

This factsheet presents a statistical analysis of teenage pregnancy in Northern Ireland and examines the reasons why teenagers become pregnant and the potential consequences for their health and well being.

### Key issues

- The UK has the highest teenage pregnancy rate in Europe.
- Most teenage pregnancies are unplanned.
- Teenage pregnancy is often a cause and consequence of social exclusion.

The factsheet refers to the number of teenage births rather than the number of conceptions. In official statistics, conceptions are defined as pregnancies resulting in live births, still births or legal termination. Because abortion is only legal here in exceptional circumstances, most women from Northern Ireland have to travel to England to obtain a private abortion. Statistics for abortions carried out in England on women from Northern Ireland are based on addresses given to clinics by clients. It is widely accepted that women give false addresses for fear of discovery and therefore the official figures are likely to underestimate the actual numbers.

In 1998 the Northern Ireland Statistics and Research Agency changed its method of calculating population estimates, excluding non Northern Ireland residents from the estimates. To be consistent with the population estimates, birth statistics now exclude births to non resident mothers. Consequently, there will be slight variations between statistics included in previous fpa factsheets and those quoted below.

### Births

Since 1991 the highest number of teenage pregnancies recorded was in 1999. In June of that year, John McFall, Minister for Health and Social Services, identified teenage parenthood as one of four priorities to be addressed within the Promoting Social Inclusion initiative. Consequently, a multi-sectoral working group was established to develop a coordinated strategy aimed at reducing teenage births. Additional funding was released in 2001 and the regional *Teenage pregnancy and parenthood strategy and action plan* was launched in 2002. It set the following targets:

- a reduction of 20% in the rate of births to teenage mothers by 2007;
- a reduction of 40% in the rate of births to teenage mothers under 17;
- 75% of teenagers should not have experienced sexual intercourse by the age of 16;
- 100% of teenage mothers of compulsory school age should complete formal education;
- 50% of teenage mothers should participate in post 16 education beyond school leaving age.<sup>1</sup>

As a percentage of total live births for Northern Ireland (Table 1), and percentage of the female population 15-19 age group (Table 2), there have only been slight variations.

In effect there has not been a notable increase or decrease in the proportion of births to teenagers during the period 1993-2004. In 1988, one in three (32%) teenage births occurred inside marriage. By 1998 this had declined to 1 in 15 (6.6%). In 2004 only 1 in 31 (3.2%) teenage births occurred inside marriage (Table 3).

**Table 1: Numbers and % of live births to women under 20**

Year	Total live births	Total live births to under 20s	%
1993	24,722	1,592	6.4
1994	24,098	1,545	6.4
1995	23,693	1,428	6
1996	24,382	1,582	6.5
1997	24,087	1,644	6.8
1998	23,668	1,735	7.3
1999	22,957	1,791	7.8
2000	21,550	1,621	7.5
2001	22,249	1,527	6.8
2002	21,473	1,525	7.1
2003	21,648	1,484	6.9
2004	22,318	1,486	6.7

Source: Registrar General NI

**Table 2: Number of births to under 20s as a % of the female population aged 15-19**

Year	Total live births to under 20s	Total female population under 20	%
1993	1,592	60,967	2.6
1994	1,545	60,842	2.5
1995	1,428	61,032	2.3
1996	1,582	61,779	2.6
1997	1,644	62,154	2.6
1998	1,735	62,131	2.8
1999	1,791	62,000	2.9
2000	1,621	61,787	2.6
2001	1,527	63,833	2.3
2002	1,525	64,597	2.3
2003	1,483	64,928	2.3
2004	1,486	64,565	2.3

Source: Registrar General NI

**Table 3: Number and % of live teenage births occurring within marriage**

Year	Total live births to under 20s	Within marriage	%
1993	1,592	187	11.7
1994	1,545	170	11
1995	1,428	136	9.5
1996	1,582	122	7.7
1997	1,644	112	6.8
1998	1,735	115	6.6
1999	1,791	113	6.3
2000	1,621	73	4.5
2001	1,527	52	3.3
2002	1,525	62	4.1
2003	1,483	55	3.7
2004	1,486	47	3.2

Source: Registrar General NI

## Options

It is generally accepted that most teenage pregnancies are unplanned. This is confirmed by fpa's community work with young people and the pregnancy counselling service in Northern Ireland. Faced with an unplanned pregnancy, teenagers usually choose one of the following options.

