Very rich mothers are less likely to work than other mothers, so the economic situation of the mother’s household, (along with her level of education) is a predictor of whether the mother will participate in much paid work (AIFS Submission 2005; Baxter 2005b; Cass 2002).

Teenage mothers provide a good opportunity to examine some of the recognised factors in the work and family debate that lead mothers to decide not to participate in paid work. They have in common a similar “stage of the lifecycle” when they have children – they all have at least one child while in their teens. They also tend to have in common a particular economic situation – they are generally poor themselves and are likely to have partners and parents who are economically disadvantaged.

While these structural reasons might go a long way to explain why teenage mothers are less likely than other mothers to participate in paid work, it is interesting to explore whether some of the major concepts of “individual agency” used in the work and family literature can be usefully applied to the experiences of teenage mothers. Can these concepts (such as “preferences”, “choices” and “decision making”) help us to understand the way teenage mothers live their lives? Why do relatively few teenage mothers (compared to other mothers) participate in study or paid work as part of their motherhood experience? To what extent are they “choosing” not to do paid work or study?
Teenage mothers are not particularly common in Australia. In 2003, there were only 11,505 births to teenagers, with most of these births to mothers in their late teens. For example, there were only 375 births to teenage mothers aged 15 and under climbing to 4,512 births to mothers 19 years of age (ABS 2004).

Australia's teenage fertility rate of 16.3 babies per 1,000 women in 2003 is low compared to the United States (51.1), New Zealand (29.8), Canada (20.1) and the United Kingdom (29.7). It is higher, however, than other OECD countries such as France (7.9), Italy (6.8), Sweden (7.8) and other developed Asian countries like Japan (3.9), Hong Kong (5.8) and Singapore (7.0) (Evans 2003; ABS 2000). Australia's relatively low teenage fertility rate means that teenage mothers have not been considered a major social issue in the same way as they have, for example, in the United Kingdom (see Social Exclusion Unit report on Teenage Pregnancy 1999).

While they may not be a major social issue in Australia, teenage mothers can be expensive for governments. They are more likely than other mothers to remain on income support payments for long periods of time, to have children who are likely to rely on welfare payments later in life, and to have poorer health outcomes (including mental health) for both themselves and their children (Newman 2001; Quinlivan 2004; and for an Australian analysis, see Gregory and Klug 2003). Teenage mothers typically have lower levels of educational attainment than both other mothers and other women of their age, and to have lower occupational and educational aspirations (Eloundour-Enyegue and Stokes 2004; Fergusson and Woodward 2000). Teenage mothers make up only one per cent of all single mothers in Australia. At 3 per cent, teenage mothers are over-represented as recipients of the main income support payment for single mothers (Parenting Payment Single). Nearly all teenage mothers are receiving some kind of income support (ABS 2003).

Overall, teenage mothers (and their children) tend to fare more poorly on several key economic, social and health indicators than other mothers (Moore and Brooks-Gunn 2002; Chevalier and Viitanen 2001; Hoberoft and Kierman 1999; Allen and Dowling 1998; Gregory and Klug 2003).

**Teenage Mothers Study**

The Teenage Mothers Study was conducted between November 2004 and May 2005. Five focus groups with teenage mothers were conducted by the authors (four in Victoria and one in Canberra) with 41 participants in total. Participants included mothers living in rural areas and in the suburbs, mothers in school and not in school, mothers with part-time jobs and no jobs, and single, cohabiting or married mothers. Service providers were also interviewed separately from the mothers. The mothers were selected via the service providers, who were contacted by the authors and asked for assistance in recruiting focus group participants. A flyer for each group was prepared by the
authors and distributed via service providers. In four of the five groups, most of the participants knew each other from either playgroups or other service provided activities. In one of the focus groups, it was the first time the mothers had come together as a group.

Each of the five focus groups was run with roughly similar questions and guidelines. Themes included pregnancy, birth, role of the child’s father, reactions and support (or otherwise) offered by the mother’s parents and other relatives and friends, schools, employers, and general community. Themes focused on daily life, financial affairs, thoughts, hopes and plans about the future, and the health of mother and child. Participants were also asked to fill out a demographic questionnaire at the end of the focus group, and were given a survey to take home and complete and then send back by reply-paid envelope. The demographic questionnaires were completed to a high standard given that the researchers were on hand to assist participants fill them out.

