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Teenage Parents' Views and
Experiences of Sex and Relationships
Education, Sexual Health Services
and Family Support Services in Kent

Service Users Report, ANTENATAL

EXECUTIVE SUMMARY



**Jenny Billings, Jan Macvarish
Sarah Appleton**

**Centre for Health Services Studies
University of Kent**

February 2007

**Teenage Parents' Views and Experiences of Sex and Relationships
Education, Sexual Health Services and Family Support Services in
Kent**

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Date: February 2007

**Commissioned and Funded by:
Kent Teenage Pregnancy Partnership**

**Jenny Billings
Jan Macvarish
Sarah Appleton**

**Centre for Health Services Studies
University of Kent**

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EXECUTIVE SUMMARY

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1 Introduction

This document reports on the first part of a study exploring the views and experiences of pregnant teenagers across Kent. The young people were interviewed during the third trimester, at a point when the decision to proceed with the pregnancy was well-established. A second report will be released in Spring 2007, exploring the postnatal experience of the same sample. The research was conducted as part of a larger study into teenagers' views and experiences of sex and relationships education, sexual health services and family support services in Kent. The research was commissioned and funded by the Kent Teenage Pregnancy Partnership.

The contribution made by this study is to offer insights into the lived experience of Kent teenagers, both female and male, as they deal with becoming parents. By asking them to reflect upon their attitudes towards sex and relationships, and to evaluate the advice, support and information they received in childhood and adolescence it is possible to capture both the diversity in experience and circumstances and to identify common experiences that may be of use in the improvement of service provision. The knowledge gathered is of local benefit as it identifies the strengths and weaknesses of services, highlights examples of good practice and offers insights from the experience of service-users.

2 Aims

The aims of the study of young parents were:

- To describe strengths, weaknesses and gaps in sex and relationships education and sexual health service provision.
- To gain an understanding of how young parents reached this point in their lives, and discover on what informational basis the decisions and choices were made.
- To discover whether young parents feel they are adequately prepared for parenthood, and if family support services respond to the changing needs of young families.
- To provide recommendations for service development.

3 Methods and Sample

The research used a qualitative approach, considered more fitting to eliciting information from people that are more difficult to access by quantitative approaches (Popes and Mays, 2000; Denzin and Lincoln, 2003). Semi-structured interviews were used to provide a more personal, confidential and individual approach, employing open-ended questions that defined the area to be explored. 37 participants were recruited in total, primarily through midwives, but also through other professionals dealing with pregnant teenagers, such as Connexions staff. Male and female interviewees were sought, resulting in interviews with 30 females and 7 males. All of the respondents were 'white-British' and most had lived in Kent since birth. The age range of the female section of the sample was 14 to 19 years; the male section of the sample ranged from 16 to 25 years. Four of the females were aged under 16, most were aged 16-17. Most of the interviews were conducted in the teenagers' own homes. Some couples were interviewed together while others were interviewed separately. Consent was sought to record and transcribe the interviews.

The research took place between December 2004 and March 2006 at multiple sites within eight of Kent's Primary Care Trusts, including Ashford PCT; Canterbury and Coastal PCT; Dartford, Gravesham and Swanley PCT; East Kent Coastal PCT; Maidstone and Weald PCT; Shepway PCT; South West Kent PCT and Swale PCT. The study received ethical approval from East Kent Local Research Ethics Committee.

4 Key Findings

The Context of Teenage Contraceptive Use

I had the injection...And I stopped having it and then I was going to go on the pill but sort of in between time it happened...It's meant to take a little while for the injections to stop working, 6 months to a year but it didn't take that long. (Female, age 18)

...A couple of times I didn't bother and nothing really ever happened. There's been a couple of times when we've thought I was pregnant but I wasn't. (Female, age 16)

- Contraceptive use was high but inconsistent. Levels of information were high but there were important gaps, especially in relation to acting in the event of contraceptive failure.

- There was clearly a difficulty in appreciating the real of risk of pregnancy, leading to a lack of belief that pregnancy would result from intercourse. Most of the girls were shocked to discover they were pregnant even if they had been aware that contraceptive cover was compromised.
- Most of the pregnancies occurred some years after sexual activity began, suggesting that previous contraceptive use may have been effective in delaying conception. These cases cannot, therefore simply be seen as 'failures'. Contraceptive use was influenced by many factors beyond the reach of sexual health professionals and educators, such as relationship circumstances, life prospects and family relationships.
- Even if pregnancy was not consciously planned, it was evident that having a baby was not seen as 'the end of the world' for many of the teenagers. Most did not have concrete plans and ambitions that would be disrupted by pregnancy and early parenthood.

