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ABSTRACT:
This comparative research synthesis examines teenage motherhood in the UK and in Sweden. The UK has the highest rate of teenage motherhood in Western Europe and Sweden has the lowest. Firstly, the article examines the reasons as to why the rates differ to such an extent between these countries. Secondly, it compares the extent to which teenage mothers are socially excluded in the UK and in Sweden. Finally, it looks at how the available social support for teenage mothers differs between the UK and Sweden. The synthesis concludes that low expectations due to poverty is the main factor as to why teenage motherhood is more common in the UK than in Sweden, but that the level of social exclusion that teenage mothers face in both countries is similar. The support that teenage mothers in the UK obtain from society is customised towards them as a specific group, whilst teenage mothers in Sweden receive support that is formulated for vulnerable people in general.

KEYWORDS: Teenage Motherhood, Social Support, Social Exclusion, UK, Sweden

TITEL: Teenage Motherhood in the United Kingdom and Sweden – A Comparative Research Synthesis

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DATE: May 2009
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INTRODUCTION

The United Kingdom (the UK) has the highest rate of teenage pregnancy in Western Europe (Spencer, 2001). The UK is the only country within the EU where rates of teenage pregnancy have not decreased in the last twenty years. The rates are approximately three times higher than the average rates in the rest of the EU (Chevalier & Viitanen, 2003). Teenage mothers accounted for 2.7% of all births in the UK in 2004. Public discourse in the UK views teenage motherhood as a social problem where the young mothers, their children and society will all suffer (Duncan, 2007). Since the early 1980’s, political parties have viewed teenage pregnancy as a very serious problem. In 1999, New Labour was the first party to set up a specific strategy to try and resolve the issues with teenage pregnancy and teenage motherhood (Kidger, 2004).
The strategy that was set up has two main aims:

- To reduce the rates of conception, with the aim of halving it, for women under the age of 18 by 2010.
- To increase the participation of teenage mothers in education, employment and training to 60% by 2010, in order to reduce the risk of long-term social exclusion (Lall, 2007).

The strategy is based on The Social Exclusion Unit’s (SEU) 1999 report on teenage pregnancy, which drew attention to the major difficulties with teenage motherhood. The government allocated £60 million to support the recommendations made by the SEU (Shaw & Woolhead, 2006). Former Prime Minister Tony Blair wrote the foreword to the report made by the SEU which reflects public opinion on the matter:

“Britain has the worst record on teenage pregnancies in Europe. It is not a record in which we can take any pride. Every year some 90,000 teenagers in England become pregnant. They include nearly 8,000 who are under 16. Some of these teenagers and some of their children live happy and fulfilled lives. But far too many do not. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves. Our failure to tackle this problem has cost the teenagers, their children and the country dear.” (SEU, 1999, p. 4)

In Sweden, teenage motherhood has also been shown to be associated with negative social and health outcomes for mother and child (Hertfelt Wahn & Nissen, 2008). But in comparison to the UK, teenage motherhood in Sweden is very rare. Comparing to the figure of 2.7% in the UK, in Sweden, teenage mothers only accounted for 0.42% of all births in 2003-2005 (Hertfelt Wahn, 2007a). Teenagers who decide to become mothers are mainly looked upon as adult mothers. Because of the small amount of teenage mothers in Sweden, there are not as many specific guidelines when it comes to dealing with the young mothers and their children as there are in the UK (Hertfelt Wahn, Nissen & Ahlberg, 2005).

There are many theories regarding the reasons as to why the rates of teenage motherhood differ so greatly between the UK and the other countries in Western Europe. Discourses revolve mainly around sexual education, the use of contraception and the openness of sexuality in society (Arai, 2003a). The major attitude though in both the UK and in Sweden is
that teenage motherhood is a problem and that it should be prevented (Danielsson, Rogala & Sundström, 2001).

Both the UK and Sweden are wealthy welfare states within the EU. From that perspective this research synthesis will compare the differences in how teenage motherhood is dealt with by these two countries. It will compare the support society offers to teenage mothers as well as the reasons as to why the rate of teenage mothers differs so vastly in both countries. It will also compare the level of social exclusion that teenage mothers experience in both countries.

