KEY FACTS

This paper summarises some of the current available data on teenage pregnancy in North Lincolnshire.

- Whilst teenage parenthood may mark a positive turning point in the lives of some young people, teenage parenthood continues to be a marker for social disadvantage and poorer health outcomes, for both the child, and for the mother, with higher rates of infant mortality, poor maternal mental health and lower educational and employment outcomes for children.

- North Lincolnshire’s teen conception rate has been falling each year since 2008 and is currently at its lowest level in more than 15 years. However, under 18 rates remain significantly above the national average, and are still a little higher than expected given the average deprivation score of North Lincolnshire.

- In 2012, the local teen, (under 18) conception rate was 36.1 per 1000. This represents a 33% reduction on the 1995-7 baseline and compares with 27.7 per 1000 nationally in 2012.

- Provisional data for 2013 suggests this decline has been sustained throughout the following year. The latest published data is for Qtr 2 2013, which gives an average rolling quarterly rate in North Lincolnshire of 37 per 1000 15-17 year old females.

- Unpublished local and provisional data for Qtr 4 2013/14 suggest that rates have fallen further, and to their lowest level ever, at 35 per 1000.

- The proportion of teen conceptions that result in a termination in North Lincolnshire is 47%, compared with 49% nationally.

- Termination rates are currently 16.9 per 1000 15-17 year olds, compared with 13.6 nationally.

- Repeat terminations amongst young women under the age of 25 years are below the national average and currently stand at 21%.

- The vast majority of these teen conceptions occur (80%) amongst 16 and 17 year olds. Under 16 conception rates represent 20% of the total, with rates similar to the national average.
• Teen conception rates vary across the country, with higher than average rates historically associated with areas with higher than average levels of deprivation. However, some of the highest reductions in teen conception rates have also occurred in some of the most deprived areas, including neighbouring Hull, where rates have declined by more than 50%.

• Nevertheless, some of the highest teen conception rates in the country, as in 2012 were in areas of high unemployment including, Middleborough, Stoke on Trent and Burnley.

• This relationship between high youth unemployment, low attainment and teen conceptions is reflected locally, with a strong and consistent association between wards with high deprivation scores and teen conception rates. More than half of all teen conceptions in 2012 were accounted for by just 5 wards. Namely, Brumby, Crosby & Park, Town, Burringham and Gunness, and Frodingham, which rank amongst the most deprived wards in North Lincolnshire.

• In these wards teen conception rates were significantly above the national and local average.

• Nevertheless, there are signs that the inequalities gap is narrowing. In some of our poorest wards, teen conception rates have fallen by more than 50% in the last five years.

• The challenge for local partners is to maintain this downward trend during a time of significant pressure on public sector spending.

Teen conception data are reported on nationally, at least 14 months in arrears and are published in February each year on the ONS and Public Health Outcomes website, although provisional, unpublished local data are available ahead of this.

The national and local data are used at a local level to inform the planning and commissioning of early help and sexual health services.

**WHY IS THIS ISSUE IMPORTANT?**

Teenage mums are also more likely to suffer from post natal depression than older mothers, and face a higher risk of poor mental health up to three years after the birth. They are also more likely to struggle to continue their education and may find it more difficult to gain employment.

National research suggests that at age 30, those who had been teenage mothers suffered from higher levels of physical and mental ill health, with most of this difference being accounted for by higher levels of partnership breakdown post birth, and a greater risk of poverty and poor housing due to worklessness. Similar issues affect young fathers. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst younger mums.
In turn, children born to teen mums are more likely to be born prematurely, and have a higher infant mortality risk, (60% above average). They are also more likely to live in poverty than children of parents aged 24 years and older, contributing to a cycle of disadvantage and health inequality. Local research shows that Mums under the age of 20 are 2.6 times more likely than older mothers to smoke in pregnancy, and 1.6 times less likely to breastfeed, leading to poorer health outcomes for themselves and their children.

**Public Health Outcomes Framework:** Teen conception rates are reported on nationally at a local authority level via the Public Health Outcomes Framework. The 2 relevant outcome indicators are PH 2.4(i) Under 18 conception rates per 1000 15-17 year old females, and PH 2.4(ii), Under 16 conception rates per 1000 13-15 year old females. http://www.phoutcomes.info/public-health-outcomes-framework#gid/

**LOCAL TRENDS**

In the calendar year 2012, 106 North Lincolnshire women under the age of 18 conceived. Of these pregnancies, 53%, (57) resulted in maternities and 47% were terminated. This represents a local teen conception rate of 36.1, compared with 27.1 nationally, and a teen maternity rate of 19.2. Figure 1s and 2 below show the trend since 2000.

