

[Ed: This article is a commentary on figures supplied by the ONS<sup>1</sup>.]

Professor David Paton is Chair of Industrial Economics at Nottingham University Business School.

For communication please email: [David.Paton@nottingham.ac.uk](mailto:David.Paton@nottingham.ac.uk)

## David Paton

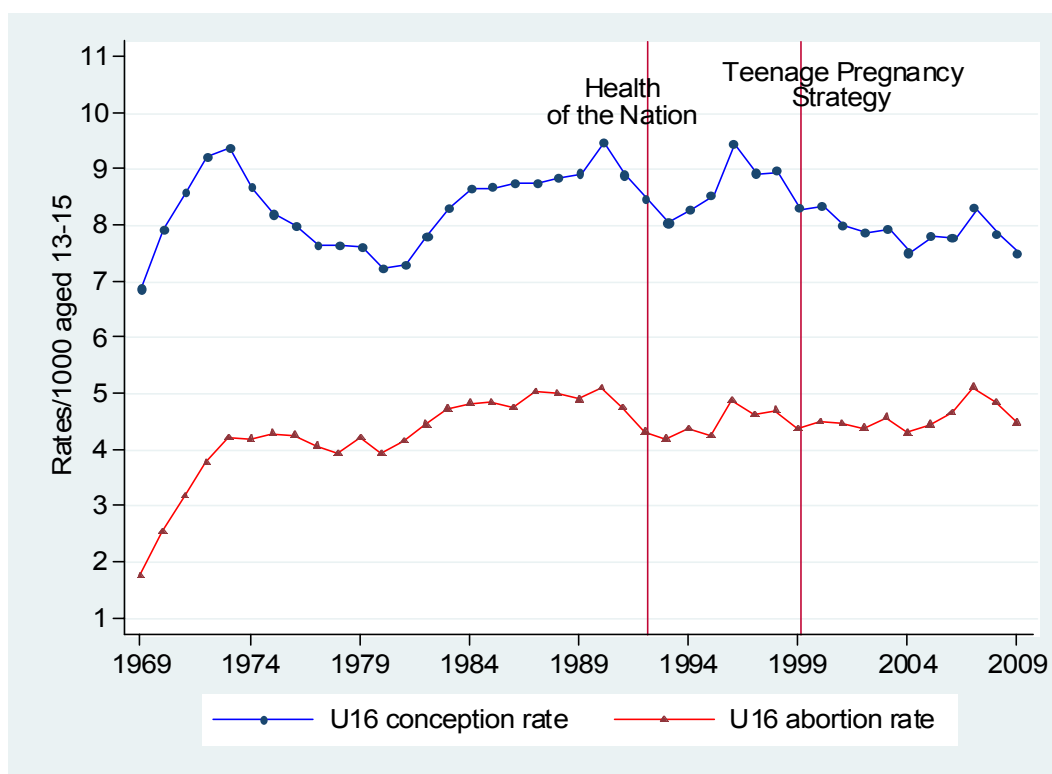
# Underage conceptions and abortions in England and Wales 1969-2009: the role of public policy

Over the past 40 years, millions of pounds have been spent by policy makers on numerous initiatives aimed at cutting teenage pregnancy rates in the U.K. However, identifying the impact of policy interventions on trends in underage conceptions since 1969 (shown in Figure 1) presents something of a challenge. Indeed, it is striking that the rate of conceptions to under-16s in England and Wales was almost exactly the same in 2009 as 40 years previously. Over this period, there have been a number of temporary movements in the series both up and down, but it is very difficult to establish a strong case that standard policy interventions have been at the root of such changes.

For example, the underage conception rate reached an historic peak in 1996, just four years after the launch of a major initiative ("The Health of the Nation") aimed at cutting teenage conceptions by 50%. From 1996, the series began an 8-year decline. The next significant initiative, the 1999 Teenage Pregnancy Strategy, started several years after this decline had started. Further, as expenditure on this latest strategy was rolled out in the early 2000s, the downward trend in underage conception rates levelled off, whilst the most recent decrease (from 2008 to the present) has come at a time when policies promoted by the Strategy were under significant pressure due to spending cuts.

Notably, the decrease in underage pregnancy

Figure 1: Under 16 conception and abortion rates, England & Wales, 1969-2009



Note: Rates are per 1000 females aged 13-15 at time of conception.

Source is the Office for National Statistics.

