Final Report

2005

Final Report Synthesis

SUMMARY

TPSE Teenage Pregnancy Strategy Evaluation

BMRB INTERNATIONAL

THE TEENAGE PREGNANCY STRATEGY

The Teenage Pregnancy Strategy in England, published in June 1999, is a multifaceted strategy that includes action to both halve the under 18 conception rate by 2010 and provide support to teenage parents to reduce the long term risk of social exclusion by increasing the proportion in education, training and employment.

The Strategy has four major components: 1) a national media awareness campaign via independent radio and teenage magazines, 2) joined up action to ensure that action is co-ordinated nationally and locally across all relevant statutory and voluntary agencies, 3) better prevention through improving sex and relationships education and improving access to contraception and sexual health services and 4) support for teenage parents to reduce their long term risk of social exclusion by increasing the proportion returning to education, training or employment. Each of the 148 top tier local authorities developed a ten year strategy for achieving local targets of reducing their under 18 conception rate by between 40-60% by 2010. Local strategies are led by a teenage pregnancy partnership board with representatives from relevant statutory and voluntary stakeholders. Strategic co-ordination is provided by local teenage pregnancy co-ordinators who are performance managed by regional teenage pregnancy co-ordinators and supported by the government's cross-departmental Teenage Pregnancy Unit (TPU).

EVALUATION OF THE STRATEGY

Evaluation of the Teenage Pregnancy Strategy has been conducted by an independent research team from the London School of Hygiene & Tropical Medicine, University College London Medical School and the British Market Research Bureau. Like the Strategy itself, the evaluation is a complex task. Its main objectives have been to assess the extent to which the aims of the Strategy were achieved, and to identify factors that appeared to have enhanced or hindered its implementation. The methods included 1) a national random-location tracking survey, conducted between 2000 and 2004, through 12 cross-sectional waves with over 9000 young people aged 13-21 years, to monitor changes in knowledge, attitudes and behaviour over time at individual level; 2) area analysis of routinely collected data on teenage conception, abortion, deprivation scores and intervention and non-intervention related activity, to explore demographic and Strategy-related variation in key outcomes at area level, 3) analysis of regional and national press coverage of the Strategy and 4) a combination of qualitative and quantitative research to evaluate processes, such as local co-ordination of strategy activities and the experiences of those involved in implementing them.

FINDINGS

Implementation of the Strategy

In the first four years, the Strategy has been implemented with energy and enthusiasm in an atmosphere of cooperation and consensus among those involved. Teenage pregnancy has been taken seriously enough to secure engagement of senior policy makers and dedicated funding, resulting in rapid and efficient action. Joint working has been achieved even in areas where it has not previously been evident. The local teenage pregnancy co-ordinator has been the lynchpin of implementation; their status in the community, their professional experience and the support they have received have been key to the success of their role.

Sex and relationships education (SRE) and contraceptive services

The evaluation affirms the importance of school SRE as a source of learning about sex for young people, including those from deprived areas. There was a modest increase in the proportion of young women who felt that SRE had fully met their needs (from 25% in 2001 to 30% in 2004), but no change for men (31% for all years). The level of awareness of the teenage pregnancy campaign has remained high among 13-17 year olds at around 55% with small differences in campaign awareness by social grade. Messages about condom negotiation and STIs came through most strongly. Although messages about resisting peer pressure came through less well, young people were less likely to overestimate the proportion of young people having sex before 16 as the campaign proceeded.

Young people are increasingly using school-based services, helplines and websites to gain contraceptive advice. Overall, young women were most likely to access advice from general practice (34% of all women), while young men were most likely to get advice from school, including teachers, school nurses and school-based clinics (25%). However, young men's use of general practice and family planning services increased over time (from 9% in year 1 to 12% in year 4 and from 21% to 29% respectively), as did young women's use of school-based services (from 19% to 27%). Young people having sex before age 16 and those living in deprived areas were more likely to use designated young people's services than those having sex later and living in more affluent areas. However, designated services offer a narrower range of contraceptive methods than mainstream services and, in general, young people are less likely than older women to be offered longer acting, more reliable methods of contraception. Some confusion remains among young people about the confidentiality of services for them since a third of under 16s do not realise that they can get contraception without parents' knowledge.

