "Care refers to both a set of feelings and a set of activities and resources, concerned with supportive relationships, ranging from close family members to strangers" (Ribbens McCarthy & Edwards 2011: 17).

Chris: *And then I'd come in at eight and used to come home at nine and stuff.*

Laura: *You did that every day.*

Chris: *Did that every day that she was in ... I was the only one they let do it though wasn't I? (CL 2:1619)*

The emotionality of witnessing the birth of their children stayed with the young men and extended into the first few days thereafter. Chris had gone home, phoned his grandparents and great-grandparents to tell them of his news and, after a shower and change of clothing, had returned to the maternity hospital at *'half seven'*, long before the official post natal ward visiting time of nine in the morning. The maternity staff had allowed Chris in at eight, *'the only one'* they let do this. The maternity hospital in the northern research site has a 'young parent friendly' policy and, while Chris' one hour earlier than normal access experience was not hospital policy, the sensitive handling of the matter by the ward staff made Chris feel special at this important time of his life and facilitated a special 'bonding moment' for him with his new baby daughter. In the extract below, Chris and Laura recall his first 'very early morning' visit to the post natal ward:

Laura: *I was going for my breakfast when I first saw him.*

Chris: *Yeah, when you come back I was holding her wasn't I?*

Laura: *I was like, 'Oh yeah!'*

Moira: *Oh how nice, aw.*

Chris: *She was asleep and I was like ..oh wake up... and I was like, real quiet, but I didn't really want to wake her up ... want her to wake up and she did, so I just took her and cuddled her.*

Moira: *Just wanted to look at her and hold her...*

Chris: *Yeah, it didn't really sink in for me did it for quite a few days actually?*

Laura: *Yeah, it didn't really me until we got home.*

Chris: *It didn't, until, yeah, when we get home and we settled, that's when it really like sunk in.*

Moira: *How do you mean didn't sink in?*

Chris: *It's like it wasn't real, it was like kind of a strange feeling, like I know she's like my little girl but it doesn't feel like I've got a little girl if you know what I mean, I just feel like the same but she, there's just a little un there, and that's it, but then.*

Laura: *Yeah.*

Moira: *And you're nodding your head, Laura.*

Laura: *It didn't sink in until we got home really.*

Chris: *Yeah ...It just felt like the same but there was just a little baby there and...was ours and that's it.*

Laura: *Yeah.*

Chris: *Then once we got home, that's when it really hit us both didn't it?*

Laura: *Yeah. (CL 2:1664).*

Laura and baby Aoife remained in the maternity hospital for three days because, as Laura explained, '*it was the breastfeeding, she just couldn't do it, but then like near the end she did it once or twice'*. Laura was getting *'down'* and she just wanted to go home so she and her baby were discharged by the maternity staff, *'although they didn't want us to go'*. The *'reality'* that *'hit'* Chris and Laura, as spoken of in the above quotation, was the responsibility and *'worry'* of having an infant at home that they were feeding with difficulty. After a day of struggling to get Aoife to latch at the breast, Laura abandoned breastfeeding and initiated bottle feeding. Laura reported feeling guilty as she had wanted to breastfeed. Chris tried to reassure her, as she related her experience in the interview: *'she had all the colostrum... she had all that, so she got everything'*. The views of fathers have been shown to be an important influencing factor in breastfeeding decisions (Henderson et al., 2011). Chris had been very supportive of Laura, and her initial decision to breastfeed. Laura and Chris found Aoife difficult to feed, even with a bottle, and they continued to worry about her feeding, her eating, and her 'slow' weight gain, over the duration of the time I was involved with them.

In addition to the anxiety over their baby, Laura and Chris also reported experiencing relationship difficulties in the early days and weeks after Aoife's birth. Laura reported at the second interview, fourteen weeks after the birth of her baby, that she had been, and was still feeling *'very down'* and Chris found her mood swings confusing:

Chris: *...like your hormones were everywhere [to Laura] and then it'd kind of be quite confusing because ...because one minute she'd be happy and then the next she'd be quite down and then she'd be angry and it was like, what have I done? Like I've only like walked in the room or something and it's... quite snappy and stuff so... (CL 2: 1896).*

Chris turned to the internet for support, to a website Laura had joined for parents when she had first discovered her pregnancy. Immediately after joining the website, Laura started receiving weekly emails congratulating her on the progress of her pregnancy and she could access three dimensional 'pictures', appropriate to the baby's stage of development and she could see what it looked like and how it was growing. Chris found the website particularly useful and in our first interview had commented, *'the baby can even hear my voice'*. The couple remained members of the site and continued to receive information which tracked their baby's progress to her stage of development after she was born. The site also had other useful information for new mothers and fathers. Chris explained:

Chris: *There's bits for me as well. It isn't just like aimed at the women kind of bit ...it says stuff like oh well, this is what she is going to be going through right now so expect this sort of behaviour from your partner and stuff, just that reassurance that you need really ... (CL 2:1887).*

Although Laura and Chris were living separately with their own parents, Chris spent the first week at Laura's home to help out and to *'get things into a routine'*. Thereafter, he continued to come over to Laura's after his work day had finished to spend time with Aoife and to help Laura with the day to day caring activities. Chris was also spending a night a week with Laura and Aoife, and Laura would sometimes take Aoife over to Chris' home and overnight there. Chris tried to be understanding of Laura's low mood but he found it difficult at times:

Chris: *I come down and Laura like seems to be in a down mood and that kind of gets me down and stuff and that's when we like argue quite a bit...and when we're arguing I say oh for god's sake not again, you know what I mean. And then obviously Aoife's been quite stressful like with us and stuff. Like say she's not had a good day feeding and she'd been quite whingey and stuff and then you're just trying to feed and like why isn't she feeding and stuff. (CL 2: 2151).*

Chris felt that they were not getting enough time together to nurture their relationship and they were *'pushing each other aside to deal with Aoife'*:

Chris: *It's like we never really get time together do we? So it's kind of like the fact that we used to always go out and stuff didn't we together and stuff. And now it's, we don't actually like..the only time we get some time together is like the odd hour or so here and there and that's it and it's kind of strange because it's like you kind of push each other aside to deal with Aoife, so..(CL 2: 2222).*

Chris was trying to help as much as he could, but he was only able to support Laura in the evenings after work. I will discuss the family models that appeared to be the most nurturing

of the young couples' relationship in chapter 9, but Chris and Laura's arrangement, where they were living separately, did appear to put more strain on their relationship. The couple's time together coincided with their baby's bath and bedtime, and mealtime for their respective families. This restricted the amount of time the couple had together to nurture their relationship.

Laura admitted being resentful of Chris being able to go out to work and make new friends. She acknowledged that he was helping her in the evenings, but it was not enough to relieve her of the all consuming responsibility of motherhood, which kept her physically and mentally on the go all day. Chris was trying to see the situation from Laura's perspective:

Laura: *Sometimes I feel, I know it's wrong, but sometimes I kind of resent Chris because he can go out to work and make new friends and I can't, know what I mean? I have to stay at home and look after her so...*

Moira: *Mmm...*

Laura: *And then when he gets home... you do help when you get home though, don't you?*

Chris: *Yeah, I ...*

Laura: *He'll do her last feed and...*

Chris: *Bath her and stuff.*

Laura: *Bath her and put her to bed and because... ... I don't think men realise that it's not just physically, it's mentally how, like they keep you going all day, even when they're asleep you're still thinking about her, so I don't think they get that.*

Chris: *I mean we don't go through it, so I don't really think we'll ever get to understand it that much.*

Laura: *Yeah.*

Moira: *You say we, who? Men?*

Chris: *Yeah men. We don't go through it so all we see is the mood swings and stuff like that and we like, we see it as we're doing so much like helping and that, we'll do the feeds and that but we're not actually doing that much, we see it as a big deal but..*

Laura: *He does help me a lot, when I say you could think to do this, I feel guilty, he does help me, he does but it's just you see it in a different way because you're doing it all the time and it's on your mind all the time, like men can just switch*

off and watch a film, I can't do that because she's there, the only time I can relax is when she's at Chris' house and I'm on my own totally.

Moira: *Do you talk about this between the two of you?*

Chris: *We do, but it's kind of rare that we actually do talk.*

Laura: *Sometimes I think Chris gets a bit offended. He doesn't really understand...I don't want him to think well he doesn't do owt, he doesn't, but I know he does stuff but it's just different a mother and father role, I think it's different.*

Chris: *Yeah. (CL 2: 2259).*

Despite the relationship difficulties Chris and Laura were experiencing, Chris' baby daughter was 'everything' to him:

Moira: *Chris, if I asked you to tell me about your baby, how would you describe her to me?*

Chris: *I don't know really, because she's like everything for me really and that, just everything, just I don't know, just beautiful and that and just always happy and stuff. Just I can't really describe her, she's just Aoife. (CL 2:3281).*

In the following extract Laura and Chris both respond to my question: *'Would you turn the clocks back?'* Laura and Chris both respond that they would, but only if they could still have Aoife. Chris expresses his 'guilt' for thinking that he wished they had waited, but he accepts that his daughter is here now, and that he just has to get on with life:

Laura: *Sometimes I've thought I wish I could have her. [with emphasis]*

Chris: *But later on in life.*

Laura: *But like say if it was later on in life, we probably wouldn't have her, but I wish I could just have her later on in life.*

Chris: *Then you feel real guilty don't you, for thinking like oh I wish we'd waited now.*

Laura: *Yeah.*

Chris: *Because she's here and it's like...*

Laura: *But sometimes you do have days when you think oh I wish I could do so and so, I wish I could and you just feel like you want a bit more freedom and you just think well it's like, I don't know, you're just too young to have all this pressure on you. So if I could have her [with emphasis] later on in life I'd have liked that but I can't, so we've got her.*

Chris: *Yeah, I'd do exactly the same, If I knew we could actually have Aoife later on in life I really would have waited, I wouldn't have done it now but now she's here she's like the best in the world really. So I just get on with her day by day really. (CL 2:3287).*

During the second interview with Chris I asked him whether he thought it was all men, or just young men, that found fatherhood difficult. He responded with an insightful answer, acknowledging that babies *'take up a lot of your time'*:

Moira: *Do you think that's all men or do you think it's just young, young men?*

Chris: *I reckon to be honest it'll be all men really that feel like that and stuff because like baby's still take up a lot of your time and really you've just got to get on with it and just get through it haven't you really and? (CL 2: 3330).*

When I met Chris for the third of the interviews, I asked him a similar question to the one above, as to whether it was harder for young parents, or whether he thought that all parents felt the same. In the quotation below, Chris identifies that the particular constraints on young parents are that they have missed out on certain experiences, because of their early entry to parenthood:

Moira: *Do you think it's harder for young parents or do you think all parents would feel the same?*

Chris: *I think really for younger parents ... like older people that have had babies they may have like, they've had their social time more or less but it's different like, to like us being like eighteen, round about that age, young teens, adults. Like friends and stuff like going just round town and stuff like we didn't have them experiences have we? We haven't had chance to go on holiday and stuff like that, that most people would have done. (CL 3: 1438).*

In the next quotation, Chris explains that he missed out on time to be a young person, and to be able to do the kind of things his *'mates'* were inviting him out to do. He *'resented'* them for being able to do what he could not do anymore. The only time he could be *'himself'*, his young self, having a *'laugh and stuff'* was when he was with his friends, and he could no longer do that. Chris speaks as though he has lost something of himself:

Chris: *I'd get a text off my mates saying oh we're off to pub or we're off to pictures, do you want to come and see this or a game of footie? Then I'd be like I can't, you know what I mean. Then like the gym, with me the gym time was the only time I could see my mates. So I'd get to see them for like an hour or so and then I'd be straight back and that was the only time like...and we would argue about it as if like I was getting more free time. But that was the only time I ever got with my friends sort of thing, I could be like myself and just have a laugh and stuff like that. I resented my mates because they was off doing*

things like they was all like going in town and stuff and just going to see films or playing footie and that, I didn't do any of that, I don't do that now. (CL 3:1480).

Chris' fatherhood experience was that of living two lives, his own separate life as a young person, getting on with his joinery career, and then the one as the father of his daughter, Aoife. Chris felt the weight of responsibility for his daughter and for her well-being, and he found it hard to deal with this responsibility on his own. He admitted that his relationship with Laura was strained and he found it difficult living apart from them and having to leave them at night and go home. But Chris' relationship with his little daughter sustained him and made him feel okay:

Moira: *What is the biggest challenge of being a dad?*

Chris: *It's like you find yourself sort of living two lives if you know what I mean, you try to live your own by going to work and time but then you're having to come home and you're dealing with Aoife and that's where you have to be, like the responsibility is all on you and that's the sort of life, where like you have responsibility sort of thing and you get worried when you see Aoife's not happy and stuff like that and it gets me a bit down and I can't deal with it on my own sort of thing and stuff like that and me and Laura aren't on best of terms sort of thing and then I'm dealing with Aoife and then I'll put her to bed and then I leave them, just stuff like that really gets me down but like when I come home but I feel okay, like when I come home or something and she tries to jump out of her mum's arms doesn't she to come to me and stuff and she like crawls to me and stuff like that and we like play and stuff like that. (CL 3:2115).*

In the next quotation, taken from the last interview I conducted with Chris and Laura, he reflects on the changes in his life in the year since becoming a father. For Chris, these have been momentous: he has left school, started a family, grown up and undergone personal change, all in a very short time period. But unlike ten months earlier, when Aoife was four months of age, Chris would not alter the past. He has accepted the sacrifices he has had to make as a young father but indicates that he does not think the things he has sacrificed are that important. He suggests that *'everyone'* is going to have to make the type of changes and sacrifices that he has done at sometime in their lives. Chris' have just come earlier than others. He seems resolved to the events and course of his life:

Moira: *So looking back, what's been the change, what's had the most impact?*

Chris: *Well basically just the fact starting us own family and sort of like moving on from being so young, sort of like growing up and realising that it's, all this, like you know, in life how it suddenly all changes, while you're in school to*

like when you left it and just the impact of having a child really, sort of, just seeing how much change can affect your life really yeah.

Moira: *Would you have it any different?*

Chris: *No, never, I wouldn't no. I love it now, how it is, and well obviously we've made sacrifices, we don't get to go out but having Aoife around it's, it doesn't matter about stuff really, everyone's going to have to change anyway, but no, I wouldn't ever go back. (CL 4:2336).*

In the following quotation, Chris appraises himself as a father, and concludes that he is *'pretty good'*. He acknowledges that his fathering experience has been difficult at times, and that he has had to find his own way, because he never had the *'dad experience'* with his father. He concludes the quotation on a philosophical *'see what happens'* note as he looks to the future:

Moira: *How would you describe yourself as a dad?*

Chris: *I'd say I was pretty good. Yeah, I do try my best and that and sometimes it's real hard. I haven't had that dad experience, you know what I mean like, so I didn't really know what it...to be expected, so just trying to go through with it and see what happens, you know, well...(CL 4:1823).*

Chris' case study of young fatherhood is one of eight 'young fatherhoods' accounts in this study. Yet, despite it being Chris' personal story, it draws out the themes that cut across all the young men's accounts of fatherhood: the life changing experience of fatherhood, which for these young men, happens unexpectedly and rapidly; the demanding nature of fatherhood, occurring at a time in the young men's lives when they are still finding their own direction in life; the personal sacrifices that the young men have to make as they forego their social lives; the tensions of balancing being a young person with being a father; the difficulty of being a young partner with responsibilities to the mother of their children; the deep love these men had for their children, and the rewarding nature of fatherhood. I turn to the issue of men and their children in the next section of the chapter.

8.12. Men and their children

8.12.1. Thinking about fatherhood

In the following quotation, taken from the first interview before the birth of his baby, Skinny is imagining fatherhood. He paints a picture of himself and his child enjoying time together with him being closely involved in his child's life:

Skinny: *It's going to come to Anfield with me, come and watch Liverpool play ...I've always said that.*

Moira: *Okay...*

Skinny: *It's going to get a little Liverpool kit even though someone called Shorti denies it, she supports Arsenal, so she wants an Arsenal kit, but I said Liverpool and she has agreed to it...*

Shorti: *I said why don't the baby have Liverpool bottoms and Arsenal shirt?*

Moira: *Okay...it could be interesting if they play each other...Yeah?*

Skinny: *Taking it to the park, going shopping, having little days out at the beach, spending quality time with it indoors as well, like watching TV, watching, I don't know Tweenies or Bob the Builder or whatever, I'm used to it with my little brother, so I am going to enjoy the time I spend with my little son or daughter. (SS 1:890).*

David also had ideas about the things he wanted to do with his baby after he was born. Victoria reveals his ideas in this quotation:

Moira: *Have you spoken about what it might be like with the baby afterwards [the birth]?*

Victoria: *Yeah, we always talk about it every day.*

David: *Every day.*

Moira: *Okay, so tell me what you've been talking about...*

Victoria: *I don't know, it's just like...*

David: *...Take to the park and...*

Victoria: *He always talks about the fun bits, not about you know the main bits that he's supposed to do. He always talks about the bits that we're going to take the baby out to the park and you know like theme parks and dress the baby...buy these clothes and things like that...and I'm always talking about the main bits... feed the baby, changing the baby and things like that and oh god..DV 1:1662).*

At the end of the above quotation, Victoria accuses David of always talking about the *'fun bits'*, and not the *'main bits'* like feeding and changing the baby, in discussions about life with their baby. The reality, for most of the men in the study, was that the early days of fatherhood did mainly consist of feeding and changing and soothing crying babies, and less of the *'fun bits'*. Many of the young men purchased, for their baby daughters and sons, tiny Liverpool, Arsenal and Manchester United 'kits', but their dreams of attending a football

match, watching television and going to museums with their children, were put on hold, at least while their babies were very young. What is interesting in both quotations is that these young men are espousing a model of fatherhood where they are involved with their children. The idea of *'being there'*, runs like a mantra through all the young men's accounts of fatherhood and was used by the young men to describe their hopes about being both physically present with their children and in their lives, and emotionally 'available' to them.

While the more *'fun'* activities envisaged by Skinny and David were not always possible with their very young babies, the young men did however engage in other 'involved' fathering activities with their babies, and it is these 'hands on' caring activities that I describe in the following section of the chapter.

8.12.2. Young men and caring for children

Three themes, in relation to caring for their children, emerged from the men's accounts of fathering: '*doing to'* their children which included the 'hands-on' activities like feeding, changing nappies, bathing, and dressing their babies'; '*doing for'* their children; this involved activities like bottle washing and preparing bottle feeds and '*doing with'* their children which included playing with the baby and going out for walks to the park. These themes resonate with the ways in which the middle class fathers in Dermott's (2008) study of *Men, Work and Family Life* talked about how they spent time with their children. Dermott (2008) identified five distinct ways in which the men in her study talked about how they spent time with their children, however, in this current study, three discrete themes emerged. I present these three themes next.

'***Doing to', 'doing for' and 'doing with' their children***

I conducted the third interview with Steven and Janet when their baby, Keira, was nine months old. In my research notes I have recorded the following scene that took place during the interview:

> *Janet and Steven were sitting next to one another on the sofa and baby Keira was asleep in her buggy. Halfway through the interview Keira woke up, and after stretching and orientating herself to the environment, she began to wriggle in her seat. Steven got up from the sofa, loosened the reins keeping her safely in place, greeted her with a smile and a gentle 'Hello madam' and then picked her up and returned to the sofa and sat with her in his lap. A few minutes later, he picked her up under the armpits, held her nappy area up to his nose and then gently placed her on floor on the carpet. He crawled over to the nappy bag and changing mat on the other*

side of the room and dragging them with him he returned to the sofa. Without saying a word, he placed Keira on the changing mat and then bent over, expertly removed her soiled nappy, cleaned her up with the baby wipes in the bag and put a fresh nappy on her. He left the room to dispose of the old nappy, then returned to the lounge and sat down again. Janet had picked up Keira while he was out of the room and when he was seated, she handed her back to him. (SJ 3: 5/1/2008).

This whole scene took place without either Steven or Janet talking about it; Janet just continued answering the question I had posed to her. The loving manner in which Steven had spoken to his baby daughter, the gentle way in which he handled her and the fact that he had performed a very basic baby care task, changing her soiled nappy with complete confidence, showed him to be very familiar with the hands on basic caring aspects of fatherhood.

All the young men described doing various aspects of 'hands-on' caring for their children. In the following extract David describes the caring activities he carried out for his baby son:

Moira: *Do you change nappies?*

David: *Yeah. I will change nappies.*

Moira: *Even the pooh ones?*

David: *Yeah, yeah, everything, feed him, bottles... (DV 2:1812).*

Similarly, Paul had changed nappies, fed his son, attended to bottles and bathed his four and a half month old son *'a few times'*:

Moira: *Changing nappies?*

Paul: *Nappies, feeding, doing bottles... I've only bathed him a few times though.*

Moira: *Poohey nappies?*

Paul: *Pooh and bab.*

Moira: *What's bab?*

Paul: *Sick. [laughs] (PS 2:2683).*

There were some activities that the young men did not like doing. Paul did not like feeding their baby as it made him feel anxious.

