



# Healthy Young Parents in Education

## Literature Review





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## Summary

The review has a two-fold approach. Firstly, and predominantly, current discourses around pregnant and parenting teenagers are analysed and deconstructed. Secondly, a critique of the existing educational models are explored. I argue that a polarisation exists between the way schools manage pregnant and parenting teenagers. This is a systemic focus which over-identifies the provision of education for pregnant and parenting students within a nurturing environment, at the expense of intellectual stimulation, or vice versa. This is a predictable outcome resulting from a historical lack of funding commitment by governments and communities to support pregnant and parenting students to continue their education in a mainstream school.

The following points materialised from the literature:

- The teenage confinement rate in South Australia is currently stable. Latest figures show that in 2003 there were 937 confinements for women under 20 years of age, or a rate of 18.3 per 1000 15 to 19 year olds. Of these teenage confinements (n=937), 102 confinements were to school-aged women.<sup>1</sup> It is important to note that this figure does not measure the amount of actual (and potential) students from previous years, or students who were pregnant in this year.
- In 2003, 22% of Aboriginal women gave birth in their teens, compared to an overall teenage confinement rate of 5.3%.<sup>2</sup>
- The figure for Aboriginal confinements to women of school age in 2003 was 14 live births. This figure is disproportionate to the overall school age rate when measured against the Aboriginal population (approximately 2.5% of the overall population), as the last dot point illustrates. This highlights a need for culturally appropriate education for pregnant and parenting Aboriginal teenagers.
- Further, due to issues around disadvantage, young Aboriginal women are also more likely to have babies of low birth weight, which amounts to more complex health needs for the infant, making school engagement particularly challenging. Recent research from the US suggests that there is a strong link between racial discrimination and (very) low birth weight babies.<sup>3</sup>
- Of the teenagers who gave birth in 2003, there is no available data, let alone a data collection system, on how many of these are attached to some form of education.
- There is no available data on young women who gave birth prior to 2003 and their educational engagement, but it is suggested that a young woman's chances of completing secondary school once she becomes pregnant and makes the decision to continue the pregnancy are almost nil.<sup>4</sup> Research also shows that a young maternal age can be a trigger event for disadvantaged women to return to education.

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<sup>1</sup> Chan A, Scott J, Nguyen A & Sage L 2005 *Pregnancy Outcome In South Australia 2003* Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide

<sup>2</sup> Chan A, Scott J, Nguyen A & Keane R 2002 *Pregnancy Outcome In South Australia 2001*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide, p. viii

<sup>3</sup> Collins J, David R, Handler A, Wall S & Andes S 2004 'Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination', *American Journal of Public Health* 94(12):2132–2138

<sup>4</sup> Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland, p. 7

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- Discourses around pregnant and parenting teenagers reduce their experience to a 'social problem', rather than citizens with a human right to education and reproduction.
  - Supportive, integrated education must meet the intellectual and social needs and take into account ongoing family responsibilities of pregnant and parenting teenagers.
  - Comprehensive policy must cater for all pregnant and parenting teenagers and needs to be a local, state and federal response.
  - Education is most effective when it is supportive and integrated. This means a focus on supporting specific personal needs and ensuring that the intellectual needs of the students are met by providing equity of access to all of the available curriculum options.
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## Introduction

This literature review explores current perceptions around women of school age who are pregnant and/or parenting. It is important to note that this review is *not* about preventing pregnancy or parenting among teenagers. It addresses the issues around teenagers who have chosen to continue with a pregnancy and/or are already parenting. The aim of the review is to explore the relationship between current constructions of 'teen mums' and educational provision to 'teen mums' who have been historically excluded from the state school system. The ever-present process of exclusion affects both their ability to access education, and the quality of education available.

Secondly, this review is concerned with teenage mothers, even though parenting teenage fathers also experience a degree of stigma, and are undeniably an important part of the debate. The rationale behind this is firstly, women tend to be central to reductionist discourses around parenting teenagers, and secondly, the corporeal experience of pregnancy, breastfeeding and parenting means that young women become a 'visual offence' underpinned by notions of the 'undeserving mother'. Further, the physical and emotional demands on mothers means that the traditional model of schooling is impossible without structural support.

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## Scope

All literature is written in English, and published after 1995. The majority of the literature was found through the Internet. There is, at the time of writing, a lack of literature on the subject in the South Australian libraries. The search engines were Expanded Academic, PubMed and Google. The search words used were: 'teenage parent', 'teenage parents AND education', 'pregnant parenting teenagers AND education', 'pregnant parenting teenagers rights' and 'teenage pregnant parenting AND inclusive education'. As well, local government reports were accessed to provide current statistical information and opinion. Of the 54 texts sourced, 26 were critically analysed for this review.

In one instance, the book *Pregnant with meaning: Teen Mothers and the Politics of Inclusive Schooling*<sup>5</sup> was purchased to add to the literature as it was unavailable from any South Australian library, and not included in any journal articles. I have used this book as a key text. Its approach – a critical, feminist perspective on young mothers' ability to access education – serves as a lens to the other literature. This framing allowed for a critical exploration of not only the academic literature, but the studies and resulting data that were often so ingrained in traditional pregnancy prevention-based discourses that they failed to address the reality of parenthood as an option for some young women. An intervention-based approach allowed for a more realistic and respectful position to teenagers who had chosen to remain pregnant or were already parenting.