**FRAMEWORK**

The intention of this research synthesis is to evaluate studies on the topic of teenage motherhood in the UK and to compare the results with studies made on the same topic in Sweden. By evaluating studies on the topic in both countries and then comparing the results, the aim is to compare how both countries handle the problems arising from teenage motherhood. This can create a new perspective on effectiveness of the welfare system in each of these countries. However, this research synthesis does not aim to cover all research that has been carried out on the topic of ‘teenage motherhood’ in the UK or in Sweden.

A research synthesis is a systematic method for identifying, evaluating and synthesising the existing, completed and published work by researchers, academics and practitioners. The research that a synthesis can be based on can come from individuals in diverse professions including health, education, psychology, law and social services. In order to achieve a high quality of work through the synthesis, the conclusions are based on original work made by researchers. A research synthesis can bring proof that researcher methods are trustworthy and correct (Fink, 2005). Because of the vast amount of research that is published each year, it is also important to gather information on one topic and create one study out of many (Cooper, 1998).

**STAGES OF THE SYNTHESIS**

This comparative research synthesis is divided into seven stages:

1. **Selection of research questions.** The questions are exact questions that guide the review (Fink, 2005). In this research synthesis, three questions are central:
   - Why is teenage motherhood more common in the UK than in Sweden?
   - How does the level of social exclusion of teenage mothers differ in the UK and in Sweden?
• How does the social support teenage mothers obtain in the UK differ from the social support teenage mothers obtain in Sweden?

It is also necessary to define the terms that are central to this synthesis. These terms are: *teenage motherhood, social support, social exclusion, the United Kingdom* and *Sweden*.

In this research synthesis *teenage mother* is the term used. The term *adolescent mother* here is synonymous with *teenage mother* and the term refers to women under the age of 20. *Social support* refers only to the support that is offered by society, i.e. not the support that is offered by the social network. The term *social exclusion* is a more complex term. The definition that has been used in this research synthesis is the official definition used by the Social Exclusion Unit, which is a governmental body that has been appointed by the New Labour Government and has been in existence in the United Kingdom since 1997:

> “Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.” (Levitas et al., 2006, p. 86)

It is also important to mention that even though there is a clear geographical difference between Great Britain and the United Kingdom\(^1\), these geographical terms have been used synonymously in this synthesis. Whilst the point is debatable, this approach is considered appropriate for the purposes of this synthesis. The official term used in this research synthesis is the United Kingdom (the UK).

**2. Selection of sources of information.** Examples of these are bibliographical or article databases, web sites and other sources (Fink, 2005). In order to locate data that is topical, this synthesis is based on articles and reports that have been found on the computerised databases; Google Scholar, JSTOR, Sage Journal Publications, Social Services Abstracts and Sociological Abstracts. The searches were carried out in March and April 2009. The databases have been accessed through the electronic library of the Mid-Sweden University.

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\(^1\) Great Britain includes England, Scotland and Wales. The United Kingdom includes Great Britain as well as Northern Ireland
3. Selection of search terms, also known as keywords. These terms are the words and phrases that are used in order to obtain the suitable articles, reports or books. The search terms should be based on the words and concepts that structure the research questions (Fink, 2005). The English keywords that were used when carrying out the electronic search for this synthesis were: social support, social exclusion, teenage motherhood, teenage childbearing, adolescent motherhood, adolescent childbearing and teenage mothers. The Swedish keywords used for the search were: unga mödrar, tonårsmammor, tonårsmödrar, socialt stöd, socialt utanförskap and social exkludering. A combination of these search terms were used in order to obtain as many relevant articles as possible. The combination of the search terms did not include a mix between English and Swedish words.

4. Application of practical screening criteria. The initial literature searches normally generate a vast number of articles, but not all of these are relevant. The literature search is screened by setting criteria for inclusion into and exclusion from the review (Fink, 2005). When using the keywords stated under stage 3, many reports and articles that were retrieved contained irrelevant information, such as abortion or health concerns for teenage mothers and their children and therefore it was necessary to screen the searches. In order to do so, the search was set by inclusion and exclusion criteria.

In this synthesis the criteria for inclusion were:

**Language.** The literature must be published in English or Swedish. Even though the research synthesis is based on data from Sweden, most scientific peer-reviewed articles and reports published in Sweden are published in English. All literature chosen for this synthesis was published in the English language, with the exception of one article that was published in Swedish.

