

FACTSHEET

This factsheet discusses teenage pregnancy in Northern Ireland, presents a statistical analysis of teenage births and examines the potential impact of unplanned teenage pregnancy and parenthood.

Key facts

- The UK has the highest teenage pregnancy rate in Europe.
- Most teenage pregnancies are unplanned.
- Teenage pregnancy is often a cause and consequence of social exclusion.

Introduction

It is generally accepted that most teenage pregnancies are unplanned. This is confirmed by FPA's community work with young people and the unplanned pregnancy counselling information and support service. Faced with an unplanned pregnancy, teenagers choose one of the following options:

1. Continuing with the pregnancy and keeping the baby

Throughout the UK, the major change associated with teenage pregnancy has been the steady rise in births outside marriage, suggesting that pregnant teenagers are now choosing to live with their partner or bring up their child alone, rather than marry due to social and family pressures. In 1991, 18.2% of teenage births occurred inside marriage. This has gradually decreased and in 2008, only 2.5% of teenage births occurred within marriage (Table 1).

2. Adoption

As more and more births occur outside marriage, the stigma of being an

unmarried mother diminishes. The total number of adoptions (ie placement by Health and Social Care Trusts) is low throughout Northern Ireland and in 2008, only 97 children were placed for adoption (Table 2).

3. Abortion

The 1967 Abortion Act does not extend to Northern Ireland, therefore the majority of women who choose the option of abortion must travel to England or other European countries to obtain a non-NHS abortion. (For further information, see FPA's factsheet on Abortion). In 2008, 196 young women under 20 years of age were recorded as having a private abortion in England (Tables 3 and 4).

In extreme cases, some young people 'choose' other 'options', eg self-induced abortion, unsafe abortion, surrogacy, infanticide.

Births

This factsheet refers to the number of teenage births rather than the number of conceptions. In official British statistics, conceptions are defined as pregnancies resulting in live births, still births or legal termination. Because abortion is only legal in Northern Ireland in exceptional circumstances, most women have to travel to England or other European countries to obtain a private abortion.

Statistics for abortions carried out in England on women from Northern Ireland are based on addresses given to clinics by clients. It is widely accepted that some women give false addresses for fear of discovery and, therefore, the official figures are likely to underestimate the actual numbers. Statistics for abortions carried out in other European countries are not available.

Table 1: Number and % of live teenage births occurring within marriage

Year	Total live births to under 20s	Within marriage	%
1991	1783	324	18.2
1992	1855	328	17.7
1993	1592	187	11.7
1994	1545	170	11
1995	1428	136	9.5
1996	1582	122	7.7
1997	1644	112	6.8
1998	1735	115	6.6
1999	1791	113	6.3
2000	1621	73	4.5
2001	1527	52	3.4
2002	1525	62	4.1
2003	1483	55	3.7
2004	1486	47	3.2
2005	1395	45	3.2
2006	1427	43	3
2007	1405	37	2.6
2008	1426	36	2.5

Table 2: Number of children placed for adoption

Year	Number
1998	120
1999	145
2000	172
2001	139
2002	174
2003	140
2004	161
2005	140
2006	141
2007	147
2008	97

Table 3: Number and % of Northern Ireland teenagers having legal abortions in England

Year	Total abortions	Total to under 20s	%
1991	1755	367	20.9
1992	1794	376	21
1993	1629	303	18.6
1994	1678	321	19.1
1995	1548	294	19
1996	1573	284	18.1
1997	1572	297	18.9
1998	1581	305	19.3
1999	1430	265	18.5
2000	1528	301	19.7
2001	1577	319	20.2
2002	1382	275	19.9
2003	1318	251	19.0
2004	1280	225	17.6
2005	1164	206	17.7
2006	1295	213	16.4
2007	1343	235	17.5
2008	1173	196	16.7

Since 1991, the highest number of teenage pregnancies recorded was in 1999. In June of that year, John McFall, Minister for Health and Social Services, identified teenage parenthood as one of four priorities to be addressed within the Promoting Social Inclusion initiative. Consequently, a multi-sectoral working group was established to develop a coordinated strategy aimed at reducing teenage births. Additional funding was released in 2001 and the regional *Teenage pregnancy and parenthood: strategy and action plan* was launched in 2002. It set the following targets:

- A reduction of 20% in the rate of births to teenage mothers by 2007.

