

Understanding Teenage Pregnancy Decision Making and the Family Formation Process: a Czech Republic qualitative study

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The data gathered in the qualitative study by 60 semi-structured interviews with pregnant teenage girls or teenage mothers were used to describe teenagers' decisions about pregnancy resolution. The main emphasis is placed on the social support networks and their influence on pregnant women's decisions. The role of the partner during the transition period to parenthood is also discussed. Another issue covered in this paper is the family formation process after opting for motherhood. In particular, the importance of marriage and the partner's presence for pregnant teenage women in today's life is studied. The qualitative study reacts to changes in the decision-making process about pregnancy termination among teenage women, which can be seen in the quantitative analysis of demographic trends. The interpretive approach then tries to map, in young mothers' own words, their perception of the problem.

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1. Demographic introduction: development trends in adolescent fertility and abortion rates in the context of the Czech Republic's reproduction strategies

The reproductive behaviour of the population of the Czech Republic has changed fundamentally since the fall of the Iron Curtain. The main changes have been the fall in the number of children born, the increase in the proportion of children born out of wedlock, the decline in the marriage rate and the increase in the average age at which childbirth takes place.

If we look back at the past and consider the influence of the totalitarian regime, reproductive behaviour in the former Czechoslovakia was shaped through frequent short-term pro-natal measures, and the specific economic and social conditions in the state caused demographic development to take a different course from that in developed western countries. The key difference from the western European model was the very low age of mothers at childbirth (22.5 years of age at the birth of the first child in 1990). Fertility was concentrated in younger age groups, with the highest fertility rates found among women aged 20 to 24. 18 and 19 year-old mothers ("older adolescents") were no exception. The fertility rate among girls aged 18 and 19 was still higher than among women above the age of 29 in 1990. Starting a family at a young age was usually the only form of self-fulfilment and the only way to gain independence. However, this independence was often limited by the fact young families remained dependent on assistance from their parents. The poor housing situation and young families' insufficient means meant that it was almost the rule that three generations shared the same flat or house during the socialist era. The formation of families in the communist period thus did not presuppose the traditional sequence of events or patterns of conduct leading up to marriage, which are chiefly acquiring economic autonomy and one's own place to live. This sequence was reversed in the socialist state: young people had to marry to get their own flat (state and municipal flats were allocated at the discretion of the staff of the appropriate authority who presided over long waiting lists). Marriage and having a baby often came before a person's establishment in a profession as well. Women thus generally started their careers after the birth of their first or second child. If a girl unexpectedly got pregnant at the age of 18 or 19, it therefore meant that she was only slightly accelerating what she could expect two or three years later.

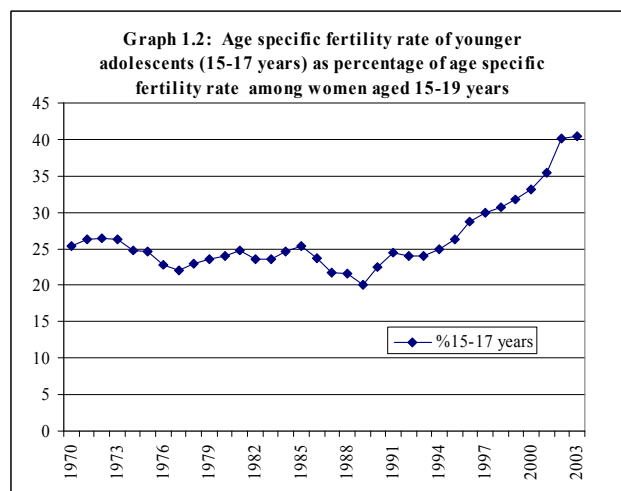
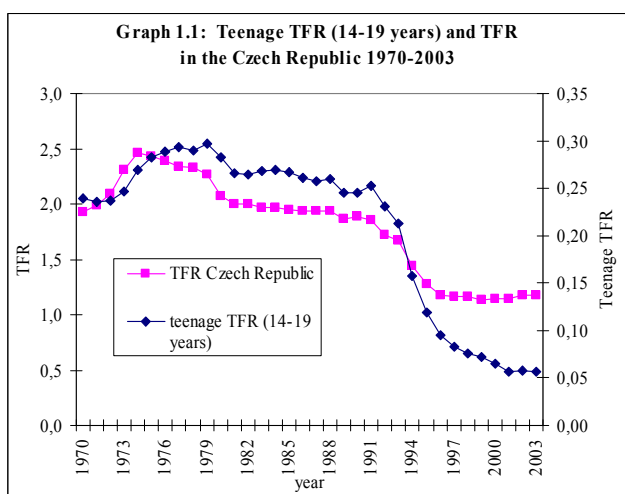
Other factors influencing early pregnancy were the limited access to contraception, the insufficient promotion of contraception and the almost total absence of sex education about healthy reproductive behaviour.

Since the regime change we have witnessed changes in the demographic conduct of the Czech population. The diversification and growth in opportunities have caused young people's value systems to diverge from those of older generations; their lifestyle is dominated by the endeavour for self-fulfilment: career ambitions and the overall attitude to life are often governed by individualistic values combined with a certain dose of hedonism. That has pushed family life into the background and the Czech Republic is now experiencing a sharp fall in total fertility rate, from 1.87 in 1990 to levels as low as 1.13 in 1999; the number of children born out of wedlock is rising and the average nuptiality age is increasing. The average age of mothers at the birth of the first child is gradually rising. The fundamental factor from the point of view of legitimacy in the Czech Republic was the fall in fertility among married women. There has therefore been no substantial increase in fertility among unmarried women. In the context of analysis of the change in fertility from the start of the 1990s to the present day, it is the adolescent girls group that has experienced the most

significant change in the ratio between children born in and out of wedlock in comparison with other age categories. Unmarried women from 14 to 19 years of age accounted for just 18% of mothers in 1990, but by the year 2000 the proportion had risen to 66% (Pavlík, 2003). The social climate in the 1970s and 1980s was therefore not favourably inclined towards single mothers, who were often publicly stigmatised. For that reason, the birth of a child was accompanied by an endeavour by the pregnant girl, and often her whole family, to see the girl married as soon as possible, even if that meant entering a marriage with a man who was not the biological father of the child.

A number of the changes in reproductive behaviour that we see among the entire population of women of reproductive age are also true for the 15-19 age group, with one fundamental exception – the age of the mother at the birth of the first child. In this regard the population we studied goes against the main tide, where the birth of a woman's first child is being constantly deferred.

More detailed analysis of fertility in the target group of women aged up to 20 shows clearly that the curve of the fertility trend among these women followed the trend in total fertility rate of the entire female population up to the middle of the 1990s. In 1994 there was a turning point, with the fertility rate among adolescents falling more rapidly than total fertility rate, which has stabilised at a level just below 1.2 children per woman since 1996. The discrepancy between the speed of decline in TFR(14-19) and TFR in the second half of the 1990s is clearly revealed by analysis of the proportion of fertility rates accounted for by fertility in the lowest age group (see Graph 1.1). At the start of the 1990s, the lowest age group made up almost 14% of aggregate fertility in the Czech Republic. In 2003, this proportion was just under 5%.



Source: *Demographic Yearbook of the Czech Republic 1970-200*, CZSO

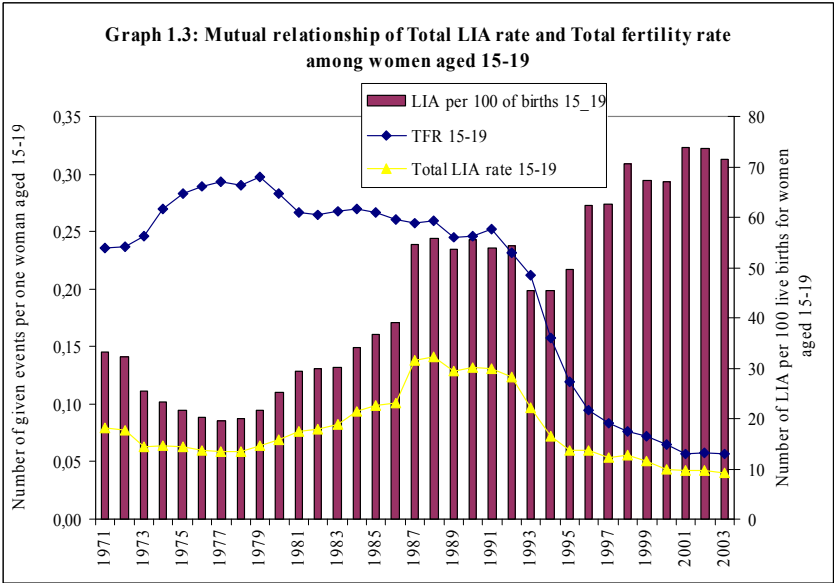
A sharp decline in fertility among both older and younger adolescents began at the start of the 1990s. This decline was less pronounced among 15-17 year-old girls, however, and was unable to counterbalance the fall in fertility in the older age category. That is why we have registered regular increases in the proportion of fertility in the 15-19 age group accounted for by 15-17 year-olds since the start of the 1990s, culminating at 40% in 2003 (see Graph 1.2). While pregnancy in a 15-17 year-old girl may be regarded as a more-or-less chance event and has been socially unacceptable, both now and during the communist period, pregnancy in 18-19 year-olds has generally been socially acceptable and common. The political regime change and resulting pan-societal transformation have thus influenced the

approach to planned parenthood in 18-19 year-old girls but have had less impact on 15-17 year-olds, where the influence of education and awareness about health reproductive behaviour has fallen short.

Pregnant girls’ decisions whether to have the baby or not are directly influenced by legislation that allows them to choose alternatives to motherhood in the event of unplanned pregnancy. The law’s liberal attitude to induced abortion is a precondition of the freedom of under-age girls to choose. Induced abortion development trends in the Czech Republic are closely tied to the availability and widening of suitable forms of contraception and the population’s awareness of them. The end of the totalitarian regime brought with it more alternatives for high-quality, safe and readily available contraception, which made it possible both to constrain birth rates and to plan a family. The impact of widely available contraception in the Czech Republic resulted in a sharp fall in the number of induced abortions, which had frequently, thanks to the very liberal legislation, been used as “contraception ex-post” prior to 1989. This problem became particularly pressing after 1986, when liberal abortion legislation (Act no. 66/1986 Coll.) was passed, considerably reducing the fertility rate of girls aged 15 to 17. The fertility rate in the 18-19 age category was not affected significantly by the new legislation. The act contributed to looser sexual behaviour, which was manifested in increased term pregnancies, i.e. increased levels of induced abortions, in this age category and others.

Since 1990 we have been witness to a sharp fall both in total adolescent fertility and in the total induced abortions rate. The levels of both aggregate indicators started to converge in the mid 1990s and the number of induced abortions and live-born children per woman are

now similar. The values in 2003 were 0.04 of induced abortions per woman aged 15-19 and 0.06 children per woman of this age group. The fall in the number of induced abortions in the youngest age group has been truly rapid, as the number of induced abortions performed has fallen by a full two-thirds since 1990 (See Graph 1.3).

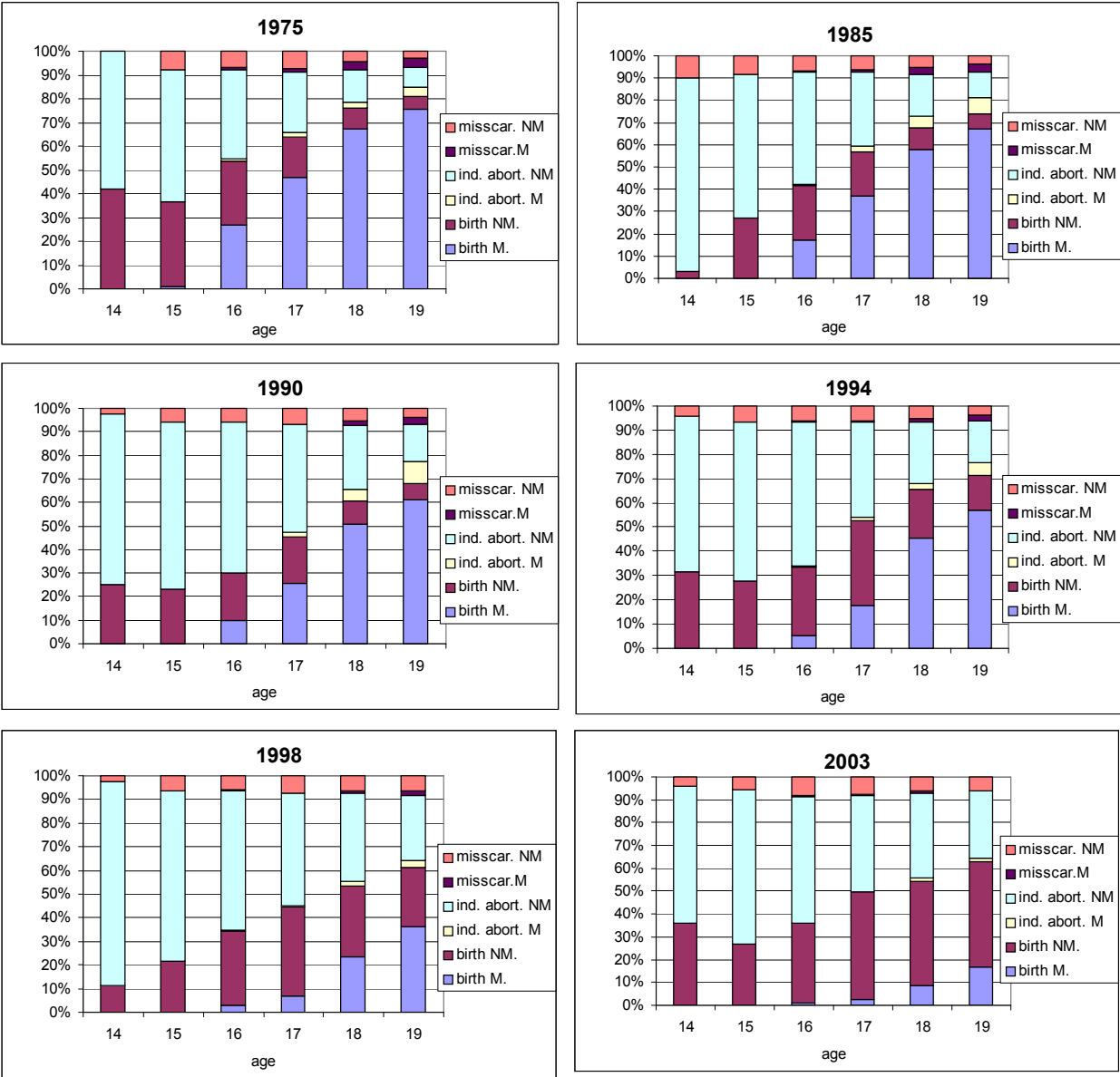


Source: Demographic Yearbook of the Czech Republic 1970-200, CZSO

A quantitative assessment of the decision-making process in a young pregnant woman can also be made from the structure of term pregnancies according to women’s marital status. The Graph 1.4 shows that preference for induced abortion is differentiated both according to age and over time. While in the mid 1970s the decision to have the baby still prevailed among 16 year-old girls and almost half the babies were born in wedlock, three decades later girls of this age mostly opt for induced abortion. If a girl of this age chooses motherhood, the child is almost always born to a single mother. Among older girls (18 to 19 years of age) the preference to have the child still prevails to this day, even though the proportion of live-born children in term pregnancies is still falling. One pronounced change that has come about in this age category since 1990 is the sharp decline in the proportion of children born in