Paul: *Feeding him's the worst job.*

Moira: *Even worse than pooh nappies?*

Paul: *Yeah, feeding's miles worse …*

Moira: *Which, making the feeds or the actual feeding him?*

Paul: *Feeding him.*

Moira: *Why?*

Paul: *Why? Because I don't, he gets me, he gets real fidgety and agitated, it makes me real hot and I'm like sweating.*

Sally: *He [Paul] starts stressing.*

Paul: *Start stressing out, I can't do it and it just takes too long and everything, and then when he burps, he sicks on me, it's just annoying. (PS 2:2757).*

In the following extract, Emma and Lewis talk about the things that he did not like doing:

Emma: *He doesn't like doing like the, the things that has to be done like changing nappies and bathing and dressing her but he plays with her and.*

Lewis: *No, I don't mind bathing her, I just don't like drying her.*

Emma: *Drying and dressing her and...*

Lewis: *No, I don't mind dressing her either, I just don't like drying.*

Moira: *So what things do you like doing?*

Lewis: *Anything really, apart from drying her and changing her, when she's done a shitty nappy.*

Moira*:* *I've seen you do nappies though. Was that just for effect?*

Lewis: *No, I don't mind doing them, I just don't like doing. (LE 3:170).*

In the above extract, Emma, with a slightly sarcastic tone to her voice, lists the things Lewis does not like doing for their baby, '*changing nappies and bathing and dressing her',* but she does acknowledge that he likes playing with her. Emma and Lewis' exchange hints at the fact that the baby care tasks are not necessarily shared equally between. The young couples' accounts reveal that they shared their responsibilities differently. David and Victoria, for example, felt that they shared the caring equally. David was unemployed, around his son all day, and this may have had an influence on the amount of caring he could do. Brannen and Nilsen (2006) make an interesting observation in that it is often unemployed, or part time employed, working class men who are more able to do the new fatherhood engaged model of childcare, as they are at home more.

Doing things *'with'* their children, playing and having fun, was something all the young men enjoyed doing and the activity they spoke most often about. In the first interview I conducted with John, he had imagined the kind of things he wanted to do with his daughter in the future, such as taking her on holiday, to museums, and teaching her about history and art:

John: *I'd like to take her on holidays and that, take her places, like to museums and all that.*

Moira: *Why do you want to do those kind of things?*

John: *Because it's, she'll learn through history and that and if she, like I'll take her to some of the art museums and that, show her what some of the famous people have done and all that and if she wants to take up art, she knows that she has got something to back her up, like go to some art museums and that, or if she wants to do history, all about history she can go to history museums.*

Moira: *Do you like doing that kind of thing?*

John: *Yeah, I like going to like the Transport Museum and that and the World Museum, because I think they're actually good, I think they should make more museums of history and that, so you understand more. (JJ 1: 1093).*

In the following extract, John describes playing with his baby daughter and beginning the teaching he had envisioned before she was born:

Moira: *Describe a typical day for you.*

John*:* *I just play with her, she always wants to play when she's with me, then we just sit, I sit on the corner of the settee and we've got this like sort of a play gym that you know goes over the cot, and it's got a picture of a cat playing a fiddle and then the Cow Jumps Over the Moon and all that, it plays all them, it plays Row Row Your Boat, and Baa Baa Black Sheep.*

Moira*:* *Do you sing along for her?*

John*:* *Yeah. (JJ 2: 1382).*

All the young men described engaging in, and enjoying, the *'doing with'* activities, playing and going out. In the next extract, David explains what he liked to do and how much both he and his baby son enjoyed one another's company:

David*:* *I like it when it's just me and him.*

Moira*:* *Mmmm....*

David*:* *I take him in his pram.*

Moira*:* *So you can show him off a bit?*

***David**: No, it's not that, I want to take him out.*

***Moira**: What's it about taking him out that you like?*

***David**: It's fun innit? Go really fast, laughing his head off.*

***Victoria**: A father and son thing, innit? (DV 2:1928).*

The analysis presented in this section shows that young men do engage in a variety of caring activities with their children, and that they are loving, caring fathers who want to be involved in nurturing their young children. This finding is resonant with what researchers have found with other 'vulnerable' fathers like those involved with social service agencies (Featherstone, 2009; Ferguson and Hogan, 2004).

8.13. Chapter summary

This chapter has analysed the experiences of eight young men becoming, and being, young fathers. The young men were all fathering from a position of vulnerability: they were young, had low incomes, they were dependent upon their families for financial and material support, and they had yet to establish their working careers. However, I have argued that, despite this, these young men chose to be involved fathers and to support their partners through their pregnancies, their labours, the birth of their children, and in their parenting roles. The young men displayed a strong sense of responsibility towards their partners and unborn children, which I argue, challenges the disparaging view of young unmarried fathers as being uncaring and disinterested in their partners and the children that they father with them.

I have mapped out six factors that identify what fatherhood meant to the young men in this study. These factors include: the view that fatherhood is meaningful and important of itself, that fatherhood is significant as it signals a transition to adulthood, that the fathers had a strong sense of responsibility to their partners and their unborn children, that fatherhood presented an opportunity for the young men to transform their lives, that fatherhood is a generative experience for the young men and also, that fatherhood is a marker of the young man's masculinity. This new understanding of what fatherhood means to the young men, advances the knowledge base on why it is that fathers engage with fathering their children.

I have also argued, however, that young men's decision to remain involved with their pregnant partners and to invest in fatherhood is contingent upon a number of factors, some of these are structural, others are relationship factors, some are within, but others beyond the young men's control, that decide their ongoing relationship with their pregnant partners and

unborn children. Involved fatherhood, for these young men, is something that is often facilitated, rather than a taken for granted fact.

I have presented two case studies to explore the issues of 'becoming a father', and 'young fatherhood' through the experiences and practices of two young fathers in this study. Paul's experience of 'becoming a father' sheds a light on one young man's resilient response generated by the challenging circumstances he encountered during his transition to fatherhood. It also provides a vehicle for examining men's experiences of labour, birth and early fatherhood, and raises important questions about the way health professionals engage with young men in families.

Chris' case study of young fatherhood has highlighted the demands and rewards of young fatherhood, the personal sacrifices to be made, but also the personal gains in being a young father. It demonstrates how *young* fatherhood is uniquely challenging, and how one young father negotiated these challenges.

Finally, the chapter has analysed young men's caring involvement with their children, and found that young men do engage in a variety of caring activities with their very young children. I make the case that these young fathers are loving, caring fathers, who want to be involved in nurturing their young children.

I discuss the important issue of the ways in which the young men's fathering experiences were shaped by their own, and their partners' families, in the following chapter, on 'becoming a family'.

Chapter 9: "We spend the week with her grandma and gramps and the weekends with her nanna" (Jessica 2:1097): Young mothers and fathers 'doing' family.

9.1. Introduction

Chapter 9 of this thesis completes the analytical cycle, as it turns to focus on the young couple and their 'new' families. The chapter looks at the ways in which the young parents in the study conducted and managed their lives and their relationships with one another and their families, after the birth of their children. It examines different accounts of the ways in which young people are doing family life. Many of the young women in this study were living with their families and parenting their children in these contexts. Even those couples not living with their parents were supported by family, and the chapter examines these relationships. The young parents were 'doing' family in a way that worked for them, their children and their wider families. It was not always easy for either the young people or their families and both families and young people had to make continuous compromises and adjustments as they negotiated the course of their lives. Nonetheless, I argue that these different and flexible ways of living their family lives were in fact a strength that allowed the young parents to 'pace' their own transitions to adulthood and to develop their parenting skills in a relatively supportive environment. These young people are doing family unconventionally, but in contexts of support and flexibility. Morgan's (1996, 2011) concept 'family practices', the way family is *'lived'* by individuals, underpins the analysis in this chapter.

9.2. Multiple accounts of young family life

In chapter 6, I highlighted how the announcement of a pregnancy often brought about many changes to the young people's lives, including their practices and aspirations for their families. This section of the chapter examines these different practices.

The week days here, the weekends there

John had been spending weekends with Jessica at her parental home for months before they conceived their pregnancy. After the confirmation of Jessica's pregnancy, and their decision to proceed with the pregnancy, John moved in permanently with Jessica and her mother. Jessica planned to remain living at home with John after the birth of her baby, as she wanted to *'get used to things'* and she wanted the support of her mother. She explains in the following extract:

Moira: *Do you plan to stay at home Jessica after the baby is born?*

Jessica: *Well with me only being sixteen and I've just got my life back on track and going to start my own family, I'd just prefer to stay with my mum just so I can get used to things at first but next year we're putting in for a house and hopefully next year we'll be settled in a house, me, John and the baby and that's when we'll probably start a new family but until then my mam's just offering me support and I'm going to pay my mam board money for letting me stay because obviously it's not easy with a new born baby and two full time, staying in the house, so. (JJ 2:1548).*

Interestingly, in the quotation above, Jessica says that when they are '*settled in a new house',* living independently, that's when they will be starting their 'new' family. Jessica, like many of the young people in this study, had her own definition of family, and, for Jessica, being a 'new family' meant that the couple would be living independently.

When I saw Jessica and John for the second interview, after the birth of their baby, they had new living arrangements. They were spending Monday to Friday at John's house, living with his mother and father, then the weekends with Jessica's mother:

Jessica: *We spend the weekdays with her grandma and gramps and the weekends with her nanna. (JJ 2: 1097).*

After the birth of her baby, Jessica had found living in her mother's two bedroom house too cramped. She, John and the baby had one bedroom, and her mother the other. Jessica and her mother had also been arguing. As she explained:

Moira: *Okay, what were the arguments about?*

Jessica: *It was me basically because I was always stressed out and my hormones all, you know all over the place and I was getting back to normal after I'd done, it was hard, because I had to get back up and do stuff for myself and I found it difficult with having to look after Chloe and work and John was like, we was just tripping over each other's feet and everything, it was not good.*

Moira: *So what would, what would you argue with your mum about?*

Jessica: *I don't know really, about, I don't know, it was just stupid things, I can't remember.*

Moira: *Just things?....*

Jessica: *Yeah.*

Moira: *Okay.*

***Jessica**:* *Say if I let the cat out by accident or didn't let the cat in or something, or forgot to put the, whatever, back or summat. (JJ2:1135).*

Jessica blames herself and her *'hormones'* for the arguments, but the argumentative environment she describes highlights some of the difficulties and tensions the young people and their parents had to balance; being a parent, yet still having to adhere and conform to parental expectations. Jessica's mother Deborah, in turn, had her own balancing to do, managing Jessica's need for support as a mother in her new mothering role, as well as her need to still be cared for and parented. Deborah was also coping with a dramatic change in her own living circumstances; within the space of a year her life had turned around dramatically. She also had two teenagers and a baby living with her in her very small house.

I argue that although the young women were taking on the 'demands' of motherhood (Ruddick, 1990), they also needed to be cared for and parented themselves at times. This poses unique challenges for the young women as they shift between independence and dependence and, for their families, in being able to balance this shifting without conflict arising (Gilligan, 2003; Johnston et al., 2000; MacDonald and Marsh, 2005; Pinkerton and Dolan, 2007). Families also have to make compromises and these can be difficult.

John had no difficulty getting on with either his parents or Jessica's mother and just fitted easily into both his and Jessica's family environments. Interestingly, the young men found the shifting in their environments more straightforward than the young women. This may be because society's expectations of young fathers, and indeed their expectations of themselves, are different from that of young women (Frosh et al., 2002; Tyrer et al., 2005):

Moira: *Okay. Now John how do you get on with your mum and dad?*

John: *Great.*

Moira: *Okay.*

John: *Fantastic, don't argue.*

Moira: *Right. And how are you getting on with Deborah [Jessica's mother]?*

John: *Me and her have always got along.*

Moira: *You've always got along.*

John: *Yeah, never argue. (JJ 2:1170).*

Jessica, on the other hand, had to make compromises, as living in two different families meant coping with different sets of family practices and values. In the following extract Jessica talks about how she finds John's mothers criticism of her, when she's had a *'drink'*, very difficult:

Jessica: *John's mum, it's the drink talking, but it does upset me.*

Moira: *Does it?*

John: *I just tell her to ignore her but she doesn't listen to me.*

Moira: *Okay, you've, you've, have you got used to your mum?*

John: *No, I know what my mam's like anyway when she's had a drink, so.*

Jessica: *But now I just ignore her. At the end of the day Chloe's mine and John's baby, no-one else's and if she doesn't like the way we are with her, because we don't, well, she doesn't like the way we're bringing her up for some reason but it's not bad.*

Moira: *What doesn't she like?*

Jessica: *I don't know, I think its because she brought John up different to what we're bringing Chloe up, I mean she was by herself, when she was bringing two kids, three kids up because Andy was at work, his dad was working.*

John: *But me, Joe and Ruth have got different dads.*

Jessica: *Yeah I know, but she brought you up by herself.*

John: *She brought me up by myself because my dad was working away.*

Moira: *So you're the youngest in the family aren't you John?*

John: *Yeah.*

Jessica: *She coped really well and she was in her, what, thirties and because I'm only seventeen and John's only seventeen, she was … I asks John to help me and he asks me to help him, she thinks that I'm putting pressure on John and making him do everything, and what I keep trying to tell her is John is the baby's dad, he has got to do things, which he does but with John being her son and she's done everything she can herself, then she thinks that she's got a right to have a go but she doesn't. (JJ 2:1637).*

Chloe, John and Jessica's baby daughter, was growing up in two different environments. She had one set of equipment, toys and personal effects at her father's home and another at her mother's. I observed her growing up over the first fifteen months of her life, and she presented as a very happy, friendly and contented baby. John and Jessica continued to move

between their parents' homes over the course of the study period. Their plans to get a house of their own *'after a year'*, were thwarted after the major flooding in the city. This caused a severe shortage of housing, as the demand for temporary rented accommodation was taken by families affected by the flood. Nonetheless, Jessica and John continued in their relationship and to make the situation they were in work for them. They even started to learn to take care of themselves and their relationship by preparing a 'romantic dinner' once a week:

Jessica: *Wednesdays I stay in and me and John, John's mum goes out on a night, so we put Chloe to bed about half past eight, nine o'clock on a Wednesday and we cook a meal for us both and just have a little drink...it's John's turn to cook on Wednesday though because I cooked last Wednesday.*

Moira: *And what kind of a cook are you Jessica?*

Jessica: *Expert, we're having a big roast dinner on Wednesday.*

Moira: *And John's going to cook?*

Jessica: *We had an Indian dinner last.*

Moira: *And did you cook the Indian?*

Jessica: *I tried.*

Moira: *Well done.*

John: *She microwaved it.*

Jessica: *I microwaved it, it was in a microwave dish thing from Iceland.*

Moira: *Okay, but you put it all together?*

Jessica: *Yeah, John set the music and beer.*

Moira: *So do you have some time then to, to spend together and time for?*

Jessica: *Yeah, on a night and when Chloe's asleep in bed then it's our time isn't it? (JJ 3:769).*

In the above extract, Jessica talks about having 'our time'. This was a frequent lament by the young couples in the study; that they didn't have enough 'our time'. One of the downsides to living with family was that the couples did not have much privacy or time alone.

Chris felt it acutely with respect to having time alone at Laura's with his baby daughter Aoife. He describes feeling frustrated when he is trying to have time with his daughter and Laura's mother and little brother, Oliver, are present and are also trying to interact with her:

Chris: *Like when I'm playing with Aoife and then, I want some alone time, just me and Aoife, and Laura's mum's like, 'oh Aoife'[imitates a calling voice] and getting her attention and I kind of get real mad at that and think you know will you just go away while I spend time with her? And you can't do that and then your little brothers like quite like attention sort of thing, he wants attention.*

Laura: *Yeah.*

Chris: *So like if you're playing he'll start carrying on and stuff and it's just you want to be alone and, like say me and Laura and Aoife, we want to be alone to just like sit and watch telly or something and then like Oliver will come running in and turn over TV and stuff and them sort of things that start to like get to me really, sort of like, just alone time as a family and not in a family if you know what I mean like, with her mam here and stuff like that.*

Moira: *You said as a family, you mean?*

Chris: *Like just me and Laura and Aoife. (CL 3:1589).*

Chris' partner Laura expressed similar feelings about them not having time for themselves and suggested that it has affected their sexual relationship. Laura was desperate for the couple to get a house and had been 'bidding' through the Council housing scheme, without success, for months:

Laura: *That's why like, you know when we've argued, that's like I thought like no I don't want it to be over because I want to see what we're like just us three, you know, without the pressure of everyone else around us because I think that will make a lot of difference as well because even when my mam's here I don't feel like I can cuddle up to him just on the couch because I feel quite uncomfortable and I don't really like you kissing me do I? Even if it's a peck, I don't really like that because I just feel uncomfortable because I think oh my mam's probably feeling uncomfortable, so I don't think I can really do that and even when Aoife's in bed. (CL 3: 1573).*

John and Jessica's version of doing family challenges conventional ways of bringing up children, but it did allow them to live in a supported environment and it allowed Jessica to spend some time with her mother, which she felt was important to her. It also helped to share the caring between the two families. It required flexibility from the young couple and a willingness to adapt to different family values and practices.

Nesting in the heart of the family

A second version of the way in which the young people were 'doing' family emerges from the accounts of Sally and Paul. After the announcement of her pregnancy, Sally and Paul started spending more time together at Paul's house, as there was no room for the couple to be together in Sally's family home. Sally did not move out of her home permanently, as she

missed her siblings and *'all the noise'* of home, but she was spending three or four nights a week at Paul's parents' house. A few months into Sally's pregnancy, however, Paul's parents decided to sell their home and move into a smaller house. They were happy for the young couple to move with them, but Paul and Sally felt the new house would be too cramped for them and a new baby and decided to move to their own rented property. The couple managed to secure a tenancy on a property just around the corner from Sally's parents' home. The house was in Paul's name, as he was over the age of 18. When I first made contact with the couple, Sally, Paul and both Sally's parents were cleaning and painting the two bedroom house for them to move into and I conducted their first interview there a few days after they had moved in. When I asked Sally why they had moved in together she had replied:

Sally: *I wouldn't have liked him being somewhere else, I'd have liked us all to be together....We want to be like a little family don't we? (PS 1:889).*

While both Sally and Paul had wanted to be together, Paul had not felt ready to move out of home. In the fourth interview I conducted with the couple, Paul admitted that he had felt pressured into his and Sally's move in together. His parents were moving house and, as Sally's parents had no room for them as a couple at their house, he had felt he had to provide a home for Sally and himself:

Paul: *I never, I never, I didn't really want to move did I really? I felt it was too early for me, I got pushed out my house. (PS 4:2764).*

Three months after the birth of their baby, Paul and Sally were caught up in a major flooding incident in the northern research site. The couple, as well as Sally's family, had been flooded out of their homes. Sally, Paul, their baby Charlie, Sally's parents and her four sisters all moved into a flat Sally's mother had rented for the family. I visited them at the flat and it was busy and noisy with nine adults and children living in it. Sally, however, was much happier, despite the loss of her own home. She explained that she had missed the 'noise' and company of her large family. Referring to growing up in her family she explained:

Sally: *Oh yeah, it was always a family house, it was real loud, there was, there was eight of us living in there, never quiet.*

Moira: *Did you like it loud or?*

Sally: *Yeah, I feel more secure in a loud house.*

Moira: *Okay.*

Sally: *Not in a quiet house, I don't like it. (PS 4:2472).*

Transitions made by young people are not always clear cut, forward moving, one off processes (Barry, 2001; ODPM, 2004; Webster et al., 2004). Young people will make some transitions and then want to, or have to, reverse these. Sally and Paul had not been ready to move in together and only discovered this after the event. Ironically, it was Paul and Sally and Sally's families' loss of their homes which proved their salvation. A couple of months later, Sally and Paul had the chance to return to their house, but they delayed returning and chose to continue living with Sally's family because of all the support on hand from the extended family. They did not feel ready for the move back on their own. Young parents need to be able to move back and forth between support and independence until they feel ready to take on full independence. Sally and Paul's arrangement was ideal for them.