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- A reduction of 40% in the rate of births to teenage mothers under 17.
- 75% of teenagers should not have experienced sexual intercourse by the age of 16.
- 100% of teenage mothers of compulsory school age should complete formal education.
- 50% of teenage mothers should participate in post 16 education beyond school leaving age.¹

Table 4: Legal abortions performed in England to Northern Ireland teenagers as a % of the female population aged 15-19

Year	Total abortions to under 20s	Total female population under 20	%
1991	367	62115	0.59
1992	376	61497	0.61
1993	303	60967	0.50
1994	321	60842	0.53
1995	294	61032	0.48
1996	284	61779	0.46
1997	297	62154	0.48
1998	305	62131	0.49
1999	265	62000	0.43
2000	301	61787	0.49
2001	319	63833	0.50
2002	275	64597	0.43
2003	251	64928	0.39
2004	225	64565	0.35
2005	206	64306	0.32
2006	213	63514	0.34
2007	235	62418	0.38
2008	196	61874	0.32

In December 2008, the regional *Sexual health promotion strategy and action plan 2008-2013* was launched and set the following target:

- A reduction of 25% in the rate of births to teenage mothers under 17 years of age by 2013.²

Table 5: Number and % of live births to women under 20

Year	Total live births	Total live births to under 20s	%
1991	26028	1783	6.9
1992	25354	1855	7.3
1993	24722	1592	6.4
1994	24098	1545	6.4
1995	23693	1428	6
1996	24382	1582	6.5
1997	24087	1644	6.8
1998	23668	1735	7.3
1999	22957	1791	7.8
2000	21550	1621	7.5
2001	22249	1527	6.9
2002	21473	1525	7.1
2003	21648	1484	6.9
2004	22318	1486	6.7
2005	22328	1395	6.2
2006	23272	1427	6.1
2007	24451	1405	5.7
2008	25631	1426	5.6

The total annual number of teenage births as a percentage of total live births has decreased from 7.1% in 2002 to 5.6% in 2008 (Table 5). However, there is only a small variation with regard to the numbers as a percentage of the female population aged 15-19 years (Table 6).

Table 6: Number of births to under 20s as a % of the female population aged 15-19

Year	Total live births to under 20s	Total female population under 20	%
1991	1783	62115	2.9
1992	1855	61497	3
1993	1592	60967	2.6
1994	1545	60842	2.5
1995	1428	61032	2.3
1996	1582	61779	2.6
1997	1644	62154	2.6
1998	1735	62131	2.8
1999	1791	62000	2.9
2000	1621	61787	2.6
2001	1527	63833	2.4
2002	1525	64597	2.4
2003	1483	64928	2.3
2004	1486	64565	2.3
2005	1395	64306	2.2
2006	1427	63514	2.2
2007	1405	62418	2.3
2008	1426	61874	2.3

Who are the teenage mothers?

Identifying and targeting the population most at risk of an unplanned and possibly unwanted pregnancy is vital both to prevention and to improving the accessibility and uptake of ante and post-natal medical care.

The four Health and Social Services Boards (HSSBs) became the new Health and Social Care Board in April 2009. The statistics contained in this factsheet pre-date the changeover and therefore still relate to the four HSSBs. Tables 7-12 show a small variation between the four HSSBs but a marked variation between residence areas within each.

Regardless of their background, all sexually active teenagers are at risk of becoming a parent. However, as Table 13 demonstrates, teenage mothers of a working age are more likely to have never worked and be unemployed or in semi-routine occupations. Research evidence suggests that the risk factors include the following:

- low self-esteem;
- poverty;
- low educational attainment, declining educational achievement or school non-attendance/alienation;
- children who are looked after by Health and Social Care Trusts;
- children of teenage mothers;
- a history of sexual abuse;
- mental health problems;
- a history of offending behaviour.

