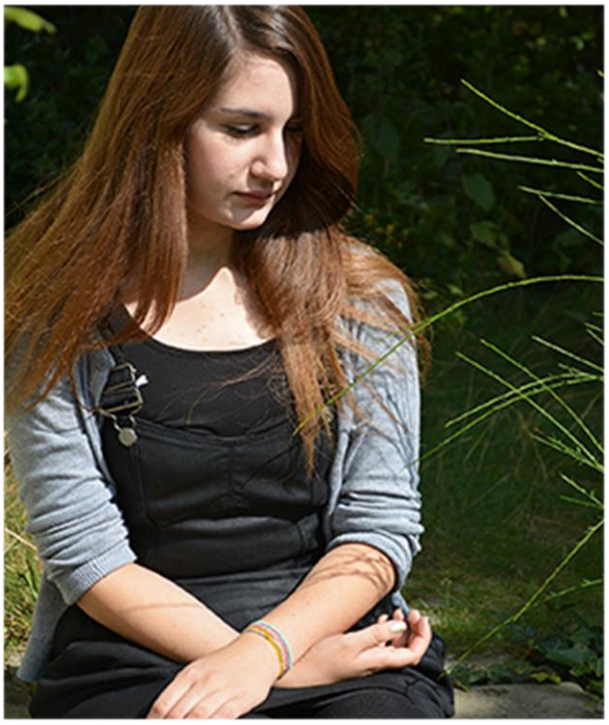


Teenage pregnancy in England and Wales

Teenage pregnancy rates in England and Wales are at their lowest point since records began. This is due, primarily, to government action, which has improved the provision of sex and relationships education (SRE) and increased access to contraception for young people.

Despite this success, England and Wales still have some of the highest teenage pregnancy rates in the developed world. There is also significant disparity in teenage conception rates between areas within these regions, with some areas experiencing rates as high as 40 pregnancies per 1000 girls under the age of 18, while others have rates as low as five per 1000. This briefing examines teenage conception rates in England and Wales and considers the reasons for these large disparities between areas.

Teenage conception rates in England and Wales[1]

In England and Wales, there were 63,116 conceptions to women under the age of 20 in 2014. The conception rate for this group fell by 6.4 per cent to 37.9 conceptions per 1,000 women under-20 in 2014, continuing the overall downward trend since 2007 from 61.4 conceptions per 1,000 women. Similarly, the conception rate for under-18s — the measure predominantly used when discussing teenage pregnancy — has been falling, and is now 22.9 conceptions per 1000 women under the age of 18; its lowest level since records began in 1969, when the rate was 47.1 conceptions per 1000 women.

The five areas in England and Wales with the **lowest** teenage conception rates are:

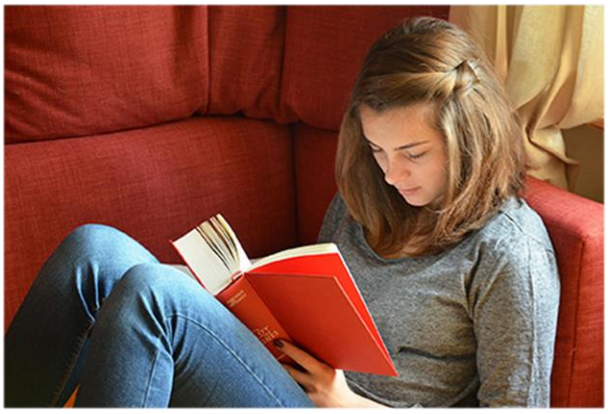
1. Hart – 5.2 per 1,000
2. East Dorset – 5.7 per 1,000
3. West Devon – 6.5 per 1,000
4. Wokingham – 8.4 per 1,000
5. Chiltern – 9 per 1,000

The five areas with the **highest** teenage conception rates are:

1. Nuneaton and Bedworth – 43 per 1,000
2. Stoke on Trent – 42.4 per 1,000
3. Tamworth – 42 per 1,000
4. North East Lincolnshire – 40.8 per 1,000
5. Kingston upon Hull – 39.3 per 1,000

Despite the fact that the worst-performing areas are significantly behind their high-performing counterparts, they have still managed to reduce their rates since 1998, when overall teenage

conception rates in England and Wales were 51 per cent higher than they are now.



