Social media, SRE, and sensible drinking:
Understanding the dramatic decline in teenage pregnancy

Most boys think online pornography is realistic, finds study

Teenage girls more likely to get drunk than boys

HOW TINDER’S STOPPING US HAVING SEX

Propportion of teenage mothers at ‘lowest in decades’

Sober is the new drunk: why millennials are ditching bar crawls for juice crawls

Is a good education the best form of contraception? Teenage pregnancies fall as exam results improve

Teenage pregnancy: job done, or more to do?

YOUNG MOTHERS FACE STIGMA AND ABUSE, SAY CHARITIES

Sex education is ‘unfit for the smartphone generation’: Lack of information ‘is causing a sexual health crisis among young people’, charity warns

WEB OF SADNESS British teens are among the most miserable in the world – with one in four spending SIX hours online a day
Chapter 1: Teenage pregnancy rates in the UK

The UK has traditionally had the highest rate of teen pregnancy in Western Europe. Over the last two decades, teenage conception rates have fallen across countries in this region, yet the UK has experienced a particularly rapid decline, and rates now stand at a record low, a decline that has been described as “the success story of our time.” In 2016, the latest year for which data is available, the under-18 conception rate was 18.9 conceptions per thousand women aged 15 to 17. In 1969, the under-18 conception rate was 47.1.1

Teenage conception rates in England and Wales have fallen by 55% since 1998, and by 50% since 2007, the point at which the rates began to fall sharply.1 Strong regional variations persist, yet 60% of all local authorities have at least one ward with a high rate of under-18 conceptions.4

Scotland and Northern Ireland have also experienced significant decline in teenage conception rates and / or the numbers of births to under-18s.

Graph 1: Under 18 conception rate, England and Wales, 1969-20155

Graph 2: Fertility rate, women aged 15-19, Northern Ireland, 1994-20166
Why do teenage pregnancies matter?

Many teenage parents create a strong, loving environment for their child, and for some young people, having a child at an early stage can represent a positive turning point in their lives. Not every teenage pregnancy is unplanned, and the decision to start a family must be respected and every parent supported, regardless of age. It is vital that any teenager who is pregnant and wishes to continue that pregnancy is given the care and support she needs in order to protect her health and wellbeing as she becomes a mother and beyond. Any discussion around reducing the rate of unwanted teenage conceptions must not add to the stigma that young parents sadly still face.21

However, teenage pregnancy rates have long been viewed as a public health matter, and concerns about the association between teenage motherhood and potential negative effects for both the mother and her child, including poorer obstetric outcomes and long-term socio-economic disadvantage, have been well-documented.21 Consequently, successive governments have created and shaped policy with the explicit aim of reducing conceptions to those aged under-18.

The then-government’s 10 year Teenage Pregnancy Strategy launched in 1999 was described as “the first coordinated attempt to tackle both the causes and the consequences of teenage pregnancy.” Targets were set to halve the under-18 conception rate by 2010 and establish a “firm downward trend in the under-16 rate”, while also working to improve outcomes for teenage parents and their children.21 The government did not manage to halve the rate by 2010, but by 2014 conception rates had fallen by 51%.

The teenage pregnancy strategy was not replicated, but reducing teenage conception rates remains a goal for current governments. In England and Wales, Public Health England includes under-18 conception rates as an indicator in the public health outcomes framework.8 In January 2018, Public Health England published new guidance to help local authorities assess and strengthen their local teenage pregnancy prevention programmes.8 The Northern Ireland Assembly and Scottish Parliament have both also set out strategies with the explicit aim of reducing teenage conception and maternity rates.22

There is no clear consensus as to what factor – or combination of factors – has driven the decline in teenage pregnancy rates. The ONS has cited government initiatives, including Sex and Relationship Education (SRE) and better access to contraceptive services, higher educational aspiration, and negative attitudes towards teenage mothers.18 The government has also identified several factors that influence sexual behaviours including personal attitudes, social norms, religious beliefs, and misuse of drugs and alcohol.11 Public Health England has listed their ten key factors of effective local strategies which include youth friendly sexual health services and support for parents to talk to their children about relationships and sex.22 Researchers have also identified a correlation between deprivation and higher teenage pregnancy and maternity rates.21

The British Pregnancy Advisory Service, BPAS, is a not-for-profit charity which supports women of all ages with unplanned pregnancies, providing high quality NHS-funded abortion care for those who decide to end their pregnancies, and referral into ante-natal services for those who decide to continue. We also deliver SRE sessions in schools and other settings to enable young people to make positive decisions around their sexual and reproductive health. Through our advocacy work, we strive to educate and inform discussions around women’s reproductive choices.
BPAS commissioned YouGov to provide qualitative and quantitative research regarding teenage lifestyles and behaviours and the influence different factors may be having on teenage conception rates. YouGov conducted four online focus groups with 16-18 year olds in November 2016, alongside a pre-task diary in which participants documented their day-to-day lives over the course of 4 days (including one weekend.) The results of the focus groups were then used to inform a demographically-weighted quantitative survey of 1004 16-18 year olds which was conducted online between 2nd and 21st February 2017. The focus groups and survey questions were designed by BPAS and YouGov, and this work was very kindly funded by The Portman Group, the responsibility body for drinks producers in the UK.

There is clearly no silver bullet to reducing teenage pregnancy rates. Even with the provision of the best possible information, education, and contraceptive services, unplanned and unwanted pregnancies will occur across all age groups – and teenagers are no exception to this. However, our research suggests that there are a number of key factors which play a significant role in teenagers’ sexual behaviour and the likelihood of teenage pregnancy.

As previously mentioned, teenage pregnancy is neither a marker of failure nor a cause for moral consternation. This report does not intend to suggest that every teenage conception can – or should – be avoided. Rather, in producing this report, we hope to provide healthcare professionals, policymakers, and indeed members of the public with a new perspective on teenage conception rates, so that we can better support the sexual and reproductive healthcare needs of this generation.

Chapter 2: Aspirations, priorities, and wellbeing of 16-18s

Outlook

Young people in the UK aged 16-18 represent a generation that has grown up against a backdrop of economic recession, austerity, and political change, and those we spoke to were acutely aware of current economic and political environments, and future challenges their generation may face. Focus group respondents repeatedly raised worries over the cost of university, rising house prices, career prospects, and barriers to personal progression. A number also mentioned concerns about Brexit. This is a generation that believes it is currently very difficult to “get on.”

“Everything is unknown and utter chaos at the moment… There is no plan to tackle these problems.” Male, ABC1

“[The biggest concern for teenagers is] the future of our country (Brexit, the new right, etc) and how we’ll be worse off than our parents.” Male, C2DE

Focus group participants expressed a strong sense of uncertainty, and also disapproval of the current political direction. Several commented that they felt their generation was not in control of the society they would inherit and expressed concern that the current generation in power are not safeguarding their future.

“It’s the uncertainty with all the decisions being made for me and not being able to have any input over these things.” Female, ABC1

Our survey also found that young people are overwhelmingly negative about the current political and economic climate. Only 18% felt positive about the current political situation in the UK, with 52% feeling negative. There was even greater negativity about global politics, with only 13% feeling positive compared to 62% feeling negative. Only 18% felt positive regarding the current economic climate in the UK, with 39% feeling negative. Across the board, young women were less likely to feel positive than young men.

Graph 5:
How positive or negative do you feel about the current political situation in the UK

- Very negative: 17%
- Fairly negative: 24%
- Neither negative nor positive: 35%
- Fairly positive: 13%
- Very positive: 6%
- Not sure: 6%
While there was no clear agreement in the focus groups as to how the current situation / their prospects compared to that of previous generations, many felt that it would be more difficult to achieve the same level of financial stability as their parents. Some respondents stated that the challenges their generation faced meant their generation would have to work harder to achieve the same goals.

