



The Scottish
Government
Riaghaltas na h-Alba

The Experiences of Mothers Aged Under 20: Analysis of Data From the Growing Up in Scotland Study

Health and Social Care



THE EXPERIENCES OF MOTHERS AGED UNDER 20: ANALYSIS OF DATA FROM THE GROWING UP IN SCOTLAND STUDY

**Paul Bradshaw, Lauren Schofield and Linda Maynard
ScotCen Social Research**

Scottish Government Social Research
2014

This report is available on the Scottish Government Publications Website (<http://www.scotland.gov.uk/Publications/Recent>).

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

© Crown copyright 2014

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or e-mail: psi@nationalarchives.gsi.gov.uk

THE EXPERIENCES OF MOTHERS AGED UNDER 20: ANALYSIS OF DATA FROM THE GROWING UP IN SCOTLAND STUDY

**Paul Bradshaw, Lauren Schofield and Linda Maynard
ScotCen Social Research**

Scottish Government Social Research
2014

Table of Contents

EXECUTIVE SUMMARY	4
INTRODUCTION	10
Background to the report	10
The policy context	10
Methods and data	16
Presentation of results	17
2 SOCIO-ECONOMIC CHARACTERISTICS	18
Introduction	18
Key findings	18
Educational qualifications	19
Employment	19
Income and benefits	20
Housing and area	22
3 HOUSEHOLD, FAMILY AND RELATIONSHIPS	24
Introduction	24
Key findings	24
Household composition	25
Social networks and relationships	29
4 MATERNAL HEALTH	32
Introduction	32
Key findings	32
General health	32
Health problems and disabilities	33
Physical and mental wellbeing (SF12)	34
Smoking, alcohol and drugs	35
5 PREGNANCY AND BIRTH	36
Introduction	36
Key findings	36
Self-reported health and illness during pregnancy	36
Vitamin supplements taken during pregnancy	37
Alcohol during pregnancy	38
Smoking during pregnancy	38
Drugs during pregnancy	39
Type of delivery	39
Birth weight	40
6 PARENTAL SUPPORT	41
Introduction	41
Key findings	41
Ante-natal and other parenting classes	41
Contact with Health Visitor and other sources used for advice	42
Sources of information on child health and behaviour	43
Services and individuals child had seen	44
Attitudes to receiving support and services	45
Availability of informal support	47
7 SUMMARY AND CONCLUSION	49
REFERENCES	53
APPENDIX – TABLES OF RESULTS	55

EXECUTIVE SUMMARY

Introduction

The aim of this research was to use data from the Growing Up in Scotland study to explore the characteristics, circumstances and experiences of first-time mothers in Scotland aged under 20 at the time of the child's birth and examine how they compare with those of older mothers in two age groups – those aged 20 to 24 and those aged 25 or older. Understanding the extent to which the challenges that these young mothers face are different to those experienced by mothers aged 20 to 24 and 25 and above helps not only to justify the extra support that teenage mothers receive but also to explore whether some of this extra support might also benefit slightly older mothers. The findings from this report will be crucial in informing the development of the Scottish Government's teenage pregnancy and young parents strategy, due for publication in spring 2015.

Information from children and families in the second birth cohort – which involves 6000 children born between March 2010 and February 2011 – is used to provide a current picture of the circumstances of mothers under 20 from pregnancy through to when their child is aged 10 months old. Data from children and families in the first birth cohort – which involves around 5000 children born between June 2004 and May 2005 – is used to explore how the circumstances and characteristics of mothers who were under 20 at the child's birth change as their child ages from two to six years old.

Findings

Socio-economic characteristics

- When the child was aged 10 months, 17% of mothers aged under 20 had a qualification at Higher Grade or above compared with 50% of mothers in their early twenties and 80% of those aged 25 or older.
- As may be expected, more mothers aged under 20 have qualifications at Higher Grade level or above when their child was aged six than they did when their child was aged two. Although acquisition of qualifications increases as their child grows, even when their child is aged 6, mothers aged under 20 at the time of their child's birth remain the group least likely (by a significant margin) to have these qualifications.
- At 10 months, 21% of mothers under 20 were employed (either full-time or part-time) compared with 55% of those in their early twenties and 83% of those aged 25 or older.
- As the child ages, mothers aged 25 or older remain most likely to be in employment and mothers aged under 20 remain least likely. Employment levels amongst mothers aged under 20 do increase over time however, whilst for other groups they remain similar so that by age six the gap is narrower than at age two.
- 72% of mothers aged under 20 had a household income amongst the lowest 20% of all family incomes at 10 months (the bottom 'quintile'). By

comparison, the same was true for 40% of mothers aged 20 to 24 and just 12% of those aged 25 or older.

- At all age points, mothers aged under 20 are significantly more likely than other mothers to be in the lowest income quintile.
- Mothers under 20 are considerably more reliant on state benefits and tax credits than are older mothers. This position remains as the child ages.
- The majority of mothers aged under 20 lived in social rented housing and were the group most likely to do so. The figure increased over time with a corresponding decrease in the proportion living in owner-occupied housing.
- Mothers aged under 20 are more likely than older mothers to live in the most deprived areas. The gap between them and those aged 25 or older does not change over time.
- In all measures of socio-economic characteristics, mothers aged 20-24 fall between those younger and older. As such they are in a relatively advantaged position when compared with the youngest group – having more qualifications, more likely to be in employment and having higher average incomes – yet nevertheless at a significant disadvantage when compared with older mothers.

Household, family and relationships

- When the child is aged 10 months, mothers aged under 20 were less likely to be living with the child's biological father. The figures differ starkly by age on this measure. 30% of mothers aged under 20 live with the child's father compared with 56% of those in their early twenties and 89% of those aged 25 or older.
- By the child's sixth birthday, mothers aged under 20 are still more likely than older mothers to be lone parents. However, a significant number who were lone parents when the child was aged two, now have partners.
- At age 2, the vast majority of mothers – across all age groups – still have only one child. By age 6, 41% of mothers aged under 20 have two children and 18% have three or more compared with 53% and 8% for mothers aged 20-24 and 57% and 9% for mothers aged 25 or older.
- Mothers aged under 20 are particularly more likely to live in the same household as a grandparent of the child. The proportion reduces over time – from 21% at age two to 9% at age six.
- Younger mothers are more likely than older mothers to live in both smaller and larger households. 38% of those aged under 20 live with the child only and 15% live with four or more people compared with just 8% and 2% of mothers in the oldest group.
- Mothers of all ages report feeling close to most of their family, a position which does not change over time.
- However, there are differences by maternal age in relation to friendships which appear, on the whole, weaker for younger mothers (aged under 25) than older mothers. Again, this trend remains over time.
- Younger mothers also tend to report a smaller group of close friends than older mothers. This changes steadily with maternal age; it is less common amongst those in their early twenties and least common amongst those aged 25 or older.

- Amongst those families where the child's father is not resident, all children, irrespective of their mother's age, are just as likely to have some contact with their father.
- Amongst those mothers who live with a partner, younger mothers – and particularly teenagers - appear to have more difficult relationships with their partners than do older mothers.

Maternal health

- Mothers aged under 20 and those in their early twenties rated themselves similarly in relation to general health and mental wellbeing. On each of these measures, they reported poorer health than those aged 25 or older.
- In terms of perceived general health there was little change in the difference between groups over time. When the child was aged six, mothers aged under 25 remained more likely than older mothers to rate their health more poorly.
- There were no differences by maternal age in the prevalence of longstanding health conditions when the child was aged two. However, by age six, whilst prevalence had increased for mothers in all age groups, it had done so more sharply for mothers aged under 20 making them most likely to have such a condition at this stage.
- Smoking was more common amongst mothers aged under 20 than those in other age groups. Prevalence amongst mothers aged under 20 and those in their early twenties was relatively similar and quite distinct to that amongst mothers aged 25 and over.
- Patterns of alcohol consumption were different. Whilst mothers in all age groups were just as likely to drink alcohol, those aged 25 and older tended to do so more frequently but to consume fewer units when they did. In contrast, mothers aged under 20 tended to drink less often but consume more units. Those in their early twenties fell somewhere in between.
- Mothers in all age groups were also similarly likely to have ever taken drugs but those aged under 25 were more likely than older mothers to have done so in the last year.

Pregnancy and birth

- Mothers aged under 20 tended to report poorer health *behaviours* during their pregnancy. Compared with older mothers, they were less likely to use supplements such as folic acid and vitamin D, more likely to smoke and, amongst those who smoked when they became pregnant, less likely to stop. They also had poorer perceptions of their general health during pregnancy.
- Mothers in their early twenties reported more positive health behaviours during their pregnancy than those aged under 20, but they remained significantly poorer than for mothers aged 25 or older.
- There were many positives though. Mothers aged under 20 were less likely to have drunk alcohol during pregnancy, more likely to have had a normal birth (without assistance or a caesarean section) and to perceive the birth as a positive experience – reporting it to be better or much better than they expected.

- In relation to lower use of folic acid prior to pregnancy and smoking, the behaviour of mothers aged under 20 was distinct from all other mothers. However, use of vitamin D, alcohol consumption and birth experience were all quite similar for mothers aged under 20 and those aged 20-24.
- Mothers aged under 20 and those aged 20 to 24 were less likely than those aged 25 years to report that they had kept ‘very well’ during their pregnancy (45% and 48% compared with 57%). In contrast, the proportion of those who reported that they were ‘not very well’ or ‘not at all well’ was similar in the youngest and oldest age groups (15%/14%) and slightly higher amongst the middle age group (21%).
- There were no notable differences¹ by maternal age in the prevalence of low birth weight, premature birth or having an illness or problem during pregnancy.

Parental support

- Mothers aged under 20 were less likely to have attended ante-natal classes. Attendance increases with age. There is a more significant distinction between those over and under 25 than between the two youngest groups.
- When their child was aged two and four, mothers aged under 20 were more likely than older mothers to report having seen their health visitor in the last year (69% and 41% for mothers aged under 20 at ages two and four respectively, compared with 62% and 32% for mothers in their early twenties and those aged 25 or older).
- Overall, younger mothers were less likely to have sought out or used a range of sources of support such as the play@home booklet, ChildSmile services, or parenting classes.
- Seeking information or advice on child health is less common amongst all mothers when their child was aged six than when they were aged two. However, at all age points mothers aged under 20 are least likely to have sought information or advice.
- Younger mothers, mothers aged under 20 in particular, seem more wary of seeking formal support, and less sure about who to ask for advice.
- Notably, whilst for other mothers attitudes towards formal support do not change while their child move from age two to four, for mothers aged under 20 they become more negative during the same period.
- Between ages two and four, for mothers aged under 20 they become more negative. All mothers most preferred to receive parenting information and advice in person, on a one-to-one basis. Younger mothers were less likely than older mothers to prefer receiving advice via a seminar or group and more likely to prefer informal sources such as family or friends.
- Mothers under 25 were more likely than those aged 25 or older to say that finding childcare at short-notice from family or friends would be ‘very easy’. They reported greater ease with this than older mothers at all ages though differences were smaller at age six.

¹ Though some small, statistically significant differences are evident.

Conclusion

The findings from this report confirm much that is already known about the circumstances and experiences of mothers aged under 20 compared with older mothers. For example, the significant socio-economic disadvantage they face – in terms of lower educational qualifications, lower employment levels and lower income. This fundamental disadvantage underlies many of the other differences shown here. Therefore, addressing these issues would have particular impact in reducing inequality more broadly between younger and older parents.

However, these findings go beyond this existing knowledge providing further insight into perhaps lesser known differences – and similarities – between younger and older mothers including, in particular, between mothers aged under 20 at the child's birth and those who are just a little older - in their early twenties. In all measures of socio-economic characteristics, for example, mothers aged 20-24 are in a relatively advantaged position when compared with the youngest group yet are nevertheless at a significant disadvantage when compared with older mothers. Addressing these issues would therefore have particular impact in reducing inequality more broadly between younger and older parents. In a range of research using GUS data, maternal age has rarely emerged as a factor independently associated with child outcomes. Those findings suggest, instead, that child outcomes are influenced more by the behaviours, experiences and circumstances of parents than by their age. As such, younger mothers who exhibit protective behaviours – such as frequent reading to their child and a healthy lifestyle - and who provide a secure and stable environment, have similar chances of raising children with positive outcomes as older mothers who do the same. The key difference is that their more challenging starting point – a pregnancy which is often unplanned, an unstable relationship, lack of educational qualifications, and a peer group who largely don't have children – makes it considerably more difficult for mothers under 20 to achieve the security and stability necessary to develop and support positive child outcomes.

Additional support to allow young parents – particularly those under 20 - the opportunity to continue their education or training would benefit them, and their children, in many positive ways. Widening the availability of and access to affordable childcare is also important and would support more opportunities for education or training, and employment.

In measures of both general health and mental wellbeing, mothers aged under 25 rated themselves more poorly than mothers aged over 25. This is a somewhat unexpected finding given that younger age would more commonly be associated with better health. It is possible that the poorer health behaviours and greater socio-economic disadvantage observed amongst younger mothers counteract their youthfulness.

Parental physical and mental health and health behaviours are known to be associated with child outcomes. Those parents with better health themselves, and who practice better health behaviours – such as not smoking, better diet, more physical activity – are more likely to have children with better health and health behaviours. Thus smoking cessation programmes aimed at teenagers,

and perhaps specifically at pregnant mothers aged under 20, would be beneficial for improving the health of mothers and their children. Indeed, mothers in their early twenties, with significantly higher smoking rates than those aged 25 or older, may also benefit from some targeted intervention in this respect.

Mothers under 20 are more wary of formal support services and more reluctant to use them than older mothers. Those in their early twenties, whilst being less wary of professional support and more confident about who to ask, are nevertheless less sure than older mothers of seeking and receiving parenting support. These trends have significant implications for the delivery of parenting support for young mothers. There have already been a number of interventions delivered in Scotland aimed at improving the parenting capacity of teenagers. It is important that the experiences and outcomes from these interventions are shared and reflected upon, along with the findings here. This will ensure that as a national approach to increased parenting support and improved decision making on health behaviours is adopted, the specific perceptions of and attitudes towards support amongst teenage parents are better understood and their needs more widely met.

Across many of the domains of health, parenting and social life considered here, the circumstances, behaviours and experiences of mothers aged 20-24, whilst often being relatively positive when compared with those aged under 20, are still more negative than for older mothers. Their similarly poor general and mental health and health behaviours, including during pregnancy, are of note alongside their lower use of parenting support – such as ante-natal classes – and more negative attitude towards such support. As such, some consideration should also be given to enhancing the support offered to parents in this slightly older age group.

INTRODUCTION

Background to the report

- 1.1 The aim of this research was to use existing data from the Growing Up in Scotland (GUS) study to explore the characteristics, circumstances and experiences of mothers aged under 20 in Scotland and examine how they compare with those of older mothers. Understanding the extent to which the challenges that these young mothers face are different to those experienced by mothers aged 20 to 24 and 25 and above helps not only to justify the extra support that teenage mothers receive but also to explore whether some of this extra support might also benefit slightly older mothers.
- 1.2 GUS is an important longitudinal research project aimed at tracking the lives of several cohorts of Scottish children through the early years and beyond. The study is funded by the Scottish Government and carried out by ScotCen Social Research. GUS provides crucial evidence for the long-term monitoring and evaluation of policies for children, with a specific focus on the early years. The study collects a wide range of information about children and their families - the main areas covered include childcare, education, parenting, health and social inclusion.
- 1.3 GUS launched in 2005 with two cohorts of children. The youngest of these, the first birth cohort, involves a nationally representative sample of around 5200 children who were all born in 2004 or 2005. Data was collected annually from these children and their families, from the time when the cohort child was aged 10 months until they were six years old. A second birth cohort was recruited to the study in 2011. This cohort consists of a nationally representative sample of around 6100 children who were all born in 2010 or 2011. The initial wave of data collection occurred when the child was 10 months old.
- 1.4 GUS data offer a unique opportunity to more fully understand the characteristics, circumstances and experiences of mothers aged under 20 in Scotland and how these compare to those of older mothers. In addition, through utilisation of data from the first birth cohort (BC1), in which children were born in 2004/05, it is possible to map the pathways of mothers – for example in relation to their relationships or socio-economic circumstances – from the time of their child’s birth up to his or her sixth birthday.

The policy context

- 1.5 Policies and initiatives supporting teenage and young parents in Scotland have emerged from a range of inter-related social policy frameworks. Underpinning these is the National Performance Framework which has provided focus to all policy development since 2007 (Scottish Government, 2011). Reflecting the growing awareness of the importance of early years (particularly pre-birth to three years of age) for the long-term health, wellbeing, learning and life chances of Scotland’s population, this

Framework established the policy emphasis on the avoidance of negative settings in the early years.

- 1.6 This in turn led to a number of other policy frameworks which impact directly or indirectly on young parents. These are in turn reinforced by policies that are consistent with the principles of Getting it Right for Every Child (GIRFEC)², a distinctively Scottish multi-agency approach to improving outcomes for all children. Foremost among these is Early Years Framework.³ Developed under the new arrangements for partnership working between the Scottish Government and the Convention of Scottish Local Authorities (COSLA), this long-term strategy addresses the needs of families with children from pre-birth to age eight. A central theme is the reduction of inequalities, particularly health inequalities. Its broad strategic approach towards achieving better outcomes for Scotland's children includes not just development of specific support services for children and families but also consideration of how other key determinants of health and well being impact on outcomes for children. The parenting task group for the Framework recognised that:

Every child has the right to be planned for, prepared for and parented by adults who are aware of and responsive to their growing needs. We have a duty to support parents in developing the skills and capacities that will help them make the most of their role as parents, provide services which assist families with this responsibility and target support to those who need assistance to access those services [3.2]. (Parenting Task Force, 2008)

- 1.7 At the same time it acknowledged that some parents, including teenage parents, faced particular challenges in supporting positive outcomes for their children.
- 1.8 Alongside this, a number of other inter-related frameworks have been put in place to address specific inequalities relating to health, deprivation and social inclusion. Equally Well⁴ recommends creating healthy environments that promote healthy lifestyles for children. Achieving Our Potential⁵ acknowledges the risks faced by children and young people who experience poverty and that many children and young people are being held back by social and economic factors that limit their chances of escaping poverty when they are older. The Child Poverty Strategy for Scotland⁶ sets out the Scottish Government's approach to tackling these risks by maximising household resources, improving children's life chances, addressing area-based disadvantage and working with local partners.

