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SPICe Briefing
Teenage Pregnancy

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This briefing provides an overview of information on teenage pregnancy. It has been written to inform the Health and Sport Committee's Inquiry on this theme. It offers data on national level trends in Scotland and reflects on research evidence about the problems associated with early pregnancy. It also sets out the current national policy context. Finally, the briefing highlights evidence on what works to reduce teenage pregnancy. A key message is that, as there are a range of factors that impact on rates of teenage pregnancy - many of which are beyond the remit or capacity of people working in sexual health services – a multi-agency response is required.

The Scottish Parliament
Pàrlamaid na h-Alba

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INTRODUCTION

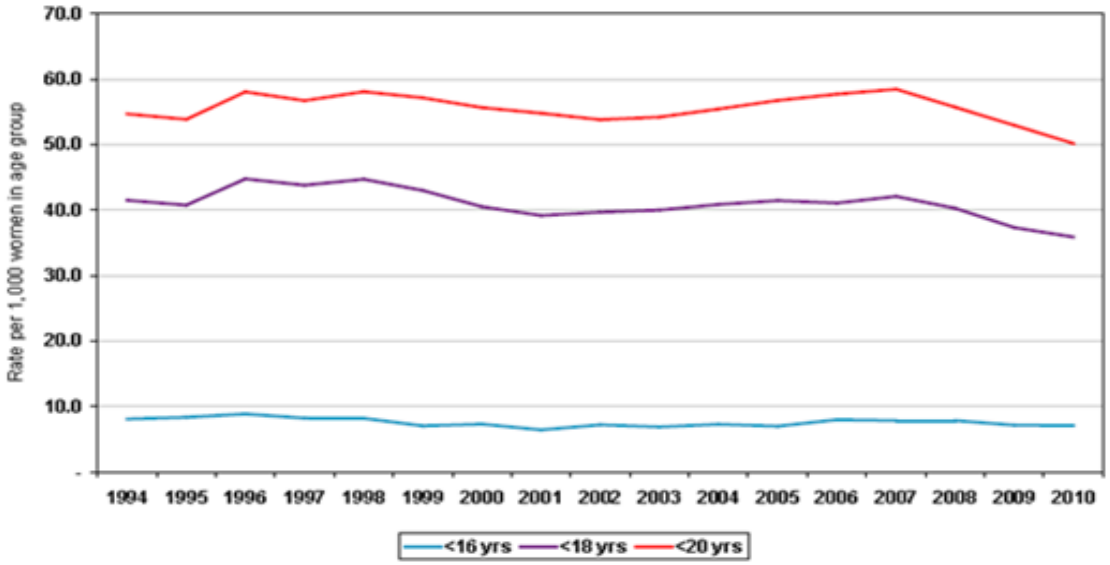
This briefing provides an overview of relevant information on teenage pregnancy. It has been written to inform the Health and Sport Committee's Inquiry on teenage pregnancy. It offers information on current national trends in rates of teenage pregnancy in Scotland and highlights research evidence on why teenage pregnancy is a problem for Scotland. The briefing sets out the current national policy context and the approach that is being taken to reduce teenage pregnancy in Scotland. Finally, evidence focusing on "what works" to tackle teenage pregnancy is presented.

TRENDS IN TEENAGE PREGNANCY

Teenage pregnancy refers to conceptions that take place between the ages of 13 and 19 years. In policy terms, however, the main concern has been with reducing pregnancy among young women aged under 16 years (Scottish Government, 2008).

The most recent national level data on teenage pregnancy available from Information Services Division, NHS National Services Scotland (ISD Scotland) is for conceptions up to the end of 2010 (ISD Scotland, 2012). The data reported is for conceptions among young women who were aged below 20 when they conceived. Data is further broken down to report on conceptions among young women aged under 18 and conceptions among young women aged under 16.[1]

Figure 1: Rate of Teenage Pregnancy 1994-2010, by age group



Source: ISD Scotland (2012) *Teenage Pregnancy* (page.4)

[1] The figures for pregnancies among young women aged below 18 and aged below 16 are drawn from three years of data (so the most recent data are on conceptions that took place between 2008-2010. This approach is taken to ensure there are large enough numbers in the analysis to make the figures reported robust.

Scotland has a higher rate of teenage pregnancy than most other western European countries. There has, however, been a small but consistent decline in the period 2006 to 2010 – as shown in Figure 1.