The texts were divided into four key areas. These were:

- critical/cultural theory (n=7)
- teenage pregnancy and parenting – trends and consequences (n=6)
- teenage pregnancy determinants (n=5)
- teenage pregnancy and parenting – education retention including examples (n=8)

The above texts implement epidemiology, anthropology, sociology, feminist theories, qualitative research and quantitative data.

The primary reason for the review was to discover the practical, 'what works' (rather than 'what are the barriers') for pregnant and parenting teenagers in relation to educational engagement. A constant difficulty with the collection of literature was research, which was perpetually concerned with the 'barriers' to education, while simultaneously reducing teenage mothers to victims of circumstance (a confusing mix), as opposed to women with a right to education *and* reproduction, regardless of maternal age or socio-economic status.

This resulted in the review becoming more concerned with providing an insight into understanding the socio-cultural and structural realities of parenting during the teenage years, and how schools can cater to the particular needs of pregnant and parenting students. Further, it is important to note that this review was always concerned with providing supportive, integrated education which is underpinned by comprehensive, sustainable policy.

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<sup>5</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York

## Part 1: How teenage pregnancy and parenting is currently framed and what is the outcome

There is little research that adequately explores the undercurrent of morality that exists, not only in literature, but in policy and practices around pregnant and parenting teenagers. One recent paper by social researcher, Chris Bonell, argues that social scientists frame a teenager's ability to reproduce, as of serious social concern.<sup>6</sup> A fundamental part of this concern towards pregnant and parenting teenagers stems from a public perception that child rearing in this context will most likely be unsupported by the father, and as such there is a social cost: 'welfare dependence'. Young women, by default assume 'welfare subject' status, rather than the biological father.

According to Bonell's argument, the genealogy of 'teen mums' as a problematic issue historically stems from 'unmarried mothers' who were the target for condescension by upstanding citizens, which had a direct influence on policy and service provision.<sup>7</sup> However, the rise of the women's movement meant that increasingly, such contempt became a politically incorrect faux pas. In turn, the gaze was turned upon teenage mothers, who were just as likely to be unmarried and single. If this wasn't enough to encourage a moral campaign, teenage parents were often poor and black. Thus, pregnant and parenting teenagers became the perfect duplicate model for public disapproval. 'Welfare dependence', 'babies having babies' and 'fatherless children' continue to be part of our public discourse, effectively serving as a regulatory mechanism which collectively reduces pregnant and parenting teenagers as undeserving, incompetent and irresponsible 'Welfare Queens'. Much research underpinned by an epistemological bias toward a 'public health problem' has reduced teenage mothers to a one-dimensional victim of child abuse or neglect. In this framing, young women respond by having babies so they can be 'loved' and somehow repair their own childhood.

Pregnant and parenting teenagers as a 'public health problem', cleverly disguises a real public fear of a collective drain on the public purse. In effect, young mothers are regarded as a financial burden to the state due to the cost of welfare provision. This construct is effectively perpetuated through the media. The notion that young women have babies to 'cash in' on government fertility incentives is a well-worn stereotype. One example by Bettina Arndt, sociologist and newspaper columnist, is an opinion piece in *The Age* which claimed that the government's \$3000 fertility incentive would merely encourage young, single and uneducated women to continue with an unwanted pregnancy.<sup>8</sup> In other words, older, married, educated women (who are more than likely middle-class and in some cases more prepared to exist within the traditional context of a nuclear family) are deemed worthy of parenthood. It is not just that Arndt problematises the parenting ability of younger, poorer women; it is that through this trajectory she assumes that parenting is an individual responsibility, rather than a community responsibility in the context of an

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<sup>6</sup> Bonell C 2004 'Why is teenage pregnancy conceptualized as a social problem? A review of quantitative research from the USA and UK', *Culture, Health & Sexuality*, May-June 2004, vol. 6, no. 3, p. 255-272

<sup>7</sup> *ibid.*, p. 259

<sup>8</sup> Arndt B 2004 'The social cost of incentives to breed', *The Age*, May 22

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inequitable society. This argument, at its extreme, reduces poor women as 'welfare dependent' victims who are prepared to go to the extreme of continuing an unplanned pregnancy for \$3000. Such arguments are not new; when the Single Supporting Parent Payment was introduced in 1973 by the Whitlam government, similar public debate ensued. However, this seemingly had no effect on the already declining teenage birth rate in South Australia, which since this time has reduced from 55 (1973) to 18.3 (2003) per 1000 for 15 to 19 year olds.<sup>9</sup>

Throughout the literature cited, mothers who were older were not measured by their welfare history, childhood experiences of abuse or educational attainment. As well, fathers, regardless of age, were free to reproduce, and their seemingly reduced capacity to stick around and parent (compared to women) is not constantly measured, analysed and debated. Teenage mothers have been so often researched and labeled, it is significant that more research, often focused on 'prevention', continues to be funded. One critique on prevention-based research pointed out that a 'sex and race bias' is complicit in most research and denies or minimises the contribution that males make toward the pregnancy.<sup>10</sup>

