

## Inquiry into teenage pregnancy

### Young Mums Group, Citadel Youth Centre

*The Young Mums Group takes place at the Citadel Youth Centre every Thursday between 1-3pm. The group is funded by Children in Need/Volant Trust and it is targeted at young mothers in the Leith area between the age of 14-21 years, and also those who are expectant mothers in this age group. The main focus of this group is to provide a supportive space for young women to share their experiences of being a young mother and a young woman, allowing this to be achieved in an environment where the young mothers feel safe, respected and empowered. The group aims to create opportunities for young women to share their positive and negative experiences, support each other, reduce isolation, learn new skills and increase confidence and self esteem.*

*I am a social work student currently on placement at the Citadel Youth Centre and I am involved in working with the Young Mums Group. As part of my placement, I have been asked to correlate the feedback in regards to the inquiry into teenage pregnancy on behalf of the young women.*

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

In relation to the Early Years Framework 2012 that states ‘*Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationship education in preventing vulnerable pregnancies,*’ the young women related to this with their own personal experiences. A number of the young women highlighted that if they were motivated to achieve their future goals they would have delayed their pregnancy to a later stage in life. One young woman outlined that she felt schools and education do not push young people to focus on identifying future goals and achievements, therefore she felt she did not have any future aspirations. In regards to sex/relationship education, it appeared their experiences differed in various schools; some young women noted that this was very limited and solely focused on the physical health aspect of early pregnancy, most notably, some forms of contraception and sexually transmitted diseases.

**b. 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 group?**

A number of the young women reported that they felt there were enough practical measures in place to reduce the rates of teenage pregnancy such as local agencies and organisations offering free contraception, advice and

pregnancy testing. However the group advised that in regards to those under 16, there is little information and education on the social and economic barriers of teenage pregnancy. The young women expressed concern that there is an extensive focus on the health and physical effects of teenage pregnancy, however they felt that the long term factors are over-looked, most notably mental health, financial difficulties, delayed education and employment and most importantly a loss of childhood. Some of the young women informed that these factors of post pregnancy should be given more attention, especially in education by delivering this information to young people under the age of 16 in schools. A majority of the young women advised that prior to their pregnancy and during their initial stages, they did not consider the social, emotional and mental effects their pregnancy would have upon their future; delaying and often preventing them from achieving their desired potentials such as education and employment.

The young women expressed a keen interest in delivering sessions in schools as a young mother in order to give young people first hand information and share experiences of teen parenthood. They outlined that they felt presenting young people with the 'reality' of young parenthood would raise their awareness of the social, mental, financial, economic and health issues young parents face, with the hope of delaying the stage at which young people become pregnant.

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

A majority of the young women expressed that they felt there is a link between teenage pregnancy and social deprivation. They informed that they felt young women with low educational attainment and poor family attachments are reasons behind the high rates of teenage pregnancy, both planned and unplanned. Some of the women advised that they felt young women who have had chaotic and disrupted family attachments are more likely to have children at a young age in order to make up for these insecure attachments they have experienced.

In relation to young people living in high areas of deprivation being more likely to become pregnant at young age, from a personal level, most members of the group disagreed with this. They acknowledged this information had been taken from a wider level, however they discussed that they feel young people who become pregnant are moved to these deprived areas due to the fact that they stated most of the houses available to them tend to be in these areas. As a result, many young families are living in poverty.

**d. 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?**

Most of the young women reported that they felt that attitudes and social norms of many young women need to be challenged in order to reduce the rates of teenage pregnancy. Some of the women stated that they feel many

young women are exposed to teenage pregnancy around their peers which suggests it is the norm in their sub-cultures.

Taking into account their personal experiences and motivations behind early pregnancy, many of the young women informed boredom was a key aspect. A majority of the young women advised they became pregnant at an early stage in their life due to their limited knowledge of contraception. They outlined that they were unaware of the facts of contraception such as 'what to do when taking the contraceptive pill in addition to antibiotics' and 'what happens if I miss a pill?'. The young women also stated that they were unaware of other forms of contraception other than the pill prior to becoming pregnant. They informed that they were only given this information after becoming pregnant and advised that this information such as contraceptive implants and injections, may have delayed their stage at becoming pregnant.