wedlock. As recently as in 1990 the proportion of live-born children born in wedlock was 83.4% among 18-year-old mothers; among 19-year-olds figure was as high as 90%. In 2003 the proportion of children born in wedlock fell to just 16% among 18-year-old women and 27% among 19-year-olds. The reasons for this fall can be found in the pan-societal change in attitudes to single mothers, whereby the girl and those around her now realise that it is not necessary to enter into a forced, unstable marriage just to prevent the girl being stigmatised. The changes in the status of women in society are another significant influence. Women's improved standing in society is a key precondition of independent decision-making on their fate and the fate of their child. Young women are choosing to live without any commitment to men whom they often do not love and who may have a bad standing on the labour market.

Graph 1.4: The structure of term pregnancies in the Czech Republic among 14-19 year-old in 1975, 1985, 1990,1994,1998,2003



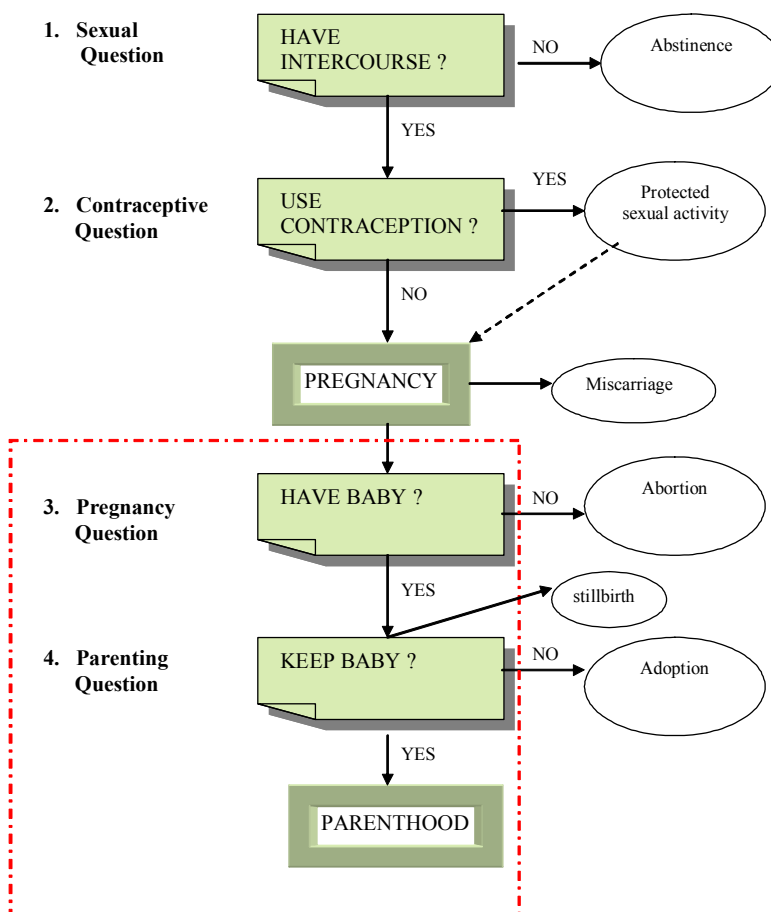
Source: Demographic Yearbook of the Czech Republic 1970-200, CZSO
 Note: M=married, NM=not married

2. Theoretical basis and Methodology

2.1 Theoretical basis of the analysis of the decision-making process in pregnant teenage girls

Teenage pregnancy is viewed as a pressing social problem chiefly in the USA and some industrially developed members of the Commonwealth, such as Great Britain and New Zealand, with above-average teenage fertility rates. Most papers and publications dealing with this issue can therefore be found in Anglo-Saxon literature. Frank Furstenberg is one of the leading experts in this field: he believes that situations in which underage girls become mothers do not come about by chance but are the upshot of given predispositions and a succession of key decisions in life. Teenage mothers usually start their own life with some disadvantage, either economic, social or psychological in nature. For a girl to become a mother, she has to start having sex early, make ineffective use of contraception and carry the baby up to the time of birth. The process as a whole is clearly charted in Diagram 2.1. Considering the specific nature of our research sample of young pregnant girls, we will only look at the process leading up to the decision whereby the underage girl becomes a mother;

Diagram 2.1: Turning Points and Outcomes of Adolescent Pregnancy



Source: Miller, B.C.. *Families, Science, and Values: Alternative Views of Parenting Effects and Adolescent Pregnancy*. *Journal of MArrriage and Family*; Feb 1993, 55, 1; pg. 13

this is marked by the border in the diagram. Seen in terms of reproduction strategies, underage pregnancy and subsequently parenthood goes against the prevailing pan-societal tide. That prompts the question, what circumstances and influences lead a young pregnant girl to choose motherhood in an environment where deferring the birth of a child to a later age is the norm? What is more, in today's industrialised world adolescence is universally regarded as a special stage in a person's life when, in the prevailing opinion, it is not the right time to start a family. The individual is not yet fully developed at this stage and his or her identity is not yet fully formed and rooted (Nath et al., 1991). For this reason, the combination

of adolescence and pregnancy often represents a crushing burden that a teenage girl, who is

not yet fully physically or mentally mature, can cope with. The need for stability and security for the child is hard to meet when these requirements have not yet been fulfilled in the mother.

It is well known that pregnancy and motherhood in young girls carry a higher risk than in adult women. Society views teenage mothers as immature and mentally unprepared to give a child the care it needs. L. SmithBattle (2000) stresses, however, that girls often do not see becoming a mother as a failing and treat it as the only thing that lends any sense to the social world they live in. Numerous studies have shown that most adolescent mothers come from troubled social backgrounds, conflict-ridden family environments or broken homes, and are exposed to discouraging attitudes to education and work from their family (Nagin et al., 1997; Manlove, 1997; Furstenberg, 1996; Narring, 1996; Woodward and Ferguson, 1999). Responsibility for a child and a lifestyle bound up with the role of parent thus become their only point of certainty in their hard and unanchored life. Campbell's memorable and often quoted remark (1968)

“The girl who has an illegitimate child at the age of 16 suddenly has 90% of her life's script written for her. She will probably drop out of school. Even if somebody in her family helps to take care of the baby, she will probably not be able to find a steady job that pays enough to provide for herself, she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few and most of them are bad.”

may focus on the negative outlook for young mothers, but it also raises the question whether the life of a girl who gets pregnant a few years later would not take a similar direction. If a young girl finds meaning in her life through a child and gains a sense of her own worth, that is adequate compensation for the lack of opportunities that will probably result from becoming a mother. The theory for this concept is set out in a study called “An Uncertainty Theory of Parenthood (UTP)”, presented in 1994 by Debra Friedman, Michael Hechter and Sanoshi Kanazawa, which deals with the value of a child in a person's life and tries to resolve some contentious aspects of the theory of rational choice (Becker, 1960) by introducing the phenomenon of the reduction of uncertainty in a person's life. The endeavour to reduce uncertainty in one's life is here regarded as a universal intrinsic value. The allure of parenthood is stronger if the individual has no access to alternative sources of uncertainty reduction, which are, according to the authors, a steady job or marriage. Pregnant teenage girls often do not plan a career or marriage, and so, according to this theory, parenthood, which introduces certain fixed and recurring social schemes into their life, is the most acceptable form of uncertainty reduction.

Besides this theory of the limited alternatives available to underage mothers for reducing the uncertainty in their life, we also encounter a number of other explanations and reasons for choosing parenthood during adolescence. Teenagers' decisions about how to respond to getting pregnant are made in a social and familial context. That means that other motives include the change in the girl's status in the eyes of her significant others. As soon as they find out that the girl is pregnant she starts to be the centre of attention of family members, her peers, doctors, the authorities and other people who are important to the girl. For many girls pregnancy is thus the first visible evidence of their identity and status in society (Hudson and Ineichen, 1991). Lee SmithBattle (2000) sees teenage motherhood as a kind of catalyst that helps make people become mature and provides a positive focus in their lives.

The emotional deprivation suffered by many pregnant girls is another reason for teenage motherhood. Considerable emotional need is mainly evident among girls growing up in institutions. For these girls the child is a means of satisfying their emotional needs. This tends to be love without any conditions or reservations. (Pawlby et al., 1997.)

We can find a motive similar to the aforementioned emotional ties in a study by Paul Trad (1999) which expounds on pregnant girls' need to be dependent on someone if their own parents do not perform this role.

All these theories and opinions about the motives concealed behind pregnant teenage girls' decisions are merely a background to the entire process of decision-making. It is important to mention that these theories mainly apply to situations where the girl – whether she planned the pregnancy or not – expresses a wish to become a mother. However, most girls do not arrive at this wish until a later phase of pregnancy or even after giving birth, and the reasons that make her ultimately opt for motherhood may be to some extent prosaic, e.g. a strict rejection of abortion.

Any discussion about the decision-making process would be incomplete if we failed to mention the crucial influence of the different levels of support that the mother receives from her original family, her partner, the partner's parents, her peers and representatives of educational or other social institutions.

When a teenage girl gets pregnant, she usually consults her state and possible courses of action with her family and her partner. The girl's mother is often the first person the girl confides in. Help and support offered by the family is a strong argument that the girl factors into her plans for the future. We often encounter the deep-rooted idea that teenage pregnancies turn the girl's original family upside-down and disrupt family ties. A number of studies have refuted this assumption, showing that approximately 85% of young mothers received assistance from their family (Bergman, 1989; Carvera, 1991; Moore, 1990; Furstenberg and Crawford, 1978). There are even cases where the arrival of a child in the family changes family relationships for the better. Teenage pregnancy and motherhood may carry as a side effect greater emotional closeness between the mother and daughter and may help smooth out any prior hostility (Carvera, 1994).

The influence of significant others on pregnant girls' decision-making may be either direct, in the form of words, advice or action, or indirect and stemming from the socialisation process and observed patterns of behaviour. Ann Evans' research (2001) led her to conclude that the direct influence of the girl's parents on her decision whether to choose abortion or to keep the child had no connection with the ultimate decision. The influence of parents, and mothers in particular, is indirect rather than direct. If the girl's mother had children as a teenager, the girl is most likely to decide to keep the child. But if someone in her family, usually a mother or sister, has experience of abortion, the girl tends to go down the same road. In contrast, the partner's influence is direct. Girls whose partners try to persuade them to have an abortion are ultimately more likely to do so than girls whose partners were indifferent or were in favour of having the child.

One specific but not isolated case is that of pregnant girls who entirely leave the decision whether to keep or abort the baby up to their parents or partner.

2.2 Methodology and data to be used

The analysis of trends in adolescent reproductive behaviour in the Czech Republic uses the data collected and published by the Czech Statistical Office from 1970 until 2003. This quantitative analysis is based on classic demographic analysis using work with aggregate data. The adolescent fertility rates, abortion rates and pregnancy termination structure in the Czech Republic are presented.

For more differentiated description and broader understanding of current situation concerning decision making process of adolescent pregnant women and subsequent family formation the qualitative approach was chosen. In particular, the interpretive approach was followed to capture considerations of young mothers themselves and see the problem from their own perspective. To fulfil this aim, researcher herself conducted 60 semi-structured

interviews with pregnant women or mothers aged between 14-19 years. However the set of topics to be discussed was specified beforehand, there was still a freedom to explore and reveal unpredictable issues. Data were collected from March to June 2004 (reference period). The research sample consists of women who were both pregnant and younger than 20 years in the reference period or who gave a birth until 20 but the child was not older than 3 years in the reference period. Gynaecologists, general practitioners and employees from different social- centres (homes for children, asylum homes etc.) all over the Czech Republic conducted the screening of these women. Interviews were fully transcribed. Data were coded and clustered with the aid of Atlas.ti software. Atlas.ti was also used for comprehensive display of the data and its interpretation.

