Chapter 6

Teenage Pregnancy – a social problem or public health issue?

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Background

Teenage pregnancy is a global problem occurring in low, middle- and high-income countries. Teenage pregnancy, also known as adolescent pregnancy, is defined as pregnancy in woman aged 10-19 years at the time of the baby birth (WHO, 2004). Teenage pregnancy is not a new phenomenon and historically early marriage and having babies at younger age are considered as a social norm in many cultures. Despite the risks associated to women's reproductive health, such pregnancies within a marriage relationship are often considered as wanted pregnancies. In the past, even in the UK and other developed countries, the age at which women conceived were irrelevant, regardless of the harm it caused to the pregnant women, but it was important that the child was born within a 'wedlock'. Traditionally, marriage was perceived as an economic protection for both mothers and their children. If women conceived before marriage, societal pressures would force them to get married before the birth of the child, known as 'knob-stick marriage' or 'shotgun wedding', to ensure legitimacy and avoid any further problem in the society (Brown, 2016; Hadley, 2018). As sexual activity was largely confined to marriages, pregnancy outside of wedlock was often seen as shameful and disgrace for the mother, child and their family, which continues to remain a reality in many cultures. For such culture, the issue of pregnancy was a moral one and related to the marriage rather than the age of women at conception or childbirth. In recent years, the public and policy concerns in many developed economies, including the UK, have shifted away from marital status of the mother, and are focussed on the age at conception of women. However, the move has increasingly problematised teenage pregnancy in our society (Arai, 2009). The perception of teenage motherhood as a problematic issue in the UK society is inextricably linked to political, economic and moral factors, which often considers young mothers as deviant teenagers.

Box 8.1 'knob-stick marriage' or 'shotgun wedding'

During the 1960s and 1970s, a significant social and sexual changes happened in the Great Britain, where politics, law and media shifted towards new individualism with growing appetite from people to live in a more liberal and permissive society, where marriage became less popular, and cohabitation was on rise (Brown, 2016). Moreover, structural changes in the economy and the need for an increased participation in education and employment extended the period of adolescence, which allowed women to make independent choices and experience sexual agency with freedom rather than within the constraints of a marriage relationship. Although teen pregnancy outside the marriage became more acceptable in the society and gained welfare support, it limited young mother's transition into the adulthood, in many cases affecting their participation in education and employment and hindering their ability to fully engage in the economic changes to pursue self-fulfilment and self-expression (Mills, 2016). Teenage pregnancy during this period was widely reported in media as a negative phenomenon causing ill-health and educational failure that perpetuates the cycles of poverty and intergenerational disadvantage. It became a major concern for politicians, policy makers and public health professionals and in the last decades of the twentieth century, teenage pregnancy was seen as a significant public health issue and a dominant social problem in the UK.

Box 8.2 The Women's Liberation Movement (WLM)

Teenage pregnancy in the UK

The UK teenage pregnancy rate is highest among the Western Europe and second only to the US in the developed world. In most European countries since 1970s, the number of teenage births and total fertility rates have been declining and the maternal age at first birth has been rising. Despite the decline in UK teenage pregnancy rates in recent years, it remains highest in the Western Europe. In 2018, the under-18 conception rates in England and Wales were lowest since the record began in 1969 at 16.8 conceptions per 1,000 women, a decline by 6.1% from previous year and a 60% lower since 2007 (ONS, 2020a). This has further decreased in 2019 and stand at 15.8

Box 8.3 Teenage pregnancy: Global overview

conceptions per 1,000 women (ONS, 2021). The conception rate for women under 18 years has declined significantly for the 12th year in a row since 2007.

Fig 1. Under-18 conception rates per 1,000 women, 1969 to 2018, England and Wales (Source: ONS, 2020a)

The rates of teenage pregnancy across the United Kingdom vary considerably, with higher rates in the most deprived areas compared to the least deprived areas. In 2018, the under-18 conception rate for resident in the most deprived areas in England was 23.6 conceptions per 1, 000 women compared to 9.5 conceptions per 1,000 women for those in the least deprived areas (ONS, 2020a). Although conception rates for women under 18 years have more than halved in the last decade, they remain more than twice as high in more deprived areas of England than less deprived areas.