### 1. Continuing with the pregnancy and keeping the baby

Throughout the UK, the major change associated with teenage pregnancy has been the steady rise in births outside marriage, suggesting that pregnant teenagers are now choosing to live with their partner or bring up their child alone, rather than marry due to social and family pressures. In some areas of Northern Ireland, due to concerns about rates of marital breakdown, the church encourages the couple to wait until after the birth before marrying.

### 2. Adoption

As more and more births occur outside marriage, the stigma of being an unmarried mother diminishes. The total number of adoptions (ie placement by Health and Social Services Board - HSSB) is low throughout Northern Ireland.

**Table 4: Number of children placed for adoption by the HSSBs**

1998	120
1999	145
2000	172
2001	139
2002	174
2003	140
2004	161

Source: HSSBs

### 3. Abortion

The 1967 Abortion Act does not extend to Northern Ireland, therefore the majority of women who choose the option of abortion must travel to England to obtain a non-NHS abortion.

As Table 5 indicates, in 2004 there was a decrease in the number of Northern Ireland teenagers having legal abortions in England. However, as Table 6 indicates, the proportion of abortions to women under 20 as a percentage of the female population aged 15-19 has not significantly changed.

**Table 5: Number and % of Northern Ireland teenagers having legal abortions in England**

Year	Total abortions	Total to under 20s	%
1991	1,755	367	20.9
1992	1,794	376	20.9
1993	1,629	303	18.6
1994	1,678	321	19.1
1995	1,548	294	19
1996	1,573	284	18
1997	1,572	297	18.9
1998	1,581	305	19.3
1999	1,430	265	18.5
2000	1,528	301	19.7
2001	1,577	319	20.2
2002	1,382	275	19.9
2003	1,318	251	19.0
2004	1,280	225	11.4

Source: Department of Health

**Table 6: Legal abortions performed in England to Northern Ireland teenagers as a % of the female population aged 15-19**

Year	Total abortions to under 20s	Total female population under 20	%
1991	367	62,115	0.59
1992	376	61,497	0.61
1993	303	60,967	0.49
1994	321	60,842	0.53
1995	294	61,032	0.48
1996	284	61,779	0.46
1997	297	62,154	0.48
1998	305	62,131	0.49
1999	265	62,000	0.43
2000	301	61,787	0.49
2001	319	63,833	0.50
2002	275	64,597	0.43
2003	251	64,928	0.39
2004	225	64,565	0.23

It is important to add that some young people 'choose' other 'options', eg self-induced abortion, back street abortion, surrogacy, infanticide.

### Who are the teenage mothers?

Identifying and targeting the population most at risk of an unplanned and possibly unwanted pregnancy is vital both to prevention and to improving the accessibility and uptake of ante and post-natal medical care.

The four HSSBs in Northern Ireland have researched the number of teenage births in their area. They found a small variation between the four HSSBs as a whole, but a marked variation between residence areas within each HSSB (Tables 8 to 12).

**Table 7a: Northern Ireland teenage pregnancies by HSSB area, 2003**

HSSB	Teenage births	Total births	% of total births
Eastern	687	8,011	8.6
Northern	314	5,335	5.9
Southern	232	4,469	5.2
Western	250	3,833	6.5

**Table 7b: Northern Ireland teenage pregnancies by HSSB area, 2004**

HSSB	Teenage births	Total births	% of total births
Eastern	673	8,198	8.2
Northern	344	5,699	6.0
Southern	227	4,689	4.8
Western	242	3,732	6.5

**Table 8: Number of births to under 20s as a % of the female population aged 15-19 by HSSB area, 2004**

HSSB	Population	Births	%
Eastern	25,271	673	2.7
Northern	15,563	344	2.2
Southern	11,976	227	1.9
Western	11,755	242	2.1