All respondents' names in text were changed to assure confidentiality and anonymity

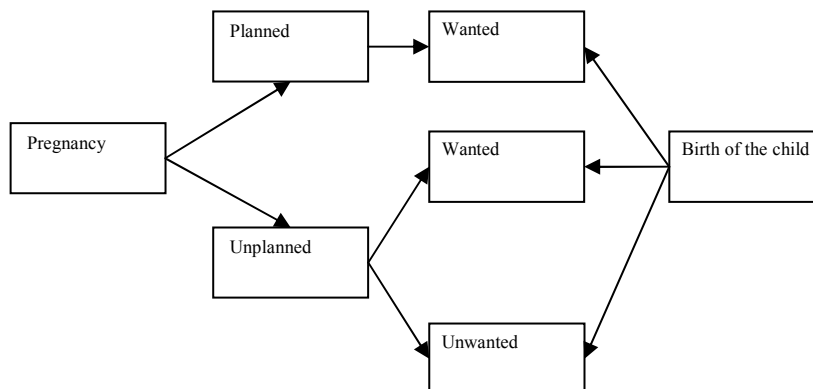
3. Motherhood as a choice for pregnant teenagers

“Because although I don't know who its (the baby's) father is, it's still my baby, you know, it's got my blood in its veins and, like, moves around inside me, I can feel it moving now, and, it's just like, if I know that it's going to be born one day, that it's, like, mine and I just want to keep it, that's all. Because, like, I've now got a boyfriend and we said that we'd like to have a baby in the future. That I've already, like, disgraced my mum and dad, that I've let everyone down and all that, if everyone knows already, the whole school knows and just about all of Most, and almost all my mates know, so why shouldn't I be able to keep it, if I've already gone through all of this.” (Erika, aged 15, 6 months pregnant)

3.1 Dimensions of the decision-making process leading to teenage parenthood

The data gained from interviews with pregnant teenagers and teenage mothers were used to create a chart (Diagram 3.2), which seeks to map the motives leading to a pregnant girl's decision to keep the child in as much detail as possible. In some cases there are factors that rule out any independent decision-making by the girl. One classic example is when the girl learns that she is pregnant after the statutory time limit for abortions has already passed.

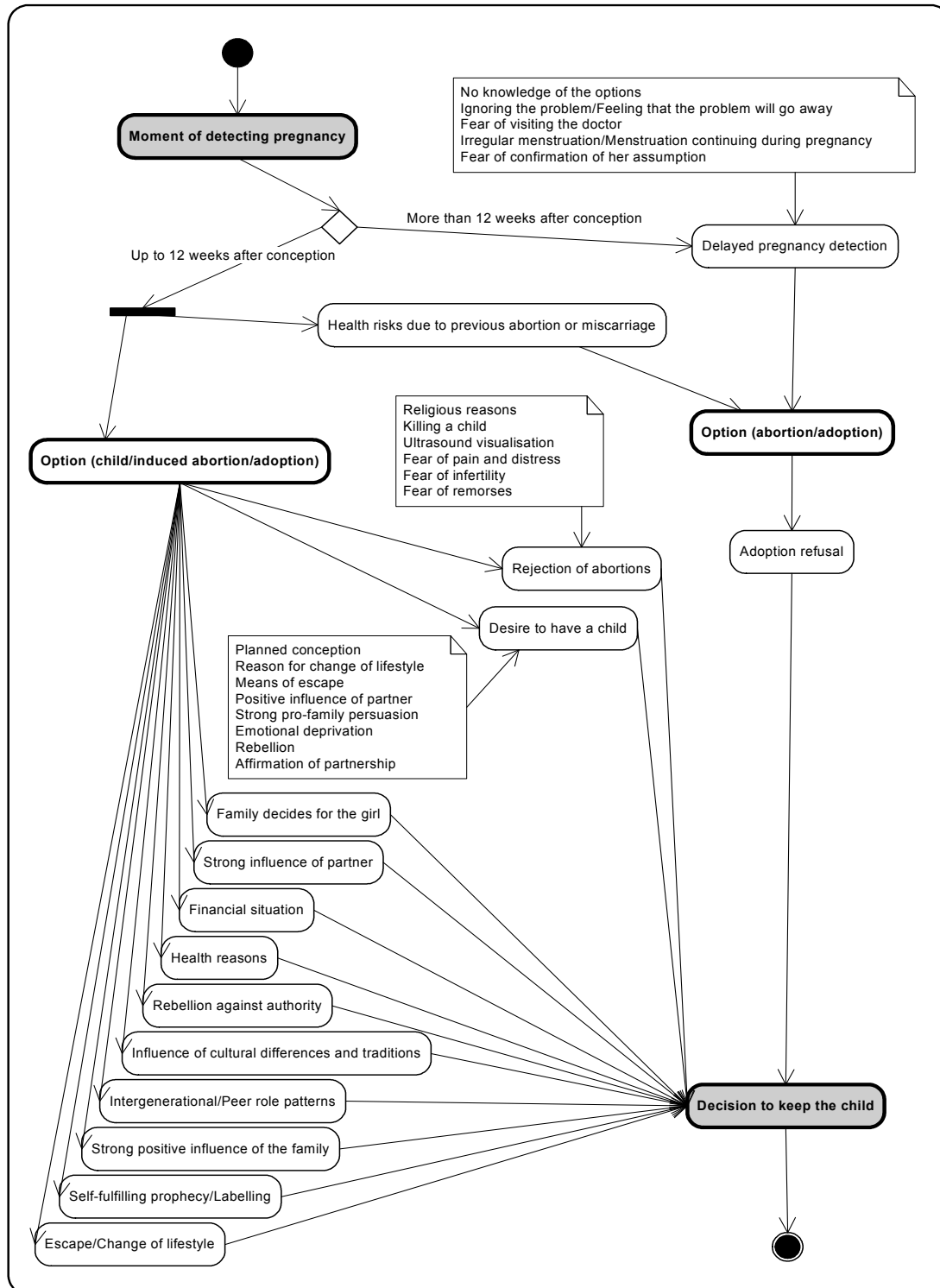
Diagram 3.1: Planned parenthood and choosing to keep an unplanned child



At the same time, individual reasons cannot be regarded as isolated and acting in a vacuum. There are usually several factors shaping the decision. The decision-making process for teenage pregnancies thus has several dimensions, with cultural, social, personality-based and cognitive components. It is important to keep in mind that during adolescence individuals rarely resolve problem situations promptly (Trad, 1999), as they lack experience of life. Decision-making in pregnant teenage girls is accompanied by a considerable degree of uncertainty, as the girl cannot imagine what she can expect if she makes either decision. How

will her body and mind react to a procedure like abortion? And what direction will her life take if she chooses to have the baby? Will she be able to take good care of the child and bring it up properly? And will she have the means to do so?

Diagram 3.2 Choosing motherhood – determinants featuring in the decision-making process of pregnant teenage girls, identified by means of in-depth interviews



It would be wrong to assume that all teenage pregnancies are unplanned, viz. Diagram 3.1. Girls either wish to have a child and getting pregnant is a joyous event for them, or all the negatives and positives of maternity are weighed up in the light of the pregnant teenager's opportunities and specific economic and social situation. In some instances, this process even takes place highly systematically, but usually, and especially among younger adolescents, the girls are not capable of objectively appraising their situation, as they have only a hazy idea about how their future should or could develop. In these cases, the support and help girls receive from their family is crucial to the decision-making process and throws light on possible strategies.

Other girls try to avoid making difficult decisions and ignore their condition until they are drawn attention to it by a doctor or their environment.

3.1.1 The chance to choose between keeping the child and giving it up for adoption

The decision made by a teenage girl depends on the time at which she finds out she is pregnant. In our research we encountered a considerable number of girls (25%) who only found out or fully grasped that they were pregnant after the statutory abortion deadline had passed. That substantially reduces their options. Czech legislation on induced abortion (Act no. 66/1986 Coll.) defines the conditions under which it is possible to induce an abortion in an underage girl. Women can have abortions if they request one in writing, if they are no more than twelve weeks pregnant and if they are sufficiently healthy. Under-16s can have an induced abortion only with the consent of their legal representative or guardian. If a girl aged from 16 to 18 has an induced abortion, the healthcare facility informs her legal representative.

Let us focus on the casuistics of girls who have missed the deadline for induced abortions and have opted to become a parent. There were no girls in our research sample who gave up their child for adoption. Adoption was an unacceptable alternative for most teenage girls. The interviews showed clearly that they have a deep-rooted notion that giving birth to a child and then giving it up for an adoptive family is something pathological and abnormal. Although most of the 58 girls had considered abortion, or abortion had at least occurred to them, only 3 girls thought seriously about adoption, and that was chiefly under pressure from their parents. When the girls were asked about this way of dealing with their pregnancy during interviews, they generally replied swiftly in the negative.

Girls are usually informed about the option of giving up a child for adoption by a doctor, when their pregnancy is detected, or by a social worker in the case of socially weaker families. It is interesting that it is principally girls' fathers who try to persuade them to give up the child for adoption, even if the girl's mother disagrees. We did not encounter a single instance of a pregnant girl's mother pressuring her to give up the child for adoption. It seems that this phenomenon is based on social experience, where mothers have much more in common with their pregnant daughters than fathers do. Differences of opinion as to how to deal with the pregnancy are without doubt a stress factor and source of tension for pregnant girls and do not help the pregnancy run smoothly.

"He (the father) is still trying to get over it, it was one hell of a fight, and the main thing was that when I rang him to say I'm in this or that month, well, he started swearing like mad, saying why couldn't I have found out earlier, he'd have been in favour of an abortion, now he's trying to push me to give it up for adoption. Well there's no chance of that. He pressured me, but now he knows I'm about to give birth, so he's leaving me alone, but before that he did push me. He said it was the only way out."

(Pavla, 19 years old, 9 months pregnant)

As we see in the case of Pavla, the girl resists the opinion of her relatives with the feeling that no one can challenge her freely made decision. It is clear, however, that it will be

very difficult to see through her decision to bring up the child against her father's will. Pavla lives alone in one flat with her father and with no partner. She cannot count on help from her mother, as her health does not allow it. She is therefore facing a period when she will have to depend on herself alone, without much support from others.

Another family in which the father would not contemplate any other solution than his daughter giving up the child for adoption is Vlasta's (Vlasta is a 17-year-old mother). The parents clashed, with Vlasta's mother opposing her husband and wanting Vlasta to keep the child. Vlasta could not stay with her child at her parents', as the living conditions were unsuitable for a newborn baby, so she genuinely thought about adoption up to the 9th month of her pregnancy. Vlasta even found out all the details about adoption proceedings. In the end her dilemma was solved by her grandmother, who offered her the chance to live with her in a shared household.

"I didn't make my decision until the last month, the ninth. Just when I had basically everything together, when I had almost all the stuff, I decided that it was my baby, wasn't it, and I'd just manage somehow, I already knew that my granny was going to help, that I'd have somewhere to live with the baby. I kept trying to make up my mind, because I didn't know if was going to be in a shelter with him, because if I was going to be in a shelter then that would mean I was living somewhere miles away, near Nymburk."

(Vlasta, 17 years old, 7-day-old baby boy)

In the end, Vlasta's father reconciled himself to her decision and they are currently communicating again. In contrast, in 19-year-old Kamila's case, family disagreements about how to resolve her pregnancy caused a permanent split between father and daughter. Kamila got pregnant aged 16 to a violent boyfriend, at a time when she was suffering from anorexia nervosa. This condition was one reason that she only realised she was pregnant in the 4th month, when it was too late for an abortion. Before she got pregnant, Kamila had just begun her first year at secondary school and was starting to shake off her dependency on her violent boyfriend. There was no question of having the child under these circumstances, so she agreed with her father and his second wife that she would put the child in their foster care in the third month after birth, so that she could breastfeed it for a time. When the child was born, Kamila was unable to hand it over to her father and had a change of heart. Since then she has broken off all contact with her father and lives with her son in a shelter.

"Dad came to see us all those three months. But then I told him that I wouldn't give him up, that I wanted to keep him, that I love him and even though I'm still young even younger girls manage, so why shouldn't I. So Dad started crying again, my aunt started crying and all and since then we haven't spoken." (Kamila, 19 years old, 2-year-old baby boy)

Now let us move on to another question, namely, what are the reasons for girls not finding out they are pregnant in time to be able to use all the options for resolving pregnancy. There are many reasons, and we can divide them into two groups: health reasons and psychological reasons. It is not uncommon, however, that for these reasons to be linked.

One of the most common reasons for late detection of pregnancy was the girl's having an **irregular menstrual cycle** before pregnancy. This meant that girls did not pay much attention to late periods. The fact that the girl did not consult her irregular menstrual cycle with a doctor is closely linked to insufficient communication about intimate matters with her mother, or with another family member who would recommend that the girl visited a gynaecologist. For some young mothers, finding out that they are pregnant usually brings their first experience of visiting a gynaecologist.

“I didn’t have any morning sickness, none at all, so I said to myself that I was just late again, it was only when I didn’t get it a third time that I thought, something’s wrong here. So I didn’t find out until the third month.” (Marie, 18 years old, 8 months pregnant)

Girls often feel **fear and shame when visiting a health care facility**. That is then reflected in unhealthy reproductive behaviour, because the girl does not want to undergo an unpleasant visit to the doctor for hormonal contraception².