Public Health Scotland (PHS, 2020) reported that the under-18 conception rates in Scotland in 2018 was 16.9 conceptions per 1, 000 women, about 3.7% rise from the previous year but 60.7% decrease since 1999. In 2019, the under-18 conception rates stand at 15.6 per 1, 000 women, which is 7.7 % lower than in 2018 (PHS, 2021). Although teenage pregnancy rates in Scotland have reduced across all levels of deprivation, the most deprived areas in 2018 are still twice at the greater risks of teenage pregnancy.

According to the Northern Ireland Statistics and Research agency (NISRA, 2019), the under 20 teenage birth rates in Northern Ireland has decreased from 15.52 conceptions per 1,000 females in 2008 to an all-time low at 9.03 conceptions per 1,000 females in 2016-18. Similarly, the under 17 teenage birth rates have decreased from 2.98 conceptions per 1,000 females in 2008 to 1.39 conceptions per 1,000 females in 2016-18. Although the teenage birth rates have been decreasing, the inequality gaps for the under 20 teenage birth rates remain very large, and the most deprived areas are six times more likely to have higher teenage birth rates compared to the least deprived areas (Carson, Blakley & Laverty, 2021). It must be noted that the statistics presented in the Northern Ireland are in the form of birth rates instead of conception rates, since the termination of pregnancy in Northern Ireland was illegal until October

2019 except where it was done to save woman's life or prevent long term or permanent physical or mental harm to the woman and then a new law came into effect on 31st March 2020 which allowed women to access abortion services without committing a criminal offence (Amnesty International UK, 2019; Sah & Robinson, 2021).

Many developing and developed countries, including the UK, are concerned about high levels of teenage pregnancy. In the UK, teenage pregnancy is regarded as one of the main contemporary social problems and it is perceived that this issue needs to be tackled to address the social and economic inequalities within different social groups of the population. While the consistent decline in teenage pregnancy is generally welcomed, it is essential to recognise that teenage mothers are not homogenous, not all teen pregnancies are unintended or unwanted, and the causes and consequences of teenage motherhood is diverse, complex and multifaceted. The causes and consequences of teenage pregnancy is neither linear nor guaranteed and the lives of young mothers are highly dependent on wider contextual factors such as personal resources, support from the families and friends, pre-pregnancy situation and post-pregnancy circumstances (Ellis-Sloan, 2019; The Scottish Government, 2016). Social exclusion, an event that severely limit young mothers' life choices and is associated with increased risk of poor socioeconomic and health outcomes of young mother and their child, is considered as one the key causes as well as consequences of teenage pregnancy. Furthermore, teenage pregnancy is a cause and consequence of social exclusion i.e., education and health inequality for young parents and their children (PHE, 2018b). Teenage pregnancy in contemporary society affects life chances of young people, particularly young women and their children, exposing them to vulnerabilities of intergenerational social and health inequalities and wider structural factors, such as sociocultural norms, economic policies and political system, in which they are born, grow and live.

Causes of teenage pregnancy

Box 8.4 Causes of teenage pregnancy: Global overview

Teenage pregnancy is often associated with social, economic and behavioural risk factors, which also act as an independent risk factor that puts young women at the risks of teenage parenthood. It is well evidenced that social deprivation and poor educational attainment are strongly related

to the higher rates of teenage pregnancy, globally. However, the causes of teenage pregnancies are complex and multidimensional and other important factors could also determine the likelihood of teenage motherhood. The report by the Social Exclusion Unit (1999) highlighted that there were three main reasons that contributed towards the high rates of teenage pregnancy in the UK: low expectations about education and job market, lack of sexual health knowledge and understanding, and mixed messages about sexual activity and relationships leading to unprotected sex.

In addition, there is strong evidence that certain groups of young people in the UK are particularly vulnerable to become teenage parents (PHE, 2019). These groups of population includes, but not limited to, young people living in poverty or with single parent, those experiencing homelessness, living in care or leaving the care, who are disliked in schools or underperforming at schools, school dropouts, children of teenage mothers, teenagers involved in crime, have low expectations from the future, loss of self-esteem, have alcohol or substance misuse problems, have sex at early age, have experienced sexual abuse in childhood and young people with existing with mental health problems.