**Relevancy.** Data that is appropriate for the research synthesis. All data must include the topic of teenage motherhood and must not focus solely on, for example, teenage pregnancy or abortion.

The criteria for exclusion were:

**Publishing date.** Since political strategies have an immense influence on the topic itself and since relevant statistics change frequently, it is necessary to use data that is up to date. In order to make use of the most relevant data available, all articles and reports that were selected for the synthesis were published from 2001 onwards. However, some of the statistics that were
used in the selected articles, which also have been used for this synthesis, is from the mid 1990s. It is arguable whether this lowers the quality of the synthesis or not.

**Setting of study.** The data used for this research synthesis must cover teenage motherhood in Sweden or in the UK. Therefore, articles based on studies in other countries, such as USA or Australia, have been excluded for the purpose of this synthesis. This has been done with a few exceptions; a couple of articles have been used where comparative studies on the topic have been carried out on the USA and the UK or the USA and Sweden. However, only the facts concerning Sweden and the UK have been used and therefore, this research synthesis does not use data concerning any other countries.

The database searches in Social Services Abstracts and Sociological Abstracts with the key words *teenage mother*, *teenage childbearing*, *adolescent mother* or *adolescent childbearing*, together with the keywords *social exclusion* or *social support*, generated two peer-reviewed articles that met all of the inclusion/exclusion criteria. The search that was carried out in the databases Google Scholar, JSTOR and Sage Journal Collection with the same keywords as above generated no articles that met all the inclusion/exclusion criteria. Because of the difficulties of finding relevant articles, searches were carried out without using all keywords. In order not to limit the searches by using the keywords, an asterisk* was used after the word *mother*.

Searches with only the keyword *teenage mother* in combination with Sweden or United Kingdom as the publishing countries and published dates between 2000 and 2009 were carried out, which generated 4 relevant articles. The abstracts were then reviewed and articles relevant to the synthesis were selected. By studying the literature that the authors of the selected articles and reports had used, manual searches were made in the above stated databases where the search terms were either the name of the author or the title of the article or report. The same inclusion/exclusion criteria were used in order to decide whether the literature was appropriate or not. By carrying out the search in this way, another 14 articles were found that met all the abovementioned criteria. A total of 20 articles and reports were found that were relevant for the purposes of this research synthesis.

5. **Application of methodological screening criteria.** The articles and reports should be based on the best available research with the highest methodological quality.

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6. **Doing the review.** This is a process where the researcher categorises the data, puts it into order and makes a summary of the results (Cooper, 1998). A qualitative data analysis has been used to carry out this stage of the process. The entire data material was read through in order to get an overview. The material was first organised into two headings; the UK and Sweden. The data was then divided into three clusters under each country; (1) reasons for teenage motherhood, (2) social exclusion and (3) social support. A summary of the data was formed under each cluster to make it possible to combine different kinds of data and to draw conclusions (Patton, 1990).

7. **Synthesising the results.** This stage of the research synthesis will be presented under the next heading.

**FINDINGS**

One of the main targets that were proposed by the SEU in 1999 was to halve conception rates amongst teenagers in the UK under the age of 18 by 2010 (Shaw et al., 2006). Three main factors have been identified by the SEU as the major contributions to teenage pregnancy in the UK: (1) low expectations amongst teenagers due to poverty, (2) ignorance about contraception and (3) ‘mixed’ messages about sex, which includes embarrassment and confusion about sex (Arai, 2003b). Factors 2 and 3 are associated with ‘sexual openness’ in society which is said to make teenagers more aware of the consequences of sexual activity. When comparing the rates of teenage motherhood in the UK with other countries in Western Europe, focus is mainly on factors 2 and 3. The explanations as to the high rates of teenage motherhood in the UK therefore have a ‘technical/educational’ nature (Arai, 2003a).

Factors 2 and 3 include the assumptions that teenagers in the UK do not know enough about sex and contraception and that they do not use contraception. It also includes the assumption that the teenagers are embarrassed about the subject itself (Arai, 2003a). One wonders if this really is true and, if so, how do teenager attitudes concerning this in the UK differ from teenage attitudes in Sweden, given that the rate of teenage motherhood is the lowest in Western Europe?

