The Council of the Ministers of Education, Canada (CMEC)
Pan-Canadian Education Research Agenda (PCERA)
Ottawa, April 6 and 7, 2000
Simon Goldberg Conference Centre

The Adolescent Mother: A Developmental or Social Concept?

Nadine Gallant, MA Doctoral Candidate
Bernard Terrisse, Ph.D. Professor
Department of Education
Université de Québec à Montréal

Summary:

The authors first define the concepts related to the trend of pregnancy and maternity in adolescence and then outline the importance of the trend in Canada and the United States. Secondly, they establish a psychosociological profile of adolescent mothers from a review of scientific literature and recent research identifying the risk factors associated with early maternity. They conclude by presenting some strategies currently being used and propose avenues for further research.

The Adolescent Mother: A Developmental or Social Concept?

Nadine Gallant and Bernard Terrisse

From an analysis of recent scientific literature, the concept of the "adolescent mother" seems to cover a variety of situations. The concept of the "adolescent mother" should be differentiated from that of the "pregnant adolescent" and take into account that available information on the subject relies on different indicators: rates of fertility (birth rates) or, pregnancy rates and can sometimes include only certain categories such as single adolescent mothers or adolescents who are sexually active or not. The term "adolescent mother" must first be defined.

I. Definition of the Concept and the Importance of the Trend

Use of pregnancy and fertility statistics does not facilitate clarification of the problem. Some national statistics consider mothers seventeen and younger as adolescent mothers while others include mothers up to nineteen years old. In some cases adolescents fourteen years and younger are the subject of a distinct category, while in others, not. Sometimes the statistics take into account only the age of the mother at the end of the pregnancy. In this case, a pregnant adolescent aged seventeen and four months giving birth at eighteen years is not considered as an adolescent mother.

For the present purposes, we shall define the adolescent mother as a young woman who became pregnant, gave birth to a child and chose to raise the child before the age of eighteen.

The calculation and interpretation of the statistics on adolescent pregnancies can include a number of biases. Charbonneau, Forget, Frappier, Goudrealt, Gilbert and Marquis (1989) distinguish two major categories within the problems: those connected to the information and those connected to their calculation. Fertility rates must not be confused with the pregnancy rates: the *pregnancy rate* is the sum of live births, stillbirths, abortions and spontaneous miscarriages; *the fertility rate* (*birthrate*) is the number of live births. It is difficult to compare American and Canadian statistics since they use different parameters to present the same problem. In the United States, statistics use the *teenage pregnancy rate*, while in Canada the *teenage fertility rate* is more frequently used. Most of the present study is concerned only with adolescent mothers and not adolescent pregnancy. However, in order to study the problem of teenage mothers, we must first base our research on adolescent pregnancy statistics.

In the United States in 1996, pregnancy rates of teens aged fifteen to nineteen was 97/1000. This rate rises to 189/1000 when the sample of the population is narrowed to sexually active women between fifteen and nineteen years old. Close to 900,000 teenagers are pregnant each year; of which 56% give birth. This is equal to a fertility rate of 54/1000; births to teenagers represent 13% of all births. (The Alan Guttmacher Institute, 1999 a and b). The situation in Canada is not quite the same however; in 1997 the rate of pregnancy in

women aged fifteen to ninteen was 38/1000, of which 52% gave birth, a fertility rate of 20/1000 (Statistics, Canada 1999). Although there is a significant difference between the American and Canadian fertility and pregnancy rates, there is little variation in the percentage of the teenagers deciding to carry their pregnancy to term. (Ref. Table 1)

Table 1. Pregnancy and Fertility Rates of Women 15-19 years, United States: 1996 and Canada: 1997

	Birthrate	Percentage of women carrying pregnancy to term	Fertility Rate
United States	97/1000	56%	54/1000
Canada	38/1000	52%	20/1000

In Canada, the fertility rate varies among the Provinces (Table 2). Quebec and Ontario show the lowest rates while the Northwest Territories' rate is five times higher than the overall Canadian average.

