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Education and Health - Archive

First published in 1983, the journal has an impressive archive that contains a range of subjects of interest to those concerned with young people’s healthy development. Please visit our website for indices about the journal’s articles and authors. Although an abstract of each article is not available, the following extracts provide 'flavours' of the material available from 1983. Photocopies of articles from back issues can be ordered and please check the website for past articles available as free pdf files: www.sheu.org.uk/publications/archiveindices.htm

Parents and teenagers - three dozen suggestions for having an easier ride 1987, 15 (3) 28-29

Aldan Macfarlane, in 1987, was the Director of the National Advisory School and Student Health Unit, Oxford University. The article provides insights into how to cope with minor conflict and to reduce major conflict. It is suggested that while parents may not agree with their adolescent’s viewpoint, they should always clearly state their position and explain why they hold it. Among the tips is to remember that parents are grown-up adolescents and they feel they have all the responsibilities for the adolescent and very little control over the adolescent.

Developing a ‘parental survival kit, 14 +’ An ‘essential’ course for parents 1992, 19 (6) 73-78

Helen Elliott was a Head of Years 10 & 11 and described a parents’ evening looking at a wide range of issues of concern to parents and pupils. 200 parents attended where common concerns and experiences as parents of teenagers were expressed. An evaluation strategy included a questionnaire and follow-up sessions. 70 parents subsequently attended a ‘study-skills’ session where one parent openly talked about his feeling of inadequacy in advising his own child. A Year 9 pupil reassured him and gave suggestions.

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- Young People and Physical Activity-attitudes to exercise and sport 1987-2003 (E20)
- Young People and Illegal Drugs-attitudes to and experience of illegal drugs 1987-2006 (E30)
- Young People and Money-attitudes to earning, spending and saving 1983-2004 (E19)
- Young People and Leisure-attitudes to enjoyment of leisure activities 1980-2003 (E19)

**People**

Young People into 2006 (20th in the series)

The latest edition of the annual report of lifestyles and behaviours of 39,932 young people between the ages of 19 and 34 years. 645 (disorders for schools)

Young People in 1984 (10th in the series)

The previous edition of the annual report of lifestyles and behaviours of 46,499 young people between the ages of 19 and 34 years. 659

Young People in 2003 (10th in the series)

The report of lifestyles and behaviours of 15,006 young people between the ages of 12 and 19 years. 629

Young People and Health Drugs in 2008

This report surveys all our drugs data back to 1987 and suggests that young people’s contact with drug may have peaked in 1996-98. 62

Health Education Series

This set of five books show how health-related behaviour data can be used in primary schools. The complete series is: Safety, Drugs Education, Emotional Health & Well Being, Physical Activity, such books is 40 pages and has A3 size pages where teaching plans are alongside the relevant section. Each book can be purchased separately at £16.95 each. Complete set at £76.79

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*Suzanne Cater is a Research Officer and Dr Lester Coleman is the Research Team Manager at the Trust for the Study of Adolescence (TSA). For correspondence please e-mail scatter@tsta.co.uk

Suzanne Cater and Lester Coleman

"Planned" teenage pregnancy: Views and experiences of young pregnancy rate have largely focused on 'unplanned' accidental teenage pregnancies, due to a lack of research and knowledge about teenagers who 'plan' their pregnancies. By providing detailed information on motivations for 'planned' pregnancy, this report adds new knowledge to the field of teenage pregnancy. A key conclusion to draw from this research is that 'planned' pregnancies, among even young teenagers, do exist in the UK.

Rates of teenage births in the UK are the highest in Western Europe and the cost to the Government of pregnancy amongst those under 18 has been estimated at over £300 million a year. There is marked variation throughout England in teenage conception rates. Fifty percent of under-18 conceptions occur in the 20% of census wards with the highest rates (SIU, 1999). These variations have been linked to specific population groups such as looked after children and car leavers (Bichai et al, 1992), young offenders (Ilobobu, 1999), and children of teenage mothers (Kerran, 1999). There is also strong and growing evidence linking high teenage pregnancy to low educational attainment, particularly to the experience of poverty and disadvantage (Wellingh et al, 2001; Bottling et al, 1998).

