

Sexual behaviour and teenage pregnancy

Headlines

In Kirklees in 2008, there were 372 conceptions in girls aged 15 to 17. This is similar to the regional rate but significantly higher than nationally, which is falling much faster than locally.

Evidence shows that having children at an early age can damage young women's health and wellbeing and severely limit their education and career prospects. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next.

Why is this issue important?

Most teenage conceptions are unplanned and around half end in abortion. As well as being an avoidable experience for young women, abortions represent an avoidable cost to the NHS. Whilst for some young women, having a child when young can represent a positive turning point in their lives, for many more teenagers, bringing up a child is incredibly difficult. It often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long term poverty¹, one to severely limiting the mother's education and career prospects³.

Nationally in 2008, the under-18 conception rate (conceptions per 1,000 population of 15-17 year old girls) was 40.4, a reduction of 13.3% since 1998². In Yorkshire and Humber, the rate was 47.3, a reduction of 10.9% since 1998. In Kirklees, the rate was 47.8, an increase from 45.7 in 2007. Since 1998, the reduction in the rate for Kirklees is only 1.7%. In Kirklees in 2008, there were 372 conceptions in girls aged 15 to 17 years.

What significant factors are affecting this group?

Teenage pregnancy can be both a cause and a consequence of social exclusion. The number of teenage pregnancies is high in areas of deprivation, areas of social housing and in areas of low educational achievement.

- Teenage mothers are 20% more likely to have no qualifications at the age of 30³.
- Teenage mothers are three times more likely to smoke throughout their pregnancy and 50% less likely to breastfeed⁴.
- Nationally, there is a 60% higher infant death rate for babies born to teenage mothers⁵.
- Children of teenage mothers have a 63% increased risk of being born into poverty, have more accidents requiring accident and emergency admission and suffer more psychological and behavioural problems⁶.

Sexual activity

Girls are three times more likely to become pregnant if they start having sex aged under 16 years⁷.

Locally, of 14 year olds⁸:

- 1 in 8 (13%) had experienced sexual intercourse, significantly less than 17% in 2007.
- 8 in 10 (82%), used contraception, similar to 2007 (84%). Condom use dropped by 9% from 7 in 10 (72%) in 2007 to just over 6 in 10 (63%) in 2009. More than 1 in 4 (27%) 14 year olds in Dewsbury reported that they 'never use a condom', but over 80% did in Birstall & Birkenshaw and the Colne Valley.

Alcohol intoxication is associated with an increased risk that people will have unprotected sex¹. Failure to use a condom during a young person's first sexual encounter is linked to alcohol consumption. Having such unprotected sex also increases the likelihood of contracting sexually transmitted diseases⁹.

Relationship and sexual health education

The information, advice and support given to young people about sex and relationships can influence young people's attitudes to sexual behaviour. Myths about sex, fertility and abortion still exist and awareness of the full range of contraception is low. A significant number of parents lack the knowledge and/or confidence to talk to their children about sex and relationships. Sex and relationships education (SRE) in schools and post-16 learning is patchy and inconsistent. The wider children's workforce is not routinely equipped to talk to young people about their relationships and their sexual health¹.