Sally and Paul had an interesting discussion in the fourth interview I conducted with them about the division of care in the family for baby Charlie. Their trading of proportions in the extract below gives an insight into the amount of help they were receiving from the family while they were living with them:

Moira: *Who does most of the caring for Charlie?*

Sally: *Me.*

Moira: *Do you?*

Sally: *Yeah.*

Paul: *Not now, we share it.*

Moira: *What fifty fifty?*

Sally: *No.*

Paul: *No, I reckon it goes.*

Sally: *Seventy five and twenty five.*

Paul: *No, it'll go, she's got say fifty, I've got about twenty and then her family all, as a whole have the rest because they do look after him a lot don't they? And let us sleep out at my mam's for a night and stuff.*

Moira: *What do you think the proportion is? You can have a different take on the situation....*

Sally: *I would say forty, forty, twenty.*

Moira: *You think forty, you.*

Sally: *Yeah.*

Moira: *Forty?*

Sally: *Forty my family. Twenty for Paul.*

Paul: *Yeah, yeah, you and forty.*

Sally: *But the thing is I don't like him bathing or getting the bairn ready. It's like stuff that I like to do.*

Paul: *Even though I can do it she doesn't like me doing any of it, so I think well can't be arsed then, so when she does ask I'm like no. (PS 4:1102).*

In the above quotation Paul mentions that, when Sally's family take care of Charlie, it allows them to spend some time together at the home of Paul's mother. In their accounts of the kind of help the young people received from their parents, many of them spoke of how important it was to them to have some time away from their child caring responsibilities.

Pauls' parents were very supportive of him. When I visited the couple, after Paul's emotional second interview with me after the birth of his son, Paul revealed that he was spending a couple of nights a week at his parents' home. This had the effect of lifting the lid off the pressure he was experiencing and allowed him to remain involved with his family. Just this small amount of support, as well as his being able to remain involved in his son's parenting, made a big difference to him (Speak et al., 1997).

The young men's accounts, of how their families support them, demonstrate that they were helping in a number of ways. The most frequent form of support was help with childcare and with babysitting. But the families also provided materially for the young couple and their grand children, often providing the things the young men could not.

Living in the rented flat with Sally's family suited both Sally and Paul. Sally felt happier with her family around her, and Paul felt much more supported with help on hand to care for Charlie. The couple had struggled over the first few months of parenthood and as Paul and Sally admitted in the third interview:

Sally: *Like, because it's like, I didn't know what to do at first, I just didn't.*

Paul: *Ring her mam up at four o'clock in the morning to come round.*

Sally: *Yeah, because I didn't know what to do. It were when I brought him home from hospital wasn't it? (PS 3:2419).*

Sally and Paul had both her parents on hand to help as well as Sally's older sister, who was a nursery nurse, Sally's sisters aged 14 and 11, and her 4 year old sister who would play with Charlie. When Charlie was a year old, Sally's sister was helping her in *'routining him'* to sleep in his own bedroom, as up until that point, Charlie had been in his parent's bedroom.

Living together

There are two different couples in the third version of how the young people in this study were 'doing' family. I discuss Steven and Janet first and then David and Victoria. Both these couples were living together, but on their own.

Steven had moved in with Janet and her mother before Janet's pregnancy was confirmed. A month before the birth of their baby, Janet's mother moved out to live with her partner. She signed over her tenancy to Janet, in order that Janet would have a secure home, and the couple would have their independence and time to establish their relationship. Steven's family were, however, just living around the corner and on hand to support the couple at short notice, if needed. The couple had good family support. Steven, however, struggled with his new found independence and was going out at night *'drinking and coming home drunk and arguing'*. After the birth of their baby, Keira, Janet literally '*threw him out'* and put his clothes in a *'black bin liner at the door'*. Steven returned to live with his parents for a few months before being taken back in, after he had changed his friends and drinking behaviour.

Janet had her own aspirations for her family and for what she wanted from family life. When Steven's behaviour threatened this for her and her child, she was prepared, and did, '*throw him out'*. She did not, however, stop him from seeing his baby and did allow him to come round every evening to bath his baby daughter, feed her and put her to bed. Living together was the aspiration of Emma and Lewis, as it was for Laura and Chris. Both these couples were desperate for their own home.

David and Victoria had moved in together when she got her one bedroom flat, a month or so before the birth of their baby. David had fallen out with his mother and Victoria with her family over her pregnancy but, by the time their baby was born, the couple had repaired their relationships with their families. Living together away from family, for this couple worked well and allowed them to continue their relationship free from the anger of their respective

families. This underscores Titterton's (1992) argument that families are good at soaking up individual members' stress but that they can also be a source of stress to individual family members.

Living together, apart

Some of Laura and Chris' issues have surfaced earlier in this chapter and in chapter 8 on young fatherhood, but they were the only couple in the study who were 'together, but living apart'. They had not moved in with one another after the announcement of Laura's pregnancy and had continued to live with their own families. After Chris started working the couple were only seeing one another in the evenings. Chris had to leave for work at six in the morning and he had little knowledge of Laura and Aoife's day, or lives, outside of the few hours they spent together in the evenings and over weekends.

Laura's mother was very loving towards her and baby Aoife, but as illustrated earlier, Laura and Chris did not get much time to themselves, nor time together with their baby. They always felt guilty about asking Laura's mother to babysit for them and tried not to impose on her. Additionally, the only time Laura was ever away from her child care responsibilities was when Chris took Aoife home to his house for a day, or a night. This also meant time apart for the couple. Living apart meant that the couple never ate together as Laura's mother never provided a meal for Chris when he came over after work. They would have their meals separately at their own homes and then Chris would come over. The couple remained together over the duration of the study but the tension between them remained and I wondered how they would fare in the future.

This section of the chapter has demonstrated that young parents are 'doing' family in different ways. The accounts given by the young parents in this study include: a shifting pattern of family practices where the young parents were spending, 'the week days here, the weekends there'; a 'nesting in the heart of family' version; a 'living together' account; and a 'living together, apart' experience.

The experiences of the young people show that they are 'doing' family in different ways. The practices across the families may be different, and they may be lived out in ways that are unique and distinctive, but what is shared, is that there are multiple transitions taking place in families, including some which are generational. Young people are becoming parents, teenagers are becoming adults, and parents are becoming grandparents. The section has also

highlighted the role and purpose of networks and shown how these extended networks support families and, in this instance young people, through periods and situations of adversity and crisis (Barnes and Morris, 2007). The community studies of the 1950s and 1960s carried out by Young and Willmott (1957) , Rosser and Harris (1965) and Firth et al (1969) have a strong relevance here, in that they also found that people in contexts of adversity derive much benefit from their kin networks.

9.3. Traditional family practices?

Over the course of the study, David and Victoria were married in a religious ceremony and Paul and Sally, and Steven and Janet, got engaged. All three couples announced their marriage and engagement news during the last of the interviews I conducted with them. In the first extract, David tells me about his and Victoria's marriage. During the interview David reached for a photograph album on a side table and gave it to me to look at. It is interesting that all three these young men aspire to marriage and the 'traditional way of doing family' through marriage (Lewis, 2001). This fact speaks to the longevity of 'doing' family in a certain way:

David: *Our wedding, we got married.*

Moira: *The two of you?*

Victoria: *Islamic wedding, it was nothing big. Didn't we tell you?*

Moira: *No.*

Victoria: *Oh. Yeah, we had an Islamic wedding.*

Moira: *That's wonderful, congratulations, that's just lovely.*

Victoria: *Oh thank you.*

David: *It's a small party though.*

Victoria: *Yeah.*

David: *Just my family and her family. (DV 4:909).*

In the following extract, Steven raises the issue of his and Janet's engagement. Steven was very pleased about the news:

Steven: *Did you tell her that we was?*

Janet: *What?*

Steven: *Did she tell you that we was engaged as well?*

Janet *Oh we're engaged now.*

Moira: *Are you?*

Steven: *Yeah, nearly two weeks ago.*

Moira: *Congratulations.*

Janet: *Steven proposed on my eighteenth birthday, well the day before.*

Steven: *Yeah. Two days before.*

Janet: *Two days before.*

Moira: *That is just so lovely.*

Janet: *You're more excited than us. [laughs] (SJ 4:50).*

Janet comments that I was more excited than them. Janet is very down to earth in her reply. She had never had much time for men. Janet was very pragmatic and not easily persuaded by Steven's teasing and cajoling. In the following extract the couple explain how Steven proposed to Janet:

Moira: *So what did he do? How did he ask you?*

Janet: *Well actually I thought there was something wrong with Keira because he went 'my dad's just rang me', and he was looking after Keira here, wasn't he?*

Steven: *That was later on, that was before, well before then.*

Janet: *No it wasn't, it wasn't, you went 'oh I'm just going outside', my dad's just rang me and then he came back in and he went can you come outside a minute? And my heart was going, I was thinking oh god what's the matter? And then he just, he got down on one knee. I was like get up you idiot, what you doing on the floor? And he pulled out this thing and I looked to the side of me and there's his uncle sat there videoing it and I thought oh my god, I've only just clicked on. All I was bothered about was looking at the ring to see if it was white gold or yellow gold, wasn't it?*

Moira: *So what did he, what did he? How did he say it?*

Janet: *He didn't actually say anything really, did you?*

Steven: *I can't remember.*

Moira: *So he went down on the knee, looking at you and you just knew what he was asking?*

Janet: *Yeah.*

Moira: *And what did you say?*

Janet: *I don't know, what did I say?*

Steven: *You said yeah.*

Janet: *Well I must have.*

Steven: *Get up you daft sod or summat she said.*

Moira: *Tell me about, so your relationship, are you looking at it as wanting to be something permanent?*

Janet: *Yeah, I suppose so.*

Steven: *I suppose so.*

Janet: *What are you laughing at? [to Steven] Well I have had a baby to you haven't I? I don't just go around spitting children out to every Tom, Dick and Harry, do I? Do you know what I mean? I think that's a big commitment, I'd like to see you do it Steven. (SJ 4: 556).*

In the last part of the extract Janet tackles Steven for 'laughing at her'. He was laughing because she had admitted that she wanted something permanent from their relationship.

In this further example of traditional practices, Paul demonstrates that he is clear what he wants from the future:

Moira: *What do you want out of the future?*

Paul: *Well I was going to say I want for us to like, I don't know evolve into a more special relationship than just sex and I don't, just, I don't know, be real strong for each other, when needed, even without saying something that they just know that I'm, so she knows I'm here all the time, even though I'm not kind of thing, so she always feel strong when she thinks about me and I was going to say I'd love to marry Sally and have some more kids. Make a, just a nice cosy family for us, that's what I was going to say. (PS 2:1921).*

Paul wants a '*special relationship'*, more than *'just sex'*, and he would like to '*marry Sally'* and have more children. Sally was not too convinced and, later in the interview, says that she '*wouldn't like to have another baby yet...not for a while...I have the injection anyway'.*

In the following extract, Paul explains how he asked Sally to marry him. He had told her parents that he was going to propose, and they had both been pleased. He said he had not '*asked'* their permission but had told them so that they were prepared. Although Paul says

that he had not *'asked'* their permission, having approached them first is unusual and reflects a holding on to traditional practices:

Moira: *Okay, so they were pleased both of them?*

Paul: *Yeah.*

Moira: *So you knew you were okay, so you were sort of asking in an indirect way?*

Paul: *No, not really, I was just, I couldn't keep it a secret by myself because then every time, say like I go out and she doesn't know where I am, she goes real mad, so I need to tell some people, so then not everyone thought I was doing something.*

Moira: *Okay, all right.*

Paul: *Just so they was on my side, so they could just say oh he's just popped out or summat.*

Moira: *And where were you popping out to do?*

Paul: *Buy the ring, with my mam.*

Moira: *Okay, did you go with your mum?*

Paul: *Yeah.*

Moira: *Okay and what did she say?*

Paul: *Well after lending me three hundred quid, [laughs] I don't know, all right, something, good.*

Moira: *Go on then Sally, tell me how, how he asked you, so he made you something to eat, was anybody else in the house?*

Sally: *No and then just got this ring out.*

Paul: *No, I said loads, said loads of stuff first, there's loads of lovey dovey stuff first.*

Moira: *Okay, so what's lovey dovey stuff?*

Paul: *I don't know, just stuff that you...you don't show in front of other people. I got on knee and everything. (PS 4:734).*

I asked the couple why they had decided to get engaged. Sally did not really answer the question, but Paul responded:

Moira: *So now, what made the two of you decide that this is the right time and? Well, first of all for you to ask and then for you to say yes?*

Sally: *I don't know.*

Paul: *I don't know, it's just, how long have we been together now? Like two.*

Sally: *Three.*

Paul: *Three.*

Moira: *You've been seeing each other for?*

Sally: *Three years.*

Moira: *Three years now.*

Paul: *Yeah, yeah and I mean, it's, it's all right, just being like boyfriend and girlfriend all the time but I mean I don't know, it's just, it's more like we are together kind of thing and like nothing can break us apart kind of thing. (PS 4: 912).*

Paul sees a permanency to their relationship and is optimistic for their future relationship together, stating *'nothing can break us apart'*.

9.4. Chapter Summary

Chapter 9 has presented an analysis of the ways in which the young parents in this study lived their lives and conducted their relationships with each other and their families after the birth of their children. Drawing on examples of how the young people lived their lives, I have presented a number of accounts of the ways in which young people are 'doing' family (Morgan, 2011). Young people are 'doing', or 'living' family, with their very young children in ways that on the face of it appear unconventional but, I argue, that actually these ways of living family work for the young parents, their children and their families. It is the flexibility offered by the young people's families and the adaptability of the young parents themselves that is their strength.

I have argued in this chapter that young parents, while at the same time parenting their own children, are in need of care and 'parenting' themselves at times. This poses challenges for the young people as they shift between dependence and independence, but it also poses difficulties for families balancing the needs of these young people. Families also have to make compromises and this can be difficult for them. I have also highlighted the multiple, often generational, transitions that are taking place within these families.

I have also argued that transitions are not necessarily one off, clear-cut events. Young people will make some transitions, re-think these and, either by choice or obligation, need to reverse their decisions. Young parents need to be able to move back and forth between dependence

and independence, until they feel ready to take on full independence. Families are invaluable in allowing a staged move to independence.

I have also shown that families, as well as being able to support young parents and allowing them to gain confidence in their own parenting, are also sites of stress. Living with a partner and a baby within a family, afforded little personal time for the young couples in this study.

I have presented data that shows that while young parents and their families are embracing different unconventional family practices that underlying this, in some young peoples' lives, is an aspiration to achieve the 'traditional', to marry their partners and go and be 'happy little families'. This hints at the longevity and stability of traditional family practices.

Chapter 10: Discussion and conclusion

10.1. Introduction

This study set out to answer the question: What processes influence teenage mothers and fathers' transitions to parenthood? It was a broad question, guided by a series of secondary questions which have sought to unravel the following issues emerging from the review of the literature for this thesis: What are the pathways into teenage parenthood; what influences teenage women and men's feelings about, and decisions to continue, with an unexpected pregnancy? What factors facilitate teenage parents' transition to parenthood? What particular challenges do teenage parents face in their transition to parenthood? What are the support needs of teenage parents and how might these change over time? In what ways do teenage parents' social interactions and social networks impact on their experience of parenthood? How do health and social care services address the needs of teenage mothers and fathers? How is teenage pregnancy constructed in the literature and what are the effects of this?

Through the use of a case study research approach, nested within a qualitative longitudinal methodology framework, this study has documented and analysed the motherhood and fatherhood experiences of eight teenage parent couples, from a time before the birth of their children, through pregnancy, over birth and up to a time just after their children's first birthdays. The study extended over a period of nineteen months and twelve young parents; six mothers and six fathers remained with the study for its duration. In this final chapter, I respond to the questions posed in this thesis, in a discussion of the key findings and argument emerging from the analysis of the data collected in the study. This is addressed under the four main themes in this thesis: 'Early family lives and family relationships', 'Young motherhoods', 'Young fatherhoods', and 'Becoming a new family; young mothers and fathers doing family'.

The chapter begins with the discussion of these four themes. Following this, it presents a critique on the limitations of the study. The chapter ends with conclusions and recommendations for professional practice with young mothers, young fathers and their families, for policy in the area of young parents and their families, for the education of health and social care professionals, and for further research. My disciplinary roots are in health visiting and I make recommendations with this profession in mind to take them forward. I end the chapter with my final reflections on the meaning of this research.

10.2. Findings emerging from the four main themes in the thesis

10.2.1. Early family life

Chapter 6 presented the young peoples' descriptions and stories about their early family lives and family relationships. It is the foundation findings chapter in the thesis as it uncovers the roots of the young people's ideas, and ideals of family. It is these, I argue, which lie at the heart of their decisions to continue with, in the case of the young women, and to support, with reference to the young men, an unplanned or unexpected pregnancy. Family, I argue, provides a reference point for the young people's lives; past, present and future, and chapter 6 speaks directly to the main research question posed in this study, arguing that it is 'family' that influences teenage mothers and fathers varied, and diverse, transitions to parenthood.

This research did not in fact set out as a study of 'family' or of young family 'practices', rather, its' starting point was young parenthood and a need to understand what influenced, helpfully or unhelpfully, positively or negatively, the experiences of teenage mothers and fathers as they took on their roles and responsibilities as parents. The theme of 'family'; what it is, and means, and its influence and centrality in the lives of the young parents in this study, surfaced in the analysis of very first interviews conducted, and it echoed through the findings in all of the subsequent interviews. The emergence of this theme moved the research in a new direction, towards a broader understanding of the meaning of family and family practices among very young mothers and fathers in contemporary Britain.

The term 'family practices', as used in this thesis and explained in chapter 6, draws on the work of David Morgan (1996, 2011) who uses it as a way of seeing families other than from the viewpoint of how they are structured. The idea of '*the* family', Morgan (1996) and others (Finch and Mason, 1993; Jamieson, 1998; Smart and Neale, 1999; Weeks et al., 2001) have argued, implies a fixed normative family structure which traditionally has been seen to include, a father, a mother, and children. Families in late modern Britain, and elsewhere, have become so diverse, that the notion of there being one family version which represents contemporary family life, has become outdated. 'Family practices', however, are about more than just changing family structures. They are about how family is 'lived' and, as Morgan (2011) explains, family is something that we 'do' rather than something that we 'are'.

The young people in this study spoke extensively in their interviews of their experiences of growing up in their families and of the importance of family including, parents, siblings,

grandparents, aunts, uncles, and cousins, in their lives. This was true of all the young women and men, even Lewis, the young second time father who had grown up away from his birth family. During his years in the looked after system Lewis' maternal aunt had maintained contact with him and it was to her that he turned to share the news that he was to become a father when his first partner announced her pregnancy.

The young people told stories about social events, holidays and memories from their childhoods which they were able to recall, visit and revisit through conversations with their parents and other family members, and through family photographs and video recordings. The young people's narratives demonstrate strong ties to family and extended family. These findings are reminiscent of a number of family and kinship[24] studies conducted in the 1950's, 60's and 70's (Firth and Djamour, 1956; Firth et al., 1969; Rosser and Harris, 1965; Townsend, 1957; Willmott and Young, 1960; Young and Willmott, 1957, 1975).

Young and Willmott's (1957) classic study of working class families in East London demonstrated the importance of family networks. In particular, they highlighted the significant role played by mothers in maintaining supportive family relationships across three generations of family. Young and Willmott's (1957) research undermined ideas prevailing at the time that the working class family was becoming fragmented and isolated from wider family and kin (Finch, 1994; Gillies, 2003). Similarly, research conducted by Firth and Djamour (1956), in an impoverished area of South London, by Townsend (1957) on the family life of older people, and by Rosser and Harris (1965) in Swansea, all found that working class family and extended family relationships were close and supportive.

Willmott and Young's (1960) later study of a mainly middle class North London suburb, found that while family were more geographically scattered, purportedly because of their increased wealth and ability to move around, that middle class extended family members did maintain regular contact with one another. This in turn countered criticisms that the findings of the 'community studies' (Firth and Djamour, 1956; Young and Willmott, 1957; Townsend, 1957; Rosser and Harris, 1965) were particular features of industrialised working class family life (Gillies, 2003). Firth et al.'s (1969) study on middle class families also found an enduring significance of some extended family relationships, adding weight to Willmott and

[24] Kinship relations are those between parents and children, between siblings and between people whose relationship has been established by marriage. Marshall, G (1998) *Dictionary of Sociology*. Oxford: Oxford University Press.

Young's (1960) findings in their North London study, and the claim more generally of the vibrancy of family and family relationships.

Charles et al. (2008) have undertaken a follow-up study of family practices in Swansea, basing it on the same methodology used in Rosser and Harris' (1965) original study. They found considerable continuity in family practices from the 1960's up to the 2000's, the time of the most recent study, and assert that families are still deeply rooted in family networks. Women, mothers and daughters, they found, are at the heart of family networks and it is they who mediate and maintain family relationships.

Charles et al.'s (2008) findings, as well as those in this study, on the importance and close supportive nature of family ties in contemporary life, stand in opposition to some of the major theoretical positions on family and intimate relationships. Bauman (2003) and Beck and Beck-Gernsheim (1995) and even Giddens (1993), are pessimistic about the future of the family. These important theorists have argued that our contemporary times have witnessed a 'transformation' in family life and intimate relationships with a decline in relationship commitment, greater family fragmentation, and an increasing 'individualisation', the prioritisation of 'the personal project'; the self. Smart (2007), an empiricist and theorist on family and intimate relationships, takes issue with these theorists' position. She argues that the extent to which families have become fragmented, have been exaggerated. She proposes that what Bauman (2003), Beck and Beck-Gernsheim (1995) and Giddens' (1993) have ignored in their analyses of family and intimate relationships is the idea of 'connectedness', the way people maintain their relationships, along with the memories, feelings and experiences of being connected to others. The findings in this study, that young people are strongly 'connected' to their families, and that family remains important in young people's lives, adds to contemporary understandings of the longevity and strength of ties to family.

