

Sexual Health Needs Assessment – teenage pregnancy

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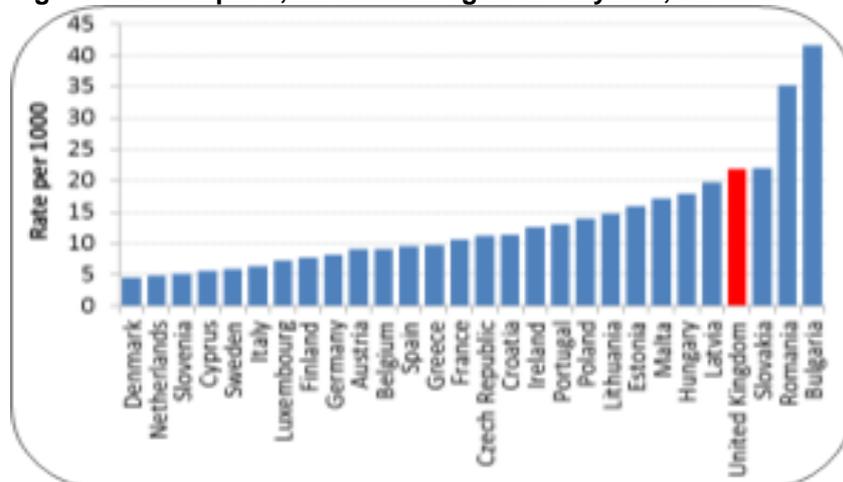
Teenage pregnancy

Defining the issue

Unless otherwise stated, the term ‘[teenage pregnancy](#)’ is used here to mean conceptions to females under the age of 18. Statistics are based on all births and legal abortions only, as natural miscarriages are not routinely recorded.

Due to different systems of data recording, international comparisons are usually made on the basis of the *birth* rate among 15-19 year-olds. It can be seen from the chart that of all comparable EU states, the UK has the highest rate. It is reasonable to assume that under-18 conceptions would produce much the same picture if the data could be obtained.

Figure 1: Births per 1,000 females aged 15-19 years, EU member states, 2011



Why is this important?

Implications of teenage pregnancy

It is widely understood that teenage conception and early motherhood can be associated with poor educational achievement, poor physical and mental health (for both mother and child), social isolation and poverty.

There is also recognition that socioeconomic disadvantage can be both a cause and a consequence of teenage motherhood.¹ Teenage pregnancy is strongly associated with child poverty, and poses a “complex and somewhat intractable public health problem.”

The majority of teenage pregnancies are unintended and around half lead to abortion. The babies of teenage mothers have a 60% higher infant mortality rate than those born to older women.² Even when a teenage pregnancy is ‘planned’, it is often for reasons

which have little to do with the desire for a child, but more to do with the young person's background or current situation.³

Compared with those who postponed motherhood to age 24 or above, teenage mothers are 22% more likely to be in poverty at the age of 30, 20% more likely to have no qualifications, and much less likely to be employed.⁴ All of this transmits a disadvantage to their children, who are more likely than average to encounter poverty and poor housing, to have poor health and low educational attainment, and to have low economic activity as adults.

This is, however, an area in which it is difficult to disentangle cause and effect. A paper from Sheffield University cautions that because teenage mothers are more frequently from a lower socioeconomic background, some of the negative outcomes attributed to their becoming parents at a young age would have occurred anyway.⁵ It should also be noted that teenage conceptions can be the result of planning within established relationships and as such are not always cause for concern.

Policy

Action to reduce teenage pregnancy has been a government priority for the past fourteen years. The health and social effects highlighted in the Social Exclusion Unit report on teenage pregnancy and the high rates relative to the rest of Europe supported the launch of a national teenage pregnancy strategy and the adoption of national targets to reduce teenage pregnancy by 50% by 2010.⁶

Despite concerted efforts, progress on this target both nationally and locally has been modest. Teenage pregnancy is a complex issue and although there was guidance from the Department of Children and Family Services (DCFS) in 2006 to accelerate the strategy, wider factors continue to play a strong role in determining differences between areas.

Assessing the impact of intervention is also difficult as there is an unavoidable delay in reporting conception rates, and many of the important interventions are expected to impact over the medium and long term. These targets were discontinued under the coalition government, which came to power in 2010, though teenage pregnancy has remained an area of policy interest.

The under-18 conception rate is one of the three sexual health indicators in the [Public Health Outcomes Framework](#) (2013–2016), therefore continuing the focus on preventing teenage conceptions as well as the social impact on teenage mothers.

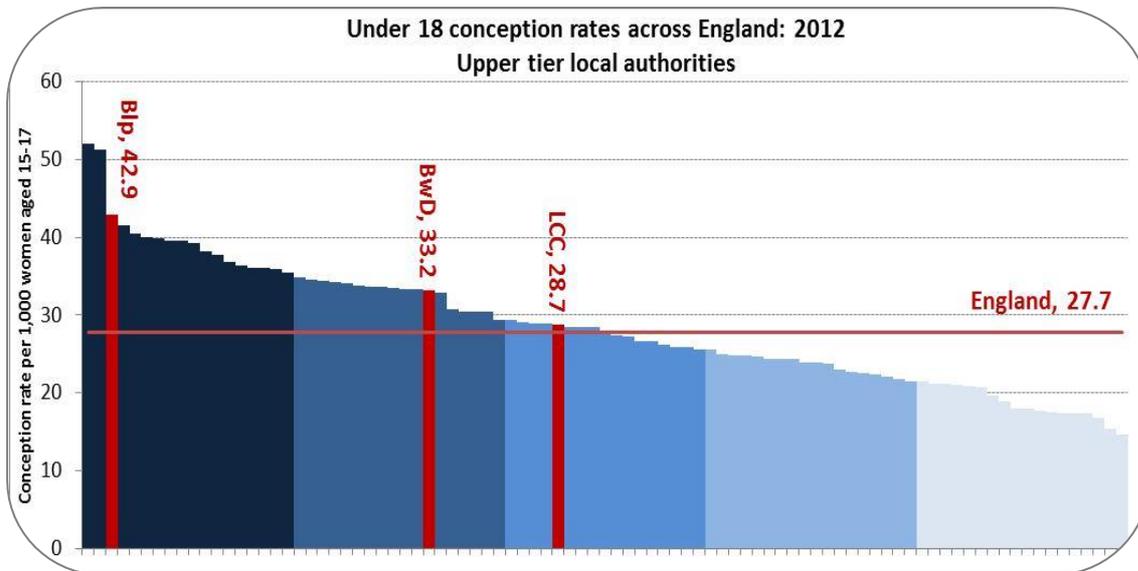
Teenage pregnancy – level of need in the population