Table 2. Fertility Rates Among Women aged 15-19 years in the Canadian Provinces

Regions	**1991**	**1995**	**1997**
Canada	25.98	24.49	20.19
Newfoundland	30.98	24.53	22.82
Prince Edward Island	34.36	30	28.72
Nova Scotia	31.28	27.8	23.94
New Brunswick	30.94	31.92	25.68
Québec	17.4	17.05	15.6
Ontario	22.08	22.53	17.24
Manitoba	44.73	42.47	36.56
Saskatchewan	46.98	44.56	38.05
Alberta	38.9	32.32	26.18
British- Columbia	25.19	22.44	17.68
Yukon	44.73	35.12	31.1
North West Territories	112.41	102.62	92.42

Although lower than the teenage pregnancy rates in the United States, the Canadian rates are high compared to some European countries and Japan. The statistics in Table 3 are not recent, but do give an idea of comparison among some industrialized countries.

Table 3: Pregnancy Rates of Women aged 15-19 in Industrialized Countries, 1988

United States	**97/1000**
Czechoslovakia	**71/1000**
England	**46/1000**
Canada	**40/1000**
Sweden	**35/1000**
Denmark	**25/1000**
Netherlands	**10/1000**
Japan	**10/1000**

While rates have tended to stabilize over the past few years, the trend of teenage pregnancy remains a subject of concern in western countries. Moreover, although pregnancy rates are declining, perhaps attributable to the effectiveness of prevention programs, birthrates are rising. Although numbers show a decline in the rate, simple calculation of the ratio of adolescents carrying pregnancies to term to the total number of pregnant adolescents, reveals that the rates are not as stable as at first glance. In the United States in 1990, 54% of those pregnant gave birth; in 1996 the proportion rises to 56%. Thus, although statistics show reduced rates, it is only because pregnancy rates are declining.

II. The Psychological Profile of Adolescent Mothers

Opinions are divided about the existence of a psychological profile of the adolescent at risk of having an early pregnancy. From a review of the literature, we can identify some common characteristics of adolescents who become pregnant. According to Deschamps (1993), the "high risk" environment for early pregnancy can be characterized by one with a difficult childhood, an unstable or disintegrated family and an unfavourable social environment. Some socio-economic conditions are common to the family situations: fathers with low-prestige jobs, a stay-at-home mother, low family income, numerous siblings, lack of privacy in the house, poor academic success, idleness, and a family environment where sexuality and contraception is rarely discussed. Studies inventoried by Letendre and Doray (1999) confirm this picture. They also found that a large majority of the mothers of these teenagers had their first child before the age of 20 and that early maternity is frequent within the immediate and extended family of the pregnant adolescent.

For Roosa, Reinholtz and Angelini (1997), the socio-economic status, the ethnic origin, the age of the adolescent, whether or not a contraceptive was used during the first sexual relations and whether sexual relations were imposed by the boyfriend, are important predictors of teenage pregnancy; the most important being early sexual relations and the absence of contraceptive use. These results are corroborated by Morgan, Chapar and Fischer (1995), particularly concerning the age at the time of the first sexual relations. Fergusson, Horwood and Lynsky (1992) conducted a longitudinal study with 520 young women in New Zealand. They maintain that those who were subject to sexual abuse during childhood show significantly higher levels of early sexual activity, teenage pregnancy,

multiple partners, sexual relations without protection, sexually transmitted diseases and are more often victims of sexual assaults after the age of sixteen.

Several researchers mention that pregnant teenagers have low self-esteem (Cliché, Durand and Kérouac, 1985; Filion and Thébault, 1984; Japel, 1999; Vallières-Joly 1992) and they invest little in their social, academic and professional lives. They also have difficulty projecting themselves into the future and imagining what life will be like with their children. Naudin, Barroux Bensoussan and Ray (1992) maintain that for the most part, these adolescents suffer from a lack of affection or were not raised by their mothers.

Cliché, Durand and Kérouac (1985) report that the adolescents they interviewed have stressful relations with important people in their lives, that they are afraid of their parents and of being rejected. Moreover, they believe that they cannot confide in their mother and they generally experience feelings of isolation during pregnancy. Most authors (Blancet,1986;Charbonneau et al.1989; Filion and Thébault, 1984; Lavoie and Lavoie,1986; Phipps-Yonas, 1980; Vallières-Joly, 1992) cite these characteristics.

There are some psychosocial variables that can explain adolescent pregnancy trends. For Japel (1992), early puberty and early sexual relations, inadequate contraception and a lack of psychological ability to use contraceptive methods (not all adolescents have reached the stage of formal operational thought) together form an assemblage of causes of the problem.