“I do think it’s harder to achieve in today’s society and that does make my generation more ambitious.” Female, ABC1

The Young Women’s Trust annual survey of 2016, which polled 4,044 young people aged 18-30 found a similar outlook, stating that this cohort represented “a generation of young people despairing and anxious, many of whose lives are on hold because of serious financial, work and housing problems.” Those aged 18-24 felt that it was far more likely that humans will have landed on Mars (46%) than that they will be debt free (30%) by the time they reach 40. This sense of pessimism appears to be growing, with the proportion of young people surveyed by YWT stating that they felt worried for the future increasing from 33% in 2015 to 51% in 2016.22

The young people we spoke to were negative regarding their physical and mental health. Over one third (34%) of those surveyed said they were unhappy with their physical health, and 34% felt unhappy with their emotional health, rising to 42% among females. C2DE respondents were also less likely to be happy in all these areas.

During the focus groups, a number of participants raised concerns about their mental health, including some who specifically mentioned being on anti-depressants. Many said that they felt stressed, often due to school or work concerns and pressure to succeed, and identified their peer group as being dissatisfied with life.

“I had to leave school a year before I wanted to because the pressure of exams and going to university became too much. I’ve also had trouble sleeping recently and some family issues have added to all of that.” Female, C2DE

“I have periods where I feel amazing... but I also get some pretty low points where my self-esteem isn’t great, for a variety of reasons... Pressure at school, wanting to study medicine.” Female, ABC1

“I know very few REALLY happy people – in fact the amount of people I know who are depressed and anxious is rather alarming.” Male, ABC1

Research by Centre Forum has found that a worryingly high proportion of young people experience mental health issues, with just under 1 in 5 reporting high levels of anxiety. Centre Forum also points to other evidence of rising mental health problems over the last few years, including increased attendance at A+E departments due to psychiatric conditions and increased referrals to the NHS’s Child and Adolescent Mental Health Service (CAMHS).23 While it should be acknowledged that increasing diagnosis or willingness to discuss these issues may be a result of decreasing stigma and increased awareness, the young people we spoke to clearly identified mental health problems as an issue for this generation.

While clearly concerned about the current economic and political climate, the majority (51%) of respondents felt positive about their own likely standard of living in the future, including 50% of C2DE respondents. Only around a fifth (22%) felt negative.

The majority of survey respondents were happy about their education / career prospects for the future (66%), although this was slightly lower among C2DE respondents (62%). The majority (63%) were also happy with their progress to date, although C2DE and BME young people were significantly less likely to feel happy with their education / career achievements.
This faith in their own ability to succeed may be linked to the clear individual focus and drive
many young people expressed in the focus groups. When asked about their goals, participants
overwhelmingly cited education and career goals including specific targets like internships and degree
courses, and many emphasised that they felt it was important to work hard at this point in their lives
in order to achieve success in the future.

“Education is the route into a career that will provide me with a secure lifestyle in the
future.” Female, ABC

“My goals at the moment are to get A Levels so that I can go to university. Hopefully
in 5 years have a job which pays well and [that] I enjoy.” Male, C2DE

Getting good grades or succeeding in their chosen career was also the top priority for the young
people we surveyed, with 82% stating this was of very high or high importance to them, compared
with 68% who stated spending time with their friends was important. Education and career was a
higher priority for young women than men (88% vs 77%).

Aspiration and educational achievement have been cited as a key factor in reducing teenage
pregnancy rates. A 2013 Centre for Analysis of Youth Transitions study found a “significant relationship
between educational attainment and conception and pregnancy outcomes in the early years of
secondary school”; and in particular a slower than expected academic performance was found to be
a strong risk factor.24 A paper published in Social Science and Medicine found a link between
improved performance at GCSE-level and a decrease in teenage pregnancy rates.25 Statistics from the
Department for Education have demonstrated improvements in academic grades over recent years,
with the percentage of pupils at the end of key stage 4 who achieve 5 or more GCSEs at grades A*-C
(or equivalent) increasing from 56.8% in 2004/05 to 64.7% in 2015/16.26 Similarly, in 2015/16 15% of A
Level students in England achieved 3 A*-A grades, an increase from 10.7% in 2005/06.27

The Social Exclusion Unit stated that one of the key reasons for the UK’s high teenage pregnancy rates in
the 1980s and 1990s was young peoples’ “poor expectations of education or the job market... Put
simply, they see no reason not to get pregnant.”28 Converely, the majority of young people we spoke
to, despite feeling very negative about the adult world they were about to enter, did not see any
reason to feel resigned or hopeless. Indeed, they felt largely positive about their own life chances and
achievements to date.

The relationship between a decrease in teenage conceptions and education may work at a number of
levels – if not embarking on parenthood, educational opportunities for young people may be greater.
Our research suggests that the high importance placed on education and career, the belief that hard
work now could have a protective effect against the economic and political challenges that were of
great concern to those surveyed, and the fact that achievement in these areas was young people’s
main priority, may be a significant factor in the record low-level of teenage pregnancy rates.

Chapter 3: Perception of teenage pregnancy and young parenting

“This age is too young for kids and it’s best to wait until you’re settled and can take
proper care of them.” Female, C2DE

The young people we surveyed felt overwhelmingly negative about becoming a parent at their age:

Graph 8:
How do you feel about becoming a parent at your age?

Young men were also more likely to feel extremely negative (46%) than female respondents (38%).
Of those who felt negative about becoming a parent at their age, the top three reasons were that
they weren’t in a financial position to be a parent (83%), that it would negatively affect their
education / training (77%), and that it would negatively affect their career aspirations (72%).
This was closely followed by the fact that they did not believe that they are emotionally/mentally
ready to be a parent (71%).

Perhaps reflective of the division of caring responsibilities, young women were more likely to state
that they felt negatively about becoming a parent at their age because of the impact on their
education/training and career aspirations (81% vs 73% of young men and 75% vs 69% of young men
respectively.) In a word association exercise, young women were more likely to mention the difficulty
and hard work involved in becoming a parent, with 12% raising this compared to 4% of young men.

“I would be terrified to be pregnant at this stage of my life – it would completely
throw my plans up.” Female, ABC1

[1159x21]11
[23x21]10
[60x776]This faith in their own ability to succeed may be linked to the clear individual focus and drive
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“I would be terrified to be pregnant at this stage of my life – it would completely
throw my plans up.” Female, ABC
Young people in the focus groups expressed a firm belief that parenting is an important responsibility that one has to plan and prepare for, particularly through achieving financial stability and finding the right partner.

“I want to be able to afford to give my child the life they deserve.” Female, C2DE

“I wouldn’t want my child to be brought up in a situation where I can’t support their needs fully.” Male, C2DE

Just over a third (39%) of young people said they did not want to become a parent at their age because they wanted to be married before starting their families, rising to 60% of those with a stated religious affiliation. In 2015, 43% of conceptions occurred within marriage/civil partnership.29

Only a very small minority (5%) felt positive about the idea of becoming a teenage parent, with C2DE young people slightly more likely to feel positive (6% vs 3% of ABC1s), and those aged 18 more likely to feel positive than those aged 16-17 (5% compared with 3%), which likely reflects the fact that they are more likely to be living outside of the family home / with a partner, and more likely to be in a relationship.30 Of the small number who did feel positive, the key reasons given were the sense of purpose or fulfilment it would give them (35%), that they were already in a stable / lasting relationship (33%), and the fact that they simply wanted to have children (32%).