Teenage pregnancy figures take some time to be issued, as the Office for National Statistics (ONS) have to wait for the birth or abortion to occur, and up to six further weeks for a birth to be registered, and then take a further three months to compile the statistics. Latest statistics are up to 2012.⁷

Under-18 conceptions

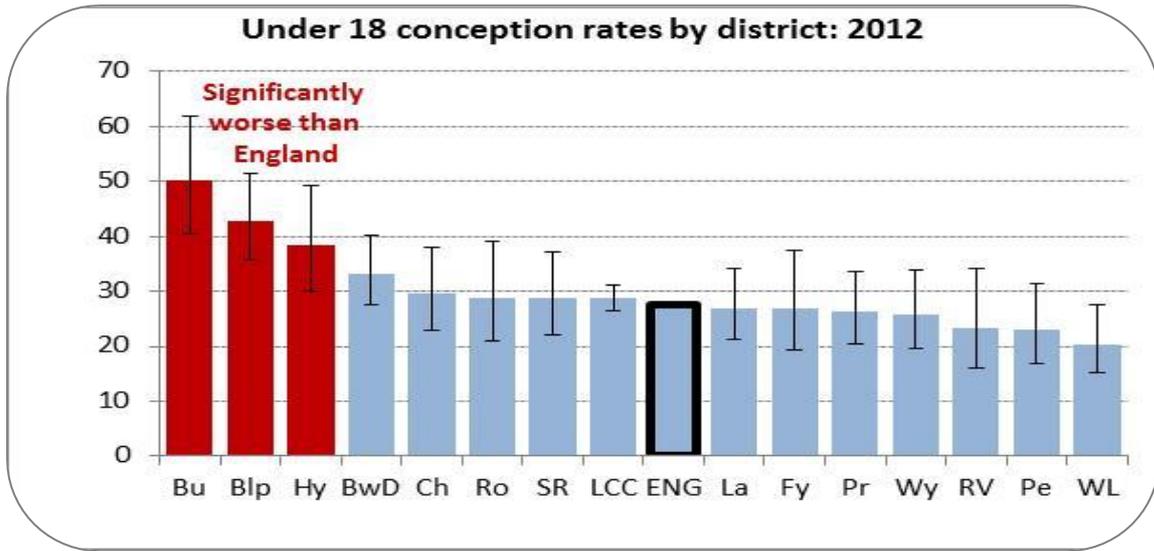
In 2012 just over 26,000 girls aged under-18 become pregnant in England. Although these pregnancies occur throughout the country they are much more likely to occur in deprived neighbourhoods. Out of all upper-tier local authorities, Blackpool has the third highest rate in the country and is significantly higher than the national average. While Lancashire and Blackburn with Darwen have rates higher than average they are not statistically significant.

Figure 2: Under-18 conception rates across England (upper-tier local authorities), 2012



Latest records for Lancashire show a fall in conceptions for under-18s from 753 in 2011 to 603 in 2012. Blackpool also saw a fall from 149 to 112, while there was a rise from 89 to 104 in Blackburn with Darwen. These compare with a total of 1,353 conceptions in Lancashire-14 in 1998, the baseline year for the teenage pregnancy strategy. Expressed as a rate, teenage pregnancy in Lancashire fell by 21% from 48.5 per 1,000 to 38.1 per 1,000 women aged 15-17 over the life of the strategy (1998-2010).

Figure 3: Under-18 conception rates by district, 2012



Trends across Lancashire: under-18 conceptions

There have been further reductions over the last two years and since 1998 Lancashire has achieved a 41% reduction. Data shows that over the course of the last 14 years trends have fallen but the majority of the gains have been since 2006 when rates began to fall more consistently.

Figure 4: Percentage reduction in conception rates, 1998-2012

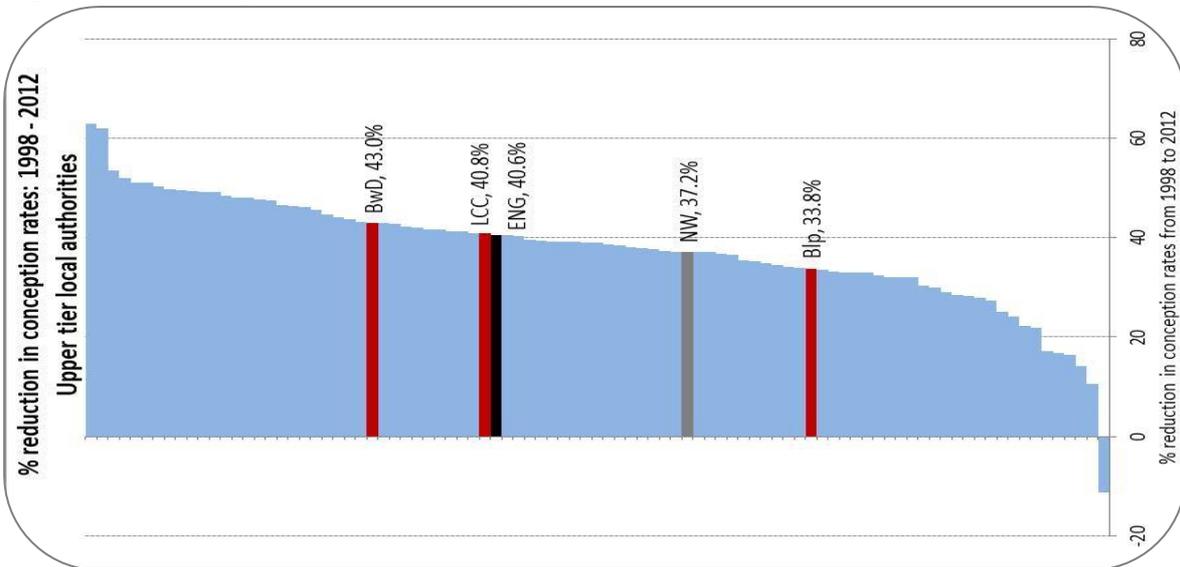
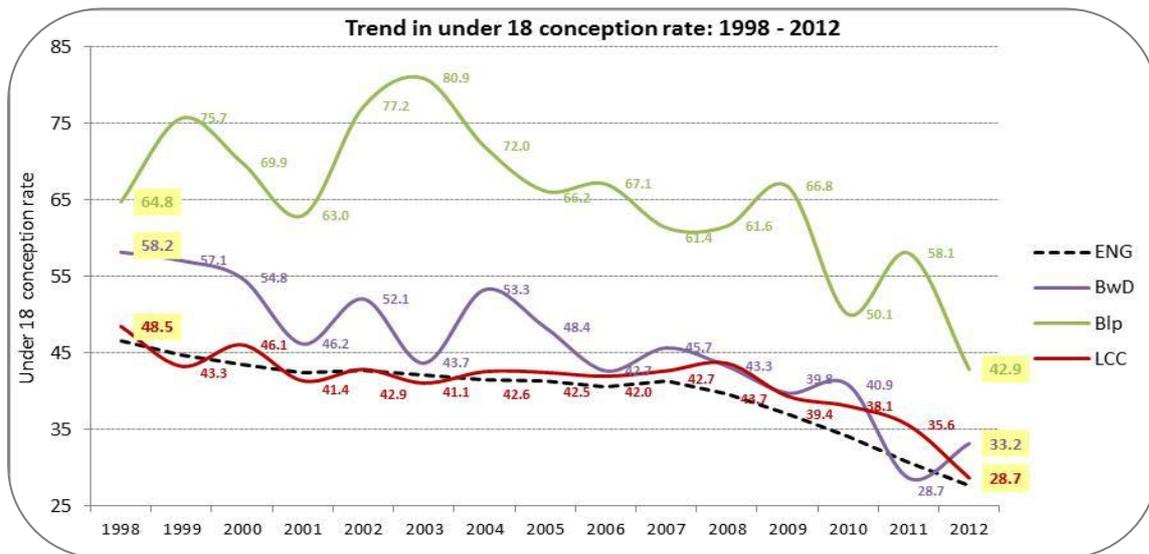