As expected, the mail-back questionnaire yielded relatively low return rates. Of the 41 handed out, 24 were completed and returned. Participants were given $40 to cover their costs of attending and participating in the focus group.

Eight service providers were interviewed, one face-to-face, following a focus group, and the rest via phone interviews. The service providers comprised a mix of local council and community organisations. Issues covered in these interviews included: a brief history of the service and how it became involved with teenage mothers; background information about any specific group teenage mothers had joined within the service; and general discussion about issues surrounding teenage mothers and local environment factors (including housing, community acceptance, incidence, relationship, financial issues and so on). Service providers were also asked whether they thought services could be improved. Like the focus groups, these interviews were taped and later transcribed.

Half of the focus group mothers had their first child between the ages of 17 and 18 years, with three mothers having their baby at age 15 or under. At the time of the study, ten had two or more children. Thirty-seven mothers said their first pregnancy was not planned. While 16 of the mothers were single at the time of their first birth, 12 were cohabiting with the baby’s father at the time, and 10 were in a relationship but not living together. Only one mother was married to the father of the child at the time of the birth. Information about relationship status at the time of first birth was not provided by the other two mothers. At the time of the study, the number of single mothers had risen to 27, while the number of mothers cohabiting with the baby’s father dropped from 12 to three. Four mothers indicated that they were cohabiting with a new partner. Information about current relationship status was not provided by the remaining seven mothers.

At the time of birth, seven of the mothers were in private rental, another seven in public housing, 21 were living at home with their parents, and information was not reported by the remaining mothers on this topic. At the time of the study, 15 of the mothers were still living at home, and the number of mothers living in both private rental and public housing had increased (11 and 12 respectively).

All the mothers were receiving some form of government assistance such as Parenting Payment Single and Family Tax Benefit Part A. Twenty-eight were receiving a weekly income of $450 or less, and the others received somewhere around this average reported amount, depending on their number of children and whether the mother was married or in any paid work. Only eight of the mothers were employed, all of them on a part-time casual basis. Jobs included working at a fish and chips shop, delivering pizzas, milking cows, and cleaning houses. While more than half of the mothers (25) left school while they were between 15-17 years old, 11 were participating in education at the time of the study (most of these mothers went back after the birth of their child), either Secondary or TAFE/University.

While 27 of the mothers said they did not have any problem with their health, of those who did, four said they suffered from postnatal depression and three said they had anaemia. Most of the mothers (31) provided an indication of their own mother’s age at first birth, and of these, 28 said their mother had a child before they turned 20.

In short, the teenage mothers in the focus groups exhibited fairly typical characteristics that the literature describes are commonly associated with teenage motherhood (Berrington 2004; Cheesbrough, Ingham and Massey 2002; Social Exclusion Unit 1999; Turner 2004).
The decision to become a mother

For most of the focus group participants, getting pregnant with their first child was an accidental side effect of having sex. Out of the 41 teenagers, only four said they planned to get pregnant. Several of the mothers volunteered that they had abortions prior to the pregnancy that produced their first child. Others expressed quite strong anti-abortion views and differentiated themselves from women who had repeated abortions as a birth control method.

In their in-depth study of 84 teenage mothers, Allen and Dowling (1998) found there was a clear anti-abortion feeling amongst their participants (very rarely based on religious grounds), and that although they might not have planned to get pregnant, the teenagers “were not planning to avoid pregnancy” (p. 207). They concluded that pregnancy was not so much a decision as an acceptance of what had happened, accompanied by a feeling of being swept up in events (p. 194).

The discourse used by many mothers in the focus groups seemed to be well practised and constructed in relation to many of the issues covered. In particular, by opening the group discussion with a question about feelings surrounding discovering pregnancy, the authors were aware that participants would find the question relatively easy to answer as it was no doubt something they had been asked many times before.