Current thinking overwhelmingly favours the practice of delaying child bearing in privileged groups as the desired reproductive option;<sup>11</sup> however, this does not address the absurdity of imposing an incredibly small window of opportunity for women to (literally) reproduce, while getting on with the job of living. It is evident that women will continue to conceive outside of this window regardless of socially constructed reproductive frameworks. For this reason, comprehensive sex education needs to include the acknowledgment that there will be a minority of teenage women who are potentially going to, or are, pregnant or parenting during their adolescence, due to a range of complex factors at play. In a recent journal article, Quinlivan identifies the need for two distinct groups that need to be 'distinguished in our deliberations and population health strategies'.<sup>12</sup> Solely educating young women on the prevention of pregnancy and parenthood denies young parenting women sexual health education and information. Further, an over-emphasis on prevention models offers an unfounded hope that society does not have to be further inflicted with the 'social costs' of babies born to teenagers and perpetuates a complicit denial and disapproval around an inevitable (and minor) teenage pregnancy and parenting rate. Acknowledging an ever-present rate identifies the importance of a harm-minimisation or interventionist approach, separate from prevention. Medical, educational and welfare institutions need to be properly evaluated to identify how to better serve young parents through evidence-based, respectful intervention.

Judgmental attitudes from service providers who are funded to cater to young parents indirectly contributes to the stigma young parents already experience and results in a lack of service utilisation by pregnant and parenting young women, thus 'proving' negative perceptions. An outcome of this is that the conceptual understanding of teenage parenthood as an individual flaw becomes normalised. In this form, education

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<sup>9</sup> Chan A, Scott J, Nguyen A & Sage L 2005 *Pregnancy Outcome In South Australia 2003*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide

<sup>10</sup> Meyer V 1991 'A critique of adolescent pregnancy prevention research: the invisible white male', *Adolescence*. Spring: 26(101), pp. 217–22

<sup>11</sup> Quinlivan J 2004 'Teenagers who plan parenthood' *Sexual Health*, vol. 1 no. 4, pp. 201–208

<sup>12</sup> *ibid.* p. 202

and reproduction rights are complicated by an emphasis on the 'undeserving poor'. This framing denies the reality that most teenage parents parent in the context of low socio-economic status. Evidence repeatedly shows that good quality education improves the likelihood of social mobility and financial status. In this context, equity of access to education is a human right. A critical point however, is the assumption that all individuals from lower socio-economic backgrounds desire education and affluence. People who, for many various reasons, decide (either through choice or circumstance) not to access education or employment still deserve positive outcomes, respect and dignity.

The reality that many young parents cannot (rather than will not) access education contributes to negative stereotypes. This stigma is ever-present; teenage mothers are constantly labeled through indicators that 'normal' mothers are not subject to. Common gauges are:

- whether the pregnancy was planned
- school achievement
- having a teenage mother herself
- welfare history
- a family history of abuse and/or neglect

This is not to deny the importance of awareness and discussion in this area, but rather to also acknowledge that these indicators continue to frame the teenage parent as a troubled and problematic site. A criticism by teenagers already pregnant and parenting is that they are continuously identified through a frame of individual calamity, as opposed to women who have made a reproductive choice to parent.<sup>13</sup>

It is crucial, however, to acknowledge the context of early child bearing. Many young mothers live with the physical, emotional and social consequences of poverty because of particular structural barriers within society. There is no concrete evidence to suggest that delaying child rearing will deflect long-term, generational poverty in already disadvantaged areas.<sup>14</sup> Current discourses, which are historically rooted in traditional notions of heterosexual, middle-class, nuclear families, reduce the young mother's family structure to an individual issue of obedience versus rebellion, rather than a social reality. Furthermore, these discourses imply that 'normal parents' (i.e. worthy) are straight, affluent and married. An issue that warrants further rigorous discussion, which can not be achieved in the scope of this paper, is that some young women (whether they identify as feminist or not) actively reject or seriously question the institution of marriage, most likely as a result of the second wave of the feminist movement.<sup>15</sup>

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<sup>13</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, p. 49

<sup>14</sup> *ibid.* p. 50

<sup>15</sup> Lloyd E, Phoenix A & Woollett A (eds.) 1991 *Motherhood: meanings, practices, and ideologies*, Sage Publications, Newbury Park, California

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## Part 2: Deconstructing current mythologies and recontextualising 'teen mums'

As discussed in Part 1, teenage mothers are institutionally marginalised. This section unpacks the construction of this particular framing so that the current assumptions can be drawn out, exposed and reinterpreted. A 'mythology', or construct of what it *is* to be a teenage parent, is perpetuated, replicated, measured and discussed from disparate and often contradictory angles by those that are not teenage parents: academics, researchers, media, and religious advocates, to name a few. As a result, teenage mothers embody a set of presumed experiences, which overshadows their actual experience of parenting and creates a discord with service provision.