² Getting it Right for Every Child <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications>

³ Early Years Framework (2009) <http://www.scotland.gov.uk/Publications/2009/01/13095148/1>

⁴ Equally Well (2008) <http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

⁵ Achieving Our Potential (2008) <http://www.scotland.gov.uk/Publications/2008/11/20103815/6>

⁶ Child Poverty Strategy for Scotland (2011) <http://www.scotland.gov.uk/Publications/2011/03/14094421/6>

- 1.9 There have also been significant policy developments relating to the education and training of young people. The Curriculum for Excellence⁷ was rolled out in August 2010 and aims to increase the quantity and quality of education about, and preparation for, motherhood. This includes information and support about contraception, family planning, relationships and child health/development. From April 2012, Opportunities for All guaranteed all 16-19 year olds an offer of an appropriate place in learning or education.⁸ Building on these, the Post-16 Transitions Framework⁹ aims to engage all young people in education or training. In recognition of the need to treat young people as individuals, it calls on partners delivering the model to monitor the circumstances of young parents and help them to re-engage with education or training when they are in a position to do so.
- 1.10 Reinforcing this policy focus on the early years is the preventative spend agenda. An enquiry led by the Scottish Parliament's Finance Committee recommended prioritising funding for early years' initiatives in recognition of the importance of positive child development upon national wellbeing across a wide range of indicators.¹⁰ The establishment of the Early Years Taskforce in November 2011, alongside the Early Years Change Fund and, more recently, the Early Years Collaborative, demonstrates the firm commitment from Scottish Government to shifting the balance of public services towards early intervention and prevention.
- 1.11 The Early Years Taskforce was established to develop the strategic direction for the early years change programme and co-ordinate policy across Government and the wider public sector to ensure that early years spending is prioritised by the whole public sector. The objective of the four year £270m Early Years Change Fund is to convert the high level principles set out in the Early Years Framework into practical action. In addition to this, the Scottish Government and the Big Lottery Fund have established a £4.5 million Communities and Families Fund to support community-based solutions to family support and early learning and childcare.
- 1.12 In October 2012, the Scottish Government published its Parenting Strategy thereby formalising its commitment to providing better support to all parents.¹¹ Emphasising the need to move towards a culture where parents feel encouraged to seek support, the Strategy seeks to:

⁷ Curriculum for Excellence

⁸ Scottish government press release, 1 April 2012

<http://www.scotland.gov.uk/News/Releases/2012/04/opportunities-for-all01042012>

⁹ Post-16 Transitions: Policy and Practice Framework (2012)

<http://www.scotland.gov.uk/Resource/0040/00408819.pdf>

¹⁰ Finance Committee Report on Preventative Spending (2011)

<http://www.scottish.parliament.uk/s3/committees/finance/reports-11/fir11-01.htm>

¹¹ National Parenting Strategy (2012)

<http://www.scotland.gov.uk/Resource/0040/00403769.pdf>

- Ensure all parents have easy access to clear, concise information on everything from pregnancy to the teenage years and beyond
- Offer informed, coordinated support to enable parents to develop their parenting skills, whatever their need, wherever they live, whether they live together or apart
- Take steps to improve the availability of – and access to – early learning, childcare and out-of-school care, taking into account parents in rural areas and those who work irregular hours
- Provide targeted support to families facing additional pressures that impact on day-to-day parenting
- Acknowledge and address the wider issues that can affect parents' abilities to provide a nurturing environment and care for their child.

- 1.13 The concept of 'progressive universalism' informs this strategy. Some services and support will be available to all prospective and actual parents. Additional support will be targeted at those requiring it to reach a basic standard of parenting.
- 1.14 This steer towards progressive universalism is echoed in the Children and Young People's Bill. In line with the goal to make employment, education and training more accessible for all parents, it proposes an increase to 600 hours of funded early learning and childcare for 3- and 4-year olds. (A recent amendment to the Bill has now extended this provision to disadvantaged 2 year olds.) Local authorities will be obliged to increase the flexibility and expand their provision of early learning and childcare. Every child will have a Named Person from birth up to leaving school who will act as a point of contact for the child or young person and their parents/carers when seeking information or advice.
- 1.15 Amongst these broader policy developments there have been more recent moves amongst Scottish policymakers to consider issues specifically around teenage pregnancy and parenthood. In 2013, the Scottish Parliament Health and Sport Committee undertook an inquiry into teenage pregnancy. The inquiry sought to examine ongoing work directed at reducing unplanned teenage pregnancy and explore what additional support could be offered to young people at risk of pregnancy or who have a child very young. Amongst other things, the Committee's report (Scottish Parliament Health and Sport Committee, 2013) recommended that the Scottish Government develop a new national strategy for tackling teenage pregnancy. In their response to the report (Scottish Government, 2013), the Scottish Government have committed to doing so, building on the National Parenting Strategy published in 2012. The teenage pregnancy and young parents strategy is expected to be published in Spring 2015.

Parenting support programmes

- 1.16 Over the last decade, the Scottish Government and local authorities have supported the introduction of a range of interventions focused on improving parenting capacity through the delivery of parenting support and education. Recent initiatives providing targeted support directed at young, first-time mothers include the Family Nurse Partnership and You First:
- The You First initiative was developed by Barnardo's and funded by the Scottish Government (Black *et al*, 2012). It provides training, peer support, experiential learning and connects young parents with local universal and specialist services. The initiative is targeted at vulnerable parents aged 21 and under, with a child under the age of one, who live in the 15% most deprived areas in Scotland. Originally piloted in three areas, the programme was expanded to cover a further eight areas in 2012. The Family Nurse Partnership (FNP) programme is aimed at first-time teenage parents and is delivered from early pregnancy until the child reaches 2. The programme is provided in a number of health board areas across Scotland, starting in Lothian¹² and Tayside and extending to Fife, Glasgow, Highland and Ayrshire and Arran. It is a preventative programme offered to all pregnant teenagers within the pilot areas and is delivered by highly-trained nurses through a one-to-one home visiting service. It begins in early pregnancy and is orientated to the future health and well-being of the child and is intensive enough to make a difference. It is intended to fill a gap in the continuum of the progressive universal Health for all Children (HALL 4) programme. The National Parent Strategy announced that FNP will be extended to five NHS boards by the end of 2013 and that the Scottish government is committed to further areas for extension of the scheme.
 - In 2013, the Scottish Government began work with NHS Lothian to develop a teenage pregnancy pathway.
- 1.17 Examples of other targeted initiatives at a local level include the teenage parents project developed in response to the identification of specific issues facing young parents in the Levenmouth area of Fife (Reid Howie Associates, 2010). Funded by a grant from the Fairer Scotland Fund, this project was delivered through the Health and Well Being Alliance. It provided one to one and group support to teenage parents and pregnant teenagers aged 16-19. The Transforming Lives Young Lone Parents Project in North Lanarkshire tailored a programme of support to young

¹² Mothers recruited into the Lothian FNP had expected birth dates in 2010 and 2011. These birth dates meant they were also eligible for recruitment to the second birth cohort (BC2) of the Growing Up in Scotland study. Attempts were made to incorporate as many FNP mothers into BC2 as possible. However, ethical restrictions placed on the recruitment process requiring an opt-in process made this difficult in practice. The team received contact information for just 37 FNP participants and a successful interview was obtained with only 24 of this group. This makes statistically robust separate analysis of this group impossible. Nevertheless, the wider group of younger mothers involved in GUS BC2 represent the national peer group of FNP mothers and may therefore be considered to be broadly representative of that group.

pregnant teenagers and young parents aged between 13 - 21 years. It was funded by the STV Appeal and Scottish Government.

Changes to the welfare system

- 1.18 The development of improved support for mothers under 20 has occurred, and continues to occur, alongside significant changes to the UK welfare system. In 2007, the DWP Green Paper *In Work, Better Off* (DWP, 2007) put forward a range of proposals which were designed “to raise the employment rate to 80%, to reduce the numbers of working age people who are dependent on benefit and continue to close the employment gaps between different groups”. Many of the welfare changes have the potential to affect mothers under 20, particularly because they are more likely than older mothers to be, and remain, lone parents.
- 1.19 Lone Parent Obligations, for example, were introduced in November 2008. At that time, most lone parents with a youngest child aged 12 or over lost entitlement to Income Support solely on the grounds of being a lone parent. The age of the youngest child was lowered to ten in October 2009 and to seven from October 2010. In 2012, the Welfare Reform Bill 2011 changed the eligible age of the oldest child to five.
- 1.20 On becoming ineligible for Income Support, many lone parents become eligible for and thus move onto Jobseeker’s Allowance (JSA). Continued receipt of JSA, for all recipients not just lone parents, is subject to a number of conditions including that recipients are willing and able to take up work; are actively seeking work and able to demonstrate doing so, and attend regular jobsearch reviews (sign on). JSA can be removed as a ‘sanction’ whenever any of these conditions, and various others – including losing a job for misconduct or leaving without ‘just cause’ – are breached.
- 1.21 The Welfare Reform Bill 2011 also sets out plans to reform the welfare system by introducing a Universal Credit, expected to be introduced from October 2013. Universal Credit will provide a new system of means-tested support for working-age people who are in or out of work. Support for housing costs, children and childcare costs will be integrated in the new benefit.
- 1.22 The changes which have already taken place and those which are anticipated when Universal Credit is introduced, have raised a number of concerns in relation to young, single parents – relevant, in particular to mothers under 20. A range of research has already been undertaken to explore these concerns and examine the impact of these changes on lone parent families (Gingerbread, 2012; Haux *et al*, 2012; McHardy, 2013; Colman and Riley, 2012). This research has highlighted a significant number of issues and challenges experienced by lone parents as they have attempted to make the transition from income support to JSA and/or into employment. Of particular significance amongst these have been issues related to a lack of suitably flexible employment opportunities and corresponding affordable and available childcare.

Methods and data

- 1.23 The report presents findings from cross-sectional analyses of data on first-time mothers from the Growing Up in Scotland study. It utilises data from each of the two birth cohorts involved in the study and, for the older cohort, from multiple sweeps of data collection (i.e. when the child is of different ages). In all analyses, the experiences and outcomes for mothers aged under 20 are compared with those of older first-time mothers. For this purpose, the older group was separated into two sub-groups: those aged between 20 and 24, and those aged 25 or older. Data is compared across all three age groups. The mother's age always refers to that at the time of the child's birth.
- 1.24 The first set of analyses uses data from sweep one of the second birth cohort (BC2) collected in 2011. Children in this cohort were born in 2010/11. This analysis therefore represents a 'current' picture of the circumstances, experiences and behaviours of Scottish mothers aged under 20 when their child is aged 10 months old. Furthermore, as noted earlier, the population of mothers included in this cohort reflects the direct, national peer group of those mothers involved in the FNP pilot programmes in Lothian and Tayside.
- 1.25 Currently, the cut-off for support delivered via the FNP programme is when the child reaches two years of age. Thus the focus of the second set of analyses was to explore the pathways of first-time teenage parents from that point onwards. These analyses used data from the first birth cohort in GUS (BC1). Children in BC1 were born in 2004/05 and data was collected annually from 2005 to 2011, as the children aged from 10 months and to six years. Data from multiple age points is therefore used to explore how the circumstances, characteristics and experiences of first-time mothers aged under 20 change over time, in comparison to older mothers. More specifically, the analysis examined how circumstances when their child is aged two compare with those when their child is older – at age 3, 4, 5 or 6 - for mothers in different age groups.
- 1.26 To undertake this second set of analyses, a set of key variables of interest was identified, all of which were available in the age 2 dataset and at least one, but often more, of the later datasets. Results for those mothers who were teenagers at the time of the child's birth, for whom the child was their first born, and who have data at each time point (n varies from 221 to 134) were compared with those of older mothers (based on the definition noted earlier: those aged between 20 and 24, and those aged 25 or older) at each 'sweep' or time point – corresponding with the child's age. Change over time for mothers in each age group was identified. For example, the analysis shows that when the child was aged two years old (using data from sweep two)¹³, 64% of mothers aged under 20 were living as lone parents. By the time the child was aged six, this had decreased to 45% –

¹³ More precisely, at sweep two the cohort children were aged around 22 months – just under 2 years old. The same rule applies at all subsequent sweeps, i.e. at sweep three the child is aged just under three years old and so on.

a change of 19 percentage points. In comparison, 7% of older mothers (aged 25 or older) were living as lone parents when their child was aged 2, increasing very slightly to 10% at age 6.

- 1.27 Any findings which refer to the child at 10 months are taken from sweep 1 of BC2 – data collected in 2011. Findings which refer to the child at older ages (ages two to six years) are taken from sweeps two to six of BC1 – data collected between 2006 and 2012. Thus the ‘trend by child’s age’ data refers to a different population of mothers than the ‘current circumstances’ data.

Presentation of results

- 1.28 All figures quoted in this report have an associated margin of error, due to the fact that they are estimates based on only a sample of children, rather than all children. This margin can be estimated for each figure. For a figure which has a significance value (or p-value) of < .05 or 95%, this indicates that there is a 95% chance that the true value across all children in the population subgroup (as opposed to just those in the sample) falls within the margin. Unless otherwise stated, only statistically significant differences (between subgroups) are commented on in the text. This is true at the 95% confidence limit.
- 1.29 All tables and graphs have a descriptive and numerical base showing the population or population sub-group examined in it. While all results have been calculated using weighted data (to compensate for differential non-response and sample drop-out across the subgroups included in GUS), the bases shown provide the unweighted counts. It should therefore be noted that the results and bases presented cannot be used to calculate how many respondents gave a certain answer.
- 1.30 Tables were created in SPSS v18 using the Complex Samples module. This module generates robust standard errors that take sample design features, such as clustering, into account. The commands identify the sample clusters; the between- and within-cluster variances are then used to generate robust standard errors.

2 SOCIO-ECONOMIC CHARACTERISTICS

Introduction

2.1 The first section compares the socio-economic characteristics of mothers aged under 20 – in terms of their educational qualifications, employment and economic activity and household income – with those of older mothers aged 20-24 and 25 or older. Differences in housing tenure and area deprivation are also explored. This chapter therefore presents the important and influential context within which young mothers start their parental journey and within which the findings in subsequent chapters should be considered.

Key findings

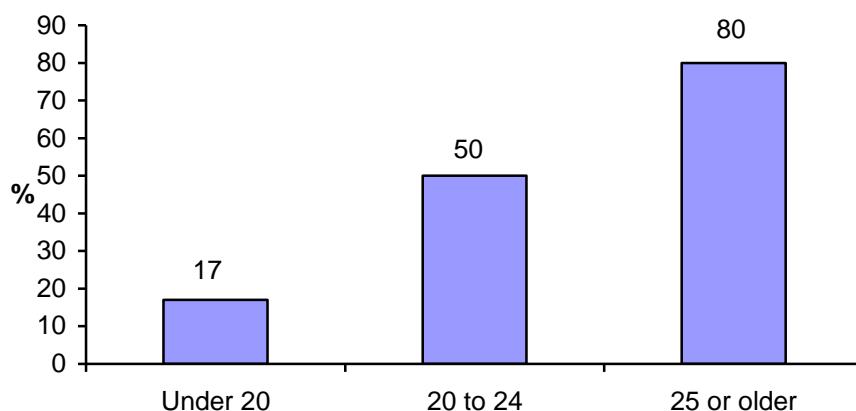
- When the child was aged 10 months, 17% of mothers aged under 20 had a qualification at Higher Grade or above compared with 50% of mothers in their early twenties and 80% of those aged 25 or older.
- As may be expected, more mothers aged under 20 have qualifications at Higher Grade level or above when their child was aged six than they did when their child was aged two. Although acquisition of qualifications increases as their child grows, even when their child is aged 6, mothers aged under 20 at the time of their child's birth remain the group least likely (by a significant margin) to have these qualifications.
- At 10 months, 21% of mothers under 20 were employed (either full-time or part-time) compared with 55% of those in their early twenties and 83% of those aged 25 or older.
- As the child ages, mothers aged 25 or older remain most likely to be in employment and mothers aged under 20 remain least likely. Employment levels amongst mothers aged under 20 do increase over time however, whilst for other groups they remain similar so that by age six the gap is narrower than at age two.
- 72% of mothers aged under 20 had a household income amongst the lowest 20% of all family incomes at 10 months (the bottom 'quintile'). By comparison, the same was true for 40% of mothers aged 20 to 24 and just 12% of those aged 25 or older.
- At all age points, mothers aged under 20 are significantly more likely than other mothers to be in the lowest income quintile.
- Mothers under 20 are considerably more reliant on state benefits and tax credits than are older mothers. This position remains as the child ages.
- The majority of mothers aged under 20 lived in social rented housing and were the group most likely to do so. The figure increased over time with a corresponding decrease in the proportion living in owner-occupied housing.
- Mothers aged under 20 are more likely than older mothers to live in the most deprived areas. The gap between them and those aged 25 or older does not change over time.
- In all measures of socio-economic characteristics, mothers aged 20-24 fall between those younger and older. As such they are in a relatively advantaged position when compared with the youngest group – having more qualifications, more likely to be in employment and having higher average

incomes – yet nevertheless at a significant disadvantage when compared with older mothers.

Educational qualifications

- 2.2 With many mothers under 20 falling pregnant before completing school certification course such as Standard Grades and Higher Grades, it is unsurprising that their qualification levels are significantly lower than those of mothers in their early twenties and those aged 25 or older (Figure 2-A). When the child was aged 10 months, 17% of mothers aged under 20 had a qualification at Higher Grade or above compared with 50% of mothers in their early twenties and 80% of those aged 25 or older.

Figure 2-A % of mothers with a qualification at Higher Grade or above when child was aged 10 months, by maternal age at child's birth



- 2.3 The trend data (Table 2.2¹⁴) shows that mothers aged under 20 do resume their education following the child's birth, but nevertheless continue to have significantly lower qualifications than all older mothers. When the child was aged two, around a quarter (24%) of mothers aged under 20 had achieved a qualification at Higher Grade or above compared with three-quarters (76%) of older mothers. By age six this gap had reduced, however, with the proportion of mothers aged under 20 holding these qualifications increasing to 37% whilst the figure for older mothers changing only slightly to 77%.

Employment

- 2.4 When their child was aged 10 months old, mothers aged under 20 were significantly less likely to be in employment (including on maternity leave) than those aged 20 or over (Table 2.3). As maternal age increased, so too did likelihood of employment. At 10 months, 21% of mothers under 20 were employed compared with 55% of those in their early twenties and 83% of those aged 25 or older.

¹⁴ All tables are included in the appendix.

- 2.5 The patterns of economic activity for mothers in the different age groups continue to vary at ages two, four and six (Table 2.4). 28% of mothers aged under 20 were in employment when the child was aged two, a significantly lower proportion than the 79% of mothers aged 25 or older who were employed. Employment rates amongst mothers aged under 20 did increase over time however, reaching 43% by age six, though this was still considerably lower than for older mothers whose rate remained similar.
- 2.6 Those mothers who were not employed were mostly not in education or training, nor were they looking for work. Most mothers in all age groups said they were looking after the home or family¹⁵. Mothers aged under 20 were more likely to say they were doing this at all sweeps of the data, which is unsurprising given their lower propensity to be employed.

Income and benefits

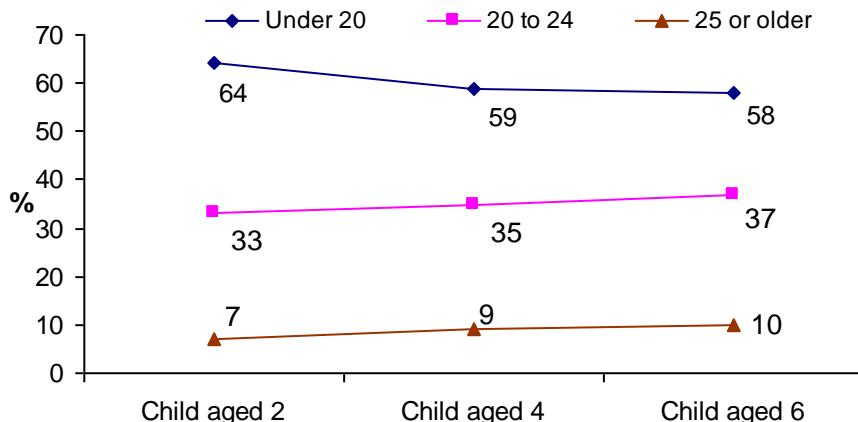
***Equivalised income*¹⁶**

- 2.7 Most mothers aged under 20 (72%) had a household income amongst the lowest 20% of all family incomes at 10 months (Table 2.5). By comparison, the same was true for 40% of mothers aged 20 to 24 and just 12% of those aged 25 or older.
- 2.8 The proportion of mothers in the youngest group with this low level of income reduced slightly over time - from 64% at age two to 58% at age six (Table 2.6, Figure 2-B). Nevertheless, they remain the age group most likely to have incomes at this level. At least one-third of mothers in their early twenties were also in the lowest income group at each age point. They were more likely to have relatively lower incomes at age six than age two (the proportion in the lowest income group increasing from 33% to 37%). With the proportion of older mothers in the lowest income group also increasing very slightly over time (from 7% to 10% at age six) the gap between the youngest and oldest groups decreased slightly but nevertheless remained hugely disproportionate.