There are different reasons as to why the rate of teenage motherhood is so low in Sweden. One reason that is often argued for is that since the beginning of the 1970s, it has been legal and
free of charge for teenagers in Sweden to obtain abortion up until the end of the 18th week of the pregnancy (Danielsson, Rogala & Sundström, 2001). In the UK on the other hand, abortion has been legal since 1967 and is today free of charge and can be carried out until the end of the 24th week of the pregnancy2 (Arai, 2003a). Teenagers in both Sweden and in the UK can obtain contraception and advice free of charge from health clinics. However in Sweden there are special no-fee youth clinics offering counselling and contraceptive services. There are approximately 200 of these across the country and the youth clinics have the same confidentiality rules as all medical and health services, regardless of the age of the patient (Danielsson et al., 2001). According to the articles used for this research synthesis, there is no significant difference between the countries when it comes to the availability of contraception, advice and abortion. The difference is that the girls in the UK can have an abortion at a later stage of their pregnancy and in Sweden there are special youth clinics that teenage girls can visit instead of regular health clinics.

In Sweden, a long lasting public health programme on sexuality and human relations started in the beginning of the 1970’s. The government donated money to institutions and NGO’s3 to support educational projects on sexuality, birth control and gender issues. Also, sexual education has been compulsory in Swedish schools since 1955. The reason for these policies was to prevent unwanted pregnancies, primarily by contraception but also by using abortion as a last option. This has lead to a more open and relaxed attitude in society towards teenage sexuality, which is a feature of Swedish society today (Danielsson et al., 2001). ‘Sexual openness’ is believed to make teenagers better instructed when it comes to matters of sexual health (Arai, 2003a). Presuming that attitudes towards sex are generally less open and relaxed in the UK, how much does ‘sexual openness’ matter when it comes to preventing teenage motherhood? Statistics regarding teenage sexual behaviour in both Sweden and in the UK can possibly answer this.

**Sexual Activity**

Data on sexual activity from the mid 1990s in both countries show the proportion of teenage girls aged 18-19 who had had intercourse. The results show that 80% of the 18-19 year-olds in Sweden comparing to 79% of the 18-19 year-olds in the UK had had intercourse. 12% of Swedish teenage girls had had intercourse before the age of 15 comparing to 9% of the

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2 Excludes Northern Ireland
3 Non Governmental Organisations
teenage girls in the UK. Data of the proportion of all 18-19 year-olds who had an active sex life shows that 79% of the Swedish girls compared to 64% of the British girls had an active sex life (Darroch et al., 2001). These figures show that there is a difference between the two countries when it comes to the number of sexually active teenagers. The difference shows that teenage girls in Sweden generally have sex earlier than teenage girls in the UK and that Swedish teenage girls generally have a more active sex life. The logical assumption would be that there would be more pregnancies among teenage girls in Sweden since they generally have more sex than teenage girls in the UK.

When comparing the rate of teenage pregnancy in Sweden with the UK, in the mid 1990s the pregnancy rate in Sweden for 15-19 year-old girls was 25 pregnancies per 1000 while the pregnancy rate in the UK for the same age group was 46.7 per 1000. The abortion ratio for 15-19 year-olds in Sweden was 69 per 100 pregnancies, comparing to the ratio of 39 abortions per 100 pregnancies in the UK, i.e. there was a higher percentage of teenage girls in the UK who became pregnant than there was in Sweden and the Swedish teenagers terminated their pregnancies to a higher extent (Darroch et al., 2001). This shows that teenagers in the UK were more likely to become pregnant and less likely to have an abortion than the teenage girls in Sweden, despite the fact that teenage girls in Sweden have more sex. The question therefore arises: are Swedish teenagers better at using contraceptives?