Pessino, Whitman, Borkowski, Schellenbach, Maxwell, Keogh and Rellinger (1993) compared samples of pregnant and not-pregnant adolescent girls and pregnant adult women for social competence. Their results suggest that on the one hand, pregnant teenage girls are less socially competent and less apt to solve difficulties than not-pregnant teenage girls are and they show more problems in social comportment than adult women.

Phipps-Yonas (1980) does not distinguish a profile common to a majority of pregnant adolescents; for even if a certain number of risk factors increase the possibility of a teenage girl becoming pregnant, the random nature of conception must also be taken into account. One "at risk " teenager could never become pregnant, while another who does not fall into any "at risk" category does become pregnant. The one common factor among pregnant teenagers is that they all had a sexual relation resulting in pregnancy.

Naudin et al. (1992) believe that the misunderstanding of physiology, pervasiveness of sexual promiscuity, the disappearance of social interdictions and the lack of contraceptive use would explain this situation. Moreover, the very nature of adolescence is not compatible with responsible behavior towards contraception, particularly given the episodic nature of the sexual relations and the thrill-appeal of the risk. According to Naudin, teenage girls know about contraception but they do not feel personally concerned. Their remarks often express fantasies. They don't believe they could become pregnant or they believe it only happens to others.

According to Deschamps (1993) teenage girls do not have a position or social function or role in society and no source of self-esteem. They have the social, psychological, and biological aptitudes to hold many positions but are unable socially, economically and legally to use them. "However, to conceive a child, give birth, and raise the child are realities that society can neither allow or forbid. Without a doubt it is one of the rare social roles that is allowed to teenagers without adults being able to effectively oppose it." (p.95). In our culture, the child is still considered as "property" belonging to his parents and a sign of wealth among so many others for which the acquisition is so often planned in a similar manner. Without refuting the aforementioned causes, other researchers have identified the motivations, conscious and unconscious that result in an adolescent becoming pregnant.

Certain teenagers become pregnant following an unconscious desire to connect themselves to their boyfriend, or to leave foster care, escape poverty, or an incomprehensive or violent family environment. They see having a child as a way to acquire autonomy. For others, maternity brings meaning to their life; it is a means of gaining social recognition that often gives them the ability to modify their dependence on family ties. It can also represent an escape route or diversion from sources of constant frustration; it can fill affective voids and give a hope of succeeding where the parents have failed.

These motivations are described by several researchers like Morazin (1991) for whom many adolescent mothers suffer from a serious lack of affection, the pregnancy cementing the sometimes unconscious desire to have someone to love who will love them. Some adolescent pregnancies should therefore be considered planned and desired. For the young woman they represent a favored means of access into the adult world and way to obtain a revenue comparable to those around them.

Dechamps (1993) also affirms that for many girls in low socio-economic environments, adolescence is full of continual failures: affective and familial, academic and professional, in this situation, a way to raise self esteem can be to have a child. It is a way the adolescent can have a social role and compensate for lack of affection. Consciously desired or not the pregnancy will raise her self esteem and at the same time, give her social status as well as revenue (child support benefits, and often single parent assistance), a goal and role to fill.

As for Charbonneau et *al*. (1989), they distinguish two types of adolescents in whom the motivations are more or less conscious:

> -Those in which the desire for a pregnancy answers ill-defined needs expressed in an ambivalent manner. The pregnancy happens while they are experiencing a temporary imbalance.
>
> -Those for whom the pregnancy falls clearly within a pathological framework defined in three categories:

- Adolescents from low socio-economic environments often deprived of affection and relations, put in foster care and never having experienced stable relations. Some teenaged girls from higher social classes can react similarly from the lack of affection experienced when one parent leaves or when facing feelings of abandonment.
- Delinquent adolescents developing in a criminal environment where violence, prostitution, drugs and alcohol are part of daily reality.
- Teenage girls in whom a psychiatric problem is present such as schizophrenia or psychosis.

Letendre and Doray (1999) analyzed the conversation of 46 pregnant teenage girls aged thirteen to eighteen who had decided to carry their pregnancies to term. Among other things, they studied what the function the pregnancy had for the adolescent and identified three categories:

- Teenagers for whom the pregnancy was a way of repairing the past and giving them access to a better life. This made up 45% of the sample;
- Teenagers for whom the pregnancy emancipated them from their families constituted 33% of the sample;
- Teenagers for whom the pregnancy confirmed or accentuated the dependency on the family were the minority. They represent only 13% of the sample.

