

## Inquiry into teenage pregnancy

### Rape Crisis Scotland

#### **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?**

Several aspects of the policy approach as outlined by the SPICe briefing on teenage pregnancy are helpful in locating the causes of unwanted teenage pregnancy in socioeconomic inequalities. However there is no specific reference to gender inequality, which we consider to be of key importance in relation to the pressures on young women and men with regard to sexual behaviour, aspirations and expectations around parenthood.

Another issue arising from the policy documents is the tendency at times to target resources and interventions towards the groups of people who are most visibly impacted (such as the Sexual Health and Blood Borne Virus Framework and the emphasis by GIRFEC on support, services and clinical interventions.) Whilst it is appropriate to target *services* towards groups of people who are disproportionately affected, this should take place within a wider framework of preventative action tackling the gendered influences and pressures on young people (see part c), and the differences in impact according to socioeconomic background.

We believe that the following key points from the policy synopses represent helpful approaches to tackling unwanted teenage pregnancy:

- *Sexual Health and Blood Borne Virus* framework highlights through outcome 4 the relevance of tackling coercion and harm in sexual relationships, and advocates for “the availability of comprehensive and integrated sexual health services” as being key to sexual health and wellbeing.
- Learning and Teaching Scotland’s (LTS) *Reducing Teenage Pregnancy: Guidance and self-assessment tool* (2010) notes the need to increase young people’s access to ‘quality sex and relationships education,’ and as noted by the *Sexual health and Blood Borne Virus* framework there is inconsistent provision across Scotland. There is also reference to media influences and the view that a “failure to tackle wider social and cultural influences that interact with teenage pregnancy is thought to limit the progress that can be made in this area.”
- Curriculum for Excellence outcomes under *Relationships, Sexual Health and Parenthood* clearly identify the need for education around issues of coercion and abuse, and media and peer pressure influences.

**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?**

Whilst as noted above national guidance and policy advocate for greater and more consistent access to sexual health and relationships education, there is considerable variation locally as education authorities and schools have significant autonomy in how they interpret and implement the curriculum and consequently young people in Scotland have unequal access to education.

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

In our view there is a clear relationship between inequalities and levels of teenage pregnancy, particularly around the intersection of gender and class inequalities. The following points relate to gender inequalities and sexual violence:

- Young women are expected to carry far greater responsibility than young men in decisions around agreeing to/abstaining from sexual activity, the use of contraception and the care of any children.
- Young people are increasingly exposed to sexualising influences through media and peer group which encourage early sexual activity and prescribe narrow gendered roles, which place expectations on young men to be highly sexually active and young women to be sexually desirable (see for example Linda Papadopoulos's Sexualisation of Young People Review, 2010)
- Christine Barter's study into violence in teenage intimate relationships found that 10% of respondents "had experienced 'severe' sexual abuse defined as penetrative sex, oral sex or attempts at these against their will by someone they knew, most commonly a boyfriend or girlfriend." Research she reviewed also found gendered patterns, in that boys' accounts of perpetration were linked to "the desire to exert greater personal and cultural control over their partner." Such dynamics of power and control clearly reduce young women's autonomy and safety in making decisions relating to contraception and pregnancy.
- It should be noted that despite claims sometimes made to the contrary, research estimates rape results in conception in approximately 6% of cases (see for example Thornhill and Palmer, 2001.)
- There are links between experience of childhood sexual abuse and greater likelihood of teenage pregnancy (see for example Logan et al., 2007.)

Whilst all young women are affected by gender inequalities, those from less wealthy or educationally-privileged backgrounds are less likely to engage with sexual health services, to have the support and resources to navigate media and peer influences and make meaningful choices around future aspirations and family planning.

**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?**

There are prevalent views within Scottish society that teaching sexual and relationships education encourages young people to engage in sexual activity at an early age which have the capacity to influence decisions about young people's access to education. We would argue that forces such as increasing sexualisation in the media and the availability of pornography to young people bear significant responsibility for encouraging early and unsafe sexual activity, and that education is needed to equip young people to critically analyse and develop skills for communication and negotiating consent and contraception use.

There is also a need for greater and more consistent resourcing of agencies who deliver educational interventions. Rape crisis centres deliver education to young people on consent in sexual relationships, but many centres do not have sufficient resources to extend coverage to all schools in their area.

**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?**

In terms of the needs of young or expectant mothers who are survivors of sexual violence, it is important to make provision for training for health and social work professionals to increase their awareness of violence and coercion in sexual relationships, to equip them to respond sensitively to disclosures and to link women into specialist support services as required. It is also vital to ensure that support services like rape crisis centres have consistent levels of funding to meet needs.

**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?**

As noted in earlier sections, all initiatives should be underpinned by attempts to reduce gender and socioeconomic inequalities. Sexual relationships education needs to be available to all young people and should specifically address gender, consent and power in relationships. A number of rape crisis centres have well-established successful programmes (eg Glasgow Rape Crisis's Rosey Project and Argyll and Bute Rape Crisis's TESSA project.) Their direct contact with young people facilitates disclosures and access to support, meaning that young people who are already affected by sexual violence can begin recovery at as early a stage as possible, and increase their control and agency with regard to sexual activity and choices around contraception and pregnancy. However due to a lack of dedicated resources for prevention work in sexual violence, many schools in Scotland do not have access to this specialist input and support.

**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?**

To recap on points made above:

- Unwanted teenage pregnancy needs to be addressed in the context of gendered pressures on young people.
- It should be understood in policy and practice that the presence of pressure, coercion and sexual violence in teenage relationships impact significantly on young women's ability to negotiate contraception use and choices in sexual activity.
- Greater responsabilisation of boys and young men is needed.

**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?**

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