

Teenage Mums



a pamphlet by Chris Bryant MP for the Rhondda

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Introduction

Britain has the highest rate of teenage pregnancy in Western Europe and the second highest, after the USA, in the world. Depressingly, the map of teenage pregnancy is the map of British deprivation. In my own constituency, the Rhondda, the figures are striking. There were 101 live births to teenagers last year. That means that nearly 1 in 25 of all the 2,325 teenage women in the Rhondda gave birth in 2006. It was not an unusual year. And the Rhondda does not have the highest rate for teenage mums in England or in Wales.

Everybody wants to tackle the problem. Churches complain about it. Children's charities worry about it. Local authorities fret about it. Parents and teachers are anxious about it. The Government is committed to action and has managed to cut the rate since its peak between 1995 and 97 by roughly 12%.

But the truth is that in Britain this is proving a remarkably intransigent problem. Cracking it will require far greater political determination. We need to be prepared to challenge deeply held prejudices and perceptions about sex, about education, about growing up and about what the state should provide. We need to face the fact that youngsters are sexualised very early on television, in popular music, in young people's magazines – and that the whole pressure from the media is towards early (and incidentally, often illegally early) sexual experience. And we need to look at other countries' experiences – because they have been far more successful in cutting teenage pregnancy rates.

This is not a question of being more liberal or more conservative. Natural conservatives have to acknowledge that their opposition to good statutory sex education and contraception is part of the problem. And liberals need to come to terms with the fact that laissez faire cultural attitudes to sex have equally contributed to the soaring rates and that many girls, especially in the poorest communities, choose to become pregnant as young teenagers.

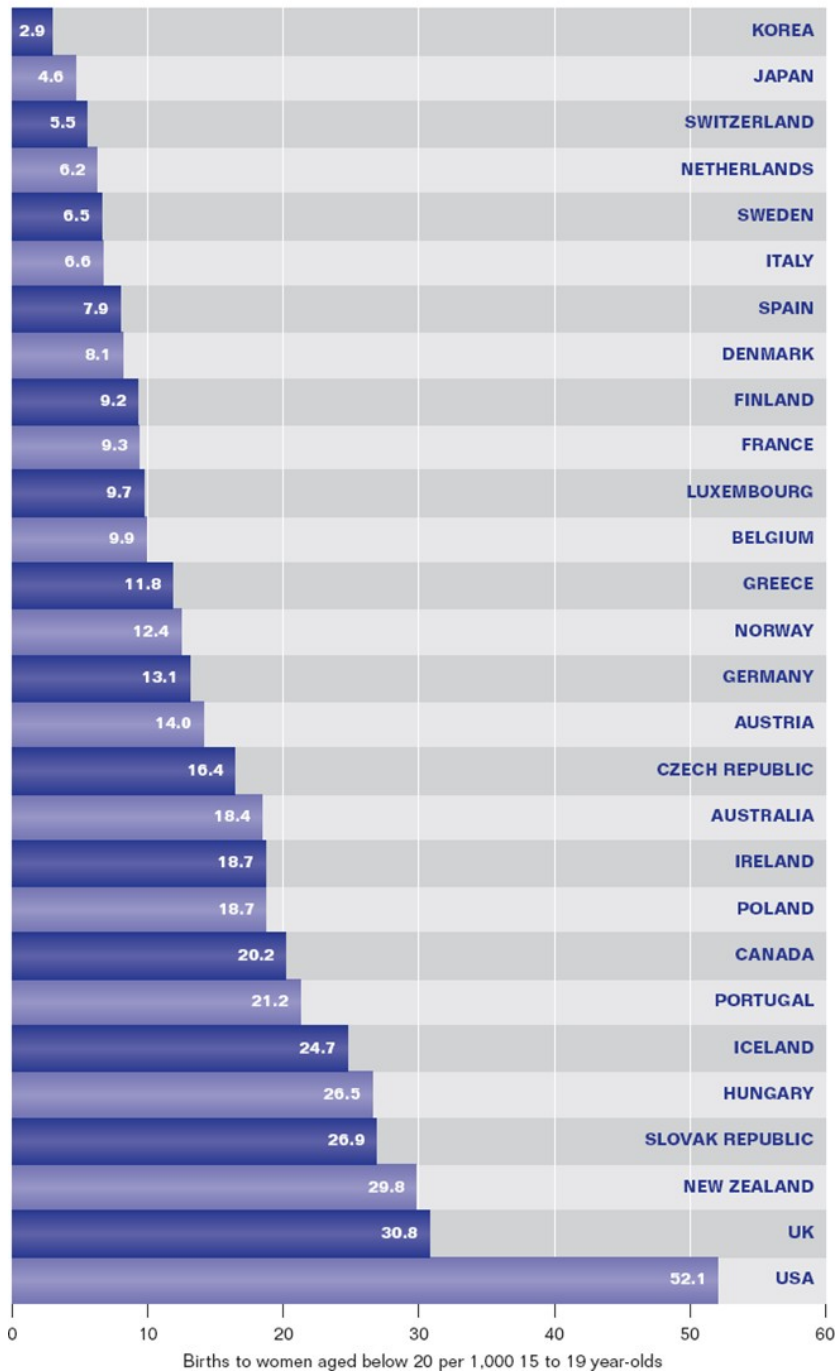
Of course many teenage mums, against the odds, are immensely successful parents. And the last thing they need from politicians is a self-righteous lecture. But tackling teenage pregnancy is one of the most important challenges we face in areas like the Rhondda. It is one of the major reasons that poverty is handed down through the generations. It perpetuates the vicious cycle of under-achievement, benefit dependency, ill health, lack of aspiration, poor parenting and child poverty that blights so many areas of Britain. Judgemental attitudes are unlikely to work. Many teenagers just snort at 'abstinence only' messages. But we have to build in secure incentives for teenagers not to choose teenage parenthood as an alternative to education or employment.

Whatever our personal attitudes to sex, we have to look at what works – and

what is not working now. It is an urgent problem. Some may say that it is notoriously difficult for politicians or for Government to shift social attitudes, but I am certain we can make a difference.

Figure 1

The table shows the number of births to women aged below 20 per 1,000 women aged 15 to 19 (details of the data are given on page 27). Data are for 1998, the most recent year for which comparable information is available from all countries.



The Worst in Europe

Attitudes towards marriage, contraception and abortion have changed across the centuries as science has advanced, religion has retreated and society has been transformed. The changes have been dramatic, affecting the most intimate aspects of family life. Childbirth and puerperal fever no longer kill thousands of mothers every year. Women and men get married later in life – and live longer. They have babies later in life. They have fewer babies and more of them survive into adulthood. And changing economic patterns have led more parents more deliberately to plan the size of their family.