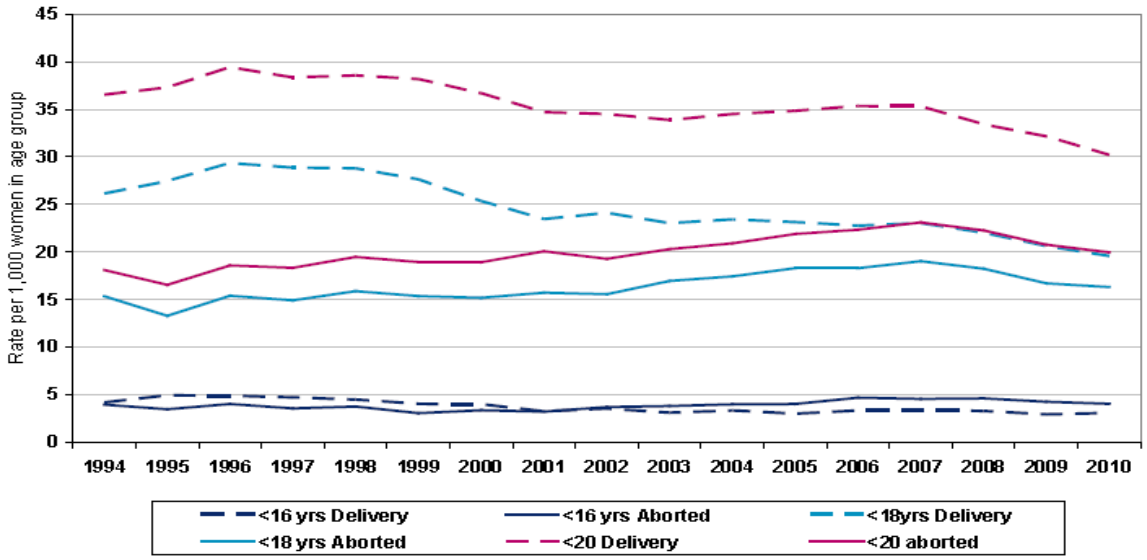
Figure 1 shows a decline in teenage pregnancy among the under 18 and under 20 age groups, but there has been little change in the under 16 age group. Data for change between 2009 and 2010 shows that:

- Among the under 16 age group, there were 7.1 pregnancies per 1,000 women in 2008/10. This was unchanged from 2007/2009.
- Among the under 18 age group, there were 35.9 pregnancies per 1,000 women in 2008/2010. This is a reduction from 37.3 pregnancies per 1,000 young women in 2007/2009.
- Among the under 20 age group, there were 50.2 pregnancies per 1,000 women in 2010. This is a reduction from 52.9 pregnancies per 1,000 women in 2009.

These trends show that - at national level at least - change has been slow, with little change in the rate of pregnancy in the under 16 age group particularly notable.

Figures on rates of sexual activity among young people aged 15 from an international comparative survey (Currie et al, 2012) show that in 2009/10 girls in Scotland were more likely to report having had sex (35%) than boys (27%). The report highlights that there has been an increase in the proportion of 15 year olds reporting that they are sexually active. If the maintenance of consistent rates of pregnancy in under 16s is situated against this backdrop of increased sexual activity among under 16s, this might imply that there has been some progress in preventing teenage pregnancy in this group.

Figure 2: Outcomes from Pregnancy 1994-2010, by age group (rates)



Source: ISD Scotland (2012) *Teenage Pregnancy* (page.6)

In relation to the outcome of conceptions, Figure 2 demonstrates a change in the proportion of teenage pregnancies that lead either to termination (abortion) or to birth (delivery). Among the under 18 and under 20 age groups, the rate of termination has fallen slightly and continues to remain lower than the delivery rate. The delivery rates in the under 18 and under 20 age groups are currently the lowest since 1994. In the under 16 age group, the abortion rate has been consistently higher than the birth rate since 2002.

Table 1 shows the total numbers of pregnancies among young women aged under 16, 18 and 20 between 1994 and 2010 that ended either in delivery or abortion. These totals do not include young women who miscarried a pregnancy. Looking at the figures for under 16s, the total number of pregnancies that ended in delivery reduced from 395 to 267, while the number of pregnancies ended through abortion reduced slightly from 374 to 349. Overall, in this period there was a reduction in the number of pregnancies, with a slightly higher proportion of pregnancies ending in abortion rather than delivery. The picture among the under 18 and under 20 age groups is slightly more complex, with some fluctuations in the numbers of deliveries and abortions over this time frame. There is evidence of an overall reduction in the number of deliveries, with a slight increase in the number of pregnancies ending in abortion.

Table 1: Outcomes from Pregnancy, 1994-2010, by age group (numbers)

