

Inquiry into teenage pregnancy

Alison M Gardner (Individual)

Do you have any views on the action being taken at the local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?

The evaluate team have worked in several secondary schools here in the Highlands since we began two years ago, although it is not always easy to get access to schools due to the fact that the team are made up of volunteers many who have other jobs, but also because there is a resistance felt from a number of schools because some personal social education (PSE) teachers are under the impression that if it is not from NHS it may be wrong or worse, and that because we are volunteers we must have a secret agenda to follow. This can even be after showing the **evaluate** programme to these teachers, and although they cannot fault it and some even admitting the message is fresh, dynamic and good they are unwilling to take on board programmes from outside agencies on this subject.

However, there have been a number of secondary schools in the Highlands whom we have worked alongside, including school nurses and PSE teachers, to deliver age appropriate, interactive, multi-media presentations which at its heart is the belief that every young person is a valuable and unique individual, capable of making and maintaining healthy, intelligent choices if suitably informed.

Are there specific initiatives that you would wish to highlight to the Health and Sport Committee that you consider indicate good practice with regard to reducing teenage pregnancy rates in Scotland, either in the public sector, voluntary sector or in partnership?

I would like to highlight the work that the charity **evaluate - informing choice** does; teams go into schools and are made up of three to four trained presenters. There are four age-related interactive presentations given once a year to p6/7s, sec 1, secondary 3, then secondary 5/6. It works alongside the sex and relationship programmes that schools use, complimenting and reinforcing age appropriate themes in relationships and sex. Student questionnaires are filled in at the end of each secondary presentation, and information recorded and correlated. **evaluate** has run its programmes for several years now in some councils in England and in Nov 2012 **evaluate** Tees Valley who have been recording and correlating their Student Questionnaire results since they began in Nov 2005 and sees approx. 5,000 students per year have seen a steady drop over the years in the percentage of sexually active 15/16 year old pupils. The Tees **evaluate** co-ordinator firmly believes that the message given in Years 7 and 9 i.e. that they are unique and

valuable individuals, to respect themselves, that it's OK to say NO to the pressures from the media and peers, to evaluate their choices and be aware of the risks etc. – IS effective in encouraging pupils to delay and save sex for a committed relationship. More Year 11 pupils are delaying having sex as a result of exposure to the evaluate programme in earlier years.

Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?

An approach is required where there is more emphasis on every child being unique, that each person is a valuable individual, and with this message endeavouring to instil in each child a respect for themselves and others and to feel valued. This together with the World Health Organisation's ABC model for prevention of STIs is a balanced approach to take. There is often an emphasis on it is ok to have sex if you feel ready, just be prepared, be responsible and use contraception and protection from STIs. However, as is now the case on all good websites which help with information on the diagnosis and treatment of STIs, there should be a genuine emphasis on the fact that "it is OK to say NO" and waiting until one is in a committed relationship, and I quote from NHS Choices website,

"The only guaranteed way to prevent a (syphilis) infection is to avoid sexual contact or to have sexual contact only with a faithful partner who has been tested and does not have the infection.

You can reduce your risk of catching syphilis and other sexually transmitted infections (STIs) by:

- *using a condom during vaginal, oral and anal sex....."*

Positive role models in the media are also important to young people and **evaluate** deal with certain sports and film celebrities who have a positive message to give when talking about relationships. This together with a study on how the media can bombard and influence our thinking with regards to our self-image and perception of sex and relationships can encourage and empower young people to evaluate their choices, and make good decisions for life. This message is commended In the Learning and Teaching Scotland Document, "Reducing Teenage Pregnancy – Guidance and self-assessment tool" where it is quite clear that a multi-faceted approach is required, but that one facet of tackling relationship and sex education is:

Raising aspirations, assets and self-esteem through youth work

If young people are supported to develop their strengths and assets, use their time

constructively and have positive adult and peer role models, they are less likely to

engage in risky behaviours, including early sexual activity and non-use of contraception.

They are more likely to feel they have a stake in a positive future. Youth development

programmes in the us appear to be effective in reducing teenage pregnancy where they

combine some or all of the following: self-esteem building, voluntary work, educational

support, vocational preparation, healthcare, sports and arts activities, SRE and individual

risk counselling (Swann et al, 2003).

Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?

Perhaps because of the perceived hijack of the abstinence message by some religious bodies, and also because studies have proven that abstinence alone does not work, there has been a side-stepping by some schools of putting any emphasis on “risk avoidance” strategies and more of an emphasis on “risk reduction” strategies.

Now seems to be the time to develop a strategy which focuses on improving the self-esteem of young people so that they respect themselves and treat others with respect, respect their differences, and the message of “it’s OK to say NO” is taken to a new level.

If the committee would like more information on **evaluate**, or would like to see the material we use, I could arrange for committee members to see a presentation or part of one.

Alison M Gardner

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