In addition, new forms of contraception (and most especially the pill) have meant that sex without the fear of conception either within marriage or without is a reality. Other fears persist, not least thanks to HIV/AIDS and other Sexually Transmitted Infections. But sex without fear of conception is the modern norm, not the exception.

Yet we have a very real problem of teenage pregnancy in Britain. The statistics give a stark picture, especially in deprived communities.

- We have by a considerable way the highest rate of teenage pregnancies in Western Europe – five times that of Holland, three times that of France and double that of Germany – and the second highest rate in the world.
- Most teenage pregnancies in England and Wales are to the poorest girls in the poorest parts of the country.
- And many teenage mums were themselves the children of lone teenage mums.

It is a depressing story, not least in my own constituency, where we have the equivalent of 20 teenage pregnancies per secondary school every year.

The myths

There are however, many myths around teenage pregnancy.

- Many people believe that girls get pregnant so as to get a flat of their own from the Council. In fact 90% of teenage mums live in other people's homes – normally their parents'.
- Many believe that the number of teenage pregnancies is rising. In fact the peak was between 1995 and 1997 and there has been a steady, though fairly small fall since 1997.
- Many believe that British teenagers are just more promiscuous than their European counterparts, which is why we have higher levels of teenage pregnancy. In fact there is little evidence that we are any different in this

- regard from the rest of Europe.
- The media often focus on the youngest teenage mums. In fact more than half of teenage pregnancies were to 18 year olds and only 6% to under 16 year olds.
- Some have suggested that non-Whites are more likely to become teenage mums. In fact 89% of teenage mums are White British and the lowest rates of teenage pregnancy are found amongst Asian women.

The facts

Statistics abound when it comes to teenage pregnancy. Figures tend to be calculated either by numbers of conception or live birth per thousand and are often separated by conceptions to girls under 20, under 18 and under 16. Confusingly, some figures are referred to as 'teenage' when they properly refer to under 18s. I shall use teenage to mean under 20.

- Teenage pregnancy rates in the UK peaked between 1995 and 1998, but the UK still has the highest rate of teenage pregnancy in Europe.
- There were 341 conceptions to girls under 14 in 2004 in England and Wales. 61.3% led to legal abortions. There were 7,613 conceptions to girls under 16 and 42,150 to girls under 18 and 101,260 to girls under 20.
- In 2005 there were 41.1 conceptions per 1,000 girls aged 15-17 in England representing an overall decline of 11.8% since 1998 and the lowest level for 20 years.
- The figure for under-16 conceptions in England in 2005 was 7.8 per 1000 girls aged 13-15. This is 12.1% lower than the 1998 rate of 8.8.
- Half of all conceptions under 18 occur in the UK's 20% most deprived wards.
- Rates have fallen in some areas, but in others they have risen. Lambeth fell marginally between 1998 and 2004, by 1.5%, but Barking and Dagenham rose by 32.6%, Blackpool by 11.6% and Torbay by 13.0%.
- Figures have fallen similarly in Wales, but from 2002 to 2004 the rate in Torfaen rose from 47.8 to 66.9 per 1,000.
- Just over a quarter (27 per cent) of births to teenage mothers in England and Wales were registered solely by the mother.
- Maternity rates vary across the UK. In 2004 in England and Wales there were 36 maternities per 1,000 females, in Scotland 21 and Northern Ireland 23.
- The proportion of teenage mothers aged 16-19 in education, employment or training has increased from an average of 23.1% in 97-99 to an average of 29.2% in 2004-06.
- The UK Labour Force Survey suggests that between April and July 2007 the percentage of mothers aged 16-19 in employment was 20.7%, ILO unemployed was 8.5% and 70.8% were economically inactive (though this

would include those in education)

Table 1: Under-18 Conceptions for England: 1998-2005

Year	Number of under-18 conceptions	Under-18 conception rate*	Percent leading to legal abortion
1998	41,089	46.6	42.4
1999	39,247	44.8	43.5
2000	38,699	43.6	44.8
2001	38,461	42.5	46.1
2002	39,350	42.7	45.8
2003	39,553	42.2	46.1
2004	39,593	41.6	46.0
2005	39,804	41.3	46.8

Source: Office for National Statistics, 2007
*per thousand females aged 15-17

Table 2: Under-16 Conceptions for England, 1998-2005:

Year	Under-16 conceptions	Under-16 conception rate*	Percent leading to legal abortion
1998	7,855	8.8	52.9
1999	7,408	8.2	53.0
2000	7,620	8.3	54.5
2001	7,407	8.0	56.0
2002	7,395	7.9	55.7
2003	7,558	7.9	57.6
2004	7,181	7.5	57.6
2005	7,473	7.8	57.5

Sources: Office for National Statistics, 2007
*per thousand females aged 13-15

Welsh Facts

- Wales continues to have a higher teenage pregnancy rate than England – with 43.6 conceptions per thousand girls in 2005, compared

to 41.3 in England.

- The figures for under-18 pregnancies in Wales were similar, but higher than in England. In 2005 there were 43.3 pregnancies under 18 per 1,000 (a fall of 9.8%), though many fewer led to abortions than in England (38.6% in Wales and 46.9% in England). In absolute terms there were 2,605 conceptions to girls under 18 in Wales in 2004, 434 under 16.
- There were 457 conceptions in 2005 to Welsh girls aged under 16, up from 434 in 2004. Conception rates for girls aged under 16 decreased every year between 1999 and 2004 but increased slightly to 7.9 per thousand girls aged 13-15 in 2005.
- In 2005 there were an estimated 2,521 conceptions to girls aged under 18, down from 2,605 in 2004. Conception rates for girls aged under 18 decreased from 45.1 per thousand girls aged 15-17 in 2004 to 43.6 in 2005.
- In 2005 there were around 6,100 conceptions to females aged under 20, down from around 6,200 in 2004. The conception rate for females aged under 20 decreased from 64.2 per thousand females aged 15-19 in 2004 to 63.1 in 2005.
- Figures by local authority area for conception rates under 18 show Wrexham with the highest rate in Wales at 62.7 per thousand, up from 56 in 2003, followed by Torfaen (59.7), Caerphilly (53) and Rhondda Cynon Taff (52.7).
- In Rhondda constituency, the figure for live births was 43.4 per thousand teenage girls. This compares to 28.9 in England and 33.7 in Wales.

But is teenage pregnancy a problem?

