Teenage pregnancy is strongly linked with poor social and health outcomes. The evidence shows that children born to teenage mothers are more likely to experience a range of negative outcomes in later life. They are also more likely to become teenage parents themselves, therefore perpetuating the disadvantage that young parenthood brings, from one generation to the next. The majority of conceptions under the age of eighteen, are unintended, and in Islington over half lead to an abortion.

Teenage pregnancy matters as it impacts on the poorest communities and on the most vulnerable young people. It widens health inequalities and limits educational opportunities and attainment for young parents and their children. However, with help and individual support young parents can be competent and caring parents. For some young women having a child can be a positive turning point in their lives.

Key facts and figures for Islington

The teenage pregnancy rate is based on births and terminations in 15-17 year old residents in the borough in a calendar year.

- **30.1** pregnancies per 1,000 women aged 15-17 in Islington
- **67 %** of teenage conceptions were terminated in 2012. This is higher than the National and London averages

Compared to other Islington wards

- **Finsbury Park** has the highest rate of teenage conceptions

Over the last 10 years Islington’s teenage pregnancy rate has seen a marked reduction but is still higher than the London rate of **26** per 1,000 and England rate of **28** per 1,000 women aged 15-17.

Key programmes and services

Islington's teenage pregnancy rates have fallen and are not significantly higher than the London and England rates. Islington's teenage population is projected to grow and to become more diverse over the next ten years.

Child poverty and deprivation are high in Islington. Evidence shows that young people who experience high levels of disadvantage and vulnerability are at increased risk of becoming pregnant at a young age.

Key measures for reducing inequalities

- Ensure that all young people receive sex and relationships education (SRE) and advice appropriate to their age.
- Provide contraceptive services where and when they are needed, to continue to reduce teenage conception rates and improve sexual health among young people.
- Provide targeted support to those at greater risk of early pregnancy.
- Provide coordinated and intensive support to teenage parents and their children as part of a long-term prevention strategy. We support young mothers to remain in education, and develop their parenting skills and aspirations.
Islington’s teenage pregnancy strategy is comprised of several strands encompassing both universal provision and targeted work with those at higher risk:

- Sex and relationship education— in schools and youth clubs within the PSHE curriculum, and by outreach workers engaging with young people in services such as the youth offending service.
- Access to contraceptive services in a range of settings: PULSE, Brook, Outreach Clinics, free condoms through the Pan-London C-Card scheme, and free emergency hormonal contraception in pharmacies.
- Support to young parents. Co-ordination of services to ensure all young parents have appropriate support at the right time by midwifery teams, Family Nurse Partnership (FNP), Children Centres, Youth Career Service and the Inspire young parents programme.

Key risk factors

Teenage pregnancy is a complex issue affected by young peoples knowledge about sex and relationships, their ability to access advice and contraceptive services, their peer groups and their aspirations. However there are well-evidenced risk factors that make some young people more vulnerable to becoming pregnant than others. deprivation and social exclusion are key risks, compounded by other social, economic, personal and environmental factors. Where more than one risk factor is present, vulnerability to teenage pregnancy is increased.

Key underlying risk factors

- Living in an area of high social deprivation
- Poor educational attainment
- Disengagement from school

What influences teenage pregnancy?

Educational attainment and engagement with school

This is strongly associated with teenage pregnancy even after accounting for the effects of deprivation. Deprived wards with poor levels of educational attainment have under-18 conception rates double that of equally deprived wards with better levels of educational attainment. Dislike of school and poor attendance is a strong predictor of teenage pregnancy in girls.¹

Risky behaviours

The early onset of sexual activity, poor use of contraceptives, alcohol and other substance misuse (related to sexual risk-taking), mental health problems and involvement in crime increase the risk of teenage pregnancy. Among male young offenders under 23 nearly 50% are fathers.²

Being a teenage mother

One in five under-18 conceptions in England are second pregnancies.

Family background

Teenage girls living in care have a three times greater risk of becoming pregnant than those not living in care. Low parental aspirations and being the daughter of a teenage mother increases risk.

Ethnicity

Ethnicity data is not available from official data sources, but local maternity and termination data shows that young black women have a higher conception rate and young Asian women a lower rate than the average rate for the borough. Termination rates show a similar pattern. Care needs to be taken in interpreting these rates since there are strong links between deprivation and ethnicity in teenage pregnancy.