Figure 5: Trend in under-18 conception rate 1998-2012



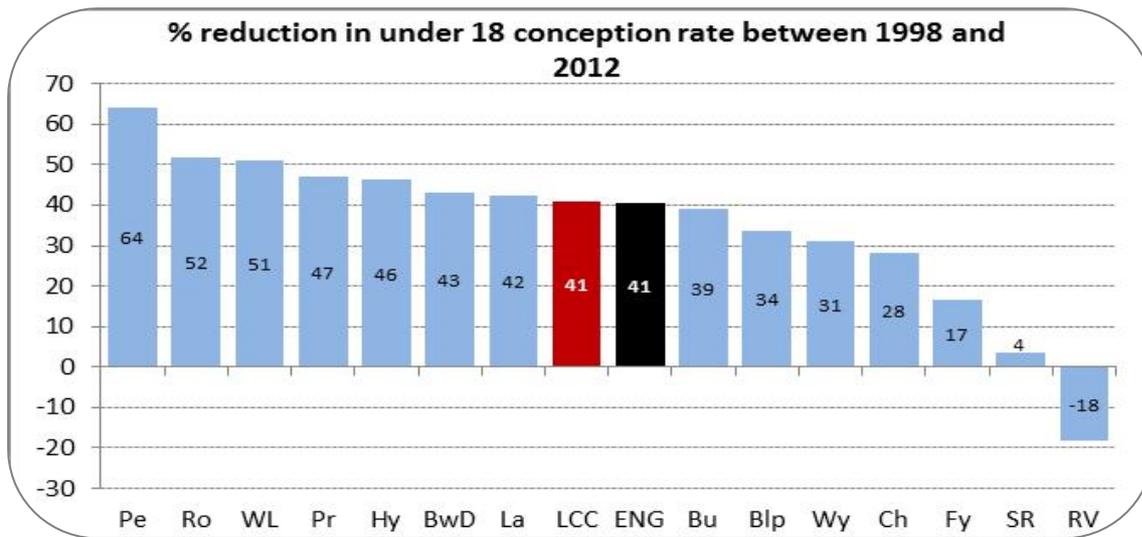
There is wide variation in under-18 conceptions across Lancashire, with rates varying from 50.1 per 1,000 in Burnley to 20.4 per 1,000 in West Lancashire, although all districts apart from Ribble Valley have shown falling rates since 1998. Pendle, Rossendale and West Lancashire have shown the greatest reductions of over 50%. Burnley and Hyndburn were the only districts with rates significantly higher than the national average in 2012.

Table 1: District trends in under-18 conceptions 1998-2012

	1998	2012	%reduction	Trend
England	46.6	27.7	40.6	
Blackburn with Darwen UA	58.2	33.2	43.0	
Blackpool UA	64.8	42.9	33.8	
Lancashire	48.5	28.7	40.8	
Burnley	82.3	50.1	39.1	
Chorley	41.0	29.5	28.0	
Fylde	32.3	26.9	16.7	
Hyndburn	71.8	38.5	46.4	
Lancaster	46.9	27.0	42.4	
Pendle	63.9	23.0	64.0	
Preston	49.7	26.3	47.1	
Ribble Valley	19.8	23.4	-18.2	
Rossendale	59.7	28.7	51.9	
South Ribble	29.8	28.7	3.7	
West Lancashire	41.6	20.4	51.0	
Wyre	37.4	25.7	31.3	

