



**WE LISTEN, WE SUPPORT,  
WE TAKE ACTION**  
For Scotland's vulnerable  
children and families

## **Scottish Parliament Health and Sport Committee's Inquiry into Teenage Pregnancy in Scotland – Evidence from CHILDREN 1<sup>ST</sup>**

**February 2013**

For over 125 years CHILDREN 1<sup>ST</sup> has been working to build a better future for Scotland's vulnerable children and families. We listen, we support and we take action by delivering services in homes and communities across Scotland. We work to safeguard children and young people, to support them within their families and to help them recover from abuse, neglect and violence. We also speak out for children's rights and campaign to change attitudes.

Formerly known as the Royal Scottish Society for the Prevention of Cruelty to Children (RSSPCC), we provide 46 local services across Scotland and four national services, including ParentLine Scotland which provided advice and information to over 3000 callers last year.

CHILDREN 1<sup>ST</sup> welcomes the opportunity to submit views to the Health and Sport Committee in relation to their inquiry into teenage pregnancy in Scotland. We recognise the need to consider ways in which to reduce teenage pregnancies across Scotland and to encourage positive sexual health and wellbeing for young people. We also feel it is important to ensure that appropriate services and support is in place for new young parents when a child is born. Our contribution to this discussion focuses on what we consider are the causes of and issues relating to teenage pregnancies and some of the complex factors linking teenage pregnancy and socio-economic inequality. We also highlight the need for positive support services for young parents and discuss good practice for any policies which have the aim of reducing teenage pregnancies.

### **Causes of Teenage Pregnancies**

The reasons behind teenage pregnancy are complex. In considering this issue, we feel it is important to make a distinction between (1) those teenagers who may become pregnant entirely by accident and (2) those who are either ambivalent about getting pregnant or who actively wish to have a baby.

#### **(1) Accidental Pregnancies**

Lack of Information

We know through the experience of our CHILDREN 1<sup>ST</sup> services, that some young people do not understand or know enough about contraception and/or

protecting themselves from pregnancy. This can be due to a lack of education in this area or some young people are simply denied access to clear, factual information about sexual health and contraception for reasons related to their parents or other adults' beliefs and values. The result is that these young people do not have enough information to equip themselves for sexual relationships and the consequences of such relationships.

### Inadequacies in Education

We also hear from young people that sex education in schools is often delivered by teachers who are clearly uncomfortable with the subject matter and where everyone is too embarrassed to ask questions or partake in any discussion on the topic. We, as a society, are not very good at talking openly about sex and this needs to be addressed starting in the classroom. As a result of inadequate sex education young people often don't have the confidence or indeed the language to discuss the potential implications of having unprotected sex with a partner and we hear from girls who say they have sex for fear of being 'dumped' if they refuse.

### Confidentiality Issue

Another issue is that many young people assume that if they talk about sex to 'a professional' this will immediately be reported back to their parent. They therefore choose not to seek help and enter into sexual relationships relatively uninformed. A clear approach to confidentiality must be adopted across all the different support services so that young people can know that they can access services and speak to professionals on a confidential basis.

### Drug and Alcohol Misuse

We also know from our services that teenage pregnancies are more prevalent where there is evidence of alcohol or drug misuse. The World Trade Organization evidence highlights that Scotland is the 11<sup>th</sup> most likely nation where 13 year olds drink alcohol at least once a week, and it is the 8<sup>th</sup> most likely nation where 15 year old drink alcohol at least once a week.<sup>1</sup> Many young people in Scotland end up pregnant after having unprotected sex whilst drunk.

### Abusive Relationships

Unfortunately some teenage pregnancies are as a result of abusive relationships, either sexual abuse of a girl or young woman by an adult or abusive behaviour from a teenage partner. A study conducted by the Centre for Research on Families and Relationships in conjunction with ChildLine Scotland<sup>2</sup>, shows that almost all young girls who were involved in the study admitted that they wanted the abuse to stop but complex reasons were given for not wanting to disclose the abuse such as feeling responsible for the

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<sup>1</sup> WHO "Social determinants of health and well-being among young people". Pp 154-55

<sup>2</sup> 'It's my body: calls to ChildLine Scotland about sexual health and wellbeing', 2007. Centre for Research on Families and Relationships

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abuse; caring for the abuser; fear of breaking-up their family or parents' relationship; upsetting others; causing trouble and not being believed. Work must be undertaken with young girls to help find ways to raise their self esteem and also, importantly, with boys and young men to help them learn appropriate behaviour towards females.

### Support for Young Boys

Teenage pregnancy should not be regarded simply as an issue for girls. It takes two to make a pregnancy and it is vital that services, support and education are directed also at boys and young men. We hear through our services that for some young men there is peer pressure not to use condoms as it is 'not cool'. Boys need to understand their responsibilities, how to resist the pressure from their peers and how to maintain healthy relationships.

