

## Teenage pregnancy: Factsheet

### Tower Hamlets Joint Strategic Needs Assessment 2010-2011

#### Executive Summary

- Teenage Pregnancy (TP) is a significant public health, inequality and social exclusion issue which is strongly associated with the most deprived and socially excluded young people. Difficulties in young people's lives such as poor family relationships, low self-esteem and dislike of school contribute to young people's risk.
- Teenage pregnancy is a complex issue that can have negative consequences on the mother and child as are more likely to suffer poor health outcomes, poor emotional health and economic well-being. TP places significant burdens on the NHS and wider public services.
- Reducing TP is central to improved outcomes for young men and women. It reduces health inequality, child poverty and the cost associated with addressing the poor outcomes for young parents and their children.
- The provisional 2009<sup>1</sup> under-18 conception rate for Tower Hamlets was 40.7 per 1000 females aged 15-17 – a decrease of 29.6% from the baseline (1998) compared with a national decrease of 18.1% and a London decrease of 20.3%. The under-18 conception increased by 12.5% from the 2008 rate. However, even with the increase Tower Hamlets rate is the same as London but slightly higher than England.
- In 2009, 66% of conceptions under the age of 18 led to an abortion. This is higher than the average for England (49%) and London (61%).
- There is clear evidence of what works in reducing TP. The three most important aspects are high quality Sex and Relationship Education (SRE), easy access to youth-centred sexual health services and early intervention to target young women at greatest risk of pregnancy<sup>2</sup>.
- Locally the challenge is to maintain the current downward trend in teenage pregnancy during major re-organisation in the NHS/Local Authority (LA), the removal of targets and at a time of reduced public spending. It is essential that the effective measures currently in place to tackling child poverty and teenage pregnancy is reviewed and sustained to maintain downward trend.

#### Recommendations

- Local investment in teenage pregnancy prevention needs to continue. Disinvestment now will lead to increases in child poverty and widening of health and educational inequalities.
- Mainstream / integrate teenage pregnancy prevention and support for young parents within core services.
- Continue with early intervention programme to identify young people at risk of teenage pregnancy / other negative outcomes and provide targeted support.
- Review abortion and post-abortion support.
- Improve young people's access to and use of effective contraception when they need it. Maintain mystery

<sup>1</sup> ONS 2009 data, released in August 2011.

<sup>2</sup> Teenage Pregnancy: The evidence (February 2011) [www.teenagepregnancyassociates.co.uk](http://www.teenagepregnancyassociates.co.uk)

shoppers and You're Welcome programme

- Work collaboratively with LA on SRE in school and youth settings.

## 1. What is teenage pregnancy?

- Teen pregnancy is a pregnancy occurring in a young girl between the ages of 13 and 19.
- The data of conception is estimated using recorded gestation for abortions and stillbirths and assuming 38 weeks gestation for live births. A women's age at conception is calculated as the number of complete years between her date of birth and the date she conceived.
- A three year group (15-17) is used as the denominator population because the vast majority of conceptions to under 18 years old occur in this age group (95%). The 15-17 groups are effectively treated as the "population at risk". Miscarriages and illegal abortions are not included in the conception rates, resulting in rates that may be an under estimation.
- The key risk factors likely to increase the likelihood of teenage pregnancy can be broadly grouped into: risky behaviours (e.g. early onset of sexual activity, poor contraceptive use, mental health and conduct disorder, involvement in crime, alcohol and substance misuse etc); education-related factor ; and family and social circumstances. Low educational attainment, disengagement from school, being Not in Education, Employment or training (NEET) and living in care, put young people at greatly increased risk of early pregnancy<sup>3</sup>.
- TP often leads to poor long-term outcomes for young parents and their children. Babies of teenage mothers face more health problems than those of older mothers.
- Reducing teenage pregnancy contributes to a wider strategy to reduce inequalities and social exclusion. For example, not addressing the underlying causes of teenage pregnancy will contribute to child poverty, infant mortality and the transfer of disadvantage between generations.