Young people today experience multiple level risk factors that are compounded to exacerbate vulnerability, and which put them at greater risk of teenage parenthood, therefore highlighting the importance of ecological approach while understanding the causes of teenage pregnancy. For example, a young woman from a poorer family with low educational attainment living in areas of greater deprivation and within a single-parent household born to a teenage mother is at much higher risk of becoming pregnant at teenage compared to other young people. In addition, young mothers with a previous teenage pregnancy experiences are more likely to have repeat pregnancies in their younger age. Contraceptive use, educational attainment, history of abortion, and depressive symptoms among young mothers are influential predictors for repeated teenage pregnancies (Maravilla et al., 2017). Although the available data suggest that around one quarter of teenage pregnancies in England and Wales are subsequent pregnancies, the accurate level of repeat teenage pregnancies are not known (McDaid, Collier & Platt, 2017).

Social deprivation and teenage pregnancy

Social deprivation, a composite measure that includes various indicators such as poverty, young woman's education attainment, employment, health status and their parent's or household income, is considered as one of the key risk factors for the teenage pregnancy. The root cause for social exclusion among young parents are poverty and deprivation rather than early parenthood. It has been argued that young teenagers who are socially and economically disadvantaged, lives in deprivation and does not see their life chances improving if they wait for couple of years or more due to lack of educational improvements or attainment, becoming a mother can be more satisfying life events for them at that stage of their life (Cook & Cameron, 2020). In addition, if they belong to a poor neighbourhood who are deprived of opportunities and resources, aspirations of young people towards the education and employment are limited with low expectations from their life, and therefore the risks of becoming teenage mothers are further increased to fulfil the void they experience in their life. There is clear evidence that demonstrate the linkages between social deprivation and teenage pregnancy, where teenage conceptions in socioeconomically deprived areas and areas with larger proportions of non-white populations have higher rates of teenage motherhood (Heap, Berrington & Ingham, 2020). There are many complex causes of teenage pregnancy, and it is important to understand why so many young people from socially disadvantaged and minority ethnic community do not succeed in the British community rather than simply citing it as a social or public health problem. Evidence suggests that early parenthood among socially deprived and ethnic minority communities have the potential to extend poverty and social derivation but the root cause of social exclusion among these young parents are poverty and deprivation (McDermott & Graham, 2005). There is a need to address socioeconomic and health inequalities in the community, which will eventually address the issue of teenage pregnancy and social exclusion.

Ethnicity and teenage pregnancy

Teenagers from some ethnic groups have higher rates of teenage pregnancies, especially Pakistani, Bangladeshi and Afro-Caribbean young women. ONS (2020b) reported that 73% of Pakistani, 67% of Bangladeshi and 57% of Black households' income were in the bottom 2 quintiles compared to the 38% of White British and 36% of White other households. Similarly, just 11% of Pakistani, 15% of Bangladeshi and

25% of Black households' income were in the top 2 quintiles compared to the 42% of White British and 45% of White other households. After considering for housing costs, the gaps between the minority ethnic groups and White British further widened. The link between social disadvantage and early parenthood disproportionately affects Black, Asian and Minority Ethnic (BAME) groups, which makes young parents from Pakistani and Bangladeshi community at increased risks of teenage pregnancy. The issue is further complicated as Pakistani and Bangladeshi communities' sociocultural norms and religious views do not necessarily consider teenage pregnancy as a 'problem' if the conception is within a marriage relationship (Higginbottom et al., 2006). Family relationships and religion plays an important role in sexual behaviour of young people from South Asian communities (Hennink, Diamond & Cooper, 1999). The diversity across and within minority ethnic groups indicate social, cultural and religious differences that influence sexual behaviour of the young people. Early parenthood within these communities is not necessarily seen as a barrier to educational aspirations or career opportunities but considered as a positive outcome following an early marriage, which is common, planned and culturally acceptable. Although there are significant interests in research reducing teenage pregnancy rates, little consideration is given to understand and address the issues associated with planned teenage pregnancies, which is likely to be common among these minority ethnic groups. In addition to the problematisation of teenage pregnancy, the cumulative influence of structural disadvantages, racism, poverty and risky sexual behaviour can further increase the risks of teenage pregnancy among young people from BAME groups.