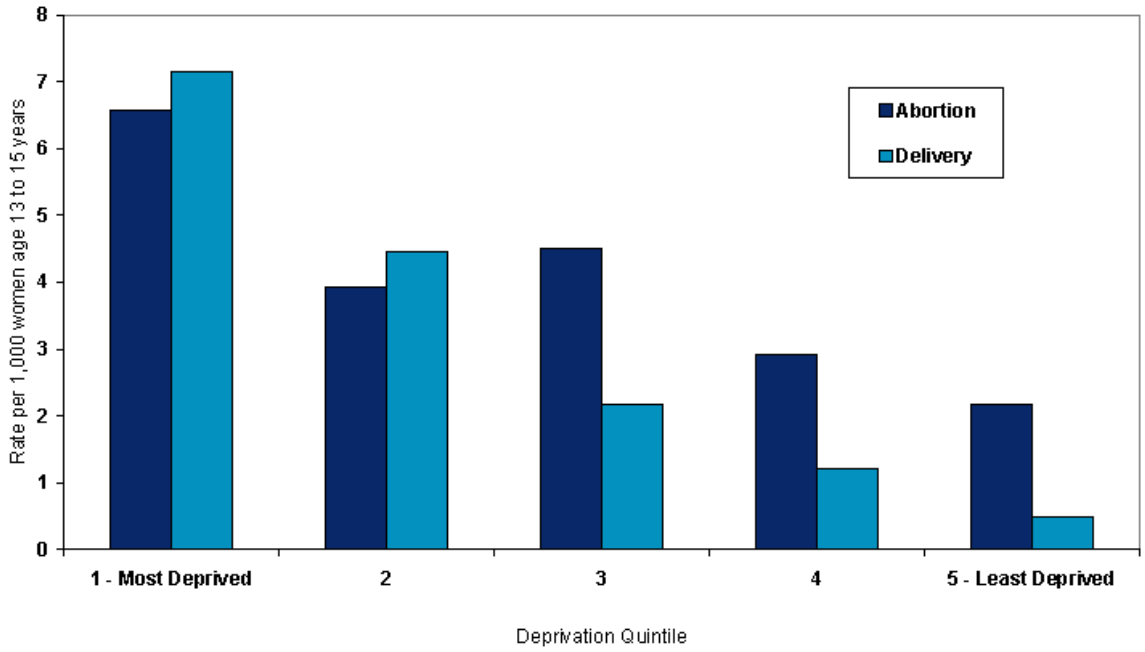
Year of conception	Under 16		Under 18		Under 20	
	Delivered	Aborted	Delivered	Aborted	Delivered	Aborted
1994	395	374	2 299	1 348	5 530	2 737
1995	472	330	2 515	1 215	5 671	2 512
1996	460	377	2 784	1 460	6 042	2 846
1997	433	326	2 755	1 421	5 978	2 855
1998	415	347	2 700	1 488	6 062	3 060
1999	378	286	2 538	1 409	5 997	2 975
2000	381	319	2 354	1 409	5 769	2 972
2001	308	304	2 215	1 483	5 432	3 140
2002	331	346	2 304	1 486	5 399	3 014
2003	288	354	2 197	1 616	5 359	3 211
2004	311	372	2 216	1 648	5 521	3 343
2005	284	381	2 178	1 722	5 554	3 488
2006	315	442	2 147	1 725	5 653	3 569
2007	309	422	2 201	1 818	5 659	3 703
2008	295	414	2 102	1 739	5 334	3 554
2009	257	374	1 933	1 563	5 117	3 302
2010	267	349	1 779	1 481	4 776	3 155

Source: ISD (2012) *Teenage Pregnancy* (data extracted from published tables)

There is a correlation between teenage pregnancy and deprivation. As Figure 3 shows, the rate of teenage pregnancy among young women aged under 16 living in the most deprived areas (13.7 per 1,000) was five times the rate for young women aged under 16 who lived in the least deprived areas (2.7 per 1,000) in the three year period 2008/2010.

Figures from data collected between 2008/10 indicated that 82 per cent of those aged under 16 living in the least deprived areas end a pregnancy through termination, compared with 48 per cent among those aged under 16 living in the most deprived areas.

Figure 3: Outcome of Pregnancy by deprivation quintile, aged < 16, 2008/10



Source: ISD Scotland (2012) *Teenage Pregnancy* (page.7)

A similar pattern is also present in the under 18 and under 20 age groups. Table 2 illustrates the outcome trends among young women aged under 20 who live in more or less affluent areas of Scotland. These data show that there were a total of 4,776 young women aged below 20 who continued a pregnancy to delivery and a further 3,155 who ended the pregnancy through abortion, although there are clear differences in the outcomes depending on whether young women live in more or less affluent areas of Scotland. For example, the number of pregnancies that ended in delivery among young women living in the most deprived areas of Scotland was over ten times higher (2,108 deliveries) than for young women living in the least deprived areas (204 deliveries). Similarly, the number of abortions was almost double among young women living in the most deprived areas (841 abortions) than among young women living in the least deprived areas (476 abortions).

Table 2: Outcome of Pregnancy by deprivation quintile, aged < 20 (numbers), 2010

			Deprivation Quintile				
2010	**Outcome**	**Total**	**1 (most deprived)**	**2**	**3**	**4**	**5 (least deprived)**
	Delivery	4 776	2 108	1 263	734	467	204
	Abortion	3 155	841	682	634	514	476

Source: ISD Scotland (2012) *Teenage Pregnancy* (data extracted from published tables)

As teenage pregnancy is far more prevalent among young women living in deprived areas, there are clear differences in the outcomes from pregnancy. Looking at the total number of pregnancies among young women living in the most deprived areas (a total of 2,949 pregnancies), Table 2 shows that a much larger proportion of those pregnancies ended in delivery (71%) than in abortion (29%). In contrast, among the young women living in the least deprived areas (a total of 680 pregnancies), only 204 (30%) ended in delivery and 476 (70%) ending in abortion. This shows that young women living in the most deprived areas are far more likely to take a pregnancy to delivery, while those young women living in the least deprived areas are far more likely to end a pregnancy through abortion.