Research shows a different profile of the adolescent depending on which choices she makes:

_ *The adolescent choosing to terminate the pregnancy* generally comes from the middle or upper socio-economic classes, has fewer socio-familial problems, is more autonomous, has academic and professional goals, shows a capacity to project herself into the future, perceives the impact her pregnancy can have on her life, has more liberal religious principles, knows someone in her entourage who already experienced an abortion, is more sure of herself, and has a more realistic vision of maternity. She sees the arrival of a child as an obstacle to her present and future projects and feels too young and insufficiently prepared for this function, considering this responsibility as too important.

-*The adolescent deciding to carry her pregnancy to term* comes from a lower socio-economic level, lives in a large family, often a single-parent one and has little financial means and a low level of education. Often her own mother was a teenage mother. Contrary to the adolescent choosing termination, the one deciding to carry a pregnancy to term does not see this event as compromising her future.

In general, early maternity leads to financial dependence, cessation of academic study or professional work, social isolation, a low academic level and less prestigious, lower-paid

jobs, a higher rate of divorce and separation, more children and frequent pregnancies. Teenage mothers also have a greater risk of becoming the head of a single-parent family.

Forget, Bilodeau and Tétrault (1992) established a connection between school dropouts and teenage pregnancy. The population of girls who are school dropouts are also from more economically disadvantaged backgrounds, accumulate more of the attitudes and comportment contributing to early pregnancy compared to the population of girls continuing their education. Thus, the pregnancy rate is twice as high in the dropout group than in the group continuing their studies. Each year in Québec, close to 1000 teenage girls under the age of eighteen give up school to give birth to a child.

III. Maternity and the Adolescent Mother: An At-Risk Maternity?

Maternity in adolescence seems to have ill effects on the child of the young mother. Santé et Bienêtre Canada (1993) considers that the child of a teenage mother is exposed to health risks that constitute a major medical consideration.

The following risks are the ones most often mentioned in scientific litterature: (Naudin et al.; Santé et Bienêtre social Canada, 1983; Cliché, Dandurand and Kérouac, 1985; Deschamps, 1993; Lambert 1994; Morin-Gontier, Veille, Bernard, and Bielmann, 1982): low birth weight, premature birth, fetal hypotrophy, higher maternal mortality (peri-natal) and infant mortality, neurological sequlae with general developmental delays and higher rates of illness.

Brooks-Gunn and Furstenburg (1986) maintain that intellectual differences between children of teenage mothers and those with adult mothers increase as the children develop. The differences become more significant when the children reach elementary school age than at the pre-school level and the male children are more affected by adolescent maternity than the female children.

According to Mercer, Hackley and Bostrom (1984), the teenage mother offers a less stimulating learning environment for her child. Her knowledge of child development leads to conclude that she needs assistance establishing her maternal role. Le Reche, Strobino, Parks, Fischer and Smerglio (1993) show that while the level of affective problems in a child is inversely related to the amount of time mothers spend in physical contact with their child, very young mothers aged 14-15 passed significantly less time than adult mothers with their children. Massé and Bastien (1996) also showed that adolescent mothers showed a higher risk of mistreating their children. They studied two samples of mothers in low socio-economic environments; one group of abusive mothers referred to the Direction de la Protection de la Jeunesse, the other a non-abusive group of mothers. Of the first group, 46.3% had had their first child before the age of twenty, of which 9% gave birth before the age of eighteen, while in the second group only 24.6% had become mothers before the age of twenty of which only 2.4% gave birth before the age of eighteen. In addition, Bolton (1990) shows that adolescent mothers raised 36-51% of the whole group of abused children. Connelly and Straus (1997), using results collected from a national

sampling of mothers of all ages also argue that the younger the mother is at the time of birth, the higher the incidence of abuse.

Dukewich, Borkowski and Whitman (1996) studied the relation among four risk factors (the social support network, the maternal psychological adaptation, preparation for the role of parenting and the child's temperament), the psychological predisposition of the teenage mother to use aggression to resolve daily problems (perception of stress and encouragement to punish), and the probability of abuse by the mother in a sample of seventy-five primiparous adolescent mothers. Their results indicate that the factor most likely to predict abuse is that of preparation for the role of parenting (knowledge and attitudes concerning child development).