Sexual abuse and teenage pregnancy

Teenagers who have been sexually abused are at an increased risk of becoming pregnant or getting someone else pregnant. Sexual abuse, alongside other forms of abuse such as physical abuse and multiple occurrences of sexual abuses in childhood and adolescence period, further exacerbates the risk of teenage pregnancy (Madigan et al., 2014). Sexual abuse during childhood is likely to affect developmental trajectory of the children which may include ambiguities regarding sexual appropriateness, confused sexual boundaries, early and risky sexual behaviours and greater sexual distortions, including increased desire to become teenage mother (Noll, Shenk & Putnam, 2009). Sexual abuse has the potential to perpetuate risky sexual behaviours

among teenagers by impairing their ability to negotiate safe sex or sexual relationships, and thereby leading to increase the risks of sexual violence, sex at an early age and multiple sexual partners. Abuse exposure may instigate low self-esteem and a desire to escape such environment by seeing out emotional closeness in the form of early sexual intimacy and relationships that could lead to teenage pregnancy. Sexually abused youth are also more likely to become drug dependent to cope with the traumatic experiences and engage in prostitution and survival sex to support their substance misuse (Saewyc, Magee & Pettingell, 2004). In addition, pregnancy among teenagers with a history of child sexual abuse are more likely to carry their pregnancy to term to give birth to a child and become a teenage mother compared to the teenagers from general population groups (Fortin-Langelier et al., 2019), thereby indicating the additional risks of child sexual abuse on the teenage pregnancy.

Substance misuse and teenage pregnancy

Majority of teenage pregnancies in the UK is unplanned and these unplanned pregnancies can often be associated with binge drinking of alcohol amongst teenagers. Research shows that there is a strong link between alcohol consumption, sex at younger age and unprotected sexual activity leading to teenage pregnancy, even after negating the effect of deprivation on the teenage pregnancy (Bellis et al., 2009). Among the young people accessing drug or alcohol services, about 1 in 12 young women under 20s are either pregnant or teenage mothers and 1 in 6 young men under 25s are young fathers (PHE, 2019). Alcohol misuse among young people can lowers personal inhibitions leading to poor judgements regarding sexual activity, vulnerability and engaging in unprotected risky sexual behaviour and later regretting the decision (Phillips-Howard et al., 2010). Maternal substance misuse at an early age is a precursor to teen pregnancy, and adolescent mothers are at heightened risk for substance abuse in the post-partum period (Chapman and Wu 2013). Research from the United States shows that adolescent pregnant women are far more likely to have experimented with alcohol, cannabis, and other illicit drugs over the past 12-months before being pregnant and the substance misuse continued for many teens during the pregnancy (Salas-Wright et al., 2015). Substance misuse increases the risk for multiple sexual partners, unprotected sex and can also lead to forced sex, sexual violence, aggression and victimisation of young women putting them at higher risks of teenage pregnancy. Teenage mothers are particularly vulnerable and at increased risk

for substance misuse and they are likely to have subsequent pregnancies that substance use could affect pervasively (Cornelius et al., 2004).

Consequences of teenage pregnancy

Teenage pregnancy is associated with poorer outcomes for teenage mothers and their child. Teenage pregnancy is usually a crisis for the pregnant woman and is often associated with social exclusion and poor health outcomes for the mother and the child. Social exclusion for teenage mothers often begins at an early age during childhood, with poor parenting, truancy, disrupted education and limited or lack of career prospects. Although teenage motherhood can be a positive event for some young women, the negative consequences of teenage pregnancy are widely recognized and varies from significant social issues to widespread public health problem. As teenage pregnancy prematurely halts the natural development of a young woman to adulthood, many teenage mothers complain about feeling lonely and isolated, losing independence, disconnecting with friends and experiencing challenging transition to the adulthood (Holgate, Evan & Yuen, 2006). Young mothers are likely to bring up their children alone and in poverty and teenage pregnancy can put young parents at social and economic disadvantage and lead to physical and emotional health problems, including psychological trauma and morbidities related to abortions, exacerbating social exclusion among teenage mothers and their child.

Teenage abortions

According to the Office for National Statistics (ONS, 2020a), majority of teenage pregnancies are unplanned or unintentional and around half of them end in an abortion. Although abortions in the United Kingdom and Northern Ireland is legal, abortion rates and experiences vary depending on women's socioeconomic status and the region in which they reside. Religion, culture, familial relationships, and the need of confidentiality also plays an important role in decision-making towards the termination of pregnancy (Hoggart et al., 2010). Teenage women from the most deprived areas are more likely to continue with the pregnancy than undergo abortion. This may be associated with negative attitudes towards abortion and an acceptance of teenage motherhood in socially

Box 8.5 The Abortion Act

deprived areas, which are often intergenerational (Turner, 2004; Brown, 2016). Research by Lee and colleagues (2004) reported that young women's pregnancy decisions were based on the degree of social advantage or disadvantage experienced by the teenagers at the time of pregnancy. Motherhood is seen as a positive force or a way out of uncertain future for many young women who are socially disadvantaged or excluded. In contrast, young women from the least deprived or affluent areas are likely to have invested in continuing education and are more determined about their future career prospects and therefore were more likely to terminate than to deliver. The decision-making towards delivering the baby or terminating the pregnancy at teenage is not straightforward but a complex of moral and personal reasoning (Hoggart, 2019) often shaped by the wider health inequalities and regional variations.