Anne Phoenix argues that this 'insider/outsider' perspective allows 'outsiders' to reduce pregnant and parenting teenagers to the 'other', thus allowing for a removal of essential service provision by not meeting the specific needs of young mothers.<sup>16</sup> For example, a widely disseminated myth includes the often discussed 'potential' for teenage parents to be more likely to abuse their infant due to their emotional immaturity, often coupled with their own experience of abuse.<sup>17</sup> Another unchallenged belief is that both mother and child will suffer a lifetime of poverty because of the disruption to schooling and ultimately career, meaning loss of potential earnings. This is in opposition to a lifetime of poverty as a result of the social and political structures that reinforce poverty through practices of exclusion.

Such 'facts', constantly referenced from mainstream to academic literature, lack rigor or evidence, which suggests moral opinion could be a motivating factor. Often, a mother's young maternal age is used as an indicator in quantitative research, yet rarely (if at all) is there a control group, to determine whether the teenage group has a higher rate of parent-child abuse than the control (median age) group.<sup>18</sup> One of the few studies that did challenge this current construction, used a control group which looked at over 30 000 parents and found that adolescent parents were not over-represented in abuse rates.<sup>19</sup> The real indicator for higher rates of child abuse and neglect is the constant poverty-related stress associated with low socio-economic status. This affects young parents directly in that young maternal age is overwhelmingly linked with low socio-economic status. Indigenous children are more likely to be born to teenage parents of low socio-economic status, and more likely to be reported for higher rates of abuse and neglect; however, this is conflated by over-surveillance and more relevantly to a continuing history that disproportionately removes and institutionalises Aboriginal children.<sup>20</sup> Incidence of abuse is a complex issue that cannot simply be foisted upon teenage parents. Teenage parents are often chronically socially isolated, yet no evidence

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<sup>16</sup> Lloyd E, Phoenix A & Woollett A (eds.) 1991 *Motherhood: meanings, practices, and ideologies*, Sage Publications, Newbury Park, California

<sup>17</sup> Education of Girls Unit, Education Department of South Australia 1991 *Supportive Learning Environment: Pregnant girls and Teenage Mothers, the Educational Implications*, Education Department of South Australia, Adelaide

<sup>18</sup> Martineau S 1993 *Mainstream madness: Child abuse as gender socialisation in the middle class* (research thesis) in Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, p. 208

<sup>19</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, pp. 34 -35

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proves that they are more likely to abuse their children than other groups suffering from social exclusion and poverty.

Young mothers' experiences of exclusion is further problematised by feeling surveilled, rather than supported, when they access services. This specifically points to the construction of 'young mums' that some service providers concur with, resulting in many young mothers feeling judged and misunderstood when they access medical and welfare service providers. This institutional and organisational surveillance, reduces the teenage mother to an example of inadequate parenting before she can enjoy what most mothers not only enjoy, but take for granted. This is a right to enjoy and celebrate the pregnancy, free from discrimination, and a right to take pleasure in the milestones of her child's growing and learning.<sup>21</sup>

Reproductive rights, something feminists have long argued for, should not just include access to contraception and abortion. A framework for reproductive rights must include the right *to* (rather than merely from) parenting, especially for groups of women who are historically excluded from debates aimed at encouraging reproduction. (In this context, a woman's right to *not* reproduce must be valued and supported). Kelly summarises three integral supporting arguments to this issue and finds that:

low income women, women with disabilities, women of colour, and young women have historically been more vulnerable to coercive sterilization and birth control policies, supported by people who erroneously believe or imply that social problems are caused by disadvantaged groups of women bearing children.<sup>22</sup>

Feminist arguments have traditionally, and for good reason, been skewed towards the freedom from reproduction; however, this does not always sit well with young women for whom child rearing is a valid option. Early parenting can encourage young women to re-engage with education as a way to negotiate a way around poverty. Advocating for delayed child rearing in this context is not effective, potentially paternalistic and ultimately contributes to poor birth outcomes, such as low birth weight and 'failure to thrive'. These are serious consequences, resulting in teenage parents who do not access elementary services due to fear of judgment, accusation and pity. One solution is to restructure essential services. For example, antenatal services should be taken out of clinical settings, and create service delivery with holistic health provision which is culturally and socially appropriate for young mothers who are experiencing multiple disadvantages. Antenatal services, in particular, need to empower young women and celebrate their pregnancy, through good case management, promotion of smoking and alcohol cessation and support with housing, nutrition and education. Services that have implemented these models have experienced greater uptake by young parents with measurable health outcomes to them and their families.

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<sup>20</sup> Australian Institute of Family Welfare 2004 *Child Abuse Statistics* <<http://www.aifs.gov.au/nch/sheets/rs1.html>>

<sup>21</sup> Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland, p. 7

<sup>22</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, p. 214

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This approach should also address and assess the impact of negative stereotyping of young mothers and its effect on health status. Education to health workers and service providers must challenge individuals' prejudices and instruct workers on how to filter and critically assess constant negative representations. A reinterpretation of the current construction of teenage parenting allows for greater equity of access to service provision by some of the most vulnerable members of our community.