“I’d feel kind of weird going to get that contraception, I reckon my mum would rather go instead. I’d be ashamed, basically.” (Lucie, 15 years old, 8 months pregnant)

There was one case in our study where the girl had, she claimed, **menstruated during her pregnancy** up to the seventh month. This young mother only admitted to herself that she was pregnant in the seventh month, when people around her started trying to convince her, having observed visible physiognomic changes in her.

“I didn’t stop menstruating until the seventh month of pregnancy, so by then people could tell by looking at me and basically everyone noticed. I didn’t even bother to take any tests and went straight to the gynaecologist.” (Katka, 19 years old, 1-year-old baby boy)

This brings us to a very frequent phenomenon in teenage pregnancy, linked to the immature psyche of adolescence: **ignoring the problem**. The girl is unable to accept that getting pregnant could happen to her. She thus successfully ignores all the symptoms of pregnancy, often with the feeling that the problem will go away.

“I didn’t have anything. And when I told the girls that I could, like, feel my tummy moving, they said that my heart was pounding and that was making my tummy move, so I was like, right. I thought it was from that. I had no idea at all that I might be pregnant.” (Erika, 15 years old, 6 months pregnant)

“I didn’t want to accept it at all. I suppose it was me who kept saying the longest that I was getting fat. I’ve always had a sweet tooth, so I was never without some chocolates. So I went around saying that I was getting fat and that...”(Katka, 19 years old, 1-year-old boy)

Girls do in some cases completely ignore their condition, but in other cases they have doubts and think about the problem. **Fear of official confirmation** of their condition, however, makes them try to ignore the problem. The main reason for ignoring the problem and trying to put off admitting it to themselves and those around them by concealing the symptoms of pregnancy is **fear of how the parents, the partner and the public will react**. The girls are worried that they will lose the trust of their parents and undermine their parents’ perceived notion of themselves. In other cases, these concerns stem from the expectation that the family will pressure the girl to have an abortion. It is an interesting fact that girls who decide to hide their pregnancy do indeed manage to keep it secret up to an advanced stage. Lenka, a 15-year-old mother, said that she had always been a few kilos overweight and wore loose-fitting clothing, so no one noticed anything. In contrast, other girls were so slight in

² Needless to say, being afraid and ashamed of visiting a doctor is not the only reason stopping girls from using hormonal contraception. One of other main reasons is that girls cannot afford it. A detailed analysis of this topic would require a chapter to itself, however, and there is not room in this paper for that.

frame that the first signs of pregnancy did not become evident until the end of the second trimester.

“I was afraid of telling mum, because she had always been really nice to me. I thought she would be disappointed in me or something... so up to the eight month I told her I hadn't slept with anyone. In the fourth month my mum took me to a gynaecologist and found out that I was pregnant.” (Lenka, 18 years old, 3-year-old baby boy)

“Mum didn't know that I was pregnant, I was too ashamed to tell her, I wasn't scared, I was ashamed. I only told her at the last minute. The abortion deadline was on Tuesday and I told her on Friday.” (Bára, 15 years old, 6 months pregnant)

There were three cases in our research sample where the girls decided not to tell anyone about their problem, because they were worried that their friends and relatives would try to persuade them to have an abortion. One extreme case is that of 15-year-old Lucie, who got pregnant at the age of 14 when on the run from a children's home. Lucie can be regarded as an emotionally undernourished child with a tendency towards high-risk behaviour. When she found out that she was pregnant, she was happy and really wanted the baby. (We will leave till later the arguments about the extent to which the desire to have a child in adolescence mothers is brought about by romantic notions and is a means of entering adult life without any objective appraisal of reality.) After she returned to the children's home, the institution's management were clearly in favour of an abortion. But Lucie was unwilling to accept this alternative and again ran away from the institution until the abortion deadline had passed. Lucie now lives with her son in an institution for underage mothers with children.

“They said mum should sign a piece of paper saying it was up to me, but that I should get it done, the psychologist told me that, she said it would be better for me, that I would finish school and would have lots of other kids, then they did all kinds of examinations, and asked me if I'd changed my mind, and then it was, like, just three days to go and they kept going on at me, but I didn't want to get rid of it, they were getting on my nerves the way they kept pushing me to get rid of it, get rid of it. So I ran away again, and then went back about a week later when it was too late to get rid of it.” (Lucie, 15 years old, 7-day-old baby boy)

As has already been said, the girl's friends and relatives often notice her condition before she does. There are also frequent cases of **the pregnancy being detected at the doctor when the girl had come to have another problem treated**. 17-year-old Svatka, who was a regular drug user and thought that was the cause of her missed period, was found to be pregnant during a preventive 17-year-old's check-up. 15-year-old Erika learnt she was pregnant in the 5th month, when she went to see the doctor with headaches and recurring dizzy spells. When feeling her belly the doctor found an abnormality and subsequently used ultrasound to diagnose pregnancy. 16-year-old Petra's pregnancy was discovered during a medical examination initiated during an investigation into sexual abuse committed on Petra by her stepfather.

Late detection of pregnancy brings both a mental burden and, most importantly, **health risks for the mother and her baby**. Prenatal care is often put off or is insufficient. It is also highly likely that the girl will not change her high-risk lifestyle (if she has one) and will continue to consume drugs or alcohol, for example. A girl may detect her pregnancy relatively early, but will only turn up for check-ups sporadically in order to conceal it from her parents. As a rule, medical care is guaranteed once a doctor learns of the pregnancy. Two-thirds of the girls (N=44) in our study found out they were pregnant in the first trimester of

pregnancy. 22.5% (N=13) of girls found out in the second trimester, with three of these having their pregnancy diagnosed in the last phase of the trimester, i.e. in the sixth month. Only one girl visited the doctor with a suspicion of pregnancy in the third trimester. Fortunately, despite the lack of prenatal care, the girl gave birth to a healthy boy.

Another case where a girl started dealing with her pregnancy after the 12-week period stems from a **lack of knowledge of the possibilities** available to her and generally poor awareness of the rules for performing abortions. This ignorance is related to a fear and **distrust of healthcare facilities**. Sixteen-year-old Denisa discovered through a pregnancy test after she missed her period that she was pregnant. She was, however, horrified of the thought of her mother finding out. Denisa, who was thinking about a singing career, would have liked to have had an abortion, but no one had been able to answer her question of whether the abortion would be possible without the knowledge and consent of her parents.

“And I was really scared of gynaecologists, I don’t know why. So I didn’t know what to expect there and if I could decide for myself about the abortion or if I had to tell my parents. And everyone told me something different...” (Denisa, 16 years old, 9 months pregnant)

So far we have only looked at cases where the pregnancy was not officially confirmed until it was no longer possible to induce an abortion. The abortion option is also ruled out if there are health risks to the mother, even if the pregnancy is detected in time. There were four cases among the surveyed girls where the girl got pregnant again immediately (within six months) after she had had an induced abortion or suffered a miscarriage. A second abortion would have constituted a high health risk.

3.1.2 The option of choosing to keep the child, have an abortion, or give it up for adoption

❖ Wishing to keep the child

Although underage mothers are perceived as women who go against social conventions, most of them treat becoming a mother as a challenge. Motherhood becomes their most important role in life. That means that we encounter a phenomenon whereby underage girls expressly wish to have a baby and do not regard getting pregnant as an entirely unhappy event. We have already seen some of the factors influencing the desire to have a child at such young age in the theoretical introduction, viz. Chapter 2. Various motives leading teenage girls to wish to become mothers were also recorded in our case studies and are summarised in Chart 3.2.

Regarding a young girl’s desire to have her own child and family it should be said that most of them were not actually planning to start a family: it is not an intended, thought-out and considered step. The girls who stated that they wished to have a baby were not, as a rule, actively trying to get pregnant. These girls simply did not regard preventing pregnancy as important and their contraceptive behaviour was influenced by an attitude that does not view pregnancy and motherhood as a serious obstacle in life. Thus the girls are willing to accept becoming mothers, if that does come about.

We only encountered **planned conception**, where the girl has deliberately stopped taking hormonal contraception to get pregnant, in three cases of slightly older girls: 18-year-old Hana and 19-year-olds Jitka and Jana.

It was principally girls from highly dysfunctional families, usually broken homes where parental care was objectively neglected and where the girls spent at least part of their lives in institutions, who were found to want to have a baby. **Emotional deprivation** stemming from parental indifference is the cause of the increased need in girls **to possess at**

least some object of love. After both her parents died, 16-year-old Markéta was put in the care of a stepsister she did not get on with. During the interview she said that her stepsister had only taken charge of her for money and never liked her. As a result of her problematic behaviour and frequent running away from home she ended up in a diagnostic institute, and that was where she was found to be pregnant.

I: "Well, didn't you think about having an abortion at all?"

R: "No. It occurred to me, but I didn't want one. Because if my sister doesn't want me, then at least I'll be have someone." (Markéta, 16 years old, 4 months pregnant)³

Some of the girls under scrutiny also displayed an urgent **need to be important for someone** and thus prove to themselves and others that they are able to respond successfully to challenges.

"Basically, now that it's happened, I want to look after the baby. Nobody's going to stop me doing that." (Romana, 17 years old, 1-month-old child. Mentally and physically abused by her mother and stepfather. Her real father, with whom she had a good relationship, died. Romana now lives with her child in a shelter.)

Girls with seriously disturbed emotional ties often dream of an idyllic family life with their partner and child even if they accidentally become pregnant. However, these **romantic notions of family life** often cause them to stay with partners who are drug or alcohol users, have aggressive tendencies and are only using their partner. The girls are reluctant to repeat the broken relationships of their parents and would like their child to live in a complete family, even at the cost of their own suffering. The aforementioned Lucie, who got pregnant when she was 14, replied as follows in response to the question what went through her mind when she found out she was pregnant: *"Nothing, I wanted a baby."* Seeing that she was on the run from a children's institution and completely without means and that her partner was about to be prosecuted for abusing a minor, this shows an absolute inability to appraise objectively the impacts of her pregnancy on her life and her child's life.

Besides emotionally deprived children, girls from families where the role of woman is firmly identified with the role of mother also display a wish to have children. This phenomenon is encountered mainly in Roma families, where the woman's role is often simply to have children and there is a prevalent stereotype that "A Roma woman is like a tree and gives birth every year". Women identify themselves with the role of motherhood at a young age, when they look after their younger siblings and take all responsibility for them.

Socialisation into the role of mother was also evident among other girls, mostly those living in incomplete families with a single mother and several siblings. Single mothers who are forced to provide for the family delegate a number of duties to the oldest girl in the family, who often takes responsibility for running the entire household and frequently caring for her siblings.

Becoming a parent is also a way to **revolt against authority**, generally against parents. Lenka had already got pregnant once before she gave birth to a baby boy at the age of 17. Lenka's mother did not agree with her first pregnancy and, from her position as a nurse, arranged for her and pressured her into an abortion. Lenka found the whole situation hard to endure psychologically, whereby the main source of mental problems was the bad relationship between Lenka's mother and boyfriend. At the age of 16 then, Lenka agreed with her partner that she would get pregnant again, as she was convinced that that was the only way to force her mother to accept her relationship with an older, foreign man. For that reason

³ I: inquirer; R: respondent

she got pregnant within the six-month safety period during which an abortion may not be repeated. Her pregnancy and subsequently motherhood was a typical case of revolt against inordinately authoritative behaviour in the mother and an endeavour to **affirm a relationship with a partner**.

The basic principle of another motive for teenage girls wishing to have a baby consists in the aforementioned “uncertainty reduction theory”. Teenage mothers usually do not have particularly high educational and professional aspirations. However, numerous surveys have shown that pregnancy itself is not the main reason for the lower average standard of education achieved by teenage mothers. Problems and failures at school emerge in this group at a much earlier age.

“I knew I wouldn’t pass. You could tell from my grades, and from the way I didn’t enjoy it...Well, I knew that I didn’t want to finish school and I basically just needed some reason.” (Hana, 18 years old, 1-month-old baby girl)

A lack of interest in learning and school duties and an inability to abide by rules leading to discipline problems and indifference towards education were revealed as typical behavioural attributes in the sample we surveyed. For girls like this, motherhood was a suitable way to **escape from the education system**. The girl uses her new role of mother to justify her educational failure to herself and those around her.

“Everyone had ideas that I would go and study or work someplace or other, and that I’d go to America, but nobody asked my opinion, if I wanted to or not. And I don’t.” (Linda, 18 years old, 3 months pregnant)

Girls cannot conceive of basing their identity on education and a certain standing in society choose **bringing up a child as their meaning of life**⁴. Self-realisation as a mother becomes crucial and other options are regarded as taboo.

“But I wouldn’t get rid of it. And anyway I thought what else I could do. I just wanted a baby. I had someone to play with. Someone to take care of.” (Bára, 19 years old, 3-year-old baby boy)

Teenage mothers are often not self-confident or cognitively prepared enough to be successful on the labour market. A subjective and objective lack of opportunities in life, caused predominantly by growing up in a dysfunctional family that is unable to inculcate in a child values regarding the importance of work in a person’s life, is the fundamental motive for girls to decide to start their own family, through which it is possible to find fulfilment.

❖ Rejection of abortion

For every 100 children born to women aged 15-19 there are currently 71 induced abortions in the Czech Republic. In some cases a teenage girl will decide to keep the baby because of a firm view on abortion. Strict rejection of abortion as a medical intervention with a risk of both physical and mental damage was mentioned by 24 girls, i.e. more than 40% of

⁴ The impact of educational aspirations was registered as significant in several order studies as well. For example, Hanson (1987) discovered that educational aspirations and good marks and behaviour at school are to some extent protective factors against unplanned parenthood. Landry (1986) mentions that pregnant girls who have decided not to abort the baby had generally attained a lower standard of education than girls who opted for an induced abortion. Girls with more school plans for the future were also more likely to decide for an abortion.

the research sample. The remaining girls (34) would be willing to go for an abortion if the existing conditions for bringing up the child became significantly worse.