**Use of Contraceptives**

Data on teenagers use and method of contraception has been divided into two clusters. The first is *use at first intercourse*, which shows that the proportion of teenagers who do not use any contraception was similar in Sweden and in the UK with approximately 21% in Sweden and 22% in the UK. However, *contraception method* includes the method of ‘withdrawal’, which was used by 24% of the Swedish teenagers comparing to 4-7% of the teenagers in the UK. 41% of the Swedish teenagers, comparing to 61-67% of UK teenagers, used a condom as protection during their first sexual experience. The second cluster is *use at last intercourse or current use*. The data shows that 4% of Swedish teenagers and 7% of British teenagers did not or do not use any protection (Darroch et al., 2001). These figures show that the teenagers in the UK used a ‘safer’ method for preventing pregnancy than teenagers in Sweden but that overall a smaller percentage of teenagers in the UK use contraceptives than of those in Sweden.
A summary of the above data is that Swedish teenage girls commence having sex earlier and that they have a more regular sex life than their equals in the UK. The teenage girls in the UK are better at using ‘safe’ contraception methods than the teenage girls in Sweden but there is a higher percentage that does not use contraception at all. However, Swedish teenage girls are more likely to terminate their pregnancies than the girls in the UK.

**Expectations**

Despite the points just made, above, data indicates that sexual behaviour cannot fully explain the comparatively high rates of teenage pregnancy and motherhood in the UK (Darroch et al., 2001). When comparing the data on sexual behaviour between Swedish teenage girls and teenage girls in the UK, the main difference is that the pregnancy rate is higher in the UK than it is in Sweden. But, as stated above, this cannot be explained by factors 2 or 3, which include ignorance about contraception and mixed messages and confusion about sex. Since teenage girls in the UK are better at using ‘safe’ contraceptives, the assumption can be made that they have a good knowledge about contraception. There are more studies that support the conclusion that young people in the UK are often knowledgeable about contraception and that teenage girls do not hesitate to go to their health clinic to obtain contraception (Arai, 2003b). Since teenage girls in the UK are aware of the risks of becoming pregnant but they choose to take that risk, one can wonder if this is because they simply wish to become mothers. Whether teenage motherhood can be explained by cultural factors has not been investigated as this falls outside the scope of this synthesis.

Given the comparative findings above regarding factors 2 and 3, the main reason for the difference between the rate of teenage motherhood in Sweden and the UK can be explained by factor 1; low expectations. Studies show that teenagers in the UK have low motivation levels in terms of preventing pregnancy and in becoming teenage mothers. The low motivation is found among the teenagers who, in turn, have low educational and job ambitions, have bad school results and those from poorer families (Darroch et al., 2001). Pregnancy can also be an ‘exit strategy’ for teenage girls who cannot see any possibility of a job and who fear they will end up on welfare benefits one way or another (Duncan, 2007). Studies have shown that the two major reasons for teenagers in Sweden to become mothers are similar; that it is either a way out of a difficult psychological situation or it is something that is seen as normal due to a family pattern of early motherhood (Hertfelt Wahn, 2007). There is also a connection between
teenage motherhood and poverty\textsuperscript{4} in Sweden (Danielsson et al., 2001). However in the UK, 21% of all children are brought up in poverty comparing to just 4% of Swedish children (Danielsson et al., 2003). This is a major difference between the countries. Poverty in Sweden is not as common as it is in the UK; hence there are a greater number of teenage girls in the UK with low expectation who opt to become mothers, than there is in Sweden.

Also, in Sweden there appears to be more motivation for women to wait before having a baby. The timing of starting a family is very much connected to the economic situation in the society. The norm for both women and men in Sweden is to have a job with an income before planning a family. The benefit system during parental leave encourages parents to reach a good income before becoming pregnant. This is based on the income before the birth of the child and hence it is rational that women with no income or women in areas where unemployment rates are higher tend to wait before starting a family (Danielsson et al., 2001). In Sweden parental leave is 19 months, with at least 80% of the income for 16 months and then a smaller amount for 3 months\textsuperscript{5}. In the UK the mother gets 90% of her wages in maternity pay for 6 weeks and a comparatively small amount for 3 months (Danielsson et al., 2003). The difference is significant and it can explain why many young women in the UK simply do not see the point of obtaining a job before becoming pregnant.

SOCIAL EXCLUSION

According to a report written by UNICEF, giving birth as a teenager in rich nations is believed to be detrimental to the mother. The statistics suggest that she is much more likely to drop-out of school, to have low or no qualifications, to be unemployed or be low paid, to become a single parent, to be a victim of neglect and abuse, to become involved in crime and to abuse alcohol and drugs (Duncan, 2007).