The mothers described the shock and surprise at finding out they were pregnant and then gave various reasons for their decision to continue the pregnancy:

“I didn’t have an option, I was having this baby.” (E2)

“I decided I was good enough to have a child.” (E1)

“I didn’t want a posh life, I think I was rebelling.” (E3)

“I had an abortion when I was 15 and I just didn’t want to go down that road again so I decided from square one to have the baby.” (R5)

“If I’ve got my mind made up I’ll do it, no matter what anyone else tells me or if they say, no you’re making a mistake. It’s like, well, it’s my mistake to make.” (E2)

The word “responsible” came up often when the mothers described their reasons for continuing on with the pregnancy. They justified continuing on with their pregnancy as proof of a “worthy” side of their identity; they were acting in a responsible manner. In this way, they differentiated themselves from other teenagers who didn’t go through with pregnancies – they were a “step above” them. For example, one mother, referring to her children, said:

“At least I’ve kept them, you know, at the end of the day, like, I accepted what I did.” (E3)

Like those in Allen and Dowling’s study, these teenagers knew that not doing anything at all would result in a birth, whereas doing something to stop the chain of events (for example, birth control prior to getting pregnant; abortion) would require a set of firm rather than shaky feelings. Some of the service providers confirmed this in the interviews conducted with them separately, following the focus groups.

Service providers, on balance, thought that most of the mothers did not “accidentally” get pregnant. Service providers agreed that although the teenagers might have had misinformed views about the role of contraceptive methods in preventing pregnancy, they knew that having unprotected sex could well result in pregnancy.

In a way, the decision “not to do anything” surrounding contraception and pregnancy, but rather to “see what happens” could be seen as particular forms of typical teenage behaviour – risk taking (unprotected sex) and rebellion (continuing with the pregnancy in the face of sometimes hostile parental reactions). Many of the mothers spoke about the adverse reaction to the news of their pregnancy by their parents. For example, one mother, speaking of her parents’ reaction, said:

“Everyone in my family told me to get an abortion. They said ‘you’re too young and the father’s not around’ and they carried on like pork chops … they just didn’t want to know me. I was the black sheep.” (E3)

Some mothers said that their parents eventually provided support and “got over it”.

For the majority of teenage mothers in the focus groups, the decision-making processes surrounding getting pregnant and then having the child can probably be described at best as weak, and certainly not as fully informed and confident. While many educated and older mothers might spend years preparing for the “right” time to have a child (and perhaps, as a result, miss out altogether), the teenage mothers were tentatively asserting their identities in the face of sometimes strong opposition, not only from their parents but from their boyfriends as well.

Service providers mentioned that the mothers did not think too far ahead, and had little idea of what mothering meant in practice – the concept was often defined as “having something that will love you”.

During the focus groups, participants were asked to imagine themselves a few years down the track, and to describe how they thought they might be living. This was one of the most difficult questions: it took a lot of prompting in each of the groups to encourage the mothers to talk about the future. Most said they really could not say where they would be and what they would be doing – they had not given it much thought.

The concept of decision making, when usually applied in the context of debates about work and family, implies that preferences guide the choices that parents make (Hakim 2000, 2003). It can be concluded from an analysis of the comments made by teenage mothers in the focus groups that preferences were not strongly articulated – rather, for these mothers, “things happen to you”. There were rarely highly developed preferences to guide decisions.

Most of these young women started their mothering careers without a strong view of how their lives will turn out, without many strong preferences for the future, and therefore, without a commitment to a certain way of arranging either work or family, let alone a combination of the two.
Assembling a mothering identity

In the work and family debate, the role of “preferences” is often discussed in terms of their influence on decision making (Hakim 2000; Probert and Murphy 2001; Cass 2002). Mothers in the focus groups seemed to have to work pretty hard just to develop (rather than to express) preferences. Most of the “work” that the mothers were doing, apart from the obvious unpaid work associated with caring for a young child or children, seemed to be associated with developing an identity as a mother, a process which includes the development of preferences (see MacInnes 2004 for a review of recent sociological use of the concept of identity and its link to preferences, and Hakim 2003 for a practical application of both concepts).

This work could be described as “additional labour” (Morehead 2002, 2005). It is labour that is additional to the work that most mothers do. While all first-time mothers need to adjust to their new identity, older mothers are more likely to be doing this in a supportive environment and when their adult identity is already well established. This is not the case with many teenage mothers. As well as having to cope with the, at least, initial negative reactions from parents on hearing about the pregnancy, many of the mothers in this study had stories to tell about how they were treated in hospital during the birth of their child.

Their first experience of being a mother in a public social setting was often not positive. One mother commented on the treatment she received from a staff member at the hospital as follows:

“She just stood at the edge of my bed and said did you ever think about abortion or adoption … my mum approached her and said ‘you had no right to say that’.” (C01)

Another mother, talking about a friend, said:

“She was 18 when she had her first child and she was really sick and the doctor chose to speak to her mum and not her.” (C02).

