

Introduction

This 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 illegal here, 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, Mr 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 also released in 2001. It is interesting to note that, as Table 1 shows, the number of births declined in 2000 and 2001.

However, 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 1991-2001.

In 1988, one in three (32%) teenage births occurred inside marriage. By 1991 this had declined to one in five (18.2%). Since 1991 this decline has continued and by 2001 one in 29 (3.4%) 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	%
1991	26,028	1,783	6.9
1992	25,354	1,855	7.3
1993	24,722	1,592	6.4
1994	24,098	1,545	6.4
1995	23,693	1,428	6.0
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	6.9

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	%
1991	1,783	62,115	2.8
1992	1,855	61,497	3.0
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

Source: Registrar General NI

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

Year	Total Births	Within Marriage	%
1991	1,783	324	18.2
1992	1,855	328	17.7
1993	1,592	187	11.7
1994	1,545	170	11.0
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

Source: Registrar General NI



Options

It is generally accepted that most teenage pregnancies are unplanned. This is confirmed by **fpaNI's** community work with young people and the pregnancy counselling service. 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 board) is low throughout Northern Ireland.

Table 4: Number of children placed for adoption by the Health Boards

Health Board	2000/01	2001/02
Eastern	25	36
Northern	16*	17
Southern	15	11
Western	8	12

Source: Health Boards

*by board 6 by foster parents

3. *Abortion.*

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

As Table 5 indicates, there has been no significant change in the percentage of Northern Ireland teenagers having legal abortions in England over the past 10 years.

As Table 6 indicates the proportion of abortions to women under 20 as a percentage of the female population aged 15-19 has remained virtually the same.

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	19.0
1996	1,573	284	18.0
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

Source: Office of Population Censuses & Surveys

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

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 Health Boards in Northern Ireland have researched the number of teenage births in their area. They found only a small variation between the four Boards as a whole, but a marked variation between residence areas within each Board.

Table 7a: Northern Ireland teenage pregnancies by Health Board area 2000

Health Board	Teenage Births	% of Total Births
Eastern	717	8.8
Northern	344	6.4
Southern	251	5.9
Western	304	7.6

Table 7b: Northern Ireland teenage pregnancies by Health Board area 2001

Health Board	Teenage Births	Total Births	% of Total Births
Eastern	648	8,008	8.1
Northern	354	5,369	6.6
Southern	257	4,515	5.7
Western	281	3,868	7.3

Table 8: Number of births to under 20s as a % of the female population aged 15-19 by Health Board area 2001

Board	Population	Births	%
Eastern	23,200	648	2.6
Northern	15,100	354	2.3
Southern	11,900	257	2.1
Western	11,600	281	2.4

Source: Health Boards

Total 9a: Total notified births to teenage mothers in the Eastern Board by residence area 2000

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Ards	888	47	5.2
East Belfast	633	65	10.2
North Belfast	935	127	13.7
South Belfast	850	53	6.2
West Belfast	1,027	151	14.7
Castlereagh	665	28	4.2
Down	848	64	7.5
Lisburn	1,483	120	8.0
North Down	799	62	7.7
TOTAL	8,128	717	8.8

Total 9b: Total notified births to teenage mothers in the Eastern Board by residence area 2001

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Ards	836	47	5.6
East Belfast	675	48	7.1
North Belfast	914	118	12.9
South Belfast	688	38	5.5
West Belfast	1,035	134	12.9
Castlereagh	715	29	4.1
Down	857	67	7.8
Lisburn	1,474	114	7.7
North Down	814	53	6.5
TOTAL	8,008	648	8.1

Total 10a: Total notified births to teenage mothers in the Southern Board by residence area 2000

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Armagh	706	44	6.2
Banbridge	501	21	4.2
Craigavon	1,028	79	7.7
Dungannon	654	33	5.0
Newry/Mourne	1,359	74	5.4
TOTAL	4,248	251	5.9

Total 10b: Total notified births to teenage mothers in the Southern Board by residence area 2001

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Armagh	720	37	5.1
Banbridge	535	28	5.2
Craigavon	1,097	89	8.1
Dungannon	740	44	5.9
Newry/Mourne	1,423	59	4.1
TOTAL	4,515	257	5.7

Table 11a: Total notified births to teenage mothers in the Western Board by residence area 2000

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Fermanagh	748	42	5.6
Limavady	408	28	6.9
Derry	1,624	156	9.6
Omagh	691	30	4.3
Omagh/Strabane	170	12	7.1
Strabane	349	36	10.3
TOTAL	3,990	304	7.6