The annual ISD Scotland publication Teenage Pregnancy (ISD Scotland, 2010) also offers data on teenage pregnancy by health board and local authority area for all years from 2000 to 2010. The most recent data (up to the end of 2010) (presented in Table 3) show that among Scotland's health boards, NHS Fife has the highest rate of teenage pregnancy among the under 16 age group (9.2 pregnancies for every 1000 young women) and among the under 18 age group (47.7 pregnancies for every 1000 young women).

Table 3: Teenage Pregnancy, by age and NHS Board (rate and number)

NHS Board	Under 16		Under 18		Under 20	
	Rate	Number	Rate	Number	Rate	Number
Ayrshire & Arran	8.3	52	40.8	273	59.7	671
Borders	5.6	11	33.4	68	47.4	157
Dumfries & Galloway	7.5	19	35.9	96	53.8	229
Fife	9.2	57	47.7	316	58.0	671
Forth Valley	6.3	33	33.7	185	48.3	474
Grampian	7.2	64	27.9	263	41.0	676
Greater Glasgow & Clyde	6.8	132	36.0	734	50.0	1,817
Highland	5.4	29	33.6	184	50.9	438
Lanarkshire	7.1	72	36.8	376	50.7	871
Lothian	7.2	93	34.3	464	46.9	1,168
Orkney	*	*	*	*	25.4	16
Shetland	*	*	*	*	30.3	20
Tayside	7.5	51	39.8	279	55.9	694
Western Isles	*	*	*	*	29.8	21
Scotland	**7.1**	**616**	**35.9**	**3,260**	**50.2**	**7,931**

Source: ISD Scotland (2012) *Teenage Pregnancy* (data extracted from published tables)

Looking at trends by local authority area, Dundee City is shown to have a significantly higher rate of pregnancy among under 16s and under 18 than other local authority areas (see Table 4).

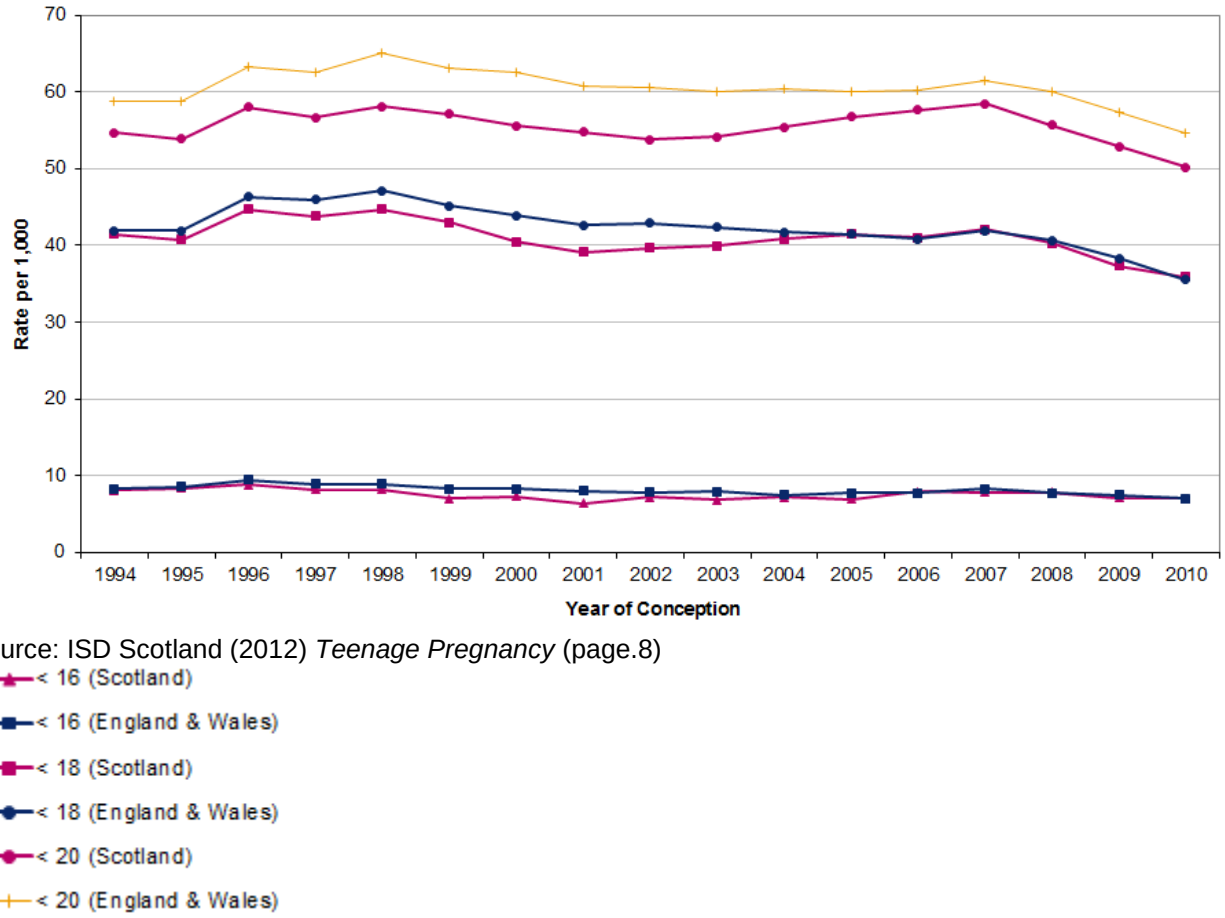
Table 4: Teenage Pregnancy, by age and local authority (rate and number)