Some young people experience multiple risk factors. As a result, they are at much greater risk of becoming teenage parents.³

Table 7: Northern Ireland teenage pregnancies, by HSSB area, 2008

HSSB	Teenage births	Total births	% of total births
Eastern	617	9421	6.5
Northern	344	6347	5.4
Southern	241	5591	4.3
Western	224	4272	5.2

Table 8: Number of births to under 20s as a percentage of the female population aged 15-19, by HSSB area, 2008

HSSB	Population	Births	%
Eastern	24110	617	2.6
Northern	15130	344	2.3
Southern	11950	241	2
Western	10690	224	2.1

Table 9: Total notified births to teenage mothers in the Eastern HSSB, by residence area, 2008

Residence area	Total live births	Total live births to under 20s	%
Ards	971	48	4.9
North Down	975	35	3.6
Belfast	3883	334	8.6
Castlereagh	862	37	4.3
Down	979	48	4.9
Lisburn	1751	115	6.6
Total	9421	617	

Table 10: Total notified births to teenage mothers in the Southern HSSB, by residence area, 2008

Residence area	Total live births	Total live births to under 20s	%
Armagh	884	31	3.5
Banbridge	733	27	3.7
Craigavon	1470	90	6.1
Dungannon	911	33	3.6
Newry/Mourne	1593	60	3.8
Total	5591	241	

Table 11: Total notified births to teenage mothers in the Western HSSB, by residence area, 2008

Residence area	Total live births	Total live births to under 20s	%
Fermanagh	876	30	3.4
Limavady	458	33	7.2
Derry	1648	112	6.8
Omagh	719	21	2.9
Strabane	571	28	4.9
Total	4272	224	

Table 12: Total notified births to teenage mothers in the Northern HSSB, by residence area, 2008

Residence area	Total live births	Total live births to under 20s	%
Antrim	857	39	4.6
Ballymena	852	40	4.7
Ballymoney	412	15	3.6
Carrickfergus	498	36	7.2
Coleraine	725	62	8.6
Cookstown	533	27	5.1
Larne	347	28	8.1
Magherafelt	720	17	2.4
Moyle	203	14	6.9
Newtownabbey	1200	66	5.5
Total	6347	344	

Why do teenagers become pregnant?

Teenage pregnancy is a complex phenomenon and rarely a matter of irresponsibility, recklessness or simple free choice.⁴ Not every teenage conception is unintended, and not all unintended pregnancies will lead to an unwanted baby. There are many reasons why early pregnancies occur, including the following:

- lack of knowledge about contraception;
- false beliefs about protection;
- the unavailability of and/or barriers to accessing contraception;
- the wish to have a baby and the fulfillment of being a mother;
- the desire to be an 'adult';
- the need to feel wanted and needed;
- status and prestige within the family and among peers;
- physical excitement and passion;
- love;
- trust and commitment.⁵

Table 13: Births to teenage mothers within and outside marriage, by socioeconomic group, 2008

Socioeconomic group	All births to teenage mothers	Within marriage	Outside marriage
Higher managerial and professional occupations	9	0	9
Lower managerial and professional occupations	31	1	30
Intermediate occupations	54	3	51
Small employers and own account workers	162	6	156
Lower supervisory and technical occupations	109	2	107
Semi-routine occupations	205	6	199
Routine occupations	189	11	178
Never worked and long-term unemployed	297	6	291
Not classified	370	1	369
Total	1426	36	1,390

Unplanned pregnancy

FPA's 2002 Northern Ireland survey of young people under 25 years of age found that approximately 21% of male respondents and 31% of female respondents aged 14–15 years had experienced sexual intercourse before the age of 16 (the legal age of sexual consent in Northern Ireland). Of these, approximately 26% of males and 24% of females failed to use contraception when they first had intercourse.