Rochleau, Séguin, Cornoyer and Chamberland (1989) also found deficits on the attachment and parenting level in these mothers: they have interactions with a strong physical component to the detriment of verbal interactions and they make a transfer of responsibilities to their own mother. The child then finds him/herself with two mothers and the inconveniences this can cause (conflicts in values, division of the role and duties, insecure attachment, etc.). In addition, teenage mothers can be less sensitive to the demands of a baby and have fewer verbal interactions with him/her. Tarabusy, Robitaille, Lacharité, Deslandes and Coderre (1998) equally underline the fact that teenage mothers do not have concise knowledge of child development, they lack information on caring for children and they have inappropriate child-rearing attitudes.

One of the first qualities necessary to parenting is to be sensitive to the needs of the child so s/he can develop a feeling of confidence and attachment in a climate of security. Whereas a teenager, whether mother or not, is above all self-centered. According to Charbonneau et al. (1989), the teenage mother lives a paradox; she has everything to discover of the adult life and at the same time, she needs to center on the needs of a child who depends on her and for whom she is responsible. To satisfy the needs of her child at the same time as her own requires exceptional behavior from a teenager. All of these difficulties are multiplied when the adolescent is disturbed, or delinquent and often those who choose to carry their pregnancies to term have these characteristics. Many researchers have identified the double crises of the pregnant teenager. Being a teenager, they are already experiencing crucial changes, by being pregnant, they experience a second transformation that is physical as well as psychological. They are confronted with the double challenge of becoming a parent while at the same time becoming an adult.

Tarabulsy, Hémond, Lemellin, Bouchard, Allaire and Poissant (2000) characterize the interactions teenage mother/child according to three models, the latter two being unfavourable to the development of the child.

> -Those who manage to establish an appropriate relational model, answering warmly and predictably to the behavior of their child.

-Those who establish relations based on conflicting behavior, have inappropriate social and affective behavior and pick up few of the signals and needs of their children.

-Those who lack initiative and whose interactions with the child are instrumental rather than affective.

Tarabulsy et *al.* (2000) maintains that the quality of the care of teenage mothers for their child is by far less favourable than that of adult mothers, even when the latter came from poor socio-economic environments. They also confirm that affective relations that develop during the first fifteen months are more often destabilizing: only 38% of the children of teenage mothers develop a secure relation as opposed to 61% of children of adult mothers.

There do exist contradicting studies on the impact of the age of the mother on the child. Certain studies predict significant negative developmental consequences among children of adolescent mothers while others do not. Rocheleau et *al. (1989)* also underlined this contradiction. According to them, the problems observed in adolescent mothers would more likely be related to their social class and socio-economic status than their young age. Mercer, Hackley and Bostrom (1984) also support this view: they highlight the fact that researchers agree on the influence of socio-economic factors and the rates of illness and mortality of children of teenage mothers than on the problems of parenting.

For some, the condition of being a teenage mother does not automatically imply 'at-risk" parenting. This is rather more connected to a whole group of factors often difficult to dissociate from each other. Thus, a review of research paired with experience allows Vallères-Joly (1992) to affirm that economic status, age educational level, marital status, family and marital history, as well as the personal characteristics of the parents constitute a few of the factors of "at-risk" parenting and its impact on the development and well-being of the child. Phipps-Younas (1980) considers teenage mothers as a risk group for competant parenting even though it is often difficult to dissociate the effect of age from other factors involved.

If all the researchers generally conclude that adolescent mothers are "at-risk", there exist two tendancies as to what the contributing factors are: the first connects the "at-risk" parenting to the age of the mother while the second, more widely accepted, attributes being "at-risk" to the social class of the mother and her personal characteristics . This tendency leads to the more general discussion of the socio-educative dilemma of families of low socio-economic status. In this sense, it seems that being a teenage mother would be an aggravating factor that simply adds to an already risky situation. Moreover, we find the majority of the research on teenage mothers are done with those who require assistance because they are in difficulty. Because it is difficult to have access to them, little is taken account of those teenage mothers being supported and assisted by their informal social network (the family). A review of litterature also shows that this is a little researched area, undoubtably because of methodology problems; the study samples are difficult to control and follow-up (Gallant, 1998, Pithon, Terrisse and Prévôt, 1999).

IV. Intervention Strategies and [Prospects]

According to Charbonneau et *al*. (1989), there are two ways of approaching the problem of adolescent mothers: the first is by prevention: to try to limit the number of adolescent pregnancies; the second is to support teenage mothers, improve their quality of life and their parenting competencies.