Further, the meaning and value of family, with reference to young people, is a renewed area of enquiry and the findings in this study, that family was significant in the young participants' lives, complements research conducted by Gillies et al (2001) on young people and their family lives, and by Henderson et al (2007) on youth transitions to adulthood. While neither of these studies specifically included young parents, they did include young people transitioning from youth into early adulthood. Both Gillies et al (2001) and Henderson et al (2007) found that their young participants had high regard for their families and their relationships with them. These, together with findings from this study, are important as they

provide insight into the meaning of family for young people in Britain in the twenty first century. They also, I argue, trouble claims that the family as an institution is giving way, under threat, as proponents of this position claim, by the rise over the last few decades in marriage and relationship breakdown, the increase in lone parent headed families, more liberal attitudes towards sexuality, and the pursuit of personal happiness in relationships at the expense of the fulfilment of obligations to family (Murray, 1990; O'Neill, 2002a; O'Neill, 2002b).

In addition to the findings of the enduring significance of family in the lives of the young mothers and fathers, this study has uncovered new findings in relation to the family and pregnant young women and expectant young fathers. What has emerged is the extent to which the young people were influenced by their *ideals* of family, based on their early life experiences, to want to continue with an unplanned pregnancy, to support a pregnant partner and go on to form a new family of their own. This was true irrespective of the nature and quality of the young peoples' early family life experiences.

Most of the young in this study people spoke of warm, nurturing relationships with their parents and families, but there were those whose relationship with one or other of their parents were strained and in a few cases, significantly fractured. Data collected in this study on the young people's early lives show that they reflect some of the diversity of contemporary British family life in terms of family composition (Census, 2001, 2011). While fifteen of the sixteen young people had grown up, for at least most of their childhoods, in their own biological families, nine of these young people had grown up in families headed solely by their mothers following a breakup of their parents' relationship. These young people reported different levels of contact with their fathers over the intervening years; ranging from no contact because of broken relationships, to regular, ongoing communication with, and visits to their fathers. Drawing on these experiences of family and family breakup, as well as the joy that they had derived from their family relationships, young people wanted to give their children a family which represented the best of what they had had while growing up, or at least what they aspired to have had.

While this study has sought to situate the young people's families of origin and provide an understanding of their family context, it has also illuminated the young people's very specific ideas or definition of what family *is*, and what it *does*. In this the young people were very clear; a family is about going on holiday, doing things together and *'sitting to table as a*

family' (Janet). Family is therefore as Morgan (1996, 2011) asserts, what family *does*, but family to these young people was also about having two parents, and this meant providing their children with a mother and a father to be there for them.

10.2.2. Young motherhoods

The findings related to young motherhood are primarily set out in chapter 7 however some findings are also presented in the other three findings chapters, where they have a relevance to the issues being discussed there. The discussion which follows draws all the young motherhood findings together, so material from all the findings chapters, 6, 7, 8 and 9 are included here in an integrated discussion on young motherhood.

The young mothers in this study were all under 18 years of age when they conceived their pregnancies in 2006, a year in which, as highlighted in chapter 7, the conception rate for this age group per 1,000 women was 40.9. Examination of these data showed that just over half of these conceptions led to a maternity and just under half were terminated by abortion, (ONS, 2008a). Arai (2009a) suggests that conception data be considered in different sized populations in order to get a more realistic picture of the numbers involved; Arai (2009a) proposes 100 women instead of 1000. This would mean that approximately 4 women out of every 100 under 18 years of age would have conceived a pregnancy in 2006 in England and Wales, with 2 of these conceptions leading to a maternity and 2 being terminated by abortion. These data suggest, I argue, that despite the attention that teenage pregnancy and motherhood have attracted, and claims that it is a normative feature of working class life (Ermisch and Pevalin 2003b; Garlick et al 1993; Griffiths and Kirby 2000; Kiernan 1997; SEU, 1999a; Smith 1993; Swann et al 2003), that it is in fact a small number of women in this age range who conceive a pregnancy and then proceed to give birth. The young women in this study are, therefore, a small minority, rather than reflective of a wider majority and this means their choice to continue with their pregnancies was a very brave and unusual one.

While the young women's decisions to continue with their pregnancies are indeed remarkable, further findings demonstrate that these decisions were not taken lightly by the young women and not without giving thought to the implications of what being pregnant meant, and what the consequences would be of continuing with a pregnancy. The year these young mothers conceived their pregnancies occurred at a time of an intense national focus on the issue, principally I have argued, because of the very influential Teenage Pregnancy Strategy (SEU 1999a), which itself was nested within a wider, much publicised, policy

programme focused on tackling 'transgressive' behaviours in young people: truancy, running away, youth offending and low educational, training and work participation (the so called NEET[25] behaviours) and also included within this ambit, teenage pregnancy (ODPM, 2002, 2004; SEU 1998, 1999a, 1999b, 2001). The findings in this study show that the young women (and the young men) were aware that being a young parent would not be universally welcomed in their communities or indeed, perhaps, in their families. None of the young mothers in this study had planned to conceive a pregnancy at the time that the pregnancy occurred, and their immediate response on confirmation of the pregnancy was 'shock' and then fear at having to tell their parents and families. In addition to the anxiety at having to disclose their pregnancy to others, the young women were also aware that it would have an impact on their continuing in education and training, at least in the short term, and they were very concerned about how they were going to be able to provide for their children. Yet, the young mothers chose to continue their pregnancies and to build a family with the support of their partners.

The young women explained their decisions to continue their pregnancies as accepting responsibility for their actions and that it was the right thing to do: *" the baby didn't ask for it"* (SpongeBob), *"I made it, so I must look after it"*(Laura). This sense of responsibility, this study found, extended beyond the desire to carry their pregnancies to term and give birth and therefore life to their children, it also included a desire to provide a family for their children, which, as these young women explained, included a mother and a father. The young women however recognised that they (and their partners) had limited financial and material resources to set up their families independently and the way in which they secured their new families for their children, I argue, was to work with their partners to gain the support of their parents and their wider families.

Research which has examined women's intention to get pregnant and then proceed with a pregnancy has found that these decisions are complex, difficult to unravel and subject to many influences (Barrett and Wellings, 2000; Luker, 1975; Tabberer et al., 2000). Findings from this study however, add to understandings about why women, especially teenage women, might decide to continue with a pregnancy. For the young women in this study, their focus was first and foremost on their children and their children's futures. Young pregnancy and parenthood are often associated with careless, irresponsible and reckless youthful

[25] Not in education, employment or training.

behaviour (SEU, 1999a) yet the way in which the young people in this study presented themselves, challenges this.

Notwithstanding the active decision to continue their pregnancies, this study found that becoming and being a young mother is uniquely difficult and challenging. This is so principally because motherhood takes place at the same time in young women's lives when they are negotiating the many other changes involved in transitioning from youth into early adulthood. These other transitions in the young women's lives included: leaving school and making career decisions, entering further education or work, changing social lives and friendship circles as the young women's education, training and work situations evolved, and embarking on what were often new, intimate partner relationships. Current theorising on young people and transitions recognises that it is a complex process, involving many and not just one transition (Jones, 2009). Some transitions take longer than others, and some may involve a moving back and forth between different states, as the young person develops. Young people from social and economically deprived families have shorter transitions to adulthood than do young people from more affluent backgrounds who may remain dependent on their parents and family for years, as they remain in education for long periods (Henderson et al., 2007; Holdsworth and Morgan, 2005; Jones, 2009).

The mothers in this study talked about the exceptional demands that being a young mother made of them; they explained that they had to put the needs of their very young babies before their own and that this was hard to do when they themselves had not yet had a time to enjoy the anticipated and imagined freedoms attached to being a young person on the brink of adulthood. Nonetheless, irrespective of the demands and difficulties inherent in young motherhood, all of the young women in this study expressed profound love for their children. They revealed that they did prioritise their children's needs above their own, and when asked at a time just after their children's first birthdays if they would re-write their pasts if possible, they were all emphatic that they would not choose another life, without their children. Young motherhood, this study has found, is demanding but it is also emotionally fulfilling.

There are two main bodies of research in relation to the effects on women of becoming a mother as a teenager. The first of these, which is predominantly comprised of secondary analyses of the data collected in the British Cohort studies, which have tracked the life progression of the participants over decades, have observed and described a number of lifelong adverse health, education, work and career, and other social and economic outcomes

of early motherhood [26] for women (Ermisch and Pevalin, 2003a; Hobcraft and Kiernan, 2001). These studies have also shown that early motherhood has an intergenerational effect, with the woman's children also experiencing a range of negative influences arising from her poor health outcomes and low educational attainment and participation in paid employment (Berrington et al., 2005; Ermisch and Pevalin, 2003b). Other research, in addition to the analyses of the longitudinal Birth Cohort studies, has also found that young motherhood is associated with poor health and social outcomes for the mother and her child (Ermisch and Pevalin, 2003b). This research draws mainly on quantitative methodologies.

The second body of research is comprised largely of qualitative research studies which have sought to understand teenage motherhood from the young mothers' standpoint (Arai, 2009a; Dawson et al., 2005; McDermott et al., 2004). These studies, whose findings on young motherhood occupy a position on the opposite side of the spectrum to those in the first, have highlighted a different, more optimistic side to young motherhood where young motherhood is seen as having positive and life changing effects on young women and which often lead to an invigoration of the young women's relationships with her family, where these have been strained, and for those young women who have disengaged with education, to a re-commitment to learning and a wish to pursue employment, all for the benefit of their children (Dawson, 1997; Dawson and Meadows, 2001). A number of authors have drawn on these, as well as their own, positive findings on young motherhood to counter claims of the negative effects of motherhood which, they argue, have been overstated (Arai, 2009a; Daguerre and Nativel, 2006; Duncan, 2005; Duncan et al., 2010). These two positions however, remain entrenched, and there have been heated debates supporting one position or the other (Lawlor and Shaw, 2002a, 2002b; Lawlor et al., 2001; Scally, 2002).

This current study, which found that young motherhood posed enormous challenges and personal demands on the young women, as well as finding that it was indeed an affirming experience which the women derived from their children, encompasses aspects of both positions: positive and negative. However, an important finding that has emerged in this study is that it is family, both family of origin and the young woman's new family, constituted with her partner, that play a central role in mediating both the negative and the positive aspects of young motherhood.

[26] Early motherhood is taken as being motherhood up to age 23 years (Berrington et al., 2005)

Family provides the support to counter the emotional, material and financial hardships of young motherhood. For example, this study found that for some of the young women pregnancy could be an isolating and lonely experience. The reasons for this were many, but lay in the fact that the young women's social circles became circumscribed as they withdrew from education and training as well as losing mutual interests with their friends. For these women, their partners and family became especially important to their sociality. The seven young mothers who were still involved with the study after the birth of their children all reported that their mothers had accompanied them as 'birthing partners' along with their own partners for their labour and the birth of their children. This study found that the young mothers own mother had been important in supporting both the young mother and the young father through the experience. Family, and mothers in particular, but also fathers and other family members, this study found, helped the young mother, and again the young father, through the difficult initial, first few days and weeks of parenthood, gradually stepping back as the young parents gained their confidence to mother and father their children. Family also provided accommodation, goods for the couple to set up together as a family unit and they helped the couple to buy clothing, nappies and equipment for the baby. This was true, both for those young mothers who continued to live with their birth families, most of whom did so with their partners, as well as for those young mothers who set up home independently with their partners.

Importantly, family also helps to facilitate the positive aspects arising from young motherhood, the mutual sharing and benefits that are drawn from being part of a caring family group, and on a practical level, supporting the young mother to learn to mother and care for her baby, especially in the very early difficult days and weeks of motherhood, and to capitalise on her interest, if this arises, to return to education, training and employment, when she is ready and so chooses.

Family, this study acknowledges, can be both an important refuge and source of support for its members (Morgan 1996; 2011) but it can also be an originator of tension and stress, and as feminist research and debates have highlighted, it can also be a site for exploitation, loneliness, inequality, and even danger (Oakley, 1974). While none of the young people in this study shared that they had experienced any abuse or maltreatment in their early family lives[27], some of the participants described deeply unsatisfactory and even hurtful

[27] Lewis, the young father who had grown up in the looked after system, remained silent as to why he had been removed from his birth family as a young child. He only once referred to having seen his Local Authority held family case notes and he reported that he had been

relationships with one or both of their parents. This notwithstanding, all of the young women (and men) in this study wanted to provide their children with a family, similar to the one they themselves had experienced, but sometimes better than they had experienced, and they turned to their partners and parents to elicit their support to do this.

10.2.3. Young fatherhoods

Chapter 8 has documented the young fathers' accounts of their transitions to fatherhood and these were presented under three main headings: 'young fathers', 'young fatherhood' and 'young fathering', the 'fatherhood triangle', which, Hobson and Morgan (2002) propose, allows a full interrogation of the 'who', 'what' and 'how' of fatherhood. The 'young fathers' section presented the biographical, social and demographic data collected on the young fathers, and this section of the chapter provided an insight into who the young fathers in this study were and it highlighted the personal challenges they faced in taking on their fatherhood roles. Next, the 'young fatherhood' section recorded the young men's feelings and experiences of becoming fathers. These were detailed from the time the men first heard the news of their partner's pregnancy, on to the birth of their children, and over the first twelve to fifteen months of their children's lives. This discussion on 'young fatherhood' also engaged with the issue of what fatherhood meant to the young men and why they 'chose' to become involved fathers. The third part of the chapter, the 'young fathering' section, presented the findings on the young men's involvement with their children and their experiences of, and feelings about, caring for their very young children. These findings provide insights into the ways in which young men engage with their children and how their child caring practices are shaped within their individual family situations. The discussion which follows adheres to this 'fathers', 'fatherhood' and 'fathering' format.

The young fathers

In relation to the personal, social and demographic data collected on the young fathers, this study found that all eight young men faced circumstances that made the material and financial support of their partners and their very participation in fatherhood and in fathering their expected children vulnerable. The men were all young, aged between 15 ½ and 18 ¾ at the time their children were conceived, and none had yet established their lives independently of the support of family or others. Six of the young men still lived with their birth families, at

shocked by their contents. He did however initiate contact with both his parents once he turned eighteen in an attempt to re-build his relationship with them.

least most of the time, and two of the men had no permanent home at all, drifting between friends, and when no other option presented, they returned for brief periods to their families, despite being relatively estranged from them.

In addition to being reliant on family and others for their accommodation, all the men still relied on these sources, to some degree, for financial support. All the young men had, or were planning to leave school at the statutory school leaving age of 16. Only Steven and Lewis were working full time, and neither of these young men had permanent work contracts. Paul was in and out of temporary labouring work when he could find it. RobBob had lost his labouring job after being employed since age 16. David had dropped out of his unsatisfactory hairdressing training course and had been unemployed ever since, and Skinny had neither worked nor been in any training programme for the two years since leaving school. RobBob, David and Skinny were all in receipt of some form of state monetary benefits. Chris and John had been in their final GCSE year at school when their children were conceived with their partners, and, while both had started a training programme immediately after leaving school, Chris at an apprenticeship in joinery with a national house building company, and John a motor mechanics course at a Further Education College, neither were financially independent. Chris was earning the minimum wage for a 16 year old, while John's only independent income was his thirty pounds a week educational maintenance allowance[28]. Chris and John were the only young men involved in any post GCSE training programme. All these data point to the vulnerable social position of these men and indicate how, and why, participation in fatherhood is potentially so difficult for young men.

The social and demographic profile of these eight young fathers resonate with research findings on the associated characteristics of, and risk factors for, teenage fatherhood, highlighted in the literature review in chapter 2 (Berrington et al., 2005; Sigle-Rushton, 2005; Swann et al., 2003; Trivedi et al., 2007). Much of the large scale research on young fatherhood[29], especially in the UK, has focussed on identifying the personal and social features of young fathers and on attempting to describe the pathways into young fatherhood as well as the later life outcomes for these men (Kiernan, 1997; Sigle-Rushton, 2005). This research points to an association between young fatherhood and social and economic disadvantage, both in the men's childhoods, and subsequently, well into the men's adulthoods.

[28] This research took place before the closure of the Educational Maintenance Allowance on the 1 January 2011.
[29] Fatherhood under age 24 years.

This is an important body of research, because of its potential to indicate how, and where, policy interventions to reduce early, unplanned fatherhood need to be targeted. However, for years this 'causes and consequences' research agenda has dominated the field of research into early fatherhood and the preoccupation with this issue, I argue, has resulted in the slower unfolding of other understandings of matters pertaining to young fathers. For example, the considerable issue of how young men in social and economically resource poor contexts, approaching fatherhood with seemingly little to offer a partner and child, like the young fathers in this study, respond, and then act on hearing that they have fathered a child is empirically not well understood. The consequences of this I argue are that young fathers needs have at best not been adequately addressed, and at worst they have been overlooked. This current study, drawing on in-depth qualitative interviews with the young men, makes a contribution to this understanding of young fathers.

Young fatherhood

Fatherhood for the young men in this study happened unexpectedly, and for most of the young men, early on in their relationships with their partners. Yet, despite this, their difficult personal circumstances, and their limited educational, cultural and social capital[30], all of the young men decided to 'stand by' and support their pregnant partners, and to go on to participate in actively caring for their children. This finding that the young men 'chose' fatherhood, despite the personal and social barriers to their involvement, presents a new perspective on young fatherhood and it stands in contrast to a particular view of young fathers as avoiding their fatherhood responsibilities, and having little interest in or commitment to their children and their partners (Dennis and Erdos, 2000; Hudson and Ineichen, 1991; SEU, 1999a).

The actions of these young men are in keeping with statistical data collated by the Office for National Statistics (ONS, 2008b) on young men's involvement with their children at the point of the registration of the child's birth. These data, presented in the literature review in chapter 2, show that in 2007, the year in which the fathers in this study's children were born, 74% of these births were jointly registered by both parents[31]. As highlighted previously, research by Kiernan (2006) has shown that when a father jointly registers a birth with the

[30] The terms 'educational, cultural and social capital' derive from the work of Bourdieu (1986).
[31] Of these joint birth registrations involving mothers under age 20 years, 32% were jointly registered by men aged under 20 years, 49% were men aged between 20 and 24 years, 12% were men aged between 25 and 29 years, 3,5% were men aged 30-34 years, 1,5% were to men aged between 35-39 years, 1% were to men aged between 40-44 years and 0,3% were to men aged 45 years and over (ONS, 2008).

child's mother, this indicates an intention by the father to remain involved with his child into the future. These data are often overlooked, but they are important from a policy and practice perspective, especially for very young fathers, who as discussed earlier, are fathering from a vulnerable position. I return to this issue later in the chapter in the section on recommendations.

Returning to the discussion on the reasons why young men might either choose, reject, or be excluded from fatherhood, I argue that these are potentially manifold. However, there is much to be learned from young men like those in this study, who intend, and then do go on to become involved fathers to their children. Learning from the positive, or understanding what works, and in this case why young men become involved with their children and what works to support their involvement, is a more useful basis from which to develop practice and policy with young fathers.

This study found that the reason why the young men chose to become involved as fathers is that fatherhood was something that the young men saw as being meaningful and important. Fatherhood represented adulthood and proof of their virility, but also, importantly to the young men, in their ability to accept responsibility to support a partner, and to 'be there', to be available, to a child. Fatherhood, this study found, was a 'generative' experience for the young men; it had benefits for the young men's children as well as the young men themselves. The term 'generativity' as highlighted in chapter 8 was invented by Erik Erikson (Erikson, 1950; 1959) to describe the primary developmental task of adulthood, which he proposed was to nurture and care for the next generation, and through these activities, to promote the growth of society more broadly. Hawkins and Dollahite (1997b) have applied the concept to fatherhood, hence the term 'generative fathering'. Their aim is to move debates about fathering towards an 'assets' model of fathering which considers men's potential to be caring of, and for, the next generation, as opposed to a 'deficits' model, where men are seen to be performing inadequately as fathers. Generativity, as described by Erikson (1950; 1959) is a task of middle adulthood but Rhoden and Robinson (1997: 112) assert that teenage fathers are *"capable of generative feelings and actions"*. I argue that the meaning and value placed on fatherhood, by the young men themselves, as described in the foregoing paragraph, is fundamental to their taking on their fatherhood roles and responsibilities and their very participation in fatherhood.