Table 11b: Total notified births to teenage mothers in the Western Board by residence area 2001

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Fermanagh	710	41	5.8
Limavady	448	18	4
Derry	1,591	142	8.9
Omagh	637	36	5.7
Omagh/Strabane	155	11	7.1
Strabane	327	33	10.1
TOTAL	3,868	281	7.3

Table 12a: Total notified births to teenage mothers in the Northern Board by residence area 2000

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Antrim	679	48	7.0
Ballymena	712	53	7.4
Ballymoney	360	15	4.2
Carrickfergus	465	28	6.0
Coleraine	639	55	8.6
Cookstown	435	18	4.1
Larne	332	17	5.1
Magherafelt	576	23	4.0
Moyle	186	24	13.0
Newtownabbey	962	63	6.5
TOTAL	5,346	344	6.4

Table 12b: Total notified births to teenage mothers in the Northern Board by residence area 2001

Residence Area	Total Live Births	Total Live Births to Under 20s	%
Antrim	717	51	7.1
Ballymena	676	54	8
Ballymoney	361	21	5.8
Carrickfergus	447	19	4.3
Coleraine	637	49	7.7
Cookstown	466	28	6
Larne	324	26	8
Magherafelt	521	20	3.8
Moyle	217	16	7.4
Newtownabbey	1,003	70	7
TOTAL	5,369	354	6.6

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.¹

Table 13: Number of teenage births by social class of mother 2001

Social Class	Within Marriage	Outside Marriage	Total
Professional	0	5	5
Intermediate	3	32	35
Skilled non-manual	13	131	144
Skilled manual	13	553	566
Partly skilled	10	272	282
Unskilled	6	95	101
Armed forces	7	384	391
Inadequately Described	52	1,472	1,524
TOTAL	104	2,944	3,048

Who are the fathers?

Official figures showing the social class of fathers of babies born to teenagers in Northern Ireland are not available. However, British research shows that in 1998, two out of three births to unmarried women under 20 were jointly registered with the father.² Of those, three out of four fathers were in manual occupations, one in four were aged under 20 and half were aged 20-24. Where the couple were married, only one in ten of the fathers were teenagers, while over half were aged 20-24.

The research also showed that the fathers tend to have the same social, economic and educational backgrounds as their partners.²

Why do teenagers become pregnant?

Teenage pregnancy is a complex phenomenon and rarely a matter of irresponsibility, recklessness or simple free choice.³ 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 fulfilment 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.

These are just a few of the reasons why some young people become pregnant, and why some men fail to protect their partners against the possibility of having a child.⁴

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.⁵

Outcomes of teenage pregnancy

"Teenage pregnancy is often a cause and consequence of social exclusion".⁶ It's important to acknowledge that for many young people pregnancy and motherhood are positive and welcomed experiences without long term negative outcomes.^{2,7,8}

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 on the next page.

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.

Table 14: Associated adverse outcomes for the teenage mother

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

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

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

Source: Effective Health Care, Preventing and reducing the adverse effects of unintended teenage pregnancies, February 1997.

One longitudinal study⁹ 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. They were also less likely to own their own homes.

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

fpaNI's 2002 survey found that approximately one quarter of respondents failed to use contraception when they first had intercourse and consumption of alcohol and drugs significantly decreased the likelihood of the use of contraception.¹⁰

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.¹¹ 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 survey¹² of 269 pregnant teenagers, three quarters of the girls continuing their pregnancy and all of those seeking termination said that the pregnancy was unplanned. 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 studies¹³ 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.

Unwillingness to discuss contraception with a doctor and fears about confidentiality if they do so are important factors. In Francome's study,¹³ 80% of the girls who got pregnant at 17 or younger had never been to a GP or family planning clinic.

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.”⁶

A study of teenage pregnancy carried out by the Guttmacher Institute¹⁴ 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. 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.¹

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.¹⁵

A Government strategy and action plan for teenage pregnancy and parenthood was published in 2002.¹⁶ 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.

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16. Department of Health, Social Services and Public Safety. Teenage pregnancy and parenthood: strategy and action plan 2002-2007. Belfast: DHSSPS, 2002.

FURTHER READING

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

Other Northern Ireland factsheets are:

Sex education in schools

Abortion

Family planning services in Northern Ireland

The legal position regarding contraceptive advice and provision to young people

Sexually transmitted infections

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