1. The conception rates for under 16s in England and Wales every ten years: 1969 [6.9] 1979 [7.5] 1989 [8.9] 1999 [8.3] 2009 [7.5]. Rates are per 1000 females aged 13-15 at time of conception. Source is the Office for National Statistics.

that has occurred since the late 1990s stems largely from a decrease in underage births. In contrast, the rate of underage conceptions ending in abortion (probably the best measure of unwanted pregnancy) appears to have been particularly resistant to policy interventions, with the rate in 2009 being higher than at the start of the 1999 Strategy.

### Impact of policies

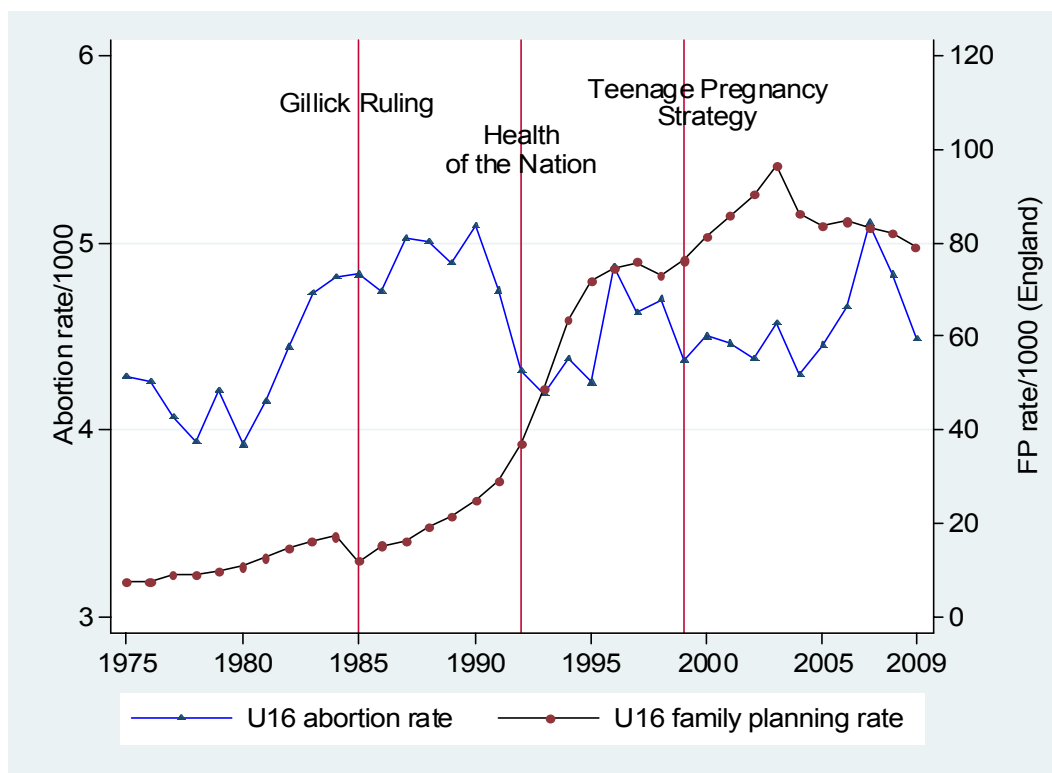
There is considerable agreement that underlying socio-economic factors such as poverty, educational achievement and family stability have significant impacts on teenage birth rates and an improvement in some of these measures appears likely to be at the root of reductions in underage births since 1996. More controversial, however, is the impact of policies aimed directly at reducing unwanted pregnancy or abortion rates. The conventional wisdom is that school-based sex education (SRE) and access to family planning for young people are essential to such efforts many of the policy initiatives over the past 40 years have centred around these measures.

Implicit (and sometimes explicit) in these approaches has been an assumption that access to family planning will reduce pregnancy rates

amongst those teenagers who were already having sex but will not cause an increase in the proportion of all teenagers who engage in sexual activity. Standard economic models, however, suggest that the two factors are irretrievably interlinked. Easier access to family planning reduces the effective cost of sexual activity and will make it more likely (at least for some teenagers) that they will engage in underage sexual activity. Given high failure rates of contraception amongst this group, the overall impact of access to family planning on underage pregnancy rates is impossible to predict *a priori*. Trends in family planning take-up and abortion over the past 40 years (reported in Figure 2) illustrate the complex nature of their relationship.