In keeping with the survey results, the sole focus group participant who said they felt relatively positive about becoming a parent at their age was an individual in a long-term relationship and living with her partner. This participant stated they felt they were in the right position to have a child, and also expressed that having children now might help her career by preventing her having to take breaks further down the line.

“I would love to have children now! My boyfriend would like to wait a couple of years and I wouldn’t want to rush him. I feel I would be able to support a baby and that if anything it would make me work harder during my degree…. I want to bring my children up to have a stable life with the things they need and I do feel like I would be able to do that well now. I think it would stop maternity leave interrupting my career in the future.” Female, C2DE

The vast majority (90%) of those surveyed felt that becoming a parent at their age would be difficult, with over half (52%) stating they thought it would be very or extremely difficult. There was a general perception that they would receive support from their parents if they did become pregnant, but less so from their wider family and the state.

Nearly two-thirds, 63% felt there would be high support from their parents, although a smaller proportion of C2DE (57%) and BME (50%) young people expected a high level of support from their parents than ABC1 (69%) and white (65%) young people. Less than a third (30%) felt they would receive a high level of support from their wider family, and again this was lower among C2DE and BME young people. Only a quarter of all young people surveyed (25%) expected a high level of support from the state.

Graph 9: How easy or difficult would you expect life as a teenage parent to be?

Graph 10: Expected support from different sources:
Young women were less likely than young men to expect support from any source if they became a parent at their age.

“I feel like pregnancy would isolate me from other people my age who are having fun and cause conflict within my family.” Female, ABC1

“It does seem like you would be judged/helped less if you became pregnant now.” Female, C2DE

Overwhelmingly, the associations teenagers attributed to teenage parents were negative, centring on a thwarted career and education, poverty, and carelessness. Young men were more likely to attach connotations such as “slut”/“chav”/“slag”, with 10% of male respondents citing these terms compared to only 2% of female respondents, and of stupidity / naivety, cited by 8% of young men compared to 3% of women.

Word association:

The stigma attached to teenage pregnancy was felt acutely by those surveyed:

Graph 11:
To what extent, if at all, do you think there is a stigma attached to becoming a teen parent?

More than 4/5 surveyed (81%) felt there was a lot or some stigma attached to becoming a teen parent. Young women were more likely to perceive stigma (85%) than young men (76%), and the sense of stigma was also higher among ABC1 young people than with C2DE (85% vs 77%). Focus group respondents stated that they felt the negative perception of teen parents was shaped by the media, and that this portrayal was often unfair.

“The stereotype is that of jobless, welfare-reliant teenagers who have slept around with many people, even underage – based on the media.” Male, ABC1

“16 and pregnant is horrible because people laugh at the people… to be fair some of them are not well suited to being a parent.” Female, ABC1

“They [teenage parents] come across as very compassionate and have to mature to the real world very quickly.” Male, ABC1

“The media generally seems to view young mothers as irresponsible or selfish, and say there’s no way they’re mature enough or financially stable enough to raise a child… I both agree and disagree because it depends entirely on the individual.” Female, C2DE

In keeping with previous polling by IPSOS Mori, focus group respondents were not aware of the decline in teenage pregnancy. In line with suggestions from the ONS, we believe that the stigma surrounding teenage pregnancy is a likely factor in the decline in teenage conceptions and the rising proportion of pregnancies to under-18s that end in abortion.
Chapter 4: Social interaction and online lives, including romantic relationships

There has clearly been a profound shift in the way young people communicate and socialise with their peers. Ofcom figures suggest that the amount of time young people spend online has increased by 45.5% over the last 3 years. The teenagers we spoke to in our focus groups, while clearly valuing their friendships and romantic relationships, also spent significant time either in the family home or with family members. This pattern of social interaction may be contributing to the decreasing rate of teenage pregnancies.

Contrary to popular perceptions of the surly teenager shunning their parents, those we spoke to enjoy and prioritise spending time with their families. Diary entries by focus group participants detailed evenings and weekends spent cooking and eating as a family unit, watching TV together, cinema and shopping trips, playing games. These were noted as enjoyable experiences, with participants often describing activities with their family members as the highlight of their days. Some respondents spent their weekends exclusively with their family. Young people surveyed placed equal importance overall on spending time with their families and their friends, but they were more likely to view time with their family as of very high importance than time with their friends (33% vs 27%).

“I love spending time with my family in the evenings, especially when I’ve been at college all day.” Female, ABC1

“I only spent time with family today...I’m very close to them.” Male, C2DE

When not socialising with their families, young people spend a large amount of time online at an average of almost 5 hours (4.8) online for non-work/study purposes.

Graph 12:
In a typical day, how much time do you think you spend online for non-work/study purposes?

This is mostly spent on social media, general browsing, emailing, streaming TV, films and music, or online messaging.

Focus group participants reported that between 60% and 90% of their social interaction with friends is also conducted online. More than two-thirds (70%) of the young people we surveyed said that they speak to their friends online 4 times a week or more, while less than a quarter (24%) speak to their friends face to face with this regularity. Most young people see their friends face-to-face outside of study/work 2 or 3 times a week, but more than one-fifth (22%) see their friends once-a-month or less. One in twenty (5%) said they “never” see their friends outside of study/work.

“60-70% [of time spent socialising with friends is] online purely because it’s so much more spontaneous and accessible.” Male, ABC1

Young men were more likely to see their friends weekly or more (69% vs 60% of young women), and 18 year olds and ABCs were more likely to see their friends daily, most likely reflecting university living arrangements.

The vast majority of young people stated that they preferred to see their friends face-to-face, which is seen as more “genuine” and “personal” and less likely to lead to misunderstandings. However, many stated that they found it difficult to organise face-to-face meetings with friends due to work / study commitments and conflicting schedules.

“I actually like seeing them properly and have proper talks.” Female, ABC1

“I spend most of my time with my friends online as physically meeting them outside of school is very hard to schedule for me.” Male, ABC1

“Group calls and text chats are so much easier.” Male, C2DE

Interaction with partners followed a similar pattern. A quarter (25%) of the young people we surveyed were in a relationship, with the proportion rising with age from 17% of 16 year olds to 32% of 18 year olds. More than double the proportion of white young people were in a relationship than BME young people (27% vs 12%). Being in a relationship (with or without children and in or outside of marriage) was a common goal for young people, and some, particularly young women, felt under pressure to do so.

“Even my parents are starting to make comments about how I’ve never had a boyfriend yet. The pressure to want to be in one [a relationship] is stressful.” Female, ABC1

Of those who were in a relationship, the majority (79%) see their partner face-to-face weekly or more often. However, one in five (21%) see their partner less than once a week, and one in ten (9%) see their partner once a month or less. 18 year olds were the age group most likely to see their partner less than once a week, again perhaps reflecting university living arrangements.
The main location where young people spend time with their partners is in their/their partners' home, with 87% saying this is where they tend to see their partner. Common activities include watching television/streaming programmes online together.

Online interaction was much more frequent. While 27% have contact with their partner face-to-face on a daily basis, 85% speak online to their partner every day. Young people reported spending significant amounts of time communicating with their partner, often for hours on an evening.

“I meet up with my boyfriend once a week, and Skype everyday. 80% online, 20% in person.” Male, C2DE

“We talk online for a few hours every day.” Male, C2DE

Focus group participants had a mixed view as to whether the fact that young people are spending a significant amount of time online has contributed to the decline in teenage pregnancy. Some felt that time online may act as a substitute for face-to-face sexual interaction. Others, however, felt that social media platforms could facilitate relationships and “provide opportunities” to meet a potential new partner.