Casuistics show five main reasons leading to a strict rejection of abortion.

- Religious reasons
- Abortion is regarded as killing even without any religious conviction
- Fear of health risks – infertility
- Fear of physical and mental pain
- Positive emotional pressure / visualization of the pregnancy

Many girls regard abortion as **morally unacceptable**. Some of them, after weighing up all the circumstances, even displayed very mature reasoning as to when induced abortion becomes morally acceptable for them. Usually, however, rejection of abortion had its roots in **fear of damage to the reproductive organs the concerns of subsequent infertility**. 18-year-old Linda said that she would not have had an abortion even if she had got pregnant two years earlier.

“Except I’d never ever go for an abortion, not even if I was expecting twins I wouldn’t. I’m against it somehow. To me it seems like killing a person and that. I was very unhappy about it, but no, I wouldn’t.” (Lenka, 18 years old, 3-year-old boy)

“I won’t get rid of it, because I don’t to have to go through all my life knowing that I can’t have another baby.” (Linda, 18 years old, 3 months pregnant)

Girls often do not see their age as a handicap in bringing up a child. If a pregnant girl can count on sufficient support from her relatives or partner, it is easier for the girl to choose to keep the baby. After her partner left her but her mother and grandmother both offered to help, 16-year-old Jana did not feel that she was in an extreme situation where an abortion is imperative.

“Well I knew that there was one of the options, but now I know that mum will help me, I can cope with it, I don’t know, it’s not like I’ve got anything against abortion, like there shouldn’t be abortion, but I wouldn’t want one myself, because if it’s not an extreme emergency, like if I was seriously ill, or the baby was, then there’s no way I’d have one.” (Jana, 16 years old, 3 months pregnant)

Fear of both physical and mental suffering and fear of the unknown are other reasons for girls refusing to have an abortion. Of course, sometimes several reasons operate at once, as with 17-year-old Anna.

“I didn’t know what it was. And they said that the first time they’d give me an injection, except I kept putting it off, and then I once thought, why not have it done, and it cost over two thousand, it was coming up to the 3rd month, and they said it was a risk. That I might not be able to have another baby, so I was scared and decided to keep it instead.” (Anna, 17 years old, 8 months pregnant)

The realisation of the fact that pregnancy means more than just the physiognomic and hormonal changes a girl observes in herself, that it means the existence of a new life, is not automatic in teenage girls. Girls sometimes only fully comprehend that a new life is growing inside them when they see it with their own eyes with the help of ultrasound. Occasionally,

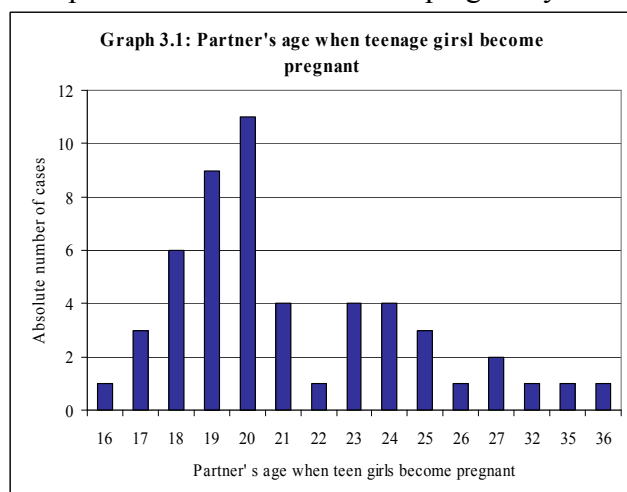
this visual contact with reality causes such **strong emotions** that a girl who had been resolved to have an abortion decides in the end to keep the baby.

“Well, I thought I’d get an abortion and finish school. Then I went to the gynaecologist and when they showed me the embryo with this internal camera, well I burst into tears and said that I wouldn’t have that abortion. Abortion seems like murder to me.”
(Romana, 17 years old, 1-month-old child)

Paradoxically, choosing to keep the baby is often the outcome of a girl’s poor financial situation – she is unable to raise the money for an induced abortion, although that cost (approx. USD 150) cannot compare with the future cost of bringing up the child.

❖ Strong influence of the partner

A strong positive influence of the partner is another factor causing pregnant teenagers to decide to keep the baby. The survey showed that the partner’s influence on pregnant teenagers’ decisions was much stronger than the influence of the family, peers or other institutions, provided the relationship was relatively long-term and stable. This tendency came to light during the interviews, during which girls stated that they were most afraid of how their partner would react to their pregnancy.



“At first I was totally freaked out, when I left the doctor and then me and Honza went to the pub to have a chat about it, and then I felt better, mainly when I realised that Honza was taking it okay. I’d actually been most afraid of how Honza would react.” (Katka, 19 years old, 1-year-old baby boy)

Another variable exercising a key influence in the decision-making process and in the partner’s own attitude to the teenage girl’s pregnancy is the partner’s age. It is fair to deduce that we find that the partner has a positive influence on the decision to keep the baby if they are older,

when they can be assumed to have a greater inclination to start a family.

Table 3.1: Age difference between partners at the time when a teenage girl becomes pregnant

Age difference	N	%
Younger male partner	1	1.9
0-1 years	14	26.9
2-3 years	10	19.2
4-5 years	13	25.0
6 or more years	14	26.9
Total	52	100.0

The survey shows that the fathers of children to teenage mothers tend to be older than the mother⁵. Just 36.5% of fathers were teenagers themselves; the remaining 63.5% were over 19. The modal age category was 20. The modal category of the age difference between partners was 1 year, with 11 such cases. If we focus on the structure of the age difference between the partners,

⁵ Several surveys from specialist American literature arrive at similar findings that it is mostly adult men aged 20 and over who are responsible for getting teenage mothers pregnant. Half of the fathers of children born to 15 to 17-year-old mothers were older than 20. An age difference of 6 years or more between the child’s father and mother was found in one-fifth of couples (Elo, 1999).

however, it is clear from Table 3.1 that there is an age difference of more than 4 years in 52% of couples and an age difference of 6 years or more in more than a quarter of the couples where the girl conceived as a teenager. This leads to the deduction that the fathers of children born to teenage mothers are usually not adolescents themselves. If we look at the overall stability of partner relationships of pregnant underage girls, in the majority of cases the partner supported the girl in her decision and offered his help. We registered this experience in 62% of respondents (N=36). Fathers generally leave the decision about how to resolve the pregnancy to their partner, so the role of fathers is somewhat ambivalent in the issue of teenage pregnancy. Men are often held to blame for the situation as a whole. It is they who bear sole responsibility for a girl's pregnancy, even though protection during sexual intercourse and communication about contraception should be a matter for both partners⁶. The other side of this ambivalent role is that fathers are squeezed out of the decision-making process, giving them little chance of deciding about the child's fate. The situation is all the more serious if the partner is a similar age to the girl and cannot come to terms with becoming a father. The partner is often not even asked for his opinion and the girl decides on her own or under the influence of her family.

"I don't know, I was really confused. I was really afraid that Petr wouldn't want it and then I didn't know if I wanted it, but I couldn't get rid of it, there was just no way. He said he'd leave it up to me." (Iveta, 18 years old, 3-month-old baby girl)

It is easier for the partner to have a conviction and to bring his opinion to bear if the girl is in love with him and he is a crucial source of social support for her⁷. One 18-year-old mother of a 3-month-old girl said that the main factor in her decision to keep the child was her love for her partner, who afforded her some form of security.

19-year-old Dana also found maximum support in her partner. Dana cut off all ties with her original family, where she was sexually abused by her father, and her partner thus became the most important and only person in her life.

"He keeps saying there are people who don't have a job, collect benefit and they can support kids, so why shouldn't we manage. We'd spoken about it earlier, before the baby, and he said that he wouldn't stay with me because I'd have killed his child." (Dana, 19 years old, 9 months pregnant)

Greater pressure on pregnant teenage girls was found in Roma men, who treat their first child as something of a prestigious event. It is an interesting fact that Roma fathers insist on keeping the first child in particular and prevent their partner having an abortion, even though their financial and housing conditions or other circumstances may not be ideal for the birth of a child. The consequences may then be tragic.

"He didn't want me to have an abortion. Like that he didn't have a kid of his own yet, so he wanted his first one." (Marie, 19 years old, 3-year-old baby boy, currently pregnant again)

The reaction of an 18-year-old Roma boyfriend of 15-year-old Sylva, who was expecting twins at the time of the interview, was also somewhat untraditional.

⁶ This issue is linked to the passive role of women during communication about sexual life and in sexual life in general. The pan-societal trend whereby sexual activity starts earlier is linked to physical and mental immaturity, which often prevents them coming to terms with their sexuality responsibly.

⁷ Quantitative research into the influence of partners and other significant others was conducted in Australian studies by Ann Evans (2001) and Madeline Zavodny (2001).

“And my boyfriend said that if I did it, if I got rid of it, then he wouldn’t talk to me, that he...was already old enough to bring up a baby.” (Sylva, 15 years old, 5 months pregnant)

❖ **Influence of cultural differences and traditions**

The issue of early pregnancy requires a consideration of cultural differences, as the value of the family is viewed differently in different ethnic groups. Just as we find separate analysis for the African-American population and for “whites” in specialised American literature, it is appropriate in the Czech context to scrutinise in isolation the phenomenon of early pregnancy in the Roma minority. Both the internal and the instrumental value of children in the life of the Roma population are generally very high. Roma children are usually welcomed, despite the unsuitable socio-economic circumstances of both partners. Among Romas, however, the birth of a child is not tied to starting a new family as a separate unit. The large family, often consisting of more than one generation of couples, that is typical for Romas is the basis for intergenerational solidarity, characterised by women sharing the role of bringing up the children. This means that a young mother is not forced to deal with the problem of whether she will be able to look after the child, as she can depend on her mother, who is usually already caring for other children in the family, either her own or her children’s children⁸.

From the point of view of the socialisation of the individual, the likelihood of early pregnancy is greater among girls growing up in large families full of children. Early pregnancy is treated more as the norm in the Roma community and is more or less considered utterly natural. This differs from the majority population, where teenage pregnancy tends to be regarded as deviant.

All the interviewed Roma girls declared that “among them”, among Romas, the first child is never “got rid of”. Abortion of subsequent children is more tolerated among the Roma community.

“When I was in my sixth week, so I still had time, my mum said that I could go for an abortion but I said no. Because among us it’s normal to keep the first child” (Marie, 18 years old, 4 months pregnant)

“So it happened, and so what? When I was thinking about whether to get rid of it, well, I’d never get rid of my first baby. We Romas say that if you get rid of your first child you might not get pregnant again, and it’s like you should look forward to your first child instead of getting rid of it.” (Sylva, 15 years old, 8 months pregnant)

❖ **Intergenerational/peer role patterns**

The previous subchapter leads logically to the issue of the intergenerational transmission of early parenthood. This phenomenon is directly linked to the aforementioned findings, but it is not restricted to the Roma minority. Family values and the importance of motherhood are often passed down from generation to generation throughout the population. If the mother of a pregnant teenager also started reproducing as a teenager, the girl is the more likely to decide to keep the child rather than have an abortion. This positive attitude to early parenthood among the daughters of teenage mothers has been confirmed by research by Jennifer Manlove from 1997, for example, which found that there was a greater risk of

⁸ Proof of the mutual assistance in Roma families is found in an explanation by Jana, who, when asked whether having a child would make her feel isolated from her peers, replied that she did not have to stay at home, as her sister-in-law was also breastfeeding, and if her daughter was hungry it would not be a problem if her sister-in-law stood in for her.

becoming a parent at young age among girls whose mothers had started reproducing at a very young age.⁹

Table 3.2 Intergenerational patterns of early pregnancy

age of the mother at the birth of 1 st child	(N=58)	%	number of siblings who became parents before turning 20	(N=58)	%
13-19	21	36.2	0	45	77.6
20-24	30	51.7	1	9	15.5
25-29	5	8.6	2	3	5.2
30 a vice	2	3.4	3	1	1.7
			Subtotal	13	22.4
Total	58	100.0	Total	58	100.0

The descriptive characteristics of all 58 respondents and their mothers from our survey sample correspond to the aforementioned findings, as every third girl came from a family where the mother had her first child before she turned 20. It is evident that this ratio applies to mothers belonging to different cohorts. If, however, we compare trends in the entire population over the last three decades, the proportion of children born to mothers under 20 did not account for 36% of all the live-born children in any cohort. In this regard, then, the population of pregnant teenage girls is above the national average. Although these data are illustrative and methodologically incomparable, the above factors do at least draw attention to the probable existence of mutual intergenerational dependency in early pregnancy in the Czech Republic.

“She (mother) had a baby as well, she had my brother when she was 16, or at most 17. So we’ve got it in the family, basically.” (Marie, 19 years old, 3-year-old baby boy, currently pregnant again)

I: What about your mum, how did she react when you told her you were pregnant?

R: Well, at first mum started shouting, saying the very thing she’d been warning me about had happened, but she also had me when she was 18, so then she understood, what choice did she have anyway.” (Jana, 23 years old, children aged 5 and 4)

One interesting fact is that the daughters of teenage mothers repeat their behaviour even if their mothers were for most of their lives aware that their early pregnancy was something of a disadvantage and led to some social exclusion.