Sources of Sex and Relationships Information

I don't think I'd feel that comfortable to talk about what I've done or anything, you know what I mean. I don't know, I am quite close to my family, but not in that way. I don't think I could sit down and have a conversation about it. (Female, age 17)

Informal

- Parents, especially mothers, were the most highly valued source of information about sex and relationships. Other family members, such as siblings or grandparents, were also important.
- Once sexual activity begins, it seemed difficult for teenagers to consult their families. It is from this point that professionals have a more important role to play in providing information and advice.
- Some teenagers were keen to learn for themselves and sought out advice independently of school or parents. This seemed to be motivated by a desire for greater independence and privacy, but also an assumption that they would learn experientially and would inevitably 'make their own mistakes'.

- While information obviously flowed amongst peer groups, levels of trust in the accuracy of that information and expectations that privacy would be protected were low.

Formal

You experiment don't you, what goes where...in sex education, you don't get told this goes here and you have to do this...You have to find it your own way...You can sit there and you can have as many teachers telling you like what happens and what don't happen but at the end of the day you find out by yourself...(Female, age 16)

- The assessment of SRE was overwhelmingly negative. Content and delivery were criticized as inadequate, embarrassing or mis-timed. The delivery of SRE in large, mixed-sex groups was also criticized. Information should be age-appropriate, becoming more detailed and practical as the children get older.
- Specialist, outside speakers were generally thought to be a good thing, but some teachers were praised as well. Much depended on the student's prior relationship with the school or with individual teachers.
- There was a demand for one-to-one advice within school or in convenient and accessible locations, once sexual activity becomes a reality. There was a disjuncture between the provision of information within school and the provision of contraception by separate sexual health services. Bridges between the two would bring together the familiarity and convenience of school-based provision with the expertise and perceived trustworthiness of external providers. However, this could raise issues of confidentiality and privacy for teenagers who want to maintain a separation between school and their intimate lives.
- An over-emphasis on condoms as a solution ran the risk of under-emphasising the problems of condoms and failing to inform teenagers of the steps to be taken in the event of condom failure.
- Abortion information seemed scarce and was sometimes taught as an 'ethical dilemma' rather than as a practical solution within the range of birth control options. Prejudices against abortion did not seem to have been challenged by SRE teaching.

Proceeding with the Pregnancy

It's sort of scary and you do feel ashamed and you feel that small again but you just have to live with it...my mum was ashamed that I got pregnant because I'd been pregnant before but I had an abortion...But I just sort of said...I want to deal with it and my mum has sort of said it will be the making of me which is quite encouraging...(Female, age 18)

I just thought to myself well I would rather make a decision that I know I probably won't regret than make a decision that I know I definitely will regret. (Female, age 15)

- There seemed to be a mixture of accident and intention involved in the conceptions amongst the sample, but this was obviously difficult to determine.
- There was a noticeable lack of knowledge about abortion and media stories centring on the negative effects of abortion have clearly had an impact. The respondents understood the risk of abortion to be primarily psychological or emotional. However, it should be noted that given that all the respondents had decided to proceed with the pregnancy, their views of abortion may have shaped or been shaped by this decision.
- Those who considered abortion often had to chase information and services while they were trying to decide what to do. Service-provision needs to be well-publicised, rapidly responsive, available and geographically accessible to young people.
- It should not be assumed that abortion is necessarily the 'right' option for all teenagers. Some of the respondents reported being insulted that their commitment to having the baby was not always accorded respect.

Sources of Support

Informal

The family support...That is priceless. That is worth its weight in gold. Family support, without it you will struggle. Anyone in our position would struggle without family support. (Male, age 19)

- Family were most highly valued as a source of support, particularly mothers, but also fathers and extended family. They typically offered material support, affirmation, love and respect. The respondents seemed to have found ways to negotiate changing

relationships within their families. Some reported moving from tension to resolution through the pregnancy and the prospect of a wanted grandchild aided the process.

- Friendships were very varied, ranging from those who felt the need to leave behind their existing social network to others who found their friends to be spontaneously supportive. Some of the respondents had become socially isolated as a result of the pregnancy, especially if they had left school and the activities in which they could participate were becoming increasingly restricted.
- Most were in some sort of prolonged relationship with the father at the time conception, i.e. none of the pregnancies were reported as being the result of a 'one-night stand'. By the time of the interview, the range of relationships between the expectant parents was very varied and demonstrated the complexity of some of the things being dealt with by the teenagers. This relationship was an additional issue to sort out aside from being pregnant at a young age.
- Pregnancy seemed to offer the opportunity to see situations more clearly – for example, having to make decisions in the interests of the child made it easier to get out of a difficult relationship. The girls demonstrated behaviour that was protective of themselves and the baby, in particular by exiting violent or unsupportive relationships.