Local Authority	Under 16		Under 18		Under 20	
	Rate	Number	Rate	Number	Rate	Number
Aberdeen City	8.5	76	42.1	412	51.8	339
Aberdeenshire	5.4	74	23.9	336	32.0	234
Angus	6.9	41	37.8	226	53.4	169
Argyll and Bute	3.7	18	25.0	126	39.0	98
Clackmannanshire	7.3	21	42.8	131	62.0	101
Dumfries and Galloway	7.8	62	37.4	306	54.0	230
Dundee City	14.4	93	65.8	495	67.9	344
East Ayrshire	7.9	50	41.2	292	54.6	209
East Dunbartonshire	2.8	17	19.5	121	28.2	93
East Lothian	8.3	46	36.7	212	44.6	141
East Renfrewshire	2.7	15	15.3	86	22.7	67
Edinburgh City	8.3	160	37.8	796	42.6	590
Eilean Siar	*	*	17.6	25	29.8	21
Falkirk	7.2	57	39.6	328	53.4	244
Fife	9.3	178	46.6	934	58.0	671
Glasgow City	8.8	231	46.1	1 324	59.9	1 050
Highland	6.1	72	34.3	411	55.8	340
Inverclyde	6.9	30	36.0	158	45.4	109
Midlothian	7.9	35	45.1	212	65.7	170
Moray	5.5	27	31.4	161	39.0	103
North Ayrshire	9.1	69	46.6	360	64.8	273
North Lanarkshire	7.8	137	43.4	780	56.4	558
Orkney Islands	*	*	17.3	22	25.4	16
Perth and Kinross	6.9	54	34.1	273	43.2	181
Renfrewshire	8.9	78	39.1	364	46.7	239
Scottish Borders	5.1	31	30.8	192	47.4	157
Shetland Islands	*	*	*-	*	30.3	20
South Ayrshire	9.4	54	39.0	235	59.1	189
South Lanarkshire	6.0	100	31.9	561	43.6	416
Stirling	4.8	24	22.7	127	35.6	129
West Dunbartonshire	6.6	31	44.5	222	57.2	156
West Lothian	6.5	63	33.6	331	50.7	270
Scotland	**7.4**	**1,956**	**37.9**	**10,597**	**50.2**	**7,931**

Source: ISD Scotland (2012) *Teenage Pregnancy* (data extracted from published tables)

Finally, Figure 4 offers a comparison of trends in teenage pregnancy in Scotland relative to England and Wales. As this shows, under 16 and under 18 pregnancy rates in Scotland are now very similar to those in England and Wales. However, while the same downward trend in pregnancy rates among the under 20s is occuring across Great Britain, the teenage pregnancy rate continues to be higher in England and Wales than in Scotland. There is no analysis currently available to explain why this gap exists.

Figure 4: Teenage pregnancies in Scotland and England and Wales, by year and age group



Source: ISD Scotland (2012) *Teenage Pregnancy* (page.8)

There are no routinely available data on the number of young women in Scotland who have more than one pregnancy in their teens. There is, however, evidence from English survey data that there has been a rise in repeat teenage pregnancies in England. This indicates that a number of young women who conceive in their teens go on to conceive a second time relatively quickly (usually within 12-24 months). This "rapid repeat pregnancy" in young women is also associated with a larger number of subsequent births than among women who have their first conception later. As noted above, early childbearing also tends to be closely linked to ongoing experiences of poverty and greater risk of the child or children growing up in poverty (Rowlands, 2010).

Anecdotal information would suggest that rapid repeat conception is recognised as an issue affecting some young women in Scotland.[2] This is evident, for example, through one of the

[2] Personal communication with officials within NHS boards in Scotland.

aims of the Family Nurse Partnership being to offer contraceptive advice to teenage mothers in order to reduce the likelihood of a repeat pregnancy quickly after the first.

TEENAGE PREGNANCY: IS IT A PROBLEM?

Despite efforts to reduce teenage pregnancy in Scotland, as in other parts of Europe and the USA, few successful strategies have yet emerged. For some young people, teenage parenthood is planned and a positive experience. However, for many young people – whether planned or not – it could result in a continuation of a lack of family / parental support and a wider cycle of deprivation.

While the policy documents that discuss teenage pregnancy all highlight that negative outcomes from teenage pregnancy are not inevitable, there is evidence of a range of problems, risks and poor outcomes both for the young person and for their children.

A review of research studies on teenage pregnancy conducted in 2003 (Swann et al, 2003), and updated in 2007 (Trivedi et al, 2007), highlights that there are particular groups at greater risk of becoming a teenage parent, including:

- young people in or leaving care;
- homeless young people;
- school excludees, truants and young people underperforming at school;
- children of teenage mothers; and
- young people living in deprived neighbourhoods.

