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"Everyone My Age Doesn't Know What It's Like": A Mixed-Method Study of Young Mothers and Social Support in Australia

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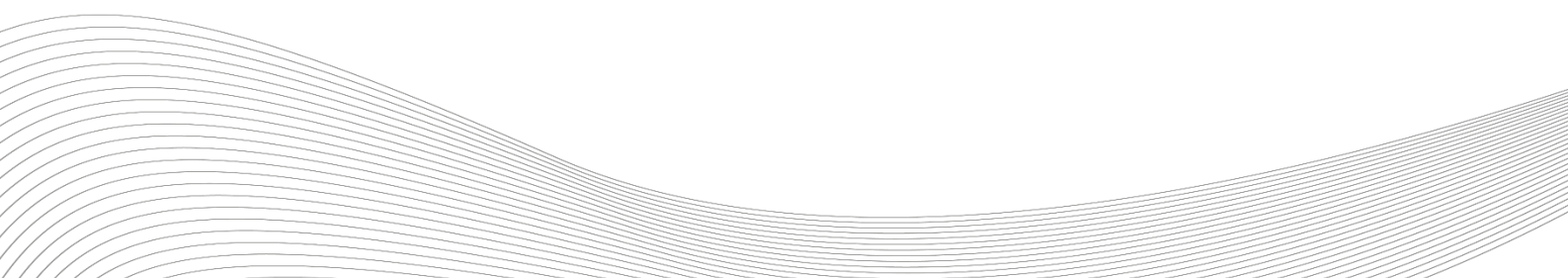Institute for Social Science Research,
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NON-TECHNICAL SUMMARY

Young mothers often experience long-term social disadvantage. This research examines how young Australian mothers (i) compare to older mothers in levels of social support and personal resources, and (ii) perceive and experience the quality and type of social support available to them. Statistical analyses of survey data from The Longitudinal Study of Australian Children (n=5,087) is undertaken to compare the circumstances of young mothers (15-24 years old at birth of their child) and all older mothers (25+ years at birth of their child). Young mothers generally reported higher levels of social support, but poorer family relationships, and fewer personal resources (such as education and home ownership). In-depth interviews with nine young mothers (16-25 years at birth) in Southeast Queensland provided additional insights into how young mothers construct their sense of identity and experiences of motherhood. Young mothers often had difficult childhoods and strained relationships with their parents, but many reconnected with their mothers after pregnancy and found them to be important sources of support. This research suggests that being a mother outside the typical age range (25-34 years old) is challenging for both young and older mothers, but in different ways. These results provide important insights for policies and services aimed at supporting mothers of all ages.

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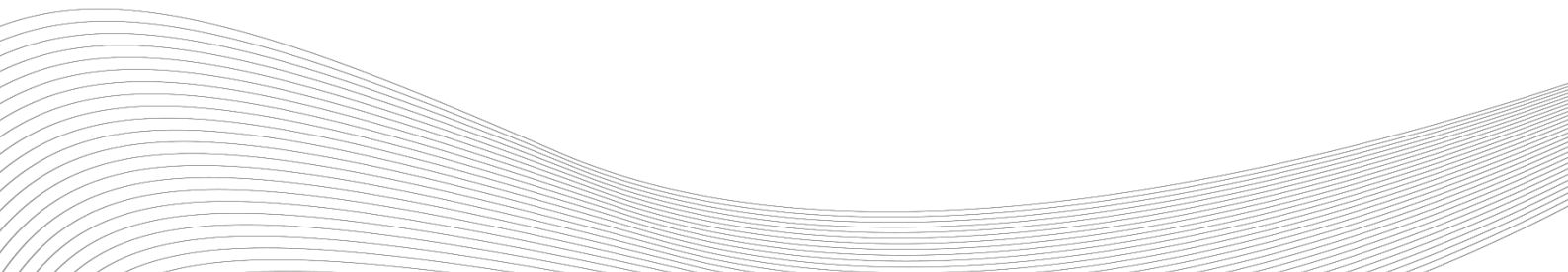
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ABSTRACT

Young mothers are a marginalised population. Early motherhood is often associated with and preceded by persistent social, economic and health disadvantage. This research takes a mixed-method approach to examine how young Australian mothers (i) compare to older mothers in levels of social support and personal resources, and (ii) perceive and experience the quality and type of social support available to them. Descriptive analyses of survey data from The Longitudinal Study of Australian Children (n=5,087) is undertaken to compare the circumstances of young mothers (15-24 years at birth) and all older mothers (25+ years at birth). Young mothers generally reported higher levels of social support, poorer family relationships, and fewer personal resources. In-depth interviews with nine young mothers (16-25 years at birth) in Southeast Queensland provided additional insights about their sense of identity as mothers. Young mothers often experienced difficult childhoods and strained relationships with parents, but many reconnected with their mothers after pregnancy and found them to be important sources of support. This research concludes that motherhood outside normative years is challenging for both young and older mothers, but in different ways. These results provide important insights for policies and services aimed at supporting mothers of all ages.

Introduction

Young women are 'demonized as agents of social disruption' if they choose to mother before the age of 20 and outside the traditional social order that privileges 'the family'.

Angwin and Kamp (2007)

'Early motherhood' is associated with strong markers of socioeconomic disadvantage. Yet it is a life course transition experienced by several thousand young women in Australia every year. Research to date has focused on the disadvantage experienced by young mothers, including their comparatively low levels of personal resources – such as incomplete education, reduced earnings, and unstable housing (Moore & Brooks-Gunn, 2002). Other studies have investigated the intergenerational consequences of young motherhood, documenting for instance poor developmental outcomes for the children of young mothers (Francesconi, 2008). A large body of research argues that early motherhood is a symptom of disadvantage rather than the cause of it, a line of thought which suggests that interventions designed to support young mothers need to be implemented earlier in the life course (Bradbury, 2006; Edin & Kefalas, 2011; Lee & Gramotnev, 2006; Quinlivan, 2004; SmithBattle, 2007b). In contrast, from the perspective of young mothers, early motherhood is often viewed as a positive event that sets a new and contextually more desirable trajectory in motion (Edin & Kefalas, 2011; Middleton, 2011; SmithBattle, 2007a). This suggests that the experience of young motherhood may also have positive implications, enabling young women to develop new identities and directions.

In this paper, young motherhood is defined as becoming a mother at age 24 years or younger, normative motherhood as becoming a mother while aged 25 to 34 years, and older motherhood as becoming a mother at age 35 years or later.[1] Taking a novel approach to exploring young motherhood in an Australian context, this research uses a mixed-method approach to answer the following research questions:

1) How do young mothers compare to older mothers in social support, personal resources, and a range of social, health and economic outcomes?
2) How do young mothers perceive and experience the quality and type of social support available to them?

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[1] 'Young motherhood' is typically conceptualised as 15-19 years in existing literature. The categories used in this research are based on average maternal age at first birth in Australia (29 years; AIHW, 2018), and research suggesting a prolonged adolescence which ends in the mid-20s (Arnett, 2014).

In answering these questions, this research makes several contributions to knowledge. First, this research makes a contribution to sociological analyses of early motherhood within Australia by comparing mothers of different ages on selected outcomes including education, employment, income, and health. Despite an extant international body of evidence (Bonell, 2004), limited Australian research has investigated whether and how the outcomes for women and children from young motherhood differ from normative-age or older motherhood in a systematic fashion.

A second contribution of this research is to consider social support as a key resource shaping women's experience of motherhood at different ages. Although much international research has examined young mothers' educational, employment, and health outcomes (SmithBattle, Loman, Chantamit-o-pas, & Schneider, 2017), few studies in Australia or internationally have focused on social support –or *"basic social needs* [met through] *…socioemotional* [and] *instrumental aid"* (Kaplan, Cassel, & Gore, 1977, p. 147). This is an important omission, as social support has well-documented protective effects against the negative impacts of stress, chronic strains, and eventful experiences in general (Pearlin, 1999), and the transition to parenthood more specifically (see Swedish study - Mikucka & Rizzi, 2016).

Third, research often fails to consider the experience of young motherhood in terms of women's identity, sense of agency and autonomy, and perceptions of how social support contributes to shaping outcomes. This research uses qualitative analyses of in-depth interviews with a sample of young mothers to provide novel evidence on these personal accounts. Collectively, the research combines information on the subjective experiences of young mothers through their own voices using qualitative data with aggregate-level objective trends and patterns using large-scale quantitative data. In doing so, it offers a unique and well-rounded assessment of the experience of young motherhood in contemporary Australia that capitalises on the strengths of both kinds of data.

Background

Young motherhood is an age-based construct, and its definition has undergone multiple changes during the late 20th and early 21st centuries. During the mid-1970s, teenage mothers emerged as the most problematised group of mothers, largely due to a change in the context in which these mothers found themselves (Moore & Brooks-Gunn, 2002). In the United States (US), young girls had become sexually active at an earlier age, and were not consistently using contraception (Brooks-Gunn & Furstenberg Jr, 1989). This was followed by a sharp rise in teenage pregnancies, particularly amongst black women, coupled with societal changes that saw most teenage mothers unmarried and not having completed schooling (Moore & Brooks-Gunn, 2002). These changes led to greater levels of disadvantage amongst teenage mothers, and research began to focus on the poor outcomes experienced by both mother and child (Furstenberg Jr, 2003).

A similar instance of social change is now occurring in developed countries for mothers aged 20-24 years. Economic and cultural changes have led to delayed entry to adulthood – as signalled by secure, full-time employment, marriage, house ownership, and financial independence from parents, with most individuals not attaining these milestones until their late-20s or early 30s (Furstenberg, Kennedy, McLoyd, Rumbaut, & Settersten, 2004). The normative age of transitions to parenthood has also increased. In 1991, 41% of new Australian mothers were aged 15-24 years, but this figure dropped to 25% by 2011 (AIHW, 2018). Further, as seen in Figure 1, pregnancies amongst women younger than 25 years are increasingly unplanned and out-of-wed-lock.