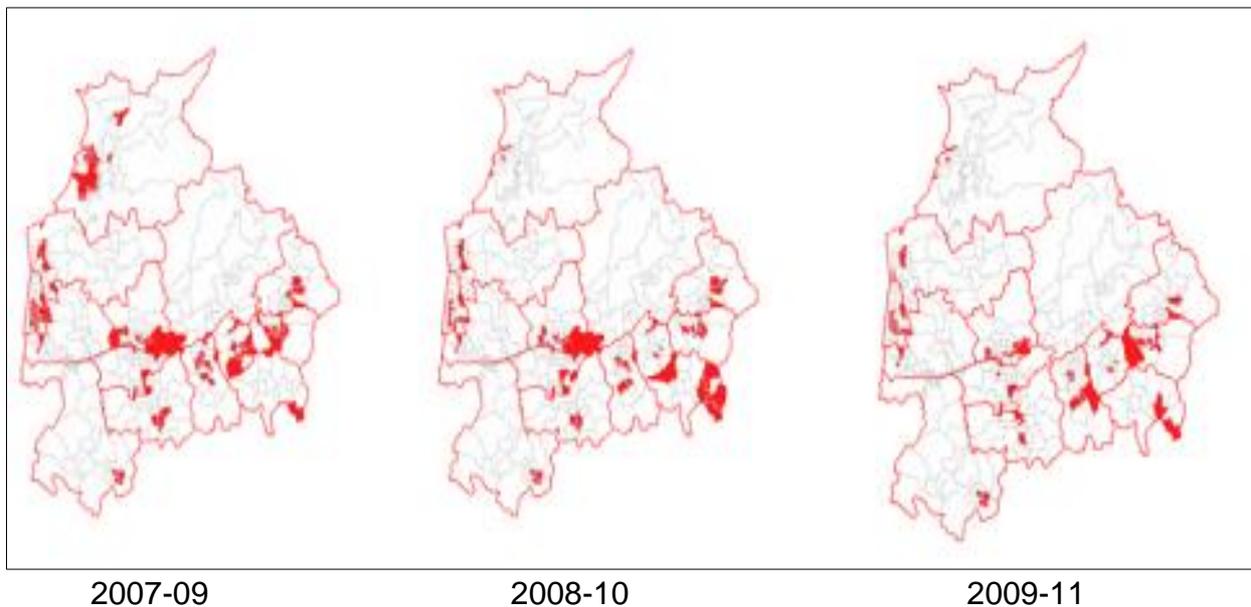
Source: ONS Annual Under 18 conceptions: 2012

Figure 6: Percentage reduction in under-18 conceptions 1998-2012



Nearly every district in Lancashire has at least one hotspot neighbourhood where more than 5% of girls aged 15-17 become pregnant each year. Mapping teenage pregnancy rates at ward level could potentially identify individuals so wards are shown where the rate is significantly higher than the national average. In Lancashire, Ribble Valley is the only district that does not have any wards with significantly higher rates of teenage pregnancy than the national average.⁸

Figure 7: Statistically significant hotspot wards in Lancashire-14



The table below shows the hotspot wards in Lancashire (2009-11). The ones highlighted **bold** have been hotspots for all three time periods (2007-09, 2008-10 and 2009-11).