Formal

My Connexions lady...she's trying to help us with all our money and everything at the moment because they refused to pay me any money... she's been kicking up a stink.

(Female, age 17)

She comes and sees you quite a lot and she is really supportive. She's really, really nice...I mean if it weren't for her I would never have all this help I've got...getting a maternity grant for a start...So she's been really helpful. (Female, age 18)

- From professionals, practical support with housing and benefits was very highly valued. The particularly isolated respondents valued befriending-style care from professionals, but most were not in this situation.
- YAPs-type groups were especially appreciated by those who were keen to get a lot of information about pregnancy and motherhood, but these also offered relief from


boredom and the opportunity to meet with others like themselves. Groups are not necessarily appreciated by the shy or by those who did not strongly identify with other teenager parents.

- Many of the girls saw a big gulf between themselves and 'older' mums. Partly, this indicates a fear of judgement, but also a sense of a gap in age and circumstances. This shows the importance of referring teenagers to groups that are age appropriate.
- We should not assume that all teenage parents see themselves as belonging to a homogenous group, in fact they may have a stake in making distinctions between themselves and others, for example between themselves and younger or 'bad' teenage parents.
- Most midwives are highly praised. A few bad experiences were reported, but these tended not to be repeated because the girls found another source of antenatal care or the midwifery personnel changed.
- The girls reported little contact with other health professionals, such as GPs.

Education and Work

I don't care what I do... As long as I can do something with my life...so I can actually prove to people that I weren't lazy and I've actually done something with my life...It's something that I want to do because obviously leaving school so early I've missed out on a hell of a lot. (Female, age 18)

- The respondents reported a mixed experience of education prior to pregnancy. However, a disproportionate number were disengaged from school. Many of them reported that their schools were poorly organized with substandard staff and few points of engagement. The effect of this was multiple; they lacked options for what would come next in life; they did not have a concrete sense of a positive alternative to school; they were sometimes attached to older friendship groups; they were bored; they were seen or saw themselves as failures.
- A few were able to continue in school or college through the pregnancy, supported by family, the educational institution and individual staff members. The ones who continued



tended to have an existing good relationship with the school and had a sense of what they wanted to pursue and the benefits of it.

- Alternative sources of education such as home tuition were not positively reported. Education welfare officials were criticised by many as offering little or no support.
- Most included education or training in their postnatal plans, perhaps reflecting the recent policy thrust in this direction. Vocational training, in almost all cases hairdressing, health and social care or childcare, was cited as a realistic option. Awareness of the financial incentives to continued education was high, but also of the high 'responsibility' value placed on embracing education, even if they were previously disengaged from formal schooling.
- Postnatal interviews will reveal how realistic it is for them to continue in education after the baby is born. Questions of motivation, childcare practicalities, financial security and the quality of education provided can be explored.
- For males, being in work was strongly attached to the idea of being a good father. For girls this was not a factor, being a present mother was more important than being a working mother, and there was considerable reluctance to consider leaving the baby with anyone other than family members.
- Pregnancy provided clarity to future plans for some, for example, it made them want to work with children, made them more committed to education or better job prospects.
- Many articulated a desire to create a better childhood for their child than they had themselves experienced, 'better' was not necessarily understood in material terms, but giving the child 'everything they need' was often expressed as a core aspiration.
- While for some the pregnancy provided a welcome opportunity to break with their previous life, others saw the pregnancy as a diversion from their expected or desired path but were determined to build a life that was not 'ruined' because of it.


5 Conclusions

The aim of this study has been to explore the experiences of young people in the antenatal stage of pregnancy. In doing so, it has provided a more detailed picture of the lives of teenagers as they undergo the transition to parenthood.

As a service-oriented report, the focus has been on trying to identify gaps in services that can potentially be influenced, such as SRE and sexual health and support services provision, in an effort to meet the needs of this vulnerable population group more effectively. The variation in experiences of SRE and the identification of differing and often conflicting information needs is unsurprising and adds to the body of knowledge already established in this area, but for service providers, it does not give any easy solutions. A further dimension complicates the picture more; as the discussion indicates, dissatisfaction with services can be linked with a general disillusionment with life, and this was certainly found among our respondents. Lack of control over fertility forms a part of the general feeling of lack of control over their lives, and a lack of prospects beyond school life, especially when family life is chaotic. When considering interventions, the research supports the application of a dual focus on overcoming this disillusionment and lack of control as well as developing discreet programme-oriented improvements.

