

BRIEFING PAPER

The Scottish Parliament Health and Sport Committee Inquiry into Teenage Pregnancy

The Health and Sport Committee of the Scottish Parliament undertook an inquiry into teenage pregnancy to:

- Assess whether the action being taken in Scotland is sufficient to bring about real and sustained reductions in unplanned teenage pregnancy; and
- To explore with witnesses what further action may be required to ensure that those young people at risk of pregnancy at a young age, or who have a baby when they are very young, are able to gain access to appropriate support and services.

The Committee welcomed written evidence between 7th January 2013 and 7th February 2013. Oral evidence sessions were conducted from 22nd January - 5th March 2013 with representatives from different NHS Boards, Local Authorities, charities, voluntary sector organisations and the Minister for Public Health. The Committee also visited Smithycroft Secondary School in Glasgow; 'The Corner' youth project and Menzieshill High School in Dundee; and the 'Positive Steps' project in Oldham.

A report of the Inquiry's findings was published in June 2013. This Briefing Paper provides an overview of the key findings and recommendations made by the Committee.

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FACTORS INFLUENCING TEENAGE PREGNANCY

The Committee noted the strong link between inequality and teenage pregnancy. One of the most important factors associated with a higher rate of teenage pregnancy is **deprivation**.

The rate of teenage pregnancy among young women under the age of 16 living in the most deprived areas in Scotland was five times the rate for those under 16 who lived in the least deprived areas.

A second contributing factor is being a member of a **vulnerable group**. This includes young people leaving or who are in care, school excludees, those underperforming at school and children of teenage mothers.

Low self esteem, often through a combination of low aspirations and limited opportunities for young women can also lead to many becoming pregnant.

The common misconception that teenage pregnancy is seen as a shortcut to **social housing** was dismissed by much of the evidence received by the Committee. **Alcohol, drugs and risk taking behaviour** do, however, influence teenage pregnancy, with alcohol frequently being involved in young people's early sexual experiences.

Many witnesses pointed to the **increasing sexualisation of society** as a contributing factor. The media has a strong influence in shaping young people's sexual behaviour, body image and gender roles. The easy availability of pornography can also be seen to encourage early and unsafe sexual activity.

LINKS BETWEEN HIGH RATES OF TEENAGE PREGNANCY AND HEALTH INEQUALITIES

Many of the factors associated with high rates of teenage pregnancy also relate to inequalities more widely. Action to address the issue should move away from focusing on sex and sexual behaviour to consider wider health inequalities, poverty and child health and wellbeing.

COMMITTEE FINDINGS/RECOMMENDATIONS:

- The underlying factors behind teenage pregnancy are complex.
- Teenage pregnancy needs to be recognised as a symptom rather than a condition. There are a huge range of economic and social factors associated with inequality that can contribute to higher rates of teenage pregnancy.
- Any action taken to reduce teenage pregnancy must recognise that there are wider issues which need to be addressed using broader and cross-cutting efforts.

POLICIES WHICH SPECIFICALLY ADDRESS TEENAGE PREGNANCY

The *Sexual Health and Blood Borne Virus Framework 2011-2015* is the current national policy framework on sexual health.

- The Framework, which includes strategies on teenage pregnancy, outlines the importance of different agencies coming together to consider the issue.
- It should not be a case of simply relying on specialist sexual health services.
- The Framework should also be incorporated into work done at local, community levels. It should consider health and social inequalities and focus on issues such as risk taking behaviours and increasing aspiration and self esteem.

The Committee heard about a number of good examples of initiatives and services being delivered at a local level, by NHS Boards, Local Authorities and voluntary organisations. These include:

- Dundee's 'Speakeasy' programme;
- Glasgow City Council's 'Talk2' service, which encourage parents to talk to their children about relationships and sexual health;
- Children 1st provides an information, counselling and advice service to young people in West Lothian through the Chill Out Zone ("COZ").

COMMITTEE FINDINGS/RECOMMENDATIONS:

- There has been positive progress made in the national policies targeted at tackling teenage pregnancy.
- Improvements to the policy framework could, however, be made. There is not enough understanding that teenage pregnancy is part of a wider issue and should not only be considered through health initiatives.
- The Committee **recommends that a new national strategy for teenage pregnancy should be developed**. It should place issues of sexual health and teenage pregnancy firmly within the context of wider social inequalities and recognise, in particular, the key roles of health boards, local authorities and voluntary organisations.
- In drawing up a strategy, the Scottish Government should refer to current best practice, consider funding arrangements and build on pre-existing local partnerships such as community health and social care.