While the first or fundamental step to the young men's participation in fatherhood is, as I have argued above, dependent upon whether and how they value and make sense of fatherhood, after this it is then attendant on other factors that either facilitate or hinder their involvement. These included firstly, the young men's relationship with the mothers of their children. This study found that a good relationship between the young mother and young father facilitated early discussions about the pregnancy, what to do next and how to break the news to parents and others.

Secondly, this study found that the young men themselves needed to have a measure of independence and maturity and a belief that they had something to 'offer', financially, materially or even emotionally, to their partners and expected baby. For example, some of the young men spoke of how important it was for them to make a financial contribution *'bring in money'* (Steven) in order to buy things in preparation for the baby, as well as support their families. Paul, in and out of employment, was able to secure a tenancy on a council house as he was over age 18. He felt that this was an important factor in him and Sally being able to start their lives together as a family. David's relationship with Victoria and his expected baby was facilitated by the fact that he could *'be there'* for her. His contribution, he felt, was the emotional resources he had to offer Victoria. For RobBob, who planned to be his baby's full time carer when his partner returned to school, saw this contribution as being what he *'brought'* to his relationship and his expected daughter. This finding about young men needing to be 'old enough' and at least on the brink of independence in order to be able to 'offer' or 'bring' something to fatherhood is new, and offers a potential explanation as to why very young fathers may withdraw from participating in fatherhood; they simply perceive, or are made to feel, that they have nothing to offer.

Thirdly, young men's involvement was contingent upon the support of their own, but significantly, also their partners' family. These three findings broadly support those of Speak et al. (1997) who examined barriers and bridges to father's participation in fatherhood in young men up to the age of 24. Developing understandings of what might help, or hinder, young men's involvement with their children, are important from a practice, policy and organisational perspective, as they open up potential areas for intervention to facilitate all young men's participation in fatherhood.

A further key finding in relation to young fatherhood is the young men's reactions to the birth of their children. This study found that the birth of the baby, metaphorically also the birth of

the father, was a particularly important moment in the young men's lives. Despite most of these young men attending at least some antenatal appointments with their partners, none had felt ready for the birthing experience, or the early days of fatherhood. The case study of Paul has shown one young father's traumatic reaction to his son's birth, and the days and weeks thereafter, but all the young men in this study found aspects of birthing and early fatherhood difficult. This study found that none of the young men had an opportunity to talk about their feelings and experiences of their partner's labour, the birth of their children or the early days of fatherhood outside of the research interview. I argue that men and fathers should be involved in all routine assessment of family health needs and for health professionals to make the most of every contact with all members of the family in order to do this. The policies to support a 'father inclusive' family health service delivered by health visitors have been strengthened since this study was conducted (Department of Health, 2009, 2011). However, I argue that for men's routine involvement to become a part of established practice that practitioners working with young families need to develop the skills and confidence to engage men and keep them involved and interested in all interactions and work with the family.

Young fathering

The findings related to the third dimension of the fatherhood triangle 'young fathering', (Hobson and Morgan 2002), are examined last in chapter 8. This section of the chapter has explored the young men's experiences of what it is like to be a young father, to co-parent their children with their partners, and to be responsible for, and care for, their very young children. The findings in this part of the chapter make a new contribution to what is known about young fathering as the nature of *young* fathering practices have not been previously described in the literature on fathering.

This study found that the young men espoused an 'engaged', hands on model of fatherhood (Barclay and Lupton, 1999; Dermott, 2008; Doucet, 2006; Featherstone, 2009) and all of the young fathers were involved in the physical and emotional aspects of caring for their children. This study identified three themes in relation to young men's caring; '*doing to their children',* this involved activities like bathing, dressing, changing and feeding, *'doing for their children'* which included washing clothes and preparing feeds and, *'doing with their children'* this included activities like playing and going out for walks. The degree to which

the young men engaged in these activities differed between the men (and the women) but all the young men did engage in at least some of these caring activities.

The findings in this study demonstrate that young fatherhood impacts on young men's friendships and their social networks. It curtails the formation of emotional bonds outside of family; for some of the young men their duty was to family first and they either severed their contacts with their 'old' networks or they had no time to invest in developing new friendships; others like Chris felt guilty about going out while their partners stayed in; while Steven was forced (by Janet) to make a choice between his relationship or continuing to go out with his drinking friends. Young fatherhood was an isolating experience for these young men as most did not have peers with whom they could share similar experiences; for those fathers out of work the isolation was even greater. The experience of fatherhood is a life changing experience for all men (Barclay and Lupton, 1999; Dermott, 2008; Doucet, 2006) but this study found that these younger fathers felt that they were missing out on the usual social activities undertaken by their friends. Chris felt that he did not have any youthful fun experiences he could look back on and sustain himself with. This study found that youth plays a central role in shaping the men's fathering experience, but in turn the young men are shaped, both positively but also at a cost, by early fatherhood.

Yet fatherhood was also an intensely rewarding experience for these men and they spoke of the joy their children had brought into their lives. What stands out in this study is these young men's commitment to their partners and to providing a stable family for their children. It is their strengths and resourcefulness, generated in response to their very difficult situations that stand out in these findings.

10.2.4. Becoming a new family: young mothers and fathers 'doing' family

The last of the findings chapters, chapter 9, focuses on the young mothers and fathers and their new families. It looks at the ways in which the young parents conducted and managed their lives and their relationships with one another, and their families, after the birth of their children. The chapter examines the young people's accounts of the ways in which they were doing family life and Morgan's (1996; 2011) concept of 'family practices', the way family is 'lived' by individuals, overlays the discussion which follows. Currently, the literature does not distinguish 'young family practices', rather, they are incorporated and hidden within wider discussions on 'doing' and 'living' family. The findings presented in the chapter and

discussed in this section make a new and original contribution to understandings of contemporary young family life.

Three of the young couples in this study were living together with family after the birth of their children, two were living together independently, and one couple were still in a relationship with one another, but living apart with their own families and spending one or two days a week together as a couple. However, there was even variation within these accounts of young family life. Jessica and John and their baby Chloe were spending the weekdays with John's family and the weekends with Jessica's. Chloe had separate sets of personal effects, toys and equipment at her two homes. Sally and Paul had initially been living independently, but they had then moved back to live with Sally's family. Paul had also, at one stage after the birth of their baby, started to spend a couple of days a week at his parents' home, to give him and Sally what they felt was necessary time apart, and him some time alone.

These findings show that the young people are 'living' family with their very young children in ways which, on the face of it, appear unconventional, yet they work for the young people, their children and their families. It is the very flexibility and responsiveness of the young people's families, and the adaptability of the young people themselves, that is their strength. In the very few instances when families could not accommodate the needs of the young people, as in the case of Laura and Chris, the couple who were together, but living apart, having to have their evening meal separately, this study found that this impacted significantly on the time that they were able to spend together and consequently, it adversely affected their relationship.

I have argued that young parents, while at the same time parenting their own children, are in need of care and parenting themselves at times and this poses difficulties for families balancing the needs of these young people. Families need to make compromises and this can be difficult for them. I have highlighted the multiple, often generational transitions which are taking place within these families as parents themselves adjust to their children becoming and being parents, and they reconcile their new (grand) parenting roles and responsibilities.

I highlighted in the chapter how transitions made by young people are not always clear cut, linear, forward moving, one off processes (Barry, 2001; Holdsworth and Morgan, 2005; Webster et al., 2004). Young people will make some transitions, re-think these, and then

either by choice or because of need, wish to reverse them. Sally and Paul's move back to live with her family, and then to remain living there after having lived independently is an example. This study found that young people need to be able to move back and forth between dependence and independence, and families are important in supporting this.

Finally this study found that while young people sought, relied upon, and highly valued their family support networks, they aspired to one day be able to set up their own homes as a new family. During the last interview I conducted with the young mothers and fathers, two of the couples revealed that they had recently become engaged and one couple had been married in a traditional religious ceremony. This study finds that while young people and their families are adopting unconventional family practices, that underlying this is a desire to achieve the 'traditional' and it suggests that traditional family practices are deep seated and long lasting.

10.3. A critique: study limitations

The foregoing discussion of the findings in this thesis underlines the fact that the qualitative longitudinal methodology underpinning this research study has facilitated the generation of rich data providing important new insights into young motherhood, young fatherhood, and young people and their families. However, it is important to acknowledge limitations in any research and in the section following, I discuss those in this research study.

The longitudinal design of the study has facilitated tracking the young people's changing experiences of parenthood over a period of time and in so doing has provided new perspectives on the issue. However, the need to recruit the sample at the outset of the study, in order to accommodate multiple waves of data collection, was a high risk strategy in the context of a time limited doctoral study. The delays experienced recruiting young participants to the study could have jeopardised the project, or necessitated a change in research design, with the need to re-apply for ethical permission to do so. This is an issue other researchers might wish to bear in mind.

All researchers need to consider attrition in a research study, and the issue needs careful planning in qualitative longitudinal research where researchers work with smaller samples than in quantitative longitudinal research designs, and where the demands on participants to remain with the study are greater than in designs with single or few, data collection episodes. In this study I lost one young couple to the study after the first interview round, and then another after the second round. I had planned for a greater attrition rate, and was pleased that

six couples did remain with the study for its duration. The six couples; six young mothers and six young fathers, generated a large data set, but researchers need to be aware of the issue of attrition in a longitudinal study. As Saldaña (2003), an experienced qualitative longitudinal researcher advises, researchers using qualitative longitudinal research designs should over recruit at the outset of the study.

The paired semi-structured interviews conducted over the course of the study were very successful as a data collection method in generating rich data, and, as I have discussed in chapter 4, I believe that the joint interview allowed participants who may not otherwise have taken part, to do so, simply because they were partnered in the interview. However, the joint interview format does not allow full discussion and exploration of issues that one partner may not wish to reveal to the other. For example, I was not able to explore the young people's sexual histories as I did not feel this was a topic that could always be discussed openly by the young people in front of their partners. I have highlighted in chapter 4 how the advantages of the joint interviews in this study outweighed their disadvantages. However, the censoring effect of the joint interview, on certain topics, may need to be considered when researching sensitive topics.

I have reflected on the inclusion and exclusion criteria used for the recruitment of the sample and believe that I could have set the parameters for the young fathers' ages up to age 24. This may have resulted in recruiting the sample in a shorter time frame. Men up to the age of 24 are still classified as young fathers by researchers in the field (Speak et al 1997). The percentage of fathers in the 20-24 year age group fathering children with women under age 20, as highlighted in this thesis, is 49% and would have therefore presented a much larger pool of participants from which to recruit to the study. The percentage of men aged below 20 (the cohort of men included in this study) fathering children with women in this same age group, is 32%.

With hindsight I would also have sought ethical permission from my host University to recruit more widely. For example, I could have tried placing an advertisement in the local newspaper. I would consider other options like this to increase my recruitment possibilities in a future study if only to speed up the recruitment process.

Finally, qualitative research methodologists are still grappling with how to analyse their data in a longitudinal study (Henderson et al 2012). The difficulties I experienced in 'losing' the

essence of the narratives of the young people when using a cross case analysis procedure, as discussed in chapter 4, are similar to those highlighted by Henderson et al (2012). I resolved my difficulties by examining the data both holistically, using case studies, and cross-sectionally, using a thematic analysis. A few researchers have tackled the issue of analysis in a qualitative longitudinal study, but the literature in the area remains scarce (Henderson et al., 2012; Smith, 2003; Yates, 2003).

10.4. Conclusion, considerations about contemporary service provision policy for young parents, recommendations, and final reflections

10.4.1. Conclusion

Turning to the main and secondary research questions posed in this thesis, this study concludes that it is family that influences teenage mothers and fathers many and varied transitions to parenthood and the four findings chapters in this thesis have drawn out the different ways in which family influences this transition.

This study concludes that young people derive their ideas and ideals of the family from their own experiences of family and it is their belief in the importance of family, irrespective of whether these experiences were positive or negative that guides a young pregnant woman to continue with her pregnancy, and a young man to support his pregnant partner and unborn child. It is also this belief in family, as a positive nurturing environment for her child that causes a young mother to ask her partner to leave when his behaviour fails to meet her expectations or the needs of her child. Family is holidays and it is about sitting down to eat together, but family is also about having two parents present for a child when they are growing up and it is the desire to give this to their children that inspires young teenage men and women to go on to create their own new families.

In relation to young motherhood this study concludes that for the young mothers, unexpected motherhood was a courageous but also a responsible choice. It is this sense of responsibility I have argued that led the young women into continuing their pregnancies, giving birth, and then into wanting to provide their children with the kind of family that they themselves had experienced or had wanted to experience when they were growing up; a family which included a mother and a father. Young motherhood is singularly demanding as it occurs at a time of multiple other transitions in a woman's life. Yet, this study found that all of the young mothers loved their children deeply and would not, even if given a choice, be without them. Young motherhood can be challenging but it can also be affirming and life giving.

This study found that family, both the young women's birth family, as well as her new family, constituted with her partner, play an important role in mediating the negative as well as the positive aspects of young motherhood. It is family, both old and new I argue, that influences the young woman's transition to parenthood, intervening to counter the young woman's social, economic and emotional vulnerability, over pregnancy, birth and the early weeks and months of motherhood, but it also enables the young mother to draw on the positive aspects of being part of a caring, social family group, to care for her baby, support her relationship with her partner and to continue to develop as an individual in her own right.

The young fathers in this study were all teenagers when their children were conceived with their partners and all were dependent on others for their accommodation and at least some financial support. These young men were therefore set to father in highly vulnerable circumstances. Yet, this study concludes, that despite this, and because the young men had such a strong desire to support their pregnant partners and be 'good' fathers to their children, that they found ways to overcome the difficulties posed by being a young father. The young men displayed a strong sense of responsibility towards their partners and their unborn children, which challenges the disparaging and deficit view of young unmarried fathers as being uncaring and disinterested in their children. I have argued that fatherhood is meaningful and important as an ideal and further, represents a marker of the transition to adulthood and responsibility. Young fatherhood is a generative experience; it has benefits for children but also for the young father. However, young men's participation in fatherhood is contingent upon a number of factors, some within, but others beyond, the young men's control which determine their ongoing relationships with their partners and children. Involved fatherhood is something which is facilitated, rather than a taken for granted fact. Fatherhood is a life changing experience for all men but especially challenging for young men in terms of its constraining impact on their friendships, social networks and sociality. Yet despite this, fatherhood was experienced by these young men as a rewarding experience and engaged fatherhood was something aspired to by all the young fathers.

Finally, with respect to their new families and the ways in which young people were 'doing' family, this study found that young people were living family in a number of different ways. Many of the young people were living with their families and parenting their children in this context. Others were embarking on family life independently. Yet the striking feature of the multiple ways in which they 'did' family was the extent of their family support networks

which they sought, relied upon and valued most highly. While the ways in which young people were 'doing' or 'living' family were unconventional, they did work for the young parents, their children and their families. It is the very flexibility offered by the young people's families, and the adaptability of the young people that is their strength. While challenging to both the young parents and their families, these arrangements allow the young parents to be parented and cared for, while they are parenting their own children. This study concludes that young people need to be able to move back and forth between dependence and independence and families are invaluable in supporting this.

10.4.2. Considering the findings in the light of contemporary policy relating to health and social support services provision for young parents

This section of the chapter is a preamble to the recommendations section, which follows. It considers the findings of this research study in the light of contemporary policy relating to health and social support services provision for young parents, at the time of the conduct of the study (2007-2009), and currently. This section of the chapter thus provides the context for the recommendations.

While this study has found that families, both 'old' and 'new', play an important part in facilitating young people's transitions to parenthood, and that they are highly resourceful in doing so, nonetheless, there were times when the young people in this study had health and social care needs that were hidden, and consequently went unaddressed. Given this, and the many challenges faced by the young parents before the birth of their babies, and in early parenthood, this study finds that there is a need for specialist health and social support of young people and their families during this significant period.

At the time this study was conducted, all the young mothers received the 'routine' antenatal care offered to all pregnant women in the UK receiving their maternity healthcare from the NHS. The guidelines concerning this care were issued by NICE (2003, updated in 2008) and these recommended (and continue to recommend) that a first time pregnant mother be seen ten times over her pregnancy in a schedule of contacts divided, as deemed appropriate for the woman's needs, between primary health care services[32] and hospital based maternity and obstetric services[33]. NICE (2003, 2008) have detailed the recommended maternal and foetal screening and monitoring procedures which should take place at each of the various contacts,

[32] Primary health care services in this instance include the young woman's general practitioner and the community midwifery service.
[33] These services encompass hospital based midwifery services, and where needed, specialist obstetric care.

as well as what information should to be given to women concerning 'lifestyle factors' (for example smoking and exercise) and specific health issues (for example, information about folic acid and Vitamin D supplementation). The guidelines are specifically focussed on promoting and maintaining the health of the mother and her unborn child.

All of the young mothers in this study (with the exception of SpongeBob, the young mother whose pregnancy was only discovered in her eighth month) reported attending every one of their scheduled antenatal contacts and spoke positively of their experiences with their midwives, their general practitioners, and the maternity hospital, over this period. Yet, even with these regular contacts with health professionals, the young women in this study felt isolated during their pregnancies, most were fearful for labour and birth, and they found the early weeks and months of motherhood very difficult. The experiences of the young women in this study suggest that they need more than information, screening and monitoring at these 'contacts' and that they would benefit from one-to-one holistic discussions about their lives and well-being.

All of the young fathers attended with their partners for at least some of their antenatal appointments, while some, Paul, David, Skinny, John and Chris attended most of them. NICE (2003, 2008) do not include recommendations for assessing the health needs of the woman's partner, but all of the young men reported feeling welcome and 'included' by the health care professional when accompanying their partners to their appointments. This notwithstanding, as highlighted in this thesis, none of the young men had felt prepared for the birthing experience and most found early parenthood as being challenging. An important finding in this study is that the young men need to have their health and social support needs assessed and then attended to. Routine antenatal services, aimed at facilitating maternal and foetal health, the safe delivery of the baby, and the early days of motherhood and the life of the infant, are women and baby centred, and while men are not excluded from taking part, indeed the young men in this study were made to feel welcome, unless services directly assess men's needs these may go undetected and remain unresolved, as they did with some of the young men in this study.

A service one of the young couples in the Northern site found particularly supportive was the specialist teenage antenatal service delivered at the maternity hospital by the specialist midwife for teenage parents. The role of midwife for teenage mothers was proposed in the National Service Framework for Children, Young People and Maternity Services

(Department of Health, 2004). John, the young father who attended this service with his partner Jessica, described the midwife as being very supportive of him and his information needs as well as being helpful to him personally in respect of an issue that arose in relation to his training programme. Jessica and John attended this service at the hospital in preference to their locally provided antenatal service as they had a good relationship with the midwife: *"She's a good woman that Kate"* (John). The regular contact this midwife had with the couple, and her specialist interest and focus on both the young parents and their lives, appears to have facilitated the development of this relationship. While the NHS maternity providers in the Southern site did not have a dedicated hospital midwifery service or contact person for teenage parents, they did offer other specialist antenatal services for pregnant teenagers through a dedicated Sure Start[34] midwifery service for teenage mothers. Every teenage mother 'booked in' to the local maternity hospital for her antenatal care and the birth of her baby in the Southern research site was contacted by the Sure Start midwives and invited to receive her antenatal care at the local Sure Start Centre. One of the young mothers in this study had used this service and experienced it as being supportive of her over the duration of her pregnancy. Both the Northern and Southern research sites also offered other specialist services to pregnant teenage mothers and parents in the form of Sure Start Plus, and I briefly outline this initiative next.

The Sure Start Plus programme was introduced by the UK Government in 2001(Department for Education and Skills, 2000) to reduce the risk of the long term social exclusion which was highlighted in the research informing the document the Teenage Pregnancy Strategy (SEU, 1999a). The aims of the Sure Start Plus programme were fourfold: Firstly, to improve the social and emotional well-being of pregnant young women, young parents and their children; secondly, to strengthen the families and communities of young women and young parents; thirdly, to improve the learning of pregnant young women, young parents and their children; fourthly to improve the health of pregnant young women, young parents and their children (Department for Education and Skills, 2000). The key feature of Sure Start Plus was the role of the 'advisor' who provided one-to-one support for pregnant women and young parents on a range of issues in relation to housing, healthcare, parenting, childcare, relationships and

[34] Sure Start was announced by the UK Government in 1998 to improve the health and education of disadvantaged children in England in the early years (0-5years)(HM Treasury (1998) *Comprehensive Spending Review: Cross Departmental Review of Provision for Young Children*. London, HMSO.). It was an area based initiative with proposed funding for 10 years Glass, N (1999) Sure Start: the development of an early intervention programme for young children in the United Kingdom. *Children and Society,* 13 (4)**:** 257-264.). In 2003, the publication of Every Child Matters proposed the development of Sure Start programmes into Children's Centres. A recent evaluation of the Sure Start programme has demonstrated positive outcomes for the programme. Department for Education (2010) *The Impact of Sure Start Local Programmes on five year olds and their families*. London: The National Evaluation of Sure Start (NESS) Team, Institute for the Study of Children, Families and Social Issues, Birkbeck University of London.)

education (Wiggins et al., 2005). Unlike Sure Start, which was an area based initiative, Sure Start Plus covered an entire local authority and programmes were permitted to use their own titles for the initiative (Wiggins et al., 2003).