One mother explained a negative reaction from a midwife:

“She was, like, if you want to see your family then you have to go into the lounge to see them. They could not come into my room, but the [older] woman who was in the bed next to me was allowed to have her family there.” (C03)

Similarly, there were quite a few stories about what it felt like being at the local shopping centres. One mother said:

“A woman in Safeway abused me when I was pregnant. You need to have a ring on your finger.” (E2)

Another said:

“You can see them [shop assistants] ticking it over in their head trying to work out how old I would’ve been when I had the baby.” (K1)

Quite a few of the participants moved away from their parents in order to establish themselves as mothers. Several mentioned that they “ran away” for at least a period of time during their pregnancy, but some moved after the birth of their first child, either to another city or at least into separate accommodation from their parents. Hardly any currently lived with the father of their first child – the father’s role as partner, apart from a few exceptions, was mostly very minimal during the pregnancy and then non-existent after the birth.

Housing transitions were large events for most mothers. One mother said:

“I moved towns to get away and so my parents couldn’t interfere.” (E7)

Another said:

“My ex-partner’s parents kept telling me ‘you should be doing this, you shouldn’t be doing that’ … so I just ran off and everyone was going ‘where’s E5’. Then I came back after three months and he [the baby] was still there, he was still safe.” (E5)

Some of the mothers felt that having a baby was a positive step toward improving their lives, particularly if they were using drugs prior to getting pregnant, or felt they had fallen in with the wrong crowd of friends. One mother explained that prior to having her first child:

“I was just being an idiot hanging around with all the other drop kicks around town … After getting pregnant … I cleaned myself up and I didn’t take another drug after that.” (E3)

Another mother said:

“I wouldn’t change anything because she [the baby] changed my life. I was living in [a town] and started to get into drugs really heavily. There was no hope for me and I just see that she saved my life.” (R1)

Becoming a mother often separated the teenagers from their friends. Several mothers said they now mixed almost exclusively with other young mothers, and only retained a few of their closest friends from pre-baby days. One mother said:

“I’ve got friends in [her town] who would rather go out on the piss on Saturday night than to come and celebrate my little boy’s birthday. They say ‘you’re no fun anymore, like a boring old person with too many responsibilities, too serious’.” (E5)

As noted above, mothers were mostly separated from the fathers of their children. Where fathers still had contact with the child, several mothers expressed a high level of distrust of the father’s ability to parent on his own, and a few said they really feared for their child’s welfare while the child was staying with the father:

“For the 14 days that I’ve got him I’m right. I sleep. But from Friday to Sunday when he’s with his Dad, I don’t sleep. I’ve got my partner going ‘lay down, relax’, and I’m like ‘don’t talk to me, where’s my phone, I need to see if my boy’s okay’. My mum and my boyfriend, they just take my phone off me and hide it.” (E5)

“The father of the kids, he actually looked after my two boys, he got custody of my eldest boy, he has to go to parenting courses. My boys have been taken off him to a foster home. Now he has to go to an anger management course and parenting.” (C1)

Several mothers mentioned that when they had been living with the fathers of their children, the fathers provided no support at all, and would rarely, if ever, mind the children so the mother could be absent from the home. One mother said her partner would only mind their child if she paid him money from her welfare payment. She said:
“If I didn’t give him the $50 he would have no reason to look after him. He would say ‘you are not paying me this week so I’m not looking after him’.” (C2)

On the other hand, four or five of the mothers were in good relationships with the fathers of their children, and these mothers tended to have much more stable lives and an ability to look ahead a little more into the future.

The data show that nearly all the mothers constructed their mothering identity in difficult environments. Getting by on a daily basis took most of their energy. Even though the descriptions they gave of their daily lives gave a surface picture of being fairly routine and slow (they mostly stayed in their homes for long periods of time), their lives were also chaotic in terms of managing finances, establishing or maintaining romantic relationships, maintaining secure housing, organising transport, and parenting their child or children.