“She (mother) had her first child at 18, so she spent her youth at the stove, because all she did was cook, tidy up and look after the kids. That was the three things she did. She’s only started living now, since she’s gone away (to sing in Germany). And she said that it was too late, I shouldn’t do something dumb like that, that she never had anything in her life.” (Helena, 17 years old, 8 months pregnant)

We received contradictory answers to the question whether being a teenage mother had any special significance in relation to the girl’s environment. As a rule, however, teenage motherhood is regarded as altogether commonplace by the teenage mothers themselves. Nearly every one of them knows girls the same age who are either pregnant or have a child.

⁹ The inherited nature of early parenthood has been researched in other studies, too, e.g. Kahn and Anderson (1992) state that intergenerational repetition of early parenthood is not genetically encoded but stems from the overall socio-economic and family context in which the girls grow up.

That means that the level that marks the norm fluctuates somewhat in the population we looked at. The characteristics of the peer reference group should therefore be taken as a strong indicator that influences the degree to which early parenthood is accepted.

“Well, I’m not the only one there. In our first grade there were six pregnant girls. They had an abortion, but I was the only one who stayed. And in second grade the entire class was pregnant. The teachers used to say that we’d been struck by some epidemic.”
(Barbora, 15 years old, 6 months pregnant)

❖ **Strong positive influence of the family**

The support a girl receives from her parents during pregnancy is crucial to the overall quality of life of the teenage mother and her child. By getting pregnant, girls often become highly dependent on their family. Growing up is an important stage in life, during which the individual’s self-confidence is formed through the process of presenting of his or her own opinions and attitudes. Pregnancy may seriously disrupt the delicate process of acquiring a personal identity, as in most cases the teenager must again rely on the opinions and decisions of her parents. It is therefore very important how the family reacts to the problem as a whole and how it intervenes.

Social support for teenage mothers is a very broad issue. Given the nature of this paper, we will therefore focus on the casuistics of girls where the family influence was one of the most important factors in the girl’s decision to keep the child. Here we will mention cases of girls supported and persuaded by their parents that they are capable of looking after the child themselves; in these cases, motherhood is presented to the girl as a reasonable and dignified choice, which may be hard to cope with, but with the help of the family and the partner the girl would be able to fulfil the role of mother to the full. We will also look at the other type of parental attitude towards pregnant daughters, where the girl merely submits to the command of authoritative parents.

Parental pressure for a girl to keep her baby is something of a relief for most girls, so they accept it even though they may be unable to imagine themselves being a mother or being able to cope with the duties motherhood brings. The danger of this attitude lies in insufficiently developed maternal affiliation¹⁰; one extreme consequence of this can be that the girl neglects her duties to her child and gradually surrenders it into the care of the child’s grandparents who persuaded her to have it. None of the girls admitted that their child’s grandparents were the dominant force in bringing up the child, even if their mother had taken parental leave on their behalf. Appropriation of a child was only registered in the case of one Roma girl, Adéla, who got pregnant aged 18 with a partner who was unhealthily dependent on his mother, who had been against their relationship from the beginning. Adéla decided to keep the child, even though the only place they had to live in was her partner’s mother’s flat¹¹. Her mother-in-law gradually started to take charge of the child and bring it up. Adéla said that she had felt no support from her boyfriend, whom she refers to as a “mummy’s boy”, but was unable to stand up to her mother-in-law as she had nowhere else to go. Adéla kept getting thrown out of the house, and, as she says, she could not live on the street with a child. So her mother-in-law took absolute control over the child. Adéla’s overall existential insecurity and undermined self-confidence from her mother-in-law’s constant hints that she was incapable of taking proper care of the child meant that Adéla was unable to fight for her child. Adéla got pregnant again a year later, just before her partner was sent to prison for robbery and assault. She currently lives with her second son in a shelter, where she is trying to convince herself through the shelter’s management feedback that she is capable of giving the child sufficient

¹⁰ Maternal affiliation is understood as an emotional bond between a mother and her child.

¹¹ Adéla grew up in a children’s home from the age of 3 to 18.

care and love. She is waiting for her boyfriend to leave prison and is planning on getting her first child back in her care. The first-born son now addresses her mother by her first name instead of “mum”.

Just one-fifth (10 girls) of our sample of pregnant women and mothers aged under 20 took up their mother’s offer to take maternity leave in her place. These were mostly very young girls, aged 15-17 when they gave birth. If we single out this category of young adolescents, the child’s grandparent took maternity leave in the case of every third child born to mothers aged 15-17. It is fair to say that in general the reason for taking maternity leave, except in the case of very young girls aged under 16, who are not entitled to parental benefits, was to give the girl a chance to finish school. One important related factor was the nature of the teenager’s mother’s job. In many cases the mother was unemployed or worked at home and taking maternity leave for was no serious hurdle for her.

As teenage girls often find no support in their partner, it is the family they turn to first, expecting both financial and emotional assistance¹². If this kind of support is promised, the decision whether to keep the child or have an abortion is much easier to make. The girl does not need to deal with existential problems and can probably count on her fundamental needs and her child’s needs being satisfied. This certain degree of security, however, is bought at the cost of what is sometimes an unpleasant dependency on parents: if the girl stays in her original family, it is hard for her to separate herself as an independent family unit and to gain the status of an adult who was responsible for herself. Even though motherhood changes the girl and she may feel more adult relative to her partner and peers, she is still treated as a child in the family she is tied to. Motherhood does therefore not automatically mean adulthood. We also find a **duty to obey the family** in the background of the decision-making process in pregnant teenagers. 18-year-old Aneta kept her baby under pressure from her mother and sister, who demonstrated their control over Aneta and her decision by threatening to throw her out of the flat. Despite initially disagreeing with her family’s opinion, today Aneta is looking forward to the baby.

“Well, then I basically took the test and found out I was. We were arguing a lot, I didn’t want to lie down and take it. Mainly because, like, these days it’s really expensive. But mum wanted it and my sister did too. She said that if I didn’t keep it I’d be out of the flat, basically. I said, ‘But I just don’t want it, see, I’m not ready to be a mum’. But now I do a bit, I’m looking forward to it now, but then again I don’t know what I’m supposed to do, you know, if something happens. Luckily I’ve got my mum, like, but if I was alone I wouldn’t have kept it for anything.” (Aneta, 18 years old, 5 months pregnant)

18-year-old Jana also chose a different course of action when, just before getting pregnant, she found a job and had the prospect of a steady income. When Jana told her partner that she was pregnant, he left her. She kept the baby under pressure from an authoritative mother. As it is a Roma family, the child is viewed as a welcome addition to the family, with the understanding that the majority of the women living in the shared households would help bring it up¹³.

15-year-old Erika is a classic case of the parents making the decision for the pregnant girl. Erika did not realise she was pregnant until too late, so her family chose between giving

¹² Here it should be remarked that the vast majority of girls come from broken homes or dysfunctional families, where the parents often have enough problems of their own and are therefore unable to help in the way their daughter needs during pregnancy and early motherhood. It is not uncommon for the situation to be the reverse, where besides having to cope with pregnancy and motherhood the daughter also has to deal with her parents’ problems.

¹³ There are around 6 adult women from 3 generations living in the household. Jana does not have her own room.

it up for adoption and keeping the child. The following excerpt from the interview reveals the full extent of Erika's resignation and willingness to yield to her parents.

"But when they (parents) saw it moving inside me and things like that, so they said, like, no, they'd let me keep it. (Erika, 15 years old, 6 months pregnant)

❖ **Escape/Change of lifestyle**

A change of lifestyle that became an a-priori reason for motherhood has been described in the case of mothers who got pregnant in order to get out of their school duties. The interviews revealed that this was planned parenthood. Motherhood as a path to a better life and a reason to change one's lifestyle was also admitted, however, among certain girls who did not plan to get pregnant and did not originally want a child. The main motive for deciding to keep the child and bring it up was that this offered an escape route from a life full of high-risk behaviour, where motherhood was an opportunity to put things right and to settle down by starting a family. The baby gave these girls the opportunity to reflect on themselves and thus change a risky lifestyle.

18-year-old Aneta, who comes from a dysfunctional family full of violence and aggression, explicitly named this reason. Aneta started taking drugs before she left elementary school. Her boyfriend, the baby's father, was also a drug addict. To get money to buy drugs for himself and Aneta he resorted to crime, for which he was sent to prison for a lengthy stretch. At that time Aneta started going to drug addiction therapy, and now she is drug-free. The child became a good reason to kick the habit.

"I don't know, on the one hand I thought that if I had a baby then I'd be far away from drugs, I'd devote myself to the baby." (Aneta, 18 years old, 5 months pregnant)

❖ **Health reasons**

Health problems and a positive attitude to children in general are often coexisting factors in teenage girls' decisions to keep an unplanned child. This involves a situation where girls are expressly informed by a doctor about the risk of infertility, whether due to a gynaecological risk or other illness. The girl then prefers to keep the baby rather than risk not being able to have children in future.

Renal health problems were the cause of a traumatising experience of miscarriage for then 17-year-old Kateřina. Knowing that it would be very hard for her to get pregnant and bear a child again, Kateřina opted to become a mother even though her partner had stopped supporting her during her pregnancy and started displaying violent tendencies. Kateřina also left a relatively stable and financially satisfactory job because of the child.

I: "I already lost a baby when I was 17."

R: "You went for an abortion?"

I: "No, it was a miscarriage. They say it's because of my kidneys. So I was afraid that I might not be able to have a child, because I've got one defective kidney and even the other one's nothing special." (Kateřina, 19 years old, 4-week-old baby girl)

❖ **Self-fulfilling prophecy**

Another reason that girls decide to become mothers is the well-known sociological phenomenon mentioned at the end of the 1940s by R. K. Merton. This is the phenomenon of the **self-fulfilling prophecy**, which can be paraphrased as follows: "People do not act according to what the world is like but how they interpret it. If men define situations as real, they are real in their consequences" (Merton, 2000). Along with the interactionist concept of

deviation theory, what is known as **labelling theory**, it is possible to deduce that girls act on the basis of the influence of an environment with different criteria as to when and which individuals are labelled “deviant”.

A girl who has for most of her life been admonished for behaving dangerously and in a way outside society’s standards will ultimately stylise herself into this image (prophecy), whether consciously or not.

This is not merely a matter of bad behaviour, therefore; stylisation takes place too, for example, into the role of mother that is constantly inculcated into her. This phenomenon is characteristic of the Roma population.

“I’ve got a really kind teacher, she was glad, she already told me last year that I wouldn’t finish school and I’d get pregnant. That’s exactly what happened. (Johana, 15 years old, 4-day-old girl)

3.2 Barriers to and preconditions of the creation of a new family as an independent unit among teenage mothers

“We didn’t start living alone, just us, until March this year. So for the moment we’re slowly trying to get our lives together, get some money, finances, furniture for the flat and all that kind of stuff. And we said we’d only get married once that’s done. Now we want to buy a flat, then get married and then have another one (baby).” (Martina, 18 years old, 2-year-old son)

3.2.1 Partner relationships of teenage mothers with the fathers of their children

The traditional sequence of events marking the start of family life, where marriage precedes setting up a household and the birth of a child, started to break down at the end of the 20th century, with increasingly diverse forms of family cohabitation and the individualisation of the sequence of events marking the starting of a family. These trends have certainly influenced the behaviour of adolescent mothers, which we can see in changes in the structure of successfully completed pregnancies broken down by the mother’s familial status in the course of the last thirty years (viz. Chapter 1). The proportion of children born out of wedlock to mothers aged 15-19 has thus risen sharply in the last ten years in the Czech Republic. The largely tolerant attitude to single parenthood and unmarried cohabitation has given young mothers the option of not tying themselves down with an often highly unreliable partner and of freely deciding about their lives. The prejudice that a pregnant girl should get married as quickly as possible, which was still common towards the end of the last century, is today something of a rarity. We only encountered one case of a father forcing a pregnant girl to get married to a stranger just so that when the child was born she had a husband who could provide for her and give her somewhere to live; that was the case of 17-year-old Vlasta.

R: “Well, I’ll tell you straight out that I was already meant to get married once before, because dad found someone who would like, marry me, he was divorced, he had a house, a car and a job, all that, and he was still single. But when we were, like, talking about it together, he said that it wouldn’t worry him that little Miša isn’t his, but that he’s got other worries, that he had a firm and it went bust and he has debts to pay, so he was afraid he wouldn’t be able to manage it.”

I: “What, you’d get married to, like, a stranger?”

R: “He wasn’t a stranger, we’ve known each other since we got that cottage and that’s some years ago. He’s not a stranger, I think of him as an uncle.”

I: “And you’d marry someone you thought of as an uncle then?”

R: "Well, at that time I didn't even think about it really. At that time, the main thing for me was to make sure that me and Miša had somewhere to live, so we didn't end up on the street or something." (Vlasta, 17 years old, 7-day-old baby boy)

Vlasta's parents tried to find her a husband because the actual father had left Vlasta before he found out she was pregnant. We registered the same experience of **the father showing no interest in his child** and leaving his partner in the case of 19 respondents, i.e. roughly every third pregnant teenager or teenage mother.

"When I was in the maternity hospital he came to see me, and then he was here once more and then he brought me his birth certificate, he didn't even look in the pram, and left. I haven't heard from him since. I don't know anything about him and I don't care about him either." (Kateřina, 19, 4-week-old baby girl)

If the partnership broke up, the father usually lost interest in his child as well. In only two cases did the father remain interested in seeing his child after the relationship failed. The girl's pregnancy was the main reason for the break-up in several cases. The girls' partners were unable to come to terms with the prospect of becoming a father and so broke off all contact with the child and its mother. There were even situations where the partner downright rejected the possibility of the child being his, saying that it was someone else's baby.