One issue that repeatedly crops up is the use of media to further reduce teenage mothers to sites of 'welfare dependence' which silences the lived experience of young mothers. As discussed previously, this construction of the recipient, rather than the provider, conveniently labels young mothers as the 'undeserving poor'. This subtly but effectively underpins practices of disempowerment through lack of policy commitment and provision of adequate financial assistance from government. The 'welfare dependent' argument effectively shifts the locus of duty away from society and onto the recipient. This discourse is perpetuated as a shortsighted understanding of how poverty *is*. That is, if women did not have their babies early they too could become 'successful' (read affluent), rather than 'welfare dependent'. This denies the fact that for many women access to educational opportunities and meaningful employment is not a reality. Further, such framing effectively allows for an avoidance of social responsibility, rather than a structured, effective, social response that not only incorporates the community involved, but also considers how outcomes of low socio-economic status, such as early parenthood, are often characteristic of chronic financial hardship in the context of disadvantaged communities, where opportunities are limited.<sup>23</sup> This is a pertinent distinction to make, as it recontextualises teenage mothers from passive recipient status to a certainty of our current society. This refocusing assumes some accountability from social welfare providers, educators, health workers, the media, and of course, the relevant government departments.

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<sup>23</sup> Collins M, Stevens J & Lane T 2000 'Teenage Parents and Welfare Reform: Findings from a Survey of Teenagers Affected by Living Requirements', *Social Work*, July, vol. 45, issue 4, p. 327

### Part 3: A pregnant and parenting teenager's 'human right' to education as a vehicle for social change

The fundamental human right to education<sup>24</sup>, or in the case of pregnant or parenting young women, the right to continue schooling, can be impossible if there are barriers seemingly aimed squarely at the student. For example, not allowing infants into the classroom, if a child care arrangement has fallen through, there is no other option, and the infant is still at the feeding and sleeping stage, is a common divisive tool used by teachers whose reasons range from the practical – that a crying baby will disrupt the class – to the more bizarre – that the sight of a pregnant or parenting teenager will start an epidemic of pregnancy among fellow students.<sup>25</sup> A common response to this issue is that the child should be put into day care. However, many teenage parents report that they do not access childcare, not just because of financial or accessibility barriers, but because they feel it would prove that they are self-absorbed, disinterested parents as they are often accused.<sup>26</sup> This raises the issue of a genuine and real fear among young mothers that their child/ren could potentially be removed and put into foster care by welfare workers. It is vitally important that age-appropriate childcare with non-judgmental childcare workers, who offer good quality care, is offered, and parents are assured that they will be supported rather than reported. Evidence suggests that quality childcare which allows the mother time to study will improve retention rates and promote healthy parenting patterns.<sup>27</sup>

An individual's right to access education and other essential services is effectively silenced when enablers, such as access to childcare, are ignored. An 'interventionist' approach means meeting basic human rights through a committed reduction of the obstacles that inhibit accessibility. The outcome of this is the provision of an equal playing field to pregnant and parenting teenagers by providing the services required to allow young parents to effectively engage in education. These structures already exist for other students with special needs, for example, disability ramps for the physically impaired or time extensions for students who train for elite sports.<sup>28</sup> There exists a simple, already utilised model that can be used for pregnant and parenting teenagers. These simple measures need to be supported by larger procedures that sustain the day-to-day living of young parents. Relevant workers need to be aware of issues, such as the real possibility of having no car or licence, making it hard to get to school, doctor's appointments, young mothers groups or other services. Offering transport can be as simple as utilising an already existing school or community bus.

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<sup>24</sup> The Universal Declaration of Human Rights, Article 26 (1), 1948–1998

<sup>25</sup> Dellano D, Kaye W & Philliber S 1999 'Student and Faculty Attitudes toward a Program for Teenage Parents and Their Children', *Social Work in Education*, April, vol. 21, no. 2, p. 108

<sup>26</sup> *ibid.*

<sup>27</sup> Stephens S, Wolf W & Batten S 1999 *Improving outcomes for Teen Parents and their Young Children by Strengthening School based programs – Challenges, Solutions, and Policy Implications*, Center for Assessment and Policy Development, Trenton, New Jersey

<sup>28</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, pp. 34–35

It is not just physical accessibility that ensures needs are met, but 'emotional' accessibility. Young parents will not access crucial services, like antenatal classes, if they are treated with suspicion and moral judgment.<sup>29</sup> A pregnant or parenting teenager's human right to essential services is not adequately met by the services simply being there. Discourses around 'education' need to be equally focused on the social and cultural education of the service providers, who are often assumed as the 'expert opinion' regardless of lack of evidence of effective and measured outcomes to the group. Service providers in this area have a responsibility to ensure that their work is focused on respectable advocacy, coupled with evidence-based practice, or failing that, practice which creatively and appropriately meets the needs of the community.

A point of departure here takes us to the next relevant step: How best to ensure the social, emotional and physical health of teenage parents and their children. The most practical and effective way to deliver this is through education, which allows for learning, social participation and opportunity. This creation of social capital for pregnant and parenting teenagers results in better social, emotional and physical wellbeing for the parent/s and their child/ren.

