UK unintended pregnancy

Summary

One in six pregnancies in the UK is unintended and teenage pregnancy rates are the highest in Western Europe. The main reasons for this are inadequate sex and relationships education (SRE) and insufficient access to sexual and reproductive health services.

Unintended pregnancies impose significant costs on the lives of mothers and children, on health services, on women's empowerment, on economic growth and on the environment. Since 2000, the UK government has made efforts to tackle teenage pregnancy rates, and unintended pregnancy generally, but this work, while relatively successful, is incomplete and at serious risk of being undermined by recent public health cuts.

This briefing will examine the causes of unintended pregnancies in the UK, their costs and what can be done about them.

Unintended pregnancy in the UK

In 2013, there were an estimated 145,000 unintended pregnancies in the UK[i], 16.7 per cent of the total number of pregnancies.[ii] This figure includes a large number of teenage pregnancies and the UK's teenage pregnancy rate is the highest in Western Europe.[iii] In 2014, the adolescent birth rate in the UK was 15.3 births per 1000 adolescent girls, which is greater than the EU average, twice as high as the German rate, 3 times higher than the Swedish rate and 4 times higher than the Dutch rate. [iv]

Why are there so many unintended pregnancies?

1. Lack of sex and relationships education

Quality SRE has been found to be associated with a lower likelihood of unplanned pregnancy.[v] However, in the UK, thirty two per cent of people who responded to the 2010 Tellus annual survey either claimed that the information they had received on sex and relationships was unhelpful or that they had received no such information at all.[vi]

Some of the reasons cited by young people for unplanned pregnancies include: "contraception failure, not thinking, getting caught up in the moment, believing they couldn't get pregnant, not feeling comfortable obtaining contraception, being drunk, feeling pressured to have unprotected sex, and being too embarrassed to ask a partner to use contraception".[vii] These reasons suggest a population in desperate need of education about contraception, sexual health and how to communicate openly about sex.

Currently, state schools are only required to teach the biological aspects of sex education. Non-state schools are not required to provide SRE and parents can withdraw their children from learning any non-science elements of SRE. [viii]

Even when SRE is taught, the quality of teaching has been criticised and a recent report from the Office for Standards in Education described SRE in the UK as "not yet good enough".[ix] Because SRE is not compulsory, many teachers are not adequately trained to teach it and schools are less likely to invest limited resources in its provision.[x] Recent public expenditure cuts have meant that many programmes that provide this training have had their funding withdrawn and schools have been less able to retain trained professionals.[xi]

There has also been some resistance to SRE for younger children in British schools because of concerns that exposing children to sexual

subjects too early may have negative effects, such as leading to increased sexual activity among young people. These fears are contradicted by the experience of the Netherlands, which has compulsory SRE for young children and has the lowest rate of teenage pregnancy in Europe.[xii] Both national and international research shows that people who receive quality SRE are actually more likely to delay their first sexual experience, to have less sexual partners and to increase condom or contraceptive use.[xiii]

A lack of effective SRE means that people often don't know what their contraceptive options are. In a survey by the sexual health charity FPA, it was found that 43 per cent of women aged between 15 and 44 did not know where they could obtain emergency contraception. They also found that one third of respondents wrongly believed that a prescription was required to obtain emergency contraception and that two thirds mistakenly believed that repeated use would cause infertility.[xiv]

2. Lack of access to sexual health services and contraception

Due to financial pressure, not all methods of contraception are provided by all GPs and sexual health clinics. This means that even if people are aware of their contraceptive options, they still face a postcode lottery to obtain the contraception that it is best suited to their needs.[xv]

There are also restrictions based on age and method of contraception. Long-acting reversible contraception (LARC), for example, is not offered everywhere. Some clinicians have admitted to prescribing the less effective oral contraceptive pill due to the high short-run costs associated with training to fit and remove LARC and the time taken to carry out the procedure.[xvi] This is a major false economy as LARC methods prevent more unintended pregnancies and are therefore much more cost-effective in the long run.[xvii]

Cost can also be a barrier to obtaining emergency contraception, such as the morning after pill, which can cost up to £35.[xviii] Some pharmacies provide the emergency contraception pill for free under NHS schemes but under-18s have to undergo an interview that can also act as a significant barrier. A young girl asking for contraception "will be asked if she is willing to tell her parents that she has had unprotected sex, or if she'd be willing for someone else to tell them.[xix] This can sound threatening to girls and the experience can be embarrassing; some women even claim to have been "lectured, told off and humiliated" during the process.[xx]