“I think that social media encourages more sexual activity. You have apps like Tinder etc and it’s very easy to sext and send nudes.” Male, C2DE

“People may not be bothered to go out and interact when they can do it online.” Female, C2DE

However, data from our survey found that young people who socialised more face-to-face with their friends were more likely to be sexually active. Those who saw their friends with a greater regularity were much more likely to have had sex previously, and they were more likely to have had sex with more than one partner.

And those who saw their partner face-to-face with greater regularity were also more likely to have had sex than those who saw their partner less frequently.

Teenagers clearly value spending time in person with their friends, yet find online communication an effective substitute to help them stay in touch and feel connected with their peers. Data from our survey suggests an association between the frequency of face-to-face interaction with not just partners but also friends and sexual activity. Therefore, the low levels of teenage pregnancy rates may in part be attributed to lower levels of face-to-face interaction between young people and their peers, as opportunities for sexual interaction that could result in a pregnancy are reduced. However, the role of sexual activity via smartphones and the internet and its implications for teenage conceptions will be explored more fully in chapter 6.
Chapter 5: Contraception

Accessible, effective contraception plays a crucial role in reducing unplanned pregnancies of women of all ages, and improved access and more effective contraceptive methods have been cited as a key factor in the decline of teenage pregnancy rates. NICE has made it clear that increasing the uptake of long-acting reversible contraceptive methods (LARCs), such as the implant and the coil, will reduce numbers of unplanned pregnancies.33 These methods have very high levels of efficacy and are not user-dependent, meaning that once they are fitted, they do not depend on a woman taking any action for a number of years.

Data from the Health and Social Care Information indicates that LARC use has increased over the past decade, including among teenage women. In 2006/07, 10% of those aged 16-17 and 15% of those aged 18-19 who attended a contraceptive clinic reported using a LARC as their main method of contraception. By 2015/16, those figures had risen to 30% for both age groups.34

Graph 16:
Percentage of Women Using LARCs, 2006/07--2015/16

While this is significant, it remains the case that the majority of teenagers still rely on user-dependent – and less effective – methods of contraception. Of those presenting at contraceptive services in 2015/16, the oral contraceptive pill was the most popular method for young women aged 16-17 and 18-19, followed by the contraceptive implant, and the male condom. Moreover, use of condoms and contraceptive pills are probably underrepresented in these figures which are taken from family planning services, as women may chose to access these methods via their GP or, in the case of the male condom, for free via a pharmacy participating in a local condom distribution scheme.

There are a number of factors which may be contributing to the relatively low uptake of LARCs among young women. Concerns have been raised that cuts in local authority budgets and public health funding have placed contraceptive services under acute pressure. Research by the Advisory Group on Contraception found that since 2013, when local authorities were given responsibility for commissioning sexual health services, many have reduced spending on contraceptive services, and community family planning clinics have closed down, making these methods less accessible.35 A report published by the Royal College of General Practitioners highlighted barriers to GP-provision of LARC methods, including inadequate training. Less than two-thirds (62%) of GPs in England who were surveyed by the RCGP felt that all patients whose best option was LARC were able to access these methods.36

Furthermore, LARCs, while very effective, are not suitable for all women and some LARC users report experiencing intolerable side-effects, such as heavy bleeding and painful cramping. Studies have also found that some young women report concerns around a foreign body being inserted into their body, and fears around the loss of control. Young women also report being very influenced by peer group and friends experiences when choosing contraceptive methods, so may be less likely to choose a LARC because their friends are also less likely to have chosen one of these methods.37

Focus group participants, in particular young women, were acutely aware of the importance of using contraception to prevent unplanned pregnancy.

“Most of the people I know my age think about it [pregnancy] a lot, most are on the rod [contraceptive implant] or the pill or something.” Female, C2DE

The contraceptive pill and implant were both mentioned by participants, although condoms appeared to be the “go to” method for most focus group members. However, there was also an association between promiscuity and condoms, and for some young men the impact on sexual experience was viewed as a deterrent to use. Focus group respondents felt comfortable with the idea of emergency contraception and, if needed, abortion as acceptable back-up methods if their regular method of contraception failed.

“I think that abortion is a good idea as long as you don’t use it as a form of contraception.” Female, ABC1

Contraceptive use among their peers was perceived as mixed by focus group participants. However, most participants did agree when presented with the hypothesis that increased awareness and use of contraception had contributed to decline rates of teenage pregnancy.

“I think it [contraception] is considered a lot. Most people I know wouldn’t even have sex unless they are using contraception – often two kinds.” Male, ABC1

“[On the reasons for the decline in teenage pregnancy rate] It being the norm to use a condom. Also, being on the pill seems to have become far more common.” Male, ABC1
The picture of contraceptive use from our survey was mixed. Among the young people we surveyed who reported having had sex, nearly three quarters (74%) reported using contraception always or most of the time they have sex. This figure was higher among young women than young men (77% vs 70%). BME young people were less likely to use contraception with this frequency – 59% compared to 75% of young white people. There was no significant difference across age groups or social grade.

Graph 17:
When you have sex, which of the following describes how often you use contraception?

![Graph showing contraceptive use frequency]

It must be noted that a significant minority (14%) of those surveyed said that they “rarely” or “never” use contraception when they have sex. However, we are unable to infer from the survey results how many episodes of unprotected sex this represents. This group may represent young people who have only had sex on one or two occasions, which were also unprotected.

Data on contraceptive use indicates that an increasing proportion of young women are using highly effective, long-acting reversible methods of contraception, which have been identified as having the potential to reduce unplanned pregnancy rates. However, the majority of young people still rely on condoms and the pill, which are 82% and 91% effective respectively with typical use.

While focus group members were keen to stress that they personally took contraception very seriously, and were very conscious of the risk of unplanned pregnancy if engaging in unprotected sex, our survey data does not, unfortunately, present a clear picture of consistent contraception use. Furthermore, it must also be noted that teen conception rates have declined despite the closure of contraceptive services across the country which may in turn be hampering young people’s ability to access contraceptive advice and support when needed. Therefore, while the uptake of long-acting methods of contraception will undoubtedly have had an impact, our research indicates that this alone cannot be responsible for the ongoing and significant decline in teenage pregnancy rates.

Chapter 6: Sexual behaviours

Teenage sexual behaviours are obviously the crucial factor in teenage conceptions. As previously explored, shifts in teenage social lives means the majority of their communication with partners, as well as friends, is conducted online, and teenagers spend a significant time in the family home. Both of these behaviours may impact on this generation’s propensity and ability to engage in sexual activity that could result in a pregnancy.

However, we have also seen growing concern regarding the role the internet and smartphones may be playing in encouraging potentially harmful sexual behaviours. In this chapter, we will therefore explore not only face-to-face sexual activity, but also the effect that the use of new technologies may be having on this generation’s sexual behaviour, and to what extent there is any link between the emergence of “new” online sexual activities – specifically sexting – and teenage pregnancy rates.

Over the last 60 years, the average age at first episode of heterosexual intercourse has declined to 16 years old. The latest National Survey of Sexual Attitudes and Lifestyles (NATSAL) conducted in 2010-2012 found that only a minority, around 31% of men and 29% of women, had sex before the age of 16, which is not significantly different from the figures in previous survey which was conducted in 1999-2001.38

However, there is some evidence internationally that young people may be becoming less likely to engage in sexual activity than previous generations. The US national General Social Survey found that young adults aged between 20 and 24 and born in the 1990s were more than twice as likely to report that they had had no sexual partners since the age of 18 than young adults of the same age born in the 1960s, with around 15% of the 90s-born group stating that they had not had sex since turning 18, compared to almost 12% of those born in the 1970s/80s and 6% of those born in the 1960s.39

The University of Auckland national Youth2000 health survey series also found that the proportion of teenagers that were sexually active fell from 36% in 2007 to 24% in 2012.40

“Pretty much everyone in a relationship has done it by now.” Female, ABC1

The young people we surveyed significantly overestimated the proportion of their peer group that are having sex.

