

Inquiry into teenage pregnancy

NHS Borders

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?

Strategic direction over the last 10 years or so has advocated partnership working as part of the effort to improve sexual health outcomes including those for young people. Teenage pregnancy cannot be tackled in isolation as it is not the result of one factor, rather several cross cutting and complex issues including (but not only) cultural attitudes to women, gender stereotypes, sexualisation of society and aspiration. Evidence based policies and strategies have been produced locally and nationally as part of this approach and many areas have multi-agency Sexual Health Strategy groups, including Scottish Borders. The local Sexual Health Strategy group has representation from Health, Education and the Voluntary Sector.

Evidenced, values based national Sexual Health and Relationships Education programmes have been developed (SHARE). Health, including Sexual Health, has been incorporated into the new Curriculum for Excellence.

Whilst there is clearly merit in aiming to reduce the levels of teenage pregnancy in Scotland the strategy group feel that more should be done at a policy level to support teenage parents to stay in education and to aspire to further or higher education or work.

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?

In the Scottish Borders communication is good between partner agencies and teenage pregnancy rates and numbers are relatively low, certainly they are lower than the national target for those under 16. However, we are aware that this does not allow for complacency.

The local authority advocates the delivery of SHARE in secondary schools where groups of vulnerable young people are targeted with various interventions (e.g. girls at risk of being excluded from school, looked after and accommodated children and young people (LAAC), young people who are not engaged in mainstream education and young people with learning disabilities). The School Nursing Service offers condom provision for those young people who require it as do several youth projects. There is discussion at the moment around the possibility of locality community Learning and Development Youth workers further supporting schools with the delivery of SHARE and clinical staff have good links with schools and the residential unit for LAAC.

The Youth Work Strategy looks in a more holistic way at early intervention and prevention as a way of preventing teenage pregnancy by encouraging young

people to participate in after school activities, volunteering etc. in order to promote self-awareness, self-esteem and promote respectful relationships, among other benefits.

The local authority has produced a respectful relationships anti bullying policy which further promotes the importance of respect for the self and others.

In view of the close association between teenage pregnancy and deprivation, local work to tackle poverty and mitigate the impacts of the welfare benefits reform has importance here.

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

There are 5 areas within the Scottish Borders identified as having significant levels of deprivation. In 4 of the 5 areas there is an obviously higher proportion of first time mothers that are aged 19 and under, although overall numbers are small.

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?

Cultural attitudes towards women, violence within relationships and sex are still unhealthy and unacceptable. Work is ongoing to address much of this but more needs to be done – there is significant concern locally and nationally about the quality of young people’s relationships with reports highlighting the unacceptable levels of emotional, physical and sexual violence¹

Pregnant teenagers and teenage mothers in particular appear to be at greater risk of violence within their relationships according to a small scale study² carried out in 2011.

Certainly local experience indicates that there is confusion around what constitutes consent, what constitutes rape and there appears to be a feeling from those working with young people that girls seem to think that it is something they have to “put up with”. Locally there are reports of a rise in young women accessing emergency contraception as a result of non-consensual sex and a rise in those under 18 accessing our local Rape Crisis service.

Feedback from youth settings indicates that it remains difficult to engage with some young people, the ones who need the most support are often the ones who say they don’t.

¹ Barter C, McCarray M, Berridge D, and Evans K, *Partner exploitation and violence in teenage intimate relationships* 2009, (NSPCC)

² Wood M, Barter C, and Berridge D, *‘Standing on my own two feet’: Disadvantaged Teenagers, Intimate Partner Violence and Coercive Control* 2011 (NSPCC)

The feeling among professionals after discussion with young people is that sexualisation and access to pornography is an overarching issue which impacts upon the above cultural and attitudinal concerns, in particular it is felt that support around the use of social media would be beneficial. There is particular concern about the impact of online pornography and what is perceived as 'normal' with regard to sexual practice, gender roles and body image (for both sexes)³

There is some evidence that 'risk taking' behaviour among young adults can be more effectively addressed holistically rather as a series of separate and unrelated issues such as alcohol, sexual activity, tobacco.

There is unhelpful stigma attached to teenage pregnancy and teenage parents. Unplanned pregnancy is not solely an issue for teenagers. Perhaps we should acknowledge that people enter into parenthood at different ages and stages in their lives. Where a pregnancy is planned within a secure, respectful and loving relationship then the issue of the parents' ages is likely to be irrelevant – we live in a society where young people are able to marry at 16 yet are labelled if they choose to have a child before they are 20.

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?

The local Early Years Strategy aims to reduce inequalities by breaking cycles of poverty and disadvantage in Borders. Developing local Early Years networks are intended to improve the co-ordination and communication among services supporting families at local level. We are also in the process of adopting the new antenatal parent education programme and this work will strengthen support for young parents, including fathers. There is little support and few interventions aimed at teenage fathers. Not only does this reinforce the gender stereotype that women are responsible for childcare but it assumes that young fathers are not involved in the life of their child. Young fathers may need support to engage with housing, health, employment and social services; if this is not offered then the health inequality gap could potentially be widened.

Surestart Midwives are part of the integrated Early Years Assessment Team that works with vulnerable families across Scottish Borders, from pregnancy through birth and onwards. Only 29% of referrals to Surestart Midwives are for young women aged 19 and under, reflecting the fact that vulnerability in the Borders population is multifaceted.

The partnership approach includes the set-up of NHS Healthy Living Networks (HLN) in each of the five areas identified as having significant levels of deprivation. HLN work in partnership with Community Learning and Development to reduce health inequalities across a wide range of topics.

³ Papadopoulos L, *Sexualisation of Young People Review* 2011

Food and health sessions have good take-up by parents in one area through the HLN “Back to Basics” programmes. Through developing these relationships with parents, two have been recruited into a community health volunteer team to support work in a local primary school. The HLN plans to develop food and health work by offering seasonal produce sessions involving people who have allotments. A ‘Bump to Baby’ event was held in one area with the Maternal, Infant and Nutrition Team. This supported pregnant and new mums to increase their knowledge of and make contact with local services that they can access following the birth of their babies. Nearly all participants registered an interest in food and health work and it is planned to invite them to the next course.

A new programme of work is being developed on mothers’ wellbeing in partnership with the third sector. This will include peer support and peer led approaches among mothers of different age groups. There is scope to extend this potentially to young mothers more explicitly. Peer support models also being developed as part of work to promote breastfeeding.

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?

These are outlined above.

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?

Work with boys, young men and young fathers to address cultural norms and attitudes towards women, sex and relationships as well as the offer of practical support. Support for young parents to complete schooling and attend further / higher education.

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?

No

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