"Unfortunately, he couldn't handle it mentally and told me he wasn't ready to be a father and left me." (Pavla, 19 years old, 9 months pregnant)

"He said it wasn't his. I know what I know and you know what you know. So I told him he was still young, he should go off and have fun, and I'd cope on my own." (Jana, 18 years old, 1-month-old daughter)

It is not always the man, however, who breaks up the relationship. Partner relationships evolve and change under the influence of all events. It is fair to assume that pregnancy and motherhood makes girls more grown-up and turns their life around. As a rule, the girl is compelled to change her lifestyle to reorganise her entire life in order to be able to provide high-quality and sufficient care for her child. The gap between the lifestyle of a pregnant teenage girl and her partner gets wider. It is therefore not uncommon for pregnant girls to leave their partners in the awareness that the partner would not be a good father for her child.

"I don't know, I've got no idea what is going to be like. I thought of giving him a chance that he should have a right to the baby, but I don't reckon he's ready for it." (Svatka, 17 years old, 8-month-old baby boy)

Three girls from the survey stated that the **identity of the child's father is unknown**. In all three cases the girls became pregnant at a party or disco from unplanned and unprotected sex under the influence of alcohol. This was 14-year-old Erika's very first experience of sexual intercourse; 15-year-old Barbora got pregnant with an unknown man the second time she had sex.

Table 3.3 Relationship between teenage mothers and the father of their child

age of girls at the time of the interview	total 14-22		14-17		18-22	
	N	%	N	%	N	%
1 married couple	8	13.8	0	0.0	8	21.6
2 cohabitation	20	34.5	7	33.3	13	35.1
Subtotal (1+2)	28	48.3	7	33.3	21	56.8
3 separated/father interested	6	10.3	3	14.3	3	8.1
4 relationship over/ father interested	2	3.4	2	9.5	0	0.0
Subtotal (1+2+3+4)	36	62.1	12	57.1	24	64.9
5 father shows no interest	19	32.8	7	33.3	12	32.4
6 father unknown	3	5.2	2	9.5	1	2.7
Subtotal (5+6)	22	37.9	9	42.9	13	35.1
Total	58	100.0	21	100.0	37	100.0

NB: Cohabitation couple includes also pregnant girls who were planning to live together with their partner after the birth of the child in cases where the partners could provide a shared household.

Table 3.3 reveals that just under two-thirds of the fathers of children born to women aged under 20 express some interest in their children or pregnant partners; 48% of respondents live with their partner in a shared household. If the girl stays in the relationship with the child's father, this usually takes the form of common-law cohabitation, which applies for one-third of the surveyed population. Partners who stay together are rarely able to become totally independent and create an economically independent household. Just one-third of cohabiting young parents had a place of their own at the time of the interview. The other cohabitants (N=13) may have lived together, but they also shared a household with the parents of one of the partners. This family model usually came at the cost a lack of privacy and considerable constraints for a teenage mother on her path to adulthood. What is more, the **housing conditions** were usually unsuited to having more than one family living together and without doubt this caused **the stability of the young parents' relationship to suffer**.

"We had rows sometimes when we were living in Břevnov, because there were so many people in the family, although there were no social cases there (ironically), it was absolutely fine. So many people in a flat like that. Well, so sometimes Honza didn't like coming home, there were so many of us there that in the evening there was nowhere to sit in front of the TV. So in the evening he spent more time in the pub, so we sometimes had rows about it." (Katka, 19 years old, 1-year-old baby boy)

As the young family remains as a rule in the girl's original family, it is very difficult for the man to obtain a position of authority in the family structure. One important reason for this is the overall **negative perception of the male element** in these families, which stems from the fact that the fathers, or stepfathers, of teenage mothers often have aggressive tendencies. Violence or inappropriate sexual behaviour by fathers in respect of their daughters and partners is not the only reason, however; the overall family model the girls grew up in, where the mother is usually the only fixed point of security in the family, is also at the root of this problem.

The negative attitude to men is illustrated by the reaction of 18-year-old Marie to losing her partner, who left her when she became pregnant. It should be understood that Marie's partner showed no signs of aggressive behaviour during their relationship and had no tendency to alcoholism.

“But then I said to myself, what good would it do me if he only stayed with me because of the baby and who knows what he would get up to. Like if he got drunk and then beat me up, and I was getting the same treatment I got as a kid, I’d rather forget all about him and be on my own.” (Marie, 18 years old, 8 months pregnant)

Some young families who have affirmed their relationship officially by getting married also remain in a shared household with their parents. There were eight married couples in our survey, six of which (75%) still lived with the family of one of the partners. However, we reached the conclusion that married status does in fact give the partners greater autonomy. Married couples had at least one room to themselves, usually distinctly separated from the other family members’ living areas. The teenage mother, who stayed at home in an advanced state of pregnancy or with the baby, was usually responsible for running the household.

Living together with one’s parents is not only a disadvantage for the young family: it is often a guarantee that the girl will be offered a helping hand in the early days of caring for the child¹⁴, which might otherwise be stressful. In many cases the young couple were financially supported by parents, regardless of whether they were married or not.

I: “Weren’t you afraid how you would manage with the baby? That you wouldn’t know what to do with it?”

R: “I didn’t worry about that much, because I knew that I’d be living with my parents, so they’d help me.” (Šárka, 17 years old, 10-month-old baby girl)

The proportion of relationships that are still ongoing and where the partners are in intimate contact but still have no chance of cohabiting in a shared household is relatively high (10.3%). This usually concerned girls from highly dysfunctional families that were unable or unwilling to offer the girls and their children the necessary environment. These girls were forced to look for help and ended up in shelters. Shelters are not particularly auspicious for relationships, and it is fair to say that keeping the relationship going requires a lot of effort by the partners. Another reason for being separated in a relationship is a poor housing situation and the lack of funds to change the situation. The **weekend parenthood model** has worked for almost a year for 17-year-old Šárka and 20-year-old Michal, who live apart in their parents’ small flats. Šárka continues to study and is supported by her parents. Michal helps with the cost of the baby, however. They would like to become independent from their families in future.

3.2.2 Attitudes to marriage in pregnant teenage girls and teenage mothers

Attitudes to marriage in Czech society have changed significantly in the last fifteen years. There is greater tolerance of alternative forms of partner cohabitation and, as women become more emancipated, the basic assumption that marriage is a bond in which the roles of men and women are differentiated and mutually complementary disappears. Valerie Oppenheimer (1988), whose theory on marriage-related behaviour is one of the best-known, draws attention to the link between marriage and career ambitions. The theory states that women who do not seek self-realisation on the labour market rely on marriage as a kind of means to provide security for themselves; for such women, getting married at a young age is advantageous, as their value consists in their attractive appearance and their orientation towards family and home.

¹⁴ Specialist literature mentions cases where excessive social support can be a source of conflict and can bring about a sense of being controlled (Nath, 1991; Coates and Wortman, 1980; Perrin, 1997). However, we did not come across a case of a girl who did not welcome her mother’s help with bringing up the child.

Low professional and educational aspirations are one of the common features of the set of adolescent mothers we surveyed. According to the aforementioned theory, the teenage mothers should have been keen to get married, especially if the child of both partners is at stake. Our survey's findings both support and contradict that theory. Only 7 respondents got married when pregnant and because of the pregnancy; and 1 did not get married until the arrival of her second child. It was mainly partners who had known each other a long time before the girl got pregnant who got married. The length of the relationship before the girl became pregnant usually exceeded one year. Only two girls married the father of their child after a relationship that had gone on for 2 and 4 months respectively before the girl got pregnant. As said above, unmarried cohabitation was usually a more acceptable alternative than marriage for young parents. Most adolescent mothers thus hold the same opinion as their peers, namely that children do not have to grow up in wedlock and in a complete family; and unmarried cohabitation is tolerated even if the partners have no plans to marry (Palonciová, 2002).

"I think that nowadays it's not so important to people if they're married or not. If they're happy and the kid is too, then no one can say a bad word against us." (Lydie, 19 years old, 1-year-old baby boy)

Table 3.4 shows that 13 couples from the survey would like to get married in future. Marriage potential can thus be found in roughly one-quarter of teenage girls who remained single after giving birth to a child. Although both partners wish to get married, adverse circumstances make it difficult for many partners to do so. More than half the couples living in unmarried cohabitation are considering getting married. At present, however, they cannot afford a wedding or do not want to fill in complicated forms and go through complicated procedures in order to get the male or female partner officially recognised as an adult. The other most common obstacle is an adverse housing situation. Girls who would like to get married say that their priority is to invest in getting their own place to live rather than in an expensive wedding ceremony. Table 3.4 also reveals that if just one of the partners wanted to get married, it was usually the man. This finding goes against the universally established stereotype whereby it is the female partner who longs to get married and passively waits for the male partner to propose. The tendency among teenage mothers is usually the opposite: girls do not want to get married to the father of their children, as these men often fail to live up to the girls' expectation in the role of their lifelong partner and father of their children. The extensive network of social benefits ensuring that the girl is not left entirely penniless helps them reject the father of her children as a lifelong partner. Men are becoming less attractive as the sole breadwinners of a family, which in turn makes it less necessary for women to get married. The knowledge that the girl will not be totally destitute can also reinforce the decision not to register a man who has let her down as the father of the child. A teenage mother decides to take this step if she desires to break off all contacts with the father of her child, usually to ensure that the father never has any claim to the child.

"I was trying to find him because I needed his birth index number there and all that, and he didn't give me anything, I suppose he doesn't want to be named there, so I didn't say he was the father. At least he won't demand any rights. Because anyway I wouldn't get any money from him, because if he doesn't have a job then I probably wouldn't get any maintenance, I don't know, I reckon there's no need to register him as the father, because he doesn't seem to feel that way, because otherwise he'd be at least slightly interested." (Jana, 16 years old, 3 months pregnant)

Girls who continued to live with their parents after giving birth were usually able to provide for their own and their child's basic needs from social benefits. They could not afford extra expenses, such as sport, culture, holiday, educational courses etc., however¹⁵. The majority of girls cohabiting with a partner who brought a work income to the family were in the same situation, however. Evidence of this can be found in Tables 3.6 and 3.7.

Table 3.4 Desire to get married in the perspective of both partners

age at the time of the interview	total 14-22 years old		14-17 years old		18-22 years old	
	N	%	N	%	N	%
Married	8	14.0	0	0.0	8	22.2
Both	13	22.8	5	23.8	8	22.2
Man only	9	15.8	4	19.0	5	13.9
Woman only	3	5.3	1	4.8	2	5.6
Neither	24	42.1	11	52.4	13	36.1
Total	57	100.0	21	100.0	36	100.0

NB: Information on the opinions of the fathers of children is gained from the statements of the female partners.

The marriage behaviour of teenage mothers is thus influenced by **three main barriers** to getting married, which we divide into **institutional, socio-economic and psychological**. Institutional barriers include the insufficient age of the female or male partner for getting married. Under Section 13 (1) and (2) of (Act no. 94/1963 Coll., Civil Code), minors may get married once they turn 16. Such a marriage requires judicial permission and must conform to social purpose of marriage (e.g. the girl being pregnant). The petition to conclude a marriage is submitted by the minor, who does not require a guardian to be appointed. That means that a minor may get married without the permission of his/her legal representative. During the interviews we encountered ignorance of the legislation in partners desiring to get married: they supposed, wrongly, that they would not be able to see through their plans without the girl's mother's consent.

I: "Are you thinking of getting married?"

R: "We wanted to get married now, but my mum has to agree and mum wouldn't allow it. So we have to wait till I'm eighteen." (Anna, 17 years old, 8 months pregnant)

Another frequently cited reason is that getting married is not worth all the paperwork and psychological tests that the partners have to undergo in the judicial process. The girls stated that they would like to get married but would rather wait until they are majors.

Socio-economic barriers include the partners' adverse housing situation, whereby they usually live with the parents of one of them and are frequently financially dependent on them. Although the partners of teenage mothers living in cohabitation were mostly employed and the family's main breadwinners, extra outlays, such as a wedding ceremony or separate housing, are unaffordable for a young couple without financial assistance from the parents. It needs mentioning that the partners of teenage mothers also have a lower standard of education. Only one man with full secondary education was registered among cohabiting partners. The remainder either had technical training or merely elementary school. The nature of their work was dictated by their levels of qualification. As a rule, the partners of teenage mothers carried on low-skilled and lower-paid occupations.

¹⁵ Social exclusion among teenage mothers is alarming, even though it is fair to say their decision to keep the child at such a young age makes it to some extent voluntary poverty.

Psychological barriers to getting married are chiefly influenced by the character and partnership behaviour in the girl's original family. Sociological research and demographic analysis have shown that negative experiences from the original family impact on the stability of partnerships or marriages. People who have experienced their parents' divorce are more likely to incline towards unmarried cohabitation than marriage. As the divorce rate in the Czech Republic is relatively high, the phenomenon of "social orphaning"¹⁶ is also common. It has been demonstrated that divorce influences attitudes to divorce in the children of the divorced couple; these attitudes are then more liberal. Given that teenage mothers principally come from divorced incomplete or reconstructed families, it is fair to expect them to display a greater inclination to enter into unwed cohabitation, owing to concern about and lack of faith in the stability of the relationship.

