

Why Teenage Pregnancy Matters

Teenage pregnancy can be both a cause and a consequence of social exclusion and is more common in areas of deprivation. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next.

Evidence clearly shows that having children at a young age can damage young women's health and emotional well-being, and severely limit their education and career prospects, resulting in increased levels of poverty and social exclusion. Research shows that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves. The facts are stark:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers - both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.

Source: Teenage Parents Next Steps DCFS 2008

Factors Associated with High Teenage Pregnancy Rates

Risk factor	Evidence
Risky Behaviours	
Early onset of sexual activity	<ul style="list-style-type: none"> Girls having sex under-16 are three times more likely to become pregnant than those who first have sex over 16.ⁱ Around 60% of boys and 47% of girls leaving school at 16 with no qualifications had sex before 16, compared with around 20% for both males and leaving school at 17 or over with qualifications. Early onset of sexual activity is also associated with some ethnic groups (see below)
Poor contraceptive use	<ul style="list-style-type: none"> Around a quarter of boys and a third of girls who left school at 16 with no qualifications did not use contraception at first sex, compared to only 6% of boys and 8% girls who left school at 17 or over, with qualifications. Survey data demonstrate variations in contraceptive use by ethnicity. Among 16-18 year olds surveyed in London, non-use of contraception at first intercourse was most frequently reported among Black African males (32%), Asian females (25%), Black African females (24%) and Black Caribbean males (23%).ⁱⁱ
Mental health / conduct disorder/ involvement in crime	<ul style="list-style-type: none"> A number of studies have suggested a link between mental health problems and teenage pregnancy. A study of young women with conduct disorders showed that a third became pregnant before the age of 17.ⁱⁱⁱ Teenage boys and girls who had been in trouble with the police were twice as likely to become a teenage parent, compared to those who had no contact with the police.^{iv}
Alcohol and substance misuse	<ul style="list-style-type: none"> Research among south London teenagers found regular smoking, drinking and experimenting with drugs increased the risk of starting sex under-16 for both young men and women. A study in Rochdale showed that 20% of white young women report going further sexually than intended because they were drunk^v. Other studies have found teenagers who report having sex under the influence of alcohol are less likely to use contraception and more likely to regret the experience.^{vi}
Teenage motherhood	<ul style="list-style-type: none"> A significant proportion of teenage mothers have more than one child when still a teenager. Around 20% of births conceived under-18 are second or subsequent births
Repeat abortions	<ul style="list-style-type: none"> Around 7.5% of abortions under-18 follow either a previous abortion or pregnancy. Within London this proportion increases to around 12% of under-18 abortions
Education-related factors	
Low educational attainment	<ul style="list-style-type: none"> The likelihood of teenage pregnancy is far higher among those with poor educational attainment, even after adjusting for the effects of deprivation. On average, deprived wards with poor levels of educational attainment had an under-18 conception rate double that found in similarly deprived wards with better levels of educational attainment. (80 per 1000 girls aged 15-17 compared with 40 per 1000)