The UK

The target of increasing the participation of teenage mothers in education, employment and training is set to decrease teenage mother’s risk of long-term social exclusion (Shaw et al., 2006). Teenage motherhood increases the risk of dependency on state benefits, unemployment, social housing and poorer health later in life (McDermot & Graham, 2005). Teenage mothers in the UK have also been reported as having increased risk of pregnancy

\textsuperscript{4} Households with less than half of the average income
\textsuperscript{5} In 2003
complication, post natal depression and, if married, early marriage breakdowns (Spencer, 2001). According to the National Child Development Study (NCDC); teenage motherhood reduces the probability of post-16 schooling by 12-24% and employment experience is decreased by up to three years. It has also been shown that the eventual adult salary of teenage mothers varies at between 5% - 22% lower than that of the average adult salary. The NCDC also shows that by the age of 33, teenage mothers are three times more likely to have no qualifications than women who have children later. Less than 8% of mothers who had their first child when they were teenagers have a qualification comparing to 30% of other women (Chevalier et al., 2003).

Many teenage girls who fall pregnant in the UK decide to leave the education system due to lack of support. The girls are often bullied by their peers, not given extra support by school staff and miss school due to morning sickness (Lall, 2007). After giving birth it is difficult for the teenage mothers to get back into education because of the lack of childcare, inadequate and inflexible education terms and stigmatisation by other pupils and staff (Kidger, 2004). The teenage mothers often feel isolated from their peers, since they have to look after their baby and because they have missed school. Until a recent change to education law, schools have admitted that there has been pressure for pregnant pupils to leave school due to health and safety reasons (Lall, 2007). The New Labour focus on getting teenage mothers back into education has been criticised since many of the teenage mothers, prior to becoming mothers, have had bad experiences of school and education. Studies have shown that low educational attainment is the most powerful single factor associated with the likelihood of becoming a teenage mother. Both girls and boys whose school performance has improved between the ages of 7 and 16 are the least likely group to become teenage parents (Shaw et al., 2006). Other research has shown that since most teenage mothers had already performed poorly in school before becoming mothers, early motherhood did not seem to have caused the bad school results (Duncan, 2007).

Young women who are brought up by parents who are unskilled or uneducated are 10 times more likely to become teenage mothers than others (McDermot et al., 2005). There is also a connection between teenagers who live in poor areas and teenage motherhood (Spencer, 2001). Even though the girls are determined to escape life in poverty by employment or education, if they become teenage mothers these plans are usually obstructed by their new role as a young and often single mother. Teenage motherhood in the UK is considered a problem
on two levels: the mothers are looked upon as a risk group within society but also to society because of the reasons in this study (McDermot et al., 2005).

**Sweden**

In Sweden teenage motherhood has been shown to be connected with negative social and health outcomes for both mother and child (Hertfelt Wahn et al., 2008). Many studies show that teenage motherhood is associated with psychological problems, bad health as well as social and financial problems (Hertfelt Wahn et al., 2005). Depressive symptoms and postnatal depression are common among teenage mothers, with rates as high as 42-68% and 16-44%, respectively (Hertfelt Wahn, 2007a). Teenage mothers face a multitude of problems; they are at risk of reaching lower educational levels, being single mothers, being dependant on welfare benefits, receiving disability pension and dying prematurely from inflicted violence (Hertfelt Wahn et al., 2008). Studies have shown that teenage mothers who are 17 years old or younger had a 70% increased risk of premature death while those aged 18-19 had a 50% increased risk of premature death. Premature death includes dying due to cervical cancer, ischemic heart disease, suicide and inflicted violence. Statistics show that teenage mothers in Sweden have a ten-fold increased risk of death caused by inflicted violence (Danielsson et al., 2001).

Research show that there is a correlation between teenagers who are school drop-outs who have divorced parents and teenagers who become mothers (Hertfelt Wahn et al., 2005). Teenage motherhood is also more common among girls with parents who are unskilled or unemployed (Danielsson et al., 2001). By asking teenage mothers, the way they describe their social and economic situation indicates that they form a marginalised group in the Swedish society (Hertfelt Wahn et al., 2005). However the acceptance of single mothers in Sweden makes their situation easier compared to other countries where being a single unmarried mother is looked upon as something shameful (Danielsson et al., 2001).