This is particularly a problem for young people who live in rural areas where staff in local pharmacies or GP offices may know them or their parents or where it may be much more difficult to find sexual health services that are located close by and have appropriate opening hours, like after school or on weekends [xxi]

This is not just a problem for young women, as approximately one-third of women in England between the ages of 15 and 44 live in areas with restricted access to contraception advisory services or contraceptive methods that are most suited to their needs[xxii] The Quality, Innovation, Productivity and Prevention (QIPP) agenda means that the NHS has been required to find an unprecedented £20 billion of efficiency savings by 2015 and this has resulted in "clinic closures, reduced opening hours that are inconvenient for working women and restrictions on methods available".[xxiii]

Costs of unintended pregnancy

Unintended pregnancies can have devastating human and social costs. At least 40 per cent of teenage mothers leave school with no qualifications and both teenage mothers and their children have poorer health outcomes and an increased chance of living in poverty.[xxiv] The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers.[xxv]

Unintended pregnancies increase population growth and will contribute to the expected UK population increase of 10 million people over the next 25 years.[xxvi] This will put even greater pressure on housing, public services, natural resources and the environment.

There are also huge economic costs associated with rapid population growth and unintended pregnancies. According to a 2013 report by Development Economics, the annual medical cost of unintended pregnancy in 2011 was estimated to be around £662 million. The same report projected the costs of unintended pregnancies to the NHS and, even under the most optimistic scenario modelled, the report predicted costs of almost £5.1 billion between 2012 and 2020.[xxvii]

That figure does not include the other costs associated with unintended pregnancies, such as the education of children, housing costs and social welfare programmes for low-income mothers and children. After including these costs into their considerations, Development Economics estimated that unintended pregnancies would cost the UK between £70.665 and £80.821 billion over the 2012 to 2020 period. When the impact of reduced labour market participation, earnings potential and spending power of young mothers was also considered, the report estimated that figure to increase by £3.5 to £3.8 billion.[xxviii]

Tackling unintended pregnancy

In 2000, the Labour government launched a 10-year teenage pregnancy strategy, which aimed to halve the rate of conceptions among under 18 year olds by 2010. The strategy included "advertising campaigns, providing better information and access to contraceptives, encouraging good sex education, and more discussion of sexual health with general practitioners, youth services, and in specialised clinics."[xxix]

This approach, which aimed to tackle the key problems of lack of knowledge and access to sexual health services, has been very successful. By 2013, the number of teenage pregnancies in England and Wales had fallen by over 38% to its lowest level since 1969.[xxx] Research has found that the areas of the country that have achieved the greatest reductions in unintended pregnancies have provided both good quality school SRE as well as accessible sexual health services.[xxxi]

This progress will likely be undermined by £200 million of public health cuts announced by the government in 2015, which will restrict access to sexual and reproductive health services.[xxxii] If unintended pregnancies are to be prevented, instead of making public health cuts, the government must invest to ensure that all people have their fundamental right to access these services protected. Failure to do so will cost the state significantly more in the long run.

SRE should also be made compulsory for state schools in order to ensure that all children are benefitting from this education and that schools are investing adequately in its provision. This is a decision that is supported by the vast majority of the National Union of Teachers. [xxxiii]

The National Institute for Health and Care Excellence (NICE) also recommend that GPs should offer a small supply of emergency contraception in advance of perceived need to young women who rely on condoms or the contraceptive pill, both of which have relatively high rates of user failure.[xxxiv] NICE have highlighted many other similar simple, practical steps that can be taken to reduce unintended pregnancies such as discussing contraceptive services before, during and after an abortion and providing contraceptive services immediately after a pregnancy.[xxxv]

Conclusion

There are hundreds of thousands of unintended pregnancies every year in the UK and the teenage pregnancy rate is much higher than in other Western European countries. This is mainly due to a lack of quality SRE for young people and barriers to accessing sexual and reproductive health services.

Unintended pregnancies will cost the NHS and the economy billions. In order to reduce these costs, the state must make SRE compulsory in UK schools and ensure that everyone who needs sexual and reproductive health services can access them.

Previous governments have had some success in tackling the issue of unintended pregnancies but there is still a long way to go and the concern is that recent public health cuts will undermine this good work. The government must take a long-term view and acknowledge the importance of preventing unintended pregnancies to women and children, society, the economy and the environment.

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