Dis-engagement from school	<ul style="list-style-type: none"> • A survey of teenage mothers showed that disengagement from education often occurred prior to pregnancy, with less than half attending school regularly at the point of conception. Dislike of school was also shown to have a strong independent effect on the risk of teenage pregnancy.^{vii} • Poor attendance at school is also associated with higher teenage pregnancy rates. Among the most deprived 20% of local authorities, areas with more than 8% of half days missed had, on average, an under-18 conception rate 30% higher than areas where less than 8% of half days were missed.
Leaving school at 16 with no qualifications	<ul style="list-style-type: none"> • Overall, nearly 40% of teenage mothers leave school with no qualifications.^{viii} • Among girls leaving school at 16 with no qualifications, 29% will have a birth under 18, and 12% an abortion under 18, compared with 1% and 4% respectively for girls leaving at 17 or over. • Leaving school at 16 is also associated with having sex under 16 and with poor contraceptive use at first sex (see below).
Family / Background factors	
Living in Care	<ul style="list-style-type: none"> • Research has shown that by the age of 20 a quarter of children who had been in care were young parents, and 40% were mothers^{ix}. • The prevalence of teenage motherhood among looked after girls under-18 is around three times higher than the prevalence among all girls under-18 in England.
Daughter of a teenage mother	<ul style="list-style-type: none"> • Research findings from the 1970 British Birth Cohort dataset showed being the daughter of a teenage mother was the strongest predictor of teenage motherhood.
Ethnicity	<ul style="list-style-type: none"> • Data on mothers giving birth under age 19, identified from the 2001 Census, show rates of teenage motherhood are significantly higher among mothers of 'Mixed White and Black Caribbean', 'Other Black' and 'Black Caribbean' ethnicity. 'White British' mothers are also over-represented among teenage mothers, while all Asian ethnic groups are under-represented • A survey of adolescents in East London^x showed the proportion having first sex under-16 was far higher among Black Caribbean men (56%), compared with 30% for Black African, 28% for White and 11% for Indian and Pakistani men. For women, 30% of both White and Black Caribbean groups had sex under-16, compared with 12% for Black African, and less than 3% for Indian and Pakistani women • Poor contraceptive use has also been reported for some ethnic groups
Parental aspirations	<ul style="list-style-type: none"> • Research shows that a mother with low educational aspirations for her daughter at age 10 is an important predictor of teenage motherhood

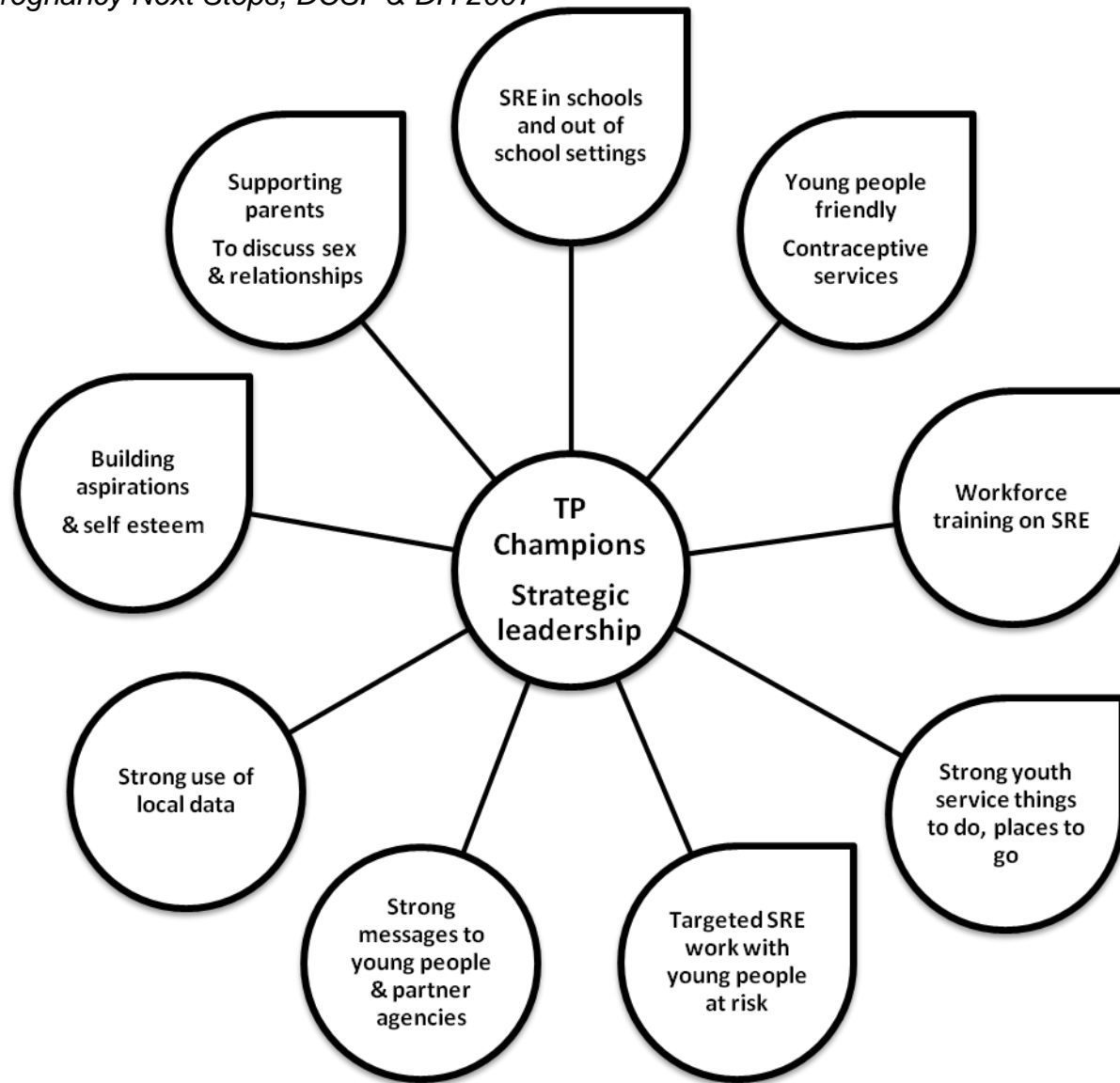
Source: Teenage Pregnancy: Working Towards 2010 – Good practice and self-assessment toolkit' TPU, DCSF 2007

