The social patterning of teenage pregnancy

Teenage pregnancy has been viewed with increasing concern in recent years. In the United Kingdom, the issue became a public health priority through the incorporation of targets for reducing teenage pregnancy in the “Health of the Nation” strategy. The continuing political importance of teenage pregnancy is marked by the current government’s decision to commission a report by its Social Exclusion Unit. Although the UK has the highest teenage fertility rate in Europe, the perception of teenage pregnancy as an increasing problem is false; the live birth rate to teenage women in the UK in 1987 was 30.9/1000 compared with 49.7/1000 in 1970.

Health concerns have focused on the medical risks to the young mother and her infant. Teenage women have been reported at increased risk of pregnancy complications, postnatal depression and, if married, of early marital breakdown. Children of teenage mothers have a higher risk of adverse perinatal and later childhood outcomes. However, when confounding by socioeconomic status is properly accounted for, differences in perinatal outcome disappear and successful parenting is more dependent on adequate material resources and social support than maternal age.

Teenage pregnancy and teenage mothering show social gradients in the expected direction with high rates associated with high levels of deprivation. However, the gradient is much less marked for conception than it is for childbearing with a much higher abortion rate among more socially advantaged teenage women. Andrew McCulloch’s findings are consistent with work implicating individual level measures account for more of the area level differences in teenage childbearing, area level measures of socioeconomic status remain useful tools for studying social gradients and, for some outcomes, may be preferable to individual level measures such as the Registrar General’s social class.

NICK SPENCER
Department of Applied Social Studies/School of Postgraduate Medical Education, University of Warwick, Coventry CV4 7AL, UK
(n.j.spencer@warwick.ac.uk)

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NICK SPENCER

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