Table 3.5 Prevalent family circumstances in which teenage mothers grew up, and the presence of violence, alcoholism or sexual abuse in the original family

	domestic violence/sexual abuse/alcoholism in the original family					
	not present		present		total	
	N	%	N	%	N	%
Complete family	11	78.6	3	21.4	14	100.0
Reconstructed complete family after the birth of the girl	3	75.0	1	25.0	4	100.0
Experience of parents' divorce before the age of 15	12	41.4	17	58.6	29	100.0
Single mother since the birth of the girl	2	66.7	1	33.3	3	100.0
Most of life spent in institutions	5	83.3	1	16.7	6	100.0
One parent died	1	50.0	1	50.0	2	100.0
Total	34	58.6	24	41.4	58	100.0

One in two girls from the survey sample experienced her parents' divorce, with 50% of the divorces taking place before the girl was 6 years old. Girls from divorced families are also more often exposed to experience of domestic violence or sexual harassment (59%), which reinforces their negative attitude to the male element in the family. The father's violence is the usual reason for divorce. An increased probability of violence in a divorced family is also caused by mothers' subsequent relationships, however: they often try to find another partner at any cost.

No more than one-third of the survey sample grew up in complete families, either with both biological parents or with a stepfather with whom the mother had shared a household since the girl's early childhood. Growing up in a complete family is no guarantee of a harmonious childhood, however. In several cases, there were problems with alcoholism and acts of violence committed against children and the mother by the father in complete families. The fact that most of the girls grew up in dysfunctional families, with over 40% of them experiencing some form of physical violence or sexual abuse, leads to the assumption that teenage girls are less likely to enter into hasty marriages and are more likely to opt simply to live with their partners. The impact of parents' divorce on the course taken by their children's lives can be seen in the table of quotes from teenage pregnant girls and mothers.

¹⁶ The term "social orphaning" expresses the fact that more and more children are growing up in incomplete or reconstructed families. Social orphaning is at present far more widespread than actual orphaning, i.e. becoming an orphan when one of the parents dies. (Šťastná, 2005)

Table 3.6 Perspectives on getting married in the case of cohabiting partners and partners living apart, broken down by types of barrier – Part 1

Unmarried cohabitation and separated partnership		
<p>+</p> <p>Perspectives on marriage</p>	Institutional barriers	<p><i>I: "And what about marriage, are you planning it?" R: "Well, it's complicated, with him being a foreigner there's tonnes of paperwork and my friend who also got married to a foreigner spent half a year sorting it all out. And, actually, once the baby is born, as the father he could get permanent residence here, so that would solve the problem" (Simona, 18 years old, 8 months pregnant)</i></p> <p><i>"He says, like, of course he'll marry me when I'm 18. He says he doesn't want to rush into it, but that he'll definitely marry me. He told me that recently and repeated it to me again. I don't know what's going to happen exactly. I certainly don't want to pay for being officially recognised as an adult, I suppose I'll wait till I'm 18." (Helena, 17 years old, 8 months pregnant)</i></p>
	Socio-economic barriers	<p><i>"Honza keeps saying that when we've got more money we'll go on a proper honeymoon, but we reckon there's no point rushing into it, as far as getting married is concerned, that the kids don't care, the main thing is that we don't argue, were together and it's all cool." (Katka, 19 years old, 1-year-old baby boy)</i></p> <p><i>"We wanted to have a wedding, we'd planned it for November, I could still fit into my dress, but no bank would lend us the money and we couldn't afford a wedding on his pay. The dress alone cost CZK 5,000 or 4,000, and that was the cheapest, we went round some banks, because his pay is just 9,000 and they didn't think it was enough." (Dana, 19 years old, 9 months pregnant)</i></p> <p><i>"Well, we didn't really have the money for it, so we said that we'd build a house first, originally it was going to be after we left school, but we're definitely planning it. It's also true that if you're a single mother you get CZK 1500 more." (Miša, 19 years old, 2-year-old baby girl)</i></p> <p><i>"Like every girl I'd dreamt of getting married since I was young, but there's still time, I'm 19 and I think I'd get married at any time. We don't have enough money to have a baby and a wedding." (Jana, 19 years old, 5 months pregnant)</i></p> <p><i>"We've got lots of problems with fitting out the flat and stuff now, and it costs a lot of money, and if we were going to get married as well then I seriously don't know how we'd cope with it all. Weddings also cost a lot of money, it's all about money, basically, and God knows how long it'll take to get out of this situation." (Stáňa, 19 years old, 5 months pregnant)</i></p>
	Psychological barriers	<p><i>"I think that people don't have to get married any more, and on top of that we've only been together 3 years, so I don't know what things will be like in 7 years' time. Anything could happen, and I think it's pointless getting divorced, so we can be together and we're no worse off for it. If we're still together in 7 years, then it's no problem to get married." (Lydie, 19 years old, 1-year-old baby boy)</i></p> <p><i>I: "And you don't want to get married?" R: "Not yet, later." I: "How come?" R: "I don't know. I'm still afraid. The way my parents ended up, right? So I'm basically just afraid that I'd end up getting divorced as well. Later..." (Lucie, 21 years old, 2-year-old girl)</i></p>

Table 3.7 Perspectives on getting married in the case of cohabiting partners and partners living apart, broken down by types of barrier – Part 2

Unmarried cohabitation and separated partnership		
Perspectives on marriage	-	
	Institutional barriers	<p><i>"We could get married, but the social worker said we'd have to be get officially recognised as adults, and that I wouldn't get it basically, that I can ask for it, but as he was on drugs and in prison and they know all about him, they've got all the records, so the social worker told him that wanting it is all very well, but there's no way he'd get it."</i> (Markéta, 16 years old, 4. months pregnant)</p>
	Socio-economic barriers	<p><i>"At first I was saying that before we have a second one (child) we should get married first, then I changed my mind. I'd rather have the baby than the wedding. And I still do, because I know what the situation with money is like and all that, so on the one hand I'd be better off (being a single mother)."</i> (Katka, 22 years old, 4-year-old baby girl)</p> <p><i>"I don't know, for one thing we don't have the money, we've got a lot of things to get together now, things for the baby and that. And, actually, the point was that if we got married I'd get my maternity benefit deducted or something. Or the money..."</i> (Monika, 17 years old, 6 months pregnant)</p>
	Psychological barriers	<p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">Fear of divorce and instability of the relationship</p> <p><i>"The first thing is that it scares me and secondly I don't want to get divorced. Living with him is fine, but getting married, that's just a piece of paper."</i> (Romana, 17 years old, 1-month-old child)</p> <p><i>"If I got married then it would take a long time, and we could go to court over the baby if I got divorced, so I don't want to."</i> (Veronika, 16 years old, 3 months pregnant)</p> <p><i>"But I told him I didn't want to. It's like I think that if you've been together for a couple of years then it's okay. And I know people who weren't married and then got married and things started to go wrong, because then one makes starts making claims on the other. I think, I don't know, if everything's okay without it, like, I just don't want to (get married)."</i> (Aneta, 18 years old, 5. months pregnant)</p> <p><i>"I don't want to (get married), there's a lot of paperwork, and divorce! How do I know what's going to happen in 3 years."</i> (Sylva, 15 years old, 6 months pregnant)</p> <p><i>"I don't want to get married. Because of divorce. Like if we argued, because of the divorce and like dragging a child through court is the last thing I want to do. I just don't want to get married."</i> (Petra, 17 years old, 19-day-old baby girl)</p> <p><i>I: "Do you want to get married, are you going to?" R: "No, not yet." I: "Why not?" R: "I don't know, it's like, I'm kind of afraid of marriage, actually most people get married and a year later realise it's not working and get divorced...Yeah, he asked me, as soon as we met. I was like, are you crazy? Well, and then recently, basically when I told him that I was pregnant, he did it again, and asked me if I wanted to change my mind. I was like, no thanks, I really don't."</i> (Monika, 17 years old, 6 months pregnant)</p>
	Current partner is not considered a lifelong partner and fear of partnership life	<p><i>I: "So you haven't agreed to get married?" R: "No, we haven't, he wanted to, but I told him I didn't want to. He was a bit wet."</i> (Marie, 19 years old, 3-year-old baby boy, currently pregnant again)</p> <p><i>I: "So now you're saying that you don't want to marry him and in future you would like to get married?" R: "I'd like to, but maybe not with him."</i> (Denisa, 15 years old, 8 months pregnant)</p> <p><i>"Because in my opinion, I reckon that a relationship without husbands is better than with a husband, because I reckon that a guy who has a wife is more demanding. Basically, you're my property and you'll do what I say. Even though I'm a single mother with two kids, I'd rather be on my own than with some husband. Nobody round me can say that the little girl is battered because of the way her dad is."</i> (Monika, 22 years old, 3-year-old baby girl)</p> <p><i>I: "And haven't you talked about getting married?" R: "Yeah. Like, he wants to marry me, but I don't know. I don't want to get married." I: "Why?" R: "I don't know, maybe someone better will come along. You never know, do you?"</i> (Kristýna, 19 years old, 1-month-old baby girl)</p> <p><i>R: "He asked me, but I said that there's no way I want to get married." I: "Aren't you planning to be with Martin forever?" R: "I'm not much, but he still thinks so." I: "And what don't you like about him?" R: "He's really jealous, I don't know if he's capable of settling down for the rest of his life." I: "I suppose you don't feel in him the support you need?" R: "Exactly."</i> (Jana, 19 years old, 3-month-old baby girl)</p>

Conclusion and discussion

This study defined the main determinants influencing the decision of pregnant teenage girls to keep the baby. It should be noted, however, that the conclusions presented here have some limitations caused by the structure of the surveyed sample of the population of teenage mothers. The topic we dealt with is retrospective in nature, which means that the girls had to recall the circumstances leading up to their decision. The survey took in both girls who had made the decision very recently and whose emotions were in this regard still vivid, and mothers with older children who have to a great extent come to terms with the consequences of their decision.

This paper's aim was not merely to examine the causality of certain relationships; more importantly, it was intended to draw attention to the variability and interconnectedness of the different determinants leading to the decision to become a mother during adolescence. The key moment in the entire decision-making process would appear to be that when the girl starts to be noticeably pregnant to herself and those around her. A quarter of those surveyed did not find out or admit that they were pregnant until after the first trimester. As adoption was an unacceptable option for almost all the respondents and giving up one's own child to another family was considered pathological, a considerable proportion of pregnant teenagers (25%) finds itself in a situation where they have to accept their motherhood and take on the role of mother. The main reasons for late detection of pregnancy were the conscious and unconscious failure to perceive the situation, often stemming from ignorance (the girl wrongly believes that at her age and with her sporadic sexual experience it is not possible that she could become pregnant), fear of undermining parents' trust, and, last but not least, fear of being stigmatised by her closest circle and the rest of her environment. An irregular menstrual cycle before pregnancy, often combined with a hazardous lifestyle (e.g. drug use), was another principal reason that girls took less notice of missed periods.

Girls who could have avoided early motherhood by opting for an induced abortion but did not do so were often influenced in their decision by their original family environment, both directly and indirectly. Direct influence exercised predominantly on younger girls (15-17 years of age) takes the form of the girl's family expressly persuading her to keep the child. In several cases we encountered parents who took an authoritative position towards their daughter and the girl submitted to their command. Parental pressure to keep the baby was for most girls a relief rather than unwelcome, even though they were unable to imagine themselves in the role of mother. An inability to decide at one's own discretion may influence the relationship between a teenage mother and her child and reaffirm her enduring status in the eyes of her significant others as an immature individual. In most cases, it was the mother, not the father, who was found to urge her daughter to keep the child. The intergenerational transfer of early parenthood was an indirect influence: 36% of respondents had a mother who had given birth to her first child before she turned 20. Strong pro-family values and the need to look after a household and siblings were other indirect factors influencing girls to keep the child. Most of the questioned girls were not encouraged to become well-educated and the original family did not strengthen educational or career ambitions. Three-quarters of mothers of the surveyed girls had attained merely basic education or were technically trained without taking the school-leaving examination. Insufficient self-confidence and cognitive unreadiness to find work, leading to a subjective and objective lack of opportunities in life, are the upshot of families' inability to instil in their children values upholding the importance of work in a person's life, so the girl finds fulfilment and boosts her self-confidence by starting a family.

The influence of partners on pregnant girls' decisions was fundamental and, in most cases, stronger than the influence of the girl's original family, if the partner relationship was stable and long-term. Increased pressure to keep the child was found in Roma fathers,

particularly if it was their first child. Specialist literature contains cases of pregnant teenagers keeping their child simply as a souvenir of a partner they were in love with and to some degree dependent on (Crockenburg, 1989), or where the main reason was to hold on to a partner in an unstable relationship (Hudson and Ineichen, 1991). There was no evidence of either of these reasons in our survey, however.

Although all the surveyed girls had highly specific fates, common paths leading towards their decision to become a mother at a stage in life that contemporary society regards as crucial to the maturing of the individual but not suited for a role like parenthood. Public opinion and society's values evolve and shift. The 1990s brought new, previously taboo opportunities for self-fulfilment for the Czech population freed from the restrictions of totalitarianism. This process led to a diversification of lifestyles, generally higher tolerance and a loosening of normative boundaries, one consequence of which was the greater acceptance of single parenthood and common-law cohabitation. The perception of young people's roles is changing too. There is an accepted notion of what young people should devote themselves to, and to some extent rational behaviour, comprising education, travel and establishing a position on the labour market, is expected of them. Prior to 1989 pregnancy in 18 and 19-year-olds was no rarity, as there were limited options for self-fulfilment; today, it is regarded as odd behaviour that goes against general expectations regarding the role of young people. This social value system then influences the life-shaping decision of pregnant young teenagers. Many of them have to struggle against their family and economic dependency and to cope with losing support from their partner. The important point, however, is that not one girl regretted her decision to keep the child; and the vast majority displayed an evident effort to prove to those around them that they were capable of looking after their child as least as well as older mothers.

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