Above all, the statistics show that being a teenage mum is bad for you. You are less likely to be in good health or to complete your education and more likely to live in poor housing and spend long periods of your life on benefits. As one six form girl put it to me at Treorchy Comprehensive School, 'there's a problem because girls won't finish their education because of the stresses of having a baby and they'll end up on benefit for ever.' And in the words of another, 'with benefits you're still poor.'

There are real dangers. In particular:

- Babies to teenage mums tend to have a lower than average birth weight.
- Infant mortality is 60% higher than for babies of older women.
- Just 44% of mothers under 20 breastfeed, compared to 64% of 20–24 year olds and up to 80% of older mothers.

- Most depressingly, the daughters of teenage mothers are more likely to become teenage mums themselves.

Teenage pregnancy cannot be considered, of course, in isolation from other sexual health issues. Between 1991 and 2001, the number of new episodes of sexually transmitted infections (STIs) seen in Genitourinary Medicine (GUM) clinics in England, Wales and Northern Ireland doubled from 669,291 to 1,332,910. Young people, in particular females under the age of 20, bear the burden of sexually transmitted infections. Between 1997 and 2006 there was a 347% increase in the numbers of chlamydia infections in 16-19 year old boys and 160% for girls.

Although some teenage mothers have immensely supportive families and cope with remarkable resilience, many find bringing up a baby very tough. When I visited the excellent Books and Babies project for pregnant schoolgirls and mothers under 16 in Nantgarw many of the girls highlighted the real problems they had had: problems telling their parents they were pregnant, problems sorting housing and finances, problems with the dads, problems at school. One girl was just 13. Another had been thrown out by her mother when she was only 14. Another was keen to move in with her 19 year old boyfriend but was finding it impossible to get a flat unless she pretended she was going to live on her own. These are immensely tough issues for teenagers to cope with – and they showed remarkable cheerfulness.

One of the girls, Katie Wood, wrote, 'I find that I stress over any little thing most of the time and half of it is nothing to worry about but I can't help making a deal out of nothing. I can go a couple of months being fine, then I will have a week or so where things get on top of me and I just end up breaking down and crying about everything'.

Joy Starling, who runs Books and Babies underlined to me the real emotional difficulties the girls face: 'many of the girls suffer from acute depression and have real problems when their babies become toddlers. The children then end up being a problem because they've just not had enough support. The girls are desperate to come back to us, but we're only able to help until they are 16. Some girls will have a second baby when they're still teenagers because they remember the warm feeling of the early days.'

One final reason for worrying about the number of teenage pregnancies is of course the number of teenage abortions. In England in 2005 there were 18,628 under-18 abortions and in 2006 47% of pregnancies ended in abortions. 19 year-old girls are now the most likely age group to have an abortion.

'The children of teenage mums have higher rates of infant mortality than
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children born to older mothers, are more likely to be born premature – which has serious implications for the baby’s long-term health – and have higher rates of admissions to A&E. In the longer term, children of teenage mothers experience lower educational attainment and are at higher risk of economic inactivity as adults;

The pressures of early parenthood result in teenage mothers experiencing high rates of poor emotional health and well-being – which impacts on their children’s behaviour and achievement; and

They often do not achieve the qualifications they need to progress into further education and, in some cases, have difficulties finding childcare and other support they need to participate in Education, Employment or Training (EET). Consequently, they struggle to compete in an increasingly high-skill labour market.’

The root causes

It is easier to state the facts on teenage pregnancy than to track the root causes with certainty, not least because so many different cultural, social and practical factors come into play. Nonetheless some clear patterns are discernable.

Lack of information about sex and relationships

Many would think that parents and school would and should be important sources of information about sex for teenagers. Yet when asked where they get such information, youngsters in England and Wales cite their peers, television, pornography and increasingly the internet. And when I asked a group of students at Treorchy comprehensive, only one of the students out of 30 said they had ever talked about sex with their parents. Although a similar group at Tonypanyd Comprehensive suggested that more there had talked about sex with their parents, both groups were very dismissive of the sex education they had received at school. They were equally dismissive of traditional church teaching on sex.

Together with the teenage mothers at Books and Babies, all argued that their school sex education was wholly inadequate. One young mother said, 'it was just about pads and tampons and putting a condom on a fake willy'. One girl at Treorchy said, 'Nobody wants to look silly or be embarrassed in sex education so you daren't ask a simple question.' Many complained that the only time sex had been mentioned at school was in a science lesson when they had been taught the biological facts about sex rather than anything else. Some had had a single lesson about puberty in the last year at primary school, but most had not had any sex and relationship education that they could recall.

It is not surprising therefore that in March 2007 [Estyn](#) reported that 'only a minority of Welsh schools teach sex and relationships education to high standards. In the majority of cases, schools rely on individual sessions that provide basic factual information, but with few opportunities for learners to engage in discussions about moral and emotional issues. This approach is often due to a lack of confidence or embarrassment on the part of teachers'. In addition Susan Lewis, Her Majesty's Chief Inspector of Education and Training in Wales, said that 'In some cases, the narrow views of governors, headteachers and sometimes parents, who wish to protect children from developing into young adults too soon, influence what is taught.'

The same is true in England. [Ofsted](#) reported in April 2007 that there had been considerable improvements in Personal Social and Health Education over the last 5 years, but reported that 'Many young people say that many parents and some teachers are not very good at talking about the more sensitive issues in PSHE,

such as sex and relationships. They feel that parents and teachers often leave it too late and do not talk about such issues until they have reached puberty or have started feeling sexual desire. In the case of SRE, young people do not want just the biological facts but want to talk about feelings and relationships.'

The dangers of ignorance about sex are clear. Without proper information, many teenagers will not acquire the personal confidence or social skills to be able to make informed choices about sex before the onset of puberty and before sexual opportunities arise. A reliance on providing just the basic biological facts, rather than the emotional or indeed spiritual context for sex can leave many youngsters painfully exposed to highly sexualised media messages and peer pressure. What is more, the evidence from countries like Holland and some LEAs such as Camden, is that good sex and relationship education can help delay first sex and cut teenage pregnancy rates. At the moment it seems that embarrassed silence is our default position. Articulate, confident parents may be able to breach this gap in middle class communities. Elsewhere, we abandon youngsters to uncontrollable pressures. Britain's natural embarrassment about all matters sexual is betraying our youngsters.