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<sup>29</sup> Allwood D, Rogers N & Hume A 2002 *Unplanned Teenage Pregnancy and the Support needs of Young Mothers*, Department of Human Services, South Australia

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## Part 4: The local context of pregnant and parenting teenagers

A brief overview of South Australia immediately highlights a lack of current, local research. There were, at the time of writing, no reliable figures on how many pregnant and parenting teenagers are actually engaged in some form of education. South Australian data reveals that the teenage confinement rate has been stable over the last five years. Latest figures show that in 2003 there were 937 confinements for women under 20 years of age. This means that 5.3% of confinements were to teenage mothers.<sup>30</sup> Of these confinements, 105 were to Aboriginal women.<sup>31</sup> In 2003, 22% of Aboriginal women gave birth in their teens, and of these teenage confinements, 14.7% were to Aboriginal women of school age. What is notable is that Aboriginal women of school age are more likely to give birth than non-Aboriginal women. This stresses the importance for culturally specific education, developed in consultation with the community, for Aboriginal parenting students. This education must acknowledge the cultural differences around parenting practices and family and community responsibilities.

A correlation between low maternal age and low retention rates signifies the importance of educational institutions that are socially and culturally appropriate.<sup>32</sup> Further evidence suggests that there are definite predictors for young women who are more likely to continue with a pregnancy while of school age. It is important to interpret these figures within their social context. That is, social exclusion is bound up in these predictors, rather than having a child early being causative of such factors.

What is of concern is maternal and infant health in the context of social disadvantage. In South Australia, babies born to teenage women are more likely to be of low birth weight *if* the mother is:

- Indigenous (1.75:1)
- of low socio-economic status (1.25:1)
- aged between 12 and 16 years (1.25:1)<sup>33</sup>

It is important to note that low birth weight babies are born to young mothers primarily due to external social and environmental factors, rather than internal issues i.e. a 'faulty host', or young mother. Recent research from the US found a measurable link between racial discrimination – which results in psycho-social stress, exclusion and poverty – and its effect on maternal exposure which resulted in higher incidences of (very) low birth weight.<sup>34</sup>

Issues that are not 'external', but rather 'internal', or physical, are a minor issue, although there was some medical evidence to suggest that the higher incidence of low birth weight babies to mothers *under 14* was

<sup>30</sup> Chan A, Scott J, Nguyen A & Sage L 2005 *Pregnancy Outcome in South Australia 2003*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide

<sup>31</sup> Chan A, Scott J, Nguyen A & Green P 2003 *Pregnancy Outcome In South Australia 2002*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide, p. viii

<sup>32</sup> Bonnel C, Strange V, Stephenson J, Oakley A, Copas A, Forrest A, Johnson A & Black S 2003 'Effect of social exclusion on the risk of teenage pregnancy development of hypotheses using baseline data from a randomised trial of sex education', *Journal of Epidemiology and Community Health*, vol. 57, issue 11

<sup>33</sup> Heard A 2004 *Report on Teenage Pregnancy in South Australia*, Department of Human Services, Adelaide

<sup>34</sup> Collins J, David R, Handler A, Wall S & Andes S 2004 'Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination', *American Journal of Public Health*, 94(12):2132–2138, p. 4

partly due to an 'immature female reproductive system'.<sup>35</sup> It is important to comment however, that this evidence was intentionally used to underpin the literature's promotion of 'postponing first pregnancies', which was essentially teaching students about 'abstinence and family planning'. Evidence repeatedly shows that these methods do not delay the onset of sexual activity and, in fact, ignorance around sexual health issues increase the rates of unplanned pregnancies and sexually transmitted infections.

An increased risk for teenage mothers to have a baby of low birth weight needs to be acknowledged so that there is a greater understanding of the diversity and complexities of young mothers' experiences. Structuring flexible education around parents whose infants may be experiencing greater incidences of health problems is a way to address the impact on a young mother's ability to access and remain engaged in education.

Statistically, a gradual rise in the average maternal age is being experienced in OECD countries. The 2003 figures for South Australia show that first time mothers are on average 29 years old. This figure sits parallel with low birth and low mortality rates, but in effect widens the gap between maternal age and morbidity and mortality rates for women from different socio-economic backgrounds. This essentially means that there exists a contrast between more affluent women, who have greater opportunities to higher education and a career and who, partly as a result, tend to postpone children. This age and status difference indirectly affects young parents' experience of further marginalisation through their obvious differences.

Our current teenage confinement rate is, historically speaking, low. It would be problematic to assume that a 0% pregnancy rate is the desired goal and it is unethical to regulate a child-bearing age, even in the knowledge that there can be negative consequences at either end of the age spectrum. Women of all ages make a reproductive choice to have a child. Constant questioning and measuring of women about their choice to not 'toe the line' and reproduce within a socially 'appropriate' age category is offensive and unhelpful.