The Sure Start Plus programme was piloted in thirty five areas in England (Department for Education and Skills, 2000; Wiggins et al., 2005), and both the Northern and Southern research sites had pilot programmes based in their local authorities with a 'drop-in' model of service access. The programme was funded by the Government for three years, and then extended to five years (April 2001 to 2006), and initially, it was managed by the Sure Start Unit at the Department for Education and Skills, but after April 2003, responsibility for the programme was transferred to the Teenage Pregnancy Unit, also located at the Department for Education and Skills (Wiggins et al., 2005). A national evaluation of the programme was undertaken by the Social Science Research Unit at the Institute of Education, commencing in 2002, and it covered the following areas over the course of the evaluation: Firstly, the delivery of the programme, examining the features of how it was implemented in the different pilot areas (Wiggins et al, 2003); secondly, its responsiveness to the needs of the young people in the local pilot area (Wiggins et al., 2002); thirdly, the impact of the programme on a range of health and social care issues (Wiggins et al., 2003) and finally, the financial costs incurred in achieving the aims and targets set for the initiative (Wiggins et al., 2005).

Overall the final evaluation (Wiggins et al. 2005) concluded that the programme had been successful in providing crisis support to pregnant teenage women and young mothers, and that the emotional support given by the advisors had improved the young women's family relationships, including reducing the incidence of domestic violence. It improved the young woman's accommodation situations, and it increased participation in education for those women under the age of 16. Less success was achieved by the programme with addressing specific health initiatives like reducing smoking and increasing breastfeeding. The programme also had less impact on increasing participation in education in women over the age of 16. However, in those areas where the programme was hosted within the education sector, participation in education was higher than in other locations. Significantly, Sure Start Plus had less success in reaching and supporting young fathers. However, those fathers who did participate in Sure Start Plus services reported that they had appreciated the support offered to them. With respect to financial cost, the evaluation concluded that the programme

was under resourced, and that many of the thirty five pilot programmes had needed more advisors and specialist staff to engage with young mothers over longer periods, to reach more fathers, and to address longer term health and social needs.

Some of the young parents in this study reported having contact with the Sure Start Plus service, principally for support of their applications for social housing (Laura and Chris, Emma and Lewis, Victoria and David and Shorti and Skinny) but also to access the Connexions[35] service (Laura, Emma, Victoria and David). Skinny and Shorti revealed that they had used the service to find them emergency accommodation when they were homeless. The young people in this study appeared to use the Sure Start Plus service on a short term basis to help them resolve specific, and mainly, housing issues.

In addition to the antenatal healthcare provision for young mothers, and the option to seek support from Sure Start Plus, all of the young mothers and their children were in receipt of the health visiting service over the duration of the study in their respective areas. Health visitors are a lead health professional for children under five and their families (Department of Health, 2011). They deliver a universal service to all children and their families based on the assessed needs of the child and family, as well as on a core programme of scheduled assessments of the child's growth and development (Department of Health, 2009; 2011). The important role of the health visitor in providing parenting support, in promoting the child's neurological and overall development, in addressing public health priorities (like obesity), in working together with other agencies, and in delivering a service tailored to the needs of all children and families, has been recognised and significantly strengthened in the document the "Healthy Child Programme: Pregnancy and the First Five Years of Life" (Department of Health, 2009). In addition to this, the publication of the "Health Visitor Implementation Plan 2011-15: a call to action" (Department of Health, 2011) sets out how the health visiting service will expand and be enhanced to deliver, among other initiatives, the objectives of the Healthy Child Programme. I briefly discuss these two important documents and their relevance to the findings in this study next.

[35] Connexions was a youth support service set up by the UK government in 1999 as a part of its strategy to reduce social exclusion among young people. The aim of the service was to support young people to participate in a number of 'appropriate' forms of learning: in school, Further Education or training. Department for Education and Employment (1999) *Learning to Succeed. A new framework for post 16 learning*. London: TSO (Cm 4392). The service was disbanded in 2010 and some of its functions transferred to Children's Trusts Smith, M K (2012) *'The Connexions Service in England'. the encyclopaedia of informal education. Available at http://www.infed.org/personaladvisors/connexions.htm.*.

The Healthy Child Programme document (Department of Health, 2009) sets out the scope and focus of what a contemporary child health programme should deliver for children and their parents, and it maps out the schedule of contacts in the programme; these begin during pregnancy and extend up to the child's fifth year. It also outlines a new philosophy that should underpin the programme; that health visitors should work to build on the strengths and protective factors in parents and families, as well as identifying the risk factors; that health visitors engage in a therapeutic way with parents, as opposed to simply making 'contact'; that the programme focus should be on parenting support, as well as surveillance and health promotion; that the role of the father in the development of the child is recognised, and that fathers should be included in all assessments and work with the family, even those fathers not living with their children.

The Health Visitor Implementation Plan 2011-15 (Department of Health, 2011), provides the structured framework for the delivery of the Healthy Child Programme. It sets out the intention to increase the health visiting workforce so that the profession is bolstered by an extra 4,200 full time equivalent health visitors. Further, it proposes that the profession itself be invigorated, with an emphasis on learning and the spreading of 'good practice', in order that health visitors are enabled to deliver programmes like the Healthy Child Programme. Additionally, the aim is for health visitors, while delivering the Healthy Child Programme, to work alongside other services and programmes engaging with children and families; for example, Sure Start Children's Centres, and the Family Nurse Partnership (Department of Health, 2011).

The publication of both the Healthy Child Programme (Department of Health, 2009) and the Health Visitor Implementation Plan (Department of Health, 2011), came after the completion of this research study. However, the aims set out for the health visiting service in both these documents: a service available to all, delivered on the basis of assessed need (referred to as 'progressive universalism' in the Healthy Child Programme document); one that builds on parents' strengths as well as identifying risks; one that emphasises the development of a therapeutic relationship with parents as a basis for engagement; and one that views fathers' involvement in their children's lives as a central concern, would, if commissioned and then implemented by health visitors, go a long way towards addressing the needs of young mothers and fathers as highlighted in the findings in this research study.

One particular approach specifically designed to support teenage first time mothers, their children, and their partners over a sustained period, and referred to as an important programme for vulnerable first time young parents in the Healthy Child Programme, is the Family Nurse Partnership (FNP) programme (Cabinet Office, 2006). It was introduced by the UK Government in 2007 in ten identified 'demonstration sites,' chosen to test the programme in England.

It is based on the Nurse-Family Partnership (NFP) programme, a structured home visiting programme, developed in the USA by psychologist David Olds, Professor of Paediatrics and Mental Health at the University of Colorado. The aim of the original NFP programme was to support mothers who were teenagers, single, or from a socio-economically deprived background, to confidently parent their children (Olds et al., 1986). The NFP programme, is delivered weekly to fortnightly by qualified nurses, specially trained for the role to develop a therapeutic relationship with the mother, from early pregnancy (before 28 weeks gestation) up the child's second birthday. The hour long weekly home visits address six main areas: personal health, environmental health, friends and family, the maternal role, the use of healthcare services, and maternal life course development (Dawley et al., 2007).

The programme has been shown to improve the health and well-being, and self sufficiency of those in receipt of it in a number of high quality, randomised controlled trials, conducted in three different areas in the USA (Kitzman et al., 1997; Olds et al., 1997; Olds et al., 1998; Olds et al., 2007). Specifically, the NFP has been shown to improve children's readiness for school and to reduce the incidence of child injuries, as well as child abuse and neglect. It has been shown to enhance the mother's health in the antenatal period, to lead to fewer subsequent pregnancies, and when women do have other pregnancies, for these to be more widely spaced. In addition, it has been shown to increase the mothers' participation in employment. In relation to fathers, it has been shown to increase the fathers' involvement with their children, to reduce substance misuse and 'welfare dependency'.

In the UK, the FNP is delivered mainly by specially trained health visitors to mothers recruited to the programme on a voluntary basis. The specific inclusion criteria for participation in the UK FNP programme include: first time mothers under the age of 20 (although some programmes have recruited mothers up to age 24), no further than 28 weeks pregnant, 'vulnerable', and not in employment, or education. The focus in the UK FNP Programme is on improving antenatal health, enhancing child development and school

readiness, and linking the family to wider social networks and employment (Cabinet Office, 2009). Evaluations of the programme have taken place to examine whether the programme could be delivered effectively in England (Barnes et al., 2008, 2009). These evaluations have concluded that it could, despite some initial problems with the recruitment and retention of participants. A further evaluation sought to determine how the programme was implemented in the second year and whether or not it was effective. It also aimed to establish whether the programme was acceptable to the mothers, their partners and the family nurses. In addition, it explored the mothers and nurses experiences of completing the programme and whether or not it had benefitted children, women and families (Barnes et al., 2010). Findings from this evaluation indicate that the aims of the programme are being met, that the attrition rate in the second year when the children are toddlers is low (7%), that mothers interacted positively with their children, and that many fathers continued to be involved in the home visits.

A condition of the licensing of the FNP programme in the UK is that it should be submitted to a randomised controlled trial of its effectiveness (South East Wales Trials Unit, Undated). This evaluation has been commissioned by the Department of Health and is being conducted between 2009 and 2013 by a collaboration of research institutes: The South East Wales Trials Unit at Cardiff University, The University of York, the University of Bristol and the University of Glamorgan. Eighteen centres in England are participating in the trial, which aims to assess outcomes in three areas: Firstly, pregnancy and birth, secondly, the health and wellbeing of the child, and the life course (assessed by examining the women's ability to plan her subsequent pregnancies, finish education and find employment) and thirdly, the financial coping skills of the mother (South East Wales Trials Unit, Undated).

After the selection of the initial ten pilot sites in 2007, twenty more sites were enrolled into the programme and the current intention of the UK Government is to further expand the programme, with the aim of reaching at least 13, 000 participants by 2015 (Department of Health, 2013).

The Family Nurse Partnership Programme was in its very early stages at the time of the conduct of this research, and neither the Northern, nor the Southern research sites, were in the initial ten sites that piloted the programme in its first 'roll out' phase. All of the young mothers would have been eligible for inclusion in the programme, and some may have volunteered to have taken part if they had been invited. Based on the positive evaluations of the NFP in the USA, the initial positive evaluations of the FNP in the UK, and the findings

emerging from this research, the young women, their partners and their children would potentially have benefitted greatly from taking part. The programme offers much promise as an intensive supportive intervention for young parents, with more enduring and wide ranging positive outcomes than Sure Start Plus did, although it will not be available to every young mother and her family in England.

The UK Governments' intention for 13,000 young women under the age of 20, their children and their families to be enrolled in the programme by 2015 would, based on the birth rate for women in this age group in 2010[36], represent approximately 37,5% of all births in this group in England (ONS, 2012). This represents a significant minority of young families that would be involved in the programme, which is encouraging, but it still leaves the majority of young women in this, and the slightly older age group of 20-23, in need of support. This is because it will not normally be available to women over the age of 20, identified as a vulnerable group for poor maternal and child health outcomes (Berrington et al., 2005), those who have had previous pregnancies, nor is it currently available to women in all areas, for example in Wales. In addition, some young women may also choose not to access the programme if it is offered to them.

The findings in this study show that even with the love, care and help they receive from their families, that all young parents would still benefit from specific, 'needs assessed', support, offered through a therapeutic professional relationship. These young people, their children and their families, will therefore require to be supported by their named health visitors. Findings in this study show that young people are not always able to express their needs, nor are they always aware of their needs. The work of the health visitor with families and communities is underpinned by the four core principles of health visiting: Health visitors 'search for health needs', they work with families to 'stimulate their awareness of their health needs', they 'facilitate health enhancing activities' and they work to 'influence policies that affect health' (Cowley and Frost, 2006). Health visitors therefore, with the appropriate skills, and with sufficient time and resources, would be able to address the needs of this especially vulnerable group.

[36] There were 36,435 births to women under age 20 in 2011 in England and Wales (ONS, 2012). Approximately 5 % were to women in Wales (1821 births to women under age 20 years) . 13, 000 women as a proportion of the total number of births in England (34 614 births) is 37.5% ONS (2012) *Live Births and Stillbirths 2011*. Newport, National Statistics .

10.4.3. Recommendations

In the section following I make recommendations in four specific areas; in the first instance, for policy relating to work with young mothers and young fathers, secondly for professional practice with young mothers, young fathers, and their families; thirdly, for the education of health and social care practitioners who support young parents and their families, and fourthly, for further research in the areas of young motherhood, young fatherhood, and the family. As a health visitor by background I make these recommendations from the disciplinary position of this profession, however, many of these recommendations are applicable to others working with young parents and their families and these include; midwives, school nurses, general practitioners, teachers, and social care professionals.

10.4.3.1. Recommendations for policy

1) The findings from this study recommend continued investment by the UK Government in supporting young parents over their transitions to parenthood. The current pledge by the UK Government is to extend the FNP programme to 13,000 places by 2015, but a future Government, due to be elected in 2015, needs to continue to support this programme.
2) Similarly, the current investment in the health visiting profession and specifically in maintaining the capacity of the workforce that will be reached in 2015, needs continued support. A majority of young parents, despite investment in the FNP programme, will not be involved in the initiative, and these potentially vulnerable young mothers and fathers will need the support of a health visitor. The recommendation therefore is that the UK Government should continue supporting maintaining the capacity of the health visiting workforce.
3) Given the research which indicates that youthful parenthood up to age 23 is associated with adverse outcomes for mothers, fathers and their children (Berrington et al., 2005) this study recommends that both local and national policy makers include young mothers and fathers up to this age in any supportive intervention programme; for example the Family Nurse Partnership, but also in commissioned health visiting services.
4) There is a need for clear father inclusive policies for all health and social care delivery. This study supports a recommendation that policy, local and national, refers to ‘fathers’ specifically, rather than the neutral term, ‘parents’ in order to promote their inclusion.

5) While the Family Nurse Partnership programme is aimed at mothers, it does also include fathers and families, although the identified recipient is the mother. Findings from this study support the recommendation that young fathers must not just be 'included' in this, and other supportive work with young families, but like young mothers, are viewed as a central recipient of such programmes.

10.4.3.2. Practice recommendations

1) The findings in this study have shown that young parenthood can be a very challenging time for both young mothers and young fathers. This study therefore supports a recommendation that at all young teenage mothers and fathers should meet their named health visitor as close as possible to the young woman's first registration with the maternity services, so that the young mother and father can begin to get to know him or her, as the basis for an ongoing professional therapeutic relationship.
2) Pregnancy, birth and the early days and weeks of parenthood were particularly challenging for the young people, and this study recommends that young mothers and fathers receive an enhanced level of support from their midwives and health visitors over these particular transitions, and, for at least a year after the birth of their children.
3) Young relationships need support. Many of the young mothers and fathers in this study had only known one another for a short time and welcomed the opportunity to 'just talk' through their relationship difficulties and stressors with a 'neutral' person. This study therefore recommends that young people are given regular opportunities, from the time of the young woman first registering with the maternity services, and ongoing over the first year, to talk about themselves and their relationship.
4) This study recommends that young fathers should, as far as is possible, be present for all antenatal, birth and other contact clinic and home visits with families. Health visitors deliver a service to *families* and young fathers should be included in this definition of family. The inclusion of young fathers will benefit all the family.
5) This study recommends that health visitors develop the practical skills to engage young women and men, but young men in particular, and keep them involved and interested in all contacts and work with the family. Young men do not always recognise that they and their children might benefit from their being involved.
6) This research has highlighted the multiple generational transitions happening simultaneously in families with new teenage parents. Health visitors, with their 'family focus' to practice, are ideally placed to help support the wider family with

their adjustments. Findings from this research support the recommendation that health visitors include the wider family in their work with young mothers and fathers. This is especially important given the findings in this study of the significance of family in the lives of young people

10.4.3.3. Recommendations for the education of health and social care practitioners

1) The findings in this study support the recommendation that all health and social care professionals, including health visitors, midwives, social care professionals and general practitioners develop critical understandings of the theory on the changing family. This research supports this recommendation in the light of the changing face and needs of the 'new' family.
2) This research also recommends that health visitors need to develop the skills and confidence to work therapeutically alongside young mothers and fathers.

10.4.3.4. Recommendations for further research

1) This research has begun to theorise young family practices but there is still a need for further longitudinal research with young families. Findings from this study support the recommendation for a longitudinal research study to follow young families' longer continuing family transitions.
2) Many of the young women in this study reported how becoming a young mother had been a critical turning point in their lives and how it had rekindled their interest in returning to education, training and employment. NEET statistics however show that seventy percent of teenage mothers aged 16-19 are not in any form of education, employment or training (Department for Work and Pensions, 2008). This finding supports the recommendation for a research study which will explore why this might be so and to try to understand what would facilitate or hinder young women's return to education, training or employment.
3) This study has shed a light on teenage fathers fathering practices over the first year of their children's lives. This research however indicates the need for an understanding of young fathers' involvement with their families and young children beyond a year, and therefore recommends further research which aims to understand their continuing support needs in relation to young fatherhood.
4) All of the young women's pregnancies in this study were unplanned, and all occurred as a result of either contraceptive failure or non-contraceptive use. None of the young

women in this study considered using emergency contraception, even when they were aware that they had had a contraceptive failure. Given the lack of understanding about young women's use of emergency contraception, this study supports a recommendation for research into young women (and young men's) understandings and decision making in relation to the use of emergency contraception.

5) There is a lack of research that examines British parents' practices in relation to how they provide relationship, sexuality and sex education to their children. This notwithstanding, British parents are popularly depicted as being uncomfortable about giving relationship and sex education to their children and are accused of avoiding doing so. The paucity of research into this issue supports the recommendation for a study exploring parents and their children's ideas and experiences of parent and family delivered relationship and sex education.

10.4.4. Final reflections

The young mothers and fathers parenthood journeys, which have been tracked intensively over the duration of this research study, demonstrate what a life changing experience becoming a parent has been for them, and their families. Running parallel to the young parents' and their families' journeys however, has been my own transformational research journey. It started in my early professional career in South Africa, initially as a midwife, supporting pregnant women, then as a community health care nurse, working in an urban community, providing primary health care services to mothers and their children, and more recently in England, as a family health visitor, promoting the health of mothers, their children and their families. The question that I have asked over and over again during my practice is what helps to make things go well for young parents and their children, and what it is that makes some young people thrive as young parents, while others do not, finding young parenthood so difficult? It was this that brought me to the subject of this research and the research question posed in the study, and I have answered it on two levels in this thesis; empirically and theoretically.

On an empirical level this study has lifted the lid on young motherhood, young fatherhood, on the ways in which young parents experience, and 'do', young family, and on how they are supported in this by their families. But, in addition to this, the study has also provided new understandings and insights into how young people's *ideas* and *ideals* of family motivate a young pregnant woman to continue with an unplanned pregnancy, and how they prompt a

young man to want to support his pregnant partner and become an involved father to his child. On a theoretical level, this study has engaged with the issue of young parenthood from the perspective of the family, and it has argued that it is 'family' that influences teenage mothers and fathers' multiple, and varied, transitions to parenthood. This is a new way of viewing young parenthood. It is different from traditional models which have isolated the experience and explanation of 'teenage pregnancy and parenthood' where indeed, it is seen as a social problem. The central contribution of this research therefore, is that it provides an important platform from which to rethink and recast young motherhood, young fatherhood, and young family, and importantly, also the ways in which these key concerns, are taught, managed and practiced.

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Appendix A Letter of invitation for teenage parents

City University London

St Bartholomew School of
Nursing and Midwifery,
City University,
20 Bartholomew Close,
London, EC1A 7QN

Dear Parent-to-be,

"The young parents' research project"

A study of the experiences of young mums and dads in 2 cities in England

……..The researcher

My name is Moira Graham and I am a health visitor research student at City University in London. I am writing to tell you of a research project I am doing in your area about young parents' experiences of parenthood.

The research project…….

The research is called **"the young parents' research project"** and I am inviting you and your partner to take part in this research. Taking part is entirely voluntary, and whether you choose to take part or not is up to you.

……..Why you have been approached

I have asked a number of people working with young parents aged 19 years and younger to tell all the young mums and dads 'to be' that they know of about this research and to give them an information leaflet about the research project.

The information leaflet about the project…….

The information leaflet explains everything about the research project and what it will involve for you if you do choose to take part. Please take some time to read the leaflet, and talk about it with your partner, friends and family if you wish.

……...Interested ?

If after reading the leaflet you are interested in hearing more, please tell the person who first told you about the research and they will take some contact details from you so that I can get in touch with you. I will talk to you about the research when we meet and answer any further questions or queries you may have.