'There is a great deal of variety of provision, but there is no specialist provision, some children effectively relying on science lessons to learn the facts of life. In some primary schools girls may start their periods without having had any sex education at all.' Estyn report, [Sex and Relationship Education in Wales 2007](#)

'Callers tell me that in their biology lessons, they might be shown how to put a condom on a cucumber, but they aren't told how to go out and get condoms and then actually use them in real life situations. It's almost like a paragraph has been left out of the bottom of the lesson plan – the paragraph explaining how to use contraception in the real world.' [Childline](#) counsellor

Starting early

The most recent comparative study of teenage sexual activity suggests that British teenagers start having sex younger than their European counterparts, with an average age for first sexual experience of 16½. Dr Emmanuelle [Godeau's](#) study produced in January 2008 (although referring to 2002 data) also shows nearly 38% of English 15 year olds had had sex, compared to just 14% in Croatia. This is very different from the 1950s, when the average age of first sex was 20/21. Now, according to a *Lancet* survey nearly a quarter become sexually active before they are 16.

Availability of contraception

When I asked a group of students at Treorchy Comprehensive School in the Rhondda what they thought was the main reason for the high number of teenage pregnancies locally, they were all critical of the local availability of contraception. As one boy put it, 'Maybe it's different if you live in Cardiff but it's pretty embarrassing buying condoms in the Rhondda. If you go into a chemist's in Treorchy, the girl behind the counter will almost certainly know your mum. So people just don't buy them. The same goes for visiting the Family Planning Clinic in Ynyswen. And it's more expensive to buy them from the machine in the pub. They should be available free from a nurse in school.'

Equally several of the girls said they didn't want to go on the pill in case their mother found out and complained that parents were very contradictory, saying they would kill their daughter if she got pregnant but also saying they shouldn't be on the pill.

It is not just that many teenagers have sex without contraception. It is also the case that many British teenagers rely on less reliable forms of contraception. So in 2006/07 of 16-19 year-old women who used contraception 63% used a male condom and only 48% used the pill. By contrast these figures were reversed for 20-24 year-olds, with 39% using a condom and 64% the pill. These figures are very different in France and other European countries, where many youngsters will use both the pill and a condom.

There may be many reasons for this. Many girls are worried that they will put on weight if they go on the pill. Many parents are reluctant for their daughter to go on the pill as it is a tacit acceptance that she is sexually active. Going on the pill requires more forward planning than a condom. Many believe, incorrectly that the male condom is a more effective form of contraception. And many young people believe that since condoms will provide protection against sexually transmitted infections, there is no need for a second layer of protection.

All this has pushed many youngsters towards a heavy reliance on the male condom, which is less reliable as a form of contraception (90-98% reliability compared to nearly 100% for the pill) and is often jettisoned in the heat of the moment. The most recent survey of first time use of the male condom suggests it fails in as many as 14.5% of cases.

Emergency Contraception

Legislation introduced in January 2001 has meant that progestogen only contraception ('the morning after pill') is available without prescription for women aged 16 years and over. The change in the law has clearly been successful, with evidence that between 2000 and 2001 there was a 52% reduction in the number of women attending emergency departments with requests for emergency contraception in two typical London areas. More women are now getting their

emergency contraception without prescription from pharmacies as compared with emergency departments.

Emergency contraception is available in the Rhondda either from the family planning clinic, from a GP or from a chemist. Students at Treorchy pointed out that the family planning clinic is not open on Saturdays or Sundays – potentially the most useful days in the week – and that although it was available from the chemist it cost more than £20, a figure that many girls would not be able to afford. In fact, since then the Local Health Board has introduced a scheme whereby after training chemists can give emergency contraception for free and be reimbursed by the LHB.

There is some evidence that a series of scare stories about emergency contraception have discouraged many girls from using it – and that erroneously many believe that its efficacy falls off rapidly after the first 24 hours.

'I'm four weeks late. I can't be bothered with condoms – they're a hassle – and I don't want to go on the pill 'cos it'll make me fat and I'll probably forget to take it anyway.' Girl calling Childline, 14

Planned pregnancies and mixed messages

It is difficult to avoid the fact that although some girls get pregnant accidentally, there are many who deliberately opt to get pregnant – or at least are reckless about whether they get pregnant when having sex. One teacher at Treorchy Comprehensive told me she asked a girl why she wasn't trying very hard at school. The girl replied, 'well, miss, there's no point really as I'm going to get pregnant next year and then I won't be coming to school any more'. The teacher tells me the girl didn't care who the father was going to be. One of the pupils echoed this, saying, 'I've heard girls say, "I'm fed up. I'm just going to have a baby. It's easier"'

For many this may seem incomprehensible. How could someone deliberately choose such a 'career pregnancy'? But if a girl feels undervalued or unloved at home and is having difficulties either socially or academically at school, she may see motherhood as a form of career choice that guarantees her at least one person who will dote on her – her child. As two students in Treorchy put it, 'the thing is, a baby is seen as a recreation' and 'there are so many support groups for teenage mums that it's more fun than staying in school'.

In addition, society sends out very mixed messages about sex and teenage pregnancy. Television, popular music, teenagers' magazines all push out a constantly sexualized message for teenagers. Moreover the response to a

teenage pregnancy is often either contradictory or even hypocritical.

So, as one girl put it, 'The moment a girl is pregnant everyone is all of a sudden her best friend, even if some of them are thinking "my god, how could she be so stupid!"' Interestingly, the girls at Books and Babies mirrored this comment with their own: 'My mam told me "you're either having an abortion or get out". I was really angry, 'cos she had me when she was only 18. All the girls at school were coming up and being nice to my face but slagging me off behind my back.'

Moreover the state does its best to rally round when a young girl gets pregnant. Having been ignored when under-achieving at school, a newly pregnant girl may suddenly have support from a social worker, a child psychologist, a GP, a gynaecologist, a midwife, a nurse and a housing officer.

The 2006 Joseph Rowntree report, '[Planned' Teenage pregnancy](#) by Suzanne Cater and Lester Coleman, based on interviews with 41 teenage mothers and 10 teenage fathers, makes the point that 'planning' can vary enormously between those who openly and intentionally choose, after discussion, to have a child early and those who adopt a fatalistic approach towards pregnancy and contraception.

The report highlighted several issues:

- The high visibility and acceptance of other young parents in the neighbourhood reduces the stigma for many young girls;
- Many see becoming a parent as a means of escaping family hardship and unhappiness, a chance for independence and an opportunity to gain a new identity;
- For others, bringing up a baby is seen as an alternative, more satisfying career than having a low-paid, 'dead-end' job;
- Where there had not been an explicit decision to try and get pregnant, many poorer girls chose to continue with the pregnancy, partly out of a fatalistic acceptance of what life threw at them and partly because of the general acceptability of young parenthood in the area, whilst wealthier girls had terminations. (As a *Times* headline put it, 'Pregnant teenagers live in different worlds: the rich have abortions, the poor have babies')

These findings fly in the face of the Social Exclusion Unit's 1999 report that suggested that 'the first conscious decision that many teenagers make about their pregnancy is whether to have an abortion or continue with the pregnancy.' The truth is that many teenagers, especially in deprived communities, deliberately choose to get pregnant and if we are to tackle teenage pregnancy rates we shall have to accept that planned teenage pregnancy is a fact.