The short term consequences for teenage mothers in Sweden include disruption of education, financial dependency on partner or parents and problems with finding a job or housing. Returning to school and continuing with education have been described as most problematic (Danielsson et al., 2001). Looking at the long term consequences of teenage motherhood in Sweden, women who had their first child as a teenager are more likely to be unskilled, unemployed or have a lower educational level than other women. A study showed that the
proportion of women who were in receipt of disability allowance or other welfare benefits in 1994 were much higher for women who had their first child as a teenager than among those who had waited. The dependency on welfare benefits increased linearly with the decreasing age of the mother (Otterblad Olausson, Haglund, Ringbäck Weitoft & Cnattingius, 2001).

The UK vs. Sweden

According to the articles chosen for this research synthesis, the differences between the levels of social exclusion that teenage mothers face in Sweden and in the UK are few. Teenage mothers in the UK are more likely to live in social housing than teenage mothers in Sweden. However, in Sweden social housing does not exist to the same extent as in the UK. According to the articles there is a more obvious connection between teenage mothers and premature death due to health problems and inflicted violence in Sweden than in the UK. It is possible that the selection of articles for this research synthesis have excluded any data concerning the same suggestions in the UK. There has been no educational law in Sweden that has pressured pregnant teenagers to leave school as there has been in the UK in the past. The research synthesis suggests that parents of teenage mothers in Sweden are more likely to be divorced than parents of teenage mothers in the UK. Teenage mothers in the UK are also more likely to have been brought up in poor areas than those in Sweden. However, this could possibly be explained by the respective gaps between rich and poor in each of the countries – an issue that falls outside the scope of this synthesis and cannot be examined here. The most obvious difference is the stigmatisation and bullying teenage mothers in the UK experience in comparison to those in Sweden. However, it is debatable whether this is directly linked with social exclusion or not. The reason as to why this differs has not been looked into in this synthesis and is therefore passed on for future research.

SOCIAL SUPPORT

The UK

In the UK, the SEU report on teenage pregnancy in 1999, led to the New Labour government allocating £60 million to support the SEU’s recommendations. (Shaw et al., 2006). A national campaign involving government, media and the voluntary sector is now working to understand and change the situation for teenage mothers (Lall, 2007). Teenage pregnancy coordinators have been appointed across the nation to work towards the targets set by the government (Duncan, 2007). In order to meet the targets, the government has arranged various types of
support programmes for teenage mothers who wish to engage in education, employment or training. These programmes include Connexion Services, which offer information, advice, support, guidance and access to personal development for all teenage mothers. There is also the ‘Care to Learn’ fund that provides childcare and transport costs to teenage mothers who are involved in education and training (Shaw et al., 2006). The ‘Sure Start’ programme is a health scheme that has been created in order to prevent especially vulnerable groups, such as teenage mothers, from becoming socially excluded (Lall, 2007). The ‘Sure Start Plus’ programme is a cross departmental programme which aims to work with all the areas that teenage mothers and their children experience, including social and economic inequalities (Kidger, 2004). It also offers advice on parent skills, healthcare, childcare and housing (Lall, 2007). Another way that aims to support teenage mothers in getting back into education or employment is the introduction of Working Family Tax Credit that will pay for childcare costs (Chevalier et al., 2003). Many education authorities employ re-integration officers to help teenage mothers to get back into education (Shaw et al., 2006). Since 2003, the government has required that local authorities have a special policy to support teenage parents with acquiring housing. There are different types of housing available for teenage parents. Because of their age, the housing options that should be available are supported housing situation where a member of staff or foster parents should be available for support (Cooke & Owen, 2007).

An example of effective support for teenage mothers is a special unit in Bristol for pregnant girls and teenage mothers. This unit provides education, advice and support to approximately 50 girls each year. Once the girls have decided to keep their babies, they are offered a place in the school. The babies are left in a nursery at the school and the mothers spend time with them during their lunch break. The girls get to school and back by a taxi service provided by the school (Lall, 2007).