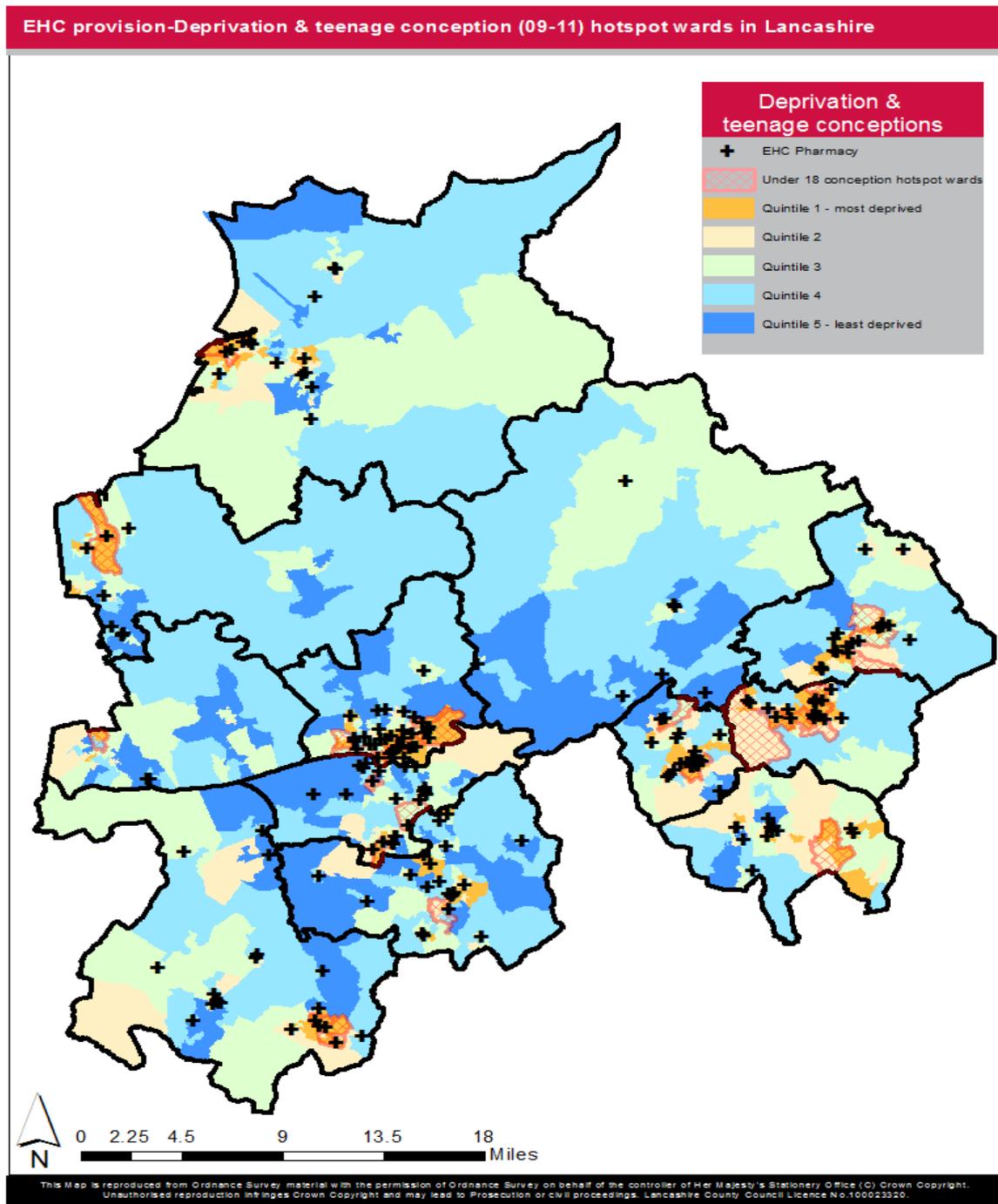
Table 2: Hotspots in Lancashire

District	Wards
Blackburn with Darwen	East Rural, Ewood, Mill Hill, Shadsworth with Whitebirk, Sudell, Sunnyhurst.
Blackpool	Bloomfield, Claremont, Clifton, Hawes Side, Park, Talbot, Tyldesley, Victoria.
Burnley	Bank Hall, Hapton with Park, Queensgate, Rosegrove with Lowerhouse, Rosehill with Burnley Wood, Trinity.
Chorley	Astley and Buckshaw, Chorley South West.
Fylde	Central, Kilnhouse.
Hyndburn	Netherton, Peel, Spring Hill.
Lancaster	Heysham North.
Pendle	Southfield, Waterside.
Preston	Brookfield, Larches, Ribbleton, Riversway, St George's, St Matthew's.
Rossendale	Healey and Whitworth, Stacksteads.
South Ribble	Farington East, Kingsfold, Lowerhouse.
West Lancashire	Birch Green, Dignumoor, Moorside, Tanhouse.
Wyre	Jubilee, Mount, Pharos,

The map below shows areas of deprivation, teenage pregnancy hotspots for 2009-11 and emergency hormonal contraception (EHC) pharmacies across Lancashire (excluding Blackburn with Darwen and Blackpool).

This suggests that although there are EHC pharmacies in or close to the wards with high levels of teenage conception, there are other factors that are contributing the increased rates in these areas. These may be linked to the wider determinants of health, including deprivation and other socioeconomic factors, such as employment status or educational attainment. Therefore, any interventions to reduce teenage conception rates should take into account these factors. This may be something as straightforward as promoting the EHC pharmacies through sexual health/education programmes delivered in schools and to young people in the community.

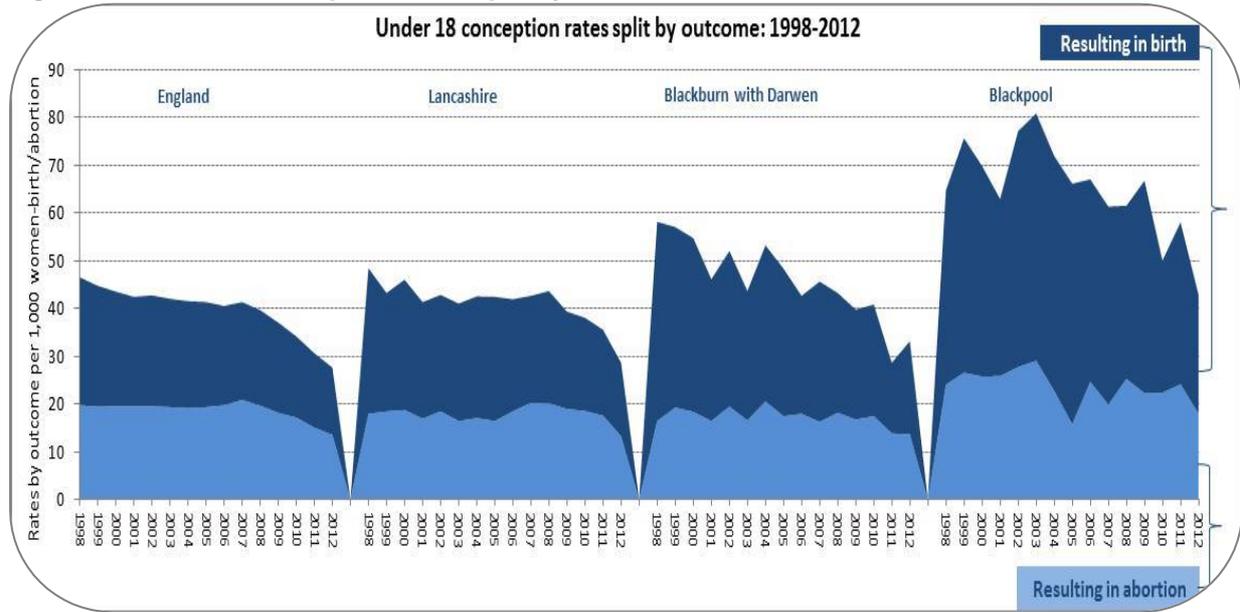
Figure 8: EHC provision, deprivation and teenage conception



Outcomes of under-18 pregnancies

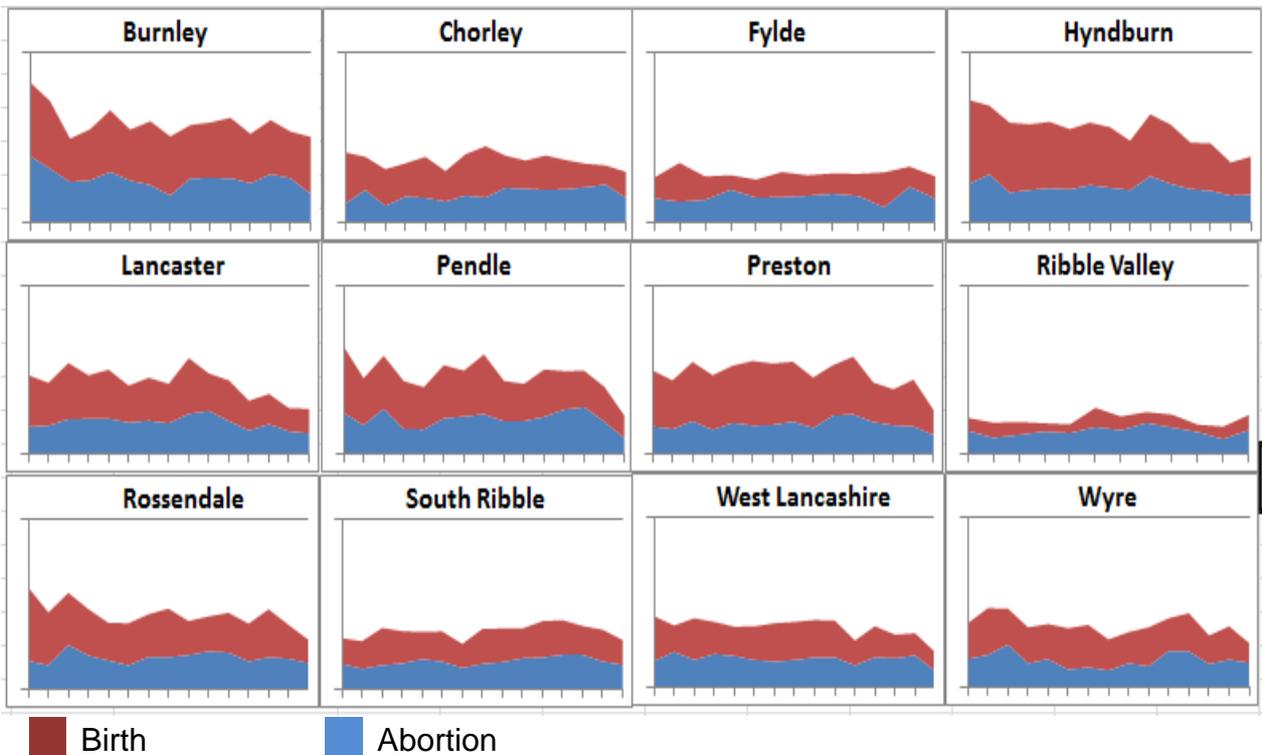
One of the outcomes of pregnancy is abortion.⁹ Locally and nationally, the abortion *rate* among females under-18 has changed very little since 1998, so the decline in conceptions has been essentially among those resulting in a birth. Accordingly the *proportion* of teenage pregnancies resulting in abortion has risen, reaching 46.1% in Lancashire in 2012, 41.3% in Blackburn with Darwen and 42.0% in Blackpool. These compare with 49.1% in England as a whole.