¹⁵ More than one response could be given at this question

¹⁶ The income that a household needs to attain a given standard of living will depend on its size and composition. For example, a couple with dependent children will need a higher income than a single person with no children to attain the same material living standards. "Equivalisation" means adjusting a household's income for size and composition so that we can look at the incomes of all households on a comparable basis.

Figure 2-B % of mothers with an annual equivalised household income in the bottom quintile by child's age and maternal age at child's birth



Receipt of benefits and tax credits

- 2.9 With significantly lower employment rates, it is perhaps unsurprising that mothers aged under 20 are considerably more reliant than older mothers on welfare benefits and tax credits for income (Table 2.7). For example, around nine out of ten (89%) mothers under 20 were in receipt of child tax credit when the child was ten months old compared with around four in ten mothers aged 25 or older (41%). Those in their early twenties, whilst less likely (77%) than mothers in the youngest group to receive child tax credit, were nonetheless significantly more likely than the oldest mothers to do so.
- 2.10 Although less likely to be employed than those aged 25 or older, amongst those who were, mothers aged under 20 were more likely to be receiving working tax credit (19% compared with 15%). However, mothers in their early twenties were significantly more likely than those younger and older to be receiving working tax credit (33% did so when the child was aged 10 months old). This suggests that the jobs held particularly by mothers aged 20 to 24 and those aged under 20 are more often low-paid and/or with fewer hours. Indeed, 86% of mothers aged under 20 who worked and 78% of mothers aged 20-24 who worked did so for less than 35 hours per week compared with 53% of mothers aged 25 or older.
- 2.11 The trend data suggests that mothers aged under 20 and aged 20 to 24 continue to be more likely than those aged 25 or older to claim tax credits as the child ages¹⁷ (Table 2.8). However, whilst the proportion of mothers aged under 20 receiving working tax credit increased between ages two and six (from 30% to 41%) for older mothers it decreased (from 44% to

¹⁷ Note some caution is necessary when applying these trends to younger mothers in the new cohort. The trend data for the first birth cohort represents a period when eligibility for various tax credits and benefits was wider than it is for the second birth cohort. These changes, along with the many other welfare changes which have been, or will soon be, implemented, may see trends in benefit receipt and patterns of employment vary for parents in BC2 compared with BC1.

35% for those aged 20 to 24 and from 21% to 17% for those aged 25 or older).

- 2.12 The proportion claiming child tax credits remains stable over time for those under the age of 25 and is considerably higher than for mothers aged 25 or older at both time points. Indeed, the proportion of older mothers receiving this tax credit decreases from 69% to 60% at age six.
- 2.13 Patterns were similar for other benefits, although larger differences emerge between mothers under 20 and those in their early twenties. When the child was aged 10 months, 57% of mothers under 20 received income support, 51% received housing benefit and 43% received council tax benefit. The comparable figures for those aged 20-24 were lower (at around 24% for each benefit) but the proportion of those aged 25 and older receiving these benefits was much lower again at around 5-6% for each benefit.
- 2.14 The disparity remains over time as do the differences by age group. For example, the proportion of mothers claiming housing benefit increases from 42% at age two to 46% at age six for those aged under 20, increases from 21% to 25% for those in their early twenties but remains at around 4% amongst mothers aged 25 or older.

Housing and area

Housing tenure

- 2.15 When the child was aged 10 months, 11% of mothers aged under 20 lived in an owner occupied home with the remainder mostly in rented accommodation including 59% in social rented homes and 25% in private rented homes (Table 2.9). Amongst all of the age groups, mothers under 20 were least likely to live in owner occupied accommodation and most likely to live in social rented accommodation. For example, 40% of mothers in their early twenties lived in a social rented home and just 9% of mothers aged 25 or over did so.
- 2.16 From age two to age six, the vast majority (around 83%) of mothers aged 25 or older were living in owner occupied homes (Table 2.10), and around 10% lived in socially rented housing. Patterns for both groups of mothers under the age of 25 were significantly different from those of mothers aged 25 or older, being more likely to change over time. At age two, most mothers aged under 20 lived in socially rented housing with the proportion increasing from 65% to 72% at age six. Mothers in their early twenties were less likely to live in socially rented housing than those aged under 20, but the proportion that did similarly increased, from 43% at age two to 48% at age six. There is a corresponding decrease for mothers in both age groups in the proportion living in owner occupied and ‘other’ accommodation.¹⁸ With figures for older mothers remaining largely static,

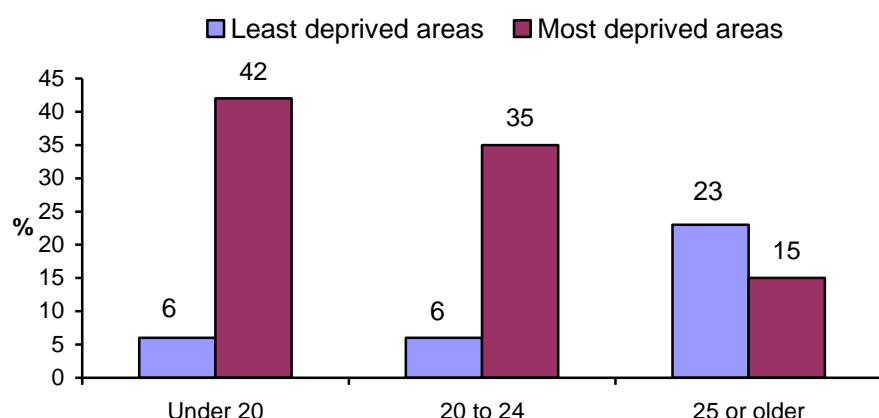
¹⁸ ‘Other’ arrangements include rent free, co-ownership, shared ownership (partly own and partly rent) and crofting.

the difference in tenure characteristics between them and younger mothers therefore increased over time.

Area deprivation

- 2.17 Area deprivation¹⁹ scores were separated into five equal groups or 'quintiles'. The distribution by age group when the child was aged 10 months is shown in Table 2.11. Most mothers under 20 (72%) lived in an area in either the most or second most deprived quintiles. They were more likely to do so than both mothers in their early twenties (61%) and those aged 25 and older (33%). Notably, mothers in the two youngest age groups are quite similar on this measure and considerably different to those aged 25 and older and those under 25 (Figure 2-C).

Figure 2-C % of mothers living in areas in the least and most deprived quintiles when child was aged 10 months, by maternal age at child's birth



- 2.18 This relationship between maternal age and area deprivation continued through ages two, four and six (Table 2.12). For example, at age two, 50% of mothers aged under 20 lived in an area in the most deprived quintile compared with 41% of mothers aged 20-24 and 15% of those aged 25 or older. This distribution remained broadly the same at ages four and six. However, both mothers aged under 20 and mothers aged 25 or older were slightly less likely to be living in an area in the most deprived quintile at age six. This reduced from 50% to 46% for mothers aged under 20 and from 15% to 12% for those in the oldest group.

¹⁹ Area deprivation is measured using the Scottish Index of Multiple Deprivation (SIMD) which identifies small area concentrations of multiple deprivation across Scotland. In this report, the data zones are grouped into quintiles. Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th, and 80th percentiles. Those respondents whose postcode falls into the first quintile are said to live in one of the 20% least deprived areas in Scotland. Those whose postcode falls into the fifth quintile are said to live in one of the 20% most deprived areas in Scotland.

3 HOUSEHOLD, FAMILY AND RELATIONSHIPS

Introduction

3.1 The next chapter describes the people and relationships that exist around the mother. The first section enumerates the different household compositions of mothers of different ages considering, for example, whether she lives with the child's father, how many other adults and children live in the household and who they are in relation to the child. The second section considers the mother's key relationships both within and beyond the household – with her partner or the child's non-resident parent, with friends and family members. Consideration is also given to differences in the extent that younger and older mothers feel supported by this informal social network.

Key findings

- When the child is aged 10 months, mothers aged under 20 were less likely to be living with the child's father. The figures are quite different by age on this measure. 30% of mothers aged under 20 live with the child's father compared with 56% of those in their early twenties and 89% of those aged 25 or older.
- By the child's sixth birthday, mothers aged under 20 are still more likely than older mothers to be lone parents. However, a significant number who were lone parents when the child was aged two, now have partners.
- At age 2, the vast majority of mothers – across all age groups – still have only one child. By age 6, 41% of mothers aged under 20 have two children and 18% have three or more compared with 53% and 8% respectively for mothers aged 20-24 and 57% and 9% for those aged 25 or older.
- Mothers aged under 20 are particularly more likely to live in the same household as a grandparent of the child. Most likely because they are living in their own childhood home. The proportion reduces over time – from 21% at age two to 9% at age six.
- Younger mothers are more likely than older mothers to live in both smaller and larger households. 38% of those aged under 20 live with the child only and 15% live with five or more people compared with just 8% and 2% of mothers aged 25 or older.
- Mothers of all ages report feeling close to most of their family, a position which does not change over time. However, there are differences by maternal age in relation to friendships which appear, on the whole, weaker for younger mothers (aged under 25) than older mothers. Again, this trend remains over time.
- Younger mothers also tend to report a smaller group of close friends than older mothers. This changes steadily with maternal age; it is less common amongst those in their early twenties and least common amongst those aged 25 or older.
- Amongst those families where the child's father is not resident, all children, irrespective of their mother's age, are just as likely to have some contact with their father.

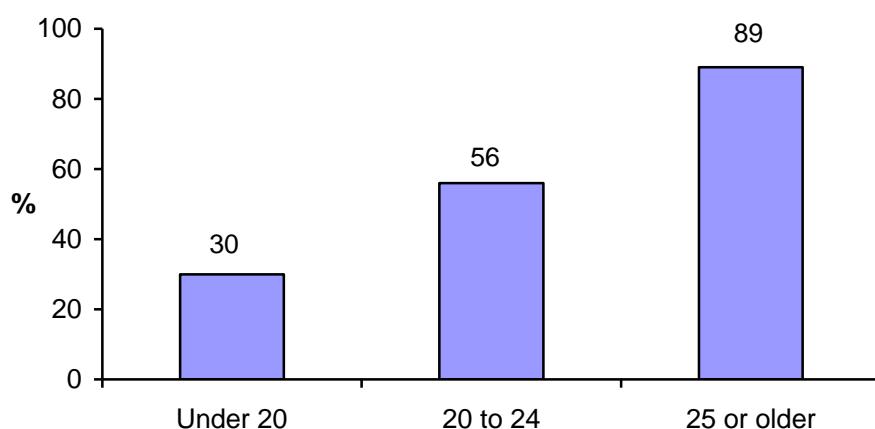
- Amongst those mothers who live with a partner, younger mothers – and particularly teenagers - appear to have more difficult relationships with their partners than do older mothers.

Household composition

Resident and non-resident parents

- 3.2 The composition of the household in which mothers aged under 20 live differ greatly from those of mothers aged 20 or older. 89% of mothers aged 25 or older live with the child's biological father compared with 30% of those aged under 20 (Figure 3-A,Table 3.1). Mothers in their early twenties are a little more similar to those aged under 20 in this characteristic than they are to those aged 25 or older.

Figure 3-A % of mothers who were living with the child's natural father when child was aged 10 months, by maternal age at child's birth



- 3.3 The proportion of mothers who lived in a household with their child's biological father changes little as the child ages, but changes differently for mothers in different age groups (Table 3.2). Whilst the proportion of mothers aged under 20 living with the child's biological father increased from 32% at age two to 38% by age six, the proportion of mothers in the older categories who did so decreased slightly from 92% to 88% over the same period.
- 3.4 The biological father living elsewhere does not always mean the mother is living without a partner. In practice, however, the figures are very similar and younger mothers are significantly more likely than older mothers to be single parents. When the child was aged 10 months, 33% of mothers aged under 20 lived with a partner compared with 90% of mothers aged 25 or older (Table 3.3).
- 3.5 Table 3.4 shows the distribution of lone parent and couple families by maternal age at ages 2, 4 and 6. For mothers aged under 20, the

proportion of lone parent families reduces over time. When the child is aged 2, 36% of mothers aged under 20 were in couple families, increasing to 55% by age six. The proportion of mothers in their early twenties in couple families remains relatively stable as the child ages, increasing only slightly from 62% at age two to 68% at age six. However, whilst the gap between mothers under 20 and those aged 25 or over in prevalence of lone parenthood has reduced by age six, vast differences nevertheless remain at this point. Mothers aged under 20 are over three times more likely than those aged 25 or older to be in lone parent families (45% compared with 10%).

- 3.6 The increase in the proportion of mothers aged under 20 living in couple families indicates that some have new partners. Indeed, the data in Table 3.5 shows that mothers aged under 20 were much more likely than older mothers to report, at multiple ages, that they had a new parent or partner living in the household in last 12 months (9% for age two, 11% at age four and 6% at age 5 compared with 1% of mothers aged 25 or older at all ages).

Adults and children in the household

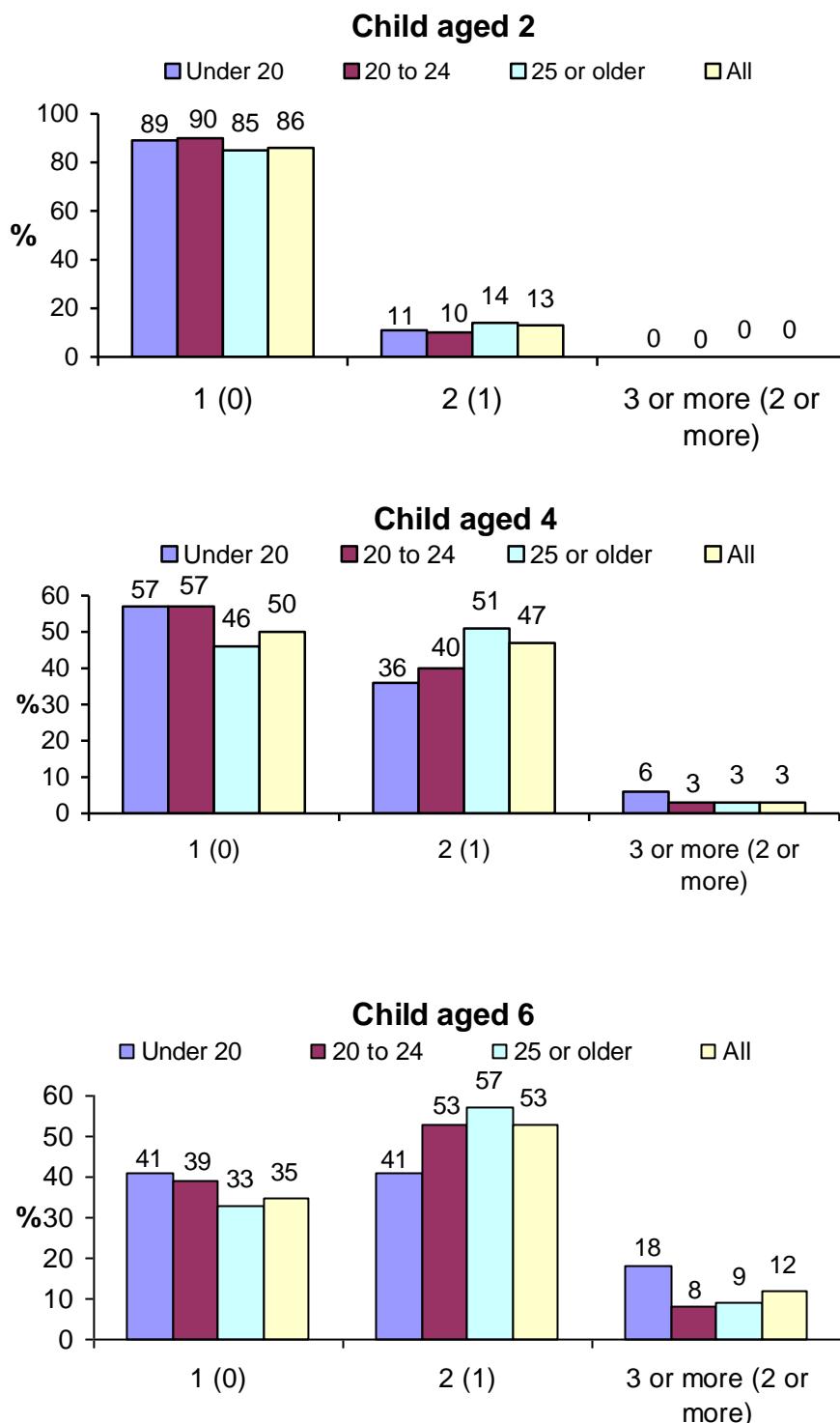
- 3.7 The total number of adults and children living in the household also differs by maternal age. Table 3.6 shows the total number of people living in the household when the child was aged 10 months, whilst Table 3.7 and Table 3.10 break this number down into adults and children.
- 3.8 When the child is aged 10 months, the majority of mothers aged 20 and above have three people in the household (53% for those aged 20 to 24 and 84% for those aged 25 and above). This is usually the mother, her partner and the child. In contrast, mothers aged under 20 are most likely (38%) to have just two people in the household – the mother and her child – though many (34%) live in a household of three people.
- 3.9 Mothers aged under 20 are more likely than older mothers to live in households with more children. When the child is aged 10 months, 13% of mothers under 20 live in households with two or more children, including 4% with three children. In contrast, 5% of mothers aged 25 or older live in a household with two children and less than 1% live with three or more. This analysis counts all children in the household and not just those for whom the respondent is a natural parent. Thus for younger mothers, these other children may be their own siblings – because she is living in her parent's home. Otherwise, and for all mothers, they may be a partner's children.
- 3.10 Table 3.8 shows that the total number of children in the household increased for mothers in all age groups. At age two, there were no significant differences in number of children by mother's age group, suggesting that earlier differences at age 10 months have evened out. When their first child was aged four, around half (52%) of mothers aged 25 or older lived with two children compared with 35% of mothers aged under 20 and 38% of those in their early twenties. By age six the gap had

decreased a little. 57% of mothers in their late twenties and older lived in households with two children compared with 41% of mothers aged under 20 and 51% of mothers in their early twenties.

