1 TEENAGE PREGNANCY

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 one of the highest teenage pregnancy rates in Europe.
- 2014 data shows that the rate of teenage pregnancy continues to fall in Northern Ireland.
- 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 pregnancy choices 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*
   Over the last 20 years, throughout the UK, the major change associated with teenage pregnancy has been the steady rise in births outside marriage. In 1991, 18.2% of teenage births occurred inside marriage but this has gradually decreased to 1.5% in 2014 (Table 1).
2. *Adoption*
   The total number of adoptions (placement by Health and Social Care Trusts) is low throughout Northern Ireland and in 2014, 104 children were placed for adoption (Table 2).
3. *Abortion*
   The 1967 Abortion Act does not extend to Northern Ireland and the majority of girls and 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 Abortion). In 2014, 107 young women under 20 years of age were recorded as having a private abortion in England (Tables 3 and 4).

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 birth, still birth 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 births occurring within marriage to teenagers

Year	Total live births to under 20s	Live births within marriage	%
2004	1,486	47	3.2
2005	1,395	45	3.2
2006	1,427	43	3
2007	1,405	37	2.6
2008	1,426	36	2.5
2009	1,334	37	2.7
2010	1,265	30	2.4
2011	1,170	28	2.4
2012	1,100	27	2.5
2013	937	21	2.2
2014	839	13	1.5

Source: NISRA

Table 2: Total number of children placed for adoption

Year	Number
2004	161
2005	140
2006	141
2007	147
2008	97
2009	100
2010	116
2011	104
2012	127
2013	87
2014	104

Source: NISRA

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

Year	Total abortions	Total to under 20s	%
2004	1,280	225	17.6
2005	1,164	206	17.7
2006	1,295	213	16.4
2007	1,343	235	17.4
2008	1,173	196	16.7
2009	1,123	185	16.5
2010	1,101	163	14.8
2011	1,007	160	15.9
2012	905	144	15.9
2013	802	106	13.2
2014	837	107	12.8

Source: NISRA

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	%
2004	225	64,565	0.34
2005	206	64,306	0.32
2006	213	63,514	0.33
2007	235	62,418	0.37
2008	196	61,874	0.32
2009	185	61,221	0.3
2010	163	60,376	0.27
2011	160	61,184	0.26
2012	144	60,744	0.23
2013	106	59,867	0.18
2014	107	59,260	0.18

Source: NISRA

In June 1999, 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.
- 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]

In December 2008 the regional *Sexual health promotion strategy and action plan 2008 -2013* was launched and set a target to reduce the rate of births to teenage mothers under 17 years of age 25% by 2013.[2]

In June 2014, the Department of Health, Social Services and Public Safety (DHSSPS) published an addendum to the above strategy and action plan.[3] It stated that the next step was to reduce the gap in births to teenage mothers living in deprived areas.

In line with the rest of the UK, the total annual number of teenage births as a percentage of total live births decreased from 6.9% in 2003, to 3.4% in 2014 (Table 5), but there is only a small variation with regard to the numbers as a percentage of the female population aged 15 to 19 (Table 6).

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

Year	Total live births in NI	Total live births to under 20s	%
2004	22,318	1,486	6.7
2005	22,328	1,395	6.2
2006	23,272	1,427	6.1
2007	24,451	1,405	5.7
2008	25,631	1,426	5.6
2009	24,910	1,334	5.4
2010	25,315	1,265	5
2011	25,273	1,170	4.6
2012	25,269	1,100	4.3
2013	24,279	937	3.9
2014	24,304	839	3.4

Source: NISRA

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

Year	Total live births to under 20s in NI	Total female population under 20	%
2004	1,486	64,565	2.3
2005	1,395	64,306	2.2
2006	1,427	63,514	2.2
2007	1,405	62,418	2.3
2008	1,426	61,874	2.3
2009	1,334	61,221	2.2
2010	1,265	60,376	2.1
2011	1,170	61,184	1.9
2012	1,100	60,744	1.8
2013	937	59,867	1.6
2014	839	59,260	1.4

Source: NISRA

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.

Tables 7 to 9 show the variation between births to teenage mothers in each local government district, with notable differences between them.

Regardless of their background, all sexually active teenagers are at risk of becoming pregnant. However, as table 9 shows, teenage mothers are more likely to be in what are known as routine or semi routine occupations, for example sales and services operatives or low grade administration. Research evidence suggests that the risk factors include:

- 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.[4]

Table 7: Northern Ireland number of births to teenage mothers by New 11 Local Government Districts
Source: NISRA

Local Government District	All births 2014	Number of births to teenage mothers 2014	% of births to teenage mothers by Local Govt District
Antrim and Newtownabbey	1,774	60	3.4
Armagh, Banbridge and Craigavon	2,920	98	3.4
Belfast	4,619	234	5.1
Causeway Coast and Glens	1,706	73	4.3
Derry and Strabane	2,096	79	3.8
Fermanagh and Omagh	1,511	31	2.1
Lisburn and Castlereagh	1,752	37	2.1
Mid and East Antrim	1,591	48	3.0
Mid Ulster	2,135	50	2.3
Newry, Mourne and Down	2,547	61	2.4
Ards and North Down	1,743	68	3.9
Northern Ireland	**24,394**	**839**	**3.4**

Table 8: Number of births to under 20s as a percentage of the female population aged 15-19, by Local Government area, 2014

Local Government Area	Total female population by Local Government Area	Births to teenage mothers	%
Antrim and Newtownabbey	9,065	60	0.66
Armagh, Banbridge and Craigavon	6,302	98	1.6
Belfast	11,225	234	2.1
Causeway Coast and Glens	4,819	73	1.5
Derry and Strabane	5,429	79	1.5
Fermanagh and Omagh	3,781	31	0.8
Lisburn and Castlereagh	4,168	37	0.9
Mid and East Antrim	4,208	48	1.1
Mid Ulster	4,654	50	1.1
Newry, Mourne and Down	5,866	61	1.0
Ards and North Down	4,387	68	1.6