Figure 9: Under-18 conception rates split by outcome



Each of the twelve districts in Lancashire show very similar patterns though Ribble Valley shows consistently high proportions of abortions; on average almost two-thirds of conceptions in this district result in abortion compared with less than half in other districts.

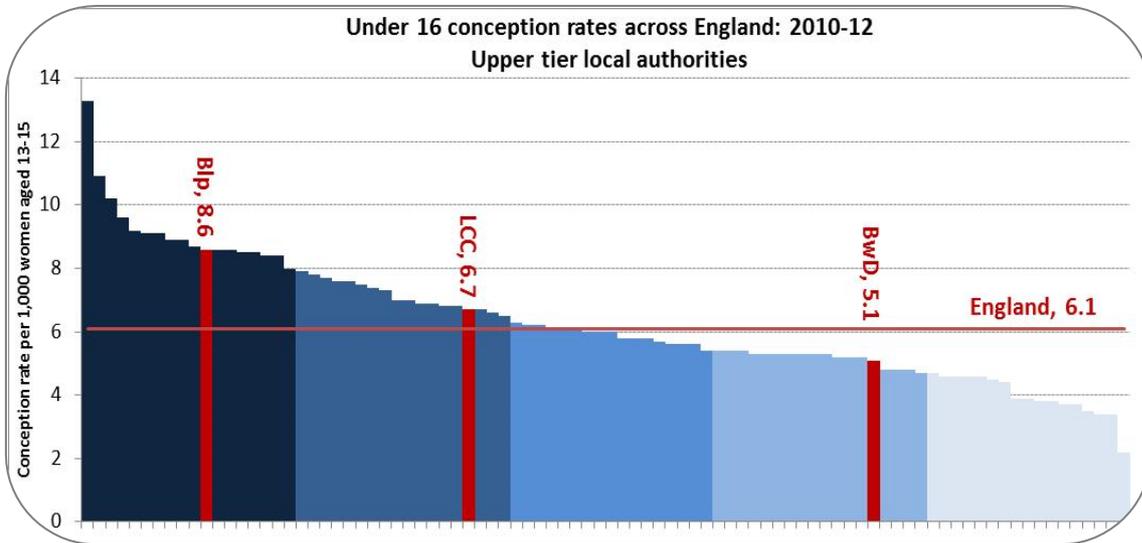
Figure 10: Under-18 conception rates by district split by outcome (1998-2012)



Under-16 conceptions

On an annual basis the number of conceptions to girls aged under-16 is very small so it is more usual to combine three years' worth of data to calculate rates.

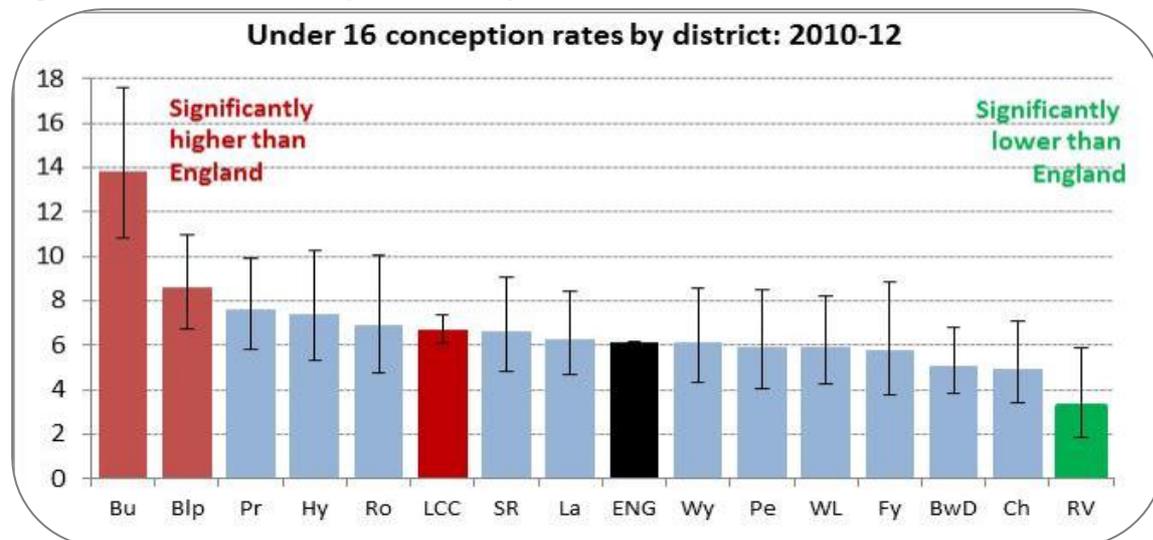
Figure 11: Under-16 conception rates across England 2010-12 (upper-tier local authorities)



Under-16 conception rates across upper-tier local authorities in England (2010-12) range from 2.2 per 1,000 in Wokingham to 13.3 in Middlesbrough; Blackpool ranks in the worst 20% of authorities with 8.6 conceptions per 1,000 (Lancashire 6.7, Blackburn with Darwen 5.1).