Adverse health outcomes associated with teenage pregnancy

Teenage pregnancy is associated with continued risky lifestyle behaviour and poor health outcomes for both teenage mother and their child. Teenage mothers are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout their pregnancy (PHE, 2019). Moreover, young pregnant females are more likely to continue with the substance misuse during and after pregnancy increasing the health risks for the child and young mothers. Teenage pregnancy may lead to poor health outcomes such as anaemia, pregnancy-induced hypertension, premature delivery, longer and difficult labour among teenage mothers (Chen et al., 2007; Jeha et al, 2015). In addition, teenage pregnancy is often cited as one of the key issues that triggers range of mental health problems among young people. Many teenage mothers suffer from depression within a year of giving birth and experience behavioural problems such as suicidal thoughts and poor mental health problems during pregnancy and after the birth of their children (Leishman, 2007). Severe depression, attempted suicide and honour killings are some of the other risks associated with mental health problems caused by teenage pregnancy. Births and abortions associated with teenage pregnancy have the potential to impact individuals leading to wider psychological issues. Similarly, the child of the teenage mother could be born prematurely, with congenital anomalies, can have low birth weight and are at higher risks of neonatal death (Chen et al, 2007; PHE, 2019). Moreover, as a child, they have an increased risk of living in poverty and are more likely to have behavioural problems. It is argued that maternal age on itself is not a significant risk factor but many of these

negative health outcomes are linked to other socioeconomic factors such as poverty, lack of education and social exclusion (Irvine et al., 1997). Besides, many of these risks could be reduced with a good quality antenatal care, however teenage mothers are less likely to access antenatal and postnatal maternity services and are less likely to breastfeed, which may negatively impact the health outcomes of mother and child. Although reduction in teenage pregnancy rates could improve maternal and child physical and mental health and reduce health inequalities, addressing social inequalities are likely to contribute towards reduction in teenage pregnancy rates and support teenage mothers to have positive life experiences, better health and resources for future career prospects.

Education and socioeconomic impact of teenage pregnancy

Teenage pregnancy is largely believed to be a pathway for school dropouts, poverty and economic dependency and therefore is often seen as a public health concern or a social problem. Young parents are less likely to finish their education, more likely to remain unemployed, on social welfare benefit and bring up their child alone and in poverty compared to the older mothers (DH, 2013). As majority of teenage parents have an increased risk of living in poverty, they are more likely to have accidents and behavioural problems that further puts the teenage mothers and their children at the risk of social vulnerability and poor health status. The long-term prospect of teenage mothers and their children are poorer than average, and the consequences of teenage pregnancy can be felt by young mothers for rest of their life, and it has also the potential to shape the life chances of these young mothers and their children negatively (Berrington et al, 2005). There are ample of evidence that young women from disadvantaged backgrounds are more likely to become teenage mothers and these mothers have higher risks of remaining disadvantaged in their adult life. Teenage mothers are less likely to be a homeowner later in life and their living standard remains comparatively poor, as they are more likely to live in a poor-quality housing. Even after adjusting for the pre-existing social disadvantage, teenage mothers are at higher risks of lower education attainment, unemployment or low incomes, difficulties with housing and familial conflicts or breakdown when compared to their peers.

Teenage pregnancy is argued to have negative impact on educational achievements of teenage mothers, but some researchers have highlighted that dropping out and educational failures predates rather than results from teenage pregnancy (Arai, 2003; Bonell, 2004). The opportunities of education and work is diminished due to the challenges with childcare responsibilities. Teenage mothers are more likely to face barriers to education, employment or training, and may require positive family relationships and greater social and housing support for parent and child health. The pre-existing disadvantages of the teenage mothers are compounded by having a childbirth at the teenage, which in most cases increase the social and financial hardship, particularly in the absence of appropriate and relevant support for the teenage mothers. Therefore, the focus should be on providing support that can help teenage mothers to overcome barriers and challenges created by the pregnancy to help them succeed in education and employment, and hence improving their life chances and that of their child. Moreover, the new generation of teenage parents consider pregnancy as an interruption and a pause, and they resume their education when they are ready and start working when their children become older (Brown, 2016). This shows the need to understand the consequences of teenage pregnancy using the life course approach rather than focussing on the immediate negative outcomes of teenage pregnancy.

