Inquiry into teenage pregnancy

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As a midwife (with a secondary teaching background) working in a community setting in Scotland I am following this consultation with interest. Please note, the views below are my personal opinion and do not necessarily reflect the views of the Trust for which I work.

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?

It is good to note in the SPICe briefing – Teenage Pregnancy, that on page 14, the need for building self esteem and respect are valued. It has been my experience that many of the young mums that I come across are 'looking for love'. Current policy has had an important emphasis on the use of condoms and other forms of contraception, but I feel this has been at the expense of building up young people's aspirations and hopes for the future. There appears to be a lack direction in young people's lives and this inevitably leads to young people trying to fill the void with risky sexual behaviours.

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?

Many of the young pregnant women that I look after state that they were not using contraception. Others state that the condom they were using 'split'. This highlights two important points. Firstly the message about the need to use contraception seems to be falling on 'deaf ears' and that those who do use condoms may not be using them correctly.

Alcohol use is consistently a part of the problem with many young people being under the influence of alcohol when they have intercourse. Obviously the lowering of their inhibitions causes young people to do things that they might not have otherwise done had they been sober. This is a particular problem in areas of social deprivation, where there is ease of access to alcohol and few other alternative forms of entertainment. The increase in the minimum price for alcohol may prove to have a positive impact upon this.

Continually emphasising the importance of the use of condoms does not work if the culture into which you are speaking has already heard the information and ignored it. Is it time for a new approach?

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

I have witnessed first-hand that there is a link between high levels of teen pregnancy and deprivation. Whilst the research was carried out in the United States of America, and is therefore not directly applicable, it is interesting to

note that Darroch et al (1999, cited in Harner, Burgess and Asher 2001) states that young women who have partners that are six or more years older than them are four times as likely to conceive as their peers who have partners of a similar age. This discrepancy is attributed by Harner, Burgess and Asher (2001) to the younger women's reduced ability to negotiate the use of contraception in this imbalanced relationship. My personal experience is not broad enough to know if this is the case locally, however, it seems plausible and emphasises the need for relationship education rather than just increasing the availability of contraception.

***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*?**

Funding is a major issue, especially in the voluntary sector. I have worked for an organisation called ***evaluate...informing choice,*** which is having a profoundly positive effect upon the young people who attend one or more of the presentations. It is multimedia sex and relationship education program which aims to build young people's self esteem and encourage them to make healthy choices. Unfortunately it became too difficult to continue in Scotland as funding to have speakers into secondary schools dried up and although the speakers were not paid for their time there were inevitable costs associated with running the programme that could not be maintained without the schools contributing a minimal amount per pupil.

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?

Phippen (2012) found that in schools, young people appreciated the single sex small focus groups, but they preferred it when the leader of the discussion is a visiting speaker and not someone they will likely meet again, like a teacher. My experience working with ***evaluate...informing choice*** showed that although we were speaking to much larger mixed groups of young people, they liked the fact that there was opportunity for them to have their opinions heard and to discuss things in smaller groups and feedback to the whole year group.

This suggests that there would be an opportunity for properly trained workers such as those who work for ***evaluate...informing choice*** or midwives, who are able to build a rapport with young people, to work with secondary school pupils to discuss appropriate relationships and pregnancy.

However, working only in schools will mean that vulnerable young people, who might not be attending school, are missed from the strategy.

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?

Please see the ***evaluate...informing choice*** website for information on this effective sex and relationship education programme which has had a profound effect upon the young people who have seen it and which continues to be making an impact in England where funding is not so restrictive.

When asked for feedback on the sessions these are a few examples of the comments the young people made-

"It makes more sense now and I have more understanding of the dangers."
"It has made me think about waiting."
"It made me more aware of the risks, yet also sex is special"
"It showed me the different options I have – to wait or not to... the personal stories show it's real"
"I'm going to make better choices now –like use contraception"
"I know the risks more and will think before I have sex."
"I learned the statistics about pregnancy and that it's ok to wait"
"I learned to be patient and take time to think before acting"
"Realised that waiting isn't a bad thing"
"It helped me evaluate whether having sex is a casual or special thing"
"It's given me confidence to resist pressure and think about the risks"

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?

Abstinence based approaches to sex education have received bad press and immediately invoke negative responses from many people who are emphasising the importance of contraception. However, if this message is used as one part of the overall message encouraging teenagers to delay their first sexual encounter until long term committed relationships, such as marriage, the message is accepted by young as being common sense. Instead of saying 'Don't have sex' or 'Use condoms', I suggest that there should be a third voice that says 'It's OK to wait'.

Building up self-esteem and helping young people to make informed choices. Valuing young people and helping them to make a contribution to society; giving those aspirations and seeing a future which has hope of employment.

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?

The Romance Academy (2013) is another example of good practice which is working. They run a 14 week intervention programme which aims "not just to encourage young people to delay sexual activity, nor do we simply point them

in the direction of contraception. **Our aim** is to give our young people the **tools** to make intelligent choices around sex and relationships."

Current sex and relationship education policy assumes that young people are going to be having sex. My experience as a secondary school teacher has shown that there are many young people who want role models who say that it is ok to wait and that that is not a 'weird' thing to do.

If Unicef (2013) can emphasise Abstinence, Being Faithful and Condom use as a three tier approach to reducing the incidence of HIV internationally. It seems to me that this is a sound basis for an educational approach to reducing teenage pregnancy.

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References.

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