### Accidents Happen

Finally it is worth noting that accidents happen and people of all ages become unintentionally pregnant. This is unlikely to be different for teenagers.

### **Teenagers who are ambivalent about pregnancy or who wish to have a baby**

It is important to understand that teenage pregnancies in Scotland do not occur in isolation of other social issues. We know from our services that one of the reasons for teenage pregnancies in areas of socio-economic deprivation can be due to lack of aspirations. For some teenagers, where there is a lack of education or job prospects, being a mother provides them with an identity and a role in their community. It gives them someone to love and someone who will love and belong to them. Often the trend to have children younger is intergenerational, and many of their peers will also have children younger.

We know that young people living in poverty are far more likely to become pregnant earlier than those living in affluence.<sup>3</sup> The World Health Organization's pan European study shows associations between family affluence and indicators of sexual activity and contraception use. It details significant trends in Scotland that the prevalence of 15 year olds having had sexual intercourse decreases the higher the family affluence and also highlights that Scotland is the 7<sup>th</sup> highest country to have had 15 year olds who have had sexual intercourse.<sup>4</sup> It evidences significant trends that in Scotland, the higher the family affluence, the more likely boys are to use a condom<sup>5</sup> and that Scotland is the 6<sup>th</sup> least likely nation of 15 year olds who will have used a condom at their last sexual intercourse<sup>6</sup>.

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<sup>3</sup> ISD Scotland (2012) *Teenage Pregnancy* (page.7)

<sup>4</sup> WHO "Social determinants of health and well-being among young people". pp 173-4

<sup>5</sup> WHO "Social determinants of health and well-being among young people". Pp 177

<sup>6</sup> WHO "Social determinants of health and well-being among young people". Pp 179

We believe that there should be an additional focus on young people who either live in areas of deprivation, where alcohol and drug abuse is prevalent or who are considered for any other reason to be most at risk of poor sexual health and wellbeing, to ensure that appropriate services are available and accessible to them. The Committee should also consider the significant issue of how to enhance family wellbeing and to encourage employment and educational opportunities for those in Scotland's poorest areas. There is no denying the link between poverty and teenage pregnancies and finding ways to tackle poverty should be a key consideration in the Committee's inquiry into reducing teenage pregnancies.

### **Current Scottish Policy direction & education**

CHILDREN 1<sup>ST</sup> welcomed the Scottish Government's launch in 2011 of the National Sexual Health and BloodBorne Virus Framework which advocates interventions and approaches to improve health and wellbeing in Scotland and includes a focus on improving access to contraceptive and wider sexual health services for people who have drug and alcohol problems and better support for pregnant women with alcohol/drugs problems and their partners. Whilst the Framework is not specific to young people we understand that following the implementation of the framework, there is some improved availability of sexual health and relationships education in schools and other settings but that this is not yet consistent throughout Scotland.

It is important to mention here the 'General Comment no 4 of the **United Nations Convention on the Rights of the Child ("UNCRC")** on adolescent health and development', which sets out guidance on the support and services that should be available to all adolescents. The United Kingdom has, under the UNCRC, a duty to implement legislation and policies to promote the health and development of young people by "providing adequate information and parental support to facilitate the development of a relationship of trust and confidence in which issues regarding, for example, sexuality and sexual behaviour and risky lifestyles can be openly discussed and acceptable solutions found that respect the adolescents rights" and by "providing adolescent mothers and fathers with support and guidance for both their own and their children's well being".

Paragraph 31 of this guidance specifically refers to adolescent girls and provides that "adolescent girls should have access to information on the harm that early marriage and early pregnancy can cause, and those who become pregnant should have access to health services that are sensitive to their rights and particular needs". It goes on to acknowledge that young mothers, especially where there is a lack of support, may be more susceptible to depression and anxiety, which might affect their care of their child. Accordingly member states, including the United Kingdom, are urged to "develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services...." and "to foster positive and supportive attitudes towards

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adolescent parenthood for their mothers and fathers” and to “develop policies that will allow adolescent mothers to continue their education”.

The UK has been criticised by the Committee of the UNCRC for not doing enough to fulfil its obligations in line with this guidance and in an Observation made to the UK Government in 2008 it was said that “The Committee recommends that the State party intensify its efforts in order to provide adolescents with appropriate reproductive health services, including reproductive health education, in school.”

### **Sexual health support services**

CHILDREN 1<sup>ST</sup> considers that sexual health support services for teenagers and new young parents should be easily accessible and inclusive and the service providers must be conscious of the fears that young people may have about being judged (particularly about their age) when accessing services. It is important to make sure that young people are given an opportunity to express their views and be listened to and for them to feel that services are working for them. They must feel they can speak openly with appropriate professionals about their sexual health concerns, with their right to privacy and confidentiality respected. Any uncertainty around what services are available will lead young people choosing not to access the help they need.