Other factors

Low aspirations, experiences of violence and bullying, poor parental support, and a lack of things to do and places to go for young people all have an impact.
Teenage conception rate per 1,000 women under 18, by ward, 2010-12

**THE ISLINGTON PICTURE**

Bunhill has the second highest rate of teenage conceptions in Islington (46.0 per 1,000)2010-12

Clerkenwell has the lowest rate of teenage conceptions in Islington (18.9 per 1,000 per year)2010-12

Barnsbury has the second lowest rate of teenage conceptions in Islington (23.9 per 1,000)2010-12

Source: ONS and DfE, 2012

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92 conceptions per year to young women aged under 18 in Islington2010-12

Finsbury Park has the highest rate of teenage conceptions in Islington (52.3 per 1,000)2010-12

19 conceptions per year to young women aged under 16 in Islington2010-12

Source: ONS, 2012
Islington has a consistently higher teenage conception rate than England and London. The teenage conception rate in Islington has decreased from 60 per 1,000 in 1998-2000 to 35 per 1,000 in 2010-2012.

Source: ONS, 2012

The percentage of teenage conceptions ending in abortion in Islington has been similar to London and higher than England through 1998-2000 to 2010-2012. There has been a slight upward trend in the percentage of teenage conceptions ending in abortion.

Source: ONS, 2012

The percentage of repeat abortions among women under 19 in Islington is higher than the London average but comparable to England.

Source: ONS, 2012

More teenage pregnancies in Islington end in abortion than birth. During 2009-2011, there were a total of 199 (64%) abortions among women under 18. Among conceptions under 16, 54 (78%) ended in abortion.

Source: APHO, 2012
WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

In 2011 NHS Islington undertook an evaluation and mapping of Islington’s contraceptive services. The research found that young people highly valued PULSE and the other young people’s clinics in the borough. Further consultation is being undertaken on how to promote these services most effectively.

We consulted the parents of primary and secondary aged children on sex and relationship education (SRE) and developed some workshops for them. Parents welcomed help with how to discuss sex and relationships with their children, and felt more confident to do so after the workshops.

We also consulted young parents on support services such as the Family Nurse Partnership (FNP). Young parents rated our services highly:

“I felt bullied by other professionals. You didn't judge a book by its cover—you gave me a chance, you believed I could be a good mum.”

“FNP really help you and they are not judgemental they are there to help you and its really good.”

WHAT WORKS?

International reviews into teenage pregnancy prevention programmes have identified two factors that have the greatest impact on teenage sexual behaviour and use of contraception. These are:

**Sex and relationship education**

Defined as learning about emotional, social and physical aspects of growing up; relationships; sex; human sexuality and sexual health. The lessons equip children and young people with the information, skills and values they need to make informed and positive decisions about sex. Evidence shows that young people who have had good SRE before they become sexually active start their sexual activity at an older age and are more likely to use contraception or condoms when they do.

**Contraception**

Young people need to be able to access contraceptive services in locations and at times that are convenient to them. In the US an 86% decrease in teenage pregnancy between 1995-2002 is attributed to increased use of contraception, particularly more reliable methods.³

In addition, evidence from the National Teenage Pregnancy Strategy suggests that areas that have the following in place are more likely to reduce their teenage pregnancy rates:

- Local champion to ensure teenage pregnancy remains a priority
- Well trained and resourced youth workers that are able to advise and signpost young people to services
- Targeted work with vulnerable young people at most risk of teenage pregnancy and poor sexual health
- Strong delivery of SRE/PSHE by primary and secondary schools with links to contraceptive services
- Support services for young parents that assist them with parenting skills and helping them return to education, training or employment
- Supporting young people to remain in education, employment or training
TARGETS AND OUTCOMES

Until 2010 Islington had a target of a 55% reduction in teenage conceptions. Although this target is no longer in place, authorities are still expected to be working towards a sustained reduction. In 2010 Islington had achieved a 23% reduction against the 1998 baseline.

Local authorities are required by the Child Poverty Act to take steps to mitigate the effects of child poverty in their area. Progress against this will be measured by a range of indicators one of which is the under-18 conception rate.

Teenage pregnancy is one of three sexual health indicators in the Public Health Outcomes Framework.

NATIONAL AND LOCAL STRATEGIES

Preventing teenage pregnancy, and supporting young parents is still a priority both locally and nationally. Key Governmental policy documents highlight the importance of addressing teenage pregnancy, sexual health and support to young parents in order to reduce child poverty.

Teenage pregnancy forms part of work on the key local priority for the Islington Interim Health and Wellbeing Board on the ‘first 21 months’. This is designed to promote improved long term health, social, educational and economic outcomes through actions to improve outcomes in pregnancy and the first year of life. It is a key part of the Islington Fairness Commission programme.