- 3.11 At all stages, mothers aged under 20 were more likely than older mothers to live in households with three or more children. For example, at age four 10% did so, increasing to 20% by age six. In comparison, just 3% of mothers in the oldest age group lived with three or more children when the cohort child was aged four increasing to 11% at age six.
- 3.12 Further analysis was undertaken to determine how many children in the household at ages two, four and six were biological offspring of the child's mother. In so doing, this can provide some indication of differences in the period between first and subsequent births for younger and older mothers.²⁰ The results are shown in Table 3.9 and Figure 3-B. As may be expected, they reflect patterns in the earlier data which included *all* children in the household. When the child is aged two, the vast majority of all mothers still only live with one natural child. However, 11% of mothers aged under 20 had a further natural child living with them in the household. This proportion is similar to that amongst mothers in their early twenties but slightly lower than mothers aged 25 or older, 14% of whom had a second child living with them.
- 3.13 When their first child is aged four, patterns of subsequent births amongst mothers under 20 appear fairly similar to those amongst mothers aged 20-24 but quite different to mothers aged 25 or older. 36% of mothers aged under 20 have a further natural child living with them and 6% have a further two. The figures for those aged 20 to 24 are 40% and 3% respectively whilst amongst those aged 25 or older are 51% have one further natural child living with them and 3% have a further two. Perhaps the most significant difference amongst mothers under 20 occurs when their first child is aged six. At this point, 18% of mothers under 20 live with three or more natural children (suggesting two subsequent births since their first child) compared with 8% of mothers in their early twenties and 9% of mothers aged 25 or older.

²⁰ Note that this analysis assumes that those children born subsequently live, come to live in the same household as the cohort child and are alive at the point of data collection. As such, it will undercount, to some extent, actual subsequent pregnancies and births.

Figure 3-B Number of children living in the household, including the cohort child, who are the mother's offspring (number of mother's subsequent live births²¹) when child is aged 2, 4 and 6, by mothers age at child's birth



²¹ To consider this as a measure of 'subsequent live births' assumes that those children who are born then come to live in the same household as the cohort child. This measure does not, therefore, account for children born to the mother who live elsewhere, stillbirths or children who died between birth and the point of data collection.

- 3.14 In relation to the number of adults in the household it is notable that mothers aged under 20 are significantly more likely than those aged 20 or older to live in households with just a single adult (this being the mother herself) and with more than two adults (mainly in cases where the mother lives with her own parents – the child's grandparents). When the child was aged 10 months, 39% of mothers aged under 20 lived in single adult households compared with 28% of those in their early twenties and just 8% of mothers aged 25 or older. 23% of mothers aged under 20 lived in households with three or more adults compared with 17% of those in their early twenties and 4% of those aged 25 or above (Table 3.10).
- 3.15 As the child ages, all mothers become more similar in the extent to which there are three or more adults in the household (as those aged 20 or under move out of their parental home into their own accommodation). However, mothers aged under 20 are still significantly more likely than older mothers to be in single adult households at all time points (Table 3.11).
- 3.16 In addition, mothers aged 20 or older – particularly those aged 25 or above - are significantly less likely than mothers aged under 20 to have a grandparent of the child living in the household. Just 4% of mothers aged 25 or older lived in the same household as at least one of the child's grandparents compared with 31% of mothers aged under 20 (Table 3.12).
- 3.17 The proportion of mothers living in households with the child's grandparent reduces over time (Table 3.13). For mothers aged under 20, the figure decreased from 21% at age two, to 13% at age four and 9% by age six. Amongst mothers aged 25 and over figures are more stable though they decrease slightly, from 3% when the child was two years old to 1% at age six. A significant difference in the proportion of children living in households with grandparents by maternal age still exists at age six.

Social networks and relationships

Marital status

- 3.18 As shown in Table 3.14, when the child was aged 10 months, the vast majority of mothers aged under 20 (96%) and most of those in their early twenties (85%) were single and had never been married. In contrast, mothers over the age of 25 were mostly married and living with their husband (61% compared with 3% of mothers aged under 20) with 34% being single and never married.
- 3.19 When the child was aged two, 3% of mothers aged under 20 were married or in a civil partnership compared with 71% of mothers aged 25 or older. The proportion of mothers aged 25 or older who were married or in a civil partnership and living together remained relatively stable as the children aged, increasing only slightly to 74% at ages four and six. For mothers aged under 20, however, the proportion married or in a civil partnership increased to 7% at age four and then more sharply to 17% at age six.

Figures for mothers in their early twenties also increased, but by a smaller margin – from 28% at age two to 37% at age six (Table 3.15).

Relationship with partner

- 3.20 In the self-complete module of the questionnaire, mothers *living* with a partner when the child was 10 months old were asked a series of questions about the relationship with that partner. The questions are intended to measure the level of conflict in the relationship. Details of the questions and their results are included in (Table 3.16). Figures in the table indicate the proportion of mothers who said the behaviour described occurred either ‘sometimes’ or ‘often’ in their relationship.
- 3.21 The majority of mothers who lived with a partner reported swearing at their partner and their partner swearing at them. This was more prevalent amongst mothers aged under 20 (around 91% on both measures) than mothers aged 25 or older (71% had swore at their partner and 63% partners had swore at the mother). Insulting a partner or being insulted was much less common overall. However it was still more likely among younger mothers than older mothers. 18% of mothers aged under 20 said they had been insulted by their partner in front of others compared with 6% of those aged 25 or older.
- 3.22 To obtain an overall picture of the level of conflict in the relationship, a scale was created combining responses on all questions. For each question, a score of 0 was given if the response was ‘never’, 1 if they said ‘sometimes’ and 2 if they answered ‘often’. The scores of each answer were then summed to create a total score. The total range was then separated into three groups indicating a high, middle and low conflict (Table 3.17).
- 3.23 Mothers aged under 20 were more likely than older mothers to score in the high conflict range. 56% were classified as having a high conflict relationship, compared with 44% of those in their early twenties and 36% in the oldest group. And whilst 24% of mothers aged 25 or older had low conflict relationships, this was also the case for just 8% of mothers aged under 20.

Contact with non-resident parent

- 3.24 In cases where the child has a non-resident biological father at 10 months of age, the proportion in contact with their father was similar across all age groups, at 72% (Table 3.18). Frequency of contact between the child and his/her father was also similar, though children with mothers aged under 20 did have contact slightly more frequently (Table 3.19). 39% of children with mothers aged under 20 saw their non-resident father every day compared with 30% of children whose mothers were aged 25 and older.

Close friends and family

- 3.25 At 10 months, younger mothers had smaller friendship networks than did older mothers. 33% of mothers aged under 20 had fewer than three close friends compared with 13% of mothers aged 25 and over (Table 3.20). In contrast, 40% of mothers in the oldest group had six or more close friends compared with 17% of mothers aged under 20.
- 3.26 The majority of mothers of all ages reported strong relationships with their friends when the child was aged two and four. However, as well as having fewer close friends, mothers under 20 also appeared to have marginally weaker friendships. When asked, when the child was aged two, if they felt their friends took notice of their opinion, a greater proportion of mothers aged 25 or older (86% compared with 78% of mothers aged under 20 at age two) agreed (Table 3.21). Despite this, mothers aged under 20 were not any more likely to feel their friends did *not* take notice of their opinion. Instead, they were more likely than older mothers to 'neither agree nor disagree' with the statement (18% of mothers aged under 20 compared with 13% of mothers aged 25 or older). There was little change in the spread of the results at age four.
- 3.27 It appears that having fewer friends and weaker friendships for younger mothers may be compensated by stronger relationships with family members. At ages two and four, mothers were asked whether they had close relationships with lots of people, some people, one or two people or no close relationships. These close relationships could be with friends or family members. This data indicate that at age two, mothers aged under 20 were more likely than those aged 25 or older to say that they had close relationships with lots of people (43% compared with 32%, Table 3.22). By age four, however, the figure amongst mothers aged under 20 had decreased to 38% whilst the figure for mothers aged 25 or older remained similar (31%), reducing the difference between the two groups. The proportion of mothers in their early twenties reporting lots of close relationships was similar to that for mothers under 20 (40% at age two and 42% at age four). Very few mothers of any age reported no close relationships.
- 3.28 Neither were there any statistically significant differences in the extent to which mothers of different ages agreed that they were close to their family (Table 3.23) with the majority (85% of all mothers) agreeing they were at ages two and four.
- 3.29 Only small differences were found in the level of support that mothers felt they received though younger mothers reported slightly greater support (Table 3.24). At ages two and four - though more so at age four – mothers under 20 were more likely than older mothers to feel that they 'got enough help' from friends and family (at age four, 83% compared with 77%). There was little notable change between the two age points.

4 MATERNAL HEALTH

Introduction

4.1 GUS collects information on parents' general health and long-standing illness at every contact. In addition, on a less frequent basis, information is also collected on parents' physical and mental wellbeing and on certain health-related behaviours such as smoking, drinking alcohol and using illicit drugs. This chapter compares differences in these characteristics for mothers of different ages.

Key findings

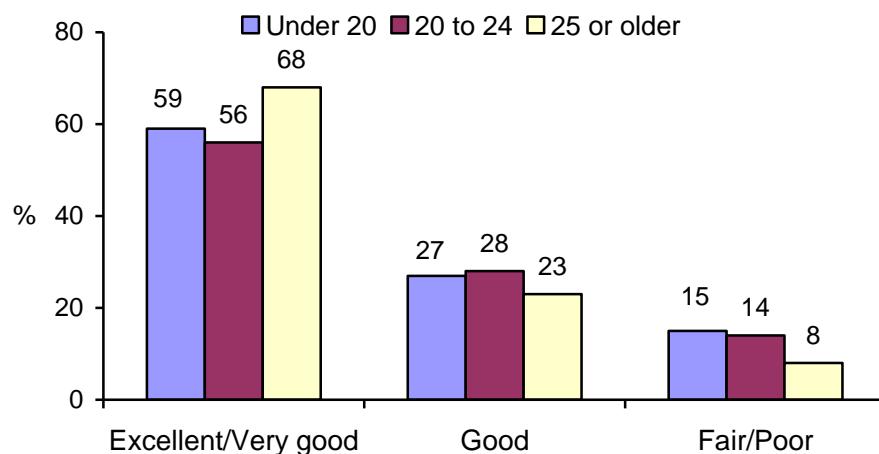
- Mothers aged under 20 and those in their early twenties rated themselves similarly in relation to general health and mental wellbeing. On each of these measures, they reported poorer health than those aged 25 or older. Notably, those in their early twenties were the group most likely to report poor physical wellbeing and high depression and anxiety.
- In terms of perceived general health there was little change in the difference between groups over time. When the child was aged six, mothers aged under 25 remained more likely than older mothers to rate their health more poorly.
- There were no differences by maternal age in the prevalence of longstanding health conditions when the child was aged two. However, by age six, whilst prevalence had increased for mothers in all age groups, it had done so more sharply for mothers aged under 20 making them most likely to have such a condition at this stage.
- Smoking was more common amongst mothers aged under 20 than those in other age groups. Prevalence amongst mothers aged under 20 and those in their early twenties was relatively similar and quite distinct to that amongst mothers aged 25 and over.
- Patterns of alcohol consumption were different. Whilst mothers in all age groups were just as likely to drink alcohol, those aged 25 and older tended to do so more frequently but to consume fewer units when they did. In contrast, mothers aged under 20 tended to drink less often but consume more units. Those in their early twenties fell somewhere in between.
- Mothers in all age groups were also similarly likely to have ever taken drugs but those aged under 25 were more likely than older mothers to have done so in the last year.

General health

4.2 Mothers were asked to rate their general health as 'excellent', 'very good', 'good', 'fair' or 'poor'. The data in

Table 4.1 and Figure 4-A show that, when the child was aged 10 months, the majority of mothers (around 90%) said their health was excellent, very good or good. A significant relationship was found, however, between age and perceived general health. A larger proportion of mothers aged under 25 (both under 20 and aged 20 to 24) than those aged 25 and over assessed their health as fair or poor (around 15% for those aged under 20 and aged 20 to 24 compared with 8% for those aged 25 or older) whilst a lower proportion said their health was excellent (19% of mothers aged under 20 and 21% of those aged 20 to 24 compared with 26%). Mothers aged under 20 and those in their early twenties were very similar on this measure.

Figure 4-A Mothers' perceived general health when child was aged 10 months, by maternal age at child's birth



- 4.3 Table 4.2 illustrates how mothers assessed their own general health when the child was aged two, four and six. Similarly to the data at 10 months, most mothers, at all age points and in all age groups, reported that their health was either 'excellent' or 'very good'. However, the proportion reporting 'excellent' or 'very good' health reduced for each age group between ages two and six: from 51% to 43% for mothers aged under 20; 53% to 41% for those in their early twenties and 64% to 56% for the older mothers. With this consistent change, younger mothers' lower likelihood of reporting 'excellent' health was maintained. The likelihood of mothers aged under 20 reporting poor health increased slightly over time from 2% to 5% by age four and 8% by age six. In contrast, the proportion for older mothers remained largely static at around 2%.

Health problems and disabilities

- 4.4 The poorer health of mothers aged under 20 when the child is older is also evident in Table 4.4. The data here demonstrate how mothers aged under 20 were more likely than older mothers to develop a longstanding health problem or disability by the time the child was aged six. Around 15% of mothers in all age groups reported a longstanding health condition when the child was aged two. However, by age six, this had increased to

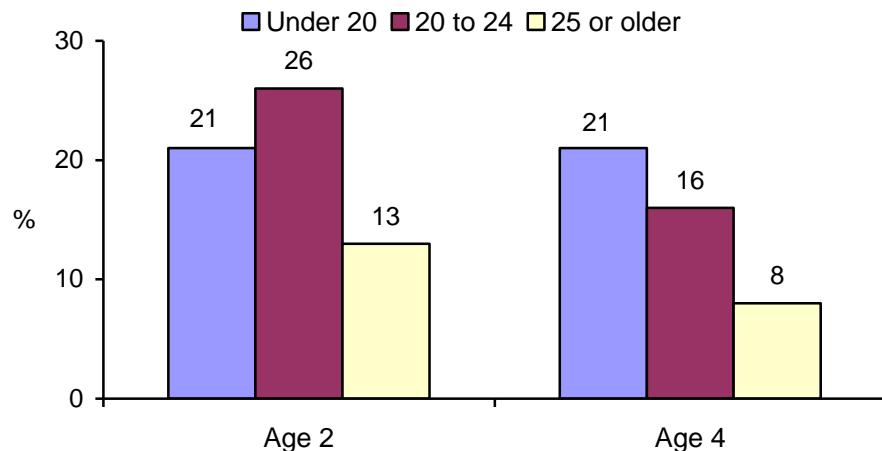
25% of mothers aged under 20, compared with 17% of those in their early twenties and 19% of mothers aged 25 or older.

Physical and mental wellbeing (SF12)

- 4.5 Health-related quality of life was measured using the Medical Outcomes Study 12-Item Short Form (SF-12). The SF-12 provides two summary scale scores: a physical component (PCS) and a mental component (MCS). Higher summary scale scores are indicative of better health-related quality of life. However, as the results are based on the mothers self-reported own physical and mental functioning they are subjective and may lead to differential reporting between respondents with an equivalent objective health status. The SF-12 does not have threshold scores defining whether or not an individual is likely to be suffering from a psychiatric disorder or physical health problem. For this reason poor maternal mental health and physical health is defined in terms of an individual's score in relation to the average score for all first-time mothers in the sample. A score of one standard deviation below the average was used as a cut-off for both scales for to indicate relatively poor physical and mental health. Table 4.5 shows the results by age for physical wellbeing.
- 4.6 The vast majority of mothers reported good physical wellbeing. However, mothers in their early twenties were those most likely to have poor physical wellbeing (15%) followed by mothers aged under 20 (10%) and those aged 25 and over (8%).
- 4.7 Poor mental wellbeing was more common than poor physical wellbeing (14% compared with 10%). Trends by maternal age were similar, showing younger mothers to have lower mental wellbeing than older mothers (Table 4.6). 19% of mothers aged under 20 and 18% of mothers in their early twenties reported poor mental wellbeing compared with 12% of mothers aged 25 and above.
- 4.8 At ages two and four selected items from the depression and stress components of the Depression, Anxiety and Stress Scale (DASS) were included in the questionnaire (Lovibond & Lovibond, 1995). The DASS score is a more symptomatic measure of mental health than the mental component of the SF-12. As with the SF-12, poor mental health was defined using the individual's score relative to the average score of all mothers. Those mothers whose score was one standard deviation above the average were defined as having poor mental health.
- 4.9 Table 4.7 and Figure 4-B shows the distribution of poor mental health by age group at ages 2 and 4. At age two, mothers aged under 20 had poorer mental health than the oldest mothers (21% compared with 13% mothers aged 25 or older), though those in their early twenties were most likely to show poor mental health. By age four, there was no change in the proportion of mothers aged under 20 reporting poor mental health, whilst for both other age groups the proportion decreased – quite considerably for mothers in their early twenties. Consequently, by age four the gap

between the proportion of mothers aged under 20 and older mothers with poor mental health had widened.

Figure 4-B % of mothers' with poor mental health when child was aged 2 and 4 years, by maternal age at child's birth



Smoking, alcohol and drugs

- 4.10 When the child was aged 10 months, mothers aged under 20 were three times more likely to smoke cigarettes than those aged 25 and over (47% compared with 13%, Table 4.8).
- 4.11 Patterns of alcohol consumption were the opposite – to some extent - and differences between the groups were also smaller. Older mothers reported more frequent drinking (Table 4.9), though drank less on a typical drinking day (Table 4.10). The majority of mothers drank alcohol (82%) and were most likely to do so around once a month (42%). 14% of mothers aged 25 and over drank 2-3 times a week compared with just 2% of mothers aged under 25 years old. However, on a typical drinking day, 53% of mothers aged under 20 and 47% of mothers in their early twenties said they drank five or more units compared with 25% of mothers in the oldest group. Furthermore, 20% of mothers aged under 20 reported drinking more than 10 units on a typical drinking day compared with 2% of the older mothers.
- 4.12 Mothers were asked if they had ever taken any illegal drugs (Table 4.11). Most (74%) had not. There were no differences by maternal age. However, when asked about drug use in the last 12 months, although 87% of mothers had not used any, some age differences did emerge (Table 4.12). 90% of mothers aged 25 or older had not taken drugs in the last year compared with 82% of those aged under 25. The dominant drug used was cannabis. 17% of mothers aged under 25 said they used cannabis in the last 12 months compared with 7% of older mothers.

5 PREGNANCY AND BIRTH

Introduction

5.1 This chapter provides a detailed description of differences in the pregnancies resulting in, and the births of, the Birth Cohort2 children according to the mother's age at the child's birth. All data presented is drawn from Birth Cohort2 mothers. Information is provided on health and health behaviours in pregnancy, including use of supplements and smoking, drinking and drug use. Details are also presented on the type of delivery, the mother's perceptions of the birth and the child's birth weight and gestation.

Key findings

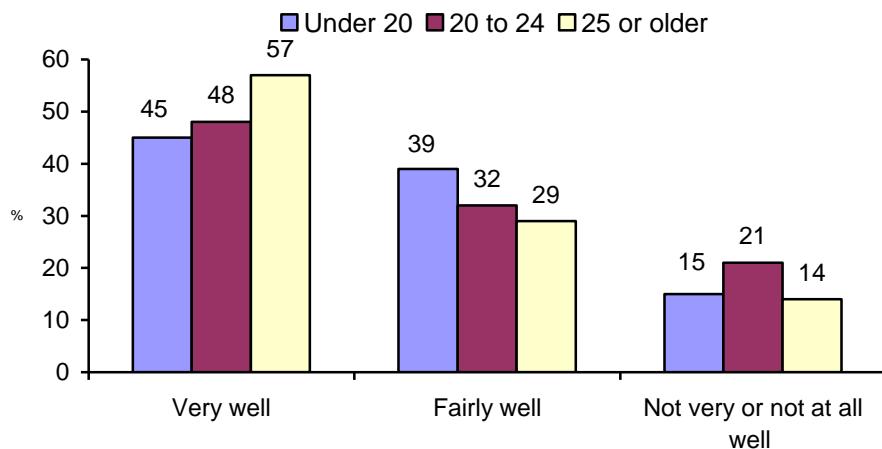
- Mothers aged under 20 tended to report poorer health *behaviours* during their pregnancy. Compared with mothers aged 25 or older, they were less likely to use supplements such as folic acid and vitamin D, more likely to smoke and, amongst those who smoked when they became pregnant, less likely to stop. They also had poorer perceptions of their general health during pregnancy.
- Mothers in their early twenties reported more positive health behaviours during their pregnancy than those aged under 20, but they remained significantly poorer than for mothers aged 25 or older.
- There were many positives too. Mothers aged under 20 were less likely to have drunk alcohol during pregnancy, more likely to have had a normal birth (without assistance or a caesarean section) and to perceive the birth as a positive experience – reporting it to be better or much better than they expected.
- In relation to lower use of folic acid prior to pregnancy and smoking, the behaviour of mothers aged under 20 was distinct from all other mothers. However, use of vitamin D, alcohol consumption and birth experience were all quite similar for mothers aged under 20 and those aged 20-24.
- There were no notable differences²² by maternal age in the prevalence of low birth weight, premature birth or having an illness or problem during pregnancy.