## 2. What is the local picture?

- The most recent figures released by ONS are for 2009 (There is a 14 months delay in the publication of national conception statistics).
- In 2009, there were 132 conceptions out of 3207 female aged 15-17 (ONS population estimate), a rate of 40.7/1000, which is a 29.6% decrease from 1998 baseline compared with a national decrease of 18.1% and London decrease of 20.3%. This still falls short of the national target of 50% (from the 1998 baseline)<sup>4</sup> and the local target<sup>5</sup> of 55% to be achieved by 2010.
- In 2009 the conception rate in Tower Hamlets 15-17 year olds was same as London (40.7) but higher than England (38.2) rates.
- In 2009, 66% (87) of conceptions under the age of 18 led to an abortion. This is higher than the average for England (49%) and for London (61%). Although the number and rate of 15-17 year olds conceiving decreased from the 2003-05 period to the 2006-08 period, the percentage of U18 conceptions leading to abortion has

<sup>3</sup> Teenage Pregnancy: Accelerating the Strategy to 2010 (2006)

<http://media.education.gov.uk/assets/files/pdf/t/teenage%20pregnancy%20%20%20accelerating%20the%20strategy%20to%202010.pdf>

<sup>4</sup> As an original commitment in the Teenage Pregnancy Strategy (1999), reduction in the under-18 conception rate by 50% by 2010 has been a Public Service Agreement target since 2005.

<sup>5</sup> NHS Tower Hamlets (2007) Sexual Health Strategy, 2008-2013.

increased slightly.

- The percentages of abortions that are repeat have remained relatively stable, with higher averages than England, but lower than average for Inner London.
- Since the start of the strategy, increasing proportions of young women have opted for abortion, with most recent data showing over half (66%) of these under-18 conceptions are terminated.
- The birth rate arising from under-18 conceptions fell by 40% (1998-2008). Indicating that early childbearing has become less appealing.
- Local data suggest that in comparison to the demographic white females are more likely to conceive and also continue with the pregnancy. The Bangladeshi females conceiving are under-representing in comparison to the demographic, however high percentages tend to have abortion rather than continue with pregnancy.
- A review of the aggregated ward level data for 2006-2008 shows that efforts should be focused particularly on the east of the borough, LAP 5, 6 7 and 8. Lap 5 and 7 in particular has the highest Under 18 conception rate. The teenage pregnancy hotspots are located in: Spitalfields & Banglatown (Lap 2); Whitechapel (LAP 3); Bow East & Bow West (LAP 5); Mile End East & Bromley By Bow (Lap 6); East India, Lansbury & Limehouse (LAP 7); Blackwell and Cubitt Town (LAP 8).

### 3. What are the effective interventions?

The Department for Children, Schools and Families (DCSF) and Department of Health (DH) have published several documents<sup>6 7 8</sup> on effective interventions that reduce teenage pregnancy and have identified a range of factors that local areas need to put in place to successfully reduce teenage pregnancy rates. All areas have been asked to implement these factors, which are:

- Engagement of delivery partners
- Selection of senior champion(s)
- Effective sexual health advice service
- Focus on targeted interventions for young people at higher risk
- Prioritisation and effective delivery of Sex and Relationships Education (SRE)
- Training on SRE for partner organisations
- Well-resourced youth service

DCSF and DH highlighted the importance of having prevention programmes in place and providing support for teenage parents.

- National and international research suggest that giving young people knowledge about sex and relationships and helping them develop skills to manage relationships effectively, is protective. There is strong evidence that SRE programmes help to delay first sex and make it more likely that young people will use contraception when they become sexually active. Clear and consistent messages to young people through media campaigns can also impact positively on young people's attitudes and behavior. School-based SRE is a key source of information for young people.
- Improving young people's access to and use of effective contraception when they need it via provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them.
- Early intervention programme with those most at risk by tackling the underlying factors that increases the risk of teenage pregnancy – such as poverty and low aspirations. These include young people with low educational attainment, dislike of school and poor attendance, in contact with the police, poor emotional and mental health and those living in and leaving care. Offering appropriate support to young people who experience these underlying risk factors will help to build their resilience and raise aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.
- Workforce training on sex and relationship issues within mainstream partner agencies who work with the most vulnerable young people.
- Youth Service providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health.
- Improving outcomes for teenage parents and their children rest with a range of services working together across the NHS, Local Authority and the voluntary sector. The Teenage Parents Next Steps highlighted the importance of early identification and needs assessment in the antenatal period and dedicated, sustained dedicated one to one support from a lead professional providing co-ordinated package of care and drawing

<sup>6</sup> DfES Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies. 2006. ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk))

<sup>7</sup> DfES Teenage Pregnancy: Accelerating the Strategy to 2010. 2006. ([www.everychildmatters.gov](http://www.everychildmatters.gov))

<sup>8</sup> DCSF Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trust. 2007. ([www.everychildmatters.gov](http://www.everychildmatters.gov))

in specialist services as needed.

