

Parents, schools, and health professionals could all do more

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Teenage pregnancies: who is responsible?

Teenage conception rates have been rising throughout the late 1980s, particularly as the provision of family planning clinic services has declined.

The headlines in the media herald the 'teenage pregnancy crisis'. We frequently hear of schoolgirl mums, but is there really a problem, and, if so, whose fault is it? As health professionals we can acknowledge some of the problems of teenage pregnancy — low birth weight for the babies, inadequate antenatal care for the mothers owing to late reporting — but are the teenagers themselves to blame?

If we take termination of pregnancy as an indicator of an unwanted pregnancy, the numbers that are terminated are considerably lower in the 16–19 age group (Table 1). This is to be expected, since they may not be as sexually active as the 20–24 year olds or 25–29 year olds; but we should always remember that many other women besides teenagers are having unwanted pregnancies, and maybe this says something about our service provision overall. Looking at the teenage conception rates, we find that after declining for many years they have been rising throughout the late 1980s, particularly as the provision of family planning clinic services has declined (Fig. 1).

Table 1. Legal abortions in 1990: England & Wales. Source: OPCS.

Age	Number
<16	3,422
16–19	35,520
20–24	55,281
25–34	61,201
35–44	18,060
45 and over	404
Age not known	12
Total	173,900

Cuts and difficulties

As readers probably know, Brook Advisory Centres run a contraceptive service for young people, predominantly under the age of 25. We see around 50,000 clients a year, of whom 35% are under 20 years of age and 4% under 16. Brook too has suffered cuts in its services as Health Authority funding has been restricted, but through our enquiry service we are aware that many young people have great difficulties in gaining access to services, or have received insufficient sex education.

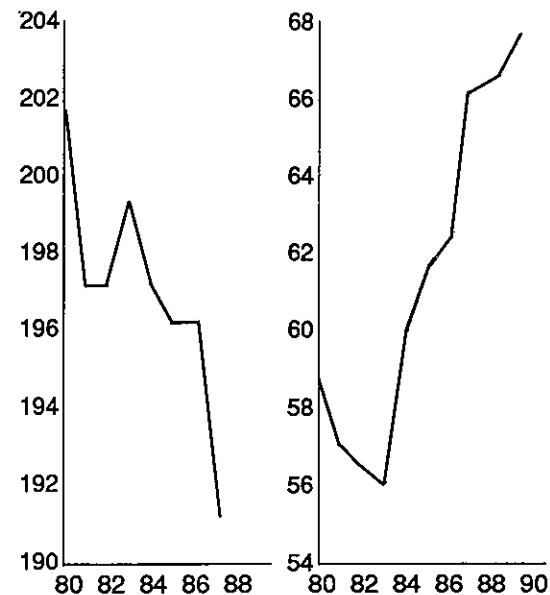
Brook is perceived as a friendly service and the queries we receive vary from young boys asking about body changes to young women requiring explanations concerning the use of the pill who ring up to check out how to take it once they have commenced their prescription.

A rising birth-rate

The rise in the conception statistics that has been continuing throughout the late 1980s has a number of possible explanations. Two of these I believe are (a) reduced access to services and (b) insufficient sex education. But who is responsible for providing the services and the education? Readers may have seen reports in the press that Brook Advisory Centres are trying to open a Centre in Belfast where the opposition state that there is already too much sex education in schools, that this should be left to the parents, and that there is no need to provide a special service for young people.

But I think there are three areas where we can alleviate the problem of teenage pregnancies. There are three groups of people who can have

Fig. 1. The changes in family planning clinic sessions ('000, left), 1980–1987, and the conception rate per 1000 women under 20 (right), 1980–1989.



an influence, and these are the parents, the schools, and the professionals in the health service. I would like to look at the role of each of these groups in turn.

Parents . . .

The first group I wish to consider is parents. Many readers will be parents, either of young children or teenagers. When did you start providing sex education to the children in your care? Was it at three years old, or did you wait until puberty? Did your daughter know about menstruation, or was it a rush job when she started menstruating earlier than you expected?

I believe that we should begin providing answers for young people as soon as they start asking questions. It is very easy to answer a three-year-old who asks where babies come from with the information that 'they come from Mummy's tummy' or that 'they grow inside Mummy's tummy'. Because of our added knowledge as adults, we frequently perceive these questions to be much more deep-rooted than they are, and a simple explanation will frequently provide a satisfactory answer for a young child. It is the accumulation of knowledge drip-fed in this manner that provides an excellent background on which to provide further sex education.

Frequently parents find it difficult to get beyond providing their young children with information about puberty. Puberty is easy to explain because it is about physical changes in the body, but when it comes to talking about sexual intercourse or the sexual act, the associated emotions make it extremely difficult. I do believe, how-

ever, that all parents should try to do so, although we are well aware that many of them do not.