Self-reported health and illness during pregnancy

5.2 Mothers aged under 20 and those aged 20 to 24 assessed their health in pregnancy similarly and each were less likely than those aged 25 years and above to report more positive health. As shown in Table 5.1 and 5-A, 45% of mothers aged under 20 and 48% of those aged 20 to 24 years old reported that they had kept 'very well' during their pregnancy compared with 57% of mothers aged 25 or older. The proportion of those who reported that they were 'not very well' or 'not at all well', in contrast, was similar in the youngest and oldest age groups (15%/14%) and slightly higher amongst the middle age (21%).

²² Though some small, statistically significant differences are evident.

Figure 5-A Mothers' perceived health during pregnancy, by maternal age at child's birth



- 5.3 There was no significant difference in the percentage of mothers of different ages reporting that they had a specific illness or problem during pregnancy (Table 5.2) with around two-fifths (39%) of all mothers doing so.

Vitamin supplements taken during pregnancy

- 5.4 Mothers were asked whether they had taken certain vitamin supplements prior to and during their pregnancy. There were stark differences in the extent to which this occurred according to age. As shown in Table 5.3, just 13% of mothers aged under 20 took folic acid supplements prior to becoming pregnant compared with 62% of mothers aged 25 years and above. Similarly, a much greater percentage of mothers aged 25 or above than younger mothers (23%) took vitamin D prior to their pregnancy (23% compared with 3% of mothers aged under 20 and 5% of those in their early twenties, Table 5.4). As both folic acid and vitamin D are recommended to improve the health and development of the baby, these large differences are likely to be explained by differences by age in the extent to which the pregnancy was planned. Pregnancies amongst older mothers are significantly more likely to be planned, meaning those mothers are more likely to take the recommended vitamin supplements. For example, data in Table 5.5 show that whereas 76% of mothers aged 25 or older said that the pregnancy was planned by her and her partner, the same was true for only 13% of mothers aged under 20.
- 5.5 During the first 3 months of pregnancy, use of vitamin D increased amongst mothers in all age groups and the gap in use of folic acid decreased between older and younger mothers. 81% of mothers aged under 20 took folic acid during this period compared with 96% of mothers aged 25 years and above.
- 5.6 Around three-quarters of mothers aged under 20 (77%) and of those aged 20 to 24 (72%) did not take vitamin D supplements at any stage of their

pregnancy compared with around half (49%) of mothers aged 25 and over. 18% of mothers under 20 did not take folic acid compared with 13% of mothers in their early twenties and 3% of mothers aged 25 or older.

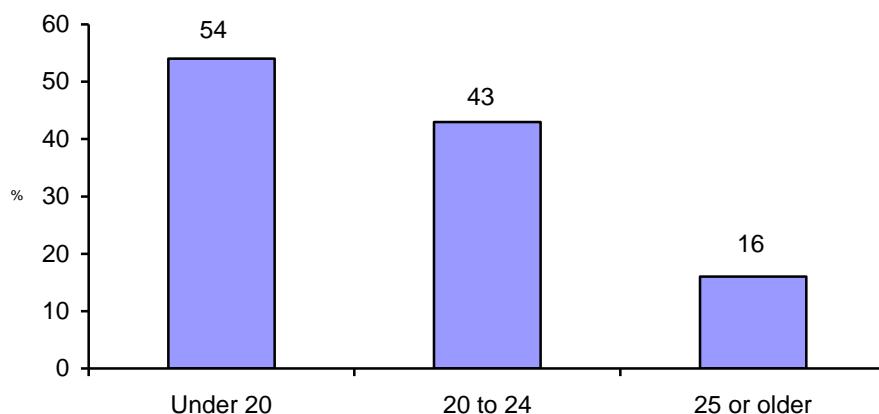
Alcohol during pregnancy

- 5.7 In the self-complete module of the questionnaire, respondents were asked how often they drank alcohol during their pregnancy. Whilst the majority of all mothers claimed that they never drank during pregnancy, mothers aged 25 or older were more likely to have drank, and to have done so more frequently than were mothers aged under 20 and those aged 20 to 24. 90% of mothers in each of the younger groups said they had drank no alcohol during their pregnancy compared with 77% in the older groups (Table 5.6).
- 5.8 18% of mothers aged 25 and older drank less than once a month and 4% drank 2-3 times a month compared with around 9% and 1% respectively of mothers in the two younger groups. Differences in the frequency and quantity of current alcohol consumption by age group are discussed in section 6.

Smoking during pregnancy

- 5.9 The self-complete section of the questionnaire also contained questions about whether the mother smoked cigarettes during her pregnancy. The figures in Table 5.7 reveal a strong relationship between maternal age and smoking habits. Mothers aged under twenty were significantly more likely than older mothers to have smoked during their pregnancy and, amongst those who smoked prior to their pregnancy, were less likely to reduce or stop their smoking.
- 5.10 As shown in Figure 5-B, 54% of mothers aged under 20 smoked to some extent during pregnancy compared with 43% of mothers in their early twenties and 16% of mothers aged 25 or older age. Mothers in their early twenties are much more similar to those aged under 20 on this measure than they are to those aged 25 or older.

Figure 5-B % of mothers who smoked during pregnancy, by maternal age at child's birth



- 5.11 Amongst those who had smoked during their pregnancy (Table 5.8), once they found out that they were pregnant, 50% of mothers aged 25 or older stopped smoking compared with 37% of mothers aged under 20 and 36% of those in their early twenties. 15% of mothers aged under 20 who smoked when they became pregnant continued to do so during their pregnancy compared with 8% of mothers aged 25 or older who smoked.

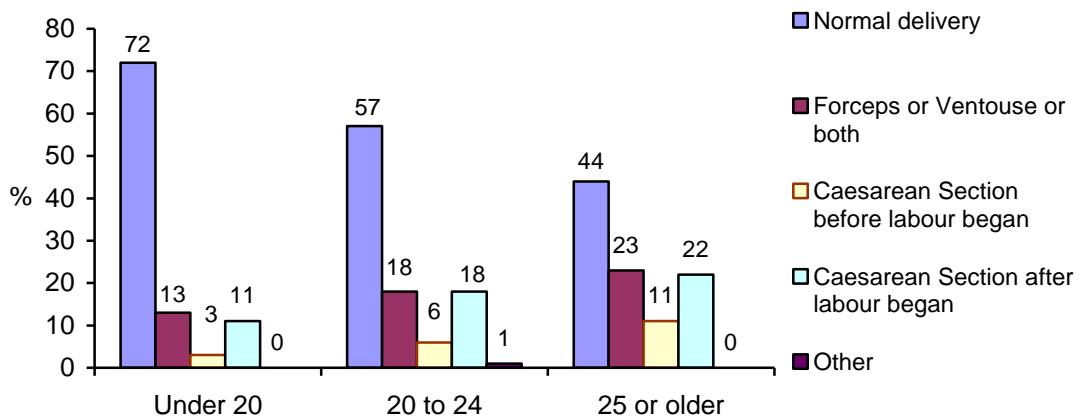
Drugs during pregnancy

- 5.12 Around one quarter of mothers said they had taken illegal drugs at some point in their lives. Of those who had reported ever taking illegal drugs, the majority across all age groups had not taken any during pregnancy. As shown in Table 5.9, 97% of mothers aged under 20, 94% of those aged 20 to 24 and 96% of those aged 25 had either given up taking drugs a long time before becoming pregnant, when trying to become pregnant or did not take any drugs during pregnancy.

Type of delivery

- 5.13 The data in Figure 5-C show clear differences in the method of delivery across the maternal age groups indicating that older mothers were more likely to have complications. The majority of mothers aged under 20 (72%) and those aged 20 to 24 (57%) had a normal delivery. In contrast, less than half of those in the older group did the same (44%). 33% of mothers aged 25 and over had a caesarean section - including 22% after labour began ('emergency' sections) - compared with 14% of mothers aged under 20 and 24% of those in their early twenties. Forceps or Ventouse (or both) were also more likely to have been used for older mothers (23% compared with 18% of those aged 20 to 24 and 13% of mothers aged under 20).

Figure 5-C Type of delivery by maternal age at child's birth



- 5.14 Differences in the type of delivery by age are, perhaps, also reflected in the mother's expectations for and assessment of the birth (Table 5.11). For example, just over half of mothers aged under 20 (52%), the group most likely to have a normal delivery method, said that giving birth was either much better or better than they expected compared with 35% of those aged 25 or older. 30% of mothers aged 25 years and over said that the birth was worse than they expected, compared with 22% of mothers aged under 20.
- 5.15 Mothers were also asked who was present at the child's birth. The majority of mothers in all age groups said the baby's father had been present at the birth (Table 5.12). However, this was more common amongst older mothers. 93% of those aged 25 or older said the baby's father had been present, compared with 71% of mothers aged under 20. Most mothers aged under 20 (57%) also said their own mother or mother in law was present whilst just one in ten (11%) mothers aged 25 and above said the same.

Birth weight

- 5.16 No significant differences were found in children's average birth weight according to the mother's age group. There was, however, a small difference between teenage and older mothers in the percentage of babies with low birth weights, as shown in Table 5.13. 5% of children with mothers aged under 20 had a low birth weight compared with 8% of those whose mothers were aged 25 and above. This weight has not been adjusted for gestational age though mothers aged under 20 were more likely to say the baby arrived late (usually related to a heavier birth weight) compared with mothers aged 25 or over who, in contrast, were more likely report giving birth early or on time (Table 5.14).

6 PARENTAL SUPPORT

Introduction

6.1 This chapter explores the different sources and types of support that parents used for information and advice on parenting. It covers both formal and informal support and, alongside use of support and services, also considers satisfaction with, and attitudes towards, parenting support. The formal services considered include those specific to a particular stage of the parental journey – such as ante-natal classes – as well as those applicable to multiple ages and stages such as primary care health services and parenting websites.

Key findings

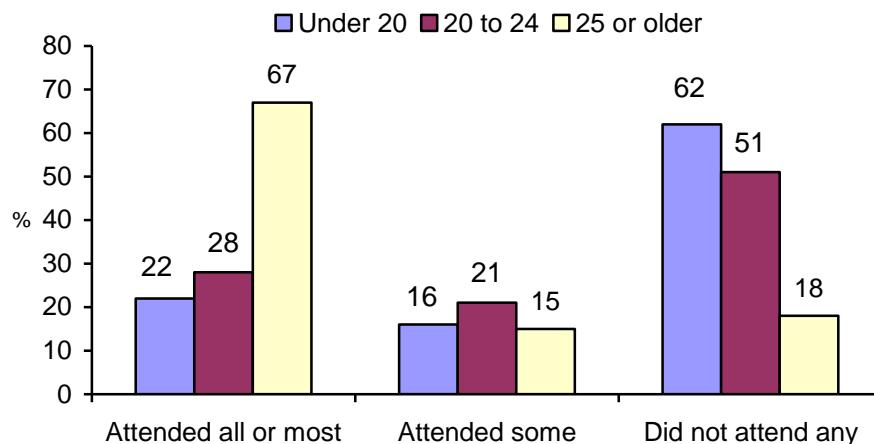
- Mothers aged under 20 were less likely to have attended ante-natal classes. Attendance increases with age though there is a more significant distinction between those over and under 25 than between the two youngest groups.
- Overall, younger mothers were less likely to have sought out or used a range of sources of support such as the play@home booklet, ChildSmile services, or parenting classes.
- Seeking information or advice on child health is less common amongst all mothers when their child was aged six than when they were aged two. However, at all age points mothers aged under 20 are least likely to have sought information or advice.
- Younger mothers, mothers aged under 20 in particular, seem more wary of seeking formal support, and less sure about who to ask for advice. In addition, a similar proportion of mothers under 20 and those aged 20-24 agreed, at multiple time points, that professionals do not offer enough advice and support. They were each more likely to agree with this than those aged 25 or older.
- Notably, whilst other mothers' attitudes towards formal support do not change while their child moves from age two to four, for mothers aged under 20 they become more negative as their child moves between these age groups
- All mothers most preferred to receive parenting information and advice in person, on a one-to-one basis. Younger mothers (aged under 25) were less likely than older mothers (aged 25 or older) to prefer receiving advice via a seminar or group and more likely to prefer informal sources such as family or friends.
- Mothers under 25 were more likely than those aged 25 or older to say that finding childcare at short-notice from family or friends would be 'very easy'. They reported greater ease with this than older mothers at all ages though differences were smaller at age six.

Ante-natal and other parenting classes

6.2 Attendance at ante-natal classes (Table 6.1, Figure 6-A) differed significantly by maternal age. The majority of mothers aged 25 and above (67%) attended all or most ante-natal classes whereas only 22% of

mothers aged under 20 and 28% of mothers in their early twenties had done so²³.

Figure 6-A % of mothers who attended all or most, some or no ante-natal classes, by maternal age at child's birth



- 6.3 Parents were asked whether they had attended a programme, group or seminar on child development, child behaviour, or parenting during the past 12 months. 21% of mothers aged under 20 and 24% of those in their early twenties had attended *any* such group or seminar compared with 51% of mothers aged 25 and over (Table 6.2). The most popular parenting programme across all age groups was baby massage. This was attended by 42% of mothers aged over 25, 16% of mothers aged under 20 and 17% of mothers in their early twenties.

Contact with Health Visitor and other sources used for advice

- 6.4 Mothers were most likely to say that they had *seen or spoken to* their health visitor once a week (30%) during the first three months after the child's birth followed by two or three times a month (23%). Whilst there were some small differences in frequency of contact according to maternal age, these were not statistically significant (Table 6.3).²⁴
- 6.5 As well as attending parenting classes, older mothers were also more likely to have accessed information or support from selected Government sponsored formal parenting resources such as the Play, Talk, Read website or the Childcare Link website and phone line (Table 6.4). Mothers aged under 20 were less likely to have used all of the listed sources of information and advice. For example, 15% of mothers aged under 20

²³ This report shows higher proportions for attendance at ante-natal classes compared with figures in similar analysis of the same GUS data in Warner (2012) due to the restriction of the analysis here to first-time mothers, amongst whom ante-natal class attendance is known to be higher than amongst mothers on subsequent pregnancies.

²⁴ We may expect that had this been a measure of home visits by a health visitor rather than *any* form of contact (whether initiated by the mother or the health visitor, at home, by phone or at a clinic) there may have been more variation by age.

reported having used the Play, Talk, Read website or play@home booklets compared with 30% of mothers aged 25 and over.

- 6.6 Parents were also asked to choose one preferred method for receiving parenting advice and support. As shown in Table 6.5, receiving advice on a one-to-one basis from either a health visitor or from a friend or family member were the most preferred methods for mothers in all age groups. However, mothers aged under 20 were more likely than older mothers to prefer these methods. For example, 58% of mothers aged under 20 said they preferred to receive parenting advice on a one-to-one basis from a health visitor compared with 48% of mothers aged 25 or older. In contrast, mothers aged 25 or older were more likely than mothers aged under 20 to prefer consulting books (8% compared with 4%) or websites (11% compared with 4%), or to attend seminars or groups (7% compared with 1%).

Sources of information on child health and behaviour

- 6.7 When the child was aged two and four, mothers in the older cohort were asked to identify which sources they had used in the last year to obtain information on child health (Table 6.6). Younger mothers were less likely than older mothers to have sought advice at both age points though the gap between the two decreased over time. At age two, 24% of mothers aged under 20 had not sought any such advice compared with 10% of mothers aged 25 or older. The proportion not using any source of information increased over time for all age groups. At age four, 32% of mothers aged under 20 and 23% of those aged 25 and over said they had not sought any child health information.
- 6.8 Most mothers had used their GP or family doctor as a source of advice. Though use increased with age mothers aged under 20 were less likely to have done so than older mothers were, at each age. For example, at age two, 79% of older mothers said they had spoken to their GP about the child's health compared with 62% of mothers aged under 20. In fact, mothers aged under 20 were particularly less likely than those aged 25 or older to have used any of a range of more 'formal' sources. As well as GPs, they also reported lower use of books and leaflets, the internet, and NHS 24.
- 6.9 When the child was aged two, mothers in their early twenties were also less likely than those aged 25 or older to use formal services although their use of these services was more common than for mothers aged under 20. When the child was aged four however, the pattern by age was less clear. Mothers aged 20 to 24 remained less likely than mothers aged 25 or older and more likely than those aged under 20 to use books or the internet, but more likely to use a GP or NHS 24 – though differences are small.
- 6.10 All mothers made similar use of their own parents for advice on child health when the child was aged two - 50% of mothers in their early twenties, 47% of mothers aged under 20 and 46% of older mothers.

However, as the children aged, whilst use of this source declined for all mothers, a gap emerged between those under 25 and those over 25. At age 4, 33% of those aged 25 or older cited this source compared with around 40% of those under 20 and 39% of those aged 20 to 24.

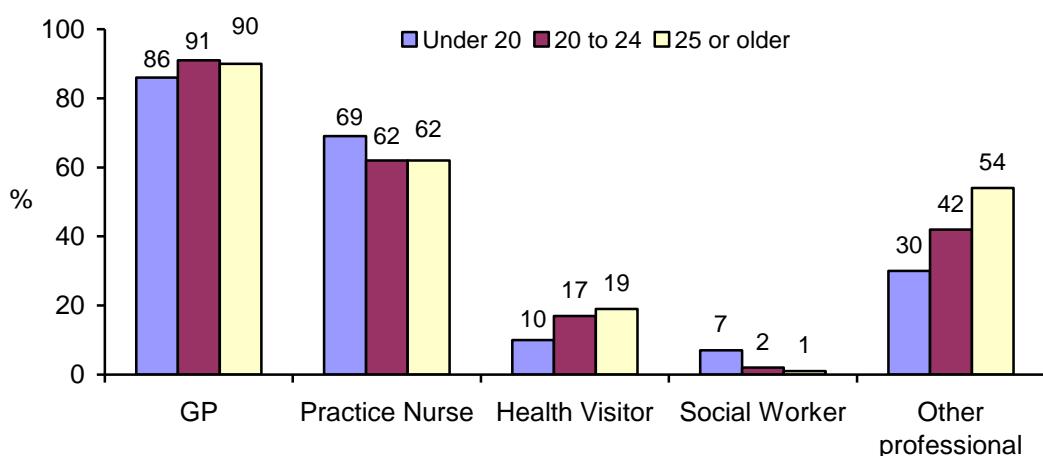
- 6.11 Older mothers were, however, more likely to rely on other sources of informal advice – such as their partners parents (e.g. 20% amongst mothers aged 25 or older compared with 9% of mothers aged under 20 at age two) and other families (32% of mothers aged 25 or older at age 2 compared with 10% of those aged under 20).
- 6.12 When the child was aged two and three, parents were similarly asked what sources they had used for information on the child's behaviour (Table 6.7). Most mothers, but especially those aged under 20, had not sought any such advice and had therefore used none of the sources. For example, when the child was aged two, 60% of mothers aged under 20 had not used any sources for information on the child's behaviour compared with 52% of those in their early twenties and 53% aged 25 and over. The proportion accessing this sort of information had increased very slightly for all age groups by age 3 and differences by maternal age remained.
- 6.13 Most of those who had sought advice on their child's behaviour had relied on informal sources. At ages two and three, a very similar proportion of mothers in the under 20 and 25 or older age groups (around 25% at both ages) reported using their own parents. This was slightly higher amongst those in their early twenties (32% at ages two and four). As in relation to advice on child health, older mothers were more likely to speak to other families and to have used books and the internet.

