

## ***Introduction***

### ***Setting the scene – Context, Rationale, Aims and Objectives***

#### **Introduction**

This thesis presents a comparative exploration of three policy areas relating to teenage pregnancy in two European countries, Finland and Scotland. Due to the fact that both countries are often subsumed into ‘Nordic’ and ‘UK’ examples in much policy research and in relation to teenage pregnancy research, neither country’s policy response to unintended teenage pregnancy amongst compulsory school aged young women has been effectively explored or compared with other countries.

The purpose of this comparative exploration, therefore, is to locate and map policy responses to teenage pregnancy within three policy areas; sex education, sexual health and education, with the central aim of identifying and analysing key similarities and differences between Finland and Scotland that may further understanding about effective policy measures in promoting the reduction of unintended teenage pregnancy.

The purpose of the remainder of this introduction is to set the scene for the area of study under exploration by outlining the context, rationale, aims and objectives of this research as well as setting out the structure of this thesis.

### **Research Context**

In many countries and cultures, motherhood under the age of twenty has been viewed as a normal pattern of reproduction (Rhode & Lawson 1993). In recent decades however, in some countries of the Western world, teenage pregnancy has increasingly been viewed by many as a 'social problem' (Rhode & Lawson 1993). In Britain prior to the late 1980s, concern lay primarily with the issue of unmarried mothers, regardless of age. By the late 1980s there was growing anxiety around this issue of teenage motherhood and by the 1990s the issue of teenage pregnancy and teenage motherhood had received more political and media attention than ever before (Selman 2002 (forthcoming)).

Of particular concern to the British government has been the question of why the rate of teenage pregnancy declined in line with most European countries from the early 1970s until the 1980s and then further decline halted, whilst the majority of European countries witnessed further continual decline (Kane & Wellings 1999). Viewing a high rate of teenage pregnancy in itself as a reason for concern, is however, a culturally-bound perception (MacIntyre & Cunningham Burley 1993). Many countries in the developing world have considerably higher rates of teenage pregnancy than is the case in Scotland and Britain as a whole, and yet in many of those countries teenage pregnancy is considered to be a normal pattern of reproduction (Rhode & Lawson 1993).

Despite the growth in concern in Britain over teenage pregnancy and a desire by government to reduce the rates of teenage pregnancy, so far policy in Britain has had little notable impact on those rates (Ingham 1992; Lawson & Rhode 1993).

Much research conducted during the 1980s and 1990s, which explored how best to approach the desired reduction in teenage pregnancy rates, focused on pregnancy prevention programmes. Research on the effectiveness of school-based prevention programmes took centre stage during this time, although most was USA-based (For example see Zabin et al. 1986; Kenny et al. 1989; Eisen et al. 1990; Kirby et al. 1991; Olsen et al 1991a, 1991b; Eisen et al. 1992; Stout & Kirby 1993; Kirby et al. 1994; Visser & Bilsen 1994; Kirby 1995; Kirby 1997a, 1997b; Kirby 1999).

From the end of the 1980s however, research did begin to explore the potential of the sex education programmes being utilised throughout Europe (in the Netherlands in particular), specifically because of the relative success in declining teenage pregnancy rates seen in Europe which were not visible in the USA (For example see: Meredith 1989; Donovan 1990; Gallard 1991; Koral 1991; Patsalides 1991; Friedman 1992; Kontula et al. 1992; Doopenberg 1993; van Bilsen & Visser 1993; Persson 1993; Braeken 1994; Clark & Searle 1994; Vilar 1994; Wall 1994; Burström et al. 1995; Silver 1998). The tendency to continue to look to the USA for answers (despite having a pregnancy rate considerably higher than in England) is however still apparent within government funded research in England (for example SEU 1999).