Your rights…….

You are free to stop taking part at any time during this research - no questions will be asked.

……..For more information

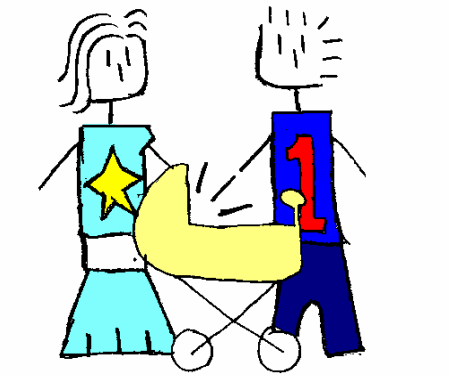
You can also get more information on the research project by contacting:
Moira Graham on 020 7040 5330 and I will do my best to help.

Appendix B Research participant information leaflet

City University London

"The young parents' research project"

A study of the experiences of young mums and dads in 2 cities in England



……..This leaflet tells you:

- About the 'young parents research project' and
- What it will involve for you if you do choose to take part.

Please……..

- Take some time to read the leaflet and talk about it with your partner, family, friends, midwife, health visitor, teacher and support worker if you wish.

(Leaflet Version 3 / 20th May 2006) Reading level information for Information Sheet:
Flesch Reading Ease Score = 65.4 (Aim is for 60-70 / Flesch-Kincaid Grade Level Score = 6.3 / Age 10/11).

PART 1 The Study…….

……Introduction

• My name is Moira Graham and I am a health visitor research student doing a **research study about young parents' experiences of parenthood**.

• I am doing this research as part of a higher degree at City University in London

• I have called this research study "the young parents research project" and **I am asking if you would agree to take part in this research.**

Moira—The Researcher

What is the research about…..?

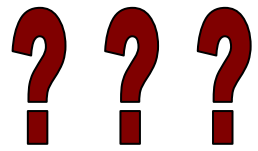
• **The aim of this research study is to gather information from young mums and dads about their feelings and experiences of being parents**.

• The study will record the first hand parenting experiences of young mums and dads extending from the time before their baby is born through the early months of parenthood up until the time their baby is toddling around at about 18 months of age.

So why is this research being done……..?

• To **learn more from young parents themselves** about what it is like to be a parent. For example:

- What does it **feel** like to be a young parent?
- What do young mums and dads **want to say** about their experiences of being a parent?
- How do the **needs** of young parents change over time?
- What is **good** about being a parent?
- What can **we learn from young parents?**



• There is a lot that is still to be understood about young parenthood - its good aspects and its more challenging - this study will help to change this.

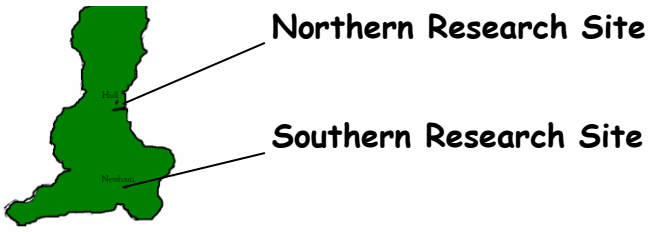
• I think it is an important **study that might help young parents in the future**.

3

……..Why have you been asked to take part?

- I have spoken to a number of people in XXX and XXXXX working with young parents aged 19 years and younger to ask them to tell all the young mums and dads that they know of about this research.
- **I would like to ask 10 young mother and father pairs in XXX and XXXX to volunteer to take part in this research study**.

Map of UK showing England



Do you have to take part……..?

- No of course not…**its up to you.**
- Just tell the person who told you about the research that you do not wish to be involved and no more questions will be asked.

……..What if you choose to take part?

- The person who first told you about the research will ask if they can take some **contact details from you so that I can get in touch.**
- I'll arrange to meet with you and your partner.
- You can ask me any questions you like about the research at this meeting and I will do my best to answer you.

……..And then what?

- If after meeting with me, you and your partner agree you both want to take part, you will both be given a form to sign giving your permission to take part in the research.
- You will be given a copy of the signed form to keep as well as a copy of this information leaflet.
- **You are free to stop taking part at any time <u>during the research</u> without giving a reason.** If you decide to stop, it will not be held against you at all.

Thank you for reading so far—the next part of the leaflet explains what taking part involves.

Part 2 — Taking part in the research

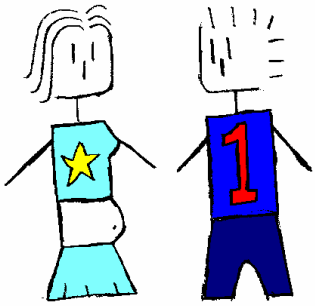
What does taking part in the research involve……..?

- I'd like to **<u>meet up with young mums and dads to interview them on 4 different occasions</u>** starting from the time before their baby is born until their baby is about 18 months old.

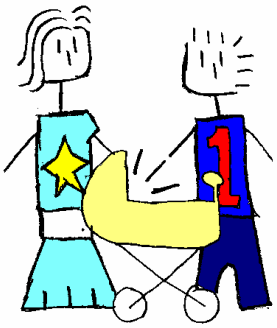
……Turn over the page to see how the interviews would be spaced……

……...The 4 Interviews would be spaced as follows….

1 Before your baby is born……



2 When your baby is about 3-4 months old and laughing and cooing……



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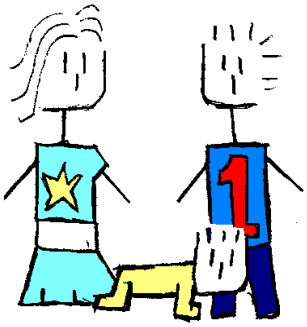
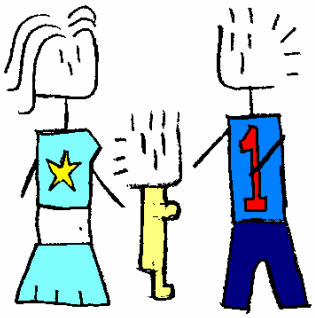
3 When you baby is about 9-10 months old and crawling around……..



4 When your baby is about 15-18 months old and beginning to walk…….



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The interviews……...

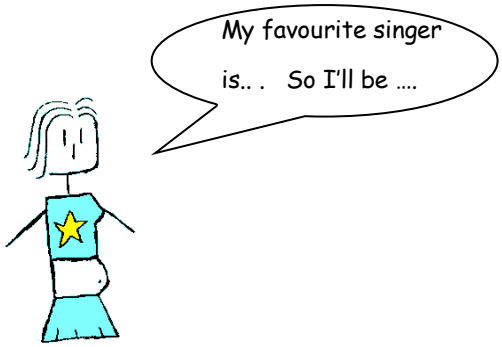
- **The interview** will take approximately 1 hour, will be taped with your permission, and **done at a time and place of your choice**.
- If you choose to travel anywhere to meet with me I will give you your **travel costs** immediately.

- I will **interview you and your partner separately, or together**, if that is what you both wish.
- I will send you and your partner a list of things we could talk about at these interviews a few days before we meet.

- If, during the interview, I ask you something you don't want to answer, just tell me and I'll ask you the next thing on my list.
- During the interviews **you can talk about anything you want to about being a parent.**
- So …you can bring along your own list of topics and questions if you wish.

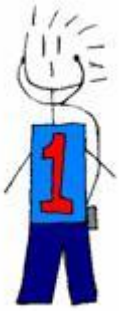
……..Who will know what you have said?

- Everything you say in the interview will be kept anonymous.
- I will ask you to **choose a fictitious name or a nickname** for me to put with any quotes I might use.
- Nothing you say in the interviews will be traced back to you and **no reports of this study will identify you in any way.**



What if you tell the researcher that you or your baby are in any danger or being harmed in any way……?

- The **only time that I will ever share information** about you with anyone else would be if you told me, or that I believed , **you or your baby were in danger or being harmed in any way.**
- If this were ever to happen, **I would talk about it with you first** and together we would talk to someone who would help you.



……..Anything else?

- Later on during the study I will be asking for v**olunteer mums and dads to take part in completing an audio diary.**
- You would carry the audio recorder and decide what kind of experiences you would like to include in this diary.
- Again, **taking part in this activity will be entirely up to you** and would be in addition to the 4 interviews done over the study. 9

…….What happens to the information collected?

- I will **write up the interviews** as they are completed.
- I will **give you a copy of your interview if you wish.**
- All personal details like your name and address will be kept strictly confidential.
- All the information will be stored securely at City University.
- The 3 people mentoring me for this study will have access to the information collected to check that the research is being carried out correctly.
- I will **write up all the information** I collect for the study **in a research report** for City University.

- I will **text and write to you during the research to keep you updated on progress and developments**.
- I will also put these updates on the website specially devoted to this study. • The website address is:
www.city.ac.uk/phpcu/****/youngparentsproject

- At the end of the study I will send everyone who has taken part a summary of the findings of the study.

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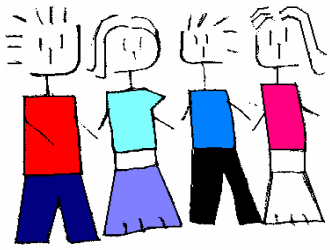
Who has given permission for the study to take place…….?

• All research studies like this one are first looked at by an ethics committee to make sure that the research is safe and appropriate for the people taking part.

• This study has been approved by the London Multi Centre Research Ethics Committee.



……..Young people and this research project.

• 2 Groups of young people (some young parents and some not), based in xxx and xxxx aged between 13-18 years have helped to develop this study.

• They have helped with:

- producing this leaflet and the consent sheet.
- writing the imaginary situations that we will talk about in the interviews and...
- shaping the research by commenting on all its different aspects.

• These young people have 'test driven' the research to make sure it is ok for other young people to be a part of.

Drawings © by Chris Acaster (age 16).

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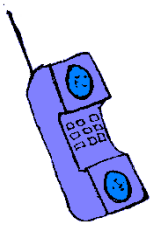
……Where can I get more information about the research?

- If you have any questions or queries that you would like answered or…….
- You want more information about the study at any time……
- You can ring me, that's Moira Graham, or **leave me a message or text on**

…….. **07967485384 ……or……. 0207 040 5330**…….. and I will do what I can to help.



- You could visit the research study website to find out www.city.ac.uk/phpcu/****/youngparentsproject

You can also write to me at……..

- Moira Graham,

St Bartholomew School of Nursing and Midwifery, City University,
20 Bartholomew Close,
London, EC1A 7QN.
E-mail: moira.graham.1@city.ac.uk

……..Any complaints about the research?

- Contact: Professor Ros Bryar,

St Bartholomew School of Nursing and Midwifery, City University,
20 Bartholomew Close,
London, EC1A 7QN, or
Tel 0207 040 5876
e-mail:r.m.bryar@city.ac.uk

And finally……thank you for reading!

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Appendix C Research participant consent form

City University London

"The young parents' research project"

A study of the experiences of young mums and dads in 2 cities in England

The researcher in this research project is Moira Graham

1. I confirm that I have read and understand the information leaflet on the young parents research project dated 20 May 2006 (Version 3)
   Yes No
2. I have been given enough time to think about the information in the leaflet.
   Yes No
3. I have been given the chance to ask questions about the research and my questions have been answered properly.
   Yes No
4. I understand that taking part in this research is completely voluntary and that I am free to stop taking part at any time **during the research** without giving a reason.
   Yes No
5. I understand that if I decide to stop, that it will not be held against me in any way.
   Yes No
6. I understand that any interviews I take part in will be taped with my permission. I also understand that nothing I say will be traced back to me and that my name will not be mentioned in any report of this study.
   Yes No
7. I agree to take part in this study.
   Yes No

————————	————————	————————
Name	Date	Signature
————————	————————————	
Age in years	Research Code Number	
————————	————————	————————
Researchers name	Date	Signature

4 August 2006 (Consent sheet Version 3). Reading level information for Consent Sheet: Flesch Reading Ease Score = 67.2 (Aim is for 60-70) / Flesch-Kincaid Grade Level Score = 8 Age 13/14).

Appendix D Information leaflet for relatives and people working with teenage parents

City University London

"The young parents' research project"
A study of the experiences of young mums and dads in 2 cities in England

Information for relatives and people working with young parents

The researcher in this study…….
My name is Moira Graham and I am a health visitor researcher undertaking a research project about young mothers and fathers' experiences of parenthood. I am doing this research as part of a higher degree at St Bartholomew School of Nursing and Midwifery, City University, London.

….……...The research project
This research project aims to record the parenting experiences of young mothers and fathers under the age of 19 years in a series of 4 interviews from the time before their babies are born until their children are approximately 18 months of age. The research aims to learn from young mothers and fathers themselves about what it is like to be a young parent to hear about the needs of young mothers and fathers from their perspective.

The young parents in this research project……..
I would like to ask 10 young mother and father pairs in XXX and XXXX to volunteer to take part in this study. Participation is entirely voluntary and up to the young person to choose whether they want to take part or not.

……..The report
The information collected in this research project will be written up in a research report for City University, London. A summary of the findings of the research will be given to all young parent participants, to organisations through which the research is conducted and any other interested persons. The findings from the research will be fed back to organisations working with young parents and to people making policies concerning young parents.

Confidentiality……..
All personal details like names and addresses will be kept strictly confidential under tight security at City University. Everything young parents say to the researcher in the study will be anonymous. No reports of this study will identify anyone in any way.

…….Permission for the study to take place
All research studies like this one are first looked at by an ethics committee to ensure the research is safe and appropriate for the people taking part. This study has been approved by the London Multi-Centre Research Ethics Committee (17/08/2006. Ref06/MRE02/49)

Any questions or queries……..
Please contact me, Moira Graham, on 020 7040 5330 and I will do my best to help.

Appendix E Flow chart of participants journey through the research process

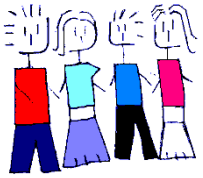
Flow Chart of the participants' journey through the research study

Participants identified

Prospective teenage parent participants identified by their named teacher, midwife, health visitor or health and social care professional.

Participants approached

Teacher, midwife, health visitor or health and social care professional tells prospective participants about the study, gives them an information leaflet and asks them to think about whether or not they would be interested in participating in the study. Partners asked to recruit partners.



Researcher

Participants recruited

Researcher sees interested potential participants a few days after this, gives full information about the study and answers any questions. Consent to participate in the study taken at this meeting from prospective teenage parents who agree to take part.

First Interview with 10 mothers and 10 fathers
Conducted +- 2 months before baby is born.

Second Interview with 10 mothers and 10 fathers
Conducted when baby +- 3/4 months of age.

Third Interview with 10 mothers and 10 fathers
Conducted when baby +- 9/10 months of age

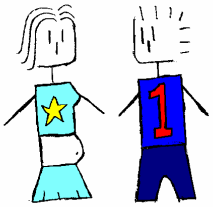
Audio Diary with
2 Volunteer mothers
and 2 fathers

Fourth Interview with 10 mothers and 10 fathers
Conducted when baby +- 15-18 months of age

Appendix F Interview topic guide – Interview 1

Topic Guide for Interview 1

Pre-birth contact



The themes listed in this first topic guide, and the following three guides, are examples of the themes that will be explored in the four interviews. The researcher does not plan to introduce the themes in any particular order in the individual interviews and there is scope to adjust the themes and pursue other lines of enquiry as they emerge. Also, some themes may be omitted if necessary. The interview guides will therefore be adjusted as needed and new themes added as necessary. This is in keeping with the emergent nature of qualitative research (Wengraf 2001).

Some themes are explored in all four of the interviews. This will allow the researcher to explore for example, how situations or needs may be changing or developing as the young parents mature in their parenting roles. It will also allow the researcher to understand how the young parents' needs might be changing over time. A series of interviews also allows the researcher to explore a range of themes in various depths at different times. The themes in the interviews are overlapping and interrelated.

The following are the broad themes the researcher plans to explore in the first interview:

- **The experience of being pregnant:**
  To explore for example the following:
  - What does it feel like being pregnant/an expectant father?
  - How did the young person find out they were pregnant / going to be a father?
  - Who did they share their news with?
  - Response from partner/ family / friends / others
  - Explore decisions / choices available or offered to the young person about continuing with or terminating the pregnancy.
  - How did they arrive at their decision to continue?

- How does the young person feel they are coping with being pregnant / being a father-to-be?
- How is the young person preparing for the birth of their infant? (Physical preparation, emotional preparation)
- How are they preparing for becoming a parent? (Physical preparation, emotional preparation)

- **Exploring the relationship between the young couple:**
  To explore the following:
  - How the couple met
  - How long they have known one another
  - Impact of the pregnancy on their relationship
  - Plans for the future – how do they see their relationship developing in the future? Any obstacles? Any facilitators?
  - What support do they feel they need for their relationship? Are they getting this? How could support for the relationship be improved?

- **Family relationships:**
  - Has the young person shared the news of their pregnancy with their family?
  - How did the young person share their news of the pregnancy with their family?
  - What was their reaction?
  - How did the young person feel about this?
  - Nature of the relationship with parents and wider family?
  - What support does the young person receive from their family?
  - What is the nature of the relationship with the young person's partners family?
  - What support do they give to the young person?

- **Social networks:**
  - **This theme will be explored in more depth in interview 2**
  - Begin to explore some features of the young persons social networks like network composition (contact with family friends and others) and
  - network characteristics (frequency of contact with social network members, level of intimacy)

- **Support**
  - Explore financial and material support (family, friends, other, state, professional)

- Explore sources of emotional support (family, friends, other, state, professional)
- Explore sources of informational support (family, friends, other, state, professional)
- Explore access to resources (health, welfare, housing, education, training)
- What health, welfare, housing, education services is the young person in receipt of?
- What support does the young person value?
- Who does the young person turn to in a time of need? Why?
- What additional support would the young person like to receive?

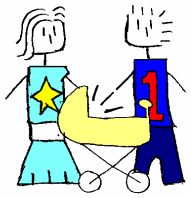
- **Personal factors:**
  - What impact has being pregnant / an expectant father had on the young person personally?
  - Have they changed in any way? How?
  - Personal resources e.g. sense of well-being, coping strategies, resilience (ability to 'bounce back'), sense of self efficacy, sense of self esteem.

- **Looking ahead**
  - How does the young person feel about the future?
  - What plans does the young person have for the future? For themselves? Their relationship with their partner? Their baby?
  - What support does the young person feel they need to achieve this? Are they getting this support?

Appendix G Interview topic guide – Interview 2

Topic Guide for Interview 2

3 to 4 month post birth contact



- **The experience of being a parent**:
  To explore for example the following
  - feelings about being a parent
  - the experience of being a parent (e.g. how are things going? what is good? what is difficult?)
  - How have others responded to the young person as a parent?

- **Relationship with partner**
  - What has the impact of having a baby had on this relationship?
  - What kind of activities do the young people do together?
  - What does each partner do in relation to for example caring for baby / household chores?
  - What are the particular challenges the young person is experiencing in relation to their relationship with their partner?
  - What support does the young person feel s/he needs in relation to their relationship?

- **Baby**
  - Feelings towards baby
  - How often do you see your baby?
  - What kind of things do you do for your baby?
  - Aspirations for baby

- **Family**
  - What is the family's attitude to the young person now that they are a parent?
  - Has anything changed?
  - What is the nature of the relationship with the young person's family?
  - What is the nature of the relationship with the young person's

partners family?
- Family's relationship with baby
- Partners family's relationship with baby
- Young parent's feelings about this

- **Social networks**
  - To explore social network structure (size, density, range)
  - Explore social network characteristics (frequency of contact with others, any face to face contact, participation in groups and clubs, duration of relationships, level of intimacy)
  - Explore social network composition e.g. family, friends
  - Explore social influence (whose opinion does the young person value)
  - Explore the young person's social engagement – physical and intellectual (groups, clubs)

- **Support**
  - To explore current support, the nature of the support and who is giving the support.

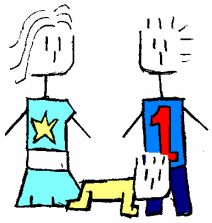
- **Personal factors**
  - Impact of being a parent on the young person (social life, friends, family.
  - Does the young person feel they have changed in any way? (maturity etc)
  - What do they feel is different about them?

- **Reflecting on past / looking forward**
  - Exploring what the young person feels the influences on their lives have been.
  - Looking ahead and exploring the young person's aspirations for the future.

Appendix H Interview topic guide – Interview 3

Topic Guide for Interview 3

9 to 10 month post birth contact



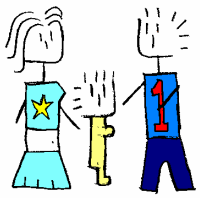
In this interview the researcher plans to explore the young person's current situation in relation to the themes below and explore whether and how things in relation to these themes may have changed. The researcher anticipates that following the analysis of data from earlier interviews that there will be other/ additional lines of enquiry that will be pursued in this interview.