One of the service providers mentioned that for many of the teenage mothers she worked with, they just took one day at a time. She felt that the mothers focussed sometimes exclusively and in a very physical way around parenting their children. Due to the very low incomes of the mothers, this physical aspect to parenting often meant that the pram assumed a higher significance in the lives of the mothers than housing. She said:

“Sometimes I think their baby and the pram are probably the only things they ever think about. They are so addicted to their prams ……its got everything they need in it. Like, they can go anywhere with the pram! Like their house doesn’t even matter as much … everything’s in the pram, like their smokes and their money and their nappies and the baby’s bottle and the mobile phone and the children’s food … You can stay at anybody’s house because you’ve got that pram. It’s got everything in it.” (SP2)

The work and family debate typically conceptualises family work as being conducted within stable households with routines, timetables, time pressures and allocated work loads. But for these mothers, family work is stripped to its basics – the mother, the child, the pram and the reality of a difficult life lived beneath a relatively mundane surface.

Managing Centrelink interactions often required a fair amount of attention from mothers, as did issues about child support and, sometimes, managing child protection services. These topics often came up unprompted during the focus groups. While many mothers spoke in a relatively neutral way about Centrelink, several mothers had intricate stories to tell of problems they had with Centrelink. These were most worrying for the mothers when they involved money not arriving in their bank accounts on the due day. One mother said she cleared up a misunderstanding over the phone, only to find the money still did not arrive in her account. She rang back and was told there was no record of the call. She had written down the receipt number from the call, and the staff member then apologised but said the money would take several more days to go into her account, including over a weekend. When the mother said she had no money, the staff member told her it was too bad. While these stories may well be rare, they are significant in terms of young mother’s emerging identity. One mother said:

“It’s really degrading to have to go in and say ‘where’s my money, it’s not in the account’.” (E3)

Many of the teenage mothers rebelled against their parents, yet at the same time, relied on them.

Several mothers said they socialised mainly at night, when friends would drop around, and so the children would do most of their sleeping then. A few mothers said that would regularly not get up until after lunch time the following day, so the children would be up for many hours in the house while their mother slept. When asked how the children fed themselves, one mother said she left the cereal pack on the floor so her toddler could get himself breakfast. Many mothers said they didn’t really cook much, relying mostly on cheap take-aways such as hot chips and pies. On the other hand, several of the mothers were very committed to cooking each day and these mothers tended to like having a structure in place for the way they spent their time.

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Fragility of teenage mothers’ identities

The development of mothering identities, as described above, occurred for the mothers in the Teenage Mothers Study as they constructed and maintained their living arrangements. But the extent to which these emerging identities were associated with the development of preferences – arguably important in enabling mothers to manage work and family arrangements – was more difficult to ascertain. What the data did show, was that these mothers could have their identities disassembled very easily as they went about their everyday lives in their communities.

The process of assembling mothering identities has been partly described above. More specifically, from some of the comments made in the focus groups, it seemed the mothers defined themselves in relation to other types of mothers – the older “posh” mothers, and the irresponsible “sluttish” mothers more similar in age to themselves but who were doing teenage motherhood the wrong way:

One mother said she tried to go to a mothers’ group held at the neighbourhood house but she said:

“Never ever again would I go there. They were older and stuck up . . . they’re all dressed up, have their hair all done (whether it be straightened or all up and hair sprayed), the makeup painted on, and the nails. And they sit there and talk their posh thing . . . and I haven’t slept all night, I’ve thrown a T-shirt on . . . and my kids look a little bit feral today . . . They make you feel like you’re not welcome and they sort of pressure you not to come.” (E3)

In another group, a mother also thought she was not anything like older mothers:

“I’ll go to the park with my kids and slide up and down and you see these parents talking who won’t get on the slide and play . . . I’m glad I can play with my kids and be part of their lives.” (K1)

Similarly, a mother from a different focus group also thought that older mothers tended not to be so focused on their children. She mentioned having to face some unruly children of an older mother in the supermarket, and said:

“Even my kid knows better than to run around where there are old people with walking sticks. She had three of them running around and she didn’t care . . . they’re more worried about their old people with walking sticks. She had three of them running around and she didn’t care . . . they’re more worried about their . . . and I hadn’t slept all night, I’ve thrown a T-shirt on . . . and my kids look a little bit feral today . . . They make you feel like you’re not welcome and they sort of pressure you not to come.” (E3)

In another group, a mother also thought she was not anything like older mothers:

“I went there for only half an hour and they were all looking at me and telling me how stable they were and stuff, and I’m sitting there thinking . . . I would rather be brought up with the mentality that possessions aren’t everything. I have energy for my child and I know that. When they don’t.” (R4)

Another mother, when attending a mothers’ group of older mothers, said:

“I went there for only half an hour and they were all looking at me and telling me how stable they were and stuff, and I’m sitting there thinking . . . I would rather be brought up with the mentality that possessions aren’t everything. I have energy for my child and I know that. When they don’t.” (R4)

One interpretation of these relational comparisons is that by defining themselves in a positive way as “different” from the older mothers, these teenage mothers were expressing or developing preferences about their mothering (“I wouldn’t like to mother that way”) at the same time as reinforcing their own identities (“I am the type of mother who mothers this way, not that way”).