Support[1]

Participation rates of young mothers changed little during the evaluation period. Many pregnant schoolgirls continue to find it difficult to complete their education in school, and young mothers continue to face problems in balancing the demands of childminding and work or studying. More than a third of young mothers left school before the statutory leaving age, and more than half had not returned to education, work or training after the birth of their child. The evaluation supports further efforts to enable pregnant teenagers to remain in education before the birth of their child. It also affirms the need for provision of adequate childcare to allow young mothers the option of returning to work or education, particularly since the motivation to get on in life increases for many women following motherhood.

More than half of young mothers suffered problems of isolation and loneliness, and the same proportion were living as the lone adult in the household, the proportions changing little during the course of the evaluation. These findings justify Strategy-related efforts to increase opportunities for young mothers to obtain a break from childminding, and to enable them to seek one to one support, through provision of childcare, counselling and opportunities for socialising.

Joined up action

Links between national and local level co-ordination worked well. Relationships between the TPU and local and regional co-ordinators were cordial and co-operative and the engagement of TPU staff at local level helped co-ordinators to wield influence. Good links were forged with related initiatives such as Sure Start, Connexions and Healthy Schools, while links across some statutory bodies, such as housing and education services were less easy. Links with commercial firms and retail outlets were relatively under-exploited.

Factors helpful to joined up action included an explicit emphasis on joint working as part of the strategy, distinct funding streams, good local standing of co-ordinators, the seniority and broad representation of Partnership Boards and working under one roof. Factors unhelpful to joint working included service re-organisation and in some cases duplication of activity and increasing workload from a plethora of related initiatives.

Sexual behaviour

The national tracking survey showed that 29% of young women and 28% of young men aged 16-21 reported sexual intercourse under the age of 16. A high proportion of young people (84% of women and 83% of men) used contraception at first sexual intercourse, but the proportions having protected sex in the last four weeks have decreased over time (from 88% in 2001 to 78% in 2004 for women, and from 86% to 81% for men). The proportion of young people obtaining

[1] Sure Start Plus, a pilot programme offering co-ordinated support to pregnant teenagers and teenage parents has been evaluated separately (see www.teenagepregnancyunit.gov).

contraceptive advice before first sexual intercourse has also decreased over time (from 49% in year 1 to 41% in year 4 for women, and from 67% to 52% for men).

Conception, abortion and birth rates[2]

Compared with 1998, the baseline year for the Strategy, the conception rate in under 18 year olds in England had fallen by about 9% by 2002. Compared with the five years before introduction of the Strategy, 1994-98, conception rates fell by 2.5%, abortion rates increased by 7.8% and births fell by 9.7% for the period 1999-02. Change in conception rates between 1994-98 and 1999-02 was linked most strongly to socio-economic deprivation and educational attainment, with areas of greater deprivation and lower educational attainment showing substantially more decline. Changes in conception rates were also strongly related to the level of expenditure on the Strategy.

HAS THE STRATEGY WORKED?

During the first four years of the Strategy, conception rates for women in England aged under 18 have fallen. This is a reversal of the upward trend seen in the period immediately preceding the Strategy, and a change of course from the largely static rates of the previous two decades in this country. It also runs counter to the current trend in the European countries used as comparison areas, which is towards stable or increasing conception rates. At the same time, although teenage pregnancy rates in the UK are still the highest in Europe, the proportion of pregnancies which are terminated has increased so that we are moving closer towards, though still some way from, the abortion ratios seen in other countries.

The rate of decline has been steeper in areas characterised by higher social deprivation and lower educational attainment, and in areas that have received more funding to implement the Strategy. This clearly suggests that the Strategy has been well targeted at areas of greater need that have benefited the most. Linking decreasing conceptions to more specific markers of the extent or quality of Strategy-related activity at local level has proved more elusive. This may reflect inadequacy of measures of Strategy activity, or the short timescale of the evaluation, with only one or two years between Strategy implementation and latest available conception data (2002)[2]. The alternative explanation - that falling conception rates are unrelated to the Strategy - conflicts with the positive link between Strategy funding and results. Furthermore, comparison with other European countries indicates that long term reduction in conception rates occurs when measures to reduce teenage pregnancy are broad based, wide spread and sustained.