'Don't ask me why my body got pregnant – that's up to my body. I wanted a baby, so I was happy, but it was the right time otherwise my body wouldn't have had one.' female, 16

'Because I was so unhappy – I was so – you know – so unhappy. I didn't have a place for anything. I hated school, I didn't – I didn't have anything (um) and B [baby son] gave me that – B gave me my purpose and my place in life, and my goal.' female, 13

'My mum's never had a job – she just had me and my sisters – like, quite young. Like, a housewife-type thing. And that's what all my friends' mums are too. There's tons of teenage mums round here – I don't know why – nobody looks at me funny 'cos there's so many of us. [laughs]' female, 17

Joseph Rowntree report, ['Planned' teenage pregnancy](#)

'If a girl sleeps with lots of boys, she's a slag, but if a boy does, he's a hero.'

'All the images are wrong on TV. You always see a rapper with twenty really young women on his arm.'

'When you see a teenage mum you know she'll be a single girl – there won't be a father around.'

Comments from students at Treorchy Comprehensive

Poverty and poverty of aspiration

All the international comparisons suggest that deprivation is intimately linked with high rates of teenage pregnancy. So for instance, in Italy the teenage birth rate in the well-off central regions is only 3.3 per 1,000, but, in the poorer Mezzogiorno it is 10.0 per 1,000 (which is still a quarter of the figure in the Rhondda). Likewise, a 2001 study in California showed that in the wealthier Marin County there was a teenage pregnancy rate of 5 per 1,000, whilst in the poorer Tulare County the rate for Caucasians was 50 and for the poorer Hispanics 100.

Exactly the same is true across England and Wales. Poorer communities have significantly higher rates than wealthier ones and Wales has higher rates than England. So, the English region with the highest rates is the North East, followed by London and Yorkshire and the Humber. Wales, at 45.1 is some way ahead of the average for England, but short of the North East on 50.6 per 1,000.

Within Wales the same is true. The poorest Valley communities, of Rhondda Cynon Taff, Merthyr Tydfil, Torfaen and Wrexham have the highest rates whilst the more affluent areas of Monmouthshire have a rate that is a third of the others (Monmouthshire 21.6, Torfaen 66.9).

Based on average rates between 2002 and 04, Rhondda Cynon Taff County Borough has the highest teenage pregnancy rate in Wales at 60.3 per 1,000. The relation between deprivation and teenage pregnancy is not a precise

equation, not least because some local authorities and health organisations have had more success than others in tackling the problem, but there is an almost direct equivalence between the map of teenage pregnancy and the poverty map of Britain.

Nor is there a direct causal relationship between poverty and teenage pregnancy. The vast majority of poor people do not have children before their 20th birthday. But a girl growing up in a household where nobody works is far more likely to become a teenage mother and her daughter is in turn more likely to get pregnant young. So poverty – like wealth – is all too often inherited.

This is nowhere better exemplified than in the figures for girls in care or leaving care who have repeatedly been shown to be at higher risk of teenage pregnancy. Survey findings have shown that a quarter of care leavers had a child by the age of 16, and nearly half were mothers within 18 to 24 months after leaving care. Equally disturbing is the fact that Nearly 20% of births to under-18s are to young women who are already teenage mothers, for whom childbirth has clearly become an alternative to school, training or work.

We will never manage to break the cascade of poverty through the generations without further reducing the teenage pregnancy rate. Nor shall we be able to cut these rates without tackling poverty and deprivation. Enhancing the self-worth and the range of personal opportunities in life of the most vulnerable and the poorest children in Britain must be a key aim of social policy.

Table 4.1b Proportion of <18 pregnancies by deprivation quintile

	Quintile 1 (least deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (most deprived)	Total % (n)	P value for diffs in dep ⁿ level
Year 1 % (n)	4.8% (11)	7.7% (13)	9.3% (19)	13.3% (33)	11.7% (32)	9.6% (108)	0.002
Year 2 % (n)	5.0% (10)	4.6% (9)	7.5% (15)	10.3% (22)	10.3% (32)	7.8% (88)	0.004
Year 3 % (n)	1.8% (3)	2.9% (5)	2.8% (7)	7.7% (18)	12.8% (33)	6.1% (66)	<0.001
Year 4 % (n)	2.3% (5)	5.6% (10)	10.2% (21)	7.3% (17)	13.7% (43)	8.5% (96)	<0.001

P value for overall change across the 4 years = 0.175

Alcohol and under-age drinking

The statistics on teenage and under-age drinking in England and Wales are mixed. On the one hand the authoritative ESPAD survey (repeated in 1995, 1999 and 2003), which is based on self-reporting by teenagers, shows the UK, Ireland and Denmark at the top of the league in terms of the number of 15-16 year olds who have been drunk 10 or more times in the last 12 months. It also

found in 2003 that

- The vast majority of the students in the United Kingdom had drunk alcohol during the last 12 months (91%), well above the average of all ESPAD countries (83%).
- The proportion saying they had got drunk during the same period is markedly higher in the UK than elsewhere.
- More girls than boys (29% as opposed to 25%) admitted at least one binge drinking experience within the previous month – a marked increase since 1999.

Other surveys have seen similar worrying trends. The Department of Health reported in 2001 that the amount of alcohol consumed by 11-15 every week doubled in the 1990s. In 2006, 41% of 15-year-olds admitted to having drunk alcohol in the last week, 16% of 13-year-olds, 8% of 12-year-olds and 3% of 11-year-olds.

On the other hand, since 2001 the number of 11-15 year olds in the UK who say they have drunk alcohol in the last week has slowly fallen and the proportion who say they have never drunk alcohol has gone up, from 38% to its current 46%. The percentage of young people who say they have drunk alcohol in the past week, is also down from 26% in 2001 to 21% today.

What this seems to suggest is that while the overall number of youngsters drinking is falling, those who are drinking under-age are drinking more and more often and are getting drunk more often.

As with deprivation, there is no direct link with teenage pregnancy. Drinking doesn't make you pregnant. But, as a report by Alcohol Concern in 2002 put it, 'alcohol affects people's judgement, it lowers inhibitions, it gives people an excuse for behaviour that they might otherwise find difficult to explain and of course young people drink alcohol in places where they expect and hope to meet sexual partners.'