**Sweden**

As mentioned in the introduction, teenage motherhood is relatively uncommon in Sweden, and therefore there are not as many specific support policies as there are in the UK. Even though the rate of teenage motherhood is low, there are still teenagers in Sweden who become parents each year. The support given by society in Sweden is not always adapted to the teenagers outspoken needs because the mothers are perceived as being adults as soon as they become parents (Hertfelt Wahn et al., 2005).
There are other support policies in Sweden that can benefit teenage mothers but are not specifically directed towards them. The childcare system in Sweden is already very cheap and is available from when the child is one year old. There is also an established system for supporting school drop-outs back into education. Teenage mothers are entitled to continue their school education and can do this part-time and/or via correspondence courses. There are support programmes for teenage mothers in Sweden but not to the same scale as in the UK. There are some ‘young mother groups’ that are run by local authorities which are usually led by a social worker or a midwife (Danielsson et al., 2001). Research has shown that the midwives play a big role when it comes to support for teenage mothers in Sweden. The midwives tend to support teenage mothers both as mothers as well as teenagers, which can help the teenagers to feel more confident about their role (Hertfelt Wahn et al., 2008). The midwives can also assist teenage mothers with contacting the authorities, childcare, school and healthcare (Hertfelt Wahn, Von Post & Nissen, 2007b).

**The UK vs. Sweden**

Teenage mothers in the UK receive more direct support as a specific group than teenage mothers in Sweden. Teenage mothers in the UK are looked upon and treated more like teenagers who have children whilst teenage mothers in Sweden are looked upon as adults. There is no specific policy for providing housing for teenage mothers in Sweden as there is in the UK. Given that housing policies identify that teenage mothers are in need of supported housing, this supports the suggestion that the public view is that teenage mothers are still teenagers in need of special supervision. The official reason as to why there are fewer policies for supporting teenage mothers as a specific group in Sweden is that the issue is not considered a significant social problem (Hertfelt Wahn, 2007a). One can ask the question whether it is fair on the teenage mothers in Sweden that they are looked upon as adults just because they have become mothers, when their equals in the UK seem to receive support that is more appropriate in relation to their age.

**CONCLUSIONS**

The main reason as to why teenage motherhood is more common in the UK than in Sweden is explained by the fact that teenage girls in the UK have lower expectations for the future than teenage girls in Sweden. This, in turn, can be explained by the differences in poverty in both countries; a higher percentage of children in the UK are brought up in poverty than in Sweden.
Poverty is the main factor that reduces teenagers’ expectations on the future. The differences between the rates of teenage motherhood cannot be explained by differences in sexual activity or knowledge about sex, which according to this synthesis is very similar.

Teenage mothers in Sweden experience similar social exclusion as the teenage mothers in the UK. They face the same negative long term financial and social problems. The biggest difference is the stigmatisation that teenage mothers face in the UK. However, stigmatisation is not a direct criteria for ‘social exclusion’ in this research synthesis but one can only assume that stigmatisation can lead to isolation, which can in turn lead to social exclusion.

Teenage mothers in the UK and in Sweden are looked upon differently, and therefore also treated differently. In the UK they are looked upon as teenagers while in Sweden they are looked upon as adults. The support that society offers teenage mothers in the UK is customised for them as a group in comparison to Sweden where there are relatively few specific guidelines when it comes to supporting teenage mothers as a particular group. The main focus in the UK is to try to get teenage mothers back in to education, employment or training. Teenage mothers in Sweden receive support but from an already existing, more generic ‘safety net’. The reason as to why there are not as many specific guidelines for supporting teenage mothers in Sweden is obvious, and also stated in the ‘Introduction’ of this research synthesis; teenage motherhood is simply not common in Sweden.

The conclusions that can made be from the above are:

- Sweden has a preventative way of dealing with teenage motherhood. Teenagers have high expectations on the future and are motivated to wait before planning a family.
- The way the UK deals with teenage motherhood is to try to help the teenagers who have already decided to become mothers to get back into education, employment or training, in order to prevent long term exclusion.
- The resources are used at different stages; in Sweden they are used at an early stage to prevent teenagers to even consider becoming mothers. In the UK they are used at a later stage, to put the situation right for the girls who have already got to the point where they have decided to become mothers.