Source: HSSBs

**Table 9a: Total notified births to teenage mothers in the Eastern HSSB by residence area, 2003**

Residence area	Total live births	Total live births to under 20s	%
Ards	882	57	6.5
East Belfast	680	56	8.2
North Belfast	945	143	15.1
South Belfast	777	50	6.4
West Belfast	925	147	15.9
Castlereagh	727	32	4.4
Down	851	59	6.9
Lisburn	1,367	92	6.7
North Down	857	51	5.9
TOTAL	8,011	687	8.6

**Table 9b: Total notified births to teenage mothers in the Eastern HSSB by residence area, 2004**

Residence area	Total live births	Total live births to under 20s	%
Ards	865	55	6.4
East Belfast	662	66	10.0
North Belfast	938	123	13.1
South Belfast	789	55	7.0
West Belfast	1,033	144	14.0
Castlereagh	717	31	4.3
Down	892	57	6.4
Lisburn	1,461	99	6.8
North Down	841	43	5.1
TOTAL	8,198	673	8.2

**Table 10a: Total notified births to teenage mothers in the Southern HSSB by residence area, 2003**

Residence area	Total live births	Total live births to under 20s	%
Armagh	765	38	4.9
Banbridge	643	29	4.5
Craigavon	1,073	80	7.4
Dungannon	652	25	3.8
Newry/Mourne	1,336	60	4.4
TOTAL	4,469	232	5.1

**Table 10b: Total notified births to teenage mothers in the Southern HSSB by residence area, 2004**

Residence area	Total live births	Total live births to under 20s	%
Armagh	720	34	4.7
Banbridge	583	23	3.9
Craigavon	1,178	83	7.0
Dungannon	786	34	4.3
Newry/Mourne	1,422	53	3.7
TOTAL	4,689	227	4.8

**Table 11a: Total notified births to teenage mothers in the Western HSSB by residence area, 2003**

Residence area	Total live births	Total live births to under 20s	%
Fermanagh	710	37	5.2
Limavady	468	35	7.4
Derry	1,504	122	8.1
Omagh	645	24	3.7
Strabane	506	32	6.3
TOTAL	3,833	250	6.5

**Table 11b: Total notified births to teenage mothers in the Western HSSB by residence area, 2004**

Residence area	Total live births	Total live births to under 20s	%
Fermanagh	691	28	4.1
Limavady	424	28	6.6
Derry	1,487	138	9.1
Omagh	645	20	3.1
Strabane	485	28	5.8
TOTAL	3,732	242	6.5

**Table 12a: Total notified births to teenage mothers in the Northern HSSB by residence area, 2003**

Residence area	Total live births	Total live births to under 20s	%
Antrim	708	44	6.2
Ballymena	735	39	39
Ballymoney	344	18	18
Carrickfergus	456	28	28
Coleraine	621	48	7.7
Cookstown	411	31	31
Larne	344	19	5.5
Magherafelt	562	18	18
Moyle	198	16	8.1
Newtownabbey	956	53	53
TOTAL	5,335	314	5.9

**Table 12b: Total notified births to teenage mothers in the Northern HSSB by residence area, 2004**

Residence area	Total live births	Total live births to under 20s	%
Antrim	760	33	4.3
Ballymena	783	45	5.7
Ballymoney	401	28	7.0
Carrickfergus	439	22	5.0
Coleraine	671	59	8.8
Cookstown	502	32	6.4
Larne	316	23	7.3
Magherafelt	589	21	3.6
Moyle	197	16	8.1
Newtownabbey	1,041	65	6.2
TOTAL	5,699	344	6.0

Regardless of their background, all sexually active teenagers are at risk of becoming a parent, but there is research evidence that some are at much higher risk of teenage parenthood. Risk factors include the following:

- low self-esteem;
- poverty;
- low educational attainment, declining educational achievement or school non-attendance/alienation;
- children who are looked after by Health and Social Services Trusts;
- children of teenage mothers;
- a history of sexual abuse;
- mental health problems;
- a history of offending behaviour.