Complementing this service focus, there were a number of interesting findings that provide a different lens into the lives and coping abilities of these young people. These contextual findings could also give direction to those providing advice and support. The ability of some respondents to minimise risk to themselves and their unborn children by drawing upon or engineering health promoting, safer relationships and environments implies a sense of self-preservation. It was clear that the pregnancy in itself became a central motivator for not only changing their lives for the better in the present, but also providing a more positive future orientation for mother and child. This latter aspect was true for both young mothers and fathers. This finding is at odds with the negative stereotype surrounding these young people. However, the potential for risk minimisation is in contrast to the situations surrounding their conception, when they are ignoring the realities of the risk of pregnancy by not fully appreciating the care and precision needed to ensure contraceptive cover and seemingly having a lack of belief that pregnancy could result.

This said, it is important to see where the role of services fits into this as a form of resource to be used as and when needed, and that reluctance to use the services is not an indication of failure but more to do with a multiple range of complex factors and needs. For example, it was



clear that pregnant teenagers cannot be treated as an homogenous group; the needs of 14 year olds differs considerably from those who are 16; there are big variations in how services are used, with some preferring clinics for contraception and others using commercial outlets; the information needs and timing of information differs, not only across ages but across educational background. Where the services worked well however, this was welcomed by the respondents and relationships were formed with those that credited the teenagers with a sense of maturity. The role of specialists must be acknowledged; they were able to develop relationships and to be responsive to individual needs. This is an important factor when considering how to engage vulnerable teenagers in sustainable service provision to prevent future pregnancies. The best approaches seem to be those that are able to see this phase of teenagers' lives as transitions to adulthood and are able to make real the realities of pregnancy. It was evident however that, alongside other research in this area, our respondents indicated that there were barriers to service access that could be improved upon, such as the timing of clinics, costs, access and privacy issues.

6 Recommendations

In the light of the findings, this section will draw out the relevant issues for services.

SRE Programme content


- The importance of identifying and targeting the most disengaged and vulnerable teenagers is supported in the findings, to address the wider issues of disillusionment and chaos in their lives.
- There are a number of factors that indicate the need for SRE programmes to place more emphasis on conveying clearer information about fertility, the likelihood of pregnancy and taking responsibility for contraception, to counter the lack of belief about conception. The emphasis on condoms in SRE as the main source for combating infections runs the risk of under-emphasising their problems in preventing pregnancy and what to do in the event of their failure or non-use. Some of our sample would have benefited from knowing how to act quickly in the event of failure and how to access emergency contraception.
- The findings have indicated that teenagers would respond better to greater variation in approaches to SRE, such as having gendered and/or smaller groups. Tailoring the

information more to the differing levels of sexual experience among teenagers would increase receptivity; this could be achieved in small, confidential discussion groups. Specialist visiting speakers delivering engaging content to larger groups would also be an improvement on under-confident school staff struggling to teach SRE.

- There is a lack of factual information about abortion. This appeared to have an impact on the perceived choices and attitudes of the pregnant teenagers. Abortion information needs to emphasise that it is a common and justifiable choice, and issues of confidentiality and entitlement need to be more clearly explained.

Health services issues

- Teenagers vary considerably in their views about optimal service accessibility, and a variety of approaches at the interface are needed to appeal to the broadest range of individuals. There was however a general demand for responsive one-to-one advice within school or nearby, once teenagers were sexually active. Practical information that accepts the reality and the validity of teenage sexual exploration might be more effective at winning the trust of young people. The importance of maintaining privacy and of convincing young people of guaranteed confidentiality cannot be overstated.
- Pregnant teenagers respond well to specialist professionals who respect and understand the circumstances and choices of their clients, and are used as a valued resource for navigating pathways through service provision.
- The findings have highlighted the inconsistent, 'stop-start' character of teenage sexual relationships that may be incompatible with long-term contraception or that may require more frequent interventions or reminders by contraceptive advisers.
- It is important for professionals to be aware of the strength of family support, evident for many respondents and paradoxically a source of independence, and that services are used as one of many resources available to pregnant teenagers. Non-use should not be seen as a failure. It must be recognized that young parents' have aspirations to improve their lives in their own way, on their own terms.
- Teenagers knew very little about how to access abortion services, and experiences through health professionals were mixed and sometimes perceived as judgmental.



Teenagers need assistance in knowing how to overcome barriers if they choose to consult these services, such as travel to clinics, how to communicate with professionals, and issues of timing in relation to the maturity of the pregnancy and the feasibility of abortion.

- There needs to be some development of antenatal groups, as there is great variation in their receptiveness. The idea of providing antenatal groups for mothers and fathers-to-be are well received. Many girls reported being shy of attending group meetings on their own, therefore age appropriate 'pairing' of pregnant teenagers for mutual support may be a way forward.