In addition to this primary focus on sex education, research during the 1980s and 1990s became increasingly focused on sexual health service provision, initially in response to the AIDS<sup>1</sup> crisis. The recognition of young people's needs in this area

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<sup>1</sup> AIDS stands for Acquired Immune Deficiency Syndrome.

of service provision in relation to the reduction of teenage pregnancy, however, did not begin to gain momentum until the early-mid-1990s. At this time large research studies including Allen's study of family planning projects (1991), Shucksmith et al.'s study of health advice centres for young people (1993), the SNAP report in Scotland (McIlwaine 1994) and the Wessex study in England (Clements et al. 1997), began to look at the availability of sexual health services for young people and the potential importance of services set up specifically for young people.

Developing on from this type of research, during the latter half of the 1990s through to the early 21<sup>st</sup> century, research began exploring the actual views of young people. For example, research such as that undertaken by Aggleton et al. (1999) has explored young people's views about the types of services that they feel are needed and desired by young people in order to maximise their use.

In relation to research on teenage pregnancy and education, whilst the association between low educational achievement and the likelihood of teenage motherhood has been well documented (Jones et al. 1985; Hayes 1987; Hofferth 1987; Kirby et al. 1994; Kiernen 1995; Moore et al. 1995), there has been a general misconception that pregnancy is the reason that young women drop out of school or are low achievers. In fact, it is often the case that the young women had already been performing poorly, had dropped out of school or had been excluded from school prior to pregnancy (Phoenix 1991; Selman 1998; Selman et al. 2001; Turner 2000).

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Recognition of the need to focus on the educational and life aspirations of young people, women in particular, as a means to reducing unintended teenage pregnancy, however, was only formally acknowledged during the latter half of the 1990s (Selman & Glendinning 1996; SEU 1999).

Research into teenage pregnancy within a Scottish context over the last ten years has focused on the provision of sex education (see Wight & Scott 1994; Bagnall & Lockerbie 1995; Wight 1996; Wight et al. 1999), the sexual knowledge and behaviour of young people in Scotland (For example see Currie & Todd 1993; Graham et al. 1996; Currie et al. 1998; Glasier 2000; Shucksmith 2000; Wight et al. 2000), and the availability of certain services for young people (For example see Shucksmith et al. 1993 & McIlwaine 1994).

While it is acknowledged that Scotland and England have very similar trends with regard to teenage pregnancy rates over the last twenty years (Singh & Darroch 2000), what is not as well known is the fact that policy, which could impact upon the rate of teenage pregnancy in Scotland is very different from that in England, in particular in relation to the education system and the provision of sex education.

For example, because Scotland has its own education system, a separate set of Acts is in place that relate only to Scottish educational policy. In turn this means that none of the English Education Acts relating to sex education are relevant to Scotland. This includes important Acts such as the 1986 Education Act, which states that all schools are required to have a policy on sex education and that that policy must be made available to parents; and the 1993 Education Act, which

states that all schools must provide sex education, including education on HIV and AIDS, but that parents have the right to remove their child from any sex education that is not part of the national curriculum. In Scotland there is no legal requirement for schools to teach sex education and parents do not have the right to remove their child from any sex education that is provided.

However, despite the Scottish research noted above and the wealth of research conducted since the 1980s on the issue of teenage pregnancy in other countries, very little comparative research has been undertaken to explore teenage pregnancy between Scotland and other countries. A great deal of research purports to comparatively explore the situation in the UK or in Britain with the USA or Europe, however, on closer inspection, it is usually the case that the statistical data and policy discussed is only relevant to England, or England and Wales.

For example Kane & Wellings (1999) set out to explore a variety of policy issues related to teenage pregnancy utilising evidence from a range of European countries. Their main aims were to explain the patterns of conceptions throughout Europe as well as to situate the UK within a European context. On one level, this research is useful in identifying trends throughout Europe and the case studies of specific countries provided some detailed information about the history and development of sex education and sexual health services for young people. They fail, however, to identify that the information they provide for their home country, the UK, is incorrect in so far as it applies only to England and Wales and yet purports to apply to the whole of the UK.

Further to this, even where research has attempted to break down information for the countries within Britain (for example see SEU 1999), legality around the provision of sex education, for example, is still incorrectly stated to be the same for Britain as whole.

