What are the experiences of young parents of black and minority ethnic origin in England? Researchers from the University of Sheffield explored this question through interviews with young mothers and fathers, their parents, and service providers based in London, Sheffield and Bradford.
Key Findings

- Young parents from all the participating communities placed a high value on motherhood and children. This was especially so for the young people of Muslim faith, where norms concerning younger marriage and parenthood differ from those in the wider community.

- Most young parents had clear career or educational goals and did not view their early parenthood as obstructing the realisation of their aspirations – indeed some of the young women came from families in which ‘successful’ single parenthood had occurred.

- Family support, and the close relationship of the young parent’s mother, was crucial to a positive experience of early parenthood. It is clear that those young parents who have little or no contact with their families experience considerable isolation.

- Young mothers in all three locations described community-based services, such as provided by Sure Start Plus until March 2006, as providing valuable support, but their experience of contacts with doctors in hospital and general practice, and with hospital-based midwives, was far more mixed.

- Young parents and service providers challenged the view that teenage parenthood is wholly negative, but described challenges of negotiating systems and agencies that are meant to provide support e.g. housing and the benefit systems. This often resulted in stress and hardship for young parents and their children.

- Service providers see a need to improve monitoring systems and evaluation frameworks, to ensure that appropriate data on the ethnicity of teenage parents are collected.
Background

The ethnic profile of teenage conceptions and births in the UK has suggested that Bangladeshi, African Caribbean and Pakistani young women are disproportionately represented among pregnant teenagers and teenage mothers. Young people from these groups are also over represented amongst many of the indicators of social and economic disadvantage, such as school exclusions and the numbers looked after by local authorities. Research is lacking, however, on the specific ways in which patterns of disadvantage interact with teenage parenthood within these groups. Comprehensive data concerning dual and multiple ethnic origin young people, a group making up a substantial proportion of the population of under-25s, are missing.

About the study

The research was conducted between 2002 and 2004 in three locations: Sheffield, Bradford and the London boroughs of Lambeth, Lewisham and Southwark. London and Bradford have considerable numbers of ethnic minority young people; Sheffield has a smaller ethnic minority population. The following research methods were used: interviews with 43 service providers, key-stakeholders and Teenage Pregnancy Co-ordinators; focus groups and interviews with 88 young mothers and fathers who were currently teenagers (aged 15-18) or now in their twenties (aged 19-26). Ten mothers of teenage parents were also interviewed.

Almost half the young parents were of dual or multiple ethnic origins. The remaining young people were of African Caribbean origin and a small cohort who described themselves as of Muslim faith (Pakistani, Bangladeshi, Somali, Turkish and Yemeni); the latter group were all married. All participants were afforded the opportunity to self-assign ethnicity, supported by detailed biographical information. The study draws on the concept of ethnicity as ‘situational’ rather than fixed. Data were analysed using the ‘Framework’ approach advocated by the National Centre for Social Research.

Findings

Service providers’ perspectives

“In terms of trying to extract specific data around ethnic groups … it feels as though that hasn’t always been collected.”

(Service provider)

Service providers discussed the challenges of achieving a balance between prevention and support work within the Teenage Pregnancy Strategy. They saw considerable scope to improve monitoring systems and evaluation frameworks to ensure that appropriate data on teenage parenting and ethnicity were collected (where feasible) and analysed, to make service provision and delivery effective and appropriate.

“The young mums I see are very positive about being pregnant and having the baby … they make such a good job of parenting, it’s just the odd one that needs extra support.”

(Service Provider)

Both service providers and young parents challenged the widely held notion that teenage parenthood is wholly negative.
'One size' doesn't fit all
"The girl's side will know about it [unplanned pregnancy], it depends how their parents are like ... it really depends on what type of family you come from."

(Young mother of Muslim faith)

There was considerable diversity of experience both within and between participants of the same ethnic group. Existing stereotypes of behaviour were not reflected in the reality of the lives of the young parents: for example, some young women of Muslim faith were sexually active before marriage. The implication of this for service provision is that generalisations about minority ethnic populations are not possible.

Pride in Parenthood
"I love them [children] and that but, it's 'wicked' having them about."

(Young mother of dual ethnic origin)

Young parents expressed delight in parenting their children. Frequently mentioned features of parenting were the need to ensure that the child knew they were loved, and always being available for the child. The positive dimensions of early parenthood were clearly articulated by the young parents, and contrasted with the reality of daily living, and the challenges of negotiating systems and agencies, such as housing and the benefit system. Such negotiation resulted in stress, hardship and deprivation for the young parents and their children.

Sure Start and Sure Start Plus
"I have got a key worker from Sure Start. There are people like that you can talk to about stuff. My key worker is good ... She's all right."

(Young mother of dual ethnic origin)

Young mothers in all three study locations described community-based services as approachable and as providing valuable support. Community-based midwives funded through Sure Start or Sure Start Plus were identified as particularly helpful. Health visitors and personal advisers from Sure Start and Sure Start Plus were viewed as understanding teenage mothers' experience, and as able to offer appropriate support across a wide range of issues, including healthcare, on benefits and housing.

Hospital Based Maternity Care
"When I went to hospital and giving birth it really affected me, 'cause the way the midwife and the doctors spoke to me, it really really upset me."

