Inquiry into teenage pregnancy

School of Nursing, Midwifery and Social Care
Edinburgh Napier University

1. I led a team of internationally renowned researchers in an evaluation of Scotland’s flagship sexual health demonstration project called Healthy Respect 2 which was piloted in Lothian. I would like to submit our research evidence to the Committee’s inquiry into teenage pregnancy and would also be willing to submit oral evidence if this was required by the Committee.

2. We believe our evidence will assist the committee in addressing its two key goals:

   a) to assess whether the action being taken in Scotland is sufficient to bring about real and sustained reductions in unplanned teenage pregnancy.

   b) to explore with witnesses what further action may be required to ensure that those young people at risk of pregnancy at a young age, or who have a baby when they are very young, are able to gain access to appropriate support and services.

   c) Health Respect 2 developed as a result of the sexual health policy entitled ‘Respect and Responsibility, published by the Scottish Executive in 2005. It was based on the latest international evidence and theory and combined school based sex education with youth-friendly sexual health services, media campaigns and branding. A key element was joint working between the NHS, local government and the voluntary sector. The evaluation of Healthy Respect 2 spanned five years (2006-10) and was commissioned by the government at a cost of £670,000.

Key findings

- A total of 186 teachers were trained to deliver the educational package which was delivered to an estimated 19,000 pupils and represented a 90% uptake

- A total of 57% of girls and 65% of boys used sexual health services which were linked to schools

- More pupils in the intervention area used sexual health services, including those from lower socio-economic backgrounds.

- There is evidence from health strategists across Scotland that Healthy Respect had an impact on service provision and policy beyond the demonstration site
• Joint working between education and sexual health services worked well

4. Our evaluation included a quasi-experimental trial which assessed sexual health outcomes and is due to be published in the coming weeks and will be available free to anyone wishing access to it. A government report has already been published and is also freely available. See references at the end of this letter.

• A total of 5,283 pupils aged 15-16 years were involved in the trial (2269 intervention, 3014 comparison).

• Our findings do not provide any evidence that rates of testing or rates of positivity for Chlamydia infection in young people in the intervention area differed from those in the rest of Scotland.

• Healthy Respect improved sexual health of boys (e.g. condom use) relative to girls

• However sexual health inequalities remained

Conclusion

5. Our research supports the continuation of complex public health interventions such as Health Respect 2 because without these sexual health would deteriorate. However, we think there is the need for earlier intervention as noted in this quote from the Government’s new sexual health new policy ‘Sexual Health and Blood Bourne Virus Framework’ (2011)

‘The evaluation of Healthy Respect Phase Two also highlighted that poor outcomes in teen years, including sexual risk-taking, are best tackled in the early years (pre-birth to age eight) of a child’s life; that there is a need to work more intensely with young people to help them address underlying issues which shape sexual health; that the most vulnerable young people should be targeted for interventions; and that generic aspects of parenting are more important than communication about sexual matters.’

I hope you find this of interest. Please do not hesitate to contact me if you require further information or would wish to speak to me directly.

Professor Lawrie Elliott
School of Nursing, Midwifery & Social Care
Edinburgh Napier University

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References