This is a particularly strong cocktail when it comes to young teenagers, who when drunk are more likely to overcome their natural anxieties about having sex, are more likely to have their first sexual experience, are more likely to have sex with someone they have not known for more than 24 hours and may either deliberately or accidentally have sex without contraception. So, as Alcohol Concern have pointed out, citing several different surveys:

- Three quarters of 16-20 year olds use contraception while sober, compared to 59% who are moderately intoxicated and just 13% of those who are strongly intoxicated.

- Among 15-16 year olds one in 14 said they had unprotected sex after drinking, and one in seven 16-24 year olds said they had done so.
- When asked why they had sex the first time 20% of men and 13% of women aged 15 to 19 said alcohol was a main reason.
- Forty per cent of sexually active 13 and 14 year olds were "drunk or stoned" at first intercourse.
- Of 15 to 19 year olds who have had sex with someone they knew for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason.

'I got drunk and had sex with a 17 year old at a party. I've just taken the pregnancy test and it's positive. The boy said it isn't his. I want to do my A-levels, but I've ruined my life'. Girl – 16

'When my boyfriend and I are drunk, sometimes we don't bother with condoms. I told him I think I'm pregnant and he said it would be all right. Of course it will be for him – he's not the one who's going to have to deal with it'. Girl – 15

Two of the 6,921 children who rang [Childline](#) to talk about pregnancy issues in 2007.

Government measures in England and Wales

In England the Government's [Teenage Pregnancy Strategy](#) was launched in 1998 in a coordinated attempt to tackle both the causes and the consequences of teenage pregnancy with two targets:

- To halve the under-18 conception rate by 2010, and establish a firm downward trend in the under-16 rate; and
- To increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion

In September 2006 the Government published [Teenage Pregnancy: Accelerating the Strategy to 2010](#) and in July 2007 it published [Teenage Parents Next Steps](#). Both provided statistical analysis of the situation in England and made recommendations about best practice in support for teenage parents – mums and dads – and for the prevention of teenage pregnancy. The latter document places a heavy emphasis on additional support for teenage parents.

Delivery of the strategy has largely been the devolved responsibility of local authorities, Regional Health Authorities and PCTs and it is clear that this has meant a wide divergence in rates of success across the country. In the last year the Government's emphasis has shifted towards trying to promote best practice. The Government openly admits that 'It is not easy for the Government and local public services to influence young people's decisions about their sexual behaviour'.

Likewise, one of the objectives of the Welsh Assembly Government's Strategic Framework for Promoting Sexual Health in Wales is to reduce teenage pregnancy. Work to implement the Strategy began in 2000.

Recent initiatives have included: a campaign to raise awareness of emergency contraception; new guidance on best practice for the provision of effective contraception and sexual health advice services for young people issued in July 2001; the setting up of the [all Wales Sexual Health Network](#) to disseminate best practice; and the development of local sexual health strategies and service specifications.

In addition, the Welsh Assembly's *Personal and social education framework for 7 to 19 year olds in Wales (2008)* is clear about how it views sex education: 'The context for exploring the many aspects of sexuality is that of responsible, appropriate and healthy personal relationships. Sex and relationships education is required to be placed within a clear framework of values and an awareness of

the law on sexual behaviour.’ The difficulty is that with such an amorphous and value-free statement of intent there is little chance of challenging the problem of teenage pregnancy in many Valleys communities.

What we should be doing

1. Identify those most at risk

The wide variety in teenage pregnancy rates between different areas in Britain and between different social groups means that in both England and Wales it should be straightforward to identify those most at risk and to target resources appropriately.

These would include:

- Children in care and coming out of care
- Girls who have already have a teenage pregnancy
- Children with mental health problems
- Children who under-achieve at school, have a poor attendance record or leave at 16 with no qualifications
- The children of teenage mothers
- Wards with significantly higher rates

Government in England and Wales should identify wards with the highest rates of teenage pregnancy and all local authorities should establish close partnerships between the relevant authorities to target support to the most at risk.

2. Give children better, earlier information about sex and relationships

The Welsh Assembly's [*National Framework for sexual Health \(1999\)*](#) was right when it pointed to one of the reasons for high rates of teenage pregnancy in Wales: 'A lack of consistency exists in the messages young people receive about sex. Teenagers are bombarded with sexually explicit messages and an implicit message that sexual activity is the norm. But often parents and public institutions are embarrassed or silent, hoping that if sex is not talked about, it will not happen.'

Not talking about sex and refusing to ensure that every child gets all the information and the personal skills he or she needs to be able to make rational and informed decisions about their own sexual health will not make the problem go away. Silence and ignorance are no protection against pregnancy. All children should be provided with better, earlier information about sex and relationships.

3. Help parents talk to their children

The Government already acknowledges that 'young people who can talk openly about sex with their parents tend to delay having sex and are more likely to use

contraception when they do' and provides [online advice for parents](#) on how to talk to their children. Yet even this is minimal and many parents and children alike find it difficult to talk about sex, especially in the poorest communities. In Sweden, by contrast, every parent of a teenager is sent an imaginative and comprehensive booklet that is designed to help parents talk to their children about alcohol, smoking, drugs, sex and relationships.

So as to help parents talk to their children schools and/or local education authorities should be encouraged to produce local booklets aimed at helping parents address these issues, which should be sent to all parents on their child's 11th birthday.

4. Improve Sex and Relationships Education in England and Wales and put it on a statutory basis

Although some people argue that sex education is to blame for the rise in sexual activity of teenagers in the early 70s and 80s, the truth is that sex education in England and Wales has remained rudimentary at best, with many schools solely teaching the biological aspects of sex, as stipulated in the science curriculum. Whilst this covers contraception and STIs, it does not allow for sex to be placed in its proper context. Nor does it provide youngsters with the full range of skills they need to steer a steady course through puberty and teenage years. In the vast majority of cases it starts far too late – once puberty or sexual activity has already begun.

[Ofsted](#) has rightly argued that 'the public debate on issues such as sex and relationship education (SRE) is often ill informed and does not take account of the real pressures on young people. Just as with drugs, young people need to be equipped to make informed choices about relationships and to be able to resist pressures to have sex, but a minority response to Ofsted's last report on SRE was a call to consider introducing 'abstinence-only' programmes as the only option for unmarried people of any age. There is no evidence, however, that 'abstinence-only' education reduces teenage pregnancy or improves sexual health. There is also no evidence to support claims that teaching about contraception leads to increased sexual activity. Research suggests that education and strategies that promote abstinence but withhold information about contraception can place young people at a higher risk of pregnancy and sexually transmitted infections (STIs).'

