Inquiry into teenage pregnancy

YWCA Scotland

This submission of written evidence is compiled from discussions with and feedback from young parents involved in our Teen Parent Project, own practitioners involved in planning, delivering and evaluating activities for and with young women and girls and representatives of partner organisations who engage with children and young people in their work. It is supplemented by evidence from research and evaluation of YWCA Scotland’s own activities.

About YWCA Scotland

YWCA Scotland inspires girls and young women (particularly those experiencing disadvantage,) to achieve their potential through developing skills, confidence and leadership and through challenging barriers they face. As the only national charity addressing gender inclusion to improve the well-being and rights of children and young people, our activities include:

- Direct engagement with young people (primarily 9-19) through evidence-informed group activities, short life projects and initiatives to support active citizenship.
- Training and support for other organisations to promote Equality and Human Rights and improved gender inclusion in their work with children, young people, families and communities.
- Representing the voices and issues of young women and girls in forming policy at all levels through consultation, partnerships, networking and campaigning.

Do you have any views on the current policy direction being taken at the national level in Scotland to reduce rates of teenage pregnancy?

We believe current policy direction at national level is having limited impact on the rates of teenage pregnancy. Although there are examples of good practice, there are marked variations in availability, accessibility and approach taken throughout Scotland.

Schools have considerable discretion on the content of their sex and relationship education programmes. This means the level and appropriateness of information and support given depends largely on where a young person lives. Out-of-school learning and support opportunities (e.g. NHS led, voluntary sector, etc.) “fill the gaps” for some young people, particularly where they are unable to engage effectively with school-based initiatives. But since this provision also varies locality to locality, many young people are still missing important messages on sexual health and relationships because of where they are and/or challenges they face in accessing existing services (e.g. additional needs, being in care, excluded from school, care responsibilities, etc.)
Young mothers and fathers we spoke to weren’t really aware of national policies or approaches to preventing teen pregnancy, although some thought the government tried to discourage teen pregnancy by making it harder for young parents to access housing and benefits. This suggests that messages about the government’s aspirations on teen pregnancy are not reaching those young people most at risk.

YWCA Scotland believes a Scotland-wide, holistic, evidence-informed and multi-pronged approach is needed, based on building self-esteem, information on sexual health and active consent and encouraging healthy, equitable relationships. This will enable young people to make informed choices about their lives and relationships, and believe this will contribute to a reduction in unplanned pregnancies amongst teenagers.

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?

Although many local areas have active multi-agency partnerships on sexual health, many practitioners felt that they were not always good at disseminating information to organisations that engage with young people, particularly voluntary agencies.

Many respondents suggested much more could be done to share information on work taking place and improve collaboration across agencies to reduce duplication and identify gaps and emerging needs. Also, there is a need to identify and share the most effective models of practice (through drawing in research and robust evaluation of outcomes,) so these can be cascaded and funding invested in work most likely to achieve positive outcomes.

What are your views on the relationship between high levels of teenage pregnancy and socio-economic inequality?

While there is evidence of higher teen pregnancy and parenthood rates in poorer areas, the relationship between levels of teen pregnancy and socio-economic inequality are complex. Greater economic security and opportunities can contribute to a more positive view of the future, giving young people the sense of having more choice – including the choice to delay having children to a later point in life.

Some young people said they believed being a teen mum was considered more acceptable, or even positive in some areas and not in others. They suggested that young people attending schools in “more affluent” areas were more likely to seek an abortion because having a baby was seen as less acceptable amongst families and communities there. Some related that having a baby can give some people a sense of purpose, particularly when they don’t feel they have many other options in life.
What are the barriers and challenges to making progress in achieving positive change in communities that might lead to reductions in the levels of teenage pregnancy?

Young people in particular cited local values, traditions and the views of family and peers as barriers to reducing teen pregnancy in many areas. Where young people felt they didn’t have many choices for the future, they may think having a baby will give them a sense of purpose and sense of being “grown up.”

Young parents taking part in our evaluation of the Teen Parent Project last year reported that they were reluctant to engage with “mainstream” services (e.g. family planning, ante natal, parenting, etc.) because they felt they would be judged, both by other clients and practitioners. There was a strong theme of the stigma surrounding young people’s sexual behaviour and teen pregnancy being a barrier to young people accessing helping services.

From our work with young women and girls, we are concerned that young women in particular may not have fully informed choice regarding their sexual relationships and use of contraception. Our survey of youth workers in 2011 found that 37% had been told by young people that they’d felt pressured to engage in sexual activity that they didn’t want. Our partnership consultation with 15-16 year old girls in 2010 found many thought sex was “for the man’s pleasure,” and not unusual for women to be expected to engage in sex even when they didn’t really want to.

This echoes Wight, et. al’s (2008) ¹ study of sexually active Scottish and English 13-16 year olds. Twice as many young women reported they were likely to have felt pressure to have sex their first time and twice as many young women regretted that experience. Ringrose, et. al. (2012) ² and Phippen (2012) ³ documented the increasing use of mobile and digital technology for sexual bullying, controlling and blackmailing young women to have sex.