Taking precautions

With the advent of HIV I would query whether many parents have sufficient knowledge to pass on to their children all the information that they should.

Are they aware that they should be telling their young people to use a condom as well as a chosen method of contraception?

What about emergency contraception? Do they know about it? When most parents of teenagers were young people in the late 60s, emergency contraception was not available. What have we, as health professionals, done about informing parents of this method of contraception?

Because we ourselves may be in stable relationships, have we taken into account the fact that young people may have more than one relationship, and therefore need to use condoms because of the threat of HIV? Do parents themselves carry condoms to make it a normal part of life? Will young people find condoms in their mother's handbag when they go to look for the car keys as they borrow the car? What do we as parents do to normalise such activities?

Many parents feel unable to talk easily to their young people about safer sex and Brook Advisory Centres have in the last year produced a booklet called *Say Yes, Say No, Say Maybe* (1) which parents have purchased in order to put the topic of HIV on to their agenda with young people.

Finding out

Have many parents made sure that their teenagers know where to obtain services? Have readers ever thought of the difficulties a young person experiences in just trying to find out where the family planning clinic is? How is it advertised in your locality? For example, if you live in Tunbridge Wells you do not live in the Tunbridge Wells Health Authority — so where do you start looking in the telephone directory to find out about family planning services? In most instances you have to go for a walk along the street outside the local hospital in order to start the process of looking up a telephone number.

Finally, do parents themselves actually think that it is their job to provide all the sex education that their young people want? We know from

surveys that 96% of parents believe that schools should provide sex education for their young people!

Schools . . .

Turning now to the second area that I believe we should address, that of the school, the one good thing about HIV is the positive effect it has had on sex education.

The dangers it is creating for young people are at last making sex education part of school life. Surveys now show that schools are covering the biological facts, although pupils themselves, as discovered in the National AIDS Trust young people's seminars (2), believe that they are falling down on providing the chance of real discussion.

The big opportunity for schools is to explore issues, but this means that there must be a way of establishing boundaries of confidentiality. Brook has looked into confidentiality in its secondary schools pack (3), and while Health Authorities and social services departments have established boundaries for confidentiality, individual schools have to decide where they wish to set their own boundaries. Moreover, pupils cannot be guaranteed that any information they may disclose will not be reported to parents.

Sex and health education

Peer-group education is a new phenomenon within our schools. It provides opportunities for young people to learn from other young people and to gain experience of the views of the opposite sex within single-sex and mixed-sex groups. (I would suggest that one should always end up with mixed-sex groups even though one may discuss some issues initially within groups of only one sex.)

Health education is on the PSE curriculum of many schools, but we will frequently find that it does not cover things like the sexual aspects of relationships. If we take alcohol education, for instance, it will be found that young people are frequently given information about drink-driving, about units of alcohol, and about how to behave socially; but to very few people is it pointed out that . . .

- 76% of 16–24 year olds feel less inhibited about sex after drinking alcohol
- 40% of men and 25% of women feel drinking makes it much more likely that they will have casual sex

These dangers have been highlighted, I be-

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lieve for the first time, in a recent publication by Brook Advisory Centres called *Drunk in Charge of a Body* (4).

The need for including sexual aspects in all aspects of health education can be highlighted by this quote from a girl aged 17 in a report by Roger Ingham (5):

I regretted it, I really did, I thought, Oh God this is not the way to lose it. You are supposed to lose it in a meaningful relationship you know. You're supposed to do it after you've known a guy for five or six months you know. There's me on my one-night stand, pissed as hell and losing it in someone else's bedroom you know. I thought great, well done.

HIV and the National Curriculum

Education that would help young people cope in such a situation is very much needed, and I am delighted that the Secretary of State for Education has included HIV/AIDS education as part of the National Curriculum. It has been placed within the science curriculum, which unfortunately means many facts but not much of the discussion that young people have highlighted that they would like. Why was it not included in English, where such issues could be discussed?

I would, however, urge readers to write to the Secretary of State congratulating him on including it in the National Curriculum, since I am aware from a recent conference I attended that he has over 200 letters on his desk complaining about its inclusion and not many letters in support! If we wish to make sex education part of the National Curriculum, we need to do a lot to support the Department of Education and Science in this area.

Health professionals . . .

The third group I wish to turn to are the health professionals, to explain what they do to help prevent teenage pregnancies. There are many health professionals involved in this process, starting from the health visitor who may be talking to young mums in the first few months of their children's lives — is she adequately trained to raise the issue of sex education or family planning with the mother?

Health professionals and schools

Questions to address include the following:

- What support do health professionals

provide to teachers?

- Is it all left to the school nurse to do something, or is the local Health Promotion Unit running courses on sexuality for the teachers in the local schools?
- Are health professionals providing detailed information for the teachers as to how young people can access the local services?