Pregnancy prevention during the teen years is economically worthwhile as it impacts on the occurrence of this trend. In order to reduce the risk of unplanned pregnancies, information, sexual and contraceptive education are the first steps that can be put in place by government services. Concerning this, Charbonneau et *al.*(1989) mentions that Sweden has a lower rate of teenage pregnancy than that of Canada and was among the first countries to integrate sexual education into academic programs.

Nevertheless, one of the avenues being pursued the last few years consists of developing educational programs and parental support. Several programs in the United States and Canada are offered to teenage mothers. These programs target among other things, the development of parental attitudes and child-rearing practices more favorable to the development of the child and the improvement of child-rearing competencies. For example, the *Y'a Personne De Parfait (YAPP*) (Catano and Ross, 1997) that does not specifically address teenage mothers but young parents from poor socio-economic backgrounds. This program was designed by Santé Canada in conjunction with the ministries of health from the four Atlantic Provinces (New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island) then adapted in Québec. Few educational programs or parenting assistance programs are specifically offered to teenage mothers, most of them address parents in difficulty in general, including teenage mothers. Consultation of the Santé Canada site shows the different projects offered in the different Canadian provinces: the project *Y'a pas d'age pour être mère*, in Québec, the *Young Parents Resource Center* in Manitoba, the *Teen Parent Program* in Saskatchewan, the *Pre-School Children of Adolescents* in Alberta and the *Brighter Futures for Children of Young/Single Parents* in Ontario.

In France Pithon, Terrisse and Prévôt (1999) concieved and put into application a parenting education program to assist "at-risk" teen mothers, updating attitudes and child rearing practices to be more favourable to the development of their children and improving their feelings of child-rearing competancy. This program was accompanied by an evaluation (the strengths and weaknesses scale) to develop the metacognitive capacities and reinforced the training of the mothers by confronting them with the professional evaluation (socio-cognitive confrontation) in order to set up personalized training contracts and offered a group training program with themes determined by the results of the evaluations. The results of the research indicate it is possible to favourably develop the attitudes and child-rearing practices as well as improve the feeling of competancy of "at-risk" mothers. More specifically, the "at-risk" mothers from the experimental group had

more positive attitudes about their practices and child-rearing attitudes than the mothers of the control group.

Generally, mothering and fathering training appears to be an avenue that merits exploration. In a context where observation of child-rearing practices is done less often (small families, mothers fequently absent from the family home, fewer parenting activities), it would be wise to encourage any type of training of this kind among youth. In this sense, introduction of a course in parenting into the academic programs in secondary schools (III to V) appears to be a possible strategy. An experiment of this kind is presently underway in Belgium and Germany but is as yet, undocumented.

Conclusion

The teenage mother perceived as a vulnerable person is a concept particular to western countries, in other countries and cultures, it is not rare that young women give birth around fifteen to sixteen years of age. Adolescence is typically defined as the age following childhood (around ages 12-18 in girls and ages 14-20 in boys), just after the onset of puberty. In Canada, the legal majority age is 18 and it is accepted that this age marks the end of adolescence; however before the 1970's, majority age was twenty-one. In other countries, the majority age is still age twenty-one and in others it is age sixteen. Elsewhere, in some cultures at sixteen the young woman is considered as mature, autonomous and as having developed enough child-rearing abilities to become a mother. Biologists argue that physiologically, the ideal age to give birth would be fifteen to sixteen years of age. Additionally, if life expectancy is low and infant mortality high, early maternity represents a survival strategy for the group in question. In China around age thirty is considered ideal. In a country trying to reduce its population, the later the age of the mother during the first pregnancy and less is their chance of giving birth to many children. In Canada however, women are encouraged to become mothers earlier due to the increased genetic risks after age thirty-seven.

At the same time, Canadian society is becoming a more and more multi-ethnic one and it can be expected that the various ethnic communities of recent immigration, do not conceive of teenage maternity as causing particular problems. However, in the host country, it can be a handicap for social and professional integration. Even within Canada, as is the case in Québec, statistics show that early pregnancies in Native-American communities are five to six times higher than in the general population (Table 2).