Some young people experience multiple risk factors. As a result, they are at much greater risk of becoming teenage parents.<sup>2</sup>

Table 13 indicates that teenage parenthood is more likely to occur if the mother or father is unemployed.

British research shows that the fathers tend to have the same social, economic and educational backgrounds as their partners.<sup>3</sup>

**Table 13: Number of teenage births by social class of mother 2004**

Social class*	Within marriage	Outside marriage	Total
Higher managerial and professional occupations	1	4	5
Lower managerial and professional occupations	4	24	28
Intermediate occupations	11	70	81
Small employers and own account workers	4	173	177
Lower supervisory and technical occupations	1	102	103
Semi-routine occupations	5	250	255
Routine occupations	4	231	235
Never worked and long-term unemployed	12	377	389
Not classified	5	208	213
TOTAL	47	1,439	1,486

\*Social class is taken as the mother's when the father's details are not registered. In all other cases, social class refers to the father and not the mother.

### Why do teenagers become pregnant?

Teenage pregnancy is a complex phenomenon and rarely a matter of irresponsibility, recklessness or simple free choice.<sup>4</sup> Not every teenage conception is unintended, and not all unintended pregnancies will lead to an unwanted baby. There are many reasons why early pregnancies occur, including the following:

- lack of knowledge about contraception;
- false beliefs about protection;
- the unavailability of and/or barriers to accessing contraception;
- the wish to have a baby and the fulfillment of being a mother;
- the desire to be an 'adult';
- the need to feel wanted and needed;
- status and prestige within the family and among peers;

- physical excitement and passion;
- love;
- trust and commitment.<sup>5</sup>

Northern Ireland-wide research on this issue is not available. However, research commissioned by the Western Health and Social Services Board in 1995 concluded that there were three main explanations for teenage pregnancy:

1. Sexual intercourse was an irregular occurrence; something that "just happened" when an opportunity arose. Contraception was therefore not readily available.
2. An appeal to chance; the belief that pregnancy would not occur so easily or a risk taken on the basis of inadequate knowledge of their menstrual cycle.
3. A set of circumstances which had prevented them from using the pill. These varied, but included fear of parents finding out; their GP would not prescribe; unpleasant side effects; or their supply had been disrupted.<sup>6</sup>

### Outcomes of teenage pregnancy

“Teenage pregnancy is often a cause and consequence of social exclusion.”<sup>7</sup> It’s important to acknowledge that for many young people, pregnancy and motherhood are positive and welcomed experiences without long-term negative outcomes.<sup>8,9</sup>

Nevertheless, recent evidence suggests that mothers and their children suffer adverse health, social and economic consequences. However, the relationship between teenage mothers and disadvantage is complex, as social, economic and environmental factors can be determinants rather than consequences of adolescent motherhood. The associated adverse outcomes for the teenager and her child were reviewed by the NHS Centre for Reviews and Dissemination, University of York, in 1997. Their findings are summarised in Tables 14 and 15.

### Psychosocial effects

Teenage pregnancy is commonly defined as a problem more for social than medical reasons. In many parts of the world where early marriage is customary, teenage pregnancy is not considered undesirable. By contrast, in ‘developed’ societies the teenage years are seen as a time for acquiring knowledge and skills that will lead to opportunities and choices in career and lifestyle. Life events which limit those choices, such as early pregnancy outside marriage, are seen as undesirable by our society in general.

One longitudinal study of 17,414 children born in 1958 found that, by the age of 33, those who had been teenage parents were more likely to have larger families and to have lower incomes or be on income support than other families.<sup>10</sup> They were also less likely to own their own homes.

**Table 14: Associated adverse outcomes for the teenage mother**

Health	Education	Socio-economic
Hypertension	School drop-out and gaps in education	Reduced employment opportunities
Anaemia		Poor housing and nutrition
Placental abruption		
Obstetric complications		
Depression and isolation		
Termination		

**Table 15: Associated adverse outcomes for the child of a teenage mother**

Health	Education	Socio-economic
Increased risk to sudden death syndrome	In the preschool years children of teenage mothers display developmental delays	Increased risk of living in poverty
Prematurity		Poor housing and nutrition
Hospitalisation due to accidental injuries		
Increased risk of experiencing abuse and of teenage pregnancy		

Source: *Effective health care: preventing and reducing the adverse effects of unintended teenage pregnancies, February 1997.*

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Half the teenage mothers who were single when their baby was born went on to cohabit with or marry the father. One in three were still living with the father when they were 33. Over half of those who were married at the time of birth were still married.