Many have argued that this problem will only be properly resolved when Sex and Relationships Education (SRE) is put on a statutory basis so that all schools have to provide more than the mere biological facts. An NOP poll in 2006 showed that 86% of the public agree that it should be a compulsory part of the curriculum and that 81% of parents think schools should teach young people about the emotional aspects of sex and relationships. Childline and the NSPCC

are both keen to see SRE placed on a statutory basis.

I agree. SRE should be put on a statutory basis in England and in Wales, with an opt-out for individual parents. But that is not enough. It has to be effective. That means:

- SRE should start young and certainly (at an age-appropriate level) before the onset of puberty so that no child leaves primary school aged 11 without having had a series of SRE lessons and so that no girl starts her periods without an understanding of what is happening to her. Programmes that start after children become sexually active are likely to be useless.
- Sex should be placed in the proper context of relationships and emotional development, giving young people the personal confidence that it is “OK to say no”. Role-play, open discussion and assertiveness education should all be an important part of giving youngsters a sense of their own self-worth. It should also equally emphasise the positive aspects of sex and sexuality, the value of delaying first sex and the enormous responsibilities of parenthood.
- Any school based programme should not only teach about contraception services, but should provide access to local services, so that a class might for instance visit local services so as to improve self-confidence and break down anxieties.
- SRE has to be well taught, by specialist staff – and as part of a modular programme so that youngsters can acquire confidence to ask difficult questions. In many areas it will be necessary to provide additional training for existing staff – or for health professionals to be trained in SRE.

5. Improve non-school advice services for young people

Surveys of young people suggest that health advice services are rarely thought of as welcoming or accessible. This is certainly true in the Rhondda where there are part-time clinics in Ynyswen, Ferndale, Tonypany and at Llwynypia hospital. All of these are in doctors’ clinics, where there is negligible anonymity for youngsters and in a clinical environment that feels inaccessible for youngsters.

Again this reinforces the impression that sex is a largely biological and medical matter rather than an emotional one. Summoning up the courage to visit such a clinic – either to seek contraception or once one is pregnant – can be tough for all but the most confident teenagers. School visits as part of SRE could help, but all schools and colleges should seriously consider hosting sexual health clinics where students can access information, advice and contraception.

In addition, the work of the Youth Service should be significantly expanded, especially in areas with high levels of teenage pregnancy, so that youngsters can learn about sex in the context of personal development in a less formal setting.

5. Improve the availability of free contraception

Many youngsters in the Rhondda have told me that free condoms are hard to come by unless one is prepared to visit a clinic. For the poorest youngsters the cost of condoms either in a chemist or in the pub toilet can be prohibitive and if choosing between another bottle of beer and a pack of condoms many will forget the condoms.

In the gay community, by contrast, the continued campaign against HIV/AIDS has meant that free condoms are far more readily available, with most gay bars providing them. There should be a parallel national campaign to provide free condoms to youngsters, making them available in places where young people go, aimed at cutting STIs and pregnancies. This should start in the 150 wards in England and Wales with the highest levels of teenage pregnancy.

6. Improve young people's understanding of contraception

Improved school-based SRE can help increase young people's understanding of the relative effectiveness of different kinds of contraception, but we also need to target the under 18 population with more accurate information, encouraging the double protection model ('belt and braces') of oral contraception and condoms. A sustained campaign in young people's magazines, akin to the campaign on HIV/AIDS, that provides a consistent message and does not shift contraceptive use from the pill is vital. It should also address young people's other concerns around the use of the pill.

7. Improve access to and information about emergency contraception

Several Local Health Boards in Wales and PCTs in England have introduced schemes whereby chemists can dispense emergency contraception for free. This should be extended across the country.

In addition clearer information about emergency contraception should be provided online, in chemists, in school nurses' clinics and in youth centres, so as to counter the misinformation of recent years.

8. Provide more supported housing

The majority (90%) of teenage mothers live in other people's homes, most normally that of their parents or their boyfriend's parents. Many, however, are thrown out of their parents' home or may have been in care. Whilst it is very

rarely true that a girl will deliberately get pregnant so as to acquire a Council flat, it is true that local authorities do have to house many young mothers every year. In some areas, local authorities provide supported housing where several young mothers may live in close proximity, with a range of educational and medical facilities on hand. Experience in Boston, Massachusetts, suggest that supported housing where girls share cooking facilities and have a robustly supportive and challenging environment where their responsibilities as well as their rights are stressed has helped individuals better survive the rigours of early motherhood and cut local teenage pregnancy rates.

Many areas in England and Wales, including teenage pregnancy 'hot-spots' like the Rhondda, have no supported housing for teenagers at all. All too often this means that a young girl, often on her own apart from her baby, will be living in a wholly unsuitable flat. Although the appeal of such independence might be strong, many suffer from acute levels of depression due to the isolation this can involve.

Every local authority should develop proper programmes of support so that no under 18 year old mother is housed in isolation.

9. Extend educational (though not necessarily academic or school based) opportunities for teenage mothers

The Books and Babies project I visited in Nantgarw is a prime example of the kind of unit that can help teenage mothers cope with the problems they face and improve their educational opportunities. The girls themselves clearly valued it and all had ambitions for the future. However, the project only works with teenagers up until their 16th birthday and many colleges have very limited childcare. The advent of Flying Start in Wales, with its 5 times 2½ hour sessions of free childcare a week will make a significant difference, but if we are to help teenage mothers make different choices other than a second teenage pregnancy, we need to make it far easier for them to reenter school or college. All colleges should have readily accessible and affordable (or free) childcare. Every teenage mother should be ensured an individualized programme that enables her to be in education, employment or training.

10. Give the dads a stake

One significant complaint by several of the young people I have spoken to in the Rhondda is the fact that it is not just that the girls may deliberately exclude the fathers from their lives as young mothers, but that the support systems for teenage mothers often exclude the fathers. So for instance one young couple (16 and 19) were not able to apply for a council tenancy jointly, but the 16 year old mother would be guaranteed a place if she applied on her own. This despite the fact that they were staying with the father's parents in a three-bed house with

seven people. As Antony put it, 'It's really stupid. There's all this support for teenage mums, but nothing for teenage dads. It's as if we don't count, we're not wanted.' Suitable educational support should be provided for teenage fathers, with an emphasis on financial management, educational opportunities, sexual and personal health and contraception. Housing rules should be changed so that the presence of a father does not automatically rule a teenage mother out of a successful application.

