

## **Inquiry into Teenage Pregnancy**

### **NHS Forth Valley Sexual Health Strategy Group**

Thank you for inviting the submission of written evidence to key questions regarding teenage pregnancy in Scotland. The NHS Forth Valley Sexual Health Strategy Group has circulated the questions and the attached paper is a compilation of responses from various professionals working in this topic area. Although it has not been possible within the time frame available to prepare a formally agreed position paper on behalf of Forth Valley NHS Board and our local multi-agency partners we hope that this paper combining our individual responses will still prove useful to inform the work of the inquiry.

**The following Feedback contains a summary of a range of personal and professional views from individual contributors but does not necessarily represent the formally agreed position of the Forth Valley Managed Clinical Network for Blood Borne Viruses and Sexual Health or of the partner organisations.**

**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?**

The current policy direction does not cast a wide enough net; as a result teenage pregnancy (TP) continues to be mentioned specifically within sexual health outcomes. The issue of TP is a complex one, this needs to be identified and highlighted within other areas of policy more explicitly e.g. early years and primary education, criminal justice, child protection, equality and diversity, parenting, vulnerable groups, health inequalities, opportunities for all, alcohol and drugs.

TP needs to be viewed as a priority for organisations as well as the NHS e.g. local authorities. Developing a useful measure or target for TP should be considered, as the previous target did not give an accurate reflection of reduction or increase as the numbers were often very small.

Does reporting on TP require to be addressed in a specific and separate visit from the usual SH/BBV visit?

**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?**

There is a lack of direction as TP continues to be seen locally as a sexual health issue. National leadership and commitment is required to recognise and address the impact and potential negative outcomes for both young people as parents and the children born to teenage parents i.e. economic, social, education etc.

TP is an issue for all young people; focus should not be on the younger age group at the expense of the 16+ as the outcomes can be equally poor.

Influencing TP cannot be the result of a single agency or intervention. Local multi agency groups have been responsible for co-ordinating resources and efforts to reduce TP but have been affected by reorganisation and cutbacks. There is a clear commitment to reducing TP but the workforce of staff who support this agenda are stretched to build capacity and support programmes.

Cultural acceptance of teenage pregnancy is a key driver of health inequalities in Scotland, fuelling intergenerational cycles of disadvantage and deprivation. Recent research on early brain development, maternal health and the stress response prove beyond doubt the negative impact of teenage pregnancy on child health and wellbeing. Teenage Pregnancy is not a narrow sexual health issue?

Actions to support teenage parents and their children are well intentioned but provide a perverse incentive to young people to consider parenthood as a positive and culturally acceptable option and reinforce a societal acceptance of pregnancy and parenthood amongst young people who are mostly too young to provide the financial and emotional security which is essential to healthy early child development.

A new focus is required with the emphasis on planned parenthood.

Pregnancy should be a positive choice not an accident.

Every parent wants their children to have the best possible start in life. Scotland needs a strategy which supports positive planning for parenthood and guarantees every girl the right to delay pregnancy until both parents are ready to provide their children with the best possible start in life.

Positive action would support a wide cross section of national policy, making Scotland the best place to grow up, supporting GIRFEC and the Early Years Framework, tackling health inequalities and where children are planned for and can become effective contributors and responsible citizens.

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

There is evidence to show a clear link and that young people at risk of other health inequalities are more likely to be at risk of teenage pregnancy too. There is a huge amount of research linking inequality and TP. Teenage mothers are much more likely to experience a range of disadvantages and this may be as a result of the complex connections between their early childhood experiences and those of being a mother at a young age. Young women who are restricted in life choices due to health inequalities may see parenthood as something to aspire to. Preventing TP is one way of reducing

inequality but other factors such as education, housing, aspiration and family support need to be taken into consideration.

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

A lack of recognition that young people are having sex younger and that there needs to be adequate and appropriate services in place to provide information and support.

We must break the misplaced belief that denying access to effective contraception prevents young people from engaging in sexual activity.

Recognition that teenage pregnancy is profoundly a negative outcome for public health and not just a sexual health issue.

Classifying teenage pregnancy as a sexual health issue leads to an unhealthy focus on less reliable barrier contraception methods and abstinence which prevent STD's but unfortunately do not reliably prevent conception in vulnerable young people. New advances in long acting reversible contraceptive technology offer a major opportunity to prevent almost all "accidental" pregnancies.