Access to sexual health services

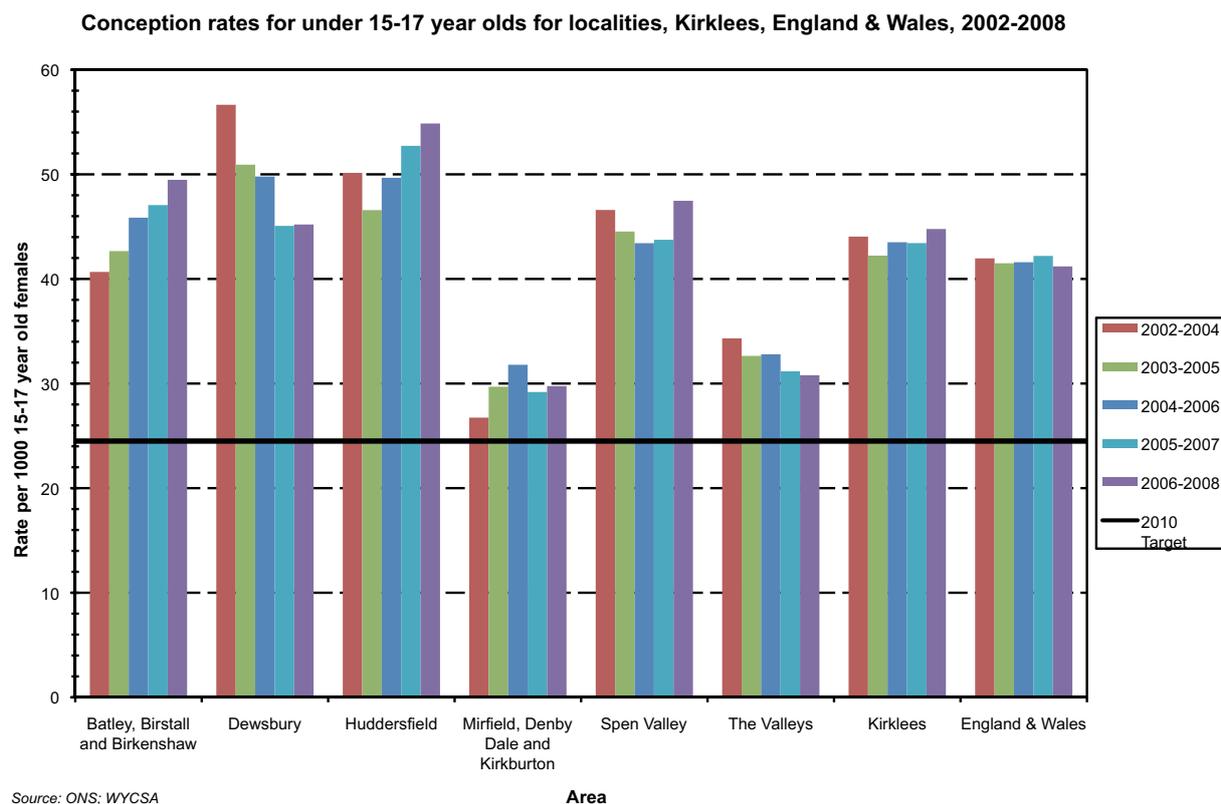
Young people need to be well informed about fertility and the range of contraceptive methods available to them. Contraception and sexual health services need to be young people friendly, accessible, in locations that young people can reach easily and open at the right times.

Which groups are affected most by this issue?

Young people at risk of teenage pregnancy include those with low educational attainment, a dislike of school and poor attendance, poor emotional and mental health, those who are in contact with the police and those living in and leaving care¹.

Where is this causing greatest concern?

The localities in Kirklees with the greatest teenage pregnancy rates are Huddersfield, Spen Valley and Batley, Birstall & Birkenshaw (based on 2002-2008 conception rates). These localities have all seen a rise from the 2004-2006 information published in the last JSNA¹¹.



Views of local people

“Alcohol is the problem” (Pregnant woman, SWANS project)*

What could commissioners and service planners consider?

The measures with the strongest evidence of impact on teenage pregnancy rates are:

1. Comprehensive information, advice and support from parents, schools and other professionals.
2. Accessible, young people friendly contraception and sexual health services¹. The Department of Health (DH) You're Welcome Standard¹⁰ for professionals and parents outlines the need to reassure young people that if they are thinking about having sex, asking for contraception is the right and responsible thing to do.
3. National campaigns promoting the use of long acting reversible contraception need to be built on locally, including the promotion of condom use.
4. As well as improving the information, advice and support, identifying young people at greatest risk of teenage pregnancy and supporting them, through effective targeted intervention is vital. So outreach services should be developed and promote positive lifestyle choices via sexual health promotion and sexual health services to vulnerable young people.
5. Training for voluntary and statutory organisations working with young people should be provided in sex and relationship education, to ensure effective messages are disseminated.

Success in reducing teenage pregnancy rates will also depend on how effectively the underlying factors such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations¹ are tackled.

* Voices of children and young people quoted are from local involvement projects and social marketing insight.

References

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