Graph 18:
Among young people your age, which of the following do you think best describes the proportion that have had sex before?

![Graph showing estimated proportion of peer group that have had sex]
Seven in ten (70%) of those surveyed stated that they believe at least half of their peers are having sex, while only one-third of those surveyed (34%) stated they have had sex. Although this figure does rise with age, less than half (47%) of 18 year olds surveyed said they have had sex.

Graph 19:
Which of the following best applies to you?

Of those who said they had sex, half had only had sex with one person.

Graph 20:
Of those who have had sex before, how many partners?

White young people were significantly more likely to have had sex than BME young people – 36% compared to 19%. Those without a religious affiliation were also more likely to have had sex than those with a religious affiliation – 38% compared to 30%.

The young people who were surveyed acknowledged that pressure to have sex came from their peer group, with virginity viewed as a negative, and also the media, which was seen to communicate that “normal” teenagers are sexually active, and sex was considered by some to be a “rite of passage” to adulthood. A number of young women believed there to be a sexual double standard between the genders.

“Films and programmes portray teenagers as very promiscuous, creating an expectation to have sex to be a normal teenager.” Male, C2DE

“BOYS ARE ‘PLAYERS’ AND GIRLS ARE ‘SLUTS.’ It’s so bad.” Female, ABC1

“If you do it you’re a slut but if you don’t your frigid. You can’t win.” Female, C2DE

For those we spoke to, sex was viewed as special, and to be shared in the context of a committed, monogamous relationship where trust is established. Having sex was not a decision to be taken lightly, but to be carefully considered.

“It’s important to be in a committed relationship and to feel safe and trust the person that you are with.” Female, C2DE

“At the moment sex isn’t a big interest for me. When I find the right person I’ll do it.” Male, ABC1

“I don’t care at all about having multiple partners. I’d rather have one partner that I really love and want to be with, I think that makes it more meaningful.” Female, C2DE

Despite acknowledging the stigma, many in the focus groups spontaneously mentioned that they were virgins. Some also stated that sex does not take priority in their busy lives.

“I would only want to have sex with a boyfriend but I don’t have or want one right now. One of the reasons for that is because I’m too busy with college work.” Female, C2DE

During the research, young people were presented with six characters which represented different attitudes towards and experiences of sex. Two of the three characters judged to be most accurate were Jade, who was too busy focusing on her studies to have sex, and Jas, who has had sex with 2-3 people, each of whom she had been in a committed relationship with.

The young people judged two characters very negatively. Harry, who was currently sleeping with 4 different partners and wanted to experiment was criticised as a “womaniser” who was “not treating partners with respect.” Young people also felt negatively towards Lucy, who engaged in sex after drinking alcohol at parties, and who was also identified as one of the most accurate representations of their peer group. This was viewed as risky and dangerous. Young people identified alcohol as potentially putting themselves at risk of sexual assault, pregnancy, and sexually transmitted infections.

Young people do feel pressure to engage in sexual activity, and they also feel that there remains a stigma attached to being a virgin. Despite this, only a minority of those we surveyed have ever had sexual intercourse. For young people, sex is important, significant, and should occur within the context of a trusting, romantic relationship. The seriousness and specialness attributed to sex by the teenagers we spoke to, together with the relatively low levels of sexual activity among under-18s, may be a significant factor in the declining rates of teenage pregnancies, as teenagers abstain from sexual intercourse and avoid “risky” sexual encounters that are more likely to result in an unplanned pregnancy.
Porn and sexting

The online world is often portrayed as paving the way for risky sexual encounters, and facilitating the viewing or sending of potentially harmful sexual material. Healthcare professionals and those working with young people have raised concerns about the impact porn may be having on young people’s attitudes towards sex and their own sexual behaviours, including issues around consent, use of contraception, and body image. There is a clear focus among policy makers to protect young people from the exposure to inappropriate content online and the potential ramifications of sharing sexually explicit material. Given the apparently increasing role within young people’s lives, we wanted to explore their engagement with pornography and sexting, and in particular the role this may play as either a precursor or alternative to engaging in sexual activity that could result in pregnancy.

The most recent comprehensive report on young people’s use of pornography, commissioned by The Children’s Commissioner and the NSPCC, found that the majority (65%) of 15-16 year olds have seen pornography online, although this is via a combination of actively searching out and accidentally stumbling across this material. This report also found that boys were more likely to both see and seek out pornography.42

The vast majority (80%) of young people we surveyed, and in particular young men (85%), believe that watching pornography is commonplace within their peer group. As will be further explored in chapter 7, nearly half (47%) of young men and a quarter (24%) of young women say that they use pornographic websites or videos as a source of information about sex. However, the young people were surveyed were generally critical users of pornography, believing it to be inaccurate and unrealistic.

“It gives people very unrealistic expectations of what to expect, and it makes both parties feel like they’ve underperformed.” Male, C2DE

“Women are presented as sex objects.” Male, C2DE

Two-thirds (75%) of those surveyed did not agree that porn gives a realistic view of sexual behaviour, and a similar proportion (74%) believe that porn gives an unrealistic view of people’s appearance. While young men were more likely than young women to view pornography as realistic, it is still a very small minority. Less than one in ten (9%) of young men felt pornography gives a realistic view of sexual behaviour, and only 7% disagreed with the statement that pornography gives an unrealistic view of appearances.

Young people clearly engage critically with pornography, and they also have very mixed views regarding the potential impact of viewing porn on their lives (Graph 22). While 38% felt that pornography could be damaging to young people’s wellbeing and relationships, 39% agreed that pornography could be part of a healthy sex life.

Young men were less likely to believe that porn could be harmful to wellbeing or their personal relationships, and white and LGB young people were more likely to believe porn can be part of a healthy sex life than BME and heterosexual teenagers (Graph 23). Those with a religious affiliation were significantly more likely to view porn as damaging, and less likely to believe that porn could be part of a healthy sex life.
Sexting

Sexting is an issue that is of growing societal concern, particularly the potential for “revenge attacks” and explicit personal images being distributed widely, and there is evidence that incidence is increasing. Over the last two years, the numbers of police investigations into under-18s sharing sexual images more than doubled. In 2016/17, police forces in England and Wales recorded 6,238 underage “sexting” offences, a rate of 17 a day (although it should be noted that this may in part reflect an increase in propensity to report rather than just prevalence). In August 2016, non-statutory guidance for schools and colleges regarding managing incidents of sexting was published by the UK Council for Child Internet Safety (UKCCIS).

For the young people we spoke to, sexting was a well-known concept, and the majority (72%) believed that sexting (defined in the survey as sending/receiving sexually explicit messages, photographs or images) was commonplace among their peer group. Almost half (47%) of young people have received a sext, and almost a third (31%) admitted to sending a sext. Those who were in a relationship, LGB, and female were much more likely to have both sent and received a sext than their counterparts.

Some of the young women we spoke to expressed concerns about the potential ramifications of sending a sext and the risk of these being shared widely or used in a “revenge attack”, and a number also stated that they had previously been pressed to send such images. Almost half (47%) of all young people believe people are put under pressure to engage in sexting, with young women more likely to believe there is pressure to sext (56% vs 37% of young men.) This echoes research which found that most boys who had shared naked or semi-naked images report not being asked to share these pictures, whereas the majority of girls who had sent these images reported that they had been asked to do so by someone.

As with viewing pornography, young people have mixed views about the potential benefits and harms of sexting.

