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Teenage parents

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TEENAGE PARENTS

OVERVIEW

Teenage pregnancy is considered to be one of the most important adolescent health problems in Western society. It is associated with a high economic cost involving both direct monetary expenditure for public assistance for welfare and child health care as well as negative societal outcomes in terms of child abuse, neglect and poverty (Quinlivan, 2004). Australia now has one of the highest adolescent fertility rates in the world.

Teenage mothers may experience a number of adverse outcomes associated with teenage pregnancy including failure to complete schooling, inability to find a job, and increased risk of poor health (Quinlivan, 2004; Social Exclusion Unit, 1999).

There is now considerable evidence that many teenagers idealise pregnancy and parenthood and regard it with high expectations. A significant proportion of adolescent pregnancies result as a consequence of positive, idealised attitudes to pregnancy, parenthood and personal change rather than by accident or negative attitudes to contraception (Condon et al, 2001).

The father's role is not often considered; however research has shown that up to 60% of fathers remain at least partially engaged at 6 months post partum (Quinlivan, 2004; Social Exclusion Unit, 1999).

SUPPORT FOR TEENAGE PARENTS

• Antenatal services

Specialised teenage antenatal clinics can introduce the couple to parenting skills. Antenatal education can focus beyond the birth towards creating a safe home environment and parenting strategies for both mother and father. There is evidence that these services result in improved pregnancy outcomes and reduce the rate of preterm delivery (Nassar et al 2003; Olds et al, 2002). The teenage parents with a preterm baby face the additional demands of a preterm infant in a setting when management of a term infant is hard enough. Issues of transportation to medical appointments become practical barriers to care when both parents lack a driver's licence, or they cannot afford a car and petrol.

In many rural areas, teenagers do not attend antenatal care as they cannot afford gap payments, and in some areas local hospitals no longer provide a free antenatal clinic service. Furthermore, funding cuts have seen antenatal social work services cut and they are now rare. The failure to involve the teenage couple in antenatal planning means that issues that could have been addressed in a timely manner are left as emergencies at delivery. This increases the chances of failure and may result in formal notification to child protection authorities.

Some teenage parents may be able to receive practical assistance and postnatal support through volunteer and not for profit programs. However continuity of care remains a challenge as many non-government organisations are dependent upon the sometimes unpredictable policy directions and funding cycles of all levels of government.

• Sustained home visitation by nurses

Research suggests that home visitation is a cost-effective intervention and can enhance parenting skills, reduce child abuse and neglect, and improve maternal life course. Successful home visitation programs are capable of engaging all care givers, and can focus on the couple.

An Australian randomised trial evaluated the effectiveness of nurse-midwives who met the teenage mother in the antenatal period and performed home visits. The visits were associated with a reduction in the pooled adverse effects of death, non-accidental injury, and care and protection notifications from 13% to 3% and improvements in knowledge and use of contraceptives (Stevens-Simon et al, 2001).

Evidence demonstrates that nurses are more effective in service delivery than paraprofessionals in achieving improved outcomes for new families (Olds et al, 2002; Stevens-Simon et al, 2001). Nurses are better able to engage new mothers than employed paraprofessionals. Other studies have likewise observed limited or no efficacy of employed paraprofessional home visitation.

The Australian Government has recently committed to provide sustained home visitation services using nurses to all Aboriginal and Torres Strait Islander

families As a disproportional amount of these parents fall into the teenage cohort, this will play an important role in service delivery

- **Mothers, fathers and couples groups**

New mothers' and fathers' groups, other community based group activities, peer support workers and intensive educational interventions to encourage return to schooling may be useful Evaluation of these programs needs to occur so resources can be put into effective services There is also poor evidence for the efficacy of services that engage both parents and fathers in particular Many services continue to experience difficulties in engaging teenage fathers

- **Practical help**

Practical help is effective and appreciated by teenage parents Practical help includes assisting to find stable accommodation, furniture, advice on food, and access to free or cheap clothing and baby equipment, as well as support in times of crisis

OTHER ISSUES

- **Domestic violence**

A major concern in the setting of a teenage pregnancy is domestic violence (Quinlivan, 2004; Social Exclusion Unit, 1999; Quinlivan et al, 2004). In dealing with teenage parents it is important to screen for violence in the current relationship and any past relationships The father of the baby may also report a violent family background and this may impact on his behaviour and actions as a father

- **Housing uncertainty**

This is a common issue for teenage parents In many cases, the single teenage mother can earn a higher priority rating for state housing than the teenage family This places couples who remain together in a difficult situation. Private housing is usually too

expensive or located far from services such as public transport or medical care.

- **The second baby**

Preventing a second teenage pregnancy is an important outcome for teenage parents, as it is often the subsequent pregnancy that commits the family to a life dependency on welfare (Stevens-Simon et al, 2001; Furstenberg et al. 1989).

- **Return to education**

Finally, strategies to assist with a return to education are vital, as ultimately what will break the cycle of inter-generational poverty is education and employment Current strategies are yet to be evaluated to help guide care givers in their implementation

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A complete list of references for this article and an overview of Tasmania's **c u @ home**, a teenage mothers' home visiting program, is available from www.rch.org.au/ccch (click on Resources and Publications, then Child Health newsletters).

REFLECTION QUESTIONS

- 1) *Do you attempt to engage teenage mothers into your child and family health service antenatally?*
- 2) *A young mother presents with her six week old baby for a regular visit. She raises issues of partner violence at home. What implications does this have for your practice in relation to:*
 - *The safety of the mother?*
 - *The safety of the child?*

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