While they tended to speak about the older mothers as “above them” socially, they also defined a group who were “below them”. These were the teenage mothers who were not well linked into local services, who were more isolated, less inclined to attend groups, and some were drug addicted and careless in their approach to mothering. One mother summed it up as “we are obviously different in the way we think, we value our kids and don’t want to drag them around in pushers” (K1).

Despite being fairly articulate about the “type” of mothers they were, the fragility of the teenage mothers’ identities was all too commonly exposed in discussions about how the mothers felt within their wider communities. One mother told how she took her four children to the butcher shop. She explained she had spent ages getting the family ready and organised for the outing. She felt pretty good about herself as she walked into the shop. The butcher said, “I bet they all have different fathers”. She said it was all she could do to hold it together and get herself home, and then she burst into tears.

For these teenagers, their mothering identities can be disassembled at a glance. Where does this leave their ability to form preferences about work and family, when the additional labour required just to keep their “family work” going is undermined by others in their local communities?

Supports and pressures

For the type of parents who are normally at the centre of the work and family debate, supports and pressures are usually generated by workplaces, households and governments (Morehead 2005). Workplaces provide supports such as family-friendly jobs, or at least jobs mothers can have; households provide supports such as fathers who can help with financial support, parenting and household work, or at least a stable living environment if the mother is single; and governments provide supports such as schools, child care, and family payments. Pressures exist where these supports are hard to access or non-existent. But for many teenage mothers, there are mostly no workplaces in the picture (teenage mothers are much less likely to be in paid work than other mothers), and their households are extremely unstable. They do not have the same sources of pressures and supports as other parents.

For most of the mothers in the Teenage Mothers Study, it seemed that parents (particularly the teenagers’ mothers) rather than partners or husbands, played very significant roles as both supports and pressures on how they lived their lives, and in this regard, they provided the role of the “household” in generating supports and pressures for the mother. Many of the mothers spoke about the negative relationship they had with their own mothers, but even so, half of the mothers lived with their parents at home. Some had parents who helped considerably with the children. Most had stories to tell about how their parents were constantly telling them what to do and how to live their lives, and some relied substantially on financial and other types of support (such as housing) from their parents. Many of the teenage mothers rebelled against their parents, yet at the same time, relied on them.

While governments offer substantial support to teenage mothers through the provision of welfare and family
payments, and often housing and other services, there seem to be relatively few policies aimed specifically at applying pressure or offering incentives for teenage mothers to make decisions in particular ways. Where incentives were offered, such as a child care centre sited at a school, or special “young mothers’ groups”, it is evident that at least some mothers responded to them. One focus group comprised teenage mothers who had returned to high school to complete their studies. The school environment was specifically structured to offer support to the mothers, and the on-site child care centre was fully booked.

Many parents might lament the role that a range of supports and pressures play in their work and family decisions and the consequent additional labour necessary to maintain or achieve the type of work and family balance most desired. But for teenage mothers, there are fewer supports and pressures available – and it may be that their parents are left to step into the gap.

If the combination of a range of supports and pressures is not available, it does not mean the parent is left with “free choices”. Rather, it leaves them with very few resources and very few paths.

The focus group and interview data serve to highlight the differences between teenage and older mothers in terms of debates about work and family. To be able to make active decisions about whether to, or how to, combine work and family, it is argued here that a parent needs to have a strong enough identity to generate preferences, and they need to be in an environment where there are a range of pressures and supports available within which their preferences can be played out. It is only by helping teenage mothers develop a positive identity, in a supportive environment with a range of supports and pressures, that they will be able to develop preferences and therefore commit to a course of action that will lead them, in the next phase of their lifecycle, into the mainstream work and family arena, rather than excluding them from it.

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