Interestingly, the Australian government responded to the UN population division that teenage pregnancy 'was not a concern' and did not 'actively intervene' to lower fertility.<sup>36</sup> This could be read in a variety of ways. For example, the low teenage pregnancy rate is as low as can be expected (this however is up for discussion with the recent debates on 'unnecessarily high' abortion rates by the Liberal government). A critical approach could assume that this response illustrates a culture of disdain, considering that teenage parents are collectively under-resourced, under-educated and absent from debates around education. Either way, the state government, as defined by an absence of policy, obviously finds this issue challenging. This is also evident through repeat funding aimed at prevention programs, at the expense of silencing teenagers who are already parenting. Insufficient funding and activity highlights this. A lack of appropriate responses, including inadequate welfare provision and reduced access to education and housing, means that one could argue that a specific group of the population remains in poverty and is knowingly marginalised in a progressing 'knowledge economy' which increasingly values education.

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<sup>35</sup> Roth J, Hendrickson J, Schilling M & Stowell D 1998 'The risk of teen mothers having low birthweight babies: implications of recent medical research for school health personnel' *Journal of School Health*, Sept, vol 68, p. 271

Young mothers experience this poverty primarily through social isolation, poor physical and mental health for both mother and child, and economic hardship.<sup>37</sup> Furthermore, parenting teenagers are more likely to have no qualifications at 33 years old, thus reducing their likelihood of gaining meaningful employment.<sup>38</sup> For these reasons, government must respond with a policy commitment and secure funding. It is undeniable that teenage mothers, who wish to access education, will benefit positively from schooling. Further, the education provided must respect a young parent's right to supportive, integrated education that regards them as intellectual beings who also have the added responsibilities of parenthood.

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<sup>36</sup> UNICEF 2001 'A league table of teenage births in rich nations', *Innocenti Report Card* No. 3, July, UNICEF Innocenti Research Centre, Florence, p. 4

<sup>37</sup> Joseph Rowntree Foundation 1995 *Social backgrounds and post birth experiences of young parents*, Joseph Rowntree Foundation, UK < <http://www.jrf.org.uk/knowledge/findings/socialpolicy/SP80.asp>>

<sup>38</sup> *ibid.*

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## Part 5: Integrated, inclusive education. What can we imagine?

Positive educational outcomes for pregnant and parenting teenagers are greatly affected by the level of social capital that a young woman experiences within her school community. One of the most simple and effective ways to ensure this is by providing high school education that meets an individual's personal, cultural, social and intellectual needs. Some high schools in the state are already committed to providing education for pregnant and parenting teenagers. Kay Boulden, an advocate for pregnant and parenting teenagers, suggests that the best approach to inclusive schooling is to begin with a school policy and, most importantly, start to imagine what a state policy could look like. To date, only Queensland has a specific policy and is in fact a direct result of Boulden's work. South Australia includes pregnant and parenting teenagers within their gender equity guidelines, but schools are expected to develop their own policy that meets the woman's needs in the specific area.<sup>39</sup> Unfortunately, this often results in little action and is further compounded by an absence of a supportive pregnancy and parenting *culture* within most state schools. Thus, students who continue with a pregnancy often leave quietly, with little resistance or even awareness from the school.

Comprehensive policy must be coordinated so that local service providers and agencies who are committed to working with schools are supported. As well, local government resources need to be utilised, thus taking the financial strain off individual schools so they can effectively practise education and advocacy, and work productively with local childcare centres, health services, and welfare providers.

Schools that have committed to pregnant and parenting women's needs in South Australia, such as Para West Adult Campus, Christies Beach High School and Gepps Cross Girls High School have a common theme between them, as defined by Boulden.<sup>40</sup> This is a strong commitment to social justice and acknowledging the human right to accessible, affordable education. This dedication to education and access means that these schools all have childcare facilities on campus or in walking distance. As well, other factors are addressed, including populations that are often financially disadvantaged due to social inequality, which include a high Aboriginal population or a new/emerging community that will inevitably result in higher than average rates of teenage pregnancy and parenting.

The difference between the above-mentioned schools is a polarisation of the response to pregnant and parenting students. In effect, this is experienced as the separation of teenage parents from the general population versus total inclusion. There are benefits and consequences to both of these responses. Deirdre Kelly, advocate and academic on the subject, refers to these differences through the metaphor: 'Therapeutic Haven Versus Real World Microcosm'.<sup>41</sup> In effect, these separate models hierarchically organise the competing identities of the mother versus the student/future employee. These commonly implemented

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<sup>39</sup> Department of Education and Children's Services 2003 *Administrative Instructions and Guidelines*, Department of Education and Children's Services, Adelaide, p. 13

<sup>40</sup> Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland

<sup>41</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, p. 121

models represent program implementations that are at opposite ends of the same continuum.<sup>42</sup> Negative outcomes of the two approaches, if implemented separately, are distinct. The 'Therapeutic Haven' model over-represents the needs of the women, at the risk of providing education that is stimulating and challenging, thus perpetuating 'dependence' stigma. In contrast, a critique of the 'Real-World Microcosm' is that it fails to address and provide relevant supports to the students who have parenting responsibilities, thus a higher drop out rate is experienced. What is required is policy and practice which blends the two so that intellectual, emotional and structural needs are addressed. An evidence-based model ensures that young women have the support, while acquiring the natural progressions, knowledge and experiences of parenting. This in turn secures them for further education, training or employment in the near future and identifies the importance of intellectual stimulation, regardless of their dual status as parent and student.