FEATURES OF THE NEW STRATEGY

The Committee considered whether a future strategy on teenage pregnancy should have a more targeted approach to addressing the varying rates of teenage pregnancy throughout Scotland. While deprivation is a determining factor, it is not the only one. Some witnesses argued for more targeting of resources and initiatives to reduce teenage pregnancy in areas where rates were double, and in some cases treble, those in other places.

COMMITTEE FINDINGS/RECOMMENDATIONS:

- NHS Boards, local authorities and other partners need to challenge attitudes held by some that nothing can be done to prevent teenage pregnancy in areas of high deprivation.
- High rate areas should have higher targets to reduce teenage pregnancy than those of low rate areas. If all areas achieved their targets, the national target would also be met.
- There needs to be more robust, timely and localised data on teenage pregnancy to ensure the delivery of effective support at a local level.
- Any national strategy should be supported by clear guidance, based on best practice from Scotland, the UK and beyond.

EDUCATION AND OTHER LOCAL AUTHORITY SERVICES

SEXUAL HEALTH AND RELATIONSHIPS EDUCATION (SHRE)

SHRE requires the support of teaching staff and schools, specialised units within schools to support young parents in continuing their education, school nursing services and youth work and information services.

The provision of SHRE throughout Scotland is not uniform, despite being part of the Curriculum for Excellence (CfE). There is no obligation to do more than the 'bare minimum' and no requirement to use evidence-informed resources. This means that inappropriate, out of date and in some cases misleading information can be given out to students. Teachers are not required to undertake any additional training to provide SHRE. The Committee also heard concerns around the lack of monitoring and accountability, as well as a lack of sanctions for non-compliant schools.

There is a need to target those who are considered the most vulnerable and also to ensure that appropriate opportunities are made available outside schools. These young people are often those who attend school least.

For many of Scotland's most vulnerable young people, a standardised package of SHRE is not suitable for a number of reasons, including issues related to literacy skills, learning styles, and non-attendance or poor attendance at school.

Local authorities need to be made more accountable for their sexual health responsibilities for a range of young people, including looked after children. Disabled looked after young people may be further excluded and sexual health information and support should be communicated appropriately to meet their needs.

SHRE should concentrate more on raising confidence, aspirations and self esteem, and less on the biological aspects of sex. SHRE should enable and empower young people to make informed and responsible choices.

The Committee received evidence indicating the importance of beginning SHRE at as early an age as possible. Work should be focused on prevention and addressing the wider influences of poverty and a lack of aspiration among many young people.

Peer education is a positive way of delivering SHRE. It is often better received by pupils when provided by people nearer their own age. There tends to be less initial giggling and embarrassment, and when teachers take over in the later stages, pupils are better prepared than they otherwise might have been.

COMMITTEE FINDINGS/RECOMMENDATIONS:

- While progress has been made in the quality of SHRE in schools, this has not been consistent. Much of what is provided is left largely to the discretion of the head teacher.
- The Committee calls upon the Scottish Government, as part of the new strategy on teenage pregnancy, to carry out a full review of the provision of SHRE in schools. It must also consider what further measures are needed to ensure that children and young people receive high quality SHRE which emphasises relationships and respect over biology.
- The Committee believes it would be helpful to consider whether the approach to relationships and sexual health education in schools should involve an audit of young people's views.
- The Committee calls on the Scottish Government to examine the specific needs of looked-after and other vulnerable young people, with a view to the emerging teenage pregnancy strategy having particular regard to addressing their needs.
- It is vital that SHRE, whether provided in schools or in other educational settings, concentrates on relationships, respect and tolerance and on developing the skills and behaviours needed to form and sustain relationships.
- The Committee takes the view that it is probably never too early for children to start talking about relationships and learning how to relate to and respect others. This will, in turn, lead to discussion, in due course, about sex as an aspect of relationships.

- The Committee notes the consensus around peer education projects and the positive benefits they have in terms of both acceptance of health messages and in the self esteem, confidence and level of aspirations of those who deliver them.