The current fertility rates for Australian women aged 15-19 years and 20-24 years (of 10.5 and 44.6, respectively) are at historical lows since the 1930s (ABS, 2017). These figures represent a marked decline from the rates recorded in the early 1960s (44.7 for the 15-19 year-old group and 225.8 for the 20-24 year-old group). The Australian fertility rates for women aged 15-19 years and 20-24 years (10.5 and 44.6, respectively) are nevertheless lower than the OECD averages (12.4 and 47.5), the US rates (22.3 and 76.8), and the United Kingdom (UK) rates (13.7 and 54.7; OECD, 2018). Further, fertility rates amongst young women in Australia vary greatly with factors such as area remoteness and ethnicity (Lewis & Skinner, 2014). They are visibly higher in remote or very remote areas (79.8) than major cities (21.8) or inner and outer regional (47.3; ABS, 2018b). Births to young Indigenous women made up 25.3% (15-19 years) and 11.6% (20-24 years) of total births in those age groups, while Indigenous Australians comprise an estimated 3.3% of the total population (ABS, 2018a). These figures indicate that

young Indigenous women and women in remote areas of Australia are overrepresented amongst young mothers, suggesting associations between age at motherhood and socio-geographical factors that are usually associated with social disadvantage (Edwards & Baxter, 2013; Mitrou et al., 2014).

Literature in the US and the UK has examined social support within low-income families regardless of maternal age (e.g., Henly, Danziger, & Offer, 2005; Ryan, Kalil, & Leininger, 2009). Social support is typically defined by type (perceived, emotional, financial, and practical) and source (parents, partner and friends). For example, Harknett and Hartnett (2011) followed a cohort of 4,898 US mothers up to the time in which their children turned 5 years of age, assessing the availability and perceptions of social support. Support was conceived of as a "personal safety net" and split into "perceived instrumental support" (being able to receive financial, residential or childcare help in an emergency) and, "emotional support" (whether there was any special person they felt very close with and could depend on; Harknett & Hartnett, 2011, p. 6). Poverty and personal circumstances of disadvantage were associated with reduced levels of both instrumental and emotional support. Mothers who had poor physical or mental health, lower incomes, a large family or a child with ill health reported lower support. However, the study did not compare levels of support by maternal age.

In fact, few empirical studies consider social support in the context of young motherhood, with quantitative studies being more numerous than qualitative studies. In an early study, Unger and Wandersman (1985) used survey data from two studies based in South Carolina in the US to examine mothers' perceptions of social support – in conjunction with a small-scale intervention. Study 1 (*n*=35) included mothers aged 13-19 years living in urban areas and Study 2 (*n*=870) included mothers aged 13-18 years living in rural areas. They considered both social support (i.e., perceived support from family and friends), and social networks (i.e., financial support, household density, family proximity, and neighbourhood satisfaction; Unger & Wandersman, 1985). Their results indicated that social support played an important role in the adjustment to adolescent pregnancy, but not all social relationships were beneficial to young mothers (Unger & Wandersman, 1985). For example, "dense kin networks" amongst these young mothers, measured as living near their own mothers, led to anxiety and lower neighbourhood satisfaction (Unger & Wandersman, 1985, pp. 36-37).

A more recent example of quantitative scholarship is research by Kim, Rotondi, Connolly, and Tamim (2017), who compared levels of social support across primiparous (first-time) Canadian mothers from three age groups (15-19 years, *n*=23,945; 20-34 years, *n*=381,909; and 35+ years,

n=49,168). They measured perceived social support using an additive scale based on eight survey questions. Their results indicated that the youngest mothers received the lowest levels of social support, compared to the two groups of older mothers who both reported similar amounts of social support.

Australian studies of young motherhood have focused on similar themes as those featured in international research, including its predictors (Lee & Gramotnev, 2006; Miller-Lewis, Wade, & Lee, 2005), outcomes (Bradbury, 2006; Lee & Gramotnev, 2006; Lewis & Skinner, 2014; van der Klis, Westenberg, Chan, Dekker, & Keane, 2002), and the subjective experiences of young mothers (Brand, Morrison, & Down, 2015; Hanna, 2001; Kirkman, Harrison, Hillier, & Pyett, 2001; Roberts, Graham, & Barter-Godfrey, 2011; Sheeran, Jones, & Rowe, 2016; Smith, Skinner, & Fenwick, 2012).

Australian research on social support and motherhood, however, is scarce. Yet the findings of the available studies are generally consistent with those reported in the international literature. Quinlivan, Luehr, and Evans (2004) collected longitudinal survey data on 124 mothers younger than 18 years from a metropolitan region of Australia. The mothers were surveyed 6 months prior to birth and asked to predict the level of support they expected to receive after their child was born. A follow-up survey occurred at 6 months post-partum, where the mothers reported on their actual levels of support. The mothers received less support than they had expected, with negative impacts observed on their ability to complete everyday parenting tasks (Quinlivan et al., 2004).

Theoretical underpinnings

The transition to parenthood is a life event that is associated with stress proliferation and, due to disadvantage and stigma, such stress may be more pronounced amongst young than older parents (Harknett & Hartnett, 2011). The stress process model is a well-established theoretical perspective that examines the ways in which stressful life events and chronic strains affect individuals, leading into stress manifestations – such as poor mental health (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Social support is a key concept within the stress process model. This is broadly defined as the degree to which individuals' needs are fulfilled through interactions with others and comprises both emotional and instrumental aid received from others (Kaplan, Cassel, & Gore, 1977; Thoits, 1982). As a main effect, social support has direct positive effects on a person's health and wellbeing; as a buffering effect, it is a protective factor during times of acute stress (Cohen & Wills, 1985). As such, lack of social support is

empirically associated with high mortality rates, poor physical health, and poor mental health (House, Landis, & Umberson, 1988; Kawachi & Berkman, 2001; Thoits, 1995). Social support is known to buffer individuals' physical and mental health from the negative effects of stressors (House, 1987; Thoits, 1995).

The transition to motherhood is a volatile phase of the life course, and can shape and re-define young women's identities (Baxter, Buchler, Perales, & Western, 2014; Smith, 1999). Some research has taken a phenomenological approach to researching the transformation of identity through pregnancy, finding that women reflect upon themselves and experience a "refraction of the self" (Bailey, 1999, p. 338). The shift from woman to mother prompts a re-imagination of the self, but this transition is dependent on the "power of the discourse…that describe[s] it" (Holland et al., 1998, p. 27). As previously discussed, stigma and shame are well documented experiences in the context of young motherhood. SmithBattle (2009) calls for a change in how teenage mothers are framed, arguing that stigma and shame are not useful discourses. Young mothers do not view themselves in this way, and service providers and healthcare professionals contribute to the young mothers' poor outcomes when a "stigmatizing gaze" is directed towards them (SmithBattle, 2009, p. 122). It is clear that a juxtaposition exists between how young mothers are viewed by others and how they view themselves. That is, the identities of young mothers are linked to the social context around them. As reported by Ellis-Sloan (2014), young mothers often manage the presentation of their selves (see Goffman, 1963) in ways that directly counter the negative perceptions of others. The analyses presented in the qualitative component of this research draws on practiced identity theory (Holland et al. 1998) – which acknowledges the impact social structures and environments have on an individual's identity shaping. Further, we also consider previous research that explores the identities of young mothers as formed within a multiplicity of external and internal factors. This goes a long way to understanding how the context in which young mothers find themselves impacts their relationships with support persons (i.e. parents, partner, and friends), and how their support is perceived and included within their identities as young mothers.

Methods and Data

This study used two data sources to examine the availability, take-up, and perceptions of social support during early motherhood.

Growing up in Australia - LSAC: Quantitative Data

The *Longitudinal Study of Australian Children* (LSAC) is a panel survey that follows two cohorts of children: the B cohort who were aged 0/1 years old at Wave 1, and the K cohort who were aged 4/5 years old at Wave 1. The study has been explained in detail elsewhere (Gray & Sanson, 2005). The first stage of analysis drew on cross-sectional data from the B Cohort exclusively.

The final analytic sample excluded children whose mothers were not the Study Child's Parent 1 or Parent 2 (*n*=46). Further, the analyses only considered the experiences of biological mothers and excluded other maternal figures, such as grandmothers, aunts, step-mothers, adopted mothers, and foster mothers (*n*=46). This exclusion criteria yielded a sample of 5,107 to 5,087 mothers.

Measures

To determine maternal age at birth, the difference between the mother's date of birth and the Study Child's date of birth was calculated. The resulting figure was then converted into whole years. Using this information, four groups of mothers were identified: *Young Mothers* (aged 15-24 years when the Study Child was born); *Late-20s Mothers* (aged 25-29 years when the Study Child was born); *Early-30s Mothers* (aged 30-34 years when the Study Child was born); *Mature Mothers* (aged 35+ years when the Study Child was born).

Table 1 shows the sample sizes for each maternal age group. Reflective of current Australian fertility rates by maternal age, the *Young Mothers* (*n*=790, 15.5%) make up the smallest group, while the *Early-30s Mothers* (*n*=1,887, 37.1%) represent the largest group. The numbers of *Mature Mothers* (*n*=1,077, 21.2%) and *Late-20s Mothers* (*n*=1,333, 26.2%) fall in-between.

Table 1: Number of observations in the analytical sample, by maternal age at child's birth

Mother's age at child's birth	15-24	25-29	30-34	35 +	Total
Sample size	790	1,333	1,887	1,077	5,087
	(15.5%)	(26.2%)	(37.1%)	(21.2%)	(100%)

Notes: LSAC Wave 1, 2004. Row percentages.