Why have teenage conception rates fallen?

One important factor in the fall in teenage conception rates in England and Wales is the fact that more and more women are remaining in formal education. According to the Department of Innovation, Universities and Skills, "since the early 90s, girls have become significantly more likely than boys to achieve five or more GCSEs and, in terms of higher education, the 2005/06 Higher Education Initial Participation Rate figures for 17-30 year olds showed a 7.2 percentage participation gap, in favour of women — a gap which appears to continue to widen."[2] This trend means that young women are increasingly likely to delay having children. However, according to the Office for National Statistics, the most important factor in the fall in teenage conception rates since 1998 has been government action.[3]

Teenage Pregnancy Stratgey

In 1999, the UK government introduced their Teenage Pregnancy Strategy (TPS), with the aim of reducing teenage pregnancy by 50 per cent. This ambitious goal was not reached by the government's deadline of 2010, but it *was* realised four years later in 2014. The two most successful features of the TPS have been enhancing sex and relationships education (SRE) and increasing access to contraception.[4]

Speaking about the improvements in SRE, the Department of Health and the Department for Children, Schools and Families (DCSF) said: "While there is still a long way to go, the level and quality of information, advice and support for young people has improved. The Office for Standards in Education, Children's Services and Skills (Ofsted) judges Personal, Social, Health & Economic (PSHE) Education (which includes SRE) to be improving overall and is considered good in many schools. Over 10,000 teachers have taken part in the national PSHE training programme. and SRE is increasingly included within tutorial and enrichment programmes in Further Education. Clear and consistent messages have been promoted to young people through media campaigns."[5]

As a result of these efforts, young people not only have much better SRE, but they also have much greater access to contraception. "In 1998, there were a relatively small number of discrete young people's sexual health services and, for the majority of young people, access to contraceptive and sexual health advice was limited to their local GP or an all-age sexual health clinic. By 2007, around 30 per cent of secondary schools and three quarters of FE colleges had an on-site health service, providing advice on relationships and a range of SRH services. And more and more services — in both clinical and non-clinical settings — are now young people-centred."[6]

The fact that improved SRE and greater access to contraception have been so effective in reducing teenage pregnancy in England and Wales

corresponds with international evidence, which highlights these two factors as having the greatest impact on teenage pregnancy globally.[7]

Differences between areas

In line with international research, studies from England and Wales have shown that the areas which have achieved the greatest reductions in teenage and unintended pregnancies have provided both good quality school SRE, and also accessible sexual health services.[8]

School-based SRE is a key source of information for young people, but, due to its non-compulsory status, the quality and consistency of what is provided through SRE in schools varies greatly. There is much room for improvement, and recently Ofsted classified SRE provision in England and Wales as "not yet good enough".[9]

This classification corresponds with the findings of a survey of over 20,000 young people, carried out by the UK Youth Parliament in 2007, which showed that, despite significant improvements in SRE, 40 per cent of those surveyed felt that the SRE they received at school was "poor" or "very poor". A further 33 per cent rated their SRE as "average". [10]

This variation in quality of SRE plays a major role in the variation in teenage conception rates. Simon Walker, the West Midlands sexual-health lead for Public Health England, specifically highlighted "a lack of information in schools" as a key contributory factor to high rates in some areas.[11]

Deprivation is another important factor in the difference in teenage conception rates between different areas in England and Wales. The ONS have found that teenage conception rates broadly correlate with measures of deprivation such as unemployment and child poverty.[12] However, while deprivation is an important factor in teenage pregnancy, it is not the deciding factor. Indeed, some of the most deprived areas in England and Wales have seen greater than 25 per cent reductions in under-18 conceptions since 1998.[13]

