

Teenage Pregnancy

Introduction

Teenage Pregnancy (defined as pregnancy in women aged under 18) is an important health issue for young people because most teenage pregnancies are unplanned and around half end in an abortion. While many teenagers do make excellent parents, bringing up a child as a teenager can be extremely difficult and result in poor outcomes for both the teenage parent and the child.

Summary

Rates of teenage pregnancy continue to drop, and overall Norfolk is below the national average. However, there are some parts of the county with high rates of teenage pregnancy, particularly Norwich.

Headlines

The rate of young women under the age of 18 conceiving has dropped considerably over the last eight years in Norfolk, following the national trend. There are now 21 teenage pregnancies per 1,000 girls in Norfolk, similar to the average for England (see figure 1). The number of teenage pregnancies in Norfolk fell from 591 in 2007 to 295 in 2015.

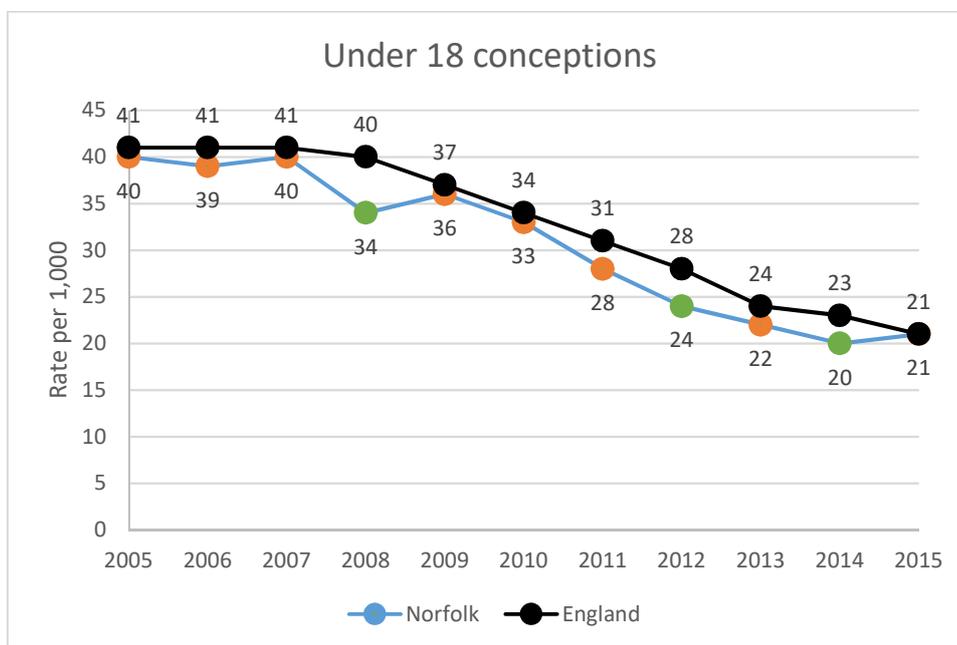


Figure 1: Conceptions by women aged under 18 as rate per 1,000 women aged 15-17.¹

KEY: Markers are coloured red where they are statistically significantly higher than average, yellow where there is no significant difference and green where they are significantly low.

The rate of teenage pregnancy varies across the county. Most districts not significantly different to the national average, although Broadland, South Norfolk and North Norfolk are below average. Yarmouth and Norwich are well above the national average. Norwich has with the highest rate of teenage pregnancy in the Eastern region, indeed 8th highest rate in the whole country (see figure 2).

¹ Public Health Outcomes Framework.

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000006/ati/102/are/E10000020/iid/20401/age/173/sex/2>