In the analyses, mothers in different groups are compared with respect to an array of variables divided into four conceptual categories informed by the existing literature: *support sources*,

personal outcomes, *personal resources*, and *situational context*. *Support sources* encompass 13 variables measuring the quality and intensity of relationships between the mothers and their partners, family and friends, the intensity of childcare provided by maternal grandparents and other non-residential family members, and friendship-building activities. *Personal outcomes* encompass 7 variables capturing maternal general and mental health, perceptions of stress, ability to cope with life, time demands, and parenting confidence. *Personal resources* encompass 4 measures (across 10 variables) capturing mothers' highest education level attained, whether they own their homes, their income levels, their main source of income, and their ability to raise emergency funds. Finally, 3 measures (captured by 8 variables) are used to characterise the mothers' *situational context*, including their total number of children, Indigenous status, and the remoteness of their place of residence.

To establish whether differences in maternal circumstances across different groups of mothers were statistically significant, an analysis of variance (ANOVA) was conducted.[2] ANOVA tests are bivariate statistical techniques aimed at establishing if the mean of a given variable differs across categories of another variable.

Pathways to Parenthood: Qualitative Data

The sample used in this research included 2 focus groups and 7 one-on-one interviews with a total of 9 participants. The focus groups, held at the Young Parenting Program (YPP – program name has been changed for privacy) premises, were the first point of contact with participants. Focus groups were semi-structured in nature, allowing the participants to direct conversation when desired. The setting was informal, with everyone sitting on couches or the floor and some children crawling around. A single researcher led the discussion. Of the 7 one-on-one interviews, 2 took place at the YPP premises and 5 over the phone. Telephone interviews allowed the participants to control the time of interview easily, which is useful when the participants have young children. Detailed information on the study participants is presented in Table 2.

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[2] ANOVA tests on the non-dichotomised variables yielded comparable results to those for the dichotomised variables shown in the main text. Also note that ANOVA tests in this application are mathematically equivalent to Chi-squared tests – with the latter yielding the exact same results.

Table 2: Characteristics of interview participants

Name*	Pregnant/ Parenting	Age	Marital Status	Living Arrangements	Highest Grade of School	Highest Education Completed
Brooke Focus Group and Interview	Pregnant and Parenting	17	Married to children's father	Living with her husband and children.	Year 9	Certificate II
Christabel Focus Group and Interview	Parenting	20	Partnered with child's father	Living with her partner and children.	Year 11	Certificate IV
Quinn Interview	Parenting	18	Partnered (not child's father)	Living with her partner and children.	Year 11	Certificate II
Lindy Interview	Pregnant	19	Partnered with child's father	Living with her partner and children.	Year 12	Year 12
Meghan Focus Group and Interview	Parenting	25	Partnered with child's father	Living between two houses, one with her partner and one with a friend.	Year 12	Diploma
Samantha Focus Group	Parenting	21	Partnered with child's father	Living with her child and infrequently with her partner.	Year 6	Certificate (unknown)
Nadia Interview	Parenting	21	Partnered with child's father	Living with her partner and children.	Year 10	Diploma
Lauren Focus Group and Interview	Pregnant	19	Partnered with child's father	Living with her partner and his father.	Year 12	Year 12
Kora Focus Group	Pregnant	20	Single	Living with her mother.	Year 10	Certificate (unknown)

Notes: Pathways to Parenthood (P2P), 2017/2018. *All names are pseudonyms. The eldest child of all participants was aged 1 year old or under.

Thematic analyses was used to explore how young mothers perceive and experience the quality and type of social support available to them. The approach was informed by both the conceptual framework of the quantitative analysis, and the measures that operationalised social support in the quantitative analysis. The interviews were coded with the software NVivo, and key themes were uncovered. This included the following themes: *rebuilding fragmented families*, *partner as provider*, *friends as family,* and *a (self)determined identity*.

Table 3: Distribution of variables, by maternal age at birth of study child (%)

	15-24 years *(Young)*	25-29 years *(Late-20s)*	30-34 years *(Early-30s)*	35+ years *(Mature)*	Group difference
Support sources					
Lives with child's biological father	73.4	90.8	95.7	93.1	*
Support needs are met	54.4	52.7	48.8	42.4	*
Partner is supportive	55.2	58.5	54.8	55.5	
Partner actively parents	43.7	44.8	44.8	43.1	
Attached to family	59.1	68.0	61.7	56.6	*
Attached to friends	39.0	42.5	42.4	40.2	
Regularly contacts parents	85.9	88.3	85.3	77.1	*
Regularly contacts friends	65.7	69.9	72.5	67.7	*
Parents provide support	55.4	58.6	50.5	40.8	*
In-laws provide support	37.5	38.0	30.2	24.5	*
Parents provide childcare	18.6	21.2	18.6	13.9	*
Other family provide childcare	3.9	3.5	2.1	2.8	*
Used a playgroup	31.0	44.3	46.6	37.8	*
Personal outcomes					
Good general health	87.9	91.8	94.5	90.5	*
Good mental health	57.1	62.6	64.4	60.2	*
Low life stress	59.6	63.8	57.8	55.4	*
Coping with life	57.8	60.5	57.2	53.7	*
Not feeling rushed	24.7	19.5	15.0	13.0	*
High parenting confidence	66.0	72.7	73.3	72.4	*
Low financial stress	61.7	63.9	64.0	61.4	
Personal resources					
Owns home	25.8	61.9	74.1	78.4	*
Education: Below Year 11	25.5	9.8	9.3	12.8	*
Education: Year 11	7.8	4.5	4.1	4.0	*
Education: Year 12	20.4	19.2	12.8	10.3	*
Education: Certificate	34.6	27.9	21.1	19.4	*
Education: Diploma	5.2	11.8	10.3	9.7	*
Education: Degree	6.5	26.7	42.4	43.9	*
Above median income	7.1	20.2	29.9	31.8	*
Government pension not main income source	19.9	42.2	50.9	49.8	*
Could raise $2,000	35.7	54.9	62.4	64.1	*
Situational context					
Child siblings: None	61.8	45.2	34.3	24.9	*
Child siblings: One	30.5	34.9	40.0	38.3	*
Child siblings: Two	6.3	15.0	17.9	21.7	*
Child siblings: Three or more	1.4	4.9	7.7	15.1	*
Area of residence: Major city	59.1	63.3	68.3	72.4	*
Area of residence: Inner Regional	22.9	21.1	19.8	15.2	*
Area of residence: More Remote	18.0	15.6	11.9	12.4	*
Mother is Indigenous	8.1	2.6	2.3	1.6	*
n (observations)	790	1,333	1,887	1,077	

Notes: LSAC, Cohort B, Wave 1. The statistical significance of group differences was determined using an

ANOVA test. Statistical significance levels: * *p*<0.05.

Results

The results of quantitative analyses of the LSAC data that answer the question: *How do young mothers compare to older mothers in the domains of social support, personal resources, and a range of social, health, and economic outcomes?* The percentages shown in the main table of results, Table 3, for each maternal age group refer to the share of mothers in that group who score a value of one on a given variable, relative to the share of mothers who score a value of zero. Comparing the percentages across columns enables identification of those circumstances which are more and less prevalent amongst mothers in different age groups.

Support sources

Mothers of different ages perform better in different domains of support, with some evidence that younger mothers tend to experience situations of relative advantage. The *Young Mothers* are the most disadvantaged in 3 of the 10 domains of support for which there are statistically significant differences – this occurs when all shapes are located to the right of the vertical line in Figure 1. They are the least likely to be in a relationship with the Study Child's father (73.4% compared to 90.8 to 95.7% for the other groups), to have frequent contact with friends (65.7% compared to 67.7 to 72.5%), and to use a playgroup (31% compared to 37.8 to 46.6%). The *Young Mothers* are also relatively disadvantaged concerning the quality of their family relationships, where they are the second lowest-scoring group. The most striking difference between *Young Mothers* and all other mothers, in terms of its magnitude, is that pertaining to their relationship status with the Study Child's father (see Table 3 and Figure 1) where the results indicate a much smaller percentage of young mothers are in live in relationships with the father of the study child.

There are nevertheless a few instances of relative advantage in favour of the *Young Mothers*, a situation that occurs when all shapes are located left of the vertical line in Figure 1. *Young Mothers* are the most likely to report that their support needs are being met (54.4% compared to 42.4 to 52.7% for the other groups) and receive regular childcare from a non-residential family member (3.9% compared to 2.1 to 3.5%). They are also the second highest-scoring group reporting having regular contact with their parents (85.9% compared to 77.1 to 88.3%), and receiving high intensity support in raising their children from their parents (55.4% compared to 40.8 to 58.6%) and in-laws (37.5% compared to 24.5 to 38.0%). The *Young Mothers* fall into the middle of the pack regarding their parents' provision of regular childcare.