It would also be appropriate to arrange some outreach work from schools themselves, and organise classes to visit family planning clinics. In Holland, where the conception rate for teenagers is considerably lower than it is in the UK, this is a regular part of the school curriculum.

It is sad to report that after almost 20 years of asking Health Authorities to provide these services, only 50% of them currently do so.

A 'consumer test'

Brook Advisory Centres decided to find out how easy it was for young people to get the contraceptive help they needed. We did this by asking a group of teenagers to consumer test the family planning services of every fifth Health Authority on the NHS list. Four requests were made:

An under-16 year old girl wanting to start the pill.

A request for emergency contraception.

A teenage boy asking for free condoms for (a) contraception and (b) protection.

Success was measured by whether they were given an appointment within one week, the maximum period of time many young people are prepared to wait. The callers were also asked to record their impressions of the attitudes of the staff they spoke to.

Overall, 44% of the requests for help failed to be given an appointment within one week.

These 44% of failures were made up as follows:

14% were unable to get through to anyone who could give them information.

12% were refused the request or put off by the disapproving attitude of the staff they spoke to.

10% found the number given in the phone book to be unobtainable.

8% had to wait longer than a week.

The conclusion from this survey seems to be that Health Authorities are in many cases failing young people who actually have the initiative to seek their help.

We at Brook have frequently had small groups come and visit us as a class. We find that on the whole they do not use us immediately, but one or two years later when they do become sexually active they come back and bring their partners with them. It is the fear of the unknown that frequently inhibits young people from seeking advice, and any initiative to promote knowledge about an anticipated activity is only likely to be helpful.

Local family planning clinics can also invite groups of parents or teachers to visit the clinics. Such a visit frequently gives these professionals and parents the confidence to recommend the service to young people once they have been there to see what happens and know that the young people would be welcomed.

Health professionals and young people

And then of course there is the task of providing services appropriate to the needs of young people. The Department of Health has been recommending this for many years, but during the last year Brook Advisory Centres have produced a directory of all the services run by local health authorities specifically for young people.

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Another thing we should examine is the help that we actually give to young people when they turn up. For example, Brook has found that young people reporting for post-coital contraception claim that the condom has split or come off. Using our penis model in each clinic we have been able to ascertain that many young people are not aware of the correct way to put a condom on. They frequently are trying to put it on inside-out, in which case it does not unroll completely down the shaft of the penis and then comes off during sexual intercourse.

What, above all, are we doing locally about publicising the services? Brook, for instance, has recently started a service for homeless young women and produced quite a lively poster which we have paid to have fly-posted all over the area local to the clinic.

The results of our 'consumer test' are presented in the accompanying box.

Helpline

There is a need for considerable publicity at a local level, the use of the local newspapers to publicise the service, provision of leaflets in

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libraries and school 6th-form centres, and a presence by the family planning staff at freshers' week for the local Further Education College.

Brook receives considerable free publicity through the agony aunts in teenage magazines and we have now established the Brook Helpline which provides information on contraception, pregnancy, abortion, sexually transmitted infections and emergency contraception on a London number (071-410 0420) at normal call charges. Young people responding to the Helpline come through and ask Brook's information service for details of their local service, which we can supply from the *Directory of Birth Control Services for Young People* we have published (6). This is currently being updated, and we intend to maintain this information base in order to respond to young people's requests.

Confidentiality

Are health professionals making young people aware that the services they are offering are completely confidential? One of the highlights of the recent Family Planning and Pregnancy Counselling Services report published by the Policy Studies Institute (7) is the need for absolute confidentiality, and family planning clinics are one place to which we can refer young people requiring this confidentiality.

If there are no appropriate clinics available, we need to make sure that young people understand the degree of confidentiality offered by the GP and ways in which they can ascertain this prior to making an appointment. The recent revision of the General Medical Council's Guidelines for General Practitioners has meant there is an improvement, and a doctor has to justify why he has broken confidentiality, but many young people are extremely wary because they fear the doctor will tell their parents and are therefore unwilling to put themselves into a doctor's hands, particularly if he has known them for many years.

We need to be encouraging GPs to make clear in their practice brochures whether or not they are offering a confidential service, and to encourage young people to telephone the receptionist about confidentiality before they ever set foot in the surgery. It is amazing how many of them think that you can see who is on the end of the telephone line!

Health professionals and each other

What are the links with other parts of the health service like? Recently a survey of geni-

to/urinary (GU) clinics and family planning clinics found that family planning clinics were in all cases referring women to GU clinics when there was an infection. However, GU clinics — at which 10% of all women, or 30% of all teenagers, turned out to have been unprotected for pregnancy — were not referring them to family planning clinics in order to get contraception sorted out.