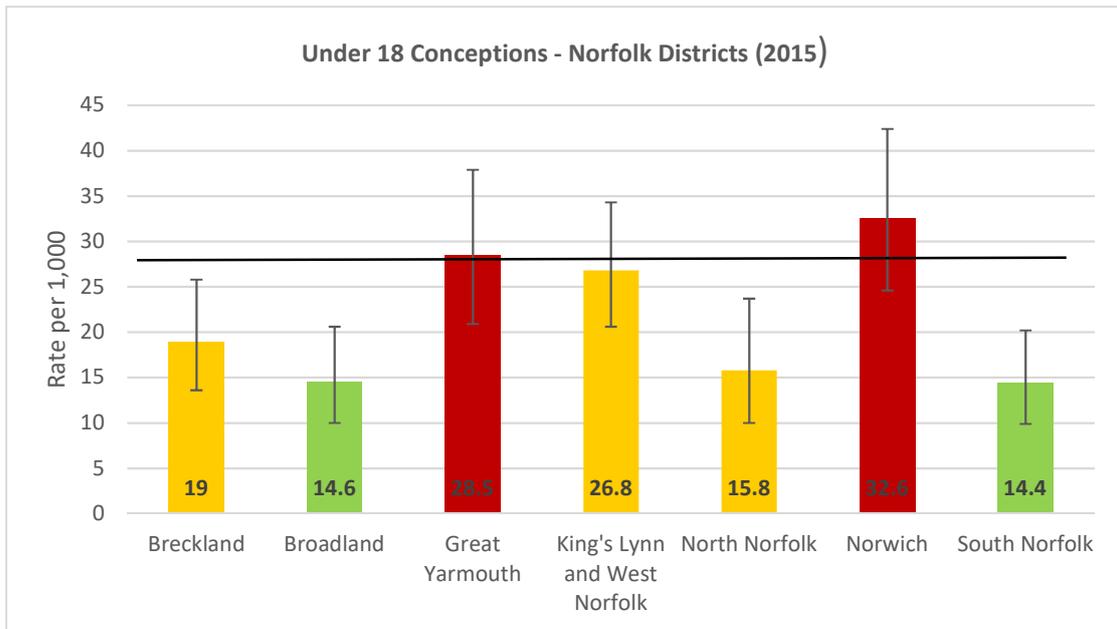


Figure 2: Conceptions by women aged under 18 as rate per 1,000 women aged 15-17 in Norfolk districts.²

KEY: Markers are coloured red where they are statistically significantly higher than average, yellow where there is no significant difference and green where they are significantly low.

In Norfolk 45% of teenage pregnancies end in abortion, this is below the national average of 51%.³
 In 2015 there were 97 births to teenaged mothers in Norfolk, this is around 8 per month on average.⁴

Influences on Health and Wellbeing

Research evidence shows that teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers also have an increased risk of living in poverty, poor quality housing and are more likely to have accidents and behavioural problems.⁵

Social, environmental, population context

Teenage pregnancy is a complex issue, affected by a wide range of personal, social, economic and environmental factors. However, research evidence has identified the key risk factors which are known to increase the likelihood of teenage pregnancy. These can be broadly grouped into: risky behaviours (early onset of sexual activity, poor contraceptive use, mental health, conduct disorders, involvement in crime, substance misuse); education-related factors (low attainment and disengagement from school); and family and social circumstances (living in care, daughter of teenage mothers, ethnicity).⁶

Teenage conception is linked to inequality. The teenage birth rate in the most deprived areas of Norfolk is 45 per 1,000 compared to only 8 per 1,000 in the least deprived areas (see figure 3). This means that rates are 87% lower in the least deprived area - a difference of 37 births per 1,000 girls. If the gap between the most and least deprived areas was closed there would be 28 fewer births to teenagers per year in the most deprived areas.⁷

² Public Health Outcomes Framework.

<http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/101/are/E07000143/iid/20401/age/173/sex/2>

³ Public Health Outcomes Framework

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000006/ati/102/are/E10000020/iid/90731/age/173/sex/2>

⁴ Office of National Statistics Birth data

⁵ For more information on outcomes for teenage parents and their children see: <https://fingertips.phe.org.uk/profile/child-health-profiles>

⁶ Department for Education and Skills (2006) Teenage Pregnancy: Accelerating the Strategy to 2010.

⁷ Norfolk Public Health (2014) Improving health and wellbeing in Norfolk through reducing inequality