Research

Although there is growing evidence of ‘planned’ teenage pregnancy, less research has explored the reasons behind this. Although there appears to be a commonly-held, naïve-ethnical belief in the right-wing press that young women intentionally become pregnant to get a text to local authority housing, there exists research to counter that young women are not actually aware of what they are entitled to from the system until they become pregnant (Allen and Bourdillon, 1998), and are also more likely to be living with their parents (YWCA, 2003). The limited research in this area draws most explanation from the link between poverty and disadvantage and low expectations (SIU, 1999; Assi, 2003; Furness, 2004). With low expectations and a perceived lack of life options, young people from more deprived areas seemingly have little incentive to avoid pregnancy and hold a more fatalistic view towards ‘falling pregnant’, as opposed to seeing it as an outcome they have a choice about.

‘Unplanned’ pregnancies

The primary focus on ‘unplanned’ pregnancies has led some researchers to suggest that the government has a rather limited view of young motherhood. The policies, according to Arai (2003), lack imagination and focus on improved access to contraception and better sex education. While this is necessary, current policies do not tackle the fact that intentions, planning and decision-making around pregnancy are complex. It could be that most women, even very young women, do actually make decisions about when they have children. Current policy fails to recognise that some young women will become pregnant because they feel it is the right decision for them, regardless of the services available and guidance offered (Genoor, 1997).

Qualitative study

This article summarises a recently-completed qualitative study by the Trust for the Study of Adolescence (TSA) and the London Measure of Planned Pregnancy or MLMP questionnaire (designed and validated by Barrett et al, 2004) was integral in ensuring that only those who ‘planned’ their pregnancy were interviewed.

The Government's attempts to reduce teenage pregnancies have largely focused on 'unplanned' accidental teenage pregnancies, due to a lack of research and knowledge about teenagers who 'plan' their pregnancies. By providing detailed information on motivations for 'planned' pregnancy, this report adds new knowledge to the field of teenage pregnancy. A key conclusion to draw from this research is that 'planned' pregnancies, among even young teenagers, do exist in the UK.

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1. To explore the decisions behind ‘planned’ teenage pregnancy.
2. To assess the policy implications of the findings.

A deeper insight into ‘planned’ teenage pregnancy will be of value to practitioners working with young people and young parents (recognising the motivations for pregnancy and identifying specific support needs), as well as policy-makers.

Method

Young people were selected purposively (i.e. non-randomly) for the in-depth interview. Young people were selected for an interview according to the following criteria:

- Reported a pregnancy that was 'planned'
- Either pregnant or already a parent of a child less than one year old
- Aged 19 or under prior to the 'planned' pregnancy
- Varying geographical location and rural/urban classification
- Volunteered for interview and gave their consent

The ‘London Measure of Planned Pregnancy’ or MLMP questionnaire (designed and validated by Barrett et al, 2004) was integral in ensuring that only those who ‘planned’ their pregnancy were interviewed.
This 'screening' questionnaire asked questions relating to contraception use, timing of pregnancy, intentions towards the pregnancy, and the intention to seek an abortion (if before becoming pregnant), whether they wanted a baby (just before becoming pregnant), whether they intended to continue the pregnancy, whether they intended their health and care (e.g. by taking folic acid), and the extent to which they had discussed pregnancy matters with their partner (just before becoming pregnant).

The multiple choice answers were scored according to how they related to planning (e.g. in Question 1, maximum points [2] were awarded if they were not using any contraception). The majority of the young people who were interviewed scored between 8 and 12 (with 12 being the maximum) for planning. Although this questionnaire was used in identifying the majority of the female interviewees (41) were approached based on the recommendation of a project worker.