Graph 24:
Sexting is damaging to young people’s wellbeing or relationships

Graph 25:
Sexting can be a part of a healthy sex life

An almost equal proportion of young people stated that sexting can be damaging to young people’s wellbeing or relationships (40%) as agreed that sexting can be part of a healthy sex life (44%). These conflicting sentiments expressed may represent young people’s perceived distinction between risky sexting – under pressure, with someone relatively unknown – and a more acceptable form of sexting that occurs within the context of a trusting relationship.

“[Sexting is] welcome as long as it’s secure and you can trust the person.” Female, ABC1

Indeed, those young people in a relationship were more likely than those who are single to believe sexting can be part of a healthy sex life (56% vs 41%), and much less likely to view sexting as damaging (29% vs 45%) or stupid (26% vs 48%). LGB young people were also much more likely to agree that sexting can be part of a healthy sex life (62% vs 43% of heterosexual young people) and for this group sexting may offer sexual interaction that is harder to physically access. Of those who had sent a sext in the past, more than three-quarters (77%) said they would consider doing so again.

The role sexting plays in the context of face-to-face sexual activity was discussed in the focus groups. Some participants commented that sexting could act as an “alternative” to other sexual activity, particularly if there are limited opportunities for interaction in person.

“It’s a good way of interacting with your partner without having sex.” Female, ABC1

Females in the ABC1 focus group commented that sexting – along with oral sex and masturbation – were alternatives used by their peer group in order to reduce their chances of getting pregnant. However, there was no clear consensus on the role sexting played as a “substitute” for further sexual activity, as some felt it acted as a precursor to sexual intercourse.
“I think sexting doesn’t lead to sex as often as you’d think. People see it as something different, more of a gift than a mutual experience.” Male, C2DE

“People sext, and send nudes via social media, which sometimes leads to physical sex.” Female, ABC1

“Some people don’t bother to go out and have sex when they can sext someone instead.” Male, C2DE

Sexting clearly plays a role in the sex lives of a significant proportion of young people, some of whom view it as a negative and a risk, while others see it as a normal part of their relationship. However, it is unclear if sexting does provide young people with a real alternative to sexual intercourse, and whether or not it is therefore contributing to a declining teenage pregnancy rate.

Chapter 7: Sex and relationships education

Healthcare professionals, policymakers, and young person’s advocates have repeatedly stressed the importance of high-quality sex and relationships education (SRE) in supporting young people to have happy, healthy relationships – including by preventing unplanned pregnancy. In March 2017, the then Education Secretary, Rt Hon Justine Greening MP, announced that SRE would be renamed relationships and sex education to “emphasise the central importance of healthy relationships”, and that RSE will be statutory from September 2019, although the exact content of the curriculum has yet to be announced.

The government’s commitment was welcomed by campaigners, particularly as there is significant evidence that the SRE that is currently being provided to young people in this country is, at best, mixed. Ofsted’s 2013 report, Not Yet Good Enough, found that personal, social, health and economic education in 40% of schools was either inadequate or required improvement. Concerns have been raised that current sex and relationships education being delivered is out of step with the realities of young people’s lives, and SRE guidance was last issued by government in England in 2000, and in 2010 in Wales. A survey conducted by Girlguiding found that only 60% of girls aged 11-16 who were surveyed said they were taught about contraception as part of their SRE lessons, and only half (53%) were taught about what choices would be available to them if they were to become pregnant.

The respondents to our survey had an overwhelmingly negative view of the SRE that they received.

Graph 26:
In your opinion, how good or poor was the sex education you received in school?

Just a quarter (25%) thought the sex education they received at school was fairly or very good, while almost half (48%) stated that it was either very or fairly poor. Young women were more likely to have a negative view of their sex education (55% compared to 41% of young men), and LGB young people appeared particularly neglected by the sex education they received, with 59% of those identifying as LGB stating their sex education was poor compared to 46% of heterosexual respondents.
C2DE young people were much less likely to rate their SRE as “good” as those in the ABC1 social grade – 19% vs 30% - which is particularly significant given the association between social deprivation and teenage conception rates. There was no clear pattern among the different age groups to suggest any significant improvement in young people’s experience of SRE over the last few years.

A number of focus group respondents expressed their dissatisfaction with the SRE they received at school.

“I think there should be more sex ed... especially for LGBT.” Male, C2DE

“The education I received from my school was extremely poor...” Male, ABC1

In the absence of good quality sex education, young people are turning to other – often unreliable sources – for the information they need about sex.

Graph 27:
Thinking of what you know about sex, where would you say this information mainly comes from?

Don’t really talk about it in serious conversations with friends, only comes up in jokes.” Male, C2DE

“I talk about it with my best friend and other friends but not my mum, I don’t know if I’d want to, I’m not sure how she’d react.” Female, ABC1

In keeping with the above comment, less than one in five (19%) of those surveyed sought information about sex from their parents, and this was lower for BME young people - 13% compared with 21% of white young people. Focus group participants felt that their ability to discuss these topics was determined by the tone set by their parents, or fears as to how they would react, and many acknowledged that religion was a barrier. Whether with friends or parents, most of the young people we spoke to felt that talking about sex, with anyone, can be awkward.

“My mum is a don’t ask/don’t tell parent, she trusts me to do what I think is right.” Female, C2DE

“I discuss sex openly with my parents – they’ve always been happy to help me understand my own choices.” Male, ABC1

Pornographic websites or videos was one of the main sources of information for over a third (36%) of those surveyed, a figure that was higher among young men than women (47% and 24% respectively), and significantly higher among LGB young people than heterosexual people (50% vs 34%). Given that young people do, as discussed earlier in the chapter, have such a critical view of pornography, with the vast majority believing it to be unrealistic, the relatively high proportion of young people using porn as their main source may be indicative of barriers to accessing good information via other sources rather than suggesting that young people view pornography as a preferable source of information.

A number of focus group respondents commented that they felt SRE was a significant factor in the reduction of teenage pregnancy rates, and the potential impact of high-quality of SRE on young people’s sexual behaviours was also indicated through our survey. Of those who rated their SRE as good, 26% stated that they have had sex, and 12% said they have had sex with 2 or more partners. Of those who rated their sex education as poor, 42% stated they have had sex, and 22% said they have had sex with 2 or more partners.

“Sex education in schools is not good enough but there is widely available information online which is useful.” Male, ABC1

While there is evidence that the proportion of young people who rely on school for their main source of information about sex has increased over the past two decades, just over half of young people stated that sex education in school was one of their main sources of information about sex. Conversations with friends was the main source of information for young people, with nearly two-thirds (64%) stating they used their friends as one of their main sources of information, and females were more likely to discuss sex with their friends.
There is now a growing body of evidence that good quality SRE can play a role in reducing teenage conceptions. Research from the British National Survey of Sexual Attitudes and Lifestyles has also found that respondents who cited school as their main source of information about sex were less likely to experience an unplanned pregnancy and our survey suggests an association between receiving good sex education and young people choosing to have sex at a later age. Yet until provision is improved, this important tool in tackling unwanted pregnancy cannot be truly effective. The fact that almost half of young people do not use school as one of their main sources of information, combined with the fact that the majority rated the sex education they received as either fairly or very poor, means that the extent to which sex and relationships education in its current form can be attributed as a factor in the declining teenage pregnancy rate is sadly constricted by its quality and provision. However, compulsory and comprehensive RSE may in the future play a key role in reducing unwanted teenage conception rates further, and enabling young people to make positive decisions about their relationships.