- **The experience of parenthood**
- **Issues relating to baby**
- **The relationship between the young couple**
- **The relationship with families**
- **Social networks**
- **Support systems**
- **Personal factors**

Appendix I Interview topic guide – Interview 4

Topic Guide for Interview 4

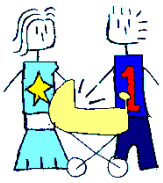
15 to 18 month post birth contact



In this interview the researcher plans to explore the themes below by asking the young parent to 'look back' over their experiences over the past 18 months and to explore the young person's aspirations for the future in relation to the themes.

- **The experience of parenthood**
- **Issues relating to baby**
- **The young persons relationship with their partner / child's mother/father**
- **The relationship with families**
- **Personal factors relating to the young person**
- **Networks**
- **Support**
- **Looking back (experiences and influences)**
- **Looking forward (aspirations)**

Appendix J Audio Diary Guidelines



City University London

"The young parents research project"
A study of the experiences of young mums and dads in 2 cities in England

Audio Diary Guidelines

Thank you……..

Thank you for agreeing to complete an audio-taped diary for the "Young parents research project". This sheet tells you about the audio diary and it gives you some tips and hints on how to go about completing it.

…….**Why an audio diary?**

The aim of the audio diary is to give you the chance to give your views and opinions about your life as a parent in your own words. I would like to ask you to record your experiences as a parent and an audio-taped diary is a way of doing this. Everything you say in the diary will be kept confidential.

How long for……...**?**

I would like to ask you to complete the diary over a two-week period.

……..**When do you complete the diary?**

You can add to the diary as often and at any time you like. I would like to ask you to try to add to the diary for about 10 minutes each week but you can add to it as much as you like really.

What to talk about…….**?**

You can talk about your thoughts, feelings, views and experiences on a day to day basis. Your audio diary does not have to be about being a parent—you can talk about anything in your life. What you talk about is entirely up to you. The reason for asking you to complete this diary is so that you can make a record of your life and your experiences in your own words.

…….**Collecting the tapes**

At the end of one week I will text you to ask you how the diary is going. I will contact you to collect the tapes and recorder at the end of the two weeks so that I can type them up.

Any questions or queries……

Please contact me — Moira Graham on 020 7040 5330 or 07967485384 and I will do my best to help.

(Guidelines for the audio diaries modelled on those used by the following authors in their study of the Teenage Parenting Experiences of Black and Minority Ethnic Young People: Higginbottom, G M A, Mathers, N, Marsh, P, Kirkham, M, & Owen, J M (2005) An Exploration of the Teenage Parenting Experiences of Black and Minority Ethnic Young People in England. Final Report. Sheffield: University of Sheffield).

Appendix K The young mothers and fathers biographies

Janet and Steven

Janet

Janet, an only child, had lived with her mother Helen on the Bracken Downs Estate in the Northern research site all her life. Her father had left the family when she was very young, and although she knew of his whereabouts, she had had very little to do with him while growing up. His early departure from the family had left a significant impression on her and she remained very distrustful of men. Janet met Steven when she was aged 13 and they had been 'going out' for two and a half years when she discovered her pregnancy at age 16. Janet left school after completing her GCSE's and was on a hairdressing apprenticeship training scheme, which she was enjoying and doing well at. She continued her apprenticeship over the duration of her pregnancy taking only six months out for her maternity leave. She had a good circle of friends who remained supportive of her after she had given birth to baby Keira. Janet's mother signed over the tenancy of the two bedroom house to her and Steven when baby Keira was a few weeks old and she went to live with her new partner in another part of town. Janet and her mother remained in close contact with one another. Janet participated in all four interviews with her partner Steven.

Steven

Steven was 18 years and 9 months when he learned of his partner Janet's pregnancy. He and Janet had had a close relationship for over two years at the time. He had partly moved in with Janet and her mother, but he was still spending three and sometimes four nights a week at his parents' home. Steven was the eldest of five children and his mother and stepfather lived a couple of blocks away from Janet and her mother house. Steven was in full time employment working as a labourer in a factory. He had started in his job a few months previously and he had just received a new 'employee of the year' award at work when he joined the study. Steven had left school at 16 and after doing various temporary jobs like car valeting and building site labouring, had found his current employment. He had not enjoyed school and was pleased to be working despite the long hours and overtime he worked. He took part in all four interviews for the study.

Laura and Chris

Laura

Laura was aged 17 ½ and living at home with her mother Karen and her younger brother Oliver when she discovered that she was pregnant. She was at Agricultural College at the time doing an animal care course. Laura left school at 16 with 'about' ten GCSE's *"all B's and C's"*. She reported that she had "really liked" school but had been unsure of what she had wanted to do with her post school career. She had started a 'retail' course at FE College as she felt that she was good with people. The College had placed her in a small, independent book sellers but had found it very quiet and not what she wanted from her career. Laura's father had left the family home when she was very young and she had not had any contact with him since that time. Her mother and stepfather, the father of her younger brother Oliver had separated and at the time of the study the family comprised of Karen, Laura and her brother. Laura's mother and her sister, 'Aunty Kathy', had lived next door to one another for over sixteen years. Laura described them having a very close loving sister relationship. Laura and her girl cousin Jo were also very attached to one another. Laura's maternal grandfather lived around the corner from the two families and they took turns to cook his

evening meal and help with his daily domestic chores. Laura and Chris met over the garden fence when he and his family moved into the area. Laura abandoned her animal care course when she discovered her pregnancy and she did not plan to return. She saw herself undertaking education sometime in the future but imagined this as being done online or remotely. Laura and Chris continued to live with their own families after the birth of their baby daughter Aoife. She contributed to all four of the interviews along with her partner Chris.

Chris

Chris was 15 ½ years of age when his baby was conceived with this partner Laura, who was aged 17 ½ years at the time. He was living at home with his mother, who was a full time parent, and his six younger brothers and sisters, the youngest of who was a year old. Chris was of Anglo-Irish heritage. His father had left his mother before the birth of his younger brother, when Chris was two years old. His father had returned to Ireland and had not maintained regular contact with his children as they were growing up. Chris had been profoundly affected by his father's abandoning the family and spoke of his disappointment of never even receiving a Christmas card from his father over the years. Chris worked hard at school and had done well but as he explained *'I've always enjoyed school but I'm more of a person that wants to go out and work'*. Chris was in his final GCSE year at school and had secured an apprenticeship with a national house building company to train as a plasterer. He reported having passed ten GCSE's, with Maths and English at a grade C and his ICT at a grade B. He valued his friendships and had a close circle of friends. He had a large extended family of grandparents, great grandparents, aunts, uncles and cousins on his mother's side of the family, who lived in a city in the North of England some seventy miles away from Chris and his family. The extended family kept in close contact. Chris contributed to all four of the interviews and he also completed an audio diary.

Jessica and John

Jessica

Jessica is an only child. She was 15 ¾ and still at school when she conceived her pregnancy with her partner John. The couple had met when they started at the same secondary school in year seven and had been 'in a relationship' with one another since Year Ten. Jessica lived with her mother Deborah and they were part of a very large extended family with long historical links to the local fishing industry. Jessica's biological father and her mother had ended their relationship before she was born and she had had no contact with him since she was a few months old. Her 'second dad' and her mother had met when she was about a year old but this relationship had ended when Jessica was four years of age. He maintained contact with Jessica for a couple of years but stopped seeing her because of objections from his new partner. Jessica regarded her 'second dad's' parents as her paternal grandparents and she continued to enjoy a warm loving relationship with them. Jessica left school after her GCSE exams. She passed 'a couple' and started at College in the September thereafter. Jessica abandoned her course in the following January when she was eight months pregnant. Jessica described herself as a wild child in her earlier years always fighting with other girls and often consuming too much alcohol. She felt she her relationship with John had a calming effect on her and since discovering her pregnancy had turned her behaviour and indeed life around. Jessica and John moved in together permanently after discovering her pregnancy. After the birth of their baby Chloe, the couple lived initially with Jessica's mother and after a few months began spending the week days at John's parents' home and the weekends at her mothers. Jessica continued to live with her mother and partner John after the birth of their

baby daughter. She was not in education, employment or training. Jessica participated with John in all four interviews. She also completed an audio diary.

John
John was the youngest in his family. He had two older half sisters and one older half brother who had left home, but who all lived and remained close to John's parents'. John was in his final GCSE year at school when his partner Jessica conceived her pregnancy. They were both just under age 16 at the time. John was living at home with his parents. His father worked away during the week and he was close to his mother who worked part time. John described himself as a *'mammy's boy'*. He was planning to do a motor mechanic's course at College after he completed his GCSE's. John reported that he had attended school regularly and that he had *'always done his work'*. He had not however achieved the requisite GCSE grades to gain an apprenticeship position, but planned to go to College to do a motor mechanics course and possibly try for an apprenticeship at a later date. When I met John, a couple of weeks before the birth of his baby, he had been living with Jessica and her mother *'more or less permanently'* since the discovery of Jessica's pregnancy some nine months earlier. John participated in all four of the interviews.

Sally and Paul

Sally
Sally was aged 17 ½ when she discovered that she was pregnant. She had just left her hairdressing College course and was not in any other education, training or employment scheme. She was living with her parents, on the Bracken Downs estate in the Northern research site. Sally was the third born in her family and four of her five siblings, three younger and one older sister all lived at home. Her elder brother lived independently. There was an age span of eighteen years between the youngest and eldest siblings. Both of Sally's parents were working, *"they always have"*, as was her elder sister who was a trained health and social care professional. Two of her younger sisters were at secondary school, and her 3 year old 'baby' sister was at nursery. Sally had a close relationship with her siblings, especially her baby sister, and a relatively good relationship with her parents. The family socialised with the wider family regularly, and Sally reported that she enjoyed the noise and busyness of her family life. Sally had *'hated'* school and was happy to leave, but she had not enjoyed her college hairdressing course and felt that she had been gone into it without too much thought. She was introduced to Paul by her cousin who had been in his class at school. The couple had known each other for a *'few months'* when Sally discovered her pregnancy. Sally and Paul moved in to their own home, around the corner from her mother and father, before the birth of their baby. Sally and Paul rejoined her family for a while after they lost their home in a widespread flooding incident in their home city. Sally took part in all four interviews with her partner Paul.

Paul
Paul was the younger of two boys in his family. His brother, who was five years older than him, was living independently and working as an electrician *'earning good money'*. Paul's father was a long distance lorry driver who had always worked away from home during the week and returning home at weekends. His mother worked part time and at the time of the first interview, she had been experiencing poor physical health. Paul and his mother had been *'at war'* over the duration of his teenage years because of his *'back chatting'* behaviour at home, his school truancy and his loud and rowdy behaviour in the neighbourhood: '*Now't real bad, just loud'*. His relationship with his father was distant because he was never

around. Paul felt *'like a failure'* in both his parents eyes as he didn't have a job nor did he appear to be moving towards independence. Paul's recollections of his school days are very negative. He reported hardly ever going to school *'probably because it was one of the worst schools in [names county]'* He left school at 16 with *'no qualifications'.* He started a College course in car mechanics but left because he failed the course, *'I couldn't really like keep up with everybody else, I was taking tests three or four times and they was taking them once'.* He had been in and out of temporary employment since leaving school. Paul's employment was dependent upon on the availability of work for an unqualified 17 to 18 year old in a restricted job market. Paul was 18 when he discovered that his partner Sally, then aged 17 ½, was pregnant. Paul participated in all four interviews.

Emma and Lewis

Emma

Emma was not quite 17 when she discovered her pregnancy. She was living with her parents, Angela and Richard, her younger brother and her older male cousin, who had lived with the family for a few years. Emma had left school after her GCSE's but had not been sure what she wanted to do for a career. She decided to take a 'year out' as she had not wanted to go straight from school into college to do her A-Levels. Emma met Lewis at a party and they had been going out for a few months when she conceived her pregnancy. Emma's parents remained very supportive of her and Lewis, even helping Lewis with caring for his elder daughter Georgia from an earlier relationship, on his twice weekly contact days. Emma had a large extended family and they all socialised and holidayed together regularly. Emma enjoyed being with her cousins, aunts and uncles, and her grandmother. When Lewis obtained residency of Georgia, Emma, just 18, took on being stepmother to her, and would dress baby Rhiannon and Georgia in identical outfits. Emma took part in all four interviews with her partner Lewis.

Lewis

Lewis, just over 18 years of age, was living with his partner Emma's family when he and Emma discovered her pregnancy. Angela, Emma's mother, had told the health visitor who referred the couple to the study, that she had offered him a home as he had been homeless and had spent months 'dossing' with different friends. Angela had also been concerned about her daughter who was often spending nights away from home in Lewis' company, and she hadn't always known where the couple were.

Lewis had become a 'looked after child' when he was 10 years old. His two younger brothers had both been adopted at the time. Lewis had had a few foster placements during his time as a 'looked after child' but his final placement had lasted for over two years. Lewis had 'left care' as soon as he turned 16. Because of his experiences, Lewis was generally distrustful of and wanted nothing more to do with the social care system. He was in regular contact with his father and had had some, but not regular, contact with his mother.

Lewis had a daughter, Georgia, from an earlier relationship with someone he had met when he was 16 and recently out of care. This relationship had broken down acrimoniously and Lewis had had to instigate Court proceedings to gain access to visit his child. While this action was still ongoing, Georgia, age eight months, was made the subject of a Full Care Order under Section 31 of The Children Act 1989 and placed with foster parents. Emma was five months pregnant at the time. Lewis had not known about the care proceedings until after Georgia became 'looked after'.

Lewis was working with a 'temping agency' when he first joined the study. He had been in employment since he was 18. He was working with a company who made and decorated celebration cakes for a number of national supermarket chains. He cycled to and from his workplace as he wanted to save the travel money. Lewis contributed to all four interviews and also completed an audio diary.

Victoria and David

Victoria
It was Victoria who decided in a moment, giggling, that she and her partner's pseudonyms for this study would be 'David and Victoria'. Victoria was recruited in the Southern site by her Sure Start community midwife. She was 38/40 pregnant at the time and living independently of her family. David had moved in with her to support her. Victoria is first generation British, of Bangladeshi heritage. She hails from a large family. She had left school at 16 and was not in education, employment or training. David and she met while they were each out with friends. They had been 'going out' for a few weeks when Victoria's pregnancy was confirmed. Victoria had had housing problems early on in the pregnancy but this issue was resolved over the course of the study. After earlier tensions in the family, arising from her being pregnant, she and her mother were on good terms. Victoria participated in all four interviews with her partner.

David
David was recruited to the study from the Southern research site. He is first generation British, of Bangladeshi heritage. He was just over 17 years of age when his baby was conceived with his partner Victoria. David has a profound hearing loss and had attended a special educational unit, because of his deafness, for the duration of his school career. David had wanted to go on and do an apprenticeship in men's barbery after he left school, but he had been placed in a hairdressing salon rather than a barbers shop, and he found the nature of the salon work challenged his ideas about men working with women and had thought the work *"not for males"*. David abandoned his hairdressing apprenticeship and had not been in any education or training programme for six months when his baby was conceived with Victoria.

David did not wear his hearing aids as he did not like wearing them. In the four interviews I conducted with him, he preferred to rely on lip reading and some 'signing'. He was also shy, and although he was always engaged in the interview conversations, it was not until our third interview, that he began to speak more. Up to that point, he would encourage Victoria to tell his story, often feeding her trigger or reminder words about a memory or situation he wanted to talk about in the interview. When I met David for the first time, he was living with Victoria in her flat. Before this, he had been living with his mother and younger brother. David's parents were separated and his father had remarried some years earlier. David came from a large family and he had nine brothers and half brothers. He had a good relationship with his father and stepmother, but had had a 'falling out' with his mother and this had prompted him to move in with Victoria.

David and Victoria had not been aware of it at the time they met, but their fathers had known one another back in their home country, as very young men, before they immigrated to Britain in the 1970's. They had in fact, come from the same village in Bangladesh. David was always caring and responsive to Victoria's needs during the interviews. He put pillows behind her back to make her comfortable and made hot drinks during the interviews. The

couple provided a snack for every interview and David sent me on my way after all four of the interviews with a packet of potato crisps and a bottle of cool drink.

Shorti and Skinny

Shorti

17 year old Shorti had grown up in the South East of England. She was living with her mother and her young niece who her mother had adopted following her older sisters' death two years earlier. Shorti reported that her 18 year old sister had died of a pulmonary embolus in the post partum period. Shorti was the youngest in her large family. She reported that her 'much' older father had died a few years earlier and that she missed him very much, as she had been close to him. Shorti had left school at 16 but had never engaged in any education, training, or employment programme. She met Skinny in the South East of England, and a couple of weeks later moved with him to the North of England. She was in contact with her mother. Shorti participated in one interview with her partner Skinny but the couple relocated to the South East immediately after the birth of their baby and I lost contact with them.

Skinny

18 year old Skinny had recently moved to the Northern research site with his partner Shorti. He had been living with his father in the South East of England but he had been asked to leave home by his father as his presence was *'causing arguments'*. He had grown up living between his mother in the North and his father in the South of England. Soon after meeting Shorti, the couple decided to move up 'North' to live because of the perceived easier availability of public housing in the North of England. The couple were living temporarily with Skinny's mother and her partner when I first met them. He and Shorti were being supported in their application for a housing tenancy by the Teenage Pregnancy Support Unit. Skinny had an older sister and a niece living close to his mother's home and a much younger half brother living with his father. His eighteen year old older brother had died a year earlier during a severe asthma attack. Skinny had left school at age 16 and he had never been engaged in any further education or training programmes. He contributed to one interview. At the time of the first interview, his partner Shorty was four months pregnant. I lost contact with Skinny and his partner when they left the Northern research site area.

SpongeBob and RobBob

SpongeBob

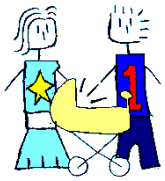
SpongeBob was aged 15 and still at school when I was introduced to her and RobBob by the Teenage Pregnancy Reintegration Officer in the Southern research site. She was still at school and had just had her pregnancy confirmed at 38 weeks gestation. She had been unaware of her pregnancy until a couple of weeks previously when she disclosed her suspicions to RobBob. She was living with her mother. She was in close contact with her father and his second family. SpongeBob and RobBob had been in their relationship for a 'few months'. SpongeBob was due to give birth in the summer holidays and she planned to return to education to start her GCSE year in the September following the birth of the baby. She had lived in the area all her life and had attended one primary, and then one secondary school. The couple planned that RobBob would look after the baby during the day. SpongeBob participated in two interviews with her partner RobBob and then they withdrew from the study.

RobBob

Rob Bob was recruited to the study in the Southern research site. He was just over 18 when

he and SpongeBob, conceived their pregnancy. Rob Bob was living with his mother, a district nurse, and his older sister. He also had an older brother and a young niece and nephew. His father, who had remarried, had a 13 year old daughter, and lived nearby. Rob Bob's parents had lived in the area since he was in Nursery School. Rob Bob had attended Nursery, then Primary and then Secondary school, all in the area. He had left school at 16 and immediately started working with his then girlfriend's brother in the family business, *'painting and decorating, gardening, cutting down trees'.* Rob Bob explained that they had given him the job to *'give me a bit of money so I weren't on the streets...they didn't want me to be a little street rat'.* When I met Rob Bob, he was unemployed for the first time since leaving school. He had lost his job two months earlier after an argument with his friend's father who owned the business he was working for. *'Ever since then I've been trying to find a job'.* Rob Bob took part in two interviews before withdrawing from the study.

Appendix L Letter to young parents



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Tel: 07967485384
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Dear XXXXX and XXXX,

It was very nice meeting the two of you after Christmas and I am so pleased that you have agreed to take part in my research study about the experiences of young and expectant mums and dads.

I am looking forward to seeing you next **Monday the 15th January at 5.30pm** and as I promised, I am writing to give you a few examples of the kind of things that we will talk about in our interview together. I am sending the topics to you so that you do not worry about the interview – **you don't have to do any preparation for it at all.**

Here are some examples, and remember you can also talk about anything that you would like to tell me about your experiences of being an expectant mum and dad up till now.

So here are some examples:

- What does it **feel like** to be an expectant mum / dad?
- How do you feel you are **managing with being pregnant/a father-to-be?**
- What do you **enjoy** about being an expectant mum or dad?
- What has been the **hardest part** about being an expectant parent?
- **What difference** has it made **to you personally** being an expectant parent?
- **Have you changed** in any way? If so **how?**
- **What support have you been given** up till now as an expectant parent by family, friends and health care workers?
- **What are your feelings about the support** you have been given?
- What are your **hopes and dreams for the future for you and your expected baby?**

Remember: There are no right and wrong answers. I am interested in hearing from you about what it feels like for you XXXXX and XXXX and about your views and experiences.

Take care both of you and see you soon.
Regards,

Moira Graham (The researcher)