Interviewees were reported a 'planned pregnancy' between the ages of 13 and 22 years inclusive (with a mean age of 17.3), and all were White British.

Results

The main themes generated from the analysis of the Interview data were as follows:

- Interpretations and experiences of 'planning' a pregnancy
- Motivations for planning
- Reflecting on the decision to 'plan' a pregnancy
- The reasons given by young fathers for planning

Interpretations and experiences of 'planning' a pregnancy

The degree of 'planning' ranged across five explorations, from being very obvious and clear-cut to positive ambivalence towards falling pregnant. However, many young people were aware of contraception, and in no instances were pregnancy was the result of an accident or combination.

Consciously 'planned'

This involved clear two-way conversations within a stable relationship, with steps taken to encourage contraception and have a baby, or sometimes not to.

- [I was 18; but I was trying for a year and a half; he was very much planned. We felt wanted a baby when I was 17... And we decided we never would.] (Female, 18)

A discussion, but limited

In these instances there were brief conversations between partners, with more uncertainty towards the decision-making process.

- 'I should have been more serious than it was. It was just like, well, I really want a baby and it was me that like, initiated it and it then, just tried - we didn't really talk about it much.' (Female, 17)

Partner not involved in the 'planning'

This referred to the leading role in the decision-making, with no involvement of their partner. Some young fathers reported not feeling in control. Even though they were aware of their partners' views.

- 'Yeah, I wanted to be [pregnant] for ages. Oh, but uh... both wanted it. I didn't want to wait a bit longer - but I just wanted one first anyway - and I got what I wanted!' (Female, 17)

Planning' for a specific reason

This was the occurrence of 'planning' for a specific reason, such as the disappointment of a miscarriage or due to the fear of not being able to conceive. This was the reason given to further research on how feelings of guilt regarding miscarriage could lead to a subsequent 'planned' pregnancy.

- 'I think - because we realised the effort of losing the baby had us, we realised that you know - we got to our country... I was ok, I didn't go to school... like, one, I didn't go to school, and then I was just determined to - see how the child was, we - I gave one - I was going to happen.' (Mother, 13)

Their childhood and background experiences within the local neighbourhood and broader family had also influenced upon young people that teenage pregnancy was very normal. Teenage parents were used to high visibility environments and local people tended to support young people's decisions over pregnancy.

- 'Most people... go and get a kid. I'm not like the only one my age - it's fine. It's normal. My mum was the one asking when we were going to have one, but I was like, what, wait a bit, but then, my mother, you get used to it, and here, it's not young - I don't think it's young.' (Father, 18)

Motivations for 'planning' a pregnancy

The majority of the sample described their motivations for 'planning' a pregnancy in terms of their background and the situation they were in at the time, rather than reducing their relationships to a series of relational matters. They did not wish to be in the situation they were then.

- 'I always wanted to do just what my mum did - it worked for her! She never wanted anything else, and that was the same for me. It's hard, but I don't regret it. Because if you do this all day long - well, it's still working but you know what I mean?' (Mother, 15)

The lack of other opportunities locally were also reasons. This also included a wish to have a baby at their partner's suggestion. They then used to the idea and started wanting a child. It seems their partner's had a big persuasive influence.

- 'But she [mother of child] just said 'don't we have one?' and then a first I thought, 'I can't do this... I'm only 15. And I thought I wouldn't happen for ages any way... But, it was like, two months and she was like pregnant, which was like... I really want to be a dad by then.' (Male, 18)

Lack of a 'father figure'

This was a common reason used by interviewees to explain that affairs of fatherhood had not been successfully passed on, which was something that affected their decisions. They wanted to be a better father. This was the reason that was most explicitly linked to planning' a pregnancy.

- 'I think I wanted to be a parent young. I know, so I could be a good dad. I didn't have a dad, so I didn't really know what was a boy was really less than that. I didn't really know what was a girl so much, but... it's what I always thought. I always thought I could do better and that... I think they did it right, really quickly.' (Male, 19)

Not 'sure' of reasons

Interestingly, many young fathers could not answer questions relating to why they wanted to become a parent. This could be due to communication issues, or perhaps they had never thought about this possibility.