#### 4. What is being done locally to address this issue?

Tower Hamlets Teenage Pregnancy strategy seeks to tackle unplanned teenage conceptions and support for teenage parents. Reducing local teenage conception is included within a broader strategy of improving Sexual Health and Children and Young People's Plan.

A number of local initiatives exist within Tower Hamlets to provide support and encouragement for young people to be sexually responsible, use contraception and to raise young people's aspirations. These initiatives works across the health, education, social care and youth support sector.

The local initiatives are based on evidence of best practice and successful factors highlighted by Department for Children, Schools and Families (DCSF) and Department of Health (DH). Below is a summary of the key local programmes in place to reduce unplanned pregnancy in Tower Hamlets:

- *Provision of young people focused contraception and sexual health services (CASH)* - There are three mainstream sexual health integrated hubs in the borough provided for all ages that young people can access. Young people contraception and sexual health service include:
  - A dedicated team 'Options' within THCASH provides sexual health/contraceptive advice and sexual health promotion to young people under 25.
  - Young people focused sexual health drop-in/clinic. In addition drop-in sessions are held for young people in leaving-care service and residential homes.
  - Free Emergency Hormonal Contraception (EHC) to all residents, 34 pharmacies out of 40 are taking part in the scheme.
  - Condom Distribution Scheme (CDS) in youth and community settings
- *Delivery of Sex and Relationships Education (SRE)* – SRE is being delivered in formal (school) & informal settings (youth and community venues). A number of programmes have been commissioned to support the delivery of SRE to promote positive, safe personal and sexual relationships. In addition, Sexual Health Peer Educators programmes have been developed in schools and the community.
- *Early intervention programme* to prevent unplanned pregnancy, targeted at young girls engaged in risky behaviour. The project offers one-to-one coaching, career aspiration sessions and sex relationship education. Building on the success of this programme, the project has been extended to young men engaged in risky behaviour.
- *Training on SRE for partner organisations* – There is a programme in place for workforce training on teenage pregnancy and sex and relationship issues in mainstream partner agencies. Key professionals for SRE workforce training include: Youth Workers, Personal Advisers and Social Workers etc.
- *Well-resourced youth service* - Local Authority developed initiatives including positive activities and volunteering opportunities for young people across the borough. This includes universal and targeted interventions for young people.
- *Media and communication initiatives* – A number of media and communication campaigns (events, posters, radio adverts) have been developed to give young people clear, consistent messages about early sex and its associated risks. Information about the local sexual health services, contraception, and STI prevention is provided. The main campaigns are in February (Valentine's Campaign), July/August (Summer Campaign) and December (festive season).
- *Support for teenage parent* – There are number of initiatives that are in place to support young parents from conception to birth and until the child is 1 year old (Under 18 Pregnancy Adviser, Children Centre and TP Re-integration Officer). Tower Hamlets also have Family Nurse Partnership programme that support first time

mother under 20 until child is 2 year old.

## 5. What evidence is there that we are making a difference?

- Over the past decade there has been significant progress in reducing teenage pregnancy.
- In 1998, there were 222 conceptions equating to at a rate of 57.8 per 1,000 female aged 15-17 living in Tower Hamlets.
- In 2009, there were 132 conceptions, a rate of 40.7/1000, which is a 29.6% decrease from 1998 baseline.
- In 2009 the conception rate in Tower Hamlets 15-17 years olds was same as London (40.7) but slightly higher than then England (38.2) rates.
- If under-18 conception rates had stayed at the 1998 level, there would have been a cumulative total of 598 additional conceptions by 2009.
- Since the start of the strategy, increasing proportions of young women have opted for abortion, with most recent data showing over half (66%) of these under-18 conceptions are terminated.
- The birth rate arising from under-18 conceptions fell by 40% (1998-2008). Indicating that early childbearing has become less appealing.