What provision is required to have a successful Teenage Pregnancy Strategy?

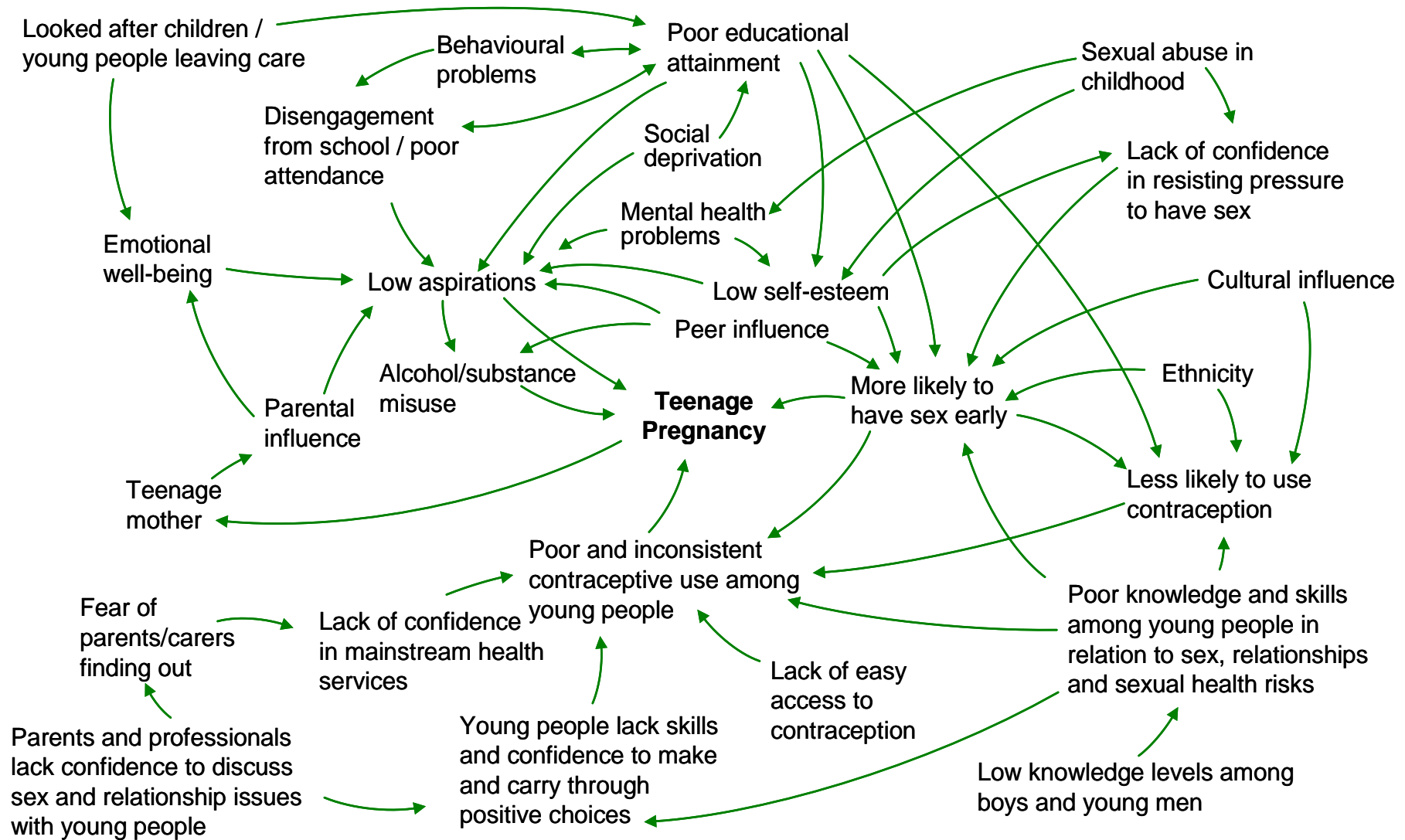
- **Strategic:** Senior local sponsorship and engagement of all key partners
- **Data:** Detailed, accurate and up to date data and information are fundamental for use in determining need, planning and commissioning appropriately targeted programmes and performance management.
- **Communication:** Effective communication is central to partnership working, access to services and informed choice. Information must be tailored to the needs of young people, parents and communities, ensuring they are culturally appropriate, as well as accurate and timely.
- **Implementation:**
 - Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them
 - Strong delivery of Sex and Relationships Education/Personal Social Health Education by schools
 - Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers
 - Workforce training on sex and relationship issues within mainstream partner agencies
 - A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health
 - Work on raising aspirations
 - Work with parents to support them to communicate with their children about relationships and sex.