- 'I don't know, there wasn't a reason really. We just talked about it, she wanted one and then we had one. It is simple really. I couldn't tell you why she wanted it. I think she said 'I want a baby and I think it wasn't anything, anything.' (Male, 16)

Reflecting

A greater proportion of young fathers regretted their decision compared to young mums. Some fathers were upset due to splitting up from their partner and not being allowed to spend time with their children. They were used by their ex-partner so that she could have a child.

- 'Well, I... I'm not allowed to see [jor] any more. I mean, if she wants to take her with her [baby's mother] it's nothing but trouble and now I wish I'd had one with some one I was gonna stay with. I want J, but the father's gonna get the worse deal.' (Male, 18)

Discussion

The study raises a number of specific issues for concern which are considered worthy of further deliberation. Key implications for practitioners and policy-makers include:

- There are different types of 'planning', which included situations where the father was not fully involved in the decision. Women would later express their needs and responsibilities of fatherhood appears necessary.
- The use of contraception was often seen as placing the prospect of pregnancy in the 'top of' the agenda. Although the interviewees were of the same age group as the previous contraception, many did not fully recognise the possibility of pregnancy if they stopped using contraception as a lack of awareness of issues surrounding fertility.
- Several young women mentioned an earlier miscarriage or their first subsequent choice to 'plan' a pregnancy. This was commonly due to the belief that they may not be able to cope and may not be a need for improved support after miscarriage.
- Those planning' their pregnancy may have specific support needs, different to those becoming pregnant unpreparedly; they may...
Conclusions

The concept of ‘planned’ pregnancy in young people has rarely been explored in research. Where decisions in relation to pregnancy have been explored, these have mostly been following conception. A key conclusion drawn from this study is that ‘planned’ pregnancies, among young people as young as 15, do exist in this country. This evidence supports those studies that also report ‘planned’ pregnancies among teenagers (Kieran, 1995; Willings et al., 2001, 2003; Barrett et al., 2004), and provides the richest data to date by using a one-to-one, in-depth, qualitative research methodology.

This study shows that ‘planned’ teenage pregnancy has different motivating factors. It is clear that many of the young parents thought that they had effectively improved their lives, by becoming independent, gaining a sense of purpose, escaping poor family circumstances, and seizing a chance to right the ‘wrongs’ of their own childhood. However, this research also acknowledges young people’s accounts of the challenges involved.

Given the disadvantaged childhood and background circumstances facing the majority of the sample, the decisions to become a teenage parent were seen by them to be reasonably rational. Pregnancy and parenthood offer these young women a chance to change their life for the better. Using the alternative ways of changing their life, such as education, training or employment, pregnancy is seen as an option totally within their own control. Whereas if we reflect, the vast majority were most ashamed that pregnancy had been the right decision at this time in their lives.

The policy context in England surrounding teenage pregnancy is centred towards the prevention of unintended pregnancy, partly due to the lack of knowledge and evidence regarding the existence and reasons for ‘planned’ pregnancy. Given that around one-third of all teenage pregnancies result in a termination (CNS, 2005), it is clear that a suitable proportion of these conceptions were initially unintended. However, this research has reported evidence of ‘planned’ pregnancies and has highlighted the often rational, conscious decisions at work. Of the two-thirds of conceptions that do result in a pregnancy, it is simply not possible to say what proportion that was originally ‘planned’ or ‘ unplanned’.

This research casts some doubt on the argument posited in the Teenage Pregnancy Strategy that, in practice, the first conscious consideration, that ‘if it is your pregnancy is whether to have an abortion or to continue with the pregnancy’ (CNS, 1997, p.28). For the purposes of this research, it appears that decisions around pregnancy occur prior to conception. In the light of this and other policies, it is reasonable to conclude that the issue of intended or ‘planned’ teenage pregnancy has not received sufficient attention or recognition within the research community.