[2] The 2003 conception data for England, which were not available at the time of analysis, show that the decline in under 18 conception rate has continued (a 9.8% reduction since 1998) and the under 16 rate fell by 9.9% from 1998 to 2003.

HOW IS THE STRATEGY PERCEIVED?

Unlike the previous national strategy to improve sexual health (Health of the Nation 1992-1997) which was generally regarded as unsuccessful (despite a target for reduced gonorrhoea being met), the current Teenage Pregnancy Strategy is widely seen as well researched, carefully thought out and well co-ordinated. Among those working on the Strategy, there is near universal support for its aims and the action taken to achieve them. The general impression is of commitment, enthusiasm and energy. To the wider public, some of the issues are more controversial and prone to sensationalist treatment by the media. The press has shown sustained interest in the issue of teenage pregnancy, particularly in relation to sex and relationships education, school clinics and the role of parents in educating their children. However, there has been a positive shift in the tone of newspaper articles about the Strategy, with 38% of all articles being positive in year 1 and 50% in year 4. Positive articles were more likely to occur in regional than national papers, and when co-ordinators engaged with the media; such engagement increased significantly over time.

IMPLICATION OF FINDINGS FOR FUTURE WORK

The strength of association between teenage pregnancy, social deprivation and low educational attainment clearly shows that **future efforts should continue to be directed at tackling the underlying socio-economic determinants of teenage pregnancy**. The success of the strategy in targeting those who have most to gain should be strengthened with **even greater focus on interventions that selectively advantage young people from poorer backgrounds and areas.**

It is also clear that **further work is needed to ensure that young people are well informed about sexual matters including contraception.** For example, although awareness of some STIs increased over the period of evaluation, many young people are not confident that they can access confidential services for advice and contraception, and the proportion having recent unprotected sex increased over the period of evaluation. There has been a substantial increase in the number of contraceptive services for young people, but most services are less likely to provide the more reliable, long-acting contraceptives to younger teenagers than to older women. **Long-acting methods of contraception should be more widely available to young women.** More young people are accessing an increasing number of school-based services. **The school environment offers a key opportunity to evaluate the effectiveness of such services with young people.**

Despite a positive association between total number of school SRE lessons received and not becoming pregnant, SRE still fails to meet the needs of many young people and is often received too late. **The status, and thereby the quality, of SRE could be improved by making high quality PSHE mandatory within the National Currculum.** This would bring England in line with other European countries that have had more success in reducing teenage pregnancy rates. While the majority of parents indicated that they would feel comfortable if their child asked them for advice on sex and relationships, a smaller proportion of

young people felt they could talk to their parents about such issues. **Innovative approaches to improving communication about sex between parents and children should be developed and evaluated rigorously.**

The teenage pregnancy strategy is seen as a model of joint working and inter-agency collaboration. This achievement needs to be sustained through local efforts backed by political will. Similarly, continued funding must be secured for local teenage pregnancy co-ordinators who are widely regarded as the lynchpin of the strategy. Involvement of teenage pregnancy co-ordinators in the print media has had a beneficial effect on media portrayal of teenage pregnancy issues and should therefore be encouraged.

With regard to supporting young parents, the evidence that not all births conceived before the mother was 18 are unplanned, and that well being varies greatly with whether the young mother continues to receive the support of the father, have major implications for targeting Strategy-related efforts.

Many pregnant schoolgirls continue to find it difficult to complete their education in school, and young mothers continue to face problems in balancing the demands of childminding and work or studying. The **Care to Learn scheme is likely to make a major difference** in this respect. Young mothers can be helped back into education, work or training at any one, or all, of several points of re-entry.

In conclusion, the Strategy has started well. The evaluation confirms perceptions that strategy implementation is working well and under 18 conception and birth rates have fallen. These early achievements need to be strengthened and sustained if the strategy is to achieve its potential. Changing sexual attitudes and behaviour is a challenging task that takes time. Experience from other European countries, where teenage pregnancy has fallen steadily since the 1970s, reminds us that behaviour change over the long term is an achievable goal.

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The full final report synthesis document is available to download from the Teenage Pregnancy Unit website: www.teenagepregnancyunit.gov.uk.