

Inquiry into teenage pregnancy

SPUC Scotland

EXECUTIVE SUMMARY

- 1 Any policy direction being taken by the Committee should include inquiry into premature and underage sexual activity among young people. Teenage Pregnancy is a 'symptom' of and not the underlying problem.
- 2 The Teenage Pregnancy Statistics show that the 2010 target has been narrowly missed. The basis of the target and the 15 year timescale from 1995 to 2010 require close scrutiny.
- 3 The impact and cost of post-abortion damage to many young women and their families and the risks associated with Emergency Hormonal Contraception and how to reduce the rates of both should also be points of consideration for the committee.
- 4 There is no target for teenagers between the ages of 16 and 19 although they had 7,315 pregnancies, 2,780 abortions and between 20,000 and 25,000 emergency hormonal contraceptive treatments in 2010.
- 5 Little adherence is being given to the fact that there is a legal age of consent, this sends out a very unhelpful message.
- 6 Parents who wish to exercise their parental responsibilities for their children can be prevented by doing so because of the priority accorded to their children's rights of patient confidentiality.

Teen Abortion Risks Fact Sheet

1 Policy Direction

- 1.1 The Committee should focus not only on Teenage Pregnancy, but on the underlying problem of premature and underage sexual activity by young people.
- 1.2 Reviewing teenage pregnancy in isolation from premature and underage sexual activity will result in a health policy that will continue the trend of promoting contraception and abortion to young people, which is damaging to young people and has made little difference to the teenage pregnancy statistics year on year for the last two decades or more.
- 1.3 The recent SPICe Briefing (ref 1) acknowledges the distinction but suggests the increased rate of underage sexual activity is a success as the under-16s pregnancy rates have remained consistent. The briefing states:

“The report [of a survey in 2009-10] highlights that there has been an increase in the proportion of 15 year olds reporting that they are sexually active. If the maintenance of consistent rates of pregnancy in under 16s is situated against this backdrop of increased sexual activity among under 16s, this might imply that there has been some progress in preventing teenage pregnancy in this group.”

Any future policy direction should consider reducing underage and premature sexual activity as a primary objective in reducing Scotland’s teenage pregnancy figures.

- 1.4 Greater educational focus on how fertility works should be included in future policy direction on this issue as well as greater focus on the issue of ‘self-esteem’, as emotional wellbeing is every bit as important as physical wellbeing.

2 Teenage Pregnancy Statistics

- 2.1 The statistical report on Teenage Pregnancy in 2010 (ref 2) stated that the national target for teenage pregnancy reduction was to reduce by 20% the pregnancy rate (per 1000 population) in under 16 year olds from 8.5 in 1995 to 6.8 in 2010. It went on to state that the 2010 rate for under 16 year olds was 7.1 per 1000 population so the target had been narrowly missed.
- 2.2 The target reduction was (8.5 – 6.8), which is 1.7 pregnancies per 1,000 population. The reduction achieved was (8.5 – 7.1), which is 1.4, which is only 82% of the target. As a matter of simple arithmetic, the target was missed by a fairly wide margin.

Furthermore, the tables which accompany this document state a rate of 8.4, not 8.5, in 1995, so the target reduction was 1.6 and the actual reduction 1.3, which is only 81% of the target.

In addition the 15 year timescale bears some scrutiny. The setting of a target in 1995 to be achieved in 2010 is contrary to most normal management practice unless there was a special reason for such an extended timescale that has not been made explicit.

It would be fair to conclude therefore that the initiatives currently being undertaken at both national and local levels are in need of serious review.

3 Abortion and Emergency Hormonal Contraception Rates

- 3.1 Teenage Pregnancies rates
SPUC Scotland works with partner organisations that provide counselling and practical help and support to women of all ages who

are in crisis pregnancy situations. We also have a sister organisation called ARCH (Abortion Recovery Care & Helpline) that provides a free confidential counselling service for those suffering in the aftermath of an abortion experience. The role of SPUC Scotland is to highlight and to campaign on the issue of abortion and the damaging effect it has on many women, including abortifacient drugs, and this should be a consideration in any future policy on the matter of teenage pregnancy. In assessing the number of teenage pregnancies, the official statistics include NRS registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

No allowance is made for the impact of Emergency Hormonal Contraception, more commonly referred to as the Morning-After Pill. As it can have an abortifacient affect their exclusion leads to under-reporting of teenage pregnancies.