Figure 1: Distribution of support outcomes, comparison to Young Mothers
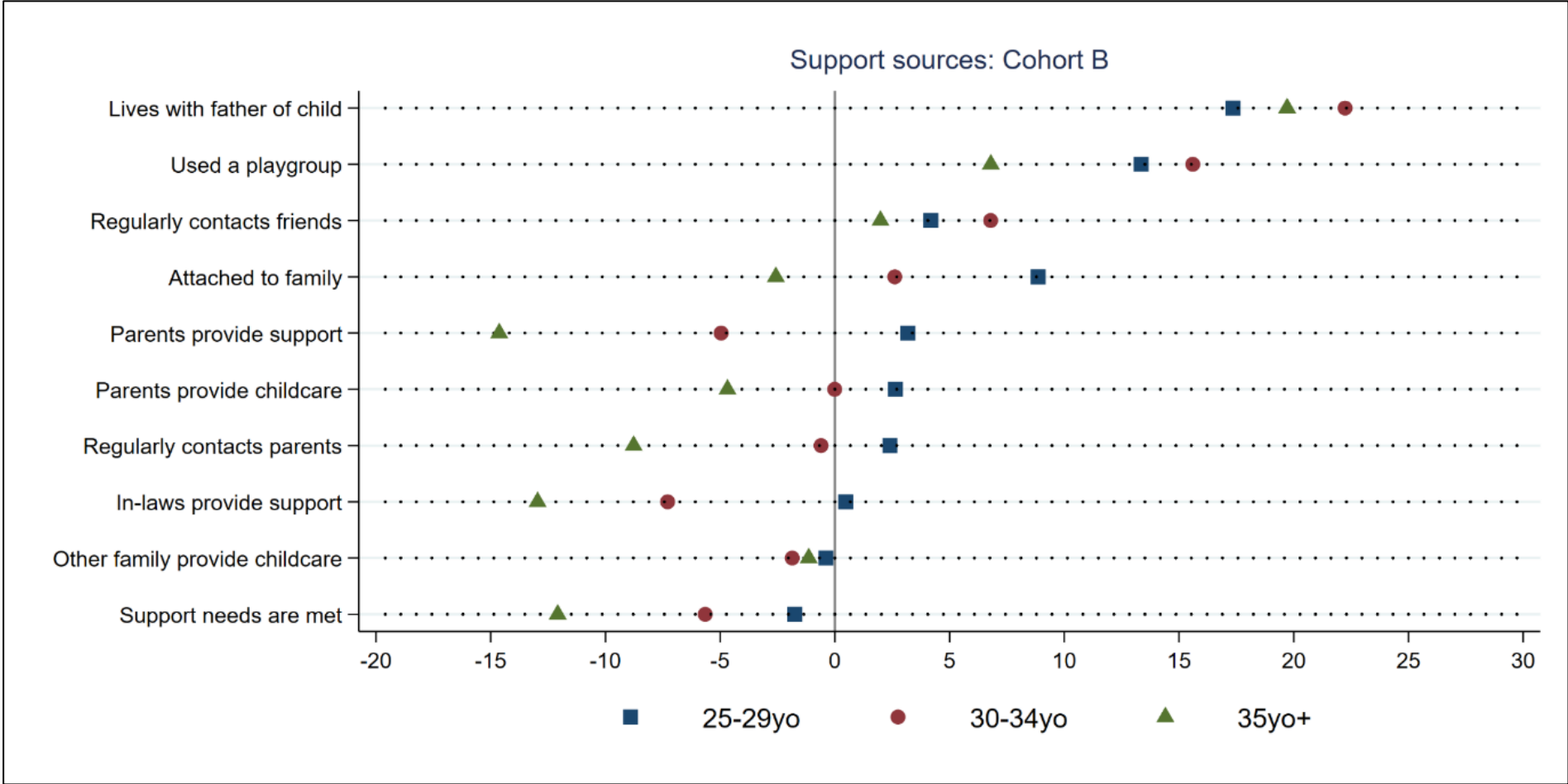
Notes: LSAC, Cohort B, Wave 1. Mothers aged 15-24yo are represented by the vertical grey line. Older mothers' scores are represented by the shapes denoted in the key. Shapes to the left of the grey vertical line denote a position of advantage for the young mothers. Shapes to the right of the grey vertical line denote a position of disadvantage for the young mothers. Family terms are relational to the study mother.

Overall, the *Young Mothers* are not the most disadvantaged group concerning the intensity and quality of the social support that they receive. In fact, the *Mature Mothers* (represented by a green triangle in Figure 1) tend to experience the worst outcomes. The *Mature Mothers* are the most disadvantaged group in 6 of the 10 domains for which statistically significant differences are recorded, being more disadvantaged than the *Young Mothers* in 8 of these domains. The group which tends to perform the best is that of the *Late-20s Mothers* (represented by a blue square), which report the highest scores in 5 of 10 domains.

Altogether, these findings suggest that in terms of social support, outcomes tend to be more favourable when the mother is of a contextually normative childbearing age, approximately 25-34 years in the Australian context (ABS, 2018).

Personal outcomes

Mothers of different ages also perform differently concerning their personal outcomes, with evidence that the *Young Mothers* tend to experience the highest levels of disadvantage in this area; they are the most disadvantaged in 3 of the 6 domains of personal outcomes for which there are statistically significant differences (see Figure 2). They are the least likely to report having good general health (87.9% compared to 90.5 to 94.5% for the other groups), good mental health (57.1% compared to 60.2 to 64.4%), and high confidence in their parenting abilities (66% compared to 72.4 to 73.3%).

In contrast, the *Young Mothers* are relatively advantaged concerning time pressure, being the most likely to report not feeling rushed or pressed for time on a regular basis (24.7% compared to 13 to 19.5% for the other groups). They also display relative advantage concerning their perceptions of how they are coping with life and life stress, where they have the second-highest scores. However, the magnitude of these differences does not appear to be large.

The results for personal outcomes demonstrate again that the *Young Mothers* are not always the most disadvantaged age group. The *Mature Mothers* are similarly disadvantaged, having the lowest scores in 3 of the 6 domains, and not having the highest score in any domain. The *Early-30s Mothers* experience the greatest overall advantage in this area, reporting the best outcomes in 5 of 6 domains.

Figure 2: Distribution of personal outcomes, comparison to Young Mothers
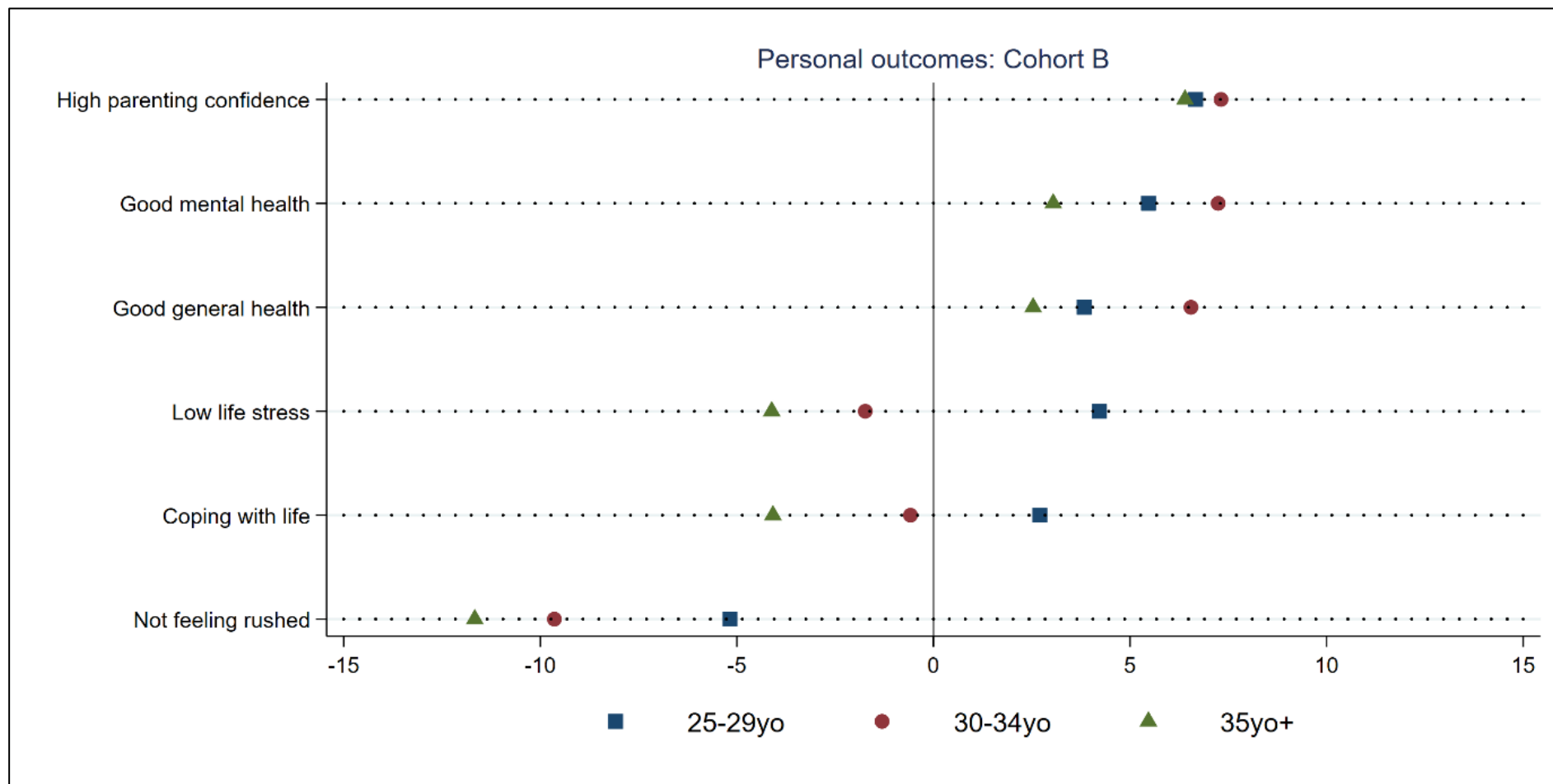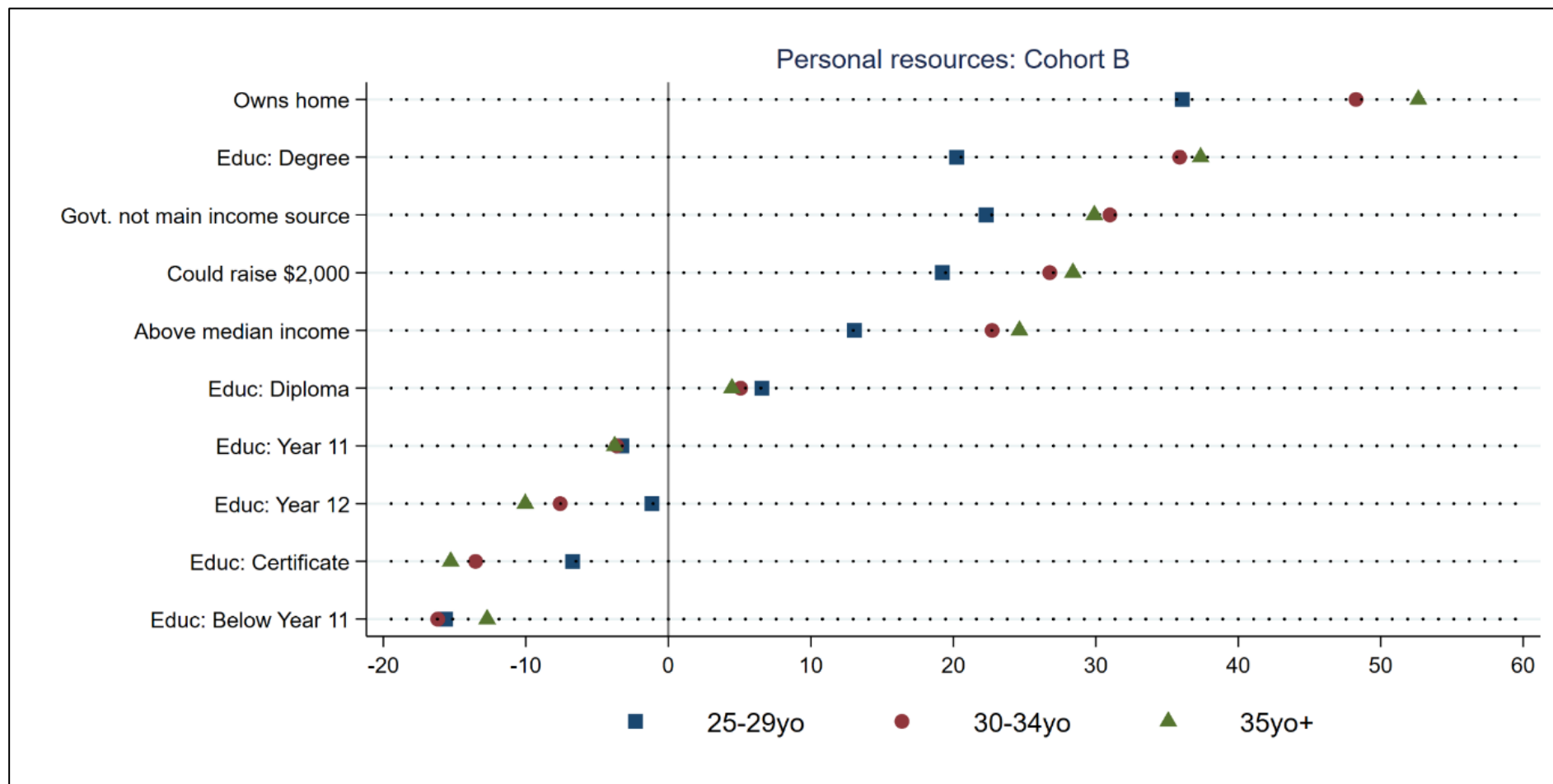