(Young mother of African Caribbean origin)

Experiences of contacts with doctors in hospital and general practice and with hospital-based midwives were far more mixed than in the case of community support. Examples of disapproval based on age were given. It is encouraging that the young parents interviewed made few references to experiences of racism and/or discrimination arising from their ethnicity, however, there were some examples of this.

Family support
"Cause she [mother] was just there, she was on the phone if I needed her. She was there if I needed anything like nappies, she was there in a flash. She was just there, totally there 100%.

(Young mother of dual ethnic origin)

Family support, and the close relationship of the young parent's mother, was crucial to a positive experience of early parenthood. Most of the young parents (all ethnicities) had strong family ties and, in the case of young women, close relationships with their
mothers and other family members. African Caribbean and dual ethnic origin young parents often experienced strain or a fracture of this relationship when the young woman disclosed her pregnancy, but the relationship was quickly re-established. Commonly, the young women reported that they had become closer to their mother after the birth, and their mother was their main supporter in terms of childcare and practical and emotional support. Some grandmothers gave up jobs in order to provide this support. Those young parents who have little or no contact with their families experienced considerable isolation.

**Aspirational lives**

“I have 10 GCSEs, and 2 AS levels. Um, like I said um, I'm hoping to do midwifery in three years time or in two and a half years, when he goes to nursery.”

(Young mother of Muslim faith)

Intergenerational differences existed between the young women and their mothers. Many of the young women, from across the ethnic groups, had parents who themselves had become teenage parents, but it seems that the aspirations and educational achievements of the young women differ from previous generations.

Around half of the study sample was educated to GCSE level, and a small number possessed A-level qualifications. The overwhelming majority of young women in this study had clear career aspirations, although their experience of continuing in education was mixed.

**Young fathers**

“I was so happy that somebody would call me Dad”

We interviewed a small number of young fathers who were all uniformly positive about their role and still in a relationship with the mother of their child. They generally felt that services were good, but directed at young mothers, a view endorsed by service providers.

**Conclusions and Policy Implications**

The findings demonstrate the high value that many young parents from black and ethnic minority communities place on parenthood. For some of the young people in the study particularly those of Muslim faith, early parenthood within marriage is not viewed negatively or stigmatised. Policies that focus on reduction of teenage parenthood need to acknowledge the differing perspectives on early parenthood within some cultural groups where there may be extensive family support for teenage parents who are usually married.

Young parents of black and ethnic minority origin do hold clear career and educational goals. Early parenthood was not viewed by the young parents in this study as a barrier to the realisation of these aspirations. It is vital that these young people have the opportunity to realise these aspirations, through further development of policies such as the ‘Care to Learn’ scheme offering financial support for childcare to teenage parents. Knowledge of such initiatives needs to be widely disseminated to both service providers and young parents.

Community based services such as Sure Start Plus were highly regarded by the participants in this study. The lessons from this programme should be reflected in mainstream provision of support for teenage parents by Local Authorities. Training opportunities for both hospital and
community-based health professionals to 

improve interaction with teenage parents 

might be beneficial.

Family support was essential to a positive 

experience of unplanned teenage 

parenthood for the young parents in this 

study. Service providers need to recognise 

this and help re-establish fractured 

relationships.

Service providers see a need to improve 

monitoring systems on ethnicity and 

teenage parenthood. It is vital that an 

accurate knowledge base is established, so 

that local services can be appropriately and 

uniquely configured to meet the needs of 

local populations.

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How to obtain further details

A hard copy of the report is available price 

£7.50 (£4.50 for schools, youth groups and 

voluntary sector organisations) including 

postage and packing (cheques made payable 

to The University of Sheffield) from: 

Dr. Gina Higginbottom, School of Nursing 

and Midwifery, University of Sheffield, 

301 Glossop Road, Sheffield, S10 2HL. 

Alternatively copies are available to 

download at 

www.dfes.gov.uk/teenagepregnancy. Further 

copies of this research briefing are available 

free of charge from Prolog, quoting reference 

TP/DH/RBN6 (tel: 0845 60 222 60; 

dfes@prolog.uk.com).

About the programme

The Teenage Pregnancy Unit (now located 
in the Department of Education & Skills), 
in partnership with the Research and 
Development Division, Department of 
Health commissioned a major programme 
of research under a number of themes in 
order to inform implementation, and 
development, of the Teenage Pregnancy 
Strategy.

Five themes were identified through 
consultation with the Teenage Pregnancy 
Unit’s policy team, other government 
departments, the research community and 
practitioners:

- The impact of growing up in rural and 
  seaside resorts on the sexual behaviour and 
  life-chances of young people.
- Attitudes and behaviour of black and 
  minority ethnic young people relating to 
  sexual activity, contraceptive use and 
  teenage pregnancy.
- Black and minority ethnic young people’s 
  experience of teenage parenthood.
- Educational experiences of pregnant young 
  women and young mothers’ of school age.
- Long term consequences of teenage births 
  for mothers, fathers and their children.

Reports and research briefings from all nine 
projects commissioned under these themes 
are now, or will shortly be, available from 
www.dfes.gov.uk/teenagepregnancy.

The views expressed in this report are the 
authors and do not necessarily reflect those 
of the Department for Education and Skills 
or the Department of Health.