Services and individuals child had seen

- 6.14 At ages two and four, mothers were asked about the types of services or individuals – such as a GP or Health Visitor - the child had visited or been seen by in the past year (Table 6.8). Reflecting the data seen already on sources used for information on child health, the vast majority of all mothers (89%) had taken their child to the doctor at age two. Only a slightly greater proportion of older mothers than mothers aged under 20 had done so (90% compared with 86%). Visits to the GP were less common for all at age four and patterns were virtually identical according to maternal age.
- 6.15 A greater proportion of mothers aged under 20 had seen their health visitor at both age points (69% and 41% for mothers aged under 20 at ages two and four respectively, compared with 62% and 32% for mothers in their early twenties and those aged 25 or older).
- 6.16 Whilst just 2-3% of all mothers had seen a social worker when the child was aged two and four, this was higher for mothers aged under 20 than for those in both groups over 20 (7% and 8% amongst mothers aged under 20 compared with 2-3% for those aged 20-24 and 1% for those

aged 25 or older). Mothers in the oldest group, on the other hand, were more likely than those under 20 to report having seen some ‘other professional’ whilst those in the 20 to 24 age group fell in between – being more likely than mothers under 20 to have used an ‘other professional’ and less likely than those aged 25 or older to do so. The proportion reporting this contact increased for all mothers between ages two and four. Whilst this increase was only small for those aged 25 or older (from 54% to 57%), for younger mothers - particularly those under 20 - it was larger, rising from 30% to 45% for those under 20 and 42% to 50% for those aged 20 to 24.

Figure 6-B % of mothers who had been in contact with selected services in the last year when child was aged 2, by maternal age at child’s birth



Attitudes to receiving support and services

6.17 When the child was aged 10 months, mothers were asked the extent to which they agreed or disagreed with the following statements on attitudes to engaging with parenting advice and support

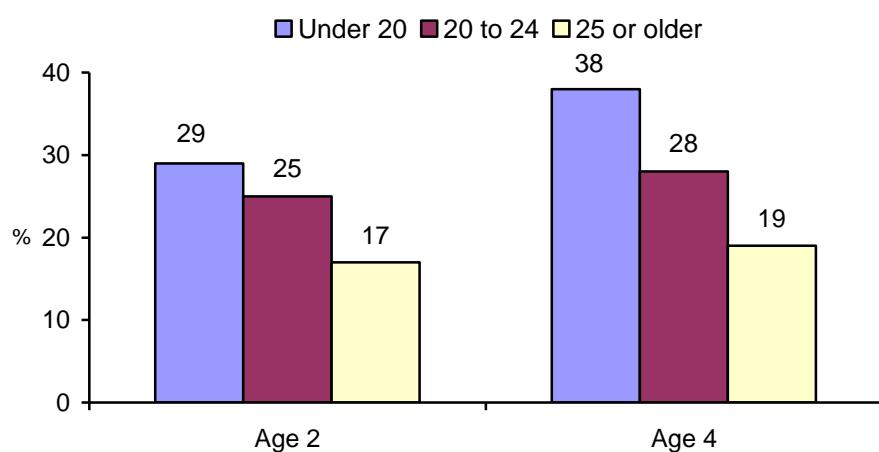
- “If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over”
- “Professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children”
- “If other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent”
- “It’s difficult to ask people for help or advice unless you know them really well.”
- “It’s hard to know who to ask for help or advice about being a parent.”

6.18 The percentage of mothers in each age group who agreed or strongly agreed with each statement is shown in Table 6.9. The data indicate that mothers aged under 20 were more likely than older mothers to have negative attitudes towards support. The largest difference between age

groups was in how difficult mothers felt it was to ask for help or advice. 42% of mothers aged under 20 agreed that it was difficult to do this, more than double the 19% who agreed amongst mothers aged 25 or older. In addition, mothers aged under 20 were more likely to perceive some stigma related to getting formal parental advice. 30% agreed that if other people knew you were getting professional advice they would probably think you were a bad parent - significantly higher than the 9% of mothers aged 25 and over who felt the same. Younger mothers were also more likely to be wary of interference from formal agencies. 24% of mothers aged under 20 agreed that asking for help from professionals might lead to interference in family life compared with 14% of those in their early twenties and just 6% of mothers in the oldest group.

- 6.19 Agreement and disagreement with the first three statements was also measured at ages two and four with the older cohort. The more negative attitudes to support amongst younger mothers are also evident in these data and there is an increase in negative perceptions over time (Table 6.10). For example, perceptions of a negative stigma associated with receiving parenting support increased amongst younger mothers as the child aged (Figure 6-A). At age two, 29% of mothers aged under 20 agreed that getting advice or support makes you a bad parent increasing to 38% at age four. In contrast, attitudes of older mothers remained similar – for example, 17% of those aged 25 or older were in agreement with this at age two and 19% at age four.

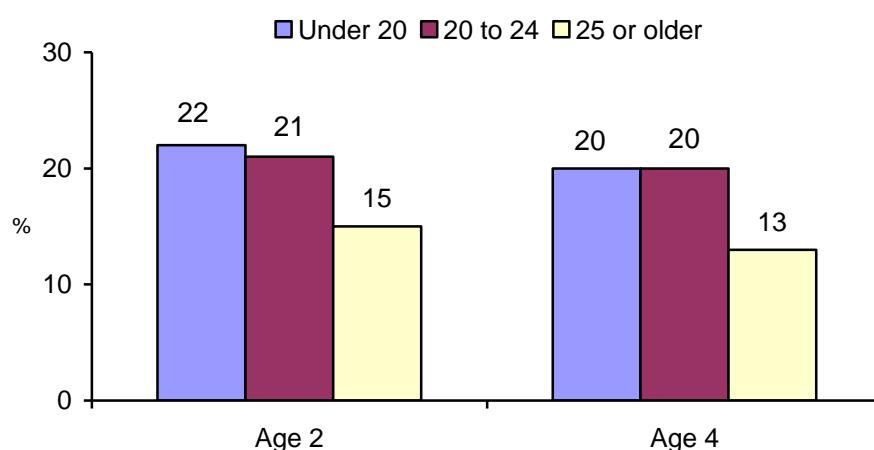
Figure 6-A % of mothers who agreed with the statement “If other people knew you were getting professional advice or support with parenting, they would think you were a bad parent” when child was aged 2 and 4, by maternal age at child’s birth



- 6.20 Whilst the proportion of mothers aged under 20 who agreed that support can lead to interference in family life was higher than for older mothers, this did not change over time. At ages two and four, 21% of mothers aged under 20 agreed that social workers interfere and try to take over compared with 4% of mothers aged 25 or older.

6.21 Perceptions of the availability of support were most similar across the age groups though mothers aged under 20 maintained more negative views. Notably, however, mothers in their early twenties held very similar views. At age two, 22% of those aged under 20 and 21% of those aged 20-24 agreed that there was not enough advice or support with parenting from professionals compared with 15% of mothers aged 25 or older. Attitudes became very slightly more positive over time, for all mothers, but the difference by maternal age and the similarities between views amongst mothers in the two younger groups, remained.

Figure 6-B % of mothers who agreed with the statement “Professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children” when child was aged 2 and 4, by maternal age at child’s birth



Availability of informal support

6.22 To get some measure of parents’ access to informal support, when the child was 10 months old, mothers were asked how easy or difficult it would be to find someone to look after their child for a couple of hours during the day at short notice. Table 6.11 shows that 85% of mothers aged under 20 claimed that it would be easy or very easy to find someone to look after the child, compared with 74% of mothers in their late twenties and above. This finding reflects, most likely, the different living circumstances of mothers aged under 20 compared with older mothers. Being more likely to live in a household with a grandparent of the child, younger mothers have readier access to this sort of ad-hoc childcare support.

6.23 Arranging short notice care for the child during the day was also easier for mothers aged under 20 when the child was aged two. For example, just 13% of claimed it would be fairly or very difficult to find someone to look after the child for a short time compared with 19% of mothers aged 25 and above (Table 6.12). Beyond age two, however, there were no significant differences found by maternal age.

6.24 Ease of arranging overnight care was also asked at ages two and four. This was more difficult for all mothers, but mothers aged under 20 reported

less difficulty, at all age points, than did older mothers (Table 6.14). However, as with care during the day, perceptions of how easy it was to arrange overnight care was more similar across the maternal age groups when the child was aged four than at age two. 68% of mothers aged under 20 and 62% of mothers aged 25 or older said arranging overnight care was very or fairly easy at age two. At age four, the corresponding figures were 64% and 63%.

- 6.25 At ages two and four, parents were also asked who they would most likely call on for help in these situations. Table 6.15 shows that the people whom mothers relied on most were relatively similar across the years. At age two, 72% of mothers aged under 20 said that they would call on their mother or father, compared with slightly fewer mothers in their early twenties (68%) and fewer again amongst those aged 25 years and above (57%).
- 6.26 These data also illustrate how the differences in marital and relationship status by maternal age impact on potential sources of informal support. For example, older mothers were much more likely than younger mothers to cite a parent-in-law; being more likely to be married, older mothers were also more likely to have such a person available in the first place. In contrast, mothers aged under 20 - being more likely than older mothers to have recently separated from a partner - were also more likely to say they would call on a former spouse or partner.
- 6.27 Mothers aged 25 and over were also more likely than younger mothers to claim that they would call on a friend for help. 9% cited this source at age two compared with 4% of mothers aged under 20.

7 SUMMARY AND CONCLUSION

- 7.1 The policies and initiatives which support parents in Scotland and the social policy frameworks which inform them seek to ensure that all children have the best possible start in life. In doing so, these policies aim to address inequality in many guises – of income, health, opportunity and experience. In order to address such inequality, it is also necessary to understand it.
- 7.2 The findings from this report confirm much that is already known about the circumstances and experiences of mothers aged under 20 compared with older mothers. For example, the significant socio-economic disadvantage they face – in terms of lower qualifications, lower employment levels and lower income. However, these findings go beyond this existing knowledge providing further insight into perhaps lesser known differences – and similarities – between younger and older mothers including between mothers aged under 20 at the child's birth and those who are just a little older - in their early twenties. Many of these differences and similarities – particularly those between mothers in the two younger age groups - are important to acknowledge in order to provide the right support for our youngest parents to ensure that the inequality they and their children face is addressed. These findings are timely given the Scottish Government's commitment to the publication of a teenage pregnancy and young parents strategy in Spring 2015 and will be crucial in informing the development of that strategy.
- 7.3 There is much that is positive about these findings. Most mothers under 20 - and those in their early twenties - have strong social networks; feeling close to their friends and family and believing they get the support they need from these sources. Although many younger mothers are single when their child is young, over time they begin to form relationships and many are married by the time their child starts school. In cases where the child's father is not resident, the vast majority are in regular contact, seeing or speaking to the child at least once a week. Young mothers have generally positive pregnancies and births - the majority report good health during their pregnancy, have natural births and perceive the birth to have been better or much better than they expected. Their general health otherwise is also good, and the majority also report good physical and mental wellbeing. Providing the right support for younger mothers is difficult, but it is encouraging that, whilst they are more likely to have negative views than older mothers, most mothers under 20 have a positive attitude towards seeking and receiving support with parenting.
- 7.4 Our findings do, however, clearly illustrate the socio-economic disadvantage faced by mothers who are under 20 when their first child is born and this fundamental disadvantage underlies many of the other differences shown in this report. In addition, the report shows that whilst mothers in their early twenties are relatively more advantaged than those aged under 20, they are nevertheless significantly *disadvantaged* when

compared with mothers aged 25 or older. Addressing these issues would therefore have particular impact in reducing inequality more broadly between younger and older parents. Indeed, in a range of research using GUS data (Bradshaw, 2010, 2011; Bromley and Cunningham-Burley, 2011; Parkes and Wight, 2011; Parkes *et al*, 2012) maternal age has rarely emerged as a factor independently associated with child outcomes. Those findings suggest, instead, that child outcomes are influenced more by the behaviours, experiences and circumstances of parents than by their age. As such, younger mothers who exhibit protective behaviours – such as frequent reading to their child and a healthy lifestyle - and who provide a secure and stable environment, have similar chances of raising children with positive outcomes as older mothers who do the same. The key difference is that their more challenging starting point – a pregnancy which is often unplanned, an unstable relationship, lack of educational qualifications, and a peer group who largely don't have children – makes it considerably more difficult for mothers under 20 to achieve the security and stability necessary to develop and support positive child outcomes.

- 7.5 In many cases the child arrives before young mothers are able to complete school or further education qualifications – this is particularly the case for those aged under 20. In following these mothers forward, it is clear that few have, or take, the opportunity to pick up their pursuit of qualifications in the six years following the child's birth. Yet education is an important factor which can contribute to resolving the other socio-economic differences – lower employment and lower income – and is a key factor which influences a range of child outcomes – particularly in relation to cognitive development (see Bradshaw, 2011). With better qualifications (or training) come more employment opportunities and higher income. Other GUS research (Barnes *et al*, 2010) has shown worklessness and low 'average work intensity' (a measure of the amount of work parents do across a defined period) to be important factors associated with risk of children experiencing persistent poverty. The recently introduced education and training policies - Opportunities for All and the Post-16 Transitions Framework – already acknowledge the need to recognise the higher risk of disengagement among young parents. Additional support to allow young parents the opportunity to continue their education or training would benefit them, and their children, in many positive ways.
- 7.6 The lower education qualifications of mothers aged under 20 may explain, in part, their lower employment levels. It may also account for lower levels of employment amongst those in their early twenties, when compared with mothers aged 25 or older. However, it is unlikely to account for all of the difference. Employment levels of mothers aged under 20 could be raised by improved opportunities for education and training, but widening the availability of and access to affordable childcare is also important. It is clear that teenage parents – and those in their early twenties - are significantly more dependent on informal sources of care – particularly the child's grandparents – than are older mothers. In many cases, these informal sources may not provide the care necessary to allow the mother

to work – not least because grandparents of children with younger mothers tend to be younger themselves, and are therefore more likely than older grandparents to be in employment. Such issues will gain more prominence as the children in the younger cohort get older, the recent changes to eligibility for income support affect mothers of those children, and other benefit changes introduced in 2013 take effect. A key factor which will affect how easy or difficult young mothers find it to secure and sustain employment will be the availability of suitable childcare and suitably flexible jobs.

- 7.7 Mothers aged under 20 and those in their early twenties tended to have worse health than older mothers. In measures of both general health and mental wellbeing they rated themselves more poorly than mothers aged over 25. It is notable that mothers in their early twenties reported the poorest health on a number of these items. These are differences which appear to persist over time. This appears contradictory to what may be expected; being younger in age, we probably expect mothers aged under 25 to have better health. However, it appears that perhaps their poorer health behaviours – younger mothers, and particularly mothers aged under 20, were more likely to smoke, including during pregnancy – and their greater socio-economic disadvantage – repeatedly shown elsewhere to be associated with poorer health on a range of measures - counteract their youthfulness.
- 7.8 Parental physical and mental health and health behaviours are known to be associated with child outcomes (Parkes *et al*, 2012; Marryat and Martin, 2010). Those parents with better health themselves, and who practice better health behaviours – such as not smoking, better diet, more physical activity – are more likely to have children with better health and health behaviours. Thus smoking cessation programmes aimed at teenagers, and perhaps specifically at pregnant mothers aged under 20, would be beneficial for improving the health of mothers and their children. This is perhaps one area where the proposed increase in the quantity and quality of education about motherhood within the Curriculum for Excellence could focus. Indeed, mothers in their early twenties, with significantly higher smoking rates than those aged 25 or older, may also benefit from some targeted intervention in this respect.
- 7.9 The Parenting Strategy commits the Scottish Government to providing better support to all parents. In particular, it emphasises the need to move towards a culture where parents feel encouraged to seek support. It is notable, from the findings in this report, how wary teenage parents appear to be of formal support services and their reluctance to use them. Teenage parents were less likely to attend antenatal classes, to seek advice on child health, to have used resources like play@home, ChildSmile, and were more likely to prefer informal sources for information and advice, on a one-to-one basis. These trends have significant implications for the delivery of parenting support for young mothers. It is also worth highlighting that mothers in their early twenties, whilst being less wary of professional support and more confident about who to ask

than those aged under 20, are nevertheless less sure than older mothers of seeking and receiving parenting support than older mothers. They were also similarly as likely as mothers aged under 20 to feel that there was not enough support and advice being offered.

- 7.10 There have already been a number of interventions delivered in Scotland aimed at improving the parenting capacity of teenagers. It is important that the experiences and outcomes from these interventions are shared and reflected upon, along with the findings here. This will ensure that as a national approach to increased parenting support is adopted, the specific perceptions of and attitudes towards support amongst teenage parents are better understood and their needs more widely met.
- 7.11 Yet mothers aged under 20 are not the only group who emerge disadvantaged in this analysis. Across many of the domains of health, parenting and social life considered here, the circumstances, behaviours and experiences of mothers aged 20-24, whilst often being relatively positive when compared with those aged under 20, are still more negative than for older mothers. Their poorer general and mental health and health behaviours, including during pregnancy, are of particular note alongside their lower use of parenting support – such as ante-natal classes – and more negative attitude towards such support. Socio-economic circumstances and social networks are also less stable amongst these mothers than for those aged 25 or older. Therefore some consideration must also be given to enhancing the support available to new mothers in this slightly older age group.