Notes: LSAC, Cohort B, Wave 1. Mothers aged 15-24yo are represented by the vertical grey line. Older mothers' scores are represented by the shapes denoted in the key. Shapes to the left of the grey vertical line denote a position of advantage for the young mothers. Shapes to the right of the grey vertical line denote a position of disadvantage for the young mothers.

Personal resources

The *Young Mothers* clearly suffer the greatest degree of disadvantage of all groups of mothers in the area of personal resources, being the most disadvantaged in all 5 domains (different educational categories are considered a single domain, with Degree education taken as the key marker of advantage). The *Young Mothers* are thus the least likely to own their own home (25.8% compared to 61.9 to 78.4% for the other groups), have household incomes above the median (7.1% compared to 20.2 to 31.8%), receive their main income from a source other than a Government pension (19.9% compared to 42.2 to 50.9%), be able to raise $2,000 in an emergency (35.7% compared to 54.9 to 64.1%), and have attained a Degree (6.5% compared to 26.7 to 43.9%). Collectively, these findings show that at the time of birth of the Study Child the *Young Mothers* have accumulated the least personal resources, represented by their levels of education, income, and financial security. The magnitude of these differences is generally very large.

These results suggest that mothers who are older when giving birth have higher levels of personal resources. The *Mature Mothers* show the greatest level of relative advantage in this domain. This is highly visible in Figure 3, where the green triangles representing the *Mature Mothers* are typically located towards the right-hand side. The *Mature Mothers* are the most likely to have a Degree, have a high income, own their own home, and be able to raise $2,000 in an emergency. They are also the most highly educated. Following this age gradient, the next best performing group are the *Early-30s Mothers* (red circles) and then the *Late-20s Mothers* (blue squares – see Figure 3)

Figure 3: Distribution of personal resources, comparison to Young Mothers

Notes: LSAC, Cohort B, Wave 1. Mothers aged 15-24yo are represented by the vertical grey line. Older mothers' scores are represented by the shapes denoted in the key. Shapes to the left of the grey vertical line denote a position of advantage for the young mothers. Shapes to the right of the grey vertical line denote a position of disadvantage for the young mothers.

Situational context

This final section investigates the distribution of other socio-demographic factors that may differ across mothers of different ages (see Figure 4). Collectively, these factors are referred to as *situational context*, as they provide important contextualization to the findings reported above, a point that is central to a life course approach.

The *Young Mothers* are the least likely to live in a major city (59.1% compared to 63.3 to 72.4% for other groups), and the most likely to live in an inner regional (22.9% compared to 15.2 to 21.1%) or more remote (18% compared to 11.9 to 15.6%) area. Given the limited access to high-quality resources and services, education, and employment opportunities in remote and rural Australia (Edwards & Baxter, 2013), this suggests that the *Young Mothers* experience the greatest level of geographical disadvantage.

The *Young Mothers* are also substantially more likely to identify as Aboriginal and/or Torres Strait Islander than mothers in other age groups (8.1% compared 1.6 to 2.6%) which, as discussed, should be considered in relation to a complex set of socio-economic determinants of health and limited opportunities (Mitrou et al., 2014).

As might be expected given their age and life course stage, the *Young Mothers* are the age group that is most likely to have only one child (61.8% compared to 24.9 to 45.2%). This may partially explain their comparatively high satisfaction with how the support that they receive meets their needs, and the relatively high availability of their parents and parents-in-law to provide high intensity support and childcare (it is likely that they would be younger too).

Altogether, results from the quantitative analyses showed that the *Young Mothers* experience the most instances of relative disadvantage when compared to all groups of older mothers. However, there were also examples of relative advantage for the *Young Mothers* when compared to other mothers. Concerning social support, a key focus of this study, the findings were mixed and somewhat puzzling: the *Young Mothers* perceived comparatively high levels of support from their parents, yet reported poorer quality relationships with their families and friends.

Figure 4: Distribution of situational context, comparison to Young Mothers
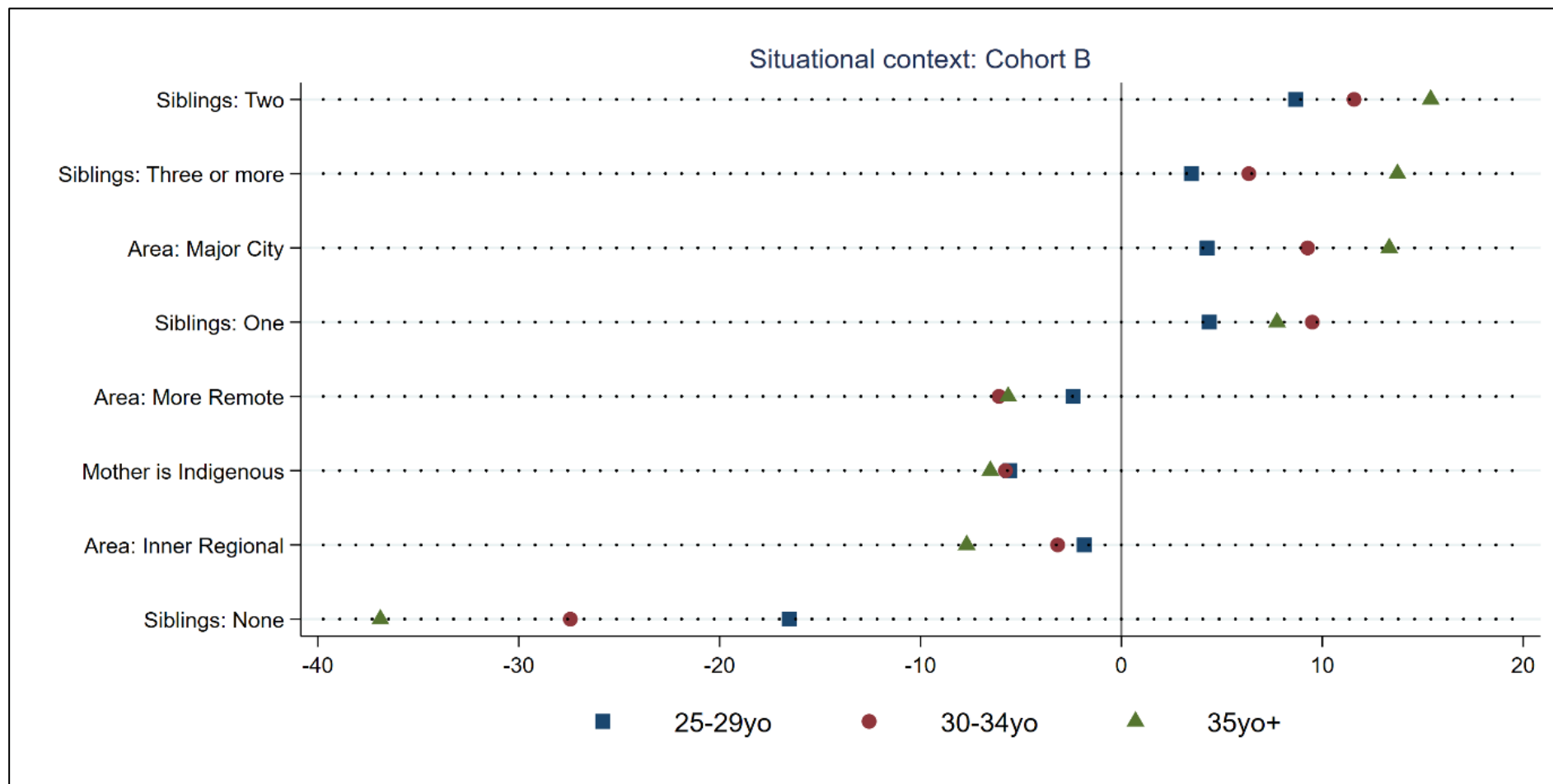
Notes: LSAC, Cohort B, Wave 1. Mothers aged 15-24yo are represented by the vertical grey line. Older mothers' scores are represented by the shapes denoted in the key. Shapes to the left of the grey vertical line denote a position of advantage for the young mothers. Shapes to the right of the grey vertical line denote a position of disadvantage for the young mothers.