### National strategies

**Positive for youth: A new approach to cross governmental strategy for young people aged 13-19**

Positive for Youth sets out a shared vision for how all parts of society can work together in partnership to support families and improve the lives of young people, particularly those who are most disadvantaged or vulnerable.

**A new approach to child poverty: tackling the causes of disadvantage and transforming families lives**

This is the Government’s first national Child Poverty Strategy, setting out a new approach to tackling poverty for this Parliament and up to 2020. At its heart are strengthening families, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable.

**Sexual health strategy**

Expected to include actions to prevent teenage pregnancy and improve sexual health when released late 2012.

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### Local strategies

**First 21 months action plan**

Aims to improve long term health, social, educational and economic outcomes through actions to improve outcomes in pregnancy and the first year of life, following the recommendations Islington Fairness Commission programme.

**Teenage pregnancy action plan**

Sets out the action Islington services will undertake to prevent teenage pregnancy and support young parents.

**Family parenting support strategy**

Details what support and services families living in Islington can access for parenting support.

**Islington Joint Health and Wellbeing Strategy (draft)**

The ‘first 21 months’ is one of three top priorities for improving health and wellbeing. It includes actions to improve prevention and early intervention including in teenage pregnancy.

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FUTURE NEED

While teenage pregnancies are reducing in Islington, they are still higher than the London or England average. Given the strong relationship between deprivation, social inequality and teenage pregnancy it will be important to ensure that all young people have access to good quality sex and relationship advice and contraceptive services, with more targeted support for those at most risk and for teenage parents. Strong coordination, joined up strategic action and consistent messages will help ensure that education, prevention and support services will have the greatest impact.
WHAT IS BEING DONE LOCALLY TO ADDRESS THIS ISSUE?

Islington teenage pregnancy strategy includes actions for prevention and support services. There are universal services that all young people can access when they need to. There are also targeted services for young people with particular vulnerabilities or needs, such as young parents and pregnant teenagers.

Universal Prevention services - Contraception and condoms

Contraceptive and sexual health services specifically for young people are provided at PULSE and Archway Sexual Health Service. PULSE Outreach clinics have been established in key youth service settings such as The Drum, LIFT and PLATFORM. City and Islington College (CANDI) has three sexual health drop-ins where young people can access condoms, chlamydia screening and advice. A free condom distribution scheme (C-Card scheme) covers a range of youth settings, and other services used by young people. Free emergency hormonal contraception (EHC) is provided through pharmacies to young people aged under 21.

In 2012/2013:

- 1,478 Islington young people were registered on the C-Card scheme and over 18,600 condoms were provided.
- 4,331 young people attended PULSE contraceptive services.

As of April 2014, these services are being recommissioned.

Universal Sex and relationships education

Primary and secondary schools are supported to deliver SRE within the PSHE curriculum by the council’s education service/healthy schools team. In addition specialist staff from sexual health services will provide sessions and arrange clinic visits. Parents of primary school-aged students can also access SRE sessions through the healthy schools team.

Islington’s SRE training policy has been rolled out across Children’s Services with the aim of ensuring consistent provision of quality SRE advice and signposting across the workforce.

Targeted Prevention and support services

A sexual health outreach programme is targeted at those most at risk of teenage pregnancy. This includes peer education and structured workshops addressing wider gender issues. A sexual health worker is based at the Youth Offending Service (YOS) as part of the Integrated Health Team, reflecting the high levels of vulnerability and risk in this group.

Young parents and pregnant teenagers are supported either by Islington’s Family Nurse Partnership (FNP) that provides intensive support from early pregnancy or their local Children Centre. A Teenage Parent Support Coordinator is improving the pathway of care and support for teenage parents in the borough. The Youth Careers service provides support to young parents and pregnant teenagers helping them to re-enter education or employment. The borough also has a number of parenting programmes including Inspire an arts based program for mothers aged under 19, aimed at improving parenting skills and returning to education.
FURTHER INFORMATION

Further information on this topic can be found at the following locations:

  http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066273/teenage-pregnancy-research

- Sex Education Forum, part of the National Children’s Bureau:
  http://www.sexeducationforum.org.uk/

- Department for Health, The Family Nurse Partnership Programme, 2012:

References

1. Teenage pregnancy next steps. DFES 2006
2. Invisible fathers. Fatherhood Institute 2009

About the Evidence Hub

The Evidence Hub is a partnership between the local NHS and Islington Council that brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated health and wellbeing needs of the Islington population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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