



## Teenage parenthood among child welfare clients: A Swedish national cohort study of prevalence and odds

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### Abstract

To assess prevalence and odds for teenage parenthood among former child welfare clients, we used national register data for all children born in Sweden 1972–1983 ( $n = 1,178,207$ ), including 49,582 former child welfare clients with varying intervention experiences. Logistic regression models, adjusted for demographic, socio-economic and familial background factors, were used to estimate odds ratios.

Among youth who received interventions in adolescence, 16–19% of the girls and 5–6% of the boys became teenage parents, compared to 3% for girls and 0.7% for boys without child welfare experiences. Youths who entered child welfare services in their teens had four- to fivefold adjusted odds for becoming a teenage parent. For other child welfare clients, adjusted odds were mostly twofold.

Youth of both sexes who receive child welfare services in adolescence are a high-risk group for teenage parenthood. Child welfare agencies should, as a minimum, provide each individual client youth with access to birth control counselling and contraceptives.

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## Aims

In this study, based on 12 national birth cohorts ( $n = 1,178,207$ ) born 1972–1983, we assess the prevalence of teenage parenthood among nearly 50,000 former child welfare clients of both sexes with varying experiences of child welfare interventions. We also examine the odds of child welfare clients becoming a parent during teenage years, compared to peers with similar socio-economic and demographic backgrounds. In the analysis, we make special efforts to describe and analyse outcomes for different subgroups within the heterogeneous child welfare client population.

## Background

### *Why it matters*

International medical and social research has consistently found that teenage parenthood is associated with higher risks for a number of negative outcomes for both mothers and children (especially for the youngest mothers and their children), usually reinforced when teenage parenthood is combined with a background of familial poverty (e.g. Olausson, Cnattingius, & Goldenberg, 1997):

- Adverse pregnancy outcomes, like low birth weight, pre-term delivery, neonatal and postneonatal mortality (Botting, Rosato, & Wood, 1998; Fraser, Brockert, & Ward, 1995; Irvine, Bradley, Cupples, & Boohan, 1997; Olausson, Cnattingius, & Haglund, 1999). Teenage mothers also tend to seek antenatal health care at a later point in their pregnancy than non-adolescent women (Kaufman, 1996).
- Poorer mental health later in adulthood for mothers (e.g. Maskey, 1991) and lower life satisfaction (Hobcraft & Kiernan, 2001).
- Lost education opportunities for mothers, low socio-economic status (SES) later in adulthood, welfare dependency, unstable family situation over long periods of the life course and even increased risk of premature death, including death from suicide and violence (Chilman, 1980; Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989; Hardy, Astone, Brooks-Gunn, Shapiro, & Miller, 1998; Hobcraft & Kiernan, 2001; Kiernan, 1997; Manlove, 1997; Olausson, Haglund, Weitoft, & Cnattingius, 2001, 2004; Williams, Forbes, McIlwaine, & Rosenberg, 1987).
- Child maltreatment (e.g. Dixon, Browne, & Hamilton-Giachritsis, 2005; Lee & Goerge, 1999) and injuries among the children due to accidents (e.g. Hobcraft & Kiernan, 2001).
- Low educational attainments among offspring (Furstenberg, Levine, & Brooks-Gunn, 1990; Manlove, 1997), behavioural problems and higher rates of delinquency among offspring (review in Coley & Chase-Lansdale, 1998) and also increased risk for suicidal behaviour among offspring in adolescence and young adulthood (Lewinsohn, Rohde, & Seeley, 1994; Mittendorfer-Rutz, Rasmussen, & Wasserman, 2004).
- Intergenerational transmission of early parenthood, poverty and poor living conditions to offspring (e.g. Hardy et al., 1998; Kiernan, 1997; Serbin & Karp, 2004).

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