Box 8.6 Helping young mothers stay in education

Misconceptions and stigma about teenage pregnancy

The causes and consequences of teenage pregnancy is complex and often misunderstood and distorted based on the political ideologies and preconceptions. There are various misconceptions about teenage pregnancy, such as certain groups of women are willing to become teen mothers and selected families allowing their teenage daughters to become pregnant. Other misconceptions that are widely reported in the media is the interrelationships between teenage pregnancy and welfare dependency, promiscuity, and teenage mother being irresponsible (Ellis-Sloan, 2014). Moreover, there are also assumptions that teenage mothers are ‘bad mothers’ without skills, experience or resources that is needed to look after themselves and their child (Wilson and Huntington, 2005). Although majority of teenage mothers require social

or familial support and depend on social welfare benefits following the birth of the child, there is no evidence to support the assumption that welfare provision and social housing benefits for teenage mothers are encouragement for early motherhood. Also, it is discriminatory and sexist to deliberate that teenage pregnancy is the outcome of sexual promiscuity and teen mothers are irresponsible and different compared to other mothers.

In the contemporary UK society, the teenage mothers are judged by their actions, and they are frequently seen as both 'at risk' group within society as well as 'a risk' to the society (Mitchell and Green, 2002, p.6). The problematisation of teenage motherhood by the policy makers and media increasingly portrays young mothers as a homogenous group of irresponsible, welfare dependent single unfit parents, which has created misconceptions and stigma around teenage pregnancy within the wider society (Yardley, 2008). The stigma attached to teenage pregnancy can deter teenagers from accessing key health and social care services during and after pregnancy, as a result they are likely to be either late or poor attendees of the antenatal and postnatal services, putting themselves and their children at the risk of negative health outcomes. The social stigma and cultural issues associated with abortion or birth can also fuel familial conflicts and wider societal problem. Evidence suggests that societal challenges are more intense for families from ethnic minority populations in the UK where teenage pregnancy outside the marriage remain unaccepted whereas the birth of a child to a teenage mother within a marriage relationship is celebrated. The problematisation of teenage pregnancy is the consequence of social structures, cultural constructions, economic projections, diverse discourses and emotive interestedness to think about our responsibility towards the young people, their children and their future rather than creating a system which supports teenage pregnant women and mothers.

Teenage pregnancy: a social problem or public health issue

Teenage pregnancy has contributed to adverse social and public health outcomes by leaving the most vulnerable (teenage mothers and their children) behind. Scholars and activists have long argued that government's approach to tackle teenage pregnancy in the UK is often focused on the health aspects rather than wider social problem. The focus on teenage pregnancy as a major public health issue began with the commissioning of Social Exclusion Unit in 1999. Although teenage pregnancy strategy

in 1999 made attempts to interrelate the relationship between social exclusion and teenage pregnancy describing social exclusion as a cause and a consequence of teenage pregnancy (SEU, 1999), researchers have argued that the government's focus remain on reducing the rates of teenage pregnancy rather than addressing the social problems that are the risk factors for teenage pregnancy. Teenage pregnancy is often associated with negative stereotypes and stigma but framing teenage pregnancy as a social problem further exacerbates stereotyping of the teenagers and ignores the complex chain of circumstances that links wider social issues with teenage parenthood. While there have been local and national initiatives to address the multifaceted nature of this issue, the government has failed to tackle the issue of teenage pregnancy using a holistic approach.

Teenage pregnancy as a social problem is seen as detrimental for teenage mothers and their offspring which has the potential to lead to social disintegration and personal failure, humiliation and hardship. The detrimental effect for young mother includes socioeconomic and educational disadvantage, negative pregnancy, poor birth outcomes and distraught parenting experiences (Macleod and Tracey, 2010). Similarly, the impact on child includes poor health and educational outcomes, intergenerational transmission of poverty and negative psychological consequences. However, many researchers argue that not all teenage mothers and their children suffer from the adverse outcomes and there is evidence that it may support teenage mother to reenergise their life chances and career opportunities (Arai, 2009). Moreover, it is argued that if teenage pregnancy leads to social disadvantage and deprivation, then government and the healthcare providers should come up with additional support to overcome those disadvantages. Macvarish (2010) concluded that the issue of teenage pregnancy has been amplified and redefined as a social problem, as it is perceived that teenage mothers fail to make a meaningful contribution to the society, in contrast to 'de-moralising' that was seen in last centuries. In addition, the public health approach has expanded the notions of teenage pregnancy associated with the harm to the teenage mother and their children and the construction of teenage mother and her child as a social threat.