There is evidence (see, for example: Social Exclusion Unit, 1999; Swann et al, 2003; Trivedi et al, 2007; and Learning and Teaching Scotland, 2010) that highlights a range of negative outcomes facing teenage parents, including:

- Negative short, medium and long-term health and mental health outcomes for young mothers.
- Young mothers are less likely to complete their education, pursue positive post-school destinations (in employment or education), or to have qualifications in adulthood.
- Teenage mothers are more likely to be in receipt of income-based benefits or in low paid work; so poverty is strongly associated with teenage parenthood.
- Teenage mothers are more likely to be lone parents, and are more likely to experience family conflict.

These same sources also highlight negative outcomes affecting babies and children born to teenage mothers, including:

- Babies tend to have a lower than average birth weight.
- Infant mortality rates are higher than for babies of older women.
- Lower rates of breastfeeding, which is associated with positive health benefits for babies.
- Greater risk of living in a lone parent household, with greater risk of poverty, poorer quality housing and poorer nutrition.

- Daughters of teenage mothers may go on to themselves to become teenage mothers, so potentially continuing the cycle of poor outcomes.

As with the national reviews highlighted above, smaller research studies also highlight the relationship between teenage pregnancy and social disadvantage, including unemployment and poverty. One study on repeat pregnancy in teenage years (Rowland, 2010) suggests that young women who have grown up in unhappy households with poor material circumstances, and who do not enjoy school, are more likely to take risks, including not using contraception and making the active choice to have one or more children at a young age. There is also evidence that young women – including those who are in or have left care – who have felt unloved as children, are more likely to make the choice to have a baby in order to give a sense of purpose and to experience what they perceive will be unconditional love from a baby (Cater and Coleman, 2006).

Some teenage girls view their educational and occupational options as limited, particularly where they have not engaged positively with school. This group of young women do not see having a child in their teens as problematic. Rather, some have a positive desire to become pregnant. Even where there is ambivalence about having a baby, it is not an outcome that is viewed negatively. As is the case amongst those who actively choose parenthood, there is a view among some teenage girls that if they were to become pregnant they would see being a parent as a positive option for the future (Tabberar, et al, 2000).

POLICY CONTEXT

Respect and Responsibility

Respect and Responsibility: Strategy and action plan for improving sexual health (Scottish Government, 2005) was the first national strategy for sexual health in Scotland. The strategy highlighted concern about the high rate of teenage pregnancy in Scotland relative to other western European countries. It also noted the significantly higher incidence of teenage pregnancy among young women from deprived areas and the associated problems of incomplete education, poverty, social isolation and low self-esteem.

Respect and Responsibility proposed that appropriate leadership, systems and structures were put in place to ensure the aims of the strategy were met. Critically, the strategy recognised that change could not be achieved through a focus on sexual health alone. Rather, action was needed that involved a range of national and local partners, including those concerned with educational attainment, improving access to further education, employment, housing and welfare.

Respect and Responsibility: Delivering improvements in sexual health outcomes 2008-2011 (Scottish Government, 2008a) set out a national target to reduce by 20 per cent the pregnancy rate (per 1000 population) in under 16 year olds - from 8.5 in 1995 to 6.8 in 2010. The target was narrowly missed, with the rate of pregnancy in the under 16s in 2010 standing at 7.1 per 1,000 population (ISD Scotland, 2012). Although the *Respect and Responsibility* strategy only ran until 2011, the target to reduce pregnancy rates in the under 16 age group has been continued and is now situated within *The Early Years Framework* (Scottish Government, 2008b). Progress on this, and the range of early years priorities, is measured through a range of core indicators (Scottish Government, 2010).

The aims set out in *Respect and Responsibility* continue to inform the current policy on preventing teenage pregnancy that is now part of *The Sexual Health and Blood Borne Virus Framework 2011-2015* (Scottish Government, 2011a).

The Sexual Health and Blood Borne Virus Framework

The sexual health and wellbeing element of this Framework is intended to support and promote on-going delivery of *Respect and Responsibility* while also identifying further action to improve sexual health. Although the Framework does not set any specific targets for reducing teenage pregnancy, three of the five high level outcomes impact on teenage pregnancy. These are:

- Outcome 1: Fewer unintended pregnancies.
- Outcome 2: A reduction in the health inequalities gap in sexual health.
- Outcome 4: Sexual relationships are free from coercion and harm.

The Framework also sets out the values that underpin the approaches that are currently believed to be effective in tackling teenage pregnancy. This includes a focus on supporting those teenage parents who choose to continue a pregnancy as well as taking steps to reduce overall rates of teenage pregnancy. The Framework recognises that although teenage pregnancy is a positive experience for some young people, it is strongly associated with negative social and psychological consequences for many young parents and their children. The Framework recommends that efforts should be focused on those young people known to be at risk of teenage pregnancy.

