

Inquiry into teenage pregnancy

Sexual Health and Blood Borne Virus Executive Leads Network

Teenage pregnancy refers to all conceptions in young women under the age of 20, however, most of the policy discussions taking place are concerned with conceptions under the age of 16, the legal age of consent for young people in Scotland. Scotland has one of the highest rates of teenage pregnancy in Western Europe. In Scotland, as in other countries, high teenage pregnancy rates are associated with high levels of deprivation and socio-economic inequality. UNICEF notes that countries with the highest rates of teenage *births*, particularly the US and the UK, are “less inclusive societies as measured by high levels of income inequality and the proportion of older teenagers not in education”ⁱ.

In those aged under 20, the most deprived areas have approximately ten times the rate of delivery as the least deprived (64.7 per 1000 compared to 6.2 per 1000) and nearly twice the rate of abortion (25.8 per 1000 compared to 14.4 per 1000)ⁱⁱ. Higher numbers of teenage conceptions overall means that the numbers of abortions in the most deprived populations are higher. However, when the *proportion* of abortions is examined, more young women in SIMD 5, the most affluent, (70%) go on to termination rather than delivery compared to SIMD 1, the least affluent (29%). These data imply a distinct social gradient in teenage pregnancy, whereby young women in Scotland’s most affluent communities are much less vulnerable to teenage conception and will make the decision to terminate a pregnancy rather than go on to delivery.

It is suggested that higher rates of abortion imply a greater sense of aspiration in a population as “incentive to avoid early parenthood stems from a stake in the future, a sense of hope and an expectation of inclusion in the benefits of living in an economically advanced society”ⁱⁱⁱ. Lack of education and/or employment can remove that sense of hope and social inclusion.

For some young people, teenage parenthood is very much a planned and a positive experience. In spite of this, such young people are often still vulnerable. Planned or unintended, for many young people the decision to embark on parenthood is likely to continue a cycle of deprivation and lack of familial and parental support.

There are a number of reasons why we would want to delay pregnancy at a young age:

- Young mothers have poorer health and economic outcomes
- Young mothers are, in most cases, unable to complete their education and participate in further education
- Young women who fall pregnant are at higher risk of premature labour, preterm delivery and low birth weight babies
- Babies born to very young mothers are more likely to have poorer attainment than babies born to mothers in their twenties

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?

Teenage pregnancy is now located within both sexual health and children and young people's policy initiatives. The addition of teenage pregnancy into the children and young people's agenda is a welcome move as teenage pregnancy is not about sex per se. The Early Years Framework (Part 2) says: "*Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationships education in preventing vulnerable pregnancies.*"

As set out above, it is important to note that teenage pregnancy is not about sex, per se. What it IS about is lack of aspiration, the effects of socio-economic deprivation, lack of connectedness with education, few prospects of meaningful employment and lack of skills to negotiate sexual relationships based on mutual respect and cultural barriers. It is also linked to the other substantial challenges that Scotland faces across public health such as health inequalities, socio-economic deprivation and alcohol / substance misuse.

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?

It is important to remember that teenage pregnancy rates have seen a consistent decline over the last 4 years and that we now have the lowest rates in <18s since 1994.

The notable decline since 2007 could be attributed to the impact of *Respect and Responsibility's* publication in 2005 and the greater commitment to improving sexual health – including teenage pregnancy – across Scotland.

As such, the majority of NHS Board areas now offer high quality integrated sexual health services. Quality Standards for sexual health services have been developed by NHS Quality Improvement Scotland (now Health Improvement Scotland) and all Boards inspected. All Boards met the standard for teenage pregnancy ("*Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children.*") In many areas of Scotland young people also now have access to general health advice, pregnancy testing and condoms in or within walking distance of schools. High quality sexual health services for young people should continue to be developed and provide effective contraception – including Long Acting Reversible Contraception (LARC). There is also improved availability of sexual health and relationships education in schools and other settings, although this is variable across the country and there is still room for improvement.

The *Reducing Teenage Pregnancy Guidance and self-assessment tool*^{iv} was published in 2010 and is being implemented. As a result, some NHS Boards and local authorities have agreed joint action plans for teenage pregnancy prevention and in some cases for the provision of support for teenage parents. However, in many areas, particularly within local authorities, teenage pregnancy is viewed as a sexual health rather than a young people's issue. This sometimes prevents action being taken as it is seen as a role for 'health'. This needs to change and prevention of teenage pregnancy needs to be embedded into local children and young people's plans if we hope to see any significant reductions in teenage pregnancy rates.