Are we ensuring that all women on post-natal wards are receiving contraceptive advice? These days, with women spending as little as six hours in the post-natal ward, I am certain that in many cases they are not receiving advice that they may have been given in the past.

Co-ordination

All of these suggestions require considerable co-ordination at a local level, and we would urge that someone should be appointed with responsibility for the family planning services locally to ensure that publicity is adequate and that the appropriate cross-referrals are made.

Messages . . .

I would like to take a look at the messages we are giving young people. Are we explaining adequately why we want them to use a condom as well as a method of contraception? A condom is a very adequate contraceptive method when used correctly. As young people are inexperienced condom users, however, it is advisable that they should protect themselves against pregnancy by using another method of contraception in addition to the condom. This 'belt and braces' approach protects young people against pregnancy and infection.

What messages are we giving them about when they can stop using a condom? With the spread of HIV infection through heterosexual intercourse, I believe that our message should be that you can only stop when you wish to conceive, yet I have not really heard this message given out at all.

Mixed

The messages that young people are receiving are mixed. From the media they receive information concerning sex through plays, pop songs and the everyday activities of famous people. Our information concerning the number of young people who are having sexual intercourse is considerably better owing to the advent of HIV, and we know that four out of ten young people are having their first sexual inter-

course below the age of 16.

In some ways I have considerable sympathy for the media, because we need to be saying to parents that "Four out of ten are doing it, so have you talked to your young teenager?", but to the young people themselves we probably feel we should be saying "Six out of ten are not doing it, so why do you need to start?" in order to make them aware of the pressures under which they live.

'Knowing your partner'

Some of the recent HIV advertising has been looking at the need to 'know your partner' before you have unprotected sexual intercourse, and Roger Ingham of Southampton University has been looking at what young people mean or understand by 'knowing your partner' (8). Of his small sample of just over a hundred who claimed to know their partner, 25% had sexual intercourse within the first 24 hours of going out with that partner. Here are three quotes from his research:

A young female, 17, whose partner had had nine previous partners to intercourse, said:

"He said I've only slept with you in the past six months and I said I've only slept with you so AIDS doesn't really bother me at the moment."

Or another young girl, aged 18:

"It's silly really, I don't really know a lot about him you know, I don't know much about his background. I mean he's like well brought up and comes from a good family and everything, and his Dad's like a [job title] and his sister's a [job title] and he like works in a laboratory. He's really intelligent so someone who's like intelligent like that I expect him to you know, you know I trust him because he's a sensible bloke so obviously you know he's sensible that way."

Or a third girl, aged 19:

"They lived in the New Forest I don't think from the way he described them to me they don't seem to be the sort to sleep around and get it. I've met one of them and she certainly doesn't seem to be the sort of person to be on drugs or I don't know I just don't think they come across as being that sort of person to me."

This girl's boyfriend had been extremely surprised and pleased that she was a virgin, because all the girls that he had been out with had already slept with quite a few others.

Well protected

I think we are finding that many young people are using condoms at the beginning of a sexual

relationship, but the minute they place some trust in their partner the use of condoms is abandoned and previous relationships are forgotten about. It is extremely difficult for us to get the right messages across to make young people believe that it is serious, that they should be protected for both pregnancy and infection; but I would like to think that if we tackle the problem from all three points of view, through parents, through schools and through health professionals, we might produce young women who can act like this, from Ingham's research:

"She produced condoms from the glove compartment of her car. She just said do you know what these are for, I said yes, she said good, use it and I thought right fair enough."

I have the feeling that this girl was also well protected from a contraceptive point of view.

References

1. *Say Yes, Say No, Say Maybe*. A comic-style booklet with cartoons and lively illustrations to help young people explore the issues surrounding HIV/AIDS. £2 each from Brook Education Unit.
2. *Living for Tomorrow: The National AIDS Trust Young Initiative*. National AIDS Trust, 1991.
3. *Confidentiality in Secondary Schools: Ethical and Legal Issues (England and Wales)*. In-service training pack which looks at the important issue of confidentiality and how it affects secondary schools. £19.50 from Brook Education Unit.
4. *Drunk in Charge of a Body*. This pack consists of 12 short stories to help young people investigate the positive and negative influences of alcohol. £49.50 from Brook Education Unit.
5. R. Ingham, A. Woodcock & K. Stenner, 'Getting to know you... Young people's knowledge of their partners at first intercourse'. *Journal of Community and Applied Social Psychology*, 117-132, 1991.
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7. I. Allen, *Family Planning and Pregnancy Counselling Projects for Young People*. Policy Studies Institute, 1991.
8. A. Woodcock, K. Stenner & R. Ingham, 'Young people talking about HIV and AIDS: Interpretation of personal risk and infection'. In *Health Education Research: Theory and Practice*, Dept. of Psychology, University of Southampton (in press).

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