Adolescent pregnancy and maternity are considered to be an indicator of devience in our society. This is a social and cultural concept; nothing physiologically opposes maternity at fifteen to sixteen years of age. In other cultures the young woman is considered apt to parent at this age. The consequences for the mother and child in our society remain to be known. Is the adolescent mother "at risk" herself or "at-risk" regarding her personal, social and familial characteristics? In this case it is a more general question of adolescents from poor socio-economic backgrounds that are at the origin of other pathologies (dropping out, deliquency, etc.).

We believe that only longitudinal studies of adolescent mothers that take into account their socio-economic status, their personal characteristics and their environment will allow evaluation of the long-term effects of early maternity on mothers and their children and can clarify this problem and indicate possible areas for intervention.

BIBLIOGRAPHY

ALAN GUTTMACHER INSTITUTE (1999a). Teenage Pregnancy : Overall Trends and State-by-State Information., New York et Washington : The Alan Guttmacher Institute, 10 p.

ALAN GUTTMACHER INSTITUTE (1999b). Facts in Brief : Teen Sex and Pregnancy., New York and Washington : The Alan Guttmacher Institute, 8 p.

BLANCHET, S. (1986). Adolescentes et mères déjà. L'une à l'autre. Hiver 1986, 9-13.

BROOKS-GUNN, J. et FURSTENBERG, F.F. (1986). The Children of Adolescent Mothers : Physical, Academic and Psychological Outcomes. Developmental Review. 6, 3, 224-251.

CATANO, J.W. et ROSS, S. (1997). Y'A Personne de Parfait. Ottawa : Santé Canada. (5 fascicules) 239 p..

CHARBONNEAU, L., FORGET, G., FRAPPIER, J-Y., GAUDREAU, A.,GUILBERT, E et MARQUIS, N. (1989). La périnatalité au Québec. Adolescence et fertilité : une responsabilité personnelle et sociale, Québec : Ministère de la santé et des services sociaux, 128 p.

CLICHE, J., DURAND, D. et KÉROUAC, S. (1985). La grossesse à l'adolescence. Carrefour des affaires sociales, 7, 3, 43-45.

CONNELLY, C.D. et STRAUS, M.A. (1997). Mother's Age and Risk for Physical Abuse. Child Abuse and Neglect, 21, 8, 709-718.

DESCHAMPS, J-P. (1993). Mères adolescentes, parents adolescents. Parents au singulier. Monoparentalité :échec ou défi., 134, 190-203.

DUKEWICH, T.L., BORKOWSKI, J.G. et WHITMAN, T.L. (1996). Adolescent Mothers and Child Abuse Potential : An Evaluation of Risk Factors. Child Abuse and Neglect, 20,no. 11, 1031-1047.

FERGUSSON, D.M., HORWOOD, J. et LYNSKEY, M.T. (1992) Childhood Sexual Abuse, Adolescent Sexual Behaviors and Sexual Revictimization. Child Abuse and Neglect, 16, 5, 789-803.

FILION G. et THÉBAULT, M. (1984). Grossesse et adolescence, revue de la littérature et éléments de la problématique., Montréal : Département de santé communautaire de l'hôpital St-Luc, 58 p.

FORGET, G., BILODEAU, A. et TÉTRAULT, J. (1992). Facteurs reliés à la sexualité et à la contraception chez les jeunes et décrochage scolaire. Apprentissage et socialisation, 15, 1, 29-38.

GALLANT, N. (1998). Etude exploratoire sur le réseau social de soutien, les attitudes, les pratiques et le sentiment de compétence éducatifs ainsi que le stress parental de mères adolescentes québécoises âgées de 18 ans et moins. Mémoire de maîtrise non publié,

Montréal: Départements des sciences de l'éducation, Université du Québec à Montréal, 169 p.

JAPEL, C. (1992). Grossesse et avortement chez l'adolescente. Revue de la littérature. Psychiatrie, Recherche et Intervention en Santé Mentale de l'Enfant, 2,3, 382-391.

LAMBERT, M. (1994) Le nombre d'adolescentes enceintes monte en flèche. La gazette des femmes., 15, 5, 5

LAVOIE H. et LAVOIE F. (1986). Problèmes liés à la grossesse et à la maternité chez les adolescentes. Apprentissage et socialisation., 9,4, 221-229.

LeRESCHE, L., STROBINO, D, PARKS, D., FISCHER, P. et SMERIGLIO, V. (1983). The Relationship of Observed Maternal Behavior to Questionnaire Measure of Parenting Knowledge, Attitudes and Emotional State in Adolescents Mothers., Journal of Youth and Adolescence, 12, 1, 19-31.