Findings - "I've always been a bit more family orientated than career"

This section reports on the findings from in-depth semi-structured interviews and focus groups with nine young mothers from Southeast Queensland. These were used to answer the second research question in this research: how do young mothers perceive and experience the quality and type of social support available to them?

Rebuilding fragmented families

The participants' life histories are characterised by disrupted childhoods, and unstable environments, with some of the mothers in the study recalling leaving their parents' homes before finishing secondary school or turning 18 years old. Megan (25 years) described escaping family violence at her Mum's house when she was 11, and moving to live with her Dad. However, she says "*I only lasted 18 months…I just couldn't do it. Cause I didn't get along with my Step-Mum*", explaining that "*everything changed when she* [her Step-Mum] *had her own kids*". Megan then ran away and stayed with a friend, before her Dad sent her to live with her Aunt. She describes leaving behind the unstable home environments only to end up in another unstable home:

> Then I went to live with my Aunty and Uncle…to complete High School. They
> ended up splitting up when I was in Year 10. My Uncle is an alcoholic…He
> has anger issues…I didn't want to live with him because my Aunty and Uncle
> split up. So I went and lived with some friends from Year 10 onwards. I pretty
> much have been on my own without family for a while. (Megan)

Two other mothers, who are sisters, described their disrupted family histories. Christabel (20 years) moved out of home when she was 17 due to "*a lot of family issues*" and explains that these issues are the reason she was not close to her Mum or sister, Brooke (17 years), during this time.[3] Brooke recounts being removed from their family home by the Department of Child Services, when she was 13 years old due to violence, which resulted in her missing schooling for a year. A further two mothers, Quinn (18 years) and Lauren (19 years) experienced ongoing familial or residential instability during their teen years. Quinn was living in a homeless shelter when she found out she was pregnant, because "*I was kicked out by my parents*". She also described a problematic relationship with her biological father, saying:

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[3] Brooke and Christabel are sisters who were recruited into the study at the same time. Both were attendees of the YPP.

> Yeah we've always had a really close relationship. An on-and-off relationship.
> Where good if I'm in his favour. But if I disappoint him, I'm disowned from
> the family for like 6 months… He's been that way since I was about 12.
> (Quinn)

Lauren was 12 years old when her mother died, and she described a troubled
relationship with her father since that time:

> I've cut him out of my life. He doesn't really care that he's going to have a
> grandchild. Like I've had a rough time with him because my Mum passed
> when I was 12, it's been full on. So he's just focused on his life. I had to take
> care of myself. (Lauren)

Not all of the mothers interviewed in this study described disrupted childhoods. Both Nadia
(21 years) and Lindy (19 years) reflected positively on their family lives as children and late
teens. Nadia's parents went through a divorce when she was 15 years old, which left her with
anxiety yet she considers herself "*pretty lucky*" to have had a good relationship with her
parents, and says that the relationships continue to be positive. Lindy describes her
relationship with her parents as close despite a recent divorce:

> I've always had a very close relationship with my Mum and my Dad. They got
> divorced a year and a half, or two years ago. But still very close with both of
> them. (Lindy)

Despite most of the mothers describing relations with their parents being of poor quality, and
oftentimes non-existent, nearly all of the study mothers recalled an increase in closeness with
their parents since becoming pregnant and parents themselves. The mothers reflected
positively on the developments in their parent-child relations, and expressed happiness at
reformed connections with their parents. Sisters Brooke and Christabel spoke about the
weekly family dinners they now have with their Mum, "*We have family dinner nights every
Monday night, and my sister's family and my family goes to Mum's house for dinner. It's a
pretty good relationship, nothing bad now, like it used to be.*"

Other mothers also noticed a new closeness with their parents, particularly with their mothers.
Lindy considered her upbringing to be positive, but had noticed a new found connection
between her and her mother, saying, "*I think that it's brought us closer, I feel confident and
more comfortable talking to her…about my personal life and what the plans are for baby and
I really want them to be involved.*". Megan chooses to remain isolated from her family but

said, "*I speak to my Mum a lot more now that my sister has had her baby...*[and since] *we've been pregnant.*". The mothers did not seem to rebuild their relationships with their fathers with the same intensity as they did with their mothers. When asked about her relationship with her family, Megan responded "*I don't speak to my Dad*". Brooke and Christabel similarly have not reconnected with their Dad in the same way they have with their Mum. Their father is a truck driver and is based in a different city, meaning he only sees them on an infrequent basis. When asked if she would want to see her Dad more Christabel said, *"I'm pretty happy with the way it is at the moment. It's like a good level of family*".

Overall, the young mothers are experiencing a shift in the relationship dynamics they share with their parents, as a result of impending or new parenthood. They tend to view the changes positively, and welcome the new relationships with their siblings and parents that are built on the young mothers' new understanding of parenthood. Not all of the young mothers are focusing on rebuilding relationships with their parents, and this is unsurprising in the context of the difficult experiences they had during their childhood. It is perhaps more surprising, that so many of the young mothers are investing in positive relationships with their parents despite painful histories.

Partner as provider

Another main provider of support in the young mother's lives is their romantic partner. Of the nine mothers interviewed, eight are currently in a relationship, seven of those with the father of their child/ren. Some of these relationships had been formed years before the arrival of their first child, and some only a few months. The mothers that have been with their current partner for years tended to describe a happy relationship. Nadia has been in a relationship with her partner for four years, having met when she was 17 years old and he was 24 years old, and working at the same place as her father. Nadia reflected positively on her current relationship, and described their happiness at falling pregnant after a miscarriage, "*I was pretty excited because we had fallen pregnant before and had a miscarriage. So we just stopped using contraception after that and were like "when it happens it happens...we were pretty happy.*" For other mothers in this study, their relationships were not providing the same stability and happiness. Quinn described the relationship with her partner as complicated, even mentioning that her partner expressed doubts about the future of their relationship, "*Sometimes he thinks we should have a break, I refuse to*". Goals for marriage did not come through as a high priority for the women in this study, as Christabel put it, "*I'm not ready for that at the moment*".

Relationships between some of the mothers and their partners had experienced a dramatic shift since the birth of their children. When asked what they felt was the biggest change since becoming parents, Megan said "*Your relationship with your partner*". Megan puts their relationship stress down to being "*quite fresh in our relationship* [at the time of falling pregnant]" and frequently expressed disappointment in her partner's reluctance to watch their baby on his own:

> I think also for my partner…because she's so reliant on me, he feels like, cause I asked him to watch her…he's like "What do I do with her?" I dunno if he's scared, or he doesn't know what to do. (Megan)

Megan sought advice from an older male friend that she lives with when she's not living with her partner, and it brought some comfort to her: "*He said, "You know what, don't expect anything from him and anything that he does do on top of what you don't expect, is a bonus"…that kind of helped, a little bit*". Samantha (21 years) doesn't live with her partner full time, rather "*On and off. He comes and goes as he pleases*" and she summed up her disappointment in him when she said, "*Mine* [her partner] *is 10 years* [older than her]. *You'd expect more but you get less*". Kora (20 years) was the only mother not in a relationship at the time of interview, and was living with her mother. She maintained contact with the father of her unborn baby, but mentioned her worry about him remaining committed to a relationship with his child.

The mothers held high hopes for strong connections to be formed between the children and their fathers, as Megan said, "*I want them to have a bond, and the more time he spends with her, the more they're going to get that bond*". Brooke went as far to say that a strong father-child relationship will have a positive impact on her connection with her husband: "*As they build a relationship, a bigger relationship, our relationship gets better, so he can help out more*". For others, they noted that their partners are not forming strong bonds with their children, and put this down to long hours spent working:

> Christabel: Mine works a lot, like he got a new promotion. He works 10 hour days now. And he was really good in the beginning, because he [had] like 5 weeks off. And then but now it's kind of like every now and then he'll, interact with her.

> Brooke: He [partner] does the very long [work] hours, and now over the weekend as well, so it's pretty much just me and her at home all the time.

During the transition to parenthood, the relationships between the young mothers and their partners have experienced a noticeable upheaval. For some the disruption has been minimal and their relationships continue to be mutually supportive. In other couples, the strain of becoming parents has brought relationship tension to the forefront. Through the analysis of the interview data, it emerged that all of the young mothers' unmet expectations related to their partners. The expectations often involved support, both in their relationships and in sharing parenting duties. Many mothers acknowledged that their partners were learning and becoming accustomed to their new roles, yet others felt let down and disappointed on behalf of their children.

Friends as family

Support from peer relationships is considered less crucial during a transition to parenthood than the support provided by parents and a partner. However, peer relationships are affected by a stressful life event such as transition to parenthood, and perhaps more so in the context of non-normative aged transitions. The mothers in this study experienced a variety of relationships with their friends, some remaining strong despite their transition to parenthood and others suffering because of it.