- 3.2 **Number of Emergency Hormonal Contraception Prescriptions**
According to research published by the Scottish Government, there were 123,000 prescriptions for Emergency Hormonal Contraception in 2010-11 (ref 3 – see fig 5). This figure is confirmed by the statement in paragraph 7.2 of the same document that 81,000 prescriptions represented 66% of the total.

The text of paragraph 7.2 states that the count “Includes all items dispensed using a prescription pad but excludes items given out by sexual health services without a prescription” so this figure understates the use of Emergency Hormonal Contraception.

- 3.3 **Teenage Abortion rates**
The SPICe briefing (ref 1) shows that abortion rates have risen slightly among the under 16s age group. This is a cause of real worry given the damaging impact abortion can have on teenagers. See Appendix 2 – Teen Fact Sheet (Source used by the Abortion Recovery care & Helpline team).

4 Teenagers Aged 16-19

- 4.1 No target is quoted for teenagers aged 16-19.
- 4.2 This age group differs from the under 16s in that the young women have attained the age of consent and the minimum age for marriage. Targets should be set and data interpreted on the basis that some pregnancies will therefore be within marriage and intended, but these will be a small proportion of the total.
- 4.3 In 2010, in this age group there were
 7,315 pregnancies (ref 5)
 2,780 abortions (ref 4)
 4,535 births

There is 1 abortion for every 1.6 births, so there is clearly a problem which the committee should investigate. Whilst the setting of a target does not guarantee that effective action will be taken, the lack of a target provides a strong inference that the matter is not receiving attention.

5 Age of Consent

5.1 The Mail on Sunday (ref 6) recently reported that

“The age of consent in Scotland has been ‘effectively lowered to 13’ as prosecutors turn a blind eye to underage sex.... Teenagers under 16 have consensual sex with each other. Not all, but many. The law says it’s wrong. In Scotland, sex between young people aged 13 to 15 is an offence, even if it’s consensual. Technically, it could result in a prison sentence. Yet, out of 43 charges brought against 33 separate individuals since the clarified law came into effect in 2010, there have been no prosecutions. In short, though the laws against adults having sex with minors remain, the age of consent in Scotland has effectively been lowered to 13.”

There were 616 pre-16 pregnancies in 2010 (ref 5), the article refers to only 43 complaints.

5.2 The recently published SPICe Briefing (ref 1) quotes a recent survey:

“Figures on rates of sexual activity among young people aged 15 from an international comparative survey (Currie et al, 2012) show that in 2009/10 girls in Scotland were more likely to report having had sex (35%) than boys (27%).”

More focus on issues of self-esteem and looking at a values-based sex education programme with an emphasis on how one’s fertility actually works would be an effective means of reducing these figures.

6 The Role of Parents

6.1 Consent for Medical Treatment

The Children (Scotland) Act provided that if a child was old enough to understand the medical treatment proposed the child, and not the parents, can give consent. There was a presumption that a child had sufficient understanding at the age of 12 unless there were grounds to believe otherwise. A consequence was that doctors and nurses could not provide information to parents without the child’s permission.

6.2 Provision of Contraceptives

The provision of contraceptives to a girl under 16 could appear to be aiding and abetting a criminal offence, it should also set off alarm bells

if an underage girl is seeking contraception. In this event, where appropriate, parents should know what the situation is as they have a role to play as well as teachers, counsellors, care-givers, etc.

6.3 Arrangement of Abortions

A young girl can become pregnant and have an abortion without her parents' knowledge, even though they will have to cope with her reaction to the abortion which they do not know she has had.

6.4 Responsibility of Parents

The SPICe briefing (ref 1) refers to the cycle of single motherhood and there is no doubt that issues of poverty and lack of parental input plays a role in teenage motherhood. This is where a knowledge-based fertility awareness programme coupled with a greater focus on self-esteem will make a difference.