Young men reported earlier sex than young women, Catholics were less likely than other respondents to have sex before the age of 16, and consumption of alcohol and

drugs significantly decreased the likelihood of contraception being used. ⁶

The health behaviour of school children in Northern Ireland study revealed that in a sample of 3,450 young people in Years 9–12 (aged between 13–16 years), 655 reported that they had experienced sexual intercourse. This constituted 14.9% of this age group. Average age of first sexual intercourse was 13 years for boys and 14 years for girls. When asked about the use of contraceptives, the vast majority of those who had experience of sexual intercourse (79.2%) reported using some form of contraception. ⁷

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Impact of teenage parenthood

In some parts of the world, early marriage is customary and teenage pregnancy is not considered undesirable. By contrast, in more 'developed' societies, teenage pregnancy is commonly defined as a problem, but more for social than medical reasons. The teenage years are seen as a time for acquiring knowledge and skills that will lead to opportunities and choices in career and lifestyle. Life events that limit those choices, such as early pregnancy outside marriage, are seen as undesirable by our society in general.

It is important to acknowledge that for some young people, pregnancy and motherhood are positive and welcomed experiences, but evidence suggests that teenage mothers and their children can suffer adverse health, social and economic consequences. However, the relationship between teenage mothers and disadvantage is complex, as social, economic and environmental factors can be determinants rather than consequences of adolescent motherhood. The associated adverse outcomes for the teenager and her child were reviewed by the NHS Centre for Reviews and Dissemination, University of York, in 1997. Their findings are summarised in Tables 14 and 15.⁸

Teenage births also have an economic impact on society. On the basis that a teenage pregnancy effectively withdraws

the mother from the labour market for at least one and a half years, an estimate of the cost to the Exchequer (unemployment benefits and administration, plus tax revenue foregone) stands at £20,000 per mother. Assuming only those mothers aged 17–19 years are likely to be unemployed, a conservative estimate of their Exchequer cost is approximately £25 million based on 2005 Northern Ireland births data (1,254 births to 17–19 year olds). Additionally, young mothers aged under 16 years place increased demand on social, health and education services and their own families through the requirement to have someone look after the newborn child while the mother continues compulsory education.²

Hospital delivery costs associated with births to teenage mothers in Northern Ireland were estimated at £2.5 million in 2005–2006.²

Prevention

*"Preaching is rarely effective. Whether the Government likes it or not, young people decide what they're going to do about sex and contraception. Keeping them in the dark or preaching at them makes it less likely they'll make the right decision."*⁹

A study of teenage pregnancy carried out by the Guttmacher Institute in the US indicated that one of the factors contributing to a high rate of teenage pregnancies is lack

Table 14: Associated adverse outcomes for the teenage mother

Health	Education	Socioeconomic
<ul style="list-style-type: none"> • Hypertension • Anaemia • Placental abruption • Obstetric complications • Depression and isolation • Termination 	School drop-out and gaps in education	<ul style="list-style-type: none"> • Reduced employment opportunities • Poor housing and nutrition

Table 15: Associated adverse outcomes for the child of a teenage mother

Health	Education	Socioeconomic
<ul style="list-style-type: none"> • Increased risk of sudden infant death syndrome • Prematurity • Hospitalisation due to accidental injuries • Increased risk of experiencing abuse • Increased risk of teenage pregnancy 	<p>In the pre-school years, children of teenage mothers display developmental delays</p>	<ul style="list-style-type: none"> • Increased risk of living in poverty • Poor housing and nutrition

of openness in society about sex.¹⁰ The study showed that those countries with the lowest teenage pregnancy rates share characteristics, including liberal attitudes towards sex, easily accessible contraceptive services for teenagers, and effective formal and informal programmes of sex education. In contrast, the research cited poverty, a high degree of religiosity, and restrictions on teenagers' access to contraception as factors in the high US teenage pregnancy rate.

One factor strongly associated with deferring sexual activity is a good general education. A number of studies have shown that teenagers who have low levels of educational achievement and low aspirations for the future are much more likely to be sexually active, while those with educational aspirations are much less willing to consider the possibility of teenage motherhood.³

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Other Northern Ireland factsheets

Abortion

Relationships and sexuality education in schools

Sex and the law

Sexual health and people with learning disabilities

Sexual behaviour and young people

Sexual orientation

Sexually transmitted infections

The legal position regarding contraceptive advice and provision to young people

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