

## **Inquiry into teenage pregnancy**

### **Mary Ainsworth (Individual)**

**a. Do you have any views on the current policy direction being taken at the national level in Scotland to reduce rates of teenage pregnancy?**

Current thinking majors on sex education in schools. It has a focus on “safe” sex and waiting until you are “ready” for sex. Parental involvement is not encouraged although parents are best placed to advise teenagers if they are “ready” and also the ones who have to deal with the emotional fallout when things go wrong.

**b. Do you have any views on the action being taken at the local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?**

I have seen condoms made readily available in public settings to teenagers much younger than 16 without any contact made to discover the youngsters’ background or current relationship status. Surely this gives the message that “safe” sex is ok irrespective of the law on age of consent, as well as being morally irresponsible.

**c. What are your views on the relationship between high levels of teenage pregnancy and socio-economic inequality?**

Teenage girls frequently crave someone to love and see having a baby as the answer. They also know that it is a path to regular benefits and housing. This group is endangering our society by becoming ever-increasing in number.

**d. What are the barriers and challenges to making progress in achieving positive change in communities that might lead to reductions in the levels of teenage pregnancy?**

The barriers are peer pressure, lack of involvement of parents, current benefits regulations, sexualisation of youngsters for marketing purposes, easy access to contraception and absence of the type of teaching which would inform youngsters about the pitfalls and consequences of teenage pregnancy and abortion.

The challenge is to inform and empower teenagers of their right to make healthy lifestyle choices which will have a positive effect on their future.

**e. What are your views on the current support services available to young parents / young mothers, e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings?**

**f. Are there specific initiatives that you would wish to highlight to the Health and Sport Committee that you consider indicate good practice**

**with regard to reducing teenage pregnancy rates in Scotland, either in the public sector, voluntary sector or in partnership?**

“Evaluate” is a multi-media interactive presentation for schools which puts youngsters in the picture about sex and relationships in an accessible, up to date way. Teachers and pupils feedback is highly positive and the resulting fall in initiation of sexual involvement, teenage pregnancies and abortions in the area where it has been used are encouraging. Evaluate was produced in response to working knowledge of pregnancy crisis clients of Careconfidential.

**g. Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?**

Listen to our teenagers, help build them up in self-esteem, give them hope for a brighter and better outlook and guard their physical, mental and emotional well-being for theirs and the country’s future.

**h. Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?**

In pregnancy crisis centres up and down the country our Trained Advisors are very much aware that teenagers, although taught the facts about sex are not so aware of the emotional, mental and spiritual aspects of sex in relationships. Even when they are armed with the technical information all this flies out of the window when alcohol and drugs are added to the equation.

**Mary Ainsworth**

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