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<sup>42</sup> Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York p. 123

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## Conclusion

Current discourses and practices concerning pregnant and parenting teenagers need to be critically addressed and reframed. As well, comprehensive policy at the local, state and federal level needs to be developed to adequately provide for the young parenting population. This policy must be reflexive of reductive discourses and practices to ensure that the complex educational requirements for pregnant and parenting teenagers are met.

Policy and practice needs to be underpinned by current local data that reflects the number of school-aged teenagers currently pregnant and parenting, including area they live in and the socio-economic factors of their community. This information must be provided to schools and other relevant service providers by an already existing agency who would ideally receive extra funding to take on the extra workload (such as the Department for Education and Children's Services).

A response to the actual requirements of all school-aged parents and their children within the community can then begin to occur to ensure that their human right to education is met in a way that is supportive and intellectually compatible with the students' desires. Evidence-based practice around school retention and engagement is paramount to the effectiveness of this strategy. Specific programs aimed at these students by educational institutions and service providers should include a culture of evaluation to ensure they are guided by principles that are proven, rather than assumed to be effective.

Finally, it needs to be reiterated that a student's *right* to equity of access to education should continually be at the core of this debate.

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## Reference list

Australian Institute of Family Welfare 2004 *Child Abuse Statistics*  
<<http://www.aifs.gov.au/nch/sheets/rs1.html>>

Australian Institute of Health and Welfare 2003 *Australia's Young People: Their Health and Wellbeing*, AIHW, Canberra

Arndt B 2004 'The social cost of incentives to breed', *The Age*, May 22

Allwood D, Rogers N & Hume A 2002 *Unplanned Teenage Pregnancy and the Support needs of Young Mothers*, Department of Human Services, South Australia

Bonell C 2004 'Why is teenage pregnancy conceptualized as a social problem? A review of quantitative research from the USA and UK', *Culture, Health & Sexuality*, May-June 2004, vol. 6, no. 3, p. 255–272

Bonnel C, Strange V, Stephenson J, Oakley A, Copas A, Forrest A, Johnson A & Black S 2003 'Effect of social exclusion on the risk of teenage pregnancy development of hypotheses using baseline data from a randomised trial of sex education', *Journal of Epidemiology and Community Health*, vol. 57, issue 11, pp. 871–876

Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland

Chan A, Scott J, Nguyen A & Sage R 2005 *Pregnancy Outcome In South Australia 2003*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide

Chan A, Scott J, Nguyen A & Keane R 2002 *Pregnancy Outcome In South Australia 2001*, Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide, p. viii

Collins J, David R, Handler A, Wall S & Andes S 2004 'Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination', *American Journal of Public Health* 94(12): 2132–2138

Collins M, Stevens J & Lane T 2000 'Teenage Parents and Welfare Reform: Findings from a Survey of Teenagers Affected by Living Requirements', *Social Work*, July, vol. 45, issue 4, pp. 327–338

Department of Education and Children's Services 2003 *Administrative Instructions and Guidelines*, August, Department of Education and Children's Services

Education of Girls Unit, Education Department of South Australia 1991 *Supportive Learning Environment: Pregnant girls and Teenage Mothers, the Educational Implications*, Education Department of South Australia, Adelaide

Dellano D, Kaye W & Philliber S 1999 'Student and Faculty Attitudes toward a Program for Teenage Parents and Their Children', *Social Work in Education*, April, vol. 21, no. 2, pp. 108–117

Heard A 2004 *Report on Teenage Pregnancy in South Australia*, Department of Human Services, Adelaide

Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York

Lloyd E, Phoenix A & Woollett A (eds.) 1991 *Motherhood: meanings, practices, and ideologies*, Sage Publications, Newbury Park, California

Martineau S 1993 *Mainstream madness: Child abuse as gender socialisation in the middle class* (research thesis) in Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York

Meyer V 1991 'A critique of adolescent pregnancy prevention research: the invisible white male', *Adolescence*, Spring: 26(101), pp. 217–22

Pillow W 2000 *Unfit Subjects, Teen Parents and Educational Policy*, Routledge

Quinlivan J 2004 'Teenagers who plan parenthood', *Sexual Health*, vol. 1, no. 4, pp. 201–208

Roth J, Hendrickson J, Schilling M & Stowell D 1998 'The risk of teen mothers having low birthweight babies: implications of recent medical research for school health personnel', *The Journal of School Health*, Sept, vol 68, issue 7, p. 271–275

Stephens S, Wolf W & Batten S 1999 *Improving outcomes for Teen Parents and their Young Children by Strengthening School based programs – Challenges, Solutions, and Policy Implications*, Center for Assessment and Policy Development, Trenton, New Jersey

Joseph Rowntree Foundation 1995 *Social backgrounds and post birth experiences of young parents*, Joseph Rowntree Foundation, UK < <http://www.jrf.org.uk/knowledge/findings/socialpolicy/SP80.asp>>

The Universal Declaration of Human Rights, Article (26:1), 1948–1998

UNICEF 2001 'A league table of teenage births in rich nations', *Innocenti Report Card* No. 3, July, UNICEF Innocenti Research Centre, Florence, p. 4