### **Evidence of good practice in early prevention – CHILDREN 1<sup>ST</sup> Chill Out Zone**

CHILDREN 1<sup>ST</sup> provides an early prevention service for young people in West Lothian through our Chill Out Zone (“COZ”). COZ is a drop in centre which young people can use in their own time to get information, counselling and advice. Trained staff and volunteer young people are on hand to talk to young people and point them in the right direction of any services they need. At COZ the staff deal with a range of issues including physical, sexual and mental health and the centre includes a confidential counselling room and a medical room. Young people can talk to a nurse and a councillor about any sensitive physical, emotional, mental and sexual health matters.

Through this service we have involved young people in ‘reality testing’ where they are given programmable dolls that behave like real babies crying that need fed and changed all night and also letting both boys and girls try on pregnancy suits to see the reality of what it feels like to be pregnant. This type of testing can make young people think more about the realities of pregnancy and possibly result in them making different decisions.

### **Evidence of good practice to support young parents - CHILDREN 1<sup>ST</sup> Young Parents’ Group**

One of CHILDREN 1<sup>ST</sup>’s services is a Young Parents’ Group for young families living within the South Edinburgh neighbourhood. This was established in 2008 in response to a growing awareness of a lack of any

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targeted resource for this vulnerable area. CHILDREN 1<sup>ST</sup> are joint partners in this group with a local children's centre. The Group currently works with 10 families and meets once a week. Referrals to the Group come from health visitors, social work, the children and families centre and by word of mouth. Many families who have attended the Group have commented that the changing health visitor role has resulted in many young parents having limited opportunity to develop trusting relationships with them as contact is minimal and there is no consistency in who they see. This can mean that they feel uncomfortable asking "silly questions" and seeking appropriate and timely advice. Young parents often feel that they have no one to talk to who they can trust. The Young Parents' Group fills this void and feedback from and outcomes of the Group are very positive. Attending the Group helps young people see that there are other families out there in the same situation.

The Group focuses on supporting parental competence and confidence and delivers workshops and sessions on parenting, relationships, housing rights, sexual health and other relevant topics. It also works with the parent and child to develop positive relationships in the family and encourages play sessions and outings to the community. The Group also supports the young parents to have some time for themselves as 'young people' outwith the parenting role. Group members have been observed to grow in confidence as a result of this, enabling them to build positive relationships within the group and peer support networks. The experience of the Group is that their service is in demand (a waiting list has been in operation) and there is no other similar provision within the locality. CHILDREN 1<sup>ST</sup> believes that the Young Parents' Group provides a working model which reflects the shift of recent years from crisis intervention to preventative and early intervention.

### **Involvement of Young Fathers**

Another area of focus for CHILDREN 1<sup>ST</sup> is the involvement of young fathers in the services available to young parents. In 2010 research was carried out by Glasgow School of Social Work in collaboration with CHILDREN 1<sup>ST</sup> into the study of processes within changing family formations.<sup>7</sup> Much of the research focused on young fathers and their experiences of forming families. The research showed that many young fathers felt that the pregnancy was a turning point in their life and steered them away from a negative lifestyle such as alcohol use and criminal activity. However these young fathers feel marginalised and ignored by maternity services and there is a lack of support specifically for them. CHILDREN 1<sup>ST</sup> believes that any policies relating to teenage pregnancies must take the fathers into account and all services dealing with parents and giving support to mothers during pregnancy should give equal recognition to men as parents. Including men throughout the pregnancy process is more likely to help establish some form of co parenting and produce more positive family relationships.

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<sup>7</sup> "The fathers of children born to teenage mothers: A study of processes within changing family formation practices" <http://www.children1st.org.uk/shop/files/SPR-PUB-031.pdf>

## Conclusion

As we have highlighted in this paper, there are many complex reasons why there is a high rate of teenage pregnancies in Scotland. This makes finding a single policy or legislative solution difficult. Our view is that there should be a holistic approach to understanding, and dealing with the issues surrounding teenage pregnancies.

While we acknowledge the need reduce teenage pregnancies in Scotland, it should also be acknowledged that young mums can be good mums, and that it is important to ensure there is appropriate support and advice for both young mums and young dads throughout the pregnancy and beyond. It is extremely important to address and resource early intervention and early years and we believe that there are clear indications that it would help to listen to young people and their experiences to establish what could really make a difference.

CHILDREN 1<sup>ST</sup> also believes that while sex education should include information about correct use of contraception and STI's, this on its own is not enough, and sex education also needs to involve young people in discussions around building and sustaining healthy relationships, and the importance of communication within trusting respectful relationships.

Appropriate and accessible support services should be available to all young people across Scotland, in a confidential environment where they feel comfortable and not judged.

Finally as we have mentioned it is essential to identify and provide support to young fathers and acknowledge that they often want to be involved with the pregnancy and in bringing up their child.

If you would like any more information about this briefing, please contact:

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