Similar to Scotland, whilst there has been a range of research conducted into sex education, sexual health services for young people and the sexual behaviour and knowledge of young people in Finland (see Kontula and Meriläinen 1988; Kosunen 1993b Väestöliitto 1994; Kosunen 1996; Kosunen & Rimpelä 1996a; Liinamo et al. 1997; Kontula 1997; Kosunen et al. 1999a, 1999b; Liinamo 2000), it too, has been the focus of little comparative policy research relating to teenage pregnancy.

As Scotland is often subsumed into the 'UK' or Britain, Finland has often been subsumed into a 'Nordic' example in policy research, possibly due to its difficult language (Kuronen 1999). Therefore, the originality of this research lies in the fact that little comparative research into teenage pregnancy has been conducted between either Finland or Scotland and any other country and no comparative research into teenage pregnancy has been conducted between Finland and Scotland.

This particular combination of countries also provided an excellent comparison due to a number of important basic similarities that existed between the two countries, which suggested that there might be useful policy differences between the two countries that may help to account for the differences in teenage pregnancy

and related rates<sup>1</sup>. These similarities included; the same legal age of heterosexual consent, similar estimated rates of teenage sexual activity (Wallace & Vienonen 1989; Currie & Todd 1993; Papp 1997), the same legal age at which compulsory schooling ends, as well as potential similar difficulties in service access by young people due to the geography of both countries.

Before progressing to set out the rationale, aims and objectives of this research, the issue of why this research is concerned with the issue of teenage pregnancy is identified. Researchers exploring the issue of teenage pregnancy have been criticised for failing "to specify why we should be worried... [which] often proves particularly irritating because it leads to a lack of precision about the nature of the perceived problem of adolescent pregnancy" (MacIntyre & Cunningham Burley 1993: 61).

This research is approaching teenage pregnancy from the perspective that it is not justifiable to define teenage pregnancy as 'problematic' in itself. Rather, taking the rate of live births to teenagers as an indicator of planned and wanted births (although often they are unplanned but not necessarily unwanted), the fact that a large proportion of teenage pregnancies are unintended and subsequently unwanted shows that they perhaps should have been prevented. Therefore the high rate of unintended teenage pregnancy in Scotland is a visible sign that young people are not taking (or able to take) adequate precautions to prevent pregnancy. Since pregnancy is only one negative outcome of unsafe sexual practice, others being

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<sup>1</sup> Reference here and throughout the thesis is made to 'related rates', these are abortion and birth rates.



STIs and HIV<sup>1</sup>/AIDS, the concern of this thesis lies with the broader issue of teenage sexual health despite the primary focus being that of teenage pregnancy.

### **Rationale, Aims & Objectives**

In 1998 and for the previous two decades, the UK has had the highest rate of teenage pregnancy in Western Europe (Kane & Wellings 1999). Scotland has fluctuated from being marginally higher to lower in comparison to England and Wales. Scotland's rate however is still considerably higher than the rest of Western, Northern and some areas of Eastern Europe, with only the USA as a comparably developed Western nation having a considerably higher rate, as can be seen below in Figure 0.1<sup>2</sup>.

The trends in teenage pregnancy and related rates across Scotland and Europe are explored in detail in Chapter one. An important point to note, however, is that the rate of births to teenagers in Scotland is at present lower than it was thirty years ago and has not significantly risen in recent years. Additionally, the overall teenage pregnancy rate in Scotland has changed remarkably little during the last two decades.