'Single mother benefits are better if the father is not there.'
'Women are so independent these days that they want to do without the dad.'
Students at Treorchy Comprehensive

In a related issue, the Government is consulting on whether the law should presume or insist that a birth will be registered in the name of both parents. At the moment a girl cannot register the father's name, unless they are married or unless he is physically present. Clearly, there are reasons for this, but unless fathers are given a stake in their children's future – and given support so that they can be good fathers, the cycle of teenage pregnancy is likely constantly to be repeated.

11. Make it easier for teenage mothers to go to work

Employment is not only the best route out of household poverty, it gives a single mother a chance to socialise and provide a secure home for her child. And in nearly every case it improves the likelihood of the child avoiding a teenage pregnancy as well as the mother's mental and physical health. Recent evidence from the Joseph Rowntree Foundation and the Head of Policy Research at One Parent Families ([Lone Parents and 'mini-jobs'](#)) suggests there is a real need to help mothers who wish to work around 10 hours a week as a gateway into employment.

They argue, 'A lone parent on Income Support can earn up to £20 a week before Income Support is reduced pound for pound for all earnings above this level... The gain to working at the minimum wage for a lone parent with one child who is eligible for Housing and Council Tax Benefit is around £20 a week for four hours' work, around £24 a week for 15 hours' work, but around £44 a week for 16 hours' work (all before paying for childcare and other work-related expenses). Given these incentives, the low rate of lone parents who do mini-jobs at present (4 per cent) is not really surprising.'

Government should do everything it can to provide active incentives for teenage mothers to engage in education, employment or training and it should actively seek to make 'mini-jobs' in the range of 10 hours financially attractive. It should therefore consider an increase in the Income Support disregard, accompanied by an increase in the disregard within Housing Benefit and Council Tax Benefit.

12. Promote a positive responsible attitude towards alcohol

The problem of British under age drinking and teenage drunkenness is much debated in the media, but the irony of the many contradictory messages sent out on alcohol is not lost on many young people. As one boy put it to me at Treorchy Comprehensive, 'It's the booze culture here in the Rhondda. Your parents tell you it's wrong to get drunk and then spend every weekend pissed out of their minds. And everyone just laughs about it.'

Tackling the booze culture, especially the binge-drinking trends amongst young girls, would take a lengthier exercise than would be appropriate here. But education about alcohol should be a core part of PSHE in all schools and local authorities should take active steps in coordination with the police to close down off-licenses and pubs that sell (and often rely on their sales) to under 18s.

Government should also stop irresponsible alcohol marketing practices, many of which are directed at young people, including 'drink as much as you can' and 'happy hour' campaigns – as well as crack down on supermarkets selling alcohol at bargain rates designed to get customers into the store.

13. Provide consistent messages on sex and relationships

Government at every level is limited in what it can achieve against a media background that sexualises people at an ever younger age. But parents, schools and government need to provide consistent messages that accept that youngsters may not share precisely the same values as they do, but that stress not just the biological or medical aspects of sex, but the emotional as well. A harsh or judgemental attitude is unlikely to be effective with most young people and youngsters are quick to spot hypocrisy. But the responsibilities and the emotional and financial cost of parenthood – and the consequences of early and unprotected sex – should be a core part of what young people learn through their school, their youth group and the subliminal messages society sends out. It is right that society provides real support to teenage parents. The costs of not doing so will be paid by the next generation. But no youngster should be under the illusion that the choices they make are without consequences.

Recommendations

1. Government in England and Wales should identify wards with the highest rates of teenage pregnancy and all local authorities should establish close partnerships between the relevant authorities to target support to the most at risk.
2. All children should be provided with better, earlier information about sex and relationships.
3. So as to help parents talk to their children schools and/or local education authorities should be encouraged to produce local booklets aimed at helping parents address these issues, which should be sent to all parents on their child's 11th birthday.
4. Sex and Relationships Education should be put on a statutory basis in England and in Wales, with an opt-out for individual parents.
5. SRE should start young and certainly (at an age-appropriate level) before the onset of puberty
6. Sex should be placed in the proper context of relationships and emotional development, giving young people the personal confidence that it is "OK to say no".
7. Any school based programme should not only teach about contraception services, but should provide access to local services, so that a class might for instance visit local services so as to improve self-confidence and break down anxieties.
8. SRE has to be well taught, by specialist staff – and as part of a modular programme so that youngsters can acquire confidence to ask difficult questions. In many areas it will be necessary to provide additional training for existing staff – or for health professionals to be trained in SRE.
9. All schools and colleges should seriously consider hosting sexual health clinics where students can access information, advice and contraception.
10. The work of the Youth Service should be significantly expanded, especially in areas with high levels of teenage pregnancy, so that youngsters can learn about sex in the context of personal development in a less formal setting.
11. There should be a national campaign to provide free condoms to youngsters, making them available in places where young people go, aimed at cutting STIs and pregnancies. This should start in the 150 wards in England and Wales with the highest levels of teenage pregnancy.
12. Government should target the under 18 population with more accurate information on contraception, encouraging the double protection model ('belt and braces') of oral contraception and condoms.

13. There should be a sustained campaign in young people's magazines, akin to the campaign on HIV/AIDS, that provides a consistent message, that does not shift contraceptive use from the pill and that addresses young people's other concerns around oral contraception.
14. Schemes whereby chemists can dispense emergency contraception for free should be extended across the country.
15. Every local authority should develop proper programmes of support so that no under 18 year old mother is housed in isolation.
16. All colleges should have readily accessible and affordable (or free) childcare.
17. Every teenage mother should be ensured an individualized programme that enables her to be in education, employment or training.
18. Suitable educational support should be provided for teenage fathers, with an emphasis on financial management, educational opportunities, sexual and personal health and contraception.
19. Housing rules should be changed so that the presence of a father does not automatically rule a teenage mother out of a successful application.
20. Government should do everything it can to provide active incentives for teenage mothers to engage in education, employment or training and it should actively seek to make 'mini-jobs' in the range of 10 hours financially attractive. It should therefore consider an increase in the Income Support disregard, accompanied by an increase in the disregard within Housing Benefit and Council Tax Benefit.
21. Education about alcohol should be a core part of PSHE in all schools and local authorities should take active steps in coordination with the police to close down off-licenses and pubs that sell (and often rely on their sales) to under 18s.
22. The responsibilities and the emotional and financial cost of parenthood – and the consequences of early and unprotected sex – should be a core part of what young people learn through their school, their youth group and the subliminal messages society sends out.