There is some good evidence from England who had a Teenage Pregnancy Strategy/Unit for 10 years (launched in 1999) with a significant annual investment. Some local authority areas achieved success with a reduction in teenage pregnancy rates, others did not. However, a key difference from the work in Scotland was that the leadership role was actively undertaken by local authorities. The programmes included support for parents as well as prevention which is key to the prevention of subsequent births during adolescence. Any interventions aimed at reducing early pregnancy need to recognise the wider life circumstances that are contributing factors.

Respect and Responsibility, Scotland's first sexual health strategy, begins by highlighting the wider influences of sexual health and notes that "planning to avoid unintended teenage pregnancies is closely linked with having a stake in the future, a sense of hope and an expectation of inclusion in society"^v. This approach reflects the evidence in the current literature. For example, the success of programmes such as the Abecedarian project^{vi} is linked to improvements in education and aspiration for young women. *Respect and Responsibility* re-emphasises this point that by noting that it is "important to address the influences that determine sexual wellbeing such as raising educational aspirations and self-esteem, enhanced social inclusion, tackling alcohol and drug misuse, domestic violence and homelessness"^{vii}.

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

We know from the evidence that the children of teenage mothers often go on to experience early parenthood. It is recognised that teenage pregnancy limits young women's opportunities to complete their education, which leads to them leaving school with limited qualifications and subsequently has an impact on their future employment prospects. This creates what is often referred to as a 'cycle of deprivation'. If we want to break that cycle we need to find ways of increasing young people's engagement in education after they become a teenage parent in order to increase their likelihood of obtaining meaningful employment in the future. A key part of this approach will be the need to consider the provision of affordable locally based childcare, which is tailored and flexible to the needs of young mums, enabling them to take up local employment opportunities which may not adhere to a '9-5' or regular working pattern. The possible impact that programmes such as Family Nurse Partnerships and key worker programmes may have particularly in enabling

young first time mothers to develop their confidence in parenting, establishing the foundations for the long term health and wellbeing of both mother and child and in reducing the incidence of subsequent teenage pregnancies is an important consideration.

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?

Teenage pregnancy is a highly complex area. It can be considered as a symptom of much larger public health problems that many health boards are tackling through policies around public health and inequalities e.g. Equally Well and the Early Years Framework. Work to support the Early Years and promote resilience / aspiration in our children and young people will achieve change but requires a long term approach that has to be embedded in universal services.

In Scotland, we have built a firm foundation through the implementation of robust sexual health interventions but we need to recognise that sexual health services and interventions, whilst important, are only a small part of the approach needed to effect change at a population level. Our focus needs to be on early years, early intervention, increasing educational attainment and aspirations and approaches to addressing wider inequalities. These services include appropriate support for continued engagement with education and training, intensive key working where needed, robust local response to domestic and sexual abuse, access to mental health and well-being resources, as well as job opportunities that lift young women (and their children) out of poverty.

Some groups of children are particularly vulnerable and known to be more at risk of early unintended pregnancy – these include children who are looked after or accommodated and children with fetal alcohol spectrum disorders. Particular attention needs to be given to these groups to ensure they are provided with and utilise (as they will not know to access or use without consistent ongoing support) the practical advice and support to aid them to make the best choices for themselves.

We need to recognise that for a small group of particularly damaged children / young people, greater intervention is required at a one to one level. This group are unlikely to be able to engage with or utilise education on resilience and self reliance and, for them, particular support is required.

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?

Some local services such as Sure Start are well regarded by young parents and viewed by many as their main source of support beyond their family.

Health Visitors also play a key role, as do young mum's groups that operate within many local youth and community settings.

It is essential that local services take on the views and needs of young mums themselves. Feedback from young mums in one health board area suggested that they would like health visitors to identify local support groups that are specifically for young mums and to perhaps accompany young women to these groups when they attend for the first time. There was also a suggestion that specific ante natal groups for young parents could be established as many identify the stigma of being a young parent as a deterrent for engaging with ante natal groups.

