UNDER 18 CONCEPTIONS

What's the issue?

Teenage pregnancy is a complex social issue with a number of contributing risk factors including living in poverty, low educational attainment, absenteeism, not being in education, employment or training (NEET), involvement of social care, low self esteem, early sexual activity and poor contraception use. There are also disproportionately poor outcomes for those who do become teenage parents. At age 30, teenage mothers are 22% more likely to be living in poverty and 20% more likely to have no qualifications than mothers giving birth aged 24 or over and are much less likely to be employed or living with a partner [178, 179]. There is a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage parenthood [180].

What's our situation?

Between 1998 and 2015, there has been a 55% reduction in the under 18 conception rate from 84.6 to 38.4 per 1,000 women aged 15-17 years (from 381 to 150 conceptions), which is similar to decreases elsewhere [26, 95, 160]. The current under 18 conception rate is considerably higher than England (20.8) and the average of the 10 comparators areas (29.6). The reduction in Hull occurred across both births and terminations with births reducing from 57.3 to 21.8 and terminations from 27.3 to 16.6 per 1,000 women aged 15-17 years [181]. As well as a reduction in the overall numbers in Hull, the young people who do become pregnant do so later in their teens. In 2015, 43.3% of conceptions led to a termination in Hull compared to 51.2% for England [160]. In 2015, there were 150 pregnancies among the 3,904 women aged 15-17 years in Hull [26, 160], resulting in 85 under 18s giving birth [160]. The percentage of births to under 18s in Hull has reduced from 2.8% of all births (102 out of 3,661) in 2010/11 to 1.3% (43 out of 3,432) in 2015/16 [160].

Between 2009 and 2014, there has been a 28% reduction in the under 16 conception rate from 12.6 to 9.1 per 1,000 women aged 13-15 years, which is smaller than the reduction in England (40%) [26, 95, 160]. For 2015, the conception rate among the under 16s in Hull is more than double that of England (4.4) and higher than the average of 10 comparators (6.4). The termination rate was slightly higher in the under 16s in Hull (67% for 2015) compared to England (60%) and had increased considerably in Hull since 2009 when it was 50% [181]. In 2015, there were 34 pregnancies among the 3,742 women aged 13-15 years in Hull [26, 95, 160].

For more detailed information, see the JSNA Toolkit: Sexual Health report.

What are the strategic needs?

To have sustained reductions in the under 18 conception rate, work needs to continue with the momentum maintained (“any complacency now and we will see a knock-on effect in years to come” [182]). Research and evidence based practice has shown that this issue cannot be addressed through a single intervention or service as the majority of pregnancies are unplanned [179, 180, 183-185]. Instead it requires a consistent and co-ordinated partnership approach at a strategic and operational level across a range of services and providers (including schools, health workers, youth workers, social care and voluntary sector services) to address several key issues including sex and relationship education (SRE), workforce development, improved access to contraception, work with boys and young men as well as young women, and support for parents on discussing sex and relationships. The dual message of delaying early sexual activity while providing accurate information about contraception and safer sex is most effective in supporting young people [184]. There should be consistency of SRE delivery across schools, and this represents a challenge with the increasing focus on academic achievements and the ongoing pressures on the curriculum to cover a wide range of issues under the Personal, Social and Health Education banner despite its lack of statutory status.
An early intervention/early help and prevention approach across the partnership which aims to reduce risks and build resilience, along with effective use of local data and performance management is vital to maximise the impact of provision and ensure children and young people receive consistent information and advice. In addition such an approach will ensure that areas with the highest rates/groups of young people most at risk are targeted and their needs met.

References