EDUCATION FOR YOUNG PARENTS

The Committee was also interested in looking at how teenage parents are supported through pregnancy and following the birth of the child. There are support bases in Glasgow, Edinburgh and Dundee, which allow young mothers to continue education while their children are looked after at nursery on the premises.

COMMITTEE FINDINGS/RECOMMENDATIONS:

- The Committee is fully supportive of policies that support young women to continue their engagement with education during pregnancy and after the birth of their baby.
- While the Committee is not calling for the mass expansion of support units, it wonders whether there is scope for collaboration between local authorities to develop joint, specialist provision across areas where it might be most needed.

CONTRACEPTION AND PROVISION OF SEXUAL HEALTH SERVICES

Under the current policy framework, issues relating to access and provision of contraception and sexual health services are covered in the Learning and Teaching Scotland resource '*Reducing Teenage Pregnancy Guidance and Self Assessment Tool*'. This tool encourages an approach that combines information, education and sexual health services.

The Committee heard opposing views on whether the promotion of access to contraception should be considered a preventative measure in relation to teenage pregnancy. Some witnesses claimed that access to contraception encouraged sexual activity. However, others noted that more effective contraception has had an impact on reducing teenage pregnancy.

Better access to contraception is important and was called for by many witnesses. Some schools distribute condoms on their premises. While this works in certain contexts, it may not work everywhere. Instances have occurred where local media have been known to take this information and present it as 'schools handing out condoms to 11 year olds'. This can have a negative impact.

Some witnesses also called upon the Scottish Government to give consideration to the availability of emergency contraception in schools, particularly in rural areas and areas with higher teenage pregnancy rates.

As well as provision in schools, young people visit sexual health services to access contraception. In many cases these need to be more youth friendly, taking into account what young people want and need.

Community pharmacists have a role to play in the provision of contraception. Witnesses proposed that local community pharmacies introduce a short supply of oral contraception, which would also work to signpost patients into contraceptive services.

COMMITTEE FINDINGS/RECOMMENDATIONS

- The Committee believes it is essential that young people are consulted and their views taken into account in planning and developing sexual health services that are aimed at young people.
- It is also essential to ensure that, where new services are provided, communication with pupils, parents and the wider community is clear, in order to prevent any potentially negative responses in the media and the community overall.
- The Committee does not, at present, support the call for schools to be able to provide emergency contraception. The focus should be placed on improving access to emergency contraception through specialised drop-in youth services.
- The ease of access and wide availability of pharmacy services means that they make a key contribution to the provision of sexual health services and contraception.
- The Scottish Government is asked to examine the possibility of extending the role of community pharmacies in the provision of contraception.

FAMILY NURSE PARTNERSHIPS

The Family Nurse Partnership (FNP) is a voluntary programme for young, first time mothers. It offers intensive and structured home visits by specially trained nurses from early pregnancy until the child is two. FNPs are currently delivered in six NHS Board areas, with national roll-out to be completed in 2015.

The FNP is not, however, a targeted resource, which means that it is open to all young parents as opposed to targeting those with the greatest need. The FNP is also only available to first time mothers. There is evidence which shows that many young women who conceive in their teens go on to conceive again relatively quickly. Concerns were raised that the criteria could potentially exclude a group who may need the service, however are not eligible.

COMMITTEE FINDINGS/RECOMMENDATIONS

- The FNP has the potential to be a highly valuable resource. The outcome focused, evidence based approach has been shown to be able to transform the lives of young parents and their children.
- It is vitally important that in the case of young people who do not receive intense support through FNP, other options should exist to ensure they receive the support which best suits their needs.
- The Committee calls upon the Scottish Government to assess the impact of the programme on an ongoing basis, as well as monitoring the take-up of FNP and the support received by those who are not eligible.

This Briefing Paper provides details of the main points discussed by the Scottish Parliament Health and Sport Committee in its Inquiry into Teenage Pregnancy. A full copy of the Committee report is available at:
<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/65047.aspx>

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy.

This is achieved in a number of different ways - through roadshow, round table, conference and celebratory events. Following each event a report is compiled and issued to women who attend and relevant policy and decision makers.

The SWC uses the views of women to respond to Scottish and UK Government consultation papers.