The young women highlighted that there is limited focus on the issues that young women face after giving birth, such as financial difficulties, mental health, and limited education and employment opportunities. However one young woman outlined that schools do not expect young women to become pregnant at an early stage, therefore they may not educate young people on these issues.

In terms of barriers that current young mothers face, most of the young women in the group reported that they felt child care is a barrier to preventing them achieve their full potential after having children at a young age. A majority of the group members have found that economic barriers a challenge in succeeding in their futures. In line with this, the women informed that they are struggling to seek employment that will allow them appropriate hours and sufficient child care, therefore resulting in them remaining in long term employment.

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

The majority of the young women felt that there should be more support for young mothers in local communities, specifically focused for young women pre/post pregnancy. The Early Years Framework highlights that '*women from vulnerable groups are less likely to access ante-natal services and other sources of support*'. A majority of the group related to this and felt insecure and judged when attending these sessions. As a result, the young women suggested that more services directed towards supporting teen mothers in engaging with other young mothers, developing their parenting skills and knowledge, and increasing their confidence and self-esteem would reduce their feelings of vulnerability.

The young women highlighted that more opportunities and choices for young people in school and higher education would contribute to reducing the rates of teenage pregnancy. A large proportion of this group informed that they left

school during the initial stages of their pregnancy due to varied reasons. Most of the women were asked to leave school which they reported they felt they were discriminated against for being pregnant. They felt that due to this discrimination, their confidence and self-esteem levels in continuing education during and post pregnancy was affected. They also stated that if they were given the opportunity to take part in more practical courses such as hair and beauty consistently in school may have prevented them from becoming pregnant at an early stage in their life. A majority of the group reported they associated school with negative outcomes, as a result, if they had this opportunity to become involved in more practical courses, they may have developed a wide range of skills, knowledge and aspirations.

**f. 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?**

The young women highlighted that the current young mums group they attend focuses on building positive confidence and self-esteem, increasing their skills such as budgetary, social and interpersonal which would contribute to increased aspirations. Offering the young mothers access to a range of activities which are specific to their individual needs, allows them to build their aspirations and share peer experiences, as a result, delays further pregnancies to a later stage in their life. The possibilities of developing this project which is designed to improve the health and wellbeing of young mothers who are particularly vulnerable to poor health outcomes, would build on the success of the existing young mums group. Further partnerships would enhance the programme based on physical and mental health needs, allowing the young mothers to opt into particular themes of interest e.g. fitness, swimming, relaxation and stress management, child development courses and post-natal health care information, including promoting a holistic health programme.

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

A majority of the young women felt that consistent approaches in increasing young people's confidence and self-esteem from a young age would raise aspirations, increase the level of educational attainment and as a result allow young people to view a positive sense of themselves.

A key theme appeared to be that poor self-esteem and poor sexual health are interlinked. The young women identified with this and some informed that their views of relationships were naive and unrealistic, which contributed to their risk-taking behaviours. Therefore, the group believed that services which offer intense sessions that focus on increasing confidence and self-esteem and relationships would make a difference in the numbers of teenage pregnancies, sexually transmitted diseases and risk-taking behaviours.

**h. 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?**

The young mothers expressed a great deal of concern over 'solutions' to prevent teenage pregnancy. They expressed that this would prove great difficulty as young people's choices are often characterised by a number of reasons. Their decisions (or lack of) do not define all young mothers; however they do present young parents at a higher risk of vulnerability than those who are older. As a result, the young women highlighted that not only should there be a focus on preventing the 'problem', there should be a significant focus on supporting young parents, most notably those who are a risk of deprivation and vulnerability. The young women identified from a personal level that childcare is the biggest barrier that prevents them from gaining and developing skills in employment, volunteering, training and educational opportunities. By reducing rates of childcare for young mothers under the age of 19, this would allow them the opportunity to gain the skills and knowledge they require to continue in education or employment.

Fourteen young women took part in this consultation.

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7 February 2013