Within Lancashire rates vary from 3.3 per 1,000 in Ribble Valley to 13.8 in Burnley. Both these figures are significantly different to the national average. All the other districts have rates similar to the England average (figure 11).

Figure 12: Under-16 conception rates by district 2010-12



Trends across Lancashire: under-16 conceptions

Across Lancashire and Blackburn with Darwen the trend since 2001-03 has generally followed the national average with reductions in rates of 19% and 33% respectively; this compares with a 23% reduction across England. Although Blackpool's rates have been significantly higher in the past there has been a greater reduction (45%) in the under-16 conception rate so the difference between Blackpool and England is now borderline significant. In terms of numbers of conceptions, Lancashire as a whole has seen 232 fewer conceptions over this period with numbers falling from 762 in 2001-03, to 530 in 2010-12.

Figure 13: Trend in under-16 conception rates 2001-03 to 2010-12

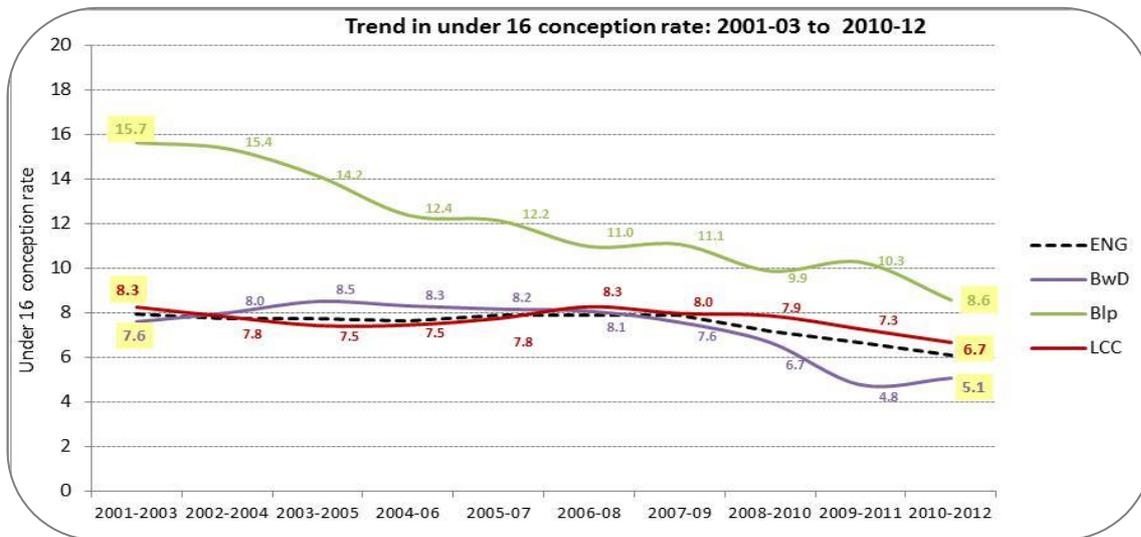


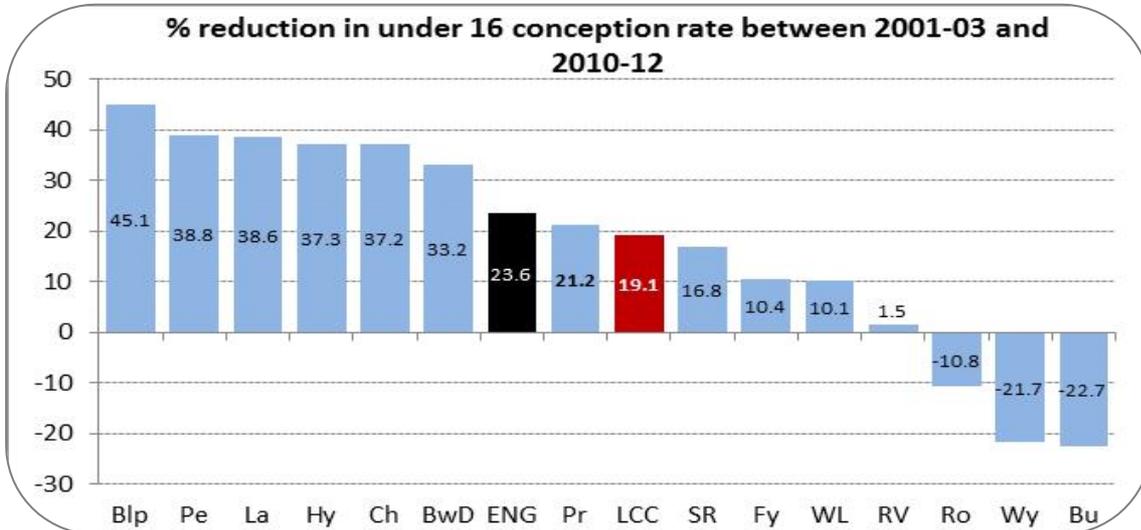
Table 3: District trends in under-16 conceptions

	2001-03	2010-12	% reduction	Trend
ENGLAND	8.0	6.1	23.6	
Blackburn with Darwen	7.6	5.1	33.2	
Blackpool UA	15.7	8.6	45.1	
Lancashire	8.3	6.7	19.1	
Burnley	11.2	13.8	-22.7	
Chorley	7.8	4.9	37.2	
Fylde	6.5	5.8	10.4	
Hyndburn	11.8	7.4	37.3	
Lancaster	10.3	6.3	38.6	
Pendle	9.6	5.9	38.8	
Preston	9.6	7.6	21.2	
Ribble Valley	3.3	3.3	1.5	
Rossendale	6.2	6.9	-10.8	
South Ribble	7.9	6.6	16.8	
West Lancashire	6.6	5.9	10.1	
Wyre	5.0	6.1	-21.7	

Source: ONS Annual Under 18 conceptions : 2012

Over the period 2001-03 to 2010-12 Blackpool has seen the largest reduction in under-16 conception rates (45%) closely followed by Pendle and Lancaster (both 39%). In contrast Rossendale, Wyre and Burnley have all seen an increase in rates of more than 10%.