The Society for the Protection of Unborn Children

7 February 2013

Appendix

Teen Abortion Risks

Fact Sheet

"Parents are faced with a shell of a person and have no idea where they lost their child."

—Terri, who had a secret abortion as a teen

Suicide attempts -- 6 times more likely

- Teenagers are 6 times more likely to attempt suicide if they have had an abortion in the last six months than are teens who have not had an abortion.¹
- Teens who abort are up to 4 times more likely to commit suicide than adults who abort,² and a history of abortion is likely to be associated with adolescent suicidal thinking.³
- Overall suicide rates are 6 times higher among women who abort.⁴
- Teens who abort are more likely to develop psychological problems,⁵ and are nearly three times more likely to be admitted to mental health hospitals than teens in general.⁶
- About 40% of teen abortions take place with no parental involvement, leaving parents in the dark about subsequent emotional or physical problems.
- Teens risk further injury because they are unlikely to inform parents of any physical complications.
- Teens are 5 times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry "unwanted pregnancies" to term.¹⁰
- Teens are 3 times more likely to report subsequent trouble sleeping, and nine times more likely to report subsequent marijuana use after abortion.¹⁰

- Among studies comparing abortion vs. carrying to term, worse outcomes are associated with abortion, even when the pregnancy is unplanned.¹⁰
- 65% higher risk of clinical depression among women who abort.¹¹
- 65% experienced multiple symptoms of Post-Traumatic Stress Disorder (PTSD) among women who abort.¹²
- 64% of women who had undergone an abortion reported that they felt pressured by others to abort.¹²

Citations

1. B. Garfinkel, et al., "Stress, Depression and Suicide: A Study of Adolescents in Minnesota," *Responding to High Risk Youth* (University of Minnesota: Minnesota Extension Service, 1986)
2. M. Gissler, et. al., "Suicides After Pregnancy in Finland: 1987-94: register linkage study," *British Medical Journal*, 313: 1431-1434, 1996; and N. Campbell, et.al., "Abortion in Adolescence," *Adolescence*, 23:813-823, 1988.
3. B. Garfinkel, et al., op. cit.
4. M. Gissler, et. al., op. cit.; and
5. W. Franz & D. Reardon, "Differential Impact of Abortion on adolescents and adults," *Adolescence*, 27 (105), 172, 1992.
6. R. Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women Who Experienced Induced Abortion: An Analysis Based on National Report Linkage" (Ph.D. Dissertation, Los Angeles: University of California, 1979, Dissertations Abstracts International, Public Health 2621-B, Order No. 7926066)
7. "Teenage Pregnancy: Overall Trends and State-by-State Information," Report by the Alan Guttmacher Institute, Washington, DC, www.agi.org.
8. S. Ertelt, "Woman Dies Following Use of RU-486 Abortion Drug," posted at www.lifenews.com, Sept. 19, 2003; K. Sherlock, *Victims of Choice* (Akron: Brennyman Books, 1996) 31-32, 40-41; and P. Nowak, "Family of Detroit Girl Who Died From Abortion Speaks Out," posted at www.lifenews.com/state504.html, April 9, 2004.
9. R. Kerrison, "Horror Tale of Abortion," *New York Post*, Jan. 7, 1991.
10. PK Coleman, "Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences," *Journal of Youth and Adolescence* (2006).
11. JR Cogle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
12. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16, 2004.

References

- 1 SPICe Briefing 13/03 - Teenage Pregnancy 22 January 2013
- 2 National Health Service Scotland Information Services Division Publication Report, Teenage Pregnancy Year ending 31st December 2010, Publication date – 26th June 2012, A National Statistics Publication for Scotland

- 3 “Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception, Scottish Government Social Research 2011, Social Research series ISSN 2045-6964, ISBN 978-1-78045-517-4, [web only publication]”
(Downloadable PDF Version)
<http://www.scotland.gov.uk/Resource/Doc/363654/0123440.pdf>
(Accessed 4 February 2013)
- 4 Data from Table 1 of 2011 Abortion Statistics for Scotland
- 5 Data from mat_tp_table1
- 6 McWhirter, Fiona: Green Light For Sex At 13, The Scottish Mail on Sunday, 27 Jan 2013