Megan said that she gets "*more support through my friends*" than her family or partner, describing the practical support her friend provides for her, "*I ask my girlfriend once a month to look after her so I can go on a date night*". However, Megan only feels comfortable telling a few close friends everything, for fear of having her friends or family judge her:

> There are certain things I tell certain people. Because obviously some people
> are judgier (sic) than others...I don't really tell family anything because family
> judge you a lot more…Say you have a fight and then you tell your friends, but
> then you make up, they'll sort of just look over it. Whereas if you tell your
> family, they'll hold onto that. (Megan)

Lindy further described her friend circles, "*Yeah I've definitely got quite a few friends. I see them, you know, two or three times a week at least.*" Quinn has a different relationship with her smaller group of friends, describing them as family, but also hinting that they do not provide friendship in line with her expectations:

> Interviewer: Do you have a friend circle?

Quinn: Yeah, not a very big one…they only show up when they need something. Still friends. Most of my friends have become sisters. They're my sisters now. They're family. Always have been.

Nadia also describes her closest friend as her sister first stating that she lives with "*my partner, my sister, and my daughter*", before clarifying that she is a friend, "*She's not my blood sister, but we are like sisters…We're inseparable*". Nadia goes on to talk about the role her friends play in her life, "*We've got our little friend family up here. Even though they're not actual family. We have family dinner nights every couple of weeks*". Nadia's description of her friends as family is an example of 'families of choice', where friends can fill the void left by a lack of family (Pahl & Pevalin, 2005).

Sisters Brooke and Christabel did not retain their friendship groups through their transitions to parenthood. Christabel said, "*I kinda lost all my friends when I fell pregnant. Like I just lost everyone and only had my partne*r" but believes that this loss is what brought her closer to her family, going on to say, "*That's when I became closer to my sister, because I didn't' really have anyone else to go to. So then I became closer to my Mum*". Christabel reasons that her new role as a Mum makes it difficult to keep non-parent friends "*Everyone my age doesn't know, like what it's like having a kid. And they have no idea what you go through, it's hard to relate*". Brooke had lost her one close friend in 2015, before falling pregnant, and described a complicated situation which had left her friend unable to return to Australia from a Southeast Asian country. Despite this geographical divide, Brooke said, "*We talk almost every day. She used to live with me, so we're really close*".

When family connections are not strong, friendships appear to fill the gap and provide support to the young mothers, both practical and emotional. Mothers like Megan view their friends as a proxy for family, and have retained a close relationship with their friends despite being the only person in their friend-group experiencing parenthood. In other instances, friendships appear to experience a pressure-test during the mothers' transition to parenthood in a similar way to that described for their romantic relationships. Some of the mothers found that previous friendships were unable to be sustained due to the mismatch that now existed between them and their childless friends. Often, this led to family members filling the role of 'closest support person'.

A (self) determined identity

The mothers in this study know that their decision to have children at a young age is considered a mistimed transition to parenthood, largely by others' standards but also sometimes by their own reckoning. The news of impending parenthood was rarely received with joy by the young mothers. Finding out they were pregnant was often characterised by expression of fear and tears from the mothers that was countered by excitement from the fathers. Despite experiencing shock at the news of their unexpected pregnancies, the young mothers viewed their new trajectories positively. The mothers reflected on the benefits to being a mum at such a young age, but were also ready to acknowledge the drawbacks.

> I love it. I think young is good because physically you can keep up, and, but then you don't have the life experiences, and um knowledge you would I guess, as when you're older. (Meghan)

For Lindy, her unexpected pregnancy gave her a reason to find a new direction in her career that was both fulfilling and accommodating to impending parenthood:

> Upon falling pregnant I decided to go part-time and put more energy into my business. That probably wouldn't have happened if I hadn't fallen pregnant, but it's worked out really well. (Lindy)

The mothers in this study exercised their agency as young adults, manifested through the 'choice' to become parents despite being younger than the normative age. They were aware of the negative perceptions others' might hold, and were seen to be subverting their problematised positions as young parents through *control* and *keeping up appearances*. The mothers portrayed strong identities as the best and only person to properly care for their children, seen most clearly when they talked about breastfeeding and their fears around using childcare.

During a focus group, four of the mothers expressed serious concern about trusting childcare facilities when asked what their biggest worries were:

> How other people treat her in child care. Like I really, like this is how I want to do things, how I want to bring her up. And I'm scared of what, [be]cause you're not there watching them and what they do. That's my biggest worry. (Christabel)

> I reckon the same thing. I would probably rather pay a friend or family to look after her than to, (laughs) but then she's not going to have that social network. So it's really hard. (Meghan)

Child care. You know, doing something wrong… the first five years of a

child's life is so critical (Samantha)

How she goes in child care. And separation. She's a real needy baby. I worry

about that. (Brooke)

Fear around childcare also emerged with Nadia, who described using childcare as "*losing her* [daughter]". Quinn admitted that she would use childcare eventually, but said she was "*not the biggest fan of it, but sometimes you have to do things that you don't really agree with*". During discussions around childcare, the financial implications were not mentioned by the mothers, rather they called into question the trustworthiness of childcare centres in general. The youngest mothers experience the greatest material disadvantage, as shown earlier, with low levels of income presenting a barrier to high-quality childcare. When discussing the suitability of childcare with their peers during the focus groups, the mothers made no mention of affordability or financial feasibility, an aspect of their lives in which they have limited control. Instead they raised issues about trust and suitability of childcare, a domain where they can exercise their control as mothers. Yet during one-on-one interviews, the mothers agreed with little hesitation that they would inevitably send their children to formal childcare, but would prefer to wait until their children were "*mobile*" and around one-year old.

The mothers presented themselves as driven, ambitious, and curated an impression that they had things *together*. The image they presented sent signals of maturity, unwavering dedication to their children, and responsibility. This was achieved through both verbal and non-verbal cues. The women were all well dressed, and their children even more so. Prams were elaborate and attention to hair and make-up was obvious in the two mothers who had worked as hairdressers. They were confident with their children, and appeared as the natural experts of their own offspring.

Examples of further impression management emerge through the interview transcripts, where the mothers presented themselves as mature and financially able. Brooke, who is the youngest of the study mothers, gives two clear examples of presenting the identity she values in herself. As she described the year when she was removed from her family home due to parental violence, she dismissed it as an unimportant event, and said "*everything is all good now, it was just like a middle age crisis thing*". She attributes this disruptive and dangerous home situation to her mother's age, and goes on to say, "*But you wouldn't even notice now, me and my Mum are best friends, better than we were before*" and takes responsibility for the way things are

now by suggesting that she and her mother get along so well "*now that I have matured even more, and become a mum myself*". Brooke also describes herself frequently as "*living an adult life*" prior to falling pregnant at 16, and emphasises her independence as responsible for leading her to end relationships with immature men.

Two of the mothers expressed a reluctance to use government welfare payments (Centrelink). Lindy, who was yet to give birth and runs her own business, had decided to receive only maternity leave and said "*other than that, we're pretty self-sufficient*". Christabel explicitly stated "*I don't really want to rely on Centrelink to be honest. As helpful as it is, I just don't want to use that as much*" despite her worry that financial pressure could prevent her from completing further study. An unwillingness to appear idle was inferred from Brooke's presentation, when she said "*I don't like sitting at home, it's not my favourite thing in the world*", and Christabel as well, "*I don't wanna do nothing*". Through their displays of reluctance to use welfare, and expressing desires to do more than *just* raise their children, the mothers made clear that they were not examples of 'dole-bludging' teen parents (Viney, 1985). While normative-aged mothers may be able to afford the choice of being stay-at-home mothers, the young mothers appear to have a reduced capacity to comfortably make the same choice. The young mothers describe strong ambitions for further study, and a desire to return to work as soon as their children are "*old enough*". They project a careful balance between wishing to continue along the expected path of childless peers their age, and being the best mothers they can be despite their position of relative disadvantage.

Speaking to young mothers gave them an opportunity to describe the complex picture of their lives. The focus groups and interviews allowed a glimpse of what has made them who they are, and what continues to shape them in the present. It emerged that the young mothers are simultaneously navigating: young romantic relationships, new types of relationship with their parents, changes in their identities, and their babies. They spoke candidly about their childhoods, revealing painful memories but often already showing forgiveness to their parents. The young mothers have started new relationships with their mothers, describing a shift to an increasingly level dynamic where the young mother views herself as an equally powerful peer rather than a powerless child. They are concurrently navigating young relationships with their partners, while both are usually experiencing parenthood for the first time. The combination of only having been in a relationship with their partner for a short time and becoming parents was seen as adding a strain. In spite of the difficulties, the young mothers overwhelmingly displayed a sense of assurance in themselves and their futures.

Discussion and Conclusion

While rates of early motherhood continue to decline across the Western world, the young women who do become mothers often find themselves in precarious and disadvantaged circumstances. As a result, a growing body of research in the social sciences is devoted to understanding the trends in and predictors of young motherhood, as well as its outcomes for young mothers and their offspring. This research both draws on and feeds into this body of work, with a focus on assessing the prevalence, sources, intensity, and experiences of social support amongst young mothers in Australia. The results showed that the circumstances of young mothers differed from those of older mothers for most measures across domains. For social support there was a visible and intriguing concave relationship with maternal age: the youngest (15-24 years) and oldest (35+ years) mothers received less support than the mothers in the middle age categories (25-29 and 30-34 years). Somewhat against expectations, the youngest mothers exhibited greater levels of social support than the oldest mothers. The comparative advantage of young mothers was support provided by their parents and parents-in-law, in the form of regular contact and help raising their children. This pattern of results was inconsistent with that documented in a recent Canadian study by Kim et al. (2017), which found that young mothers received the lowest levels of social support. As will be discussed in more detail later, this inconsistency may have emerged due to differences in study design, particularly the fact that Kim et al. (2017) considered only primiparous mothers and this research included multiparous mothers. This finding also conflicts with broader literature suggesting that individuals who hold disadvantaged social statuses tend to report lower levels of social support (Harknett & Hartnett, 2011). However, consistent with these other bodies of work, young mothers in this research were found to experience comparatively low levels of social support from other sources – such as the child's father, their friends, and structured playgroups. The lower levels of peer support may be explained by the young mothers following non-normative life course trajectories that may be dissimilar to those of their peers, and as such may have been viewed negatively (Wilson & Huntington, 2006).