### Unplanned pregnancy

fpa's 2002 Northern Ireland survey found that approximately one quarter of respondents failed to use contraception when they first had intercourse, and that consumption of alcohol and drugs significantly decreased the likelihood of the use of contraception.<sup>11</sup>

The survey also found that nearly 37% of respondents who had experienced sexual intercourse had sex before the age of 17 (the legal age of sexual consent in Northern Ireland), and approximately 27% had sex before 16. Young men reported earlier sex than young women and Catholics were less likely than other respondents to have sex before 16. The *Health behaviour of schoolchildren in Northern Ireland* study revealed that, in a sample of 3,450 young people from years 9-12 (aged between 13 and 16), 655 reported that they had experienced sexual intercourse.<sup>12</sup> This constituted 14.9% of this age group. Average age of first sexual intercourse was 13 for boys and 14 for girls.

When asked about the use of contraceptives, the vast majority of those who had experience of sexual intercourse (79.2%) reported using some form of contraception. In one British survey of 269 pregnant teenagers, three quarters of the girls continuing their pregnancy and all of those seeking termination said that the pregnancy was unplanned.<sup>13</sup> Over half had not been using contraception, and one in five had never used contraception. This was five times more likely in the younger girls (under 16).

This and other studies suggest that teenage unplanned pregnancies may occur because of lack of information about using contraception and emergency contraception, embarrassment about discussing contraception with a partner, and unplanned sexual intercourse.<sup>14</sup> Unwillingness to discuss contraception with a doctor and fears about confidentiality if they do so are important factors. In Francome's study, 80% of the girls who got pregnant at 17 or younger had never been to a GP or family planning clinic.<sup>14</sup>

### Prevention

*"Preaching is rarely effective. Whether the Government likes it or not, young people decide what they're going to do about sex and contraception. Keeping them in the dark or preaching at them makes it less likely they'll make the right decision."*<sup>7</sup>

A study of teenage pregnancy carried out by the Guttmacher Institute in the US indicated that one of the factors contributing to a high rate of teenage pregnancies is lack of openness about sex in society.<sup>15</sup> The study showed that those countries with the lowest teenage pregnancy rates shared characteristics including liberal attitudes towards sex, easily accessible contraceptive services for teenagers, and effective formal and informal programmes of sex education. In contrast, the research cited poverty, a high degree of religiosity and restrictions on teenagers' access to contraception as factors in the high US pregnancy rate.

One factor strongly associated with deferring sexual activity is a good general education. A number of studies have shown that teenagers who have low levels of educational achievement and low aspirations for the future are much more likely to be sexually active, while those with educational aspirations were much less willing to consider the possibility of teenage motherhood.<sup>2</sup>

### International comparisons

Comprehensive conception rates by age groups are not available for all countries but evidence suggests that the UK has the highest teenage pregnancy and birth rates in western Europe, with birth rates twice those in Germany, three

times those in France and six times the Dutch rate. Contributing factors in countries with low or falling rates include strengthening economies, provision of good school sex and relationships education, confidential and accessible contraceptive services and improving family communication about sex. These can all be reflected in increasing educational achievement, motivation, life aspirations and job prospects.<sup>16</sup>

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16. fpa, Teenage pregnancy. Factsheet no. 8. London: Contraceptive Education Service, 2000.

### FURTHER READING

Bury J. Teenage pregnancy in Britain. Birth Control Trust, 1984.

### Other Northern Ireland factsheets:

*Abortion*

*Family planning services in Northern Ireland*

*The legal position regarding contraceptive*

*advice and provision to young people*

*Sexually transmitted infections*

*Sexual orientation*

*Sexual behaviour and young people*

*Relationships and sexuality education in*

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