10 key elements required to reduce Teenage Conception rates.

Source: *Teenage Pregnancy Next Steps*, DCSF & DH 2007



Teenage Pregnancy – Everybody’s Business



References:

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- ⁱⁱ Testa A and Coleman L (2006) *Sexual Health Knowledge, Attitudes and Behaviours among Black and Minority Ethnic Youth in London*. Trust for the Study of Adolescence and Naz Project London
- ⁱⁱⁱ Maskey S, (1991) *Teenage Pregnancy: doubts, uncertainties and psychiatric disorders* Journal of Royal Society of Medicine
- ^{iv} Hobcraft J (1998) *Intergenerational and life-course transmission of social exclusion: Influences of childhood poverty, family disruption and contact with the police*. CASE paper 15, LSE
- ^v Redgrave K, Limmer M (2005) *'It makes you more up for it'*. School aged young people's perspectives on alcohol and sexual health. Rochdale Teenage Pregnancy Strategy: Rochdale
- ^{vi} Alcohol Concern (2002) *Alcohol & Teenage Pregnancy*. London: Alcohol Concern
- ^{vii} Hosie A, Dawson N (2005) *The Education of Pregnant Young Women and Young Mothers in England*. Bristol: University of Newcastle and University of Bristol
- ^{viii} National Statistics (2004) *Census 2001 table: C0069 Mothers under 19 at birth* (Commissioned by Teenage Pregnancy Unit, DfES)
- ^{ix} Barn R, Andrew L, Mantovani N (2005) *Life after care: the experiences of young people from different ethnic groups* Joseph Rowntree Foundation, London
- ^x Viner R, Roberts H (2004) *Starting sex in East London: protective and risk factors for early sexual activity and contraception use amongst Black and Minority Ethnicity adolescents in East London* University College London, City University and Queen Mary, University of London