Figure 1: North Lincolnshire teen conception rates per 1000 15-17 year old females

![Figure 1](image)

Figure 2: North Lincolnshire teen conceptions (numbers) 2000-12

![Figure 2](image)

Source: ONS 2014 (based on age at time of conception)
The vast majority of teen conceptions occur amongst young women in Year 11 or 12, i.e. post-secondary school age. In 2012, more than 80% of the 106 local teen conceptions occurred amongst 16 and 17 year olds, and just under 20% (19) at 15 years of age or younger.

This represents a 13-15 conception rate of 6.7 per 1,000, compared with a conception rate of 44.5 per 1,000 16-17 year olds. Both rates have declined in the last 12 months and since 2008.

This finding is important, although not that surprising. All of the national and local research evidence suggests that most young people are not sexually active before the age of 16 and that young people are at greatest risk of teen pregnancy immediately before, or in the 12 months after compulsory school leaving age.

**Figure 3: Teen conception rates amongst under 16s**

<table>
<thead>
<tr>
<th>Year</th>
<th>Numbers</th>
<th>N Lincs rate</th>
<th>England rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>25</td>
<td>8.3</td>
<td>7.2</td>
</tr>
<tr>
<td>2010</td>
<td>33</td>
<td>11.1</td>
<td>6.8</td>
</tr>
<tr>
<td>2011</td>
<td>23</td>
<td>7.8</td>
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<tr>
<td>2012</td>
<td>19</td>
<td>6.7</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Source:

**POSITIVE LOCAL TRENDS**

North Lincolnshire began the national monitoring period in 1995-7 with 156 teen conceptions, a baseline rate of 53.9 per 1,000, compared with a national average in that year of 46.6 per 1,000.

Official teen conception data for the period January to December 2012 was released nationally in February 2014. This indicates a continuing decline in teen conceptions in North Lincolnshire –ahead of the regional rate of decline, both amongst under 16s and amongst 16-17 year olds. Provisional local (and unpublished) data suggest that this fall has been sustained throughout 2013-14, with the most recent rate for 2013/14 averaging at 35.0 per 1000.
In 2012, teen conception rates across the country were at their lowest level for more than 10 years, and 41% lower than in 1998.

### Table 1: Annual Teen Conception results, 2000-12

<table>
<thead>
<tr>
<th>Year</th>
<th>North Lincs</th>
<th>% Change since 1998</th>
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<tbody>
<tr>
<td>2000</td>
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<tr>
<td>2001</td>
<td>46.6</td>
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<td>2002</td>
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<tr>
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<td>51.4</td>
<td>-4.7%</td>
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<tr>
<td>2005</td>
<td>47.9</td>
<td>-11%</td>
</tr>
<tr>
<td>2006</td>
<td>49.5</td>
<td>-8%</td>
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</tr>
<tr>
<td>2008</td>
<td>43.0</td>
<td>-20%</td>
</tr>
<tr>
<td>2009</td>
<td>45.2</td>
<td>-16%</td>
</tr>
<tr>
<td>2010</td>
<td>47.4</td>
<td>-12%</td>
</tr>
<tr>
<td>2011</td>
<td>37.7</td>
<td>-31%</td>
</tr>
<tr>
<td>2012</td>
<td>36.1</td>
<td>-33%</td>
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</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>% Change since 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>43.6</td>
<td>-6%</td>
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<tr>
<td>2001</td>
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<td>2011</td>
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<td>27.7%</td>
</tr>
<tr>
<td>2012</td>
<td>27.7%</td>
<td></td>
</tr>
</tbody>
</table>

Source: ONS, 2014

### CHALLENGING LOCAL TRENDS

- Concentration of teen maternities in small number of neighbourhoods
- Multiple risk taking behaviour becoming more concentrated in smaller cohort of vulnerable young people

### RISK FACTORS

Young people who become teenage parents often have complex and multiple difficulties in early childhood and adolescence. Many of the risk factors for teenage pregnancy are associated with deprivation and social exclusion and include:

- Poor family relationships
- Low self esteem
- Poor emotional health
- Unhappiness and disengagement from school
- Low educational attainment
- Limited career opportunities
- Being looked after
- Early onset of sexual activity
- Poor contraceptive use
- Alcohol and substance misuse
- Previous pregnancies
Health inequalities: All of the data suggest the need for a continued focus on reducing risky behaviours in young people, especially in our most deprived areas, as national and regional research indicate a strong relationship between deprivation, multiple risk taking and teen conception rates.

DATA SOURCES

*Conceptions in England and Wales, 2012, ONS, February 2014*
*Conceptions to women aged under 18 years, annual numbers and rates, 2001-12 Office of National Statistics, ONS, February, 2014.*
*Quarterly and annual conceptions to women under 18 years, 1998-2012, Office of National Statistics, ONS, February, 2014*

What can North Lincolnshire Council achieve by taking action to reduce teen conception rates and help young parents?