This research provides a starting point for young people’s issues and difficulties around ‘planned’ teenage pregnancy to be heard. At the very least, the experiences of those women and men who ‘plan’ their pregnancies as teenagers need to be understood by practitioners working with young people in such groups. These practitioners will include youth workers, Connexions PAs, health and social workers who work closely with young people before conception, as well as teenage pregnancy co-ordinators, practitioners providing support and advice to overweight and health visitor who work closely with those pregnant or young parents. The strategies for preventing the primary causes for becoming pregnant as teenagers will be of great interest to such professionals and could help young people to make better-informed decisions about their future.

Finally, it is important to suggest further debates about to whether ‘planned’ teenage pregnancy should be considered a problem for today’s society. The following quote gives the reader some food for thought:

"If a girl is 17 decides to get pregnant and have a baby, there is no tragedy of lost opportunity other than the local checklist [II] waiting for her low-paid labour. Why is it that in Labour’s Disaster against teenage pregnancy, we do not see that some of these effects are making worse - even moral - decisions about what they want to do with their lives? How did opting for baby and motherhood over shelf-stacking ever become a tragedy? So, let’s just call a spade a spade: the government’s approach is based on the illusion that by reducing teenage pregnancy, but they are not to do with lost opportunities. They are more likely to do with the extra cost to

The state of the support to ensure to assure these vulnerable young mothers can do a good job of parent their children. The government might, quite rightly, want to tackle some of the inter-generational cycles of poverty, but the key to that is educational aspiration; teenage pregnancy is only a consequence of its absence."


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Laura Sulity and Patricia Conrod

An innovative approach to the prevention of substance misuse, emotional problems and risky behaviour in adolescents

A school-based programme is receiving positive feedback from pupils and parents indicating that the interventions significantly reduce binge drinking, drug taking frequency and emotional and sexual problems.

Kieran is a 14 year old boy from a multi-cultural background. He spends much of his time at school in internal isolation and has been excluded on many occasions. He can be very emotional and often reacts to situations in a verbally or physically aggressive manner. These unpredictable outbursts not only disrupt teaching and other pupils, but make people afraid of him. Outside of school, Kieran is a member of a gang and reports using alcohol and cannabis and often getting into fights. What can schools do to help Kieran in this dilemma of focus on academic needs, rather than emotional and behavioural needs combined with limited resources?

Increasing problem

Substance misuse and other risky behaviours are an increasing problem amongst adolescents, with mounting focus on the rise in binge drinking. There is very little research being carried out in the UK, with the focus more often on drug education than intervention. Moreover, when interventions are carried out, they are aimed at the area where problem behaviour has already begun. Schools tend to adopt a universal approach to drug education where all students are educated about the risks associated with alcohol and drugs. Universal approaches in such cases have been to have little or no effect on substance use amongst adolescents (see Foxcroft, Ireland, Lister-Sharp, Lowe & Broome, 2002 for a review). Interventions need to be more personally relevant and targeted at those most at risk, preferably before problems begin.

A novel approach

The Preventive programme does this. It is a novel approach which aims to reduce risk taking behaviour by targeting personality factors which are known risk factors for early onset substance misuse and other risky behaviours. Therefore, adolescents are identified and treated, with the aim to prevent or intervene early enough before adolescents engage in risky behaviours and/or these behaviours become problematic.

Personality profiles

The four personality profiles targeted are anxiety sensitivity, sensation seeking, and impulsivity. Anxiety Sensitivity (AS)

AS refers to the tendency to be highly sensitive to bodily sensations when experiencing anxiety and feel overwhelmed by these feelings. Sensation Seeking (SS)

SS refers to the tendency to seek out excitement and crave fun. Impulsivity (IMP)

IMP refers to the tendency to speak or act before thinking through things. Negative Thinking (NT)

NT refers to tendency to look at things negatively and often experience feelings of hopelessness.