REFERENCES

- Barnes, M., Chanfreau, J. and Tomaszewski, W. (2010) *Growing Up in Scotland: The Circumstances of Persistently Poor Children*, Edinburgh: Scottish Government
- Berry, J. O. & Jones, W.H. (1995). "The Parental Stress Scale: Initial Psychometric Evidence." *Journal of Social and Personal Relationships* 12(3): 463-472.
- Black, C., Eunson, J., Murray, L, and Cunningham-Burley, S. (2012), *Evaluation of the You First Programme for Young Parents*, Scottish Government Social Research
- Bradshaw, P. (2011). *Growing Up in Scotland: Changes in child cognitive ability in the pre-school years*, Edinburgh: Scottish Government
- Bradshaw, P. (2013). "Chapter 2: Characteristics and circumstances of children and their families" in Bradshaw, P., Bromley, C., Hill, T., Mabelis, J., Parkes, A., Smith, K. & Warner, P. (Eds.) *Growing Up in Scotland Birth Cohort 2 – Results from the first year*. Edinburgh: Scottish Government
- Bradshaw, P. and Tipping, S. (2010). *Growing Up in Scotland: Children's social, emotional and behavioural characteristics at entry to Primary School*, Edinburgh: Scottish Government
- Bromley, C. (2013). "Chapter 9: Child Health and Development" in Bradshaw, P., Bromley, C., Hill, T., Mabelis, J., Parkes, A., Smith, K. & Warner, P. (Eds.) *Growing Up in Scotland Birth Cohort 2 – Results from the first year*. Edinburgh: Scottish Government
- Bromley, C. and Cunningham-Burley, S. (2010) *Growing Up in Scotland: Health inequalities in the early years*, Edinburgh: Scottish Government
- Coldwell, J., A. Pike, et al. (2006). "Household chaos - links with parenting and child behaviour." *Journal of Child Psychology and Psychiatry* 47(11): 1116-1122.
- Condon, J.T. & Corkindale, C.J. (1998), 'The assessment of parent-to-infant attachment: development of a self-report questionnaire instrument' *Journal of Reproductive and Infant Psychology*, 16, 57-76
- Scottish Parliament Health and Sport Committee (2013) *5th Report, 2013 (Session 4): Report on Inquiry into Teenage Pregnancy*, Edinburgh: Scottish Parliament
- Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation

Marryat, L. and Martin, C. (2010). *Growing Up in Scotland: Maternal mental health and its impact on child behaviour and development*. Edinburgh: Scottish Government.

Parenting Task Group (2008) *Final report from the Parenting Task Group*, Edinburgh: Scottish Government

<http://www.scotland.gov.uk/Publications/2008/07/parenting-report>

Parkes, A. and Wight, D. (2011). *Growing Up in Scotland: Parenting and Child Health*, Edinburgh: Scottish Government

Parkes, A., Wight, D., & Sweeting, H. (2012). *Growing Up in Scotland: Obesity, Overweight and Activity*, Edinburgh: Scottish Government

Parkes, A., Wight, D., & Sweeting, H. (2013). "Chapter 6: Parenting" in Bradshaw, P., Bromley, C., Hill, T., Mabelis, J., Parkes, A., Smith, K. and Warner, P. (Eds.) *Growing Up in Scotland Birth Cohort 2 – Results from the first year*. Edinburgh:

Reid Howie Associates (2010) *Engaging teen parents*, Leven: Fife Gingerbread

Schaefer, E. S., & Edgerton, M. (1985). Parent and child correlates of parental modernity. In I. E. Sigel (Ed.), *Parental belief systems: The psychological consequences for children* (pp. 287-318). Hillsdale, NJ: Erlbaum.

Scottish Government (2011) National Performance Framework, Edinburgh: Scottish Government

Shears, J. K., Whiteside-Mansell, L., McKelvey, L. and Selig, J. (2008) "Assessing Mothers' and Fathers' Authoritarian Attitudes: The Psychometric Properties of a Brief Survey", *Social Work Research*, 33:3, pp179-184

Warner, P.,(2012). "Chapter 3: Pregnancy and Birth" in Bradshaw, P., Bromley, C., Hill, T., Mabelis, J., Parkes, A., Smith, K. & Warner, P. (Eds.) *Growing Up in Scotland Birth Cohort 2 – Results from the first year*. Edinburgh:

Wetherby, A. & Prizant, B. (2001). *Communication and Symbolic Behavior Scales Developmental Profile- Preliminary Normed Edition*. Baltimore, MD: Paul H. Brookes Publishing Co.

Reed Howie Associates (2010) Engaging teen parents.

APPENDIX – TABLES OF RESULTS

Table 2.1 Education level when child was aged 10 months

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Higher Grade or above	17	50	80	65
Below Higher Grade or none	83	50	20	35
<i>Unweighted bases</i>	319	608	1986	2921

Table 2.2 Education level when child was aged 2, 4 and 6 years

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Higher Grade or above	24	62	76	69
Below Higher Grade or none	76	37	24	32
Age 4				
Higher Grade or above	30	60	77	67
Below Higher Grade or none	70	39	22	32
Age 6				
Higher or above	37	62	77	68
Below Higher Grade or none	63	39	22	31
<i>Unweighted bases</i>				
Age 2	132	267	1276	1681
Age 4	132	267	1275	1680
Age 6	132	267	1276	1681

Table 2.3 Employment status when child aged 10 months

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
In full-time paid employment	3	12	39	28
In part-time paid employment	18	43	44	40
Not working	78	45	17	31
<i>Unweighted bases</i>	316	609	1987	2917

Table 2.4 Economic activity when child aged 2, 4 and 6 years

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
In full-time paid employment	7	16	25	22
In part-time paid employment	20	41	48	44
Maternity / parental leave	1	2	6	5
Looking after home or family	74	61	56	59
Waiting to take up paid work	-	1	0	0
Out of work looking for a job	5	3	1	2
Out of work, sickness or disability	2	1	1	1
In full or part-time education	8	7	3	4
Other	4	1	1	1
Age 4				
In full-time paid employment	9	21	24	21
In part-time paid emp/self-emp	24	37	45	41
Maternity / parental leave	5	6	10	8
Looking after home or family	73	57	55	58
Waiting to take up paid work	-	-	0	0
Out of work looking for a job	6	3	1	2
Out of work, sickness or disability	-	0	1	1
In full or part-time education	8	4	2	3
Other	-	-	0	0
Age 6				
In full-time paid employment	9	21	28	24
In part-time paid emp/self-emp	28	36	45	41
Maternity / parental leave	6	4	4	4
Looking after home or family	70	67	62	64
Waiting to take up paid work	1	0	0	0
Out of work looking for a job	8	4	1	3
Out of work, sickness or disability	1	1	1	1
In full or part-time education	9	6	3	4
Other	1	-	-	0
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 2.5 Equivalised annual household income (quintiles) when child aged 10 months

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Bottom Quintile (<£10,833)	72	40	12	25
2nd Quintile (>=£10,833 <£17,009)	15	22	10	14
3rd Quintile (>=£17,009 < £26,000)	9	14	11	11
4th Quintile (>=£26,000 < £40,625)	3	21	38	30
Top Quintile (>=£40,625)	1	3	29	20
<i>Unweighted bases</i>	268	530	1791	2597

Table 2.6 Equivalised annual household income (quintiles) when child aged 2, 4 and 6 years

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Bottom Quintile (<£9,644)	64	33	7	18
2nd Quintile (>=£9644< £16,433)	17	31	12	16
3rd Quintile (>=£16,433< £25,000)	14	20	20	20
4th Quintile (>=£25,000< £34,167)	2	9	19	16
Top Quintile (>=£34,167)	2	7	41	31
Age 4				
Bottom Quintile (<£11,875)	59	35	9	20
2nd Quintile (>=£11,875<£19,444)	24	26	14	18
3rd Quintile (>=£19,444< £25,625)	13	24	22	21
4th Quintile (>=£25,625< £37,500)	2	12	22	18
Top Quintile (>=£37,500)	1	4	33	23
Age 6				
Bottom Quintile (<£11,944)	58	37	10	22
2nd Quintile (>=£11,944 <£19,643)	28	33	16	21
3rd Quintile (>=£19,643 < £29,166)	12	18	21	19
4th Quintile (>=£29,166 < £37,500)	1	7	22	16
Top Quintile (>=£37,500)	0	5	31	22
<i>Unweighted bases</i>				
Age 2	126	255	1223	1610
Age 4	127	251	1217	1601
Age 6	126	249	1214	1595

Table 2.7 Mothers in receipt of selected benefits when child aged 10 months

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Working Tax Credit	19	33	15	20
Child Tax Credit	89	77	41	56
Income Support	57	23	5	16
Job Seekers Allowance	10	6	1	4
Housing Benefit	51	25	6	16
Council Tax Benefit	43	23	6	15
Incapacity Benefit	19	33	15	20
Disability Living Allowance	89	77	41	56
<i>Unweighted bases</i>	319	609	1983	2919

Table 2.8 Mothers in receipt of selected benefits when child aged 2, 4 and 6 years

	Mothers age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Working Tax Credit	30	44	21	26
Child Tax Credit	93	86	69	74
Income Support	52	20	3	11
Job Seekers Allowance	4	2	0	1
Housing Benefit	42	21	4	11
Council Tax Benefit	41	22	4	11
Age 4				
Working Tax Credit	37	38	18	24
C'care element of WTC	10	13	6	8
Child Tax Credit	85	83	64	70
Income Support	40	16	3	10
Job Seekers Allowance	2	2	1	1
Housing Benefit	40	22	3	11
Council Tax Benefit	40	22	4	12
Age 6				
Working Tax Credit	41	35	17	24
C'care element of WTC	4	6	3	4
Child Tax Credit	93	86	60	70
Income Support	32	18	4	11
Job Seekers Allowance	6	4	1	2
Housing Benefit	46	25	4	14
Council Tax Benefit	44	25	5	14
<i>Unweighted bases</i>				
Age 2	130	260	1239	1635
Age 4	133	266	1276	1681
Age 6	133	267	1274	1680

Table 2.9 Housing tenure when child aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Owner occupied	11	28	74	56
Social rented	59	40	9	23
Private rented	25	28	13	18
Other	4	5	3	3
<i>Unweighted bases</i>	358	696	1888	2950

Table 2.10 Housing tenure when child aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Owner occupied	14	40	83	69
Social rented	65	43	9	21
Private rented	13	9	5	6
Other	8	8	2	4
Age 4				
Owner occupied	11	39	84	66
Social rented	68	43	10	24
Private rented	15	11	4	7
Other	6	7	2	3
Age 6				
Owner occupied	10	35	84	64
Social rented	72	48	10	26
Private rented	14	14	4	7
Other	5	3	1	2
<i>Unweighted bases</i>				
Age 2	132	267	1278	1683
Age 4	133	267	1278	1684
Age 6	133	267	1279	1685

Table 2.11 Area deprivation (quintiles) when child aged 10 months

	Mother's age at child's birth				All %
	Under 20 years old	20-24 years old	25 years old and above	All	
	%	%	%	%	
Least deprived	6	6	23	17	
2nd quintile	8	13	21	18	
3rd quintile	13	20	23	21	
4th quintile	30	26	18	21	
Most deprived	42	35	15	23	
<i>Unweighted bases</i>	358	700	1890	2956	

Table 2.12 Area deprivation (quintiles) when child aged 2, 4 and 6 years

	Mother's age at child's birth				All %
	Under 20 years old	20-24 years old	25 years old and above	All	
	%	%	%	%	
Age 2					
Least deprived	3	7	27	21	
2nd quintile	10	13	24	20	
3rd quintile	14	18	20	19	
4th quintile	23	23	15	17	
Most deprived	50	41	15	23	
Age 4					
Least deprived	4	9	28	21	
2nd quintile	10	11	24	20	
3rd quintile	11	22	19	19	
4th quintile	28	22	14	17	
Most deprived	48	36	15	23	
Age 6					
Least deprived	1	9	28	21	
2nd quintile	12	9	25	20	
3rd quintile	18	16	19	18	
4th quintile	24	27	16	19	
Most deprived	46	39	12	22	
<i>Unweighted bases</i>					
Age 2	133	264	1270	1673	
Age 4	133	267	1279	1685	
Age 6	133	267	1279	1685	

Table 3.1 Number of natural parents in the household when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
1	70	44	11	25
2	30	56	89	75
<i>Unweighted bases</i>	319	501	1987	2925

Table 3.2 Whether natural father in household when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Natural father in household	32	59	92	80
Natural father not in household	68	41	8	20
Age 4				
Natural father in household	34	55	91	77
Natural father not in household	66	45	9	23
Age 6				
Natural father in household	38	56	88	75
Natural father not in household	62	44	12	25
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 3.3 Family type when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Lone Parent	67	39	10	24
Couple Family	33	61	90	76
<i>Unweighted bases</i>	319	611	1987	2925

Table 3.4 Family type when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Lone Parent	64	38	7	19
Couple Family	36	62	93	81
Age 4				
Lone Parent	52	37	8	19
Couple Family	48	63	92	81
Age 6				
Lone Parent	45	32	10	19
Couple Family	55	68	90	81
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 3.5 Mothers reporting a new partner living in household in last year when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
New parent/partner	9	5	1	2
Age 4				
New parent/partner	11	5	1	3
Age 6				
New parent/partner	6	3	1	2
<i>Unweighted bases</i>				
Age 2	151	303	1333	1793
Age 4	151	303	1333	1793
Age 5	151	303	1332	1792

Table 3.6 Number of people living in the household when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
2	38	28	8	15
3	34	53	84	72
4	13	9	6	8
5 or more	15	10	2	5
<i>Unweighted bases</i>	319	501	1987	2925

Table 3.7 Total number of children living in the household when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
1	87	95	94	94
2	9	5	5	6
3	4	0	0	1
<i>Unweighted bases</i>	319	501	1987	2925

Table 3.8 Total number of children in household when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
1	83	87	84	84
2	14	12	16	15
3	3	1	0	1
4	-	1	0	0
Age 4				
1	55	57	45	49
2	35	38	52	47
3	10	4	3	4
4	-	1	0	0
Age 6				
1	39	39	33	35
2	41	51	57	53
3	19	9	10	11
4	1	1	1	1
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 3.9 Number of children living in the household, including the cohort child, who are the mother's offspring (number of mother's subsequent live births²⁵) when child is aged 2, 4 and 6

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
1 (0)	89	90	85	86
2 (1)	11	10	14	13
3 (2)	0	0	0	0
4 or more (3 or more)	0	0	0	0
Age 4				
1 (0)	57	57	46	50
2 (1)	36	40	51	47
3 (2)	6	3	3	3
4 or more (3 or more)	0	0	0	0
Age 6				
1 (0)	41	39	33	35
2 (1)	41	53	57	53
3 (2)	17	7	9	11
4 or more (3 or more)	1	1	0	1
<i>Unweighted bases</i>				
Age 2	132	263	1251	1647
Age 4	128	258	1234	1621
Age 6	128	258	1250	1642

Table 3.10 Number of adults living in the household when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
1	39	28	8	16
2	37	55	88	75
3	15	9	2	5
4 or more	8	8	2	3
<i>Unweighted bases</i>	319	501	1987	2925

²⁵ To consider this as a measure of 'subsequent live births' assumes that those children who are born then come to live in the same household as the cohort child. This measure does not, therefore, account for children born to the mother who live elsewhere, stillbirths or children who died between birth and the point of data collection.

Table 3.11 Number of adults in household when child was aged 2, 4 and 6 years

	Mother's age at child's birth				All %
	Under 20 years old	20-24 years old	25 years old and above	All	
	%	%	%	%	
Age 2					
1	42	28	6	14	
2	37	61	91	80	
3	11	7	2	4	
4 or more	9	4	1	2	
Age 4					
1	44	30	7	16	
2	45	63	90	79	
3	4	3	3	3	
4 or more	7	4	0	2	
Age 6					
1	37	28	9	17	
2	57	67	88	80	
3	3	2	2	2	
4 or more	4	3	0	1	
<i>Unweighted bases</i>					
Age 2	133	267	1279	1685	
Age 4	133	267	1279	1685	
Age 6	133	267	1279	1685	

Table 3.12 Whether grandparent living in the household when child was aged 10 months

	Mother's age at child's birth				All %
	Under 20 years old	20-24 years old	25 years old and above	All	
	%	%	%	%	
No	69	81	96	90	
Yes	31	19	4	10	
<i>Unweighted bases</i>	319	501	1987	2925	

Table 3.13 Whether grandparent living in the household when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
No	79	89	97	94
Yes	21	11	3	6
Age 4				
No	87	91	98	95
Yes	13	9	2	5
Age 6				
No	91	94	99	97
Yes	9	6	1	3
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 3.14 Mother's marital status when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Single, that is, never married	96	85	34	53
Married and living with husband or wife	3	13	61	44
Separated or Divorced	0	2	2	1
Widowed or other	1	0	3	2
<i>Unweighted bases</i>	319	501	1987	2925

Table 3.15 Mother's marital status when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Single, that is, never married	95	70	25	40
Married or civil partner and living with husband or wife or partner	3	28	71	57
Separated or Divorced	1	1	4	3
Widowed or other	1	-	0	0
Age 4				
Single, that is, never married	88	64	22	38
Married or civil partner and living with husband or wife or partner	7	32	74	57
Separated or Divorced	1	3	4	4
Widowed or other	3	-	0	1
Age 6				
Single, that is, never married	82	60	20	37
Married or civil partner and living with husband or wife or partner	17	37	74	59
Separated or Divorced	1	3	5	4
Widowed or other	1	-	0	0
<i>Unweighted bases</i>				
Age 2	133	267	1279	1685
Age 4	133	267	1279	1685
Age 6	133	267	1279	1685

Table 3.16 Conflict in relationship with partner when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Has respondent cursed or sworn at partner	92	81	71	74
Has partner cursed or sworn at respondent	91	76	63	67
Has respondent ordered partner around	59	57	59	59
Has partner ordered respondent around	51	42	43	43
Has respondent insulted/shamed partner in front of others	15	11	5	7
Has partner insulted/shamed respondent in front of others	18	11	6	7
<i>Unweighted bases</i>	102	282	1778	2253

Table 3.17 Conflict in relationship with partner – score when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Low	8	17	24	22
Medium	36	39	40	40
High	56	44	36	39
<i>Unweighted bases</i>	102	282	1778	2253

Table 3.18 Whether child has current contact with non-resident father when aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes	72	74	72	72
No	28	26	27	27
<i>Unweighted bases</i>	220	212	192	651

Table 3.19 How often child sees non-resident father when aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Every day	39	34	30	35
5-6 times a week	7	15	10	11
3-4 times a week	20	19	20	20
Once or twice a week	23	22	22	23
Less often but at least once a month	7	5	11	7
Less often than once a month	3	5	5	4
Never	1	-	2	1
<i>Unweighted bases</i>	160	156	137	468

Table 3.20 Number of close friends when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
None	4	4	2	2
1 or 2	29	22	11	16
Between 3 and 5	50	49	47	48
Between 6 and 10	13	19	30	25
More than 10	4	7	10	9
<i>Unweighted bases</i>	319	501	1987	2925

Table 3.21 Respondent's friends take notice of opinion when child was aged 2 and four

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Agree	78	81	86	84
Neither agree nor disagree	18	16	13	14
Disagree	2	2	1	1
I don't have any friends	2	1	0	1
Age 4				
Agree	80	82	88	86
Neither agree nor disagree	16	15	10	12
Disagree	1	2	1	1
I don't have any friends	1	0	1	1
<i>Unweighted bases</i>				
Age 2	171	338	1386	1901
Age 4	173	340	1388	1906

Table 3.22 Number of close relationships when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
I have close relationships with lots of people	43	40	32	35
I have close relationships with some people	39	38	48	45
I have close relationships with one or two people	15	21	18	18
I don't have any close relationships	3	1	2	2
Age 4				
I have close relationships with lots of people	38	42	31	34
I have close relationships with some people	46	36	50	46
I have close relationships with one or two people	14	20	18	18
I don't have any close relationships	2	2	2	2
<i>Unweighted bases</i>				
Age 2	171	338	1386	1901
Age 4	175	346	1410	1936

Table 3.23 Respondent close to most of family when child was aged 2 and 4

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Agree	82	85	86	85
Neither agree nor disagree	8	8	7	8
Disagree	10	6	6	6
I don't have any family	0	0	0	0
Age 4				
Agree strongly	84	83	86	85
Neither agree nor disagree	10	8	7	8
Disagree	6	7	7	7
I don't have any family	-	1	0	0
<i>Unweighted bases</i>				
Age 2	171	338	1386	1901
Age 4	173	340	1388	1906