Reducing the numbers of children born to teenage parents in Scotland is such a high public health priority it must be a clear and distinct target standing separately from parallel priorities such as reducing sexual violence, coercion, inappropriate sexual behaviour (including under-age sex) and reducing sexually transmitted infections.

Improved availability and access to information and condoms in schools as well as information about emergency contraception and condoms. Parents talking to their children about sex, relationship and contraception may support the reduction of TP, but much work is required as many feel ill equipped to do so.

Acknowledgement of the impact of alcohol use on the sexual behaviours and sexual risk taking of young people, better links made in SRE programmes to potential 'real-life' situations. Curriculum for Excellence is designed to facilitate this happening, but it is likely that schools with need support/training/resources to make it happen. More accountability for schools to report on what is being delivered in SRE would be useful as there is inconsistency in the quality and content of programmes in schools despite training and curriculum development support being available. Develop 'diversionary' activities/initiatives to prevent or delay early sexual activity and/or TP and raise young people's expectations and aspirations and role models. Raising aspirations for all children and young people are key to any programmes, inputs or resources when tackling TP. It is essential to raise awareness, confidence and self-esteem especially of those who are vulnerable or at risk.

Earlier intervention and identification of young people at risk of TP as they may be already well known to services such as social work, education, child protection, alcohol/drug services. Could links be made via staged intervention processes already in place in the education setting?

A lack of ownership and leadership at a strategic level, means adequate resources have not been put in place to work with organisations and services to recognise the importance of not only reducing unwanted teenage pregnancies, but ensuring that the appropriate supports are available to young parents, when they need it whether they progress with the pregnancy or not.

**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?**

These are not consistently available across Scotland. Better support for young mothers to support them to consider completing education, more information regarding options for pregnant young women, parenting programmes, peer support influencing and supporting TP cannot be the result of a single body or intervention. Wider influences such as social inequality, achievement, contraception, parental influence aspiration, etc. are all important factors supported and developed by a number of services and partnerships. This multi-agency approach, linking methods, sharing knowledge and information can impact on the management, leadership, coordination and communication between all parties often resulting in inconsistencies and delay for TP mothers.

Locally, there are some services available to young mothers, e.g. mother and baby groups etc., however, these are not available across all areas and communities, and therefore there is not a consistent approach to how and where these services are delivered.

Affordable childcare for young parents is not available across all Local Authorities, which can have a significant influence in determining whether a young mum can continue with education, go on to further education or employment opportunities etc.

**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?**

Better information and awareness together with universal right of access to Long Acting Reversible Contraception for young women who may wish to

engage in sexual activity at some point but are not actively planning to become pregnant during their teenage years.

A pilot Social Norms approach project in a high school showed dramatic changes in pupils understanding of social norms amongst peers and subsequent and equally dramatic changes in planned risk behaviours. Martinus T, Melson, AJ, Davies JB, McLaughlin A, (2012). The 'social norms' approach to alcohol misuse in a Scottish secondary school context. *Drugs: Education Prevention and Policy*, 19 (2) 111-119.

**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?**

Use of social norms/influence initiatives to challenge perception of behaviours and risk taking amongst young people.

A local project in Forth Valley is currently being developed to explore the approach to reducing multiple risk behaviours among young people aged 12-14 in secondary schools. There may be values in developing something similar that looked at relationships, sexual behaviour and perceived social pressures for young people to take sexual risks.

Research on peer education suggests that young people are more likely to hear and personalise messages, and thus to change their attitudes and behaviours, if they believe the messenger is similar to them and faces the same concerns and pressures. Peer education can support young people in developing positive group norms and in making healthy decisions. Peer education draws on the credibility that young people have with their peers, leverages the power of role modelling, and provides flexibility in meeting the diverse needs of young people.

**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?**

It is vital to move action to address teenage pregnancy in Scotland away from a focus on sex and sexual behaviour and begin to view this as a wider health inequalities, poverty and child health and wellbeing challenge.

We need to move away from a society that prioritises the right of individuals to become parents over the right of children to have the best possible start in life.

We need to address the cultural stereotype within Scotland that becoming a mother pushing a pram is the appropriate immediate next step for a young woman on leaving school.

NHS Forth Valley Sexual Health Strategy Group

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