Clearly take-up of family planning by under-16s is partly determined by changes in attitudes to early sexual activity. However, there have been a series of "exogenous" shocks to the provision of family planning which can help in identifying causal effects of policy. For example, the Gillick Ruling prevented the provision of family planning to under-16s without parental consent for most of 1985. Family planning take-up amongst this group went down by over 30%, but there was no

Figure 2: Under 16 abortion rates and family planning take-up, England & Wales, 1975-2009



Note: Rates are per 1000 females aged 13-15. Family planning data are the annual rates of first contacts by females at family planning clinics in England. Sources are Department of Health for family planning & Office for National Statistics.

discernible impact on the under-16 abortion rate in that year. The 1992 Health of the Nation report and the 1999 Teenage Pregnancy Strategy both led to major initiatives to improve access to family planning for young people. In each case, we can see a significant increase in the take-up of family planning amongst under-16s, but no discernible reduction in underage abortion rates.

The ambiguous relationship between access to family planning and unwanted pregnancy rates is corroborated by formal statistical studies. For example, research published last year in the *Journal of Health Economics* found that those areas promoting emergency birth control (EBC) did not experience bigger reductions in underage conceptions than other, similar areas. More worryingly, these areas did experience relative increases in underage diagnoses of sexually transmitted infections (STIs). Indeed, not a single peer-reviewed study to date has found that access to EBC has led to a statistically significant reduction in unwanted pregnancy or abortion rates (see, for example, Girma and Paton, 2011, Raymond et al, 2007).

### Earlier SRE

In a similar vein, although it is difficult to read a commentary on teenage pregnancy rates in the media without some reference to the need for statutory or earlier SRE in schools, the peer-reviewed evidence on the impact of SRE on pregnancy rates is, at best, weak. For example, Wilkinson's (1996) evaluation of the Teenage Pregnancy Strategy was unable to find a correlation between those local authorities judged to have the best SRE provision and those with the biggest decreases in teenage pregnancy rates. Cross-county comparisons, similarly provide a mixed picture. Contrary to common perception, school SRE in the Netherlands (where underage abortion rates are indeed significantly lower than in the U.K.) is compulsory at a later stage than in the U.K. and, as in the U.K., there is no uniform or statutory SRE content (Van Loon, 2003; Eurydice/NFER, 2009).

### Involvement of parents

Intriguingly, the policy area on which the evidence is most promising is one that has been neglected in the U.K., namely involvement of parents in sexual health decisions of minors,

especially abortion. U.S. states that have introduced mandatory parental involvement laws have not only seen relative decreases in abortions to minors (New, 2011), but also a reduction in teenage STIs (Klick & Stratmann 2008) and improvements in teenage mental health (Sabia & Rees, 2012). These studies provide an obvious source of intelligence for policy makers who want to improve sexual health amongst underage children in England and Wales.

### Conclusion

In conclusion, despite recent decreases in the overall underage conception rate, unwanted pregnancy amongst minors in England and Wales has proved remarkably resilient to policy initiatives implemented by different Governments over the past 40 years. Looking forward, the time appears ripe for a shift in focus from policies aimed at reducing the risks associated with underage sexual activity to those which are aimed more directly at reducing the level of underage sexual activity.

### References

- Eurydice/NFER (2009). SRE education in other countries. [www.inca.org.uk/Sex\\_and\\_relationships\\_education\\_December\\_2009\\_.pdf](http://www.inca.org.uk/Sex_and_relationships_education_December_2009_.pdf) accessed 19th October 2010.
- Girma, S., & Paton, D. (2011). The impact of emergency birth control on teen pregnancy and STIs. *Journal of Health Economics*, 30: 373-80.
- Klick, J., & Stratmann, T. (2008). Abortion access and risky sex among teens: parental involvement laws and sexually transmitted diseases. *Journal of Law, Economics and Organization*, 24(1, May): 2-21.
- New, M.J. (2011). Analysing the Effect of Anti-abortion US State Legislation in the Post-Casey era. *State Politics and Policy Quarterly*, 11 (1): 28-47.
- Raymond E.G., Trussell, J., & Polis, C.B. (2007). Population Effect of Increased Access to Emergency Contraceptive Pills: a systematic review. *Obstetrics & Gynecology*, 109(1, Jan): 181-8.
- Sabia, J.J., & Rees, D.I. (2012). The effect of Parental Involvement Laws on Youth Suicide', *Economic Enquiry* (forthcoming).
- Wilkinson P., French, R., Kane, R., Lachowycz, K., Stephenson, J., Grundy, C., et al. (2006). Teenage conceptions, abortions and births in England: 1994-2003, and the national teenage pregnancy strategy. *Lancet*, 368(Nov): 1879-86.
- Van Loon, J. (2003). *Deconstructing the Dutch Utopia: sex education and teenage pregnancy in the Netherlands*. London: FET.