Table 3.24 Perception of level of support from family and friends

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
I get enough help	82	78	80	80
I don't get enough help	11	13	13	13
I don't get any help	2	5	5	5
I don't need any help	6	4	2	3
Age 4				
I get enough help	83	80	77	78
I don't get enough help	11	13	16	14
I don't get any help	3	5	5	4
I don't need any help	3	3	3	3
<i>Unweighted bases</i>				
Age 2	171	338	1385	1900
Age 4	173	340	1388	1906

Table 4.1 Mother's general health when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Excellent	19	21	26	24
Very Good	40	35	42	41
Good	27	28	23	25
Fair	12	12	7	9
Poor	3	2	1	2
<i>Unweighted bases</i>	317	491	1967	2889

Table 4.2 Mother's general health when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Excellent/ Very Good	51	53	64	61
Good	30	32	25	27
Fair	16	14	8	10
Poor	2	1	2	2
Can't say	-	-	0	0
Age 4				
Excellent/ Very Good	46	43	58	54
Good	31	40	30	32
Fair	18	15	10	12
Poor	5	2	2	2
Can't say	1	1	0	0
Age 6				
Excellent/ Very Good	43	41	56	52
Good	31	38	31	32
Fair	19	16	10	12
Poor	8	5	3	4
Can't say	-	-	0	0
<i>Unweighted bases</i>				
Age 2	131	265	1273	1675
Age 4	133	267	1276	1681
Age 6	132	267	1275	1680

Table 4.3 Mother had health problem or disability when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes	12	12	12	12
No	88	88	88	88
<i>Unweighted bases</i>	317	597	1967	2889

Table 4.4 Mother had health problem or disability when child was aged 2, 4 and 6 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Yes	15	15	16	16
No	85	85	84	84
Age 4				
Yes	20	16	19	18
No	80	84	81	82
Age 6				
Yes	25	17	19	20
No	75	83	81	80
<i>Unweighted bases</i>				
Age 2	131	265	1272	1674
Age 4	133	267	1276	1681
Age 6	132	267	1275	1680

Table 4.5 SF-12 physical wellbeing when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Poor physical wellbeing	10	15	8	10
Average or good physical wellbeing	90	85	92	90
<i>Unweighted bases</i>	319	501	1987	2925

*Poor physical wellbeing defined as 1 SD below mean

Table 4.6 SF-12 mental wellbeing when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Poor mental wellbeing	19	18	12	14
Average or good mental wellbeing	81	82	88	86
<i>Unweighted bases</i>	319	501	1987	2925

*Poor mental health defined as 1 SD below the mean

Table 4.7 DASS score above standard deviation (indicating poorer mental health*) when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
No	79	74	87	83
Yes-above SD	21	26	13	17
Age 4				
No	79	84	92	88
Yes-above SD	21	16	8	12
<i>Unweighted bases</i>				
<i>Age 2</i>	171	338	1385	1899
<i>Age 4</i>	173	340	1387	1905

* above 1 SD indicates high depression/stress

Table 4.8 Whether mother smoked when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes	47	40	13	23
No	53	60	87	77
<i>Unweighted bases</i>	317	491	1967	2889

Table 4.9 How often mother drank alcohol when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Never	19	22	17	18
Monthly or less	53	54	37	42
2-4 times per month	26	21	30	28
2-3 times per week	2	2	14	10
4+ times per week	-	0	2	2
<i>Unweighted bases</i>	317	491	1967	2889

Table 4.10 Units of alcohol on a typical day when drinking when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
1-2	25	31	46	40
3-4	22	23	29	27
5-6	18	18	14	15
7-9	15	18	9	11
10+	20	11	2	6
<i>Unweighted bases</i>	250	380	1646	2364

Table 4.11 Whether mother had ever taken drugs by time child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Cannabis	23	22	25	24
Amphetamines	3	4	5	5
Cocaine	7	7	5	5
Crack	-	0	0	0
Ecstasy	6	6	6	6
Heroin	-	0	1	1
Methadone	-	-	1	1
LSD	1	-	3	2
Another illegal drug	1	1	0	1
Never taken any of these drugs	76	76	73	74
<i>Unweighted bases</i>	317	491	1966	2888

Table 4.12 Whether mother had taken drugs in the past 12 months when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Cannabis	17	17	7	10
Amphetamines	-	1	0	0
Cocaine	1	3	1	1
Ecstasy	-	1	1	1
Heroin	-	-	0	0
Methadone	-	-	3	2
LSD	-	-	0	0
Another illegal drug	1	1	-	0
None	82	82	90	87
<i>Unweighted bases</i>	75	115	525	739

Table 5.1 Self-reported health during pregnancy

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Very well	45	48	57	53
Fairly well	39	32	29	31
Not very well	11	13	10	11
Not at all well	4	8	4	5
<i>Unweighted bases</i>	312	493	1939	2853

Table 5.2 Any illnesses and problems during pregnancy

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes	36	37	40	39
No	64	63	60	61
<i>Unweighted bases</i>	312	494	1940	2855

Table 5.3 Use of folic acid

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Took Folic acid before pregnant	13	25	62	48
Took Folic acid 1st 3 months pregnant	81	86	96	92
Did not take any folic acid	18	13	3	8
<i>Unweighted bases</i>	312	494	1940	2855

Note: Respondents could report taking folic acid both before conceiving and during the first trimester.

Table 5.4 Use of vitamin D

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Taken prior to becoming pregnant	3	5	23	16
Taken during the first 3 months	18	22	43	36
During the second 3 months	16	18	36	30
During the last 3 months	14	16	33	27
No Vitamin D supplement	77	72	49	57
<i>Unweighted bases</i>	312	493	1931	2845

Table 5.5 Whether pregnancy was planned or unplanned

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
It was planned by me and my partner / child's father (we both hoped it would happen)	13	33	76	58
It was planned by me, but not really by my partner / child's father (I hoped it would happen)	1	1	1	1
It wasn't planned, but I / we didn't do anything to prevent it happening (didn't mind)	28	26	13	18
It wasn't planned at all	58	39	10	23
<i>Unweighted bases</i>	312	493	1931	2845

Table 5.6 Frequency of alcohol consumption during pregnancy

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Every day	-	0	0	0
1-2 times a week	1	1	1	1
2-3 times a month	1	0	4	3
Less than once a month	8	9	18	15
Never	90	90	77	81
<i>Unweighted bases</i>	308	482	1919	2814

Table 5.7 Smoking behaviour during pregnancy (base = all)

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes, I continued smoking as before I was pregnant	8	5	1	3
Yes, I tried to stop but didn't manage to	6	8	2	4
Yes, but I reduced the amount I smoked	20	14	5	9
Yes, but I stopped (when I found out I was pregnant)	20	15	8	11
No, I didn't smoke at all when I was pregnant	46	57	84	73
<i>Unweighted bases</i>	308	482	1919	2814

Table 5.8 Smoking behaviour during pregnancy (base = only those who smoked at all during pregnancy)

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
I continued smoking as before I was pregnant	15	12	8	11
I tried to stop but didn't manage to	12	20	10	14
I reduced the amount I smoked	36	33	33	33
I stopped (when I found out I was pregnant)	37	36	50	42
<i>Unweighted bases</i>	169	210	292	706

Table 5.9 Drug use during pregnancy (base = those who had ever taken drugs)

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes, I continued taking drugs as before I was pregnant	1	1	1	1
Yes, I tried to stop but didn't manage	-	-	0	0
Yes, but I reduced the amount	-	2	3	2
Yes, but I stopped (when I found out I was pregnant)	2	3	1	2
No, I stopped whilst trying to get pregnant	2	1	1	1
No, I had stopped a long time before becoming pregnant	18	27	37	33
No, I didn't take any drugs while I was pregnant	77	66	58	61
<i>Unweighted bases</i>	73	113	506	715

Table 5.10 Type of delivery

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Normal delivery	72	57	44	50
Forceps	9	12	18	16
Ventouse Suction	3	4	4	4
Forceps and Ventouse	1	2	1	1
Caesarean Section ... before labour began	3	6	11	9
Caesarean Section ... after labour began	11	18	22	20
Other	0	1	0	0
<i>Unweighted bases</i>	312	494	1940	2855

Table 5.11 Mother's perceived experience and expectations of child's birth

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
It was much worse than I had expected	9	12	12	12
It was worse than I had expected	13	14	18	16
It was much as I had expected	14	14	23	20
It was better than I had expected	31	29	24	26
It was much better than I had expected	21	16	11	13
I didn't know what to expect	11	15	12	13
<i>Unweighted bases</i>	312	493	1937	2851

Table 5.12 Who was present at child's birth

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
No one else	3	1	2	2
Baby's father	71	83	93	89
Friend	3	2	2	2
Mother (in law)	57	41	11	23
Someone else	14	11	4	6
<i>Unweighted bases</i>	312	494	1940	2855

Table 5.13 Birth weight

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Low Birth weight	5	6	8	8
Birth weight not low	95	94	92	92
<i>Unweighted bases</i>	318	499	1985	2915

Table 5.14 Gestation at delivery

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Early	35	36	39	37
Late	57	53	48	50
On time	8	11	13	12
<i>Unweighted bases</i>	319	501	1987	2920

Table 6.1 Attendance at ante-natal classes prior to child's birth

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Yes and went to all or most of the classes	22	28	67	53
Yes, but only went to some of the classes	16	21	15	16
No, did not attend any	62	51	18	31
<i>Unweighted bases</i>	316	500	1986	2918

Table 6.2 Parenting programmes ever attended by time child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Did not take part in parenting programme	79	76	49	59
Took part in Triple P-Positive Parenting Programme	1	1	1	1
Took part in baby massage	16	17	42	33
Took part in Incredible Years Programme	0	0	0	0
Took part in Bricks & Mortar Parenting Programme	0	0	0	0
Took part in Mellow Parenting	1	0	0	0
Took part in baby yoga	0	0	2	1
Took part in swimming classes	0	0	3	2
Took part in baby sensory	0	1	4	3
Took part in tuneful tots (music/rhymes)	1	1	5	3
Took part in PEEP parent education	0	0	2	1
Took part in Book Bug/libraries	0	0	2	1
Took part in other programme	6	5	11	9
Respondent can't remember programme name	2	1	1	1
<i>Unweighted bases</i>	316	500	1987	2919

Table 6.3 Contact with health visitor in first three months after child's birth

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
More than once a week	8	6	5	5
About once a week	29	33	29	30
Two or three times a month	25	24	23	23
About once a month	16	18	24	22
Less often than once a month	17	16	15	15
Never	5	3	4	4
<i>Unweighted bases</i>	311	493	1934	2846

Table 6.4 Sources of information and advice used when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Childcare Link website / phoneline	1	2	2	2
ParentLine Scotland email / phoneline	0	0	0	0
ChildSmile website / dental services	22	28	27	27
Play, Talk, Read website	6	9	11	10
play@home booklets	9	14	19	16
None of these	68	60	55	58
<i>Unweighted bases</i>	316	500	1987	2919

Table 6.5 Preferred method of parenting information and advice when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
In person, on a one-to-one basis from someone like a health	58	54	48	50
In person at a seminar or group	1	2	7	5
In person from family or friends	28	29	21	23
Books, magazines or leaflets	4	5	8	7
Internet websites	4	8	11	10
Internet forums (e.g. Mumsnet)	2	2	4	3
TV programmes or DVDs	1	1	0	1
Something else	1	0	1	1
<i>Unweighted bases</i>	316	499	1983	2914

Table 6.6 Sources used for information of child's health when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Books/leaflets	7	12	21	18
Internet	3	12	21	17
Family doctor/GP	62	71	79	76
Respondents own parents	47	50	46	47
Partner's parents	9	17	20	18
Other parents	2	3	7	6
Respondents grandparents	5	6	1	3
Partner's grandparents	1	1	1	1
Other families	10	21	32	28
Practice nurse	6	5	5	5
Health visitor	36	38	37	37
NHS 24	28	31	39	36
Pre-school staff	1	2	4	3
Other carers	1	1	2	2
Other professional	6	4	7	6
None of sources	24	15	10	13
Age 4				
Books/leaflets	3	7	11	9
Internet	9	12	23	19
Family doctor/GP	54	66	63	62
Respondents own parents	40	39	33	35
Partner's parents	6	13	12	12
Other parents	2	3	5	4
Respondents grandparents	6	2	1	2
Partner's grandparents	1	0	1	1
Other families	10	14	23	19
Practice nurse	21	21	16	18
Health visitor	6	8	8	7
Psychologist	2	1	1	1
NHS 24	25	30	28	28
Pre-school staff	9	7	8	8
Other carers	1	1	1	1
LA staff	1	1	1	1
Social workers	1	0	1	1
Other professional	6	4	7	6
None of sources	32	23	23	24
<i>Unweighted bases</i>				
Age 2	167	325	1365	1863
Age 3	167	325	1365	1863
Age 4	167	325	1365	1863

Table 6.7 Sources used for information on child's behaviour when child was aged 2 and 3 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Books/leaflets	4	7	13	11
Internet	2	4	9	7
Family doctor/GP	9	9	4	6
Respondents own parents	25	32	25	26
Partner's parents	3	9	10	9
Other parents	3	4	8	6
Respondents grandparents	2	2	0	1
Other families	8	17	24	20
Practice nurse	18	20	14	16
NHS 24	4	2	2	2
Pre-school staff	5	4	5	5
Other carers	1	2	2	2
Social workers	2	0	0	1
Other professional	1	2	1	1
None	60	52	53	53
Age 3				
Books/leaflets	5	7	12	10
Internet	2	6	12	9
Family doctor/GP	7	12	8	8
Respondents own parents	27	32	28	29
Partner's parents	3	10	12	10
Other parents	2	4	6	5
Respondents grandparents	3	4	1	2
Other families	11	19	29	24
Practice nurse	18	18	13	15
Health visitor	0	-	1	1
Psychologist	-	1	1	1
NHS 24	2	3	2	2
Pre-school staff	7	10	10	10
Other carers	1	1	3	2
Social workers	3	1	0	1
Other professional	2	2	1	1
Other	1	1	1	1
None	58	49	49	50
<i>Unweighted bases</i>				
Age 2	199	356	1432	1993
Age 3	199	356	1433	1994

Table 6.8 Services / individuals who saw child in last year when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Local doctor/GP	86	91	90	89
Health visitor	69	62	62	62
Practice nurse	10	17	19	17
Social worker	7	2	1	2
Child psychologist	-	-	1	1
Other professional	30	42	54	49
Other support service	2	-	1	1
No-one	3	1	1	1
Age 4				
Local doctor/GP	81	81	79	79
Health visitor	41	33	32	34
Practice nurse	11	13	16	15
Social worker	8	3	1	3
Child psychologist	2	3	2	2
Other professional	45	50	57	54
Other support service	4	2	2	2
No-one	7	5	5	5
<i>Unweighted bases</i>				
Age 2	173	340	1392	1911
Age 4	174	340	1392	1912

Table 6.9 Attitudes to receiving advice and support on parenting when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
If you ask for help or advice doctors/social workers try to take over	24	14	6	10
Professionals do not offer enough support/advice about parenting	20	18	14	16
Others would probably think that you were bad parent if get advice/support about parenting	30	17	9	13
Difficult to ask people for help/advice unless you know them very well	42	31	19	25
Hard to know who to ask for advice about being a parent	27	20	17	19
<i>Unweighted bases</i>	313	496	1973	2897

Table 6.10 Attitudes to receiving advice and support on parenting when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
If you ask for help or advice doctors/social workers try to take over	21	11	4	8
Professionals do not offer enough support/advice about parenting	22	21	15	17
Others would probably think that you were bad parent if get advice/support about parenting	29	25	17	20
Age 4				
If you ask for help or advice doctors/social workers try to take over	21	13	4	8
Professionals do not offer enough support/advice about parenting	20	20	13	16
Others would probably think that you were bad parent if get advice/support about parenting	38	28	19	24
<i>Unweighted bases</i>				
Age 2	166	327	1352	1851
Age 4	168	327	1355	1856

Table 6.11 How easy or difficult to find someone to look after child at short notice when child was aged 10 months

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Very easy	47	53	39	43
Fairly easy	38	29	35	34
Neither easy nor difficult	4	6	5	5
Fairly difficult	6	7	12	10
Very difficult	5	4	8	7
Would not do this	-	1	0	0
<i>Unweighted bases</i>	316	500	1985	2917

Table 6.12 How easy or difficult is it to leave child with someone for a couple of hours during the day when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Very/ fairly easy	83	77	75	77
Neither easy nor difficult	3	5	6	6
Fairly/ Very difficult	13	18	19	18
Would not do this	-	-	0	0
Age 4				
Very/ fairly easy	82	79	79	79
Neither easy nor difficult	5	6	6	6
Fairly/ Very difficult	13	14	15	14
Would not do this	-	-	0	0
<i>Unweighted bases</i>				
Age 2	167	325	1365	1863
Age 4	167	325	1365	1863

Table 6.13 How easy or difficult is it to leave child with someone for whole day when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Very/ fairly easy	68	65	63	64
Neither easy nor difficult	12	9	8	9
Fairly/ Very difficult	20	26	28	26
Would not do this	1	1	1	1
Age 4				
Very/ fairly easy	70	69	66	67
Neither easy nor difficult	7	9	9	9
Fairly/ Very difficult	24	23	25	24
Would not do this	-	-	0	0
<i>Unweighted bases</i>				
Age 2	167	325	1365	1863
Age 4	167	325	1365	1863

Table 6.14 How easy or difficult is it to leave child with someone overnight when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Very easy or fairly easy	68	65	62	64
Neither easy nor difficult	9	10	8	8
Fairly or very difficult	20	21	26	25
Would not do this	3	4	4	4
Age 4				
Very easy or fairly easy	64	67	63	64
Neither easy nor difficult	13	10	10	10
Fairly or very difficult	23	23	26	24
Would not do this	-	1	2	1
<i>Unweighted bases</i>				
Age 2	167	325	1365	1863
Age 4	166	325	1364	1861

Table 6.15 Who would mother call on for help with looking after child at short notice when child was aged 2 and 4 years

	Mother's age at child's birth			
	Under 20 years old	20-24 years old	25 years old and above	All
	%	%	%	%
Age 2				
Former spouse or partner	3	2	1	2
My mother/father	72	68	57	61
Mother-in-law/father-in-law	6	13	19	16
My grandmother/grandfather	5	2	1	2
Sister/brother	5	5	7	6
Aunt/uncle/cousin	2	2	2	2
Friend/ neighbour	4	7	9	8
Child minder	-	2	2	2
Someone else	2	0	1	1
None of these/would not ask for help	1	-	0	0
Age 4				
Former spouse or partner	5	3	1	2
My mother/father	70	65	58	61
Mother-in-law/father-in-law	7	13	17	15
My grandmother/grandfather	1	5	1	2
Sister/brother	5	5	6	6
Aunt/uncle/cousin	2	2	2	2
Friend/neighbour	5	4	9	8
Child minder	1	1	2	2
Someone else	1	0	2	1
None of these/would not ask for help	-	1	1	1
<i>Unweighted bases</i>				
Age 2	167	325	1364	1862
Age 4	167	325	1365	1863

Social Research series

ISSN 2045-6964

ISBN 978-1-78412-267-6

web only publication

www.scotland.gov.uk/socialresearch

APS Group Scotland
DPPAS24107 (02/14)



Social Science in Government