- Raise aspirations and improve health and wellbeing outcomes for vulnerable young people
- Boost the employment prospects and life-chances of vulnerable young people
- Meet new public health responsibilities
- Reduce demand on health and social care services
- Reduce health inequalities

WHAT WORKS TO REDUCE TEEN CONCEPTIONS

The international evidence-base for prevention of teenage conceptions presents two clear measures for which there is the strongest evidence of impact on teenage pregnancy rates:

**One:** Effective sex and relationships education, which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections. This includes comprehensive information, advice and support from a variety of settings, from parents, schools and other professionals.

**Two:** Accessible, young person-centred contraceptive and sexual health services. This includes the provision of services at the right time(s) and in the right place(s).

But it is also clear that as well as giving all young people the means to avoid early pregnancy, sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy, such as poverty, educational underachievement, low aspirations and lack of engagement in learning post-16.
Two further priorities that have been shown to be effective in reducing teenage conceptions are:

**Three**: Targeted work with ‘at risk’ groups of young people; in particular looked after children and care leavers.

**Four**: Working closely with parents and carers

**LOCAL ACTIONS TO REDUCE RISKY BEHAVIOURS AMONGST YOUNG PEOPLE**

Various local actions are underway or planned in order to reduce risky behaviours – including risky sexual behaviours:

- A local focus on reducing risk taking behaviours amongst young people, particularly amongst vulnerable young people

- Accessible universal sexual health services are commissioned for the population of North Lincolnshire through a hub and spoke approach and deliver targeted outreach to vulnerable groups including young people

- The school nursing service supports young people through general health promotion and one-to-one support, including specific sexual health services such as C-card (condoms) distribution, contraceptive access and advice.

- The Local Authority run positive activities and youth outreach work which encompassed some ‘mini choices’ which includes access to the C Card scheme, advice, information and referral.

- Schools and academies provide sex and relationship education (SRE) in addition to a range of healthy relationships work e.g. peer mentors

- Alcohol and substance misuse services available locally for young people

- Local action to raise aspiration and attainment for local young people. This is included as a key action in North Lincolnshire Council’s Children and Young People’s Plan 2013-2016

- A move towards locally integrated services, which cut across individual risk taking behaviours. This is included in North Lincolnshire Council’s Children and Young People’s Plan 2013-2016
WHAT MORE NEEDS TO BE DONE

Local efforts to reduce teenage pregnancies need to be part of a consistent, joined-up approach to tackling the health issues and outcomes of children and young people. This is not limited to just tackling teenage pregnancy but cuts across all risk-taking behaviours. For example, work on alcohol consumption and substance misuse, which should be targeted at our most vulnerable groups. This is all against a backdrop of an overarching integration strategy, adopting a one council approach, and working with all relevant local stakeholders.

There needs to be effective collaboration between the Local Authority and other partners including providers of health services, primary care, school and colleges, and parent. This means ensuring that our local assets are used as effectively and efficiently as possible with regards to teenage pregnancy, taking into consideration co-design of services with young people and aspiring to certain national standards such as the ‘You’re Welcome’ quality criteria for young people friendly health services.

Work needs to be ongoing to tackle the wider determinants of health, considering contributory factors such as deprivation, poverty, economic hardship, low educational attainment, housing status, low self-esteem and low aspiration.

It is necessary to continue to collect and analyse data around teenage pregnancies in order to best understand any trends therein, identify areas of greatest need and draw out the commonalities of the cohort of teenage conceptions.

It is vital that schools and academies provide high quality PSHE (Personal Social Health Education and SRE (Sex and Relationships Education), including targeted provision in the areas with the highest levels of need.

More specifically there is a need to:

- Ensure we are addressing poor self-esteem, lack of aspiration and alcohol misuse which evidence shows increases the likelihood of a teenage girl falling pregnant.

- Work in partnership to ensure teenage pregnancy prevention and support for existing young parents is integrated into locally decided plans and implemented effectively.

- Ensure the Joint Strategic Needs Assessments (JSNA) takes into account teenage pregnancy and the variation across local authority areas.
Further actions to achieve the above include:

- Ensuring our contraception and sexual health services are in the right place, open at the right time, well publicised and trusted by young people in the area.

- Targeted sex and relationships education and sexual health advice at the at risk groups, such as NEETs, young people excluded from school, children in and leaving care and those in supported housing. Ensure clear links to contraception and sexual health services.

- Clear and consistent communication to young people and parents is essential. Consideration should be given to how social media can be used as a way of reaching out to teenagers.

- Consideration of providing wider workforce training for staff not directly involved with teenage pregnancy work, such youth workers, social workers and foster carers, as staff often lack the confidence and skills to address sex and relationships.

**INTELLIGENCE GAPS**

Currently, we have no information on the education, employment or looked after status of young people at the time of conception, or about the schools and colleges that these young people previously attended.

**References**


Local Government Association, 2013, Tackling teenage pregnancy Local government’s new public health role.
NICE Guidance (2007) ‘One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups’, NICE public health intervention guidance 3

Payne D. (2001). ‘Babies of teenage mothers 60% more likely to die’. British Medical Journal, 322 (7283), 386

