



## Young maternal age at first birth and mental health later in life: Does the association vary by birth cohort?



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### ABSTRACT

**Background:** It is well established that maternal age at childbirth has implications for women's mental health in the short term, however there has been little research regarding longer term implications and whether this association has changed over time. We investigated longer term mental health consequences for young mothers in Australia and contrasted the effects between three birth cohorts.

**Methods:** Using thirteen waves of data from 4262 women aged 40 years or above participating in the Household, Income and Labour Dynamics in Australia Survey, we compared the mental health of women who had their first child aged 15–19 years, 20–24 years, and 25 years and older. Mental health was measured using the mental health component summary score of the SF-36. We used random-effects linear regression models to generate estimates of the association between age at first birth and mental health, adjusted for early life socioeconomic characteristics (country of birth, parents' employment status and occupation) and later life socioeconomic characteristics (education, employment, income, housing tenure, relationship status and social support). We examined whether the association changed over time, testing for effect modification across three successive birth cohorts.

**Results:** In models adjusted for early life and later life socioeconomic characteristics, there was strong evidence of an association between teenage births and poor mental health, with mental health scores on average 2.76 to 3.96 points lower for mothers aged younger than 20 years than for mothers aged 25 years and older (Late Baby Boom (born 1936–1945):  $-3.96$ , 95% CI  $-5.38$ ,  $-2.54$ ; Early Baby Boom (born 1946–1955):  $-3.01$ , 95% CI  $-4.32$ ,  $-1.69$ ; Lucky Few (born 1956–1965):  $-2.76$ , 95% CI  $-4.34$ ,  $-1.18$ ), and evidence of an association for mothers aged 20–24 years compared to mothers aged 25 years and older in the most recent birth cohort only ( $-1.09$ , 95% CI  $-2.01$ ,  $-0.17$ ). There was some indication (though weak) that the association increased in more recent cohorts.

**Conclusion:** This study highlights that young mothers, and particularly teenage mothers, are a vulnerable group at high risk of poor mental health outcomes compared to mothers aged 25 years and above, and there was some suggestion (though weak) that the health disparities increased over time.

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### 1. Introduction

It is well established that the timing of childbirth has implications for women's mental health, with research demonstrating an association between young maternal age (teenage or early

twenties) and poor mental health in the first year postpartum (Deal and Holt, 1998; Rich-Edwards et al., 2006; Clare and Yeh, 2012; Kingston et al., 2012). However there has been little research regarding the longer term implications of young age at first birth on mental health (see Ermisch (2003) and Henretta et al. (2008) for notable exceptions). In addition, most developed countries have experienced major shifts in fertility rates over the last few decades, driven by changes in gender roles and expectations and increased fertility choices, but no research to date has investigated whether

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the negative mental health consequences of young age at first birth have changed over time. In Australia, maternal age at first birth has been steadily increasing since the 1970s (ABS, 2015), and this may have impacted on the relative social acceptability of younger childbirth over time. A better understanding of the changes in the association between age at first birth and mental health over time may provide some suggestion as to the mechanisms and pathways that lead young mothers to poor mental health and identify groups of mothers who are particularly vulnerable to poor mental health outcomes.

We argue that the timing of childbirth, and in particular young age at first birth, is likely to have important adverse implications for women's mental health not just in the immediate or short term, but over their life course. Specifically, we investigate whether there are longer term mental health consequences for women who had their first birth in their teens or early twenties and whether the consequences are different for women from the Lucky Few generation (born between 1936 and 1945), the Early Baby Boom (born between 1946 and 1955) and the Late Baby Boom (born between 1956 and 1965).