Previous studies have described an association among young people between early regular alcohol consumption and an “early onset of sexual activity”, “binge” drinking and being sexually active, and high levels of drinking and having multiple sexual partners. Evidence suggests that excessive alcohol consumption can lower inhibitions, and that high levels of drinking may be associated with higher levels of non-use of condoms. The Health Survey for Northern Ireland 2013/14 found that 31% of respondents said that drinking alcohol contributed to having sex without using condoms. In 2007, the Independent Advisory Group on Sexual Health and HIV, established by the then-Public Health Minister, stated that there is a “strong correlation” between STIs, sexual behaviour, and drug use, and that the links between substance misuse and risky sexual behaviour were “considerable.”

Data from the ONS has demonstrated that high levels of alcohol consumption have fallen dramatically among young people, with those aged 16-24 less likely to report having had an alcoholic drink during the previous week than any other age group in 2017. They were also the age group least likely to report consuming alcohol on 5 or more days of the week, with only 1% of all 16-24 year olds reporting drinking alcohol with this frequency in 2017, compared to 10% of all adults. The proportion of all 16-24 year olds who consumed more than 8 (men)/6 (women) units on their heaviest drinking day in the last week has decreased from 29% in 2005 to 20% in 2017. Those aged 16-24 were also more likely to identify as teetotal than the general population (23% vs 21% of all adults.)

Moreover, evidence suggests that young people’s attitudes towards peers of their own age drinking and getting drunk have become less tolerant. Data from NHS Digital has found that among pupils aged 11-15, 50% agreed that it was ok to try alcohol to see what it’s like in 2016, a decline from 67% in 2003. Getting drunk was seen as less acceptable than drinking, with less than one in five (99%) of young people surveyed in 2016 saying it was OK to try getting drunk to see what it was like, down from nearly one third (31%) in 2003, and in 2016 less than one in ten (7%) stated that they thought it was OK to get drunk once a week, down from one in five (20%) in 2003. Given the suggested link between high levels of alcohol consumption and sexual activity, we wanted to explore how these shifts in young people’s drinking behaviours and attitudes toward high levels of drinking may have impacted on teenage pregnancy rates, and how alcohol fits in to young people’s lives in the context of socialising and romantic relationships.

Self-reporting of alcohol consumption may result in levels of drinking being underestimated to some extent, as respondents may – consciously or unconsciously – underreport their alcohol use. However, the data from the survey, combined with national data collected by the ONS since 2005, does point to significant decreases in young people’s levels of alcohol consumption and their likelihood to “binge” drink.

Alcohol use among the young people we surveyed was common across all ages, but not universal. Young men were more likely to report drinking with greater frequency than young women.
For the majority of young people who did consume alcohol, this was typically at relatively low levels. Of those survey respondents who stated that they consumed alcohol, more than a quarter (28%) reported drinking 1-2 units on a typical occasion when drinking, and half (50%) reported drinking between 1 and 4 units. Only around a quarter (27%) reported drinking 7 or more units. Levels of alcohol consumption increased with age, and, as well as being less likely to drink at all, BME young people who do drink, do so at a lower level than white young people.

Focus group participants had a clear idea of what they perceived to be excessive drinking – and rather than being seen as desirable, they felt very negatively about “binge” drinking. High levels of alcohol consumption was not viewed as a pre-requisite for a good time, but quite the opposite, with a number of respondents stating that excessive drinking could have a detrimental impact on social gatherings or nights out.

This echoes the results of the Health and Social Care Information Centre’s annual survey of secondary school pupils in England in years 7 to 11, which found that for this age group, getting drunk was viewed as significantly less acceptable than drinking alcohol. In 2016, 50% agreed that it was ok to try alcohol to see what it’s like, compared to 19% who said it was OK to try getting drunk to see what it was like. A quarter (25%) said it was OK to drink alcohol once a week, compared to only 7% thought it was OK to get drunk once a week.

“I drink socially, I’m just very careful.” Female, ABC1

While the young people we spoke to did not identify high levels of alcohol consumption by units, they identified certain behaviours – feeling sick, loss of memory, having trouble walking – as indicative of drinking too much. Young people also said that they felt able to manage and temper their levels of consumption, and viewed this as an important personal responsibility – indeed, alongside “careful”, the word “responsible” with reference to alcohol consumption was used repeatedly by focus group participants.

“You know when you’ve had enough. It’s too much when you keep drinking after that.” Female, C2DE

“Drinking does come with responsibility.” Male, ABC1

“Many of my friends drink responsibly and they are very mature.” Female, C2DE

A significant minority (24%) reported that they never drink alcohol, including 44% of BME young people. Abstinence decreased with age, but almost one in five (18%) of 18 year olds said they did not drink.

Among those who did not drink, the main reasons for abstaining were health and / or risk related reasons, cited by 55% of those who did not drink, followed by dislike for the taste and / or effects of drinking alcohol (51%). Religious and / or cultural reasons were also cited.

“I don’t think my culture would be happy with me drinking. I’m not religious anymore but I was raised Muslim and Muslims can’t drink.” Female, ABC1

As previously noted, the proportion of young people who do not drink decreases with age, and a number of focus group participants referenced waiting until they were 18 before they consumed alcohol.

“I never used to drink but started when I turned 18. I waited until I knew I’d be mature enough to make such a decision, but I don’t drink very often, just at events or parties.” Female, ABC1
There was a mixed view regarding the extent to which young people felt that there was pressure to consume alcohol. Some focus group participants expressed concerns about “sticking out”, but others talked about the “respect” they receive for abstaining. Aside from peer pressure, young people reported being influenced by family members drinking behaviours, in both a positive and negative light, with some respondents commenting that their families have a “sensible” example of how to drink in moderation, while others said they were deterred from drinking due to a family history of alcoholism.

“My friends shape my decision to drink but I’m not under pressure.” Male, C2DE

“My family has shown me that you can drink without taking it overboard and tend to be quite sensible when it comes to alcohol and usually I follow that example.” Male, C2DE

Focus group participants had largely negative associations with drugs, which were typically perceived as dangerous and harmful. A number of respondents mentioned the impact on physical and mental health, and the potential for addiction. A few also spoke of their own previous negative experience of using drugs, with one respondent saying “never again.”

“Recreational drugs are SO bad for your brain and body and have long term effects.” Female, C2DE

While some focus group participants stated that they thought all drugs were unacceptable, many focus group participants saw a distinction between “soft” and “hard” drugs, with marijuana seen as much more socially acceptable and potentially less harmful than other narcotics. A number of participants mentioned that drugs provided an escape from stresses of their lives.

“Drugs like weed are ok... but anything heavier is dirty and scummy.” Male, C2DE

“Any Class A drugs can be very dangerous, but softer drugs in moderation and with people you trust is fine.” Female, ABC1

Drugs use was not referenced in focus group diaries – which may be more reflective of participant’s hesitancy to disclose illegal activity than their abstinence. The majority did not reference consuming alcohol (or going for “drinks” or to a pub/bar) over days they completed the diary, which included one full weekend. One respondent even commented on going to “pre-drinks” at a friend’s house before a party, yet no-one had any alcohol.

A number of female focus group participants referenced the idea that drinking alcohol at high levels could put them at risk of sexual assault, which some stated was the reason why they chose not to drinking excessively - in order to protect themselves.

“I think seeing people drunk and realising how vulnerable they are can be quite a daunting prospect.” Female, ABC1

“If they are drunk they can be taken advantage of.” Female, CD2E

However, for many respondents alcohol was seen as a way to enhance time spent socialising with their friends, particularly in the context of house parties or at the weekends. Of those who consumed alcohol, the idea that it “makes social gatherings more fun” was the most popular reason for drinking.