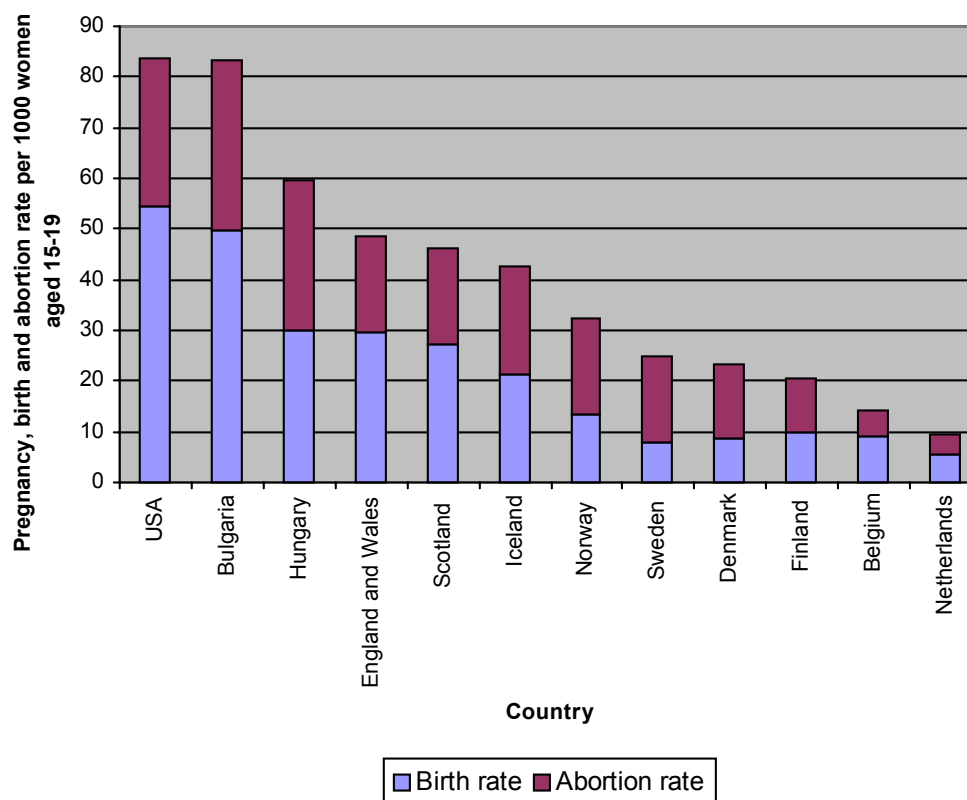
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<sup>1</sup> STI stands for Sexually Transmitted Infection. This is a change from STD or Sexually Transmitted Disease, as an individual can be infected but not diseased. HIV stands for Human Immunodeficiency Virus.

<sup>2</sup> Data for Figure 0.1 can be found in Appendix i.

**Figure 0.1**

**Pregnancy, birth and abortion rates per 1000 women aged 15-19 in a selection of countries in 1996 (or latest available year)**



#### General notes

Year for birth and abortion data is 1996 unless noted below:

1998 Birth and Abortion data for Scotland.

1995 Birth data for Bulgaria, Norway and Denmark

1995 Abortion data for England and Wales and Belgium

1992 Birth and Abortion data for the Netherlands

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20 not just 15-19.

Sources: Abortion data from ISD Scotland 2000; Singh & Darroch 2000.

Birth data from UN Demographic Yearbooks 1997,1998,1999; ISD Scotland 2000.

Therefore perhaps, rather than continuing to ask the question ‘why are the rates so high in comparison to Europe?’, what needs to be asked is ‘why have the rates not

declined in line with most of Europe?’ Then in turn, as this research has done in relation to Finland, ask what policy options are being utilised in other European countries that have enabled the continually declining rates that have eluded Scotland since the beginning of the 1980s?

In Britain as a whole, concern with regard to teenage pregnancy has been most noted in the rate of pregnancy to under 16s. This is deduced by the fact that the previous Conservative government’s target set in the *Health of the Nation* paper (1992) to reduce pregnancy rates in England<sup>1</sup> by 50% for the under 16s by the year 2000 (from 9.5 in every 1000 in 1989 to 4.8 in every 1000 in 2000). Additionally, the new Scottish Executive in their White Paper *Towards a Healthier Scotland* (1999) have also now set a target to reduce the under 16s pregnancy rate by 20% by the year 2010 from a base year of 1995 (8.6 per 1000).

