Despite improvements in sexual health education and services for young people, pregnancy rates and sexually transmitted infections among this group remain high.

**Teenage pregnancy and sexual health**

**In this article...**
- Statistics on teenage pregnancies and sexually transmitted infections in young people
- Steps being taken to enhance young people’s sexual health
- The role of nurses in reducing teenage pregnancy

**Author** Alison Hadley OBE is director of the Teenage Pregnancy Knowledge Exchange, University of Bedfordshire; David T Evans is senior lecturer in sexual health, University of Greenwich.


The under-18 conception rate in England is at a 40-year low but a further reduction is needed to reach levels in comparable western European countries. Sexually transmitted infections are common among young people, with chlamydia the most prevalent STI in the UK.

To challenge this, a multi-agency approach is needed, with high-quality sex and relationships education, easy access to contraception and sexual health services and an open culture around relationships and sexual health. Nurses play a crucial role in supporting young people within both contraception and sexual health services and as trusted practitioners in a range of settings.

In a recent public opinion poll, teenage pregnancy rates were estimated to be 25 times higher than official government statistics (Ipsos Mori, 2013). In fact, rates in England are at the lowest level since 1969. As a result of the previous government’s Teenage Pregnancy Strategy (Social Exclusion Unit, 1999) and concerted efforts by individual services and practitioners between 1998 and 2011 the under-18 conception rate fell by 34% (Office for National Statistics, 2013). Nurses have played a major role in this success.

However, we are only two-thirds of the way towards the original goal of a 50% reduction. The majority of teenage pregnancies remain unplanned, with at least 50% ending in a termination. Outcomes for young parents and their children, although improving, remain disproportionately poor.

In addition, despite improvements in rapid access to sexually transmitted infection screening and treatment, STIs are common among young people, with chlamydia being the most prevalent sexual infection in the UK (Public Health England, 2013).

**A continuing priority**

These statistics explain why teenage pregnancy and sexual health continue to be prioritised in new policy of the coalition government.

The Public Health Outcomes Framework 2013-16 (Department of Health, 2013a), against which national and local government will monitor improvements in public health, includes reducing under-18 conception rates and late diagnosis of HIV, and increasing chlamydia diagnoses among 15-24-year-olds as key sexual health indicators. Alongside this, the Framework for Sexual Health Improvement in England highlights reducing rates of under-18 conceptions and STIs as two of the five priority areas for improvement (DH, 2013b).

**What works?**

The teenage pregnancy (SEU, 1999) and sexual health and HIV strategies (DH, 2001) were based on the best international evidence on what helps young people both to prevent early pregnancy and to look after their sexual health.

High-quality sex and relationships education, easy access to contraception and sexual health services and an open culture around relationships and sexual health are key to tackling this issue. However, more work needs to be done on continuing to reduce teenage pregnancy and improve young people’s sexual health.

Nurses in all settings have a role in supporting young people to prevent pregnancy and STIs.

**Keywords:** Teenage pregnancy/STIs/Sexual health

**5 key points**

1. The under-18 conception rate in England is at its lowest level since 1969.
2. Rapid access to sexually transmitted infection screening has improved significantly.
3. Continuing to reduce teenage pregnancy and improve young people’s sexual health remains a government public health priority.
4. A fear of open discussion about sexual health continues to be a barrier to providing young people with accurate information.
5. Nurses in all settings have a role in supporting young people to prevent pregnancy and STIs.
social welfare for teenage parents are effective prevention for those at greatest risk. By the age of 20, around 90% of young people will be sexually active so they all need effective SRE and access to contraceptive and sexual health services to help them look after their sexual health. Nurses and other practitioners, such as SRE teachers, need to be alert to identify young people who are at increased risk of unprotected sex and who may need extra support. A recent study found the girls most at risk of pregnancy before 18 were:

- Eligible for free school meals;
- Persistently absent from school;
- Making slower than expected academic progress between key stages 2 and 3 (ages 11-14) (Crawford et al, 2013). Other risk factors are:

- Alcohol use and misuse;
- Having had a previous pregnancy.

In England, an estimated 20% of births conceived to under-18-year-olds are to young women who already have a baby, and 11% of terminations to under-19s are young women who have had one or more terminations before.

Although data on boys and young fathers is not routinely collected, individual studies have found similar vulnerabilities (Fatherhood Institute, 2013).

The risk factors for unplanned and teenage pregnancies also affect the motivation and sense of self-worth young people need to consistently use condoms to prevent STIs.

With all young people, but particularly those with risk factors, nurses need to be vigilant for signs of sexual exploitation.
Discussion

and abuse. Brook, a sexual health charity for under-25s, has an online traffic light tool that provides a helpful guide to assessing sexual behaviours (Brook, 2012).

Sexual health improvement framework

The sexual health improvement framework (DH, 2013b) builds on the evidence from the teenage pregnancy and sexual health and HIV strategies. It sets out clear ambitions across a person’s “life-course” that require local authorities and clinical commissioning groups to make further progress.

A main objective of the framework is to build an open and honest culture around relationships and sexual health, something that is common in comparable countries with low teenage pregnancy rates. Despite strong evidence that effective SRE delays sexual activity and protects children and young people, a fear of open discussion continues to be a barrier for some schools to providing even the basic foundations of SRE as well as new challenges such as pornography and social media. Embarrassment deters many parents and their children from discussing sex and relationships, and many teenagers still report a sense of stigma and disapproval if they ask for sexual health advice.