## 6. What is the perspective of the public on support available to them?

Sexual Health Needs Assessment and Equity Audit in Tower Hamlets with main focus on young people under 25 : In-depth engagement and mobile survey with 16-25 young people highlighted the following:

### **In-depth engagement**

- SRE was mostly perceived as inadequate, yet was regarded as a primary area where Sexual and Reproductive Health (SRH) information should be learnt. A preference for outside speakers and not teachers for delivery was made.
- Young men had far less information than young women, were less inclined to seek out services and often perceived that contraception was the girl's responsibility.
- Confidentiality concerns are the main barrier for every group. Young people are actively seeking reassurance from services that they are indeed confidential and suggested it is included in advertising/promotional materials.
- White/black/mixed men had clear preference for youth services/community based organisation to provide sexual health services though it is suitable in general practice as well; White/black/mixed girls had a very clear preference for SRH services in general practice and they were probably most knowledgeable about services of all young people. Young Asian men and women had concerns about being judged by family GPs, particularly if they were also of Asian origin.
- Access to services for some young men, notably in E3, was hindered by postcode/territorial boundaries.

### **Mobile Survey**

201 respondents participated in the mobile survey – 58% were women and 40% were men and diverse ethnicities were well represented.

- Young people felt that they were well informed about sexual health in Tower Hamlets, with 71% saying that they had enough information.
- There was a relatively low recognition of mainstream services, with Mile End Hospital (The Sylvia Pankhurst

centre) being most frequently recognised (by 19% of respondents).

- 28% of respondents said that they had never been to a sexual health clinic.
- There was a strong reliance on the condom as a form of contraception – 48% respondents cited it as their current method, with very low (2-5%) use of LARCs apparent.
- Shops and pharmacies were the preferred location for accessing condoms (cited by 30% of respondents).
- There was high awareness that EHC was available, but only half of respondents knew that it was free for those under 25 years old.
- Demand of EHC was high – nearly a third of respondents said that they had needed to access EHC in the last two years, most often (for 40% of respondents) through a local pharmacy. Self-reported problems accessing EHC were also high – 68% of those using EHC had reported a problem.
- There was a high rate of testing for STIs and HIV – 35% reported having tested for STIs and 30% for HIV in the past 5 years, mainly through GUM and GPs.
- There was a clear preference for being able to access SRH services through GPs in the future, including for general contraception, STI and HIV testing.
- There was strong support for current walk-in services, with 58% citing this as their preferred option.

## **7. What more do we need to know?**

- Undertake an audit of abortion and post-abortion care in Tower Hamlets in order to understand the care pathway provided/available in Tower Hamlets.
- Analysis of live birth and abortion data via LAP area.
- Evaluate impact of early intervention programme.
- Strategic media and communication and social marketing strategy.

## **8. What are the priorities for improvement over the next 5 years?**

- Mainstream / integrate teenage pregnancy prevention and support for young parents within core services.
- Refresh the Teenage Pregnancy strategy beyond 2010.
- Train up teachers, support staff and school nurses to deliver SRE.
- Improve quality and consistency of what is provided through SRE in schools.
- Improve young people's access to and use of effective contraception when they need it – service to be young people friendly via achieving the You're Welcome accreditation.
- Ensure health providers offering full range of contraception, including long acting reversible methods along with condoms to protect against STIs.
- Review abortion and post abortion care pathway.
- Review and further develop the early intervention programme, which has the potential to identify young people at risk of teenage pregnancy / other negative outcomes and provide targeted support.



- Ensure robust care pathways are in place for prevention and support
- Continue to deliver a comprehensive co-ordinated package of support for teenage parents through Children’s Centre.

## 9. Key Contacts

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- General JSNA queries email: [JSNA@towerhamlets.gov.uk](mailto:JSNA@towerhamlets.gov.uk)

Teenage Pregnancy Strategy / key national documents

<http://webarchive.nationalarchives.gov.uk/tna/+/dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy/>

Sexual Health Needs Assessment and Equity Audit in Tower Hamlets with main focus on Young People Under 25

<http://www.towerhamlets.nhs.uk/publications/corporate-publications/?entryid4=37884&q=0%c2%acsexual+health%c2%ac>

NICE guideline - Prevention of sexually transmitted infections and under 18 conceptions

<http://www.nice.org.uk/PHI003>

Under 18 conceptions statistics (Annual data released at the end of February)

<http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15055>

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<b>Date signed off by Senior JSNA Leads:</b>	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	<b>Signed off by (Public Health Lead):</b>	<i>e.g. Director or Associate Director</i>	<b>Date signed off by Strategic Group:</b>	<i>Date factsheet signed off by Strategic Group</i>	<b>Sign off by Strategic Group:</b>	<i>Name the relevant Strategic Group</i>
		<b>Signed off by (LBTH Lead):</b>	<i>e.g. Director of Adults/CFS</i>				