### 1.1. Background and hypothesis

Only a handful of studies have examined the effects of young maternal age on mental health beyond the first year postpartum. Overall, with one exception (Vicary and Corneal, 2001), studies examining the mental health of women aged in their mid to late twenties from the United States and New Zealand found a positive association between reported young age at first birth and mental health at the time of follow up (poorer mental health for younger mothers) (Williams et al., 1997; Boden et al., 2008; Falci et al., 2010). The inclusion of measures of socioeconomic status fully explained this association in two of the studies; in the first study the association was explained by family socio-economic adversity, childhood abuse, and adolescent emotional wellbeing (Boden et al., 2008), and in the second, measures of financial strain and sense of personal control (Falci et al., 2010). Two larger cohort studies examined this association for women over the age of 30 years, the first included women aged 30–51 years in the United Kingdom (Ermisch, 2003) and the second compared women in their 50s participating in birth cohort studies in the United Kingdom and the United States (Henretta et al., 2008). Both studies found evidence of poorer mental health outcomes for women who had a first birth aged 21 years or younger. This health effect was explained by educational attainment for women in the United States (Henretta et al., 2008), but was not entirely explained by socioeconomic factors for women from the United Kingdom, measured using father's occupation in one study (Ermisch, 2003) and a range of variables including country of birth, father's education, ethnicity, education, marriage at time of birth, number of children, income, employment status, occupation and home ownership (Henretta et al., 2008). Thus the extant literature provides some evidence that young age at first birth may have detrimental mental health effects on women over their life course and that socioeconomic factors are likely to be important, however the causal pathways remain unclear.

Several mechanisms may explain how young maternal age leads to poorer mental health in later life. Firstly, having a child at a young age may restrict women's education, employment opportunities, income and wealth, exacerbating the challenges of motherhood in the short term (Carlson, 2008) but also having long term effects on mental health (Tausig, 1999; Minicuci et al., 2002). Secondly, young mothers may have lower levels of social support, be in less stable or strained relationships, live in insecure housing, and experience increased stigma and discrimination leading to

poor mental health outcomes (Koeske and Koeske, 1990; DeKlyen et al., 2006; Mak et al., 2007; Thoits, 2011). In both of these potential pathways, the association between young maternal age and poor mental health occurs through mediation by factors that occur as a result of the young age at first birth. Alternatively, the association between young maternal age and mental health could be explained by confounding by early-life factors, where characteristics associated with age at first birth are also associated with poor mental health in later life, such as early life low socioeconomic status. This is plausible as there is strong evidence of associations between social conditions early in life and mental health later in life (Grundy and Holt, 2001; Gilman et al., 2002; Stansfeld et al., 2003).

While the evidence suggests an association between age at first birth and mental health, it is unclear whether this association varies for successive birth cohorts. This is an important omission, because it contributes to our understanding of low social contexts, and change in those contexts, shape mothers' health outcomes after life course events such as an early birth. This is an important part of the evidence for the development of appropriate policy and programs for mothers currently and in the future. There are two underlying social trends that may influence the impact of young maternal age on mental health across cohorts and each trend suggests a different hypothesis. Firstly, the sexual revolution in the 1960s challenged traditional ideas about the role of women in society; women were exposed to a wider range of life opportunities and fertility choices, facilitated by the availability of affordable and reliable contraception. Societal attitudes towards sex, premarital pregnancy and marriage changed (Carmichael, 2014). Developed countries became more tolerant and accepting of pregnancy before marriage; there was less stigma and discrimination towards young mothers and less pressure on unwed mothers to marry. While abortion remains illegal in many countries (including some states in Australia) it became a relatively safe and regularly performed procedure. Therefore, as young women were exposed to more fertility choices and options, non-marital or young pregnancies were more likely to be intended lifestyle choices (Carmichael, 2014). Therefore, the greater acceptance and social awareness and support available in more recent decades may mitigate the negative effect of young motherhood on mental health, leading younger mothers to be better off than they were in previous generations.

During this time, women also experienced increased access to, and expectation to participate in, education and paid employment to meet rising socioeconomic pressures to ensure the financial stability of their households. This is reflected in the major shifts in the timing of family formation and childbirth and women's employment patterns. For example, three recent generations have been described as the Lucky Few (born between 1936 and 1945), the Early Baby Boomers (born between 1946 and 1955) and the Late Baby Boomers (born between 1956 and 1965) (Sordia and Leysner-Whalen, 2014). Women from the Lucky Few generation married at a younger age, had more children and stayed at home to look after their children while young (Carlson, 2008). The Early Baby Boomer women experienced increased access to education and participation in the labour force, and marriage and childbirth shifted to later in the life course. These trends of increasing education and employment and delayed family life continued in the Late Baby Boom generation (Bianchi and Spain, 1999; Carlson, 2008). In contrast to the hypothesis above, this suggests that the mental health effects of young age at birth may be greater for mothers in younger cohorts, by disrupting opportunities to attain the education and work goals expected of their generation. For women in older cohorts this may not have been such a problem because they were they more likely to have married the father and been financially supported, and motherhood identity did not include a strong emphasis on paid work and career alongside motherhood (Gornick

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