For lesbian, gay, bisexual and transgender (LGBT) young people and other marginalised groups, the silence and stigma around sexual health can be even more acute (Burrows, 2011). This may lead to homophobic bullying, from schools and institutions as well as individuals, which ultimately contributes to higher levels of mental health problems, unprotected sex and suicide risk in these groups.

For many young LGBT people, the “invisibility” of their lifestyles and needs is another barrier that prevents them from accessing sexual health services (especially, for example, if such services are perceived to be for “family planning”). Some nurses and professional carers may have unwelcoming beliefs about non-heterosexual people or may be unaware of the sexual health needs of young LGBT people, especially safer sex for STI and HIV prevention (Evans, 2013; Royal College of Nursing, 2012).

The wider workforce

Because teenage pregnancy and sexual health are complex lifestyle issues, the sexual health framework asks local authorities to include the preventive role of the wider health and non-health workforce in commissioning and to join up sexual health services with other local support services. These can include drugs and alcohol, mental health and sexual violence services.

Making every contact between a young person and a professional count and creating a seamless care pathway helps to ensure that young people access help early and reduces healthcare costs (Brook and FPA, 2013).

How can nurses help?

Nurses have been essential to achieving a significant reduction in the UK’s teenage pregnancy rate and improving access to sexual health services.

Their contributions include the following:

- Nurse-led contraceptive and sexual health services;

BOX 1. SOURCES OF INFORMATION

- Teenage pregnancy and sexual health in your area: check your local authority joint strategic needs assessment
- Sex and relationships education, working with parents and examples of good practice: visit the Sex Education Forum www.sexeducationforum.org.uk
- All methods of contraception and common STIs: www.fpa.org.uk
- Brook’s Sex Positive campaign: www.brook.org.uk
- The School Nurse Development Programme: tinyurl.com/DH-schoolnurse
- The Teenage Pregnancy Knowledge Exchange, University of Bedfordshire: www.beds.ac.uk/knowledgeexchange

BOX 2. CASE STUDY: SCHOOL AND PRACTICE NURSES INTEGRATED PREVENTION NETWORK, WILTSHIRE COUNTY COUNCIL

Wiltshire County Council has a plan in place to reduce sexual ill health in young people and prevent unplanned pregnancy. Ensuring easy access to services in a large rural county with limited public transport, the council involves a multidisciplinary team to provide young people with supportive and confidential services in a range of convenient locations. School and practice nurses play a key role.

To support health and wellbeing in schools, the school nursing service delivers a core offer in all secondary schools of one hour a week - usually in the form of a drop-in session for pupils. The type of service offered by the school nurse is discussed and agreed with the individual school, with some providing condoms and pregnancy testing. None offer emergency contraception on site but each school is able to make a swift referral to the local No Worries service. This community-based contraception and sexual health service is provided in Wiltshire through accredited GP surgeries and pharmacies.

There are 20 No Worries surgeries across the county, which offer a full young people’s sexual health service. Some are commissioned to provide an enhanced service that links them directly to a secondary school, where the practice nurse will support the school’s relationships and sex education programme and deliver sexual health assemblies. This helps pupils get to know a member of staff from a service they may need to access and encourages them to seek early help before problems escalate.

Young people can access the No Worries service from any surgery, not just the practice at which they are registered. This is particularly important for some young people who may be concerned about confidentiality.

The No Worries service is coordinated by the public health team in Wiltshire County Council, which helps to ensure young people have a consistent experience regardless of the service they visit.

Wiltshire has also introduced a sexual health risk assessment protocol, with training for frontline staff, to promote a consistent approach to safeguarding and joining up between services. If a No Worries service or chlamydia screening programme is concerned about a young person, they can easily make a referral to the relevant school nurse or the public health young people’s nurse, who will undertake a sexual health risk assessment to find the most appropriate support pathway.

- For more information contact: Tracy. Daszkiewicz@wiltshire.gov.uk
Hackney was one of four sites in England that took part in the Department of Health’s teenage health demonstration site programme to improve young people’s access to local health services, including a focus on reducing repeat unplanned conceptions to under-18s.

In Hackney, a new post of an assertive outreach sexual health nurse was developed to support pregnant teenagers and young women who had given birth or had a termination to choose a contraceptive method they felt happy with and confident to use after the pregnancy.

To initiate early contact with the young women the outreach nurse established referral pathways with a range of partner agencies: the local termination provider; midwifery and maternity services; looked-after children, social care and youth services; young parent support services; school nurses; health visitors; and community sexual health services.

Young women referred under the scheme are offered an appointment at a time and location convenient to them, which can be in their home, school or college, local children’s centre, health centre or even a local café.

The outreach nurse establishes a trusted relationship with the young women, talks through all methods of contraception and helps them develop a contraceptive plan. Much of the discussion focuses on providing accurate, up-to-date information and dispelling myths, so young women are well informed and confident in using the method they choose. This is important for all methods, particularly the contraceptive implant, as requests for removals are much less likely if women are well informed about its temporary side-effects.

The method of choice is provided in one of the young people-friendly CHYPS Plus service hubs located across the borough. Since the appointment of the assertive outreach nurse, the number of repeat terminations in under-18s in Hackney has more than halved.

For more information contact: Charity. Kanotangudza@homerton.nhs.uk

References
Ipsos Mori (2013) Perceptions are not reality: a poll conducted with the Royal Statistical Society and King’s College London. tinyurl.com/IpsosMori-Perceptions