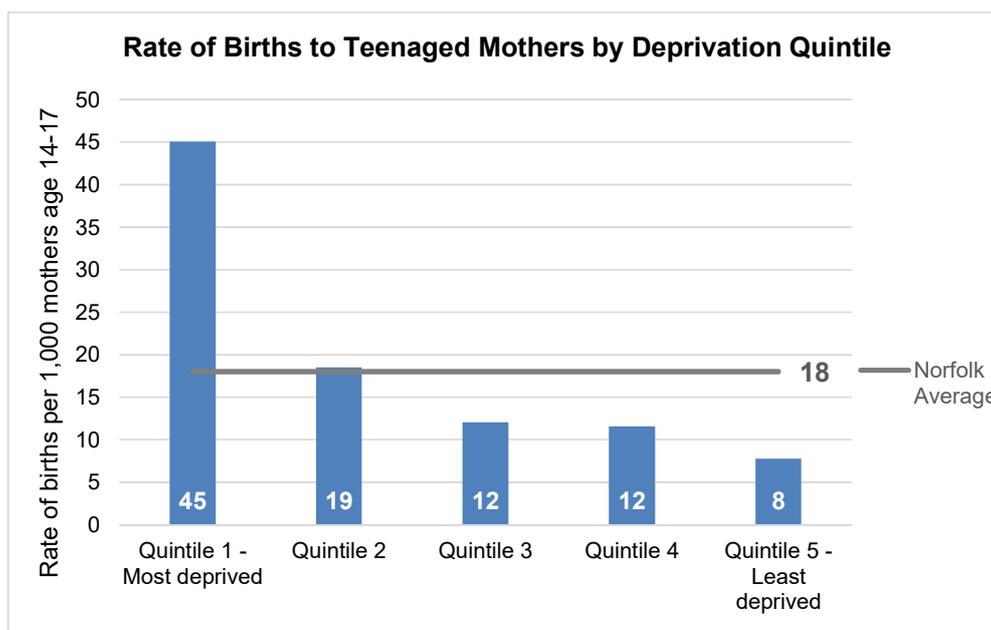


Figure 3: Rate of births to teenaged mothers by deprivation quintile. Source: Birth data from the Office of National Statistics (2015 – 2015/16 Q1) and Indices of Multiple Deprivation 2015.

Current services, local plans and strategies

Reductions in the rates of teenage pregnancy are testament to the success of the many prevention initiatives aimed at teenagers, however prevalence does continue to be high in some areas. Most schools offer advice on sex and relationships through PSHE (Personal, Social, and Health Education) classes, although it is not mandatory for schools to provide this however will be by 2019. The School Nursing Service in Norfolk (provided by Cambridge Community Service NHS Trust under Norfolk’s Healthy Child Programme) offers advice to young people on a range of topics including sex and relationships, young people can contact them face-to-face in clinics and appointments in schools and through the ‘ChatHealth’ texting service.

Interventions such as specialist home-visiting and parenting programmes optimise the well-being of teenage parents and their children.⁸ The Family Nurse Partnership (FNP) is a specialist Health Visiting Programme aimed at vulnerable teenage parents in Norfolk, provided by Cambridge Community Service NHS Trust (CCS) under Norfolk’s Healthy Child Programme. CCS are currently looking at ways to expand the skills and learning from FNP to offer an enhanced service for all teenage parents.

The commissioned sexual health services also has an outreach service integrated within its service. Part of this service offers SRE to vulnerable areas and schools. Also commissioned are two other services in 2017 which will focus on the health and wellbeing of under 24’s including awareness, advice and education for drugs, alcohol and sexual education and contraceptive advice.

The Norfolk Teenage Pregnancy strategy has been in place since 2012, and is due to be rejuvenated in 2017. The strategy reflects a multi-agency commitment to improve outcomes for young people and develop programs that address the issues faced by pregnant teenagers during pregnancy and as parents.

Considerations for HWB and commissioner

High quality education and access to the full range of contraception can reduce the rate of teenage pregnancy. Universal and targeted interventions in educational settings and youth groups should promote healthy relationships and safe sex to young people. An integrated, open access sexual health service is also essential.

Long term interventions, such as those related to increasing educational achievement, development of social and emotional competence, raising aspirations and attainment for target groups can also influence rates.⁹

⁸ Barlow et al. (2011) Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. Cochrane Library.

⁹ For more information on teenage pregnancy see: <https://fingertips.phe.org.uk/profile/child-health-profiles>

References and information

Public Health Outcomes Framework:

<http://www.phoutcomes.info/>

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5-19: <http://www.norfolkinsight.org.uk/resource-health-needs-assessment-healthy-child-programme-children-aged-5-19/>

Norfolk Sexual Health Needs Assessment (2013)

<http://www.norfolkinsight.org.uk/resource-health-needs-assessment-sexual-health-commissioning/>

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