The Framework notes the progress that has been made as a result of *Respect and Responsibility* in improving sexual health in Scotland, including:

- In many areas of Scotland, young people have access to general health advice, chlamydia testing, pregnancy testing and condoms in or within walking distance of schools.
- There is improved availability of sexual health and relationships education in schools and other settings, although this is not consistent throughout Scotland.

The Framework also suggests that as local authorities have the lead role at a local level in delivering national strategies to address disadvantage in Scotland and break the intergenerational cycle of inequality, they are thought to be best placed to assume a leadership role in driving activity to reduce teenage pregnancy, doing so in partnership with the NHS, third sector and other local partners.

The Ministerial *National Sexual Health and HIV Advisory Committee* (NSHHAC) is tasked with providing national leadership and co-ordination on sexual health activity in Scotland, supported at the local level by multi-agency sexual health strategy groups and sexual health leads. What is not clear from currently available evidence is how much progress has been made at the local level in taking forward this local authority leadership and achieving ‘buy in’ from the range of relevant local partners. The Sexual Health and Blood Borne Virus team at the Scottish Government report that buy in from local authorities is variable.

However, they believe that much good work is being undertaken by NHS boards to make progress in this area.[3]

The Learning and Teaching Scotland (2010) publication: *Reducing Teenage Pregnancy Guidance and Self-assessment Tool* was produced as a resource for use by local multi-agency sexual health strategy groups as well as individuals working within health boards and local authorities who have responsibility for sexual health/reducing teenage pregnancy. It is understood, however, that this resource is not being uniformly implemented across Scotland.

The Framework specifically recognises the risk of harm that may face some groups of young women including, among others, young women who have had repeat pregnancies in adolescence and some women living in areas of deprivation. To support those at risk, the Framework recommends that local multi-agency partnerships should provide drop in services for young people, offering both general and sexual health advice, pregnancy testing and condoms. These services should be based in or close to schools, particularly where there is evidence of local need and/or a lack of local specialist sexual health services.

The Framework also recommends that Longer Acting Reversible Contraception (LARC) should be available for those who require it - via GPs or specialist sexual health services - to prevent or avoid repeated unintended pregnancy. LARC should be offered to women identified as most at risk of unintended pregnancy. This includes women using termination and maternity services, with a specific focus on women under 20 who engage with these services.[4]

Teenage Pregnancy: early years and socio-economic inequality

The relationship between teenage pregnancy and inequality is not a straightforward one. It is not simply that teenage pregnancy results in, or is a consequence of, poverty and/or results in poor outcomes for children. Rather a range of inputs interact to create and reinforce a range of potentially unequal outcomes both for young mothers and their children.

In the current policy environment, there is a significant focus on improving services and support in the early years of a child's life and also on measures to address socio-economic inequality. While teenage pregnancy is not central to all of these policy activities, given the importance of the early years and the clear influence of socio-economic inequality, there are important links to teenage pregnancy, with potential for these policies to impact more or less directly on teenage parents and their children. For example:

- *The Early Years Framework* (Scottish Government, 2009) highlights concern with reducing the number of unintended teenage pregnancies. This is accompanied by the provision of support for parents to achieve positive outcomes for their children with the aim of breaking the cycle where children of teenage parents go on to experience poor outcomes throughout their lives.

[3] Personal communication with an official from the Scottish Government.
[4] Personal communication with an official from the Scottish Government.

- *Getting it Right for Every Child* (GIRFEC) (Scottish Government, 2012a) establishes the principle of giving all children and young people the best possible start in life as a priority for all services. It sets out the approach for all services to assess and understand how best to meet individual needs. Building on the universal services of health and education, GIRFEC sets out a national programme to ensure all children are: safe, healthy, active, nurtured, achieving, respected, responsibility and included. There is no direct recognition of teenage pregnancy in this policy. However, high quality children's services are clearly important in giving children and young people access to support and services that could provide critical interventions to prevent teenage pregnancy.

- *Curriculum for Excellence* (Education Scotland, 2012) includes activity to equip all young people to make positive choices about pregnancy and parenthood through a mix of academic skills, skills for work, sex and relationships education, parenting skills and broader life skills matched to individual needs. This is specifically set out through the delivery of age appropriate relationship, sexual health and parenthood education (Scottish Government, 2011a).

- *A Refreshed Framework for Maternity Care in Scotland* (Scottish Government, 2011b) recognises the specific support needs of teenage mothers as well as the need for provision of effective contraception for those vulnerable women who are at risk of unintended repeat pregnancy (including young women aged under 20).

- *Equally Well: Report of the Ministerial taskforce on health inequality* (Scottish Government, 2008c) highlights concern with tackling health inequalities, notably drawing attention to the importance of focusing on children and early years services as a key priority. The policy is not explicitly concerned with tackling teenage pregnancy but does include parenting support and other health interventions that could be valuable to young mothers and children living in the most deprived areas of Scotland.

- *Achieving Our Potential: A Framework to tackle poverty and income inequality* (Scottish Government, 2008d) is again not specifically focused on teenage pregnancy or parenting. However, it highlights measures to reduce income inequality and long term measures to tackle poverty and drivers of low income. It focuses on supporting those at risk of or who are experiencing poverty, and making the tax credit and benefit system work better for Scotland. Given that there is a significant relationship between teenage pregnancy and poverty, there are important links between this policy area and effective interventions to address teenage pregnancy.