Despite the recent decline in teenage pregnancy rates in the United Kingdom, it has remained highest in Europe. While considering teenage pregnancy as a public health issue, the focus remains on decreasing the teenage pregnancy rates rather than

reducing the risk of social exclusion among teenage mothers (Baker, 2007). To achieve this, the primary focus is on the use of preventative measures that has the potential to reduce the teenage pregnancy rates. The prevention of teenage pregnancy includes delivering relationship and sex education in schools, a drive to increase the uptake of contraception use among young people and providing best antenatal and postnatal care for the teenage mothers and their children. However, the public health approach in tackling the teenage pregnancy rates is incomplete without considering the social determinants of teenage pregnancy, especially when teenage pregnancy is known to have a strong association with deprivation measures over a long period of time (McCall et al., 2014). Sexual behaviour of young people from socially deprived minority ethnic community are shaped by the structural factors around them. For example, social factors such as cultural and religious context, economic status, education and the place of residence plays an important role in determining the teenage pregnancy. Therefore, it is important to understand that social problem like teenage pregnancy complement the public health issues, and therefore these problems or issues should be tackled together taking a holistic approach.

Policies and strategies of intervention

Teenage pregnancy is an issue of intergenerational social and health inequalities affecting health and wellbeing and life chances of young women, young men and their children. The Conservative government in the 90s acknowledged the need to address the issue of teenage pregnancy in their *Health of the Nation* (HOTN) initiative, which ran from 1992 to 1997, and focussed on under-16 conception with the target to reduce the rates by at least 50% by the year 2000 (Adler, 1997). The target proved to be challenging to achieve, as the government viewed teenage pregnancy solely as a health issue with limited attention to other related issues such as socioeconomic factors, lack of effective services for contraceptives and sexual health education.

Social Exclusion Unit (1999)

The New Labour government in 1997 recognised the complexity of teenage pregnancy and took a fresh approach to address the issue by seeing teenage motherhood as a key consequence and cause of social exclusion and inequalities. The Social

Box 8.7 ***Social Exclusion Unit (1999)***

Exclusion Unit (SEU, 1999) was commissioned by the new labour government to develop a strategy to reduce the rates of teenage parenthood. Although the 10-year national target was not met, the under-18 conception rate has continued to fall since the end of this strategy. The teenage pregnancy in the UK now is at the lowest level since 1969 (ONS, 2020a). This significant decline in the teenage pregnancy has been attributed to the long-term evidence based teenage pregnancy strategy published in 1999, which was the first comprehensive approach by the UK government to tackle the issue of teenage pregnancy. The nationally led and locally delivered strategy focussed on four key themes: i) joined up action at national and local level; ii) better prevention for girls and boys - improving sex and relationships education (SRE) and access to contraception; iii) a national communications campaign to reach young people and their parents; and iv) coordinated support for young parents (Hadley, Chandra-Mouli & Ingham, 2016). This strategy remains one of the few examples of an intervention which has successfully contributed towards reducing teenage pregnancy significantly and is considered as one of the best examples of nationally led evidence-based strategy implemented at the local level. Hadley, Ingham & Chandra-Mouli (2016) describes that the success of the strategy was associated with six key features: i) creating an opportunity for concerted action; ii) developing an evidence-based strategy; iii) establishing structures and guidance for effective implementation; iv) regularly reviewing progress; v) embedding strategy actions in wider government programmes; and vi) providing government leadership throughout the 10-year programme. Although the strategy ended a decade ago and more than twenty years after this strategy was introduced, policy makers have now largely acknowledged the importance of community level delivery of health, education, social care and safeguarding initiatives to addressing the issue of healthy relationships and teenage pregnancy. It is well appreciated that teenage pregnancy is a complex issue, and it needs a multi-faceted and multi-level approach to succeed in further declining of the teenage pregnancy rates in the UK. In 2010, a further guidance *Teenage Pregnancy Strategy: Beyond 2010* was published informed by an updated evidence and lessons learned from the effective local practice to continue to reduce the teenage pregnancy rates (DH and DCSF, 2010). The document sets out plan to build on the existing successful strategy so that young people were able to receive information, advice and support they need to deal with sexual lifestyles and relationships and experience

positive sexual health (Sah, 2017) avoiding sexually transmitted infections and unplanned teenage pregnancies.