Having failed to achieve the *Health of the Nation* target, it is fair to now question why. If Scottish Executive officials are going to be successful in the future in reducing the rate of teenage pregnancy in Scotland, then there has to be an acceptance that as a whole, there has been a failure so far to provide today’s young people with ‘something’. Whether it be education, support, sexual health services, motivation not to become a parent, achievable life-goals or most likely a combination of the above, something is missing from their lives that they require in order to enable themselves to (want to) be sexually responsible and delay pregnancy and parenthood.

In contrast to the situation in Scotland, Finland has witnessed relative success in reducing the rate of teenage pregnancy and related rates over the last three decades. Therefore, this research explores and analyses a selection of policies relating to teenage pregnancy in Finland and Scotland, looking for key similarities and differences, which may help to explain why these differing trends exist.

This research has also explored the different levels of policy at work within each country, by looking first at the national framework within which local level policy is expected to be operationalised, before examining what has been implemented at the 'ground level'. This is a very important issue to consider when comparing policy at any level because what may present itself as an excellent policy framework does not guarantee the implementation of that policy at the local level (For example see Thomson & Scott 1992).

After a thorough examination of the literature, three policy areas were chosen for comparison as those most likely to have a strong effect on unintended teenage pregnancy amongst young women of compulsory school-age. The process of reaching the decision of which policy areas to explore is described further in Chapters Two and Three, however, in short, because the focus of this research is on pregnancy amongst women of compulsory school age (16 in both countries), three policy areas were chosen that were most likely to impact on young people of school age. Those areas are school-based sex education, sexual health and education.

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<sup>1</sup> Although this target was set specifically for England, with no separate target of their own,

Although debate exists in Britain (and the USA) as to the potential impact that welfare provisions such as social security and housing benefits have on the active decision of some young women to deliberately become pregnant and therefore act as an incentive to early parenthood (Selman 1998; 2002 (forthcoming)), the area of welfare policy has been deliberately excluded from this thesis. The rationale behind this choice is that this thesis is primarily concerned with pregnancy amongst young women of compulsory school age, to whom no direct welfare benefits are available in Scotland.

After deciding on which policies to explore a total of six months of fieldwork was undertaken, three in each country, in order to map and locate those policies within their national and local frameworks. Having achieved this, the final aim was to compare and contrast the national frameworks at government level and local level policies within three local authorities and municipalities and four schools. One school in each country was chosen as a pilot school, followed by three further main schools, one within each local authority/ municipality<sup>1</sup>.

The overall aims of this thesis therefore, have been to undertake a comparative analysis of a selection of policy areas in Finland and Scotland, which will enable the findings of this research; to add to the existing knowledge base on policy relating to teenage pregnancy; to explore potential options for Scottish policy makers, that aspects of Finnish policy offer for the reduction of unintended teenage pregnancy and finally to identify areas warranting further research.

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officials in Scotland used the *Health of the Nation* target as well.

<sup>1</sup> Further details of how the case-study areas and schools were chosen and the methods by which the research was undertaken are explained in depth in Chapter Three.

***The structure of the thesis***

This thesis consists of eight chapters. Chapter One begins by reviewing the trends in teenage pregnancy and related rates across Europe, before progressing to explore the trends in Scotland and Finland. In order to gain an overall picture, the chapter focuses not only on the trends in pregnancy and related rates, but also considers a number of associated factors, such as inequality, poverty and education level and aspiration, as well as causal factors including, rates of sexual activity and contraceptive use.

Chapter Two provides the main literature review of this thesis. The Chapter begins by establishing why sex education, sexual health and education were the three policy areas chosen for exploration in this thesis. This is followed by a discussion of a range of the literature available regarding each area of policy under exploration, namely; sex education, sexual health and education. The chapter summary then provides further rationale as to the decisions behind the inclusion of each policy area within this research.

Chapter Three considers issues relating to the methods