Hackney, for example, has gone from having the third worst rate for under-18 conceptions to being in line with the national average (a 60 per cent reduction) since 2000, through a mix of initiatives that emphasise increasing access to contraception. One such initiative is a scheme "which gives youngsters access to free condoms in settings such as colleges, pharmacies, health centres and youth clubs. When a teenager registers with the scheme they have a conversation with a trained adviser and are then given a card to allow them to collect their free condoms when needed. Over 4,000 young people are registering with the service each year and about 90,000 condoms are handed out." [14]

Furthermore, areas like Tamworth have a low to medium level of deprivation, yet much higher than average teenage pregnancy rates. Similarly, the US and the UK have the highest teenage pregnancy rates in the developed world despite being two of that world's largest and most prosperous economies.[15]

When comparing areas that had received similar amounts of funding from the DCSF to advance their teen pregnancy strategies, a recent study found very different performance rates despite similar funding. The study concluded that: "Although DCSF funding is not the only funding that can be used in trying to reduce conception rates, this does at least suggest that local success is not simply a matter of how much areas spend, but what they spend it on."[16]

Thus, while areas that have lower teenage pregnancy rates do tend to be better off economically than worse performing areas, the latter can still reduce teenage pregnancy by focusing on initiatives to improve SRE and increase access to contraception. Many areas have recognized this point, and are introducing new strategies to combat teenage pregnancy that focus on these approaches.

The Tamworth strategy document, for example, specifically sets out "high quality SRE, easy access to youth-centered sexual health services and early intervention to support young women at greatest risk of pregnancy" as its main focus.[17] Other poor-performing areas, such as Stoke-on-Trent and North East Lincolnshire, have outlined similar strategies.[18]

What are the costs of high teenage pregnancy rates?

Teenage pregnancies can impose very significant costs on mothers and their children:[19]

- Teenage mothers are a fifth more likely to have no qualifications by the age of 30. They are also 22 per cent more likely to be living in poverty at 30.
- The rate of post-natal depression is three times higher among teenage mothers.
- Children of teenage mothers have a 63 per cent increased risk of being born into poverty, and are more likely to have accidents and behavioural problems.
- The infant mortality rate for babies born to teenage mothers is 60 per cent higher.
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower rates of economic activity in adult life.[20]

Teenage pregnancies also impose significant costs on societies. Teenage pregnancies increase population growth, and will contribute to the expected UK population increase of 10 million people over the next 25 years.[21] This growth 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, predicted costs of almost £5.1 billion between 2012 and 2020.[22] Moreover, this figure does not include the other costs associated with teenage 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.[23]

Conclusion

Teenage pregnancy rates in England and Wales have fallen dramatically since the turn of the century to their lowest point since records began. This impressive result is due to a concerted effort by the government to reduce teenage pregnancy rates by focusing on improving SRE and increasing young people's access to contraception. There is significant disparity in success rates between different areas in England and Wales due to differences in economic prosperity, quality of SRE and access to contraception, but all areas have seen a reduction in teenage pregnancy since the government introduced its TPS in 1998.

Despite this success, England and Wales still have some of the highest teenage pregnancy rates in the developed world, and progress is likely to 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.[24] If teenage pregnancies are to be prevented, then instead of making public health cuts, the government must invest to ensure that young people have their fundamental right to access these services protected. Furthermore, SRE must 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.

Teenage pregnancies impose significant costs on young mothers, children, society, the economy and the environment. In order to reduce these costs, the state, and local authorities, must enhance the quality of SRE in schools and ensure that everyone who needs sexual and reproductive health services can access them.

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[1]http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2014
[2]http://webarchive.nationalarchives.gov.uk/20121212135622/http:/www.bis.gov.uk/assets/biscore/corporate/migratedD/publications/D/DIUS_RR_08_14
[3]http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2014
[4]https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf.
[5]https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf.
[6]https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf.
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