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?

There are specific initiatives within the field of sexual health which have increased young people's use of sexual health services and the increased the provision of sex and relationships education (SRE) in a range of settings including schools. However, there are still some barriers to the delivery of effective SRE and this should be a matter for consideration by HMI and policy leads within education and community learning and development.

There is limited evidence in Scotland of effective approaches to reducing teenage pregnancy. A greater focus should be placed on early years and youth development programmes within universal services such as health visiting and youth work. There is currently a gap in research on the applicability and potential success of youth development and early intervention programmes in the Scottish context. This gap may limit policy makers ability to fund similar programmes due to the lack of Scotland or indeed UK-based evidence. The only successful examples of such interventions to date have been as a result of projects or studies conducted in the US.

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?

Interventions which address the upstream causes of teenage pregnancy, such as income inequality, deprivation, lack of school connectedness are known to be the most effective. The US evidence referred to above illustrates the effectiveness of these approaches on teenage pregnancy – and other – outcomes.

Youth Development programmes have demonstrated themselves to be effective interventions. Such programmes promote overall personal development and address issues such as self esteem, positive education/career aspiration and good relationships with adults in order to promote motivation to avoid negative/social outcomes. Such programmes are aimed particularly at vulnerable young people.

It is worth noting that these programmes are untested in Scotland although some areas are taking youth development 'approaches'. In addition, such programmes do not address issues at a population level.

Early intervention programmes that address the Early Years have also been shown to be effective – again much of the robust evidence comes from the US, e.g. the Abecedarian Project^{viii} and the Seattle Social Development Project^{ix}.

Attempts could be made to develop some of these programmes in Scotland, however, we are starting from a different place to the US and could take a different approach. It is important that *all staff* working with children and young people recognise the need to ensure that all children and young people are supported to achieve all that they can – to widen their horizons and the range of opportunities available to them in order to support them into future meaningful endeavours. Universal services such as education and youth work are key to addressing these issues in a way that is non stigmatising. Some children and young people will of course require additional support and this can be provided alongside universal services in an approach known as proportionate universalism. This will require a change in the way that some professionals work and in the range of support available to children and young people but fits well with the current approach to reducing inequalities and getting it right for every child.

There is a need for coordinated work to support young parents, in particular to work with young pregnant women or newly delivered young women to consider their contraception needs, encourage the use of LARC and consider spacing of future pregnancies in order to prevent an increase in inequalities experienced by those young women having two or more children in their teenage years.

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?

Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationships education in preventing vulnerable pregnancies. This is where our focus should lie alongside maintaining our high quality work in sexual health.

It is important to note that sexual health and relationships remain a core issue, and particularly how those young people at greatest risk of poor outcomes access good quality contraception and family planning advice. This will assist them with the timing of pregnancies and thus the best outcomes for them and their child. In terms of sexual health, there are three critical areas that we need to focus on: [1] more engaging skills-based sexual health education and services for young people provided through easily accessible drop-in services at times which are appropriate to the lives of young people; [2] integrating

sexual health advice and treatment into services for high risk groups such as looked after children and substance misusers; and [3] improving the way that contraception advice is offered at key points such as post-birth and in abortion services.

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ⁱ UNICEF (2001) Innocenti Report Card 3, p20

ⁱⁱ Information Services Division (ISD) (2012) www.isdscotland.org p4

ⁱⁱⁱ UNICEF (2001) Innocenti Report Card 3, p25

^{iv} NHS Health Scotland (2010a) Reducing teenage pregnancy; Guidance and Self-Assessment Tool

^v Scottish Executive (2005) Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health. Scottish Executive, 2005, p3.

^{vi} Campbell, F, Ramey C, Pungello E, Sparling J, Miller-Johnson S (2002). Early Childhood Education: Young Adult Outcomes from the Abdecadarian Project. Vol 6(1) 42 -57

^{vii} Scottish Executive (2005) Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health. Scottish Executive, 2005, p7.

^{viii} Campbell, F, Ramey C, Pungello E, Sparling J, Miller-Johnson S (2002). Early Childhood Education: Young Adult Outcomes from the Abdecadarian Project. Vol 6(1) 42 -57

^{ix} <http://www.ssdp-tip.org/SSDP/index.html>