Wood, et. al’s (2011) ⁴ English study of disadvantaged young people (e.g. in care, excluded from school, pregnant teens, etc.) showed disadvantaged young women were at a much higher than average risk of being involved in abusive, controlling relationships. Those in care were especially at risk of sexual violence and 2/3 of pregnant teens had experienced physical violence from a partner.

¹ http://www.ncbi.nlm.nih.gov/pubmed/19067936
⁴ http://www.nspcc.org.uk/inform/research/findings/standing_own_two_feet_wda84543.html
YWCA Scotland is concerned that sex education and teen pregnancy reduction initiatives often fail to recognise that many young women lack agency with regard to managing their intimate relationships. This means initiatives based primarily on providing “biological” information about sex or encouraging use of condoms could be largely ineffective.

We believe a comprehensive and consistent approach across Scotland which is based on encouraging healthy, equitable relationships, including clarity on active consent is needed. This needs to include initiatives in schools, but also within community based activities, which can reach those who do not engage effectively with schools. This should be provided through methods appropriate to the ages, stages and abilities of young people.

To be most effective, these should be coupled with policies and activities that promote Equality and Human Rights and challenge gender stereotyping, sexist attitudes and behaviours and other forms of discrimination (e.g. racism, disablism, homophobia, etc). Practitioners will also require training and support to have the knowledge, skills and confidence to implement initiatives effectively.

We also must ensure there are mechanisms for young people themselves to be involved in shaping policies and planning, delivering and evaluating services both to ensure that they are relevant and to their needs, to encourage self-advocacy and support opportunities for peer learning and peer support on sexual health, relationships, pregnancy and parenting.

**What are your views on the current support services available to young parents / young mothers (e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings)?**

As with initiatives to prevent teen pregnancy, provision and effectiveness of information and support to young parents and children varies between and in Local Authority areas.

Projects to support pregnant teens and young mothers to continue in education were cited by some as important for helping young people achieve positive well-being and future economic outcomes, so beneficial both for them and for their children. However, these are not available in all areas.

Early evidence shows that Family Nurse Partner initiatives which give intensive support to young mothers also contributed to more positive outcomes. However, these are not available in all areas and exclude many young people who do not meet the prescriptive requirements of the model (e.g. presenting late in pregnancy, become pregnant a second time, move out of the catchment area, feel unable to commit to a lengthy programme, etc.)

The YWCA Scotland Teen Parent Project (TPP) provides flexible support to young parents to build their confidence, improve their engagement with existing helping services and encourage positive peer support. Evaluation has shown it contributes to increased self-esteem, sense of well being and
improved engagement with other helping services. YWCA Scotland and our partners, Fife Gingerbread, are seeking funds to sustain and develop the work. However the future is uncertain after current funding expires in June 2013.

We believe it is important to recognise that there will never be a “one size fits all” solution to preventing teen pregnancy or supporting pregnant teens. Therefore, a range of evidenced models of practice in varied settings (e.g. youth work, schools, health, etc.) may be required to have the greatest impact. However, we believe it is vital that all agencies work closely together, valuing the contribution each partner can make, and commit to an approach of collaboration rather than competition, or remaining within “professional silos.”

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?

YWCA Scotland engages with disadvantaged young women and girls to build their self-esteem, skills, confidence, leadership and ability to make informed choices. We also provide training and capacity building support to other organisations to “cascade” examples of good practice and embed a gender-inclusive approach to work with children and young people. Working within such a framework provides a foundation for building young peoples’ self-respect and respect for others within relationships, enabling them to make more informed choices about sexual activity, relationships and pregnancy.

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?

We believe there is a risk in focussing just on initiatives that aim to reduce teen pregnancy. As stated in the response to Question 9 above, there are a range of wider social, economic and political factors that contribute to teen pregnancy. It is essential to incorporate evidence-informed activities that build self-esteem (particularly of girls and young women) and explore the influence of sexualisation and sexualised messages in popular culture. In addition, activities must challenge gender stereotypes and the “normalisation” of sexual harassment, abuse and control in relationships and encourage healthy, consensual sexual relationships aimed at both young women and girls. Such work is vital to ensure that young people have the knowledge, confidence and support to make more confident, informed decisions about sexuality and sexual relationships.

YWCA Scotland provides activities that embody these principles through direct work with young people. The charity also provides training and support to other organisations to improve gender inclusivity in their work with children, young people, their families and communities. From this foundation, organisations can plan and deliver more effective sexual health and
relationship programmes for young people, which we believe in turn will result in fewer unplanned teenage pregnancies.

**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?**

We believe it is important to challenge the assumption that teen pregnancy always results in poor outcomes. This contributes to the stigma that prevents many young people accessing services and impacts on practitioners views of young people themselves.

We would also like to reaffirm the importance of tackling gender discrimination in all support activities, encouraging young people to have healthy, equitable relationships built on active consent to enable fully informed choices on sex, pregnancy and parenthood.

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