A framework for supporting teenage mothers and young fathers (2016/2019)

Public Health England (PHE) and Local Government Association (LGA) published *A framework for supporting teenage mothers and young fathers* in 2016, and updated in 2019, with an aim to help local service providers to review and provide coordinated and sustained support for young parents to build their skills, confidence and aspirations (PHE, 2019). Based on international evidence and past experiences from the local areas service providers, the framework identified ten key factors in providing strategic leadership and accountability towards addressing the issue of teenage pregnancy.

Fig. 2: 10 key factors of effective local strategies in addressing teenage pregnancy (Source: PHE, 2019)

In 2018, *Teenage Pregnancy Prevention Framework* (PHE, 2018a) was published as a companion document to the 'Framework for supporting teenage mothers and young fathers', which was informed by the most up to date international evidence to take a multi-agency 'whole systems' approach to support local areas to assess the effectiveness of teenage pregnancy prevention programmes. The framework presented a short summary of the 10 factors and reviewed them to consider key questions and identify links to relevant policies and helpful resources.

Pregnancy and Parenthood in Young People Strategy 2016-2026 (2016)

The Scottish Government in 2016 produced their first strategy *Pregnancy and Parenthood in Young People Strategy (PPYP) 2016-2026* (The Scottish Government, 2016) with an aim to drive actions to increase opportunities available to young people to support their wellbeing and prosperity across the life course that will decrease the cycle of deprivation associated with teenage pregnancy. The strategy is based on the five guiding principles: i) Young people at the heart of actions; ii) Applying the social determinants of health model; iii) Multi-agency approach and leadership; iv) Creating positive opportunities; and v) Evidence informed. The strategy covers many complex

areas that are influenced by a large number of policies, legislation and guidance and the focus is to reflect on individual experiences, social influences and wider environmental factors to address inequalities leading to the pregnancy at young age.

Conclusion

Young people in the United Kingdom still experience higher rates of teenage pregnancy compared to their peers in high-income countries. Young people remain at the highest risk of unplanned pregnancy, there is a huge variation in teenage pregnancy rates within local authorities and at regional level, and young parents and their children are disproportionately affected by teenage pregnancy, giving rise to inter-generational inequalities (PHE, 2018a). There is compelling evidence that shows age is just one factor however the outcomes of a teenage pregnancy are largely influenced by the context and culture in which the pregnant women live, and the compounded effect of social and economic exclusion can pose serious health risks for the mothers and their babies. The public health policies that solely focus on the age at conception will have limited gain in reducing the cause and consequence of teenage pregnancy however the holistic policies aimed at reducing socioeconomic inequalities across the whole population providing adequate social and healthcare support will have a long-term sustainable and intergenerational impact on reducing teenage pregnancies as well as other public health and social issues associated with the socioeconomic inequalities.

Although these subsequent strategies have been useful in reducing the rates of unplanned teenage pregnancy and its associated poorer outcomes, there are limited discussions on addressing the social causes of the teenage pregnancy. For example, strategies support young people in social deprivation to become teenage parents, however it does not necessarily address the issue of social deprivation directly, which is regarded as one of the key factors contributing towards unplanned teenage pregnancy. As a result, these strategies pose additional challenges, especially in the population and areas where social issues associated with the teenage pregnancy are overpowered. The initiative to reduce social exclusion to diminish the rates of teenage pregnancy is important but it is also essential that social policy makers look towards addressing the issues of social ethnic inequalities contribution towards social exclusion. The interdisciplinary nature of teenage pregnancy requires a

multidisciplinary and compassionate approach to tackle the social and health issues associated with teenage pregnancy.

Points to Ponder

- Teenage pregnancy rates in the UK are amongst the highest in the developed countries, why?
- Why teenage pregnancy is an important issue and is it a social problem or a public health issue?
- What is the impact of teenage pregnancy on young parents?
- What policies could best address the issue of teenage pregnancy?

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