Young mothers experienced the most disadvantaged circumstances, in comparative terms, in regard to personal outcomes. They reported the lowest levels of confidence in their parenting abilities, mental health, and general health. The relative high levels of social support received by the young mothers do not fit neatly with their poor mental health. While multivariate models adjusting for confounding are needed to test this formally, this pattern of results suggests that, in this instance, social support does not necessarily offer a protective effect. This is consistent

with findings from previous studies documenting that, in some circumstances, there are inverse associations between social support and mental health (e.g., Caldwell, Antonucci, & Jackson, 1998; SmithBattle & Freed, 2016). A way to reconcile these conflicting perspectives is by acknowledging the complicated social relationships between the young mothers and the people who provide support to them, including their own mothers and their partners. That is, support may be available, but may not be of "optimal quality", or may come hand-in-hand with other stressors. As explained below, the qualitative findings shed light over these issues – which highlights the value of the mixed-method approach taken by this research.

The young mothers exhibited also the greatest levels of disadvantage concerning different measures of personal resources: they were the least likely to own a home, have completed a degree, receive their main income from a source other than welfare, have high incomes, and be able to raise emergency funds. Differences in these outcomes between the young mothers and other groups of mothers were highly substantial in magnitude, as would be expected given the age differences between the groups. They are also consistent with previous research documenting comparative socio-economic disadvantage amongst young mothers, and detrimental impacts on their trajectories (e.g., Edin & Kefalas, 2011; Lee & Gramotnev, 2006; Moore & Brooks-Gunn, 2002). It is however a relatively novel finding in the Australian context, where studies comparing personal outcomes between mothers of different ages are few and far apart. Hence, this research contributes to the extant literature on maternal age and socio-economic (dis)advantage by demonstrating that the findings generated in samples from the US, the UK, and other developed countries such as Sweden, also hold in Australia. This was not a safe presumption. This is because, as discussed earlier, the prevalence of young motherhood is comparatively low in Australia (Hoffmann & Vidal, 2017), and the institutional context within which Australian mothers are placed differs from that in the UK and US. For example, maternal part-time work is more prevalent and 'intensive mothering' ideologies more pervasive in Australia than in these other countries (Cooke, 2014; Perales, Jarallah, & Baxter, 2018).

To answer the second research question, this research relied on data collected through interviews with young mothers (16-25 years) in Southeast Queensland. Overall, the analyses revealed how subjective perceptions and identity-making practices amongst young mothers were negotiated within a complicated landscape of relationships and support. The young mothers interviewed evidently navigated multiple complex social relationships with the people who provided the bulk of their social support, with both negative and positive perceptions.

For most of the young mothers, becoming a mother provided a position from which to negotiate new relationships with their parents, as they rebuilt their previously fragmented families. The young mothers tended to view relations with their parents positively, in spite of difficult childhood histories. Parents of participant mothers were keen to be involved in the lives of their grandchildren, and most mothers welcomed this, despite experiencing issues during their own childhoods. Most of the young mothers expressed satisfaction with the new relationships they had formed with their own mothers, and yet the young LSAC mothers showed low levels of attachment to their families. The findings from this research suggests a low sense of attachment within one's family may be connected to a low sense of identification with a child/daughter identity. However, as the young mothers experienced a transitional phase, viewing themselves as 'mature adults', and increasingly identifying as 'mothers', a new identity/role was established. The power dynamics between the young mothers and their parents shifted to that of 'peers', with a greater mutual understanding based on shared experience.

The young mothers' relationships with their partners were complex and often characterised by disappointment. The young mothers readily acknowledged their partners' role as provider, although long hours at work were said to undermine their partners' role as parents. The mothers' unmet expectations affirm the findings from the first research question, which showed comparatively low levels of support from their partners amongst the youngest group of mothers. However, unsatisfactory support from partners was not exclusively found amongst young mothers. Across all age groups, satisfaction with partner support was low. This is consistent with recent Australian research reporting low rates of father involvement in parenting duties when compared to mothers (Baxter et al., 2014). The role of friends and peers during the transition to motherhood is nevertheless not yet well understood, and this research finds several interesting elements that could inform emerging research in this space. When mothers had satisfactory relationships with their parents and partners, relationships with friends were described as limited or having been lost during pregnancy. However, when mothers had poor relationships with their partner and/or parents, relationships with friends featured more prominently. In these situations, friends filled the role of family and became the most important sources of support to these young mothers. In other words, the young mothers exercised their agency by creating 'families of choice' that helped fill the vacuum left by their absent parents (Pahl & Pevalin, 2005).

Finally, the young mothers showed signs of having built a sense of 'self' grounded in pride and determination. They displayed awareness of the shame and stigma directed at them

(SmithBattle, 1995), yet they refused to fulfil the prophecy of the young-mother stereotypes. While the young mothers may be internalising the perceptions of others (Ellis-Sloan, 2014), they projected a determined sense of self. The authoring, or response, they projected reflects a desired positionality as 'good mothers'. This finding resonates with those of earlier research both in Australia and internationally (Smith et al., 2012; Edin & Kefalas, 2011). Nonetheless, the young mothers are restricted by their figured worlds, where the societal norms include expectations to complete higher education, attain financial security, and delay motherhood (Moore & Brooks-Gunn, 2002). Altogether, the findings from the second research question highlight the complex social relationships young mothers in Australia must navigate, and the social environments in which they are embedded.

Strengths, limitations and avenues for further research

This research has made several important contributions to sociological knowledge. First, it expanded the limited stock of available knowledge on young Australian mothers, and the comparative circumstances of mothers of different ages. Second, it combined the strengths of quantitative analyses of large-scale survey data with those of in-depth qualitative interviews and focus groups. This unique mixed-method approach to understanding motherhood and social support afforded novel insights and a better-rounded assessment of these issues. Third, this study is amongst the first to conceptualise an early entry to motherhood as falling between ages 15-24 years. While research and policy tend to focus on adolescent mothers aged 15-19 years, this research takes the view that normative shifts pushing motherhood further into the life course have moved the boundaries of non-normative behaviour. As such, the young mothers are at risk of occupying the marginalised space of deviance left vacant by the fading teenage mothers.

Despite these significant contributions, there are important limitations to the analyses presented here that must be acknowledged. First, largely due to small cell sizes, the quantitative analyses include both primiparous and multiparous mothers. While 61.8% of the young mothers in LSAC were primiparous, this figure ranged between 24.9% and 45.2% for the other groups of mothers. It is possible that first-time mothers may require, request, and receive more and more varied support from their families, or that some of the older mothers in the analyses were once young mothers. As a result, the findings provide an accurate snapshot of mothers of all ages, but further nuance could be attained by disaggregating all groups of mothers between primiparous and multiparous mothers.

Second, the sample for the qualitative analysis only includes mothers residing within a major city, and which may thus be in an advantageous position to access services. It follows that their experiences of support may not coincide with those of young Australian mothers in regional and remote areas. Similarly, the qualitative interviews were conducted with young mothers only, excluding the experiences of normative and older-age mothers. Future qualitative research that includes samples of mothers of all ages could advance knowledge by adding a comparative element. This could help explain, for example, the reasons behind the comparatively low levels of social support reported by the oldest group of mothers in the quantitative analyses.

Concluding remarks and implications for policy and practice

This research makes clear that maternal circumstances are varied and complex, as are individual experiences of motherhood. It demonstrates the value of combining rigorous analysis of a rich survey sample that produces generalizable, stylised, statistical patterns, with personal histories and subjective understandings expressed through the voices of young mothers. The findings suggest that, as the social context around motherhood shifts, so too must our approach to supporting those who experience it in difficult circumstances.

The findings reported here carry lessons that could be used to inform policy and practice. First, young mothers up to 25 years of age are at a higher risk of experiencing multidimensional disadvantage. This risk should be acknowledged in policy aimed at providing support to this group of mothers. Specifically, these mothers lacked education, independence from welfare, and good mental and physical health. Future interventions aimed at improving their circumstances and outcomes should thus prioritise these domains. At the same time, the older mothers were also identified as an at-risk population. While they enjoyed more personal resources, they experienced significant shortcomings concerning social support, mental health, and family attachment. This suggests that support to these mothers should be directed at these domains. To complement these findings and further contribute to evidence-based policies, future research should identify not only which sources are more or less prevalent across mothers of different ages, but also which of them 'matter more' in lifting the personal outcomes of different types of mothers.

Second, while father involvement is a crucial source of support and has recognised benefits on child development (Cano, Perales, & Baxter, 2018), just about half of mothers of all ages reported that their partners were supportive or actively parented, and that their support needs

(i.e., those of the mothers) were met. This suggests that policy focus on engaging fathers to better support mothers and their children is well-guided.

Third, during the qualitative interviews and focus groups, mothers displayed clear awareness of the stigma to which they were subjected, and were articulate about the detrimental consequences this had for their sense of self and mental wellbeing (Boulden, 2010). This suggests that policy efforts should be directed at shifting the subordinate social status attributed to young mothers in contemporary Australian society. These may involve the promotion of alternative societal narratives and discourses that celebrate rather than stigmatise motherhood across the age spectrum, and share in the positivity young mothers feel toward their lives.

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