Source: NISRA

Table 9: Births to teenage mothers within and outside marriage, by socioeconomic status, 2014

Socio-economic status	All births to teenage mothers	Within marriage	Outside marriage
Higher managerial and professional occupations	3	0	3
Lower managerial and professional occupations	17	0	17
Intermediate occupations	27	1	26
Small employers and own account workers	52	2	50
Lower supervisory and technical occupations	48	0	48
Semi-routine occupations	128	4	124
Routine occupations	108	2	106

Never worked and long-term unemployed	1	0	1
Not classified	455	4	451
Total	**839**	**13**	**826**

Source: NISRA

Why do teenagers become pregnant?

Teenage pregnancy is a complex phenomenon and rarely a matter of irresponsibility, recklessness or simple free choice.[5] 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
- unavailability of and/or barriers to accessing contraception
- desire to have a baby and the fulfilment of being a mother
- desire to be an 'adult'
- desire to feel wanted and needed
- status and prestige within the family and among peers
- physical excitement and passion
- love
- trust and commitment.[6]

A joint Norwegian and British study of more than 42,000 Norwegian teenage girls found that teenage girls were more likely to become pregnant if their older sister had a baby as a teenager. Researchers focused on sister-to-sister relationships as sisters spend more time together than with friends, and are therefore more likely to be influenced by the behaviour of their siblings. The research showed that, although there is evidence that better education of women leads to lower teenage pregnancy rates, in families with teenage mothers the chances of a younger girl having a child in her teens double from 1 in 5 to 2 in 5.[7]

Unplanned pregnancy

FPA's 2002 Northern Ireland survey of young people aged under 25 found that approximately 21% of male respondents and 31% of female respondents aged 14 to 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.[8]

The Health Protection Agency's study *The health behaviour of school children in Northern Ireland* in 2000 revealed that, in a sample of 3,450 young people from years 9-12 (aged between 13 and 16), 655 reported that they had experienced

sexual intercourse. This constituted 14.9% of this age group. Average age of first sexual intercourse was 13 for boys and 14 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.[9]

A study by ARK, a joint initiative of Queen's University, the University of Ulster and Brook NI, was carried out in 2013. *Sexual risks and capacities: Developing a peer-led educational resource to address sexual risks among young people* involved working with 620 young people, average age 17.5, who were surveyed by Brook NI. 87% said that they had previously had sex. 9% said they had sex for the first time before the age of 14. Respondents from lower socioeconomic backgrounds were almost twice as likely to have sex before the age of 14 as those from higher socioeconomic backgrounds. The average age of first time sex was 16.

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 deemed 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 welcome 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 10 and 11.[10]

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 half years, an estimate of the cost to the Exchequer (unemployment benefits and administration, plus tax revenue foregone) stands at £24,000 per mother. Assuming only those mothers aged 17 to 19 are likely to be unemployed, a conservative estimate of their Exchequer cost is approximately £24 million based on 2012 Northern Ireland births data (990 births to 17-19-year-olds). Additionally young mothers aged 16 and under place increased demand upon social, health and education services, as well as their own families through the requirement to have someone look after the new-born child whilst the mother continues compulsory education.[11]

Table 10: Associated adverse outcomes for the teenage mother

Health	Education	Socioeconomic
• Hypertension • Anaemia • Placental abruption • Obstetric complications • Depression and isolation • Termination	• School drop-out and gaps in education	• Reduced employment opportunities • Poor housing and nutrition

Table 11: Associated adverse outcomes for the child of a teenage mother

Health	Education	Socioeconomic
• Increased risk of sudden infant death syndrome • Prematurity • Hospitalisation due to accidental injuries • Increased risk of experiencing abuse • Increased risk of teenage pregnancy	• In the pre-school years, children of teenage mothers display developmental delays	• Increased risk of living in poverty • Poor housing and nutrition

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." [11]

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 of openness about sex in society.[12] 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.

A similar study was carried out by the Guttmacher Institute in 2001 where teenage sexual and reproductive behaviour was examined in Sweden, France, Canada, the UK and the United States. The study found that societal acceptance of sexual activity among young people, combined with comprehensive and balanced information about sexuality and clear expectations about commitment and prevention of pregnancy and sexually transmitted infections (STIs) within teenage relationships, are hallmarks of countries with low levels of teenage pregnancy and STIs. The study also found that where young people receive social support, positive messages about sexuality and sexual relationships, and have easy access to sexual and reproductive health services, they achieve healthier outcomes and lower rates of pregnancy, birth, abortion and STIs.[13]

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.

A draft statement from the NI Equality Commission in October 2015[14] highlighted that young men in particular have lower educational aspirations due to a combination of social factors, as well as a lack of connection between curriculum content and their everyday lives. It stated that as a result there is "lack of preparedness for the transitional stages during adolescence" which is impacting on the ability of young men from socially disadvantaged backgrounds to have and achieve their aspirations. There is a need for specific work with young men on their role and responsibilities in society, with a holistic approach to education on social issues including relationships, sexuality and identity. It is important to acknowledge that prevention of teenage pregnancy is not just achieved through the education and empowerment of young women, but by addressing the educational inequalities among young men living in poverty which impacts on their confidence, self-esteem, ability to cope and make choices that positively impact their future.

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Other FPA Northern Ireland factsheets

- Abortion
- Legal position regarding contraceptive advice and provision to young people
- Relationships and sexuality education in schools
- Sex and the law
- Sexual behaviour and young people
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Updated December 2015.