“Drinking alcohol with friends at parties is fun and gets you hyper, I only drink when going to parties.” Female, C2DE

“I drink at parties... because we’re all super stressed about life and it’s just nice to forget or at least have a distraction.” Female, ABC1

Alcohol served a second primary purpose for the young people we spoke with: to help them relax. As previously noted, focus group participants clearly took their education and / or employment very seriously, and felt it was very important to work hard in order to secure the career and future they wished for. In this context, consuming alcohol at low levels provided the young people with an opportunity to escape the stresses of their day-to-day lives.

“If I’ve had a terrible week I like to have a beer or two to unwind.” Female, C2DE

“Alcohol helps me to relax, I love having a hot bath, a glass of wine and a book.” Female, C2DE

Female survey respondents were more likely to cite “increased confidence” as a reason for drinking alcohol (46% of young women compared with 32% of young men.) A number of focus group participants mentioned the role that alcohol plays in facilitating sexual encounters, although not all were positive about the potential of mixing high levels of alcohol consumption with sexual activity:

“Some people become more promiscuous when under the influence of alcohol.” Male, C2DE

“If you’re drunk then you are more likely to feel over confident and not use condoms.” Male, C2DE

Drugs, however, were largely not viewed as a facilitator of sexual activity in the same way that alcohol was. Some stated they felt drugs would inhibit sexual activity due to the effects, and that drugs were often taken in a different context and with friends.

“People don’t take drugs to hook up, but they drink alcohol to help them.” Male, C2DE

The majority of young people’s alcohol consumption takes place within either their home or a friend’s home, with house parties the main occasion at which young people aged 16-18 drink alcohol. However, external venues such as pubs and bars, and nights out with friends, are significantly more popular for 18 year olds.
Alcohol consumption occurs within the context of an event or occasion, something to be shared with friends rather than consumed alone. Only one in five (22%) of those surveyed said they consume alcohol as part of a normal day/ evening or for no particular occasion.

The most common source of alcohol for young people is their parents or guardian, with half (51%) stating they purchase their alcohol, rising to 62% of those aged 16. Only one in five (21%) report consuming alcohol purchased by someone aged under-18, although this is higher among 16-17 year olds (31%). ABC1 young people were more likely to report consuming alcohol purchased by someone aged under-18 than C2DE young people (24% vs 17%) and there was no difference by ethnicity.

Graph 32:
When you drink alcohol, what age are those who purchase it?

Young people were evenly divided on how easy it is for under-18s to be served/sold alcohol in their local area:

Graph 33:
How easy or difficult do you think it is for people aged under 18 to ‘get served’ alcohol?

It is interesting to note that while 34% of 16-17 year olds thought getting served alcohol underage was easy, only 31% stated that they consumed alcohol purchased by someone aged under-18. The young people who participated in our focus groups did not recognise the decline in alcohol consumption among their peer group, and were very surprised, and indeed sceptical, when presented with news reports on this trend, despite the fact that many participants had already stated that they consume alcohol at low-levels. It therefore followed that young people were sceptical of the hypothesis that a decline in teenage drinking has contributed to a decline in teenage pregnancy rates.

“It doesn’t feel like rates [of alcohol consumption] are falling.” Female, ABC1

There were mixed views as to whether or not drug use was more common among this generation compared to those previous. A number of focus group respondents, particularly those within the C2DE groups, felt that “soft” drug use was relatively common among their peer groups, and participants largely felt that “soft” drugs were relatively easy to access.

“It’s easier to get weed than alcohol if you’re under 18 here.” Male, C2DE
With regards to the interaction between alcohol and sex identified by our focus groups, within our survey respondents, those who consumed alcohol were much more likely to have had sex than those who had abstained, and were more likely to have had sex with two or more people.

Those who consumed alcohol at higher quantities were also more likely to have had sex than those who drank at lower levels, and were also more likely to have had sex with two or more people.

BME young people, 16 year olds, and those with a religious affiliation are less likely to both drink and have had sex with one or more people, and to an extent that will be represented in these results. However, given the scale of difference in sexual behaviour between those who consumed alcohol at low and high levels, combined with previous studies which have demonstrated an association between heavy alcohol consumption, sexual activity, and also non-use of condoms, and the association focus group participants made between alcohol and sexual activity among their peer group, it seems likely that the decline in high-levels of alcohol consumption among this age group teenage has contributed to the decline in teenage pregnancy rates.
Conclusion: What is driving the fall in teenage conceptions?

The downward trend in teenage conceptions appears here to stay. We can welcome this without stigmatising those who make the decision to have a child at this stage in their life. Yet it is important that we understand the factors in this trend in order to support young people’s reproductive choices and work to prevent unplanned, unwanted pregnancies across all age groups.

This report examined two areas that are within the immediate scope of BPAS and other sexual and reproductive healthcare providers: information about sex and relationships, and contraception.

Our research adds to the growing body of evidence that good quality SRE can have an impact on teenagers’ sexual behaviour. However, our research also suggests that a significant proportion of young people are not currently receiving a high standard of SRE. While we would all hope that young people would feel able to discuss sex and contraception with their parents, teenagers are often deterred by embarrassment, and parents may be too. In the absence of good school-based information, the teenagers we spoke to were seeking facts about sex from unreliable sources, including pornography, films, and television shows, which are unlikely to provide young people with the information and advice they need to prevent unplanned pregnancy. There are also groups of young people, including D/deaf youth, who find accessing information via videos and websites very difficult due to barriers to comprehension and low reading ages. Given the potential impact on teenage sexual behaviours, we look forward to the government implementing their plans for compulsory relationships and sex education, and in doing so urge that they ensure teachers and those delivering these sessions receive adequate training and support to provide all young people with the tools and information they need to protect themselves against unwanted pregnancies.

With regards to contraception, the picture also appears mixed. As with SRE, good contraceptive use of highly-effective methods has a clear potential to reduce unplanned pregnancy rates among young people. However, while the young people we spoke to were very much aware of the importance of using contraception, and extremely averse to the idea of having a child at this stage in their lives, these stated attitudes are out-of-step with our survey data on contraceptive use. While we would urge caution in placing too great an emphasis on the results from one survey question, it does appear that a minority of young people do not use contraception every time they have sex. Cuts to public health budgets are making contraceptive services more difficult to access for some young people, and this may be reflected in these figures. We would also welcome further research into the impact of messaging around fertility and the need to “protect” one’s ability to conceive, and the extent to which this is affecting young women’s understanding of their own fertility and therefore their use of contraception. Improvements to sex and relationships education and fully-funded accessible contraceptive services may together improve young people’s contraceptive behaviour, and we urge policy makers and commissioners to ensure the needs of young people are comprehensively addressed.

However, our research does indicate that factors outside policymakers control are currently playing a significant role in declining teenage pregnancy rates. This new so-called “Generation Sensible” – a term that was met with pride, derision, and disbelief by our focus group participants – is one which is firmly focused on their education and careers. Many anticipate significant challenges in the road ahead to achieve their goals, and many are concerned that they will struggle to achieve the same level of financial stability as their parents’ generation unless they work hard at this stage in their lives. They enjoy spending time with their family, and place a greater importance on this than socialising with their friends. Many believe that sex is special and should only occur within the context of a trusting, committed relationship, and they have a negative perception of those they deem “promiscuous.” This is a generation that partakes in traditional teenage risk-taking behaviours at much lower levels than those previous, and spend the majority of their time with partners and friends outside of school / work not in the same room but on the same screen. The significant decline in high levels of alcohol consumption, which a number of studies, our research, and young people themselves all link to sexual activity, together with this dramatic change in teenagers’ lifestyles and patterns of socialising, may well be the strongest factors that have pushed teenage conception rates to the current record low.

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