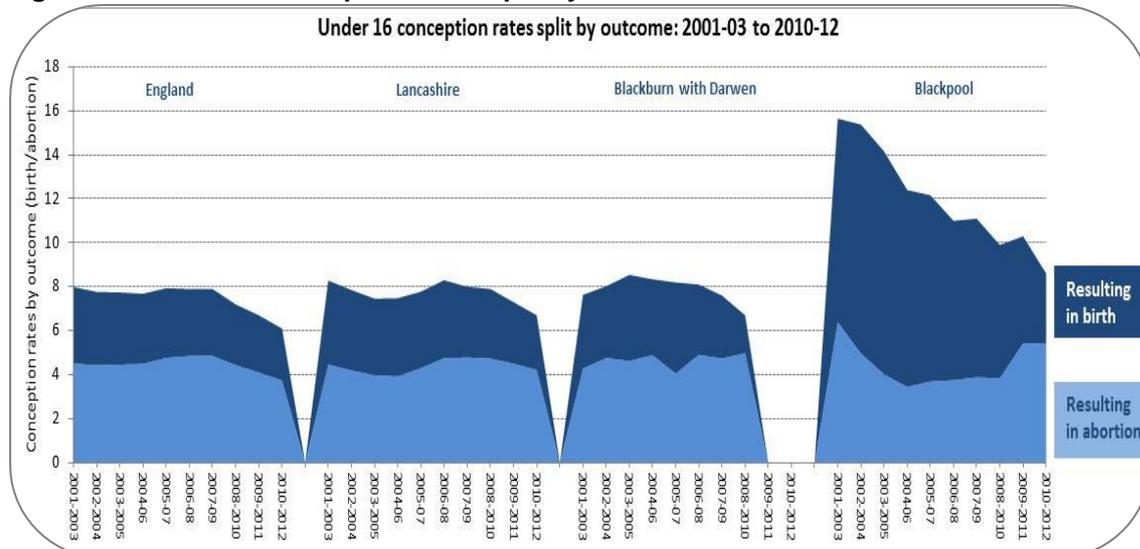
Figure 14: Percentage reduction in under-16 conception 2001-03 to 2010-12



Outcomes of under-16 pregnancies

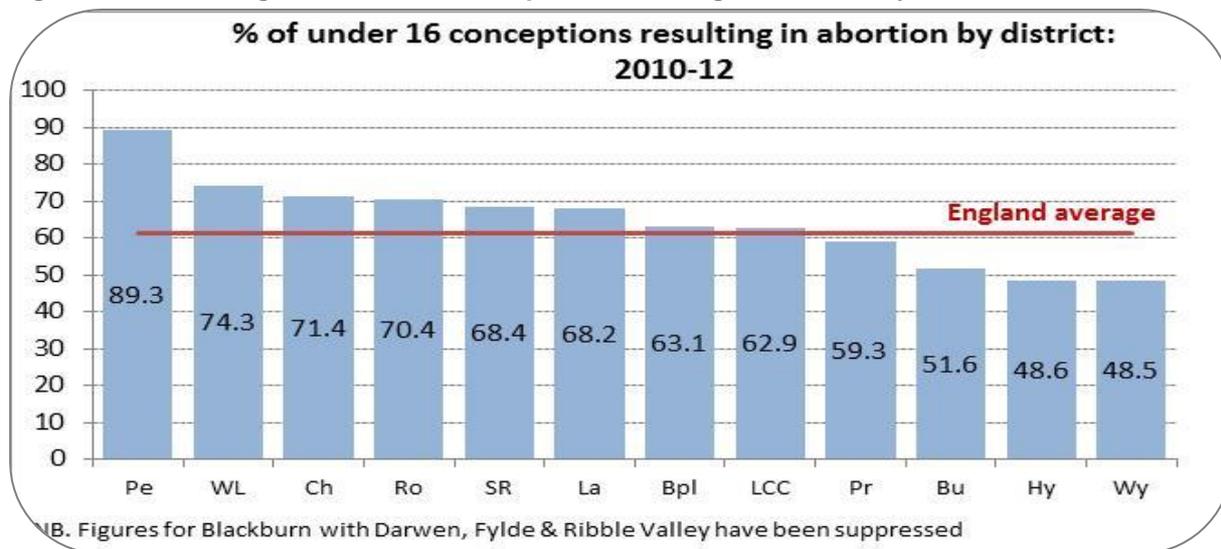
The proportion of under-16 conceptions resulting in abortion has always been higher than among under-18 conceptions generally and is now approximately 61% nationally. In Lancashire it rose from 54% in 2001-03 to 63% in 2010-12, and in Blackpool from 41% to 63%. ONS have suppressed the latest outcomes for Blackburn with Darwen due to small numbers but the latest available figures showed a rise in abortions from 56% in 2001-03 to 74% in 2008-10.

Figure 15: Under-16 conception rates split by outcome



The variation in the proportion of abortions at district level ranges from 49% in Hyndburn and Wyre, to almost 90% in Pendle. Statistical analyses show that abortion proportions are related, independently of deprivation levels, to service provision in three ways: family planning clinic provision; the proportion of female GPs; and the availability of independent sector provision of abortion.¹⁰

Figure 16: Percentage of under-16 conceptions resulting in abortion by district



Recommendations

Contraception, particularly long-acting contraception is pivotal to the reduction of unplanned pregnancy, therefore these recommendations should be viewed in conjunction with those in the chapter on contraception.

Nearly every district in Lancashire has at least one hotspot neighbourhood where more than 5% of girls aged 15-17 become pregnant each year. A number of districts whilst achieving a reduction overtime, still have higher rates and remain of concern.

- Proportionate universalism needs to include targeted approaches in areas and with communities known to have a greater risk of experiencing unplanned pregnancies.

There is a known relationship between unplanned pregnancy and alcohol use.

- Develop an approach which is integrated between sexual health and substance misuse.

Teenage pregnancy is a multifaceted shared responsibility

- All organisations with a role in delivering services to children and young people in Lancashire should ensure that their staff are able to sensitively respond to children and young people about sexual health and signpost them to relevant services.
- Develop and implement a Lancashire-wide training programme around sexual health for those working with children, young people and their families.
- Develop a comprehensive marketing and communications plan in relation to service provision for sexual health.

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- ⁸ Lancashire JSNA <http://www.lancashire.gov.uk/lancashire-insight/health-and-care/maternity-and-infancy/teenage-pregnancy.aspx>
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