LETENDRE, R. et DORAY, P. (1999). L'expérience de la grossesse à l'adolescence., Montréal : Reprographie, Université du Québec à Montréal, 132 p.

MASSÉ R. et BASTIEN, M.F.(1996). La parenté génère-t-elle la maltraitance ? Espace de pauvreté et mesure sociale chez deux échantillons de mères défavorisées. Revue québécoise de psychologie, 17, 1, 3-24.

MERCER ,R., HACKLEY, K. et BOSTROM, A. (1984). Adolescent Motherhood : Comparison of Outcome with Older Mothers. Journal of Adolescent Health Care, 5,1, 7-13.

MORAZAIN, J. (1991). L'adolescence qui bascule. La gazette des femmes, 13, 2, 15-22.

MORGAN, C., CHAPAR, G.N. et FISHER, M. (1995). Psychosocial Variables Associated with Teenage Pregnancy. Adolescence, 30, 118, 277-289.

MORIN-GONTHIER, M., VEILLE, J-C., BERNARD, G. et BIELMANN, P. (1982). La grossesse chez l'adolescente : une grossesse à risque ?, Union médicale du Canada, tome III, 334-341.

NAUDIN, O., BARROUX, C., BENSOUSSAN, P.et RAY, M-C. (1992). Ces adolescentes au ventre rond. L'école des parents, 4, p.26-55.

OLSON, L. (1980). Social and Psychological Correlates of Pregnancy Resolution among Adolescent Women : A Review. American Journal of Orthopsychiatry, 50, 3, 432-455.

PASSINO, A.W., WHITMAN, T.L., BORKOWSKI, J.G., SCHELLENBACH, C.J., MAXWELL, S.E., KEOGH, D. et RELLINGER, E. (1993). Personal Adjustment during Pregnancy and Adolescent Parenting. Adolescence, 28, 109, 97-122.

PHIPPS-YONAS, S. (1980). Tennage Pregnancy and Motherhood : A Review of the Litterature. American Journal of Orthopsychiatry, 50, 3, 403-445.

PITHON, G., TERRISSE, B. et PRÉVÔT, O. (1999) Une recherche appliquée en éducation parentale : concevoir, animer et évaluer une formation pour des mères vulnérables, dans Les tendances actuelles de l'intervention précoce en Europe, sous la direction de F.

Peterander, O. Speck, G. Pithon et B. Terrisse, Sprimont : Pierre Mardaga, Éditeur, 127-147.

ROCHELEAU, L., SÉGUIN, L., COURNOYER, M. et CHAMBERLAND, C. (1989). Vivre avec un nourrisson, Québec : Ministère de la Santé et des Services sociaux, 292 p.

ROOSA, M.W., TEIN, J-Y, REINHOLTZ, C. et ANGELINI, P.J. (1997). The Relationship of Chilhood Sexual Abuse to Teenage Pregnancy. Journal of Marriage and the Family, 59, 1, 119-130.

SANTÉ ET BIEN-ETRE SOCIAL CANADA (1983). Les adolescents passent par une période de changements difficiles. Éducation sanitaire, automne 1983, 8-12.

STATISTIQUES CANADA (1999). Aperçu des statistiques sur la santé, Ottawa : Statistiques Canada.

TARABULSY, G., ROBITAILLE, J., LACHARITÉ, C., DESLANDES, J. et CODERRE, R. (1998). L'intervention auprès de jeunes mères et de leur enfant : perspective de la théorie de l'attachement. Criminologie, 31,no. 1, 7-23.

TARABULSY, G., HÉMOND, I., LEMELIN, J-P., BOUCHARD, C., ALLAIRE, S. et POISSANT, S. (2000). Le développement des enfants de mères adolescentes. Bulletin de liaison du conseil de développement de la recherche sur la famille du Québec, 1, 4, 1-3.

TREMBLAY, D., FORGET, G. et LAVOIE, F. (1986). L'expérience de la maternité chez l'adolescente : état de la situation, inventaire du support offert et pistes d'action, Saint-Hyacinthe, Qué. : Département de santé communautaire Honoré-Mercier, 138 p.

VALLIÈRES-JOLY, M. (1992). L'adolescente enceinte en difficulté. Psychiatrie, Recherche et Intervention en Santé Mentale de l'Enfant, 2,3, p. 400-409.