- Finally, the *National Parenting Strategy: Making a positive difference to children and young people through parenting* (Scottish Government, 2012b) notes the poorer outcomes experienced by many children born to teenage mothers. It is recognised that much of this is the result of many teenage mothers living in the most deprived areas of Scotland. As such, inequalities in pregnancy, birth and the early years have a significant bearing on maternal health and subsequent child development, happiness and productivity. Recognising that teenage parents, like many parents, want the best for their children, tailored support to meet the needs of first time teenage parents has been identified as a priority. To this end, the *Family Nurse Partnership Programme* (Scottish Government, 2013) was initially piloted in NHS

Lothian and is currently being extended to include a further five health boards across Scotland by the end of 2013 (NHS Fife, NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran, NHS Lanarkshire and NHS Highland). A number of evaluations of the programme that has been rolled out in NHS Lothian have been published. These highlight the progress that has been made through this initiative (available at Scottish Government, 2013).

"WHAT WORKS" TO REDUCE TEENAGE PREGNANCY?

The Learning and Teaching Scotland (2010) resource: *Reducing Teenage Pregnancy: Guidance and self-assessment tool* highlights a number of measures that assist in reducing teenage pregnancy. The tool promotes a multi-faceted approach that combines information, education and sexual health services. Education programmes focus on encouraging delaying sexual activity, while also recognising that those who are sexually active require clear messages about contraception and access to confidential and approachable sexual health services. The tool suggests a number of activities to achieve this, including:

- Professionals promoting the view that sexual and intimate relationships are based on respect and equality. This approach is encouraged in order to influence the timing of initial sexual activity and to ensure that young people have the confidence to conduct relationships on the basis of mutual respect and self-esteem.
- Involving staff that deliver sexual health clinical services for young people in mainstream school programmes in order to help bridge the gap between sexual health services and education and so lead to improved service uptake.
- Improving access to contraception, provision of quality sex and relationships education and building incentives to avoid early parenthood are recognised as centrally important. These activities have been found to be important in countries with lower rates of teenage pregnancy.

The tool also highlights that, while important, combining sexual health services and education does not, alone, affect real change. Action is also needed that focuses on improving self-esteem, motivation and achievement. Having a sense of a positive future is argued to play a critical part in achieving positive sexual health and well-being. Parental, family and media influences are also important. Failure to tackle the wider social and cultural influences that interact with teenage pregnancy is thought to limit the progress that can be made in this area.

Hallgarten and Misaljevich (2007) highlight that the most vulnerable young women need more than contraception and contraceptive advice to overcome the risks of multiple pregnancies. There are a range of reasons why women have one or more children when they are in their teens, many of which are beyond the remit or capacity of people working in sexual health services. As such, contraceptive advice is only one input needed to reduce teenage pregnancy, and repeat pregnancies, particularly among vulnerable young women.

This same study (Hallgarten and Misaljevich, 2007) also highlights the importance of training adults who work with and support young people. For example, training should be directed at those who work with looked after and accommodated young people (e.g. social work and residential staff and foster carers) to provide non-directive pregnancy and contraception advice, including discussing with young women about the risks and benefits of long acting reversible contraception.

The *Sexual Health and Blood Borne Virus Framework 2011-2015* (Scottish Government, 2011a) highlights the importance of focusing on the early years as a means of supporting positive sexual health outcomes. The Family Nurse Partnership initiative, currently being rolled out across a number of health boards in Scotland, is argued to offer a positive example of an intervention focusing on the early years through its concern with supporting first time teenage mothers in their parenting role. This initiative is also said to have potential to reduce the rate of repeat pregnancy among teenage mothers.

The Framework also notes:

- A need to work intensively with young people at risk to address the underlying issues that shape their views and approach to sexual health.
- The most vulnerable young people should be targeted for interventions.
- Generic positive approaches to parenting are more important to achieve positive sexual health outcomes than specific messages about sex and relationships.
- Sexual health and relationships education does, however, remain critically important, as accurate age and stage appropriate information can support young people to avoid sexual activity until they are physically and emotionally ready. As such, the availability of comprehensive and integrated sexual health services remains key to positive sexual health and wellbeing.

International evidence, largely from the USA, suggests that the most effective interventions involve a combination of youth development and early intervention programmes (see Harden et al, 2009).

Youth development aims to promote personal development, self-esteem, positive careers and other positive aspirations and good relationships among vulnerable young people. These programmes address lack of education, employment prospects and aspiration. They support vulnerable young people to remain in and connected with education and improve their employment prospects and potential. Such programmes address the *structural* causes of teenage pregnancy (Wiggens et al, 2009).

Early intervention initiatives focus on interventions with very young children and families. These initiatives are often targeted at the most disadvantaged families and communities with the aim of supporting education and aspiration. There is evidence to suggest that interventions focusing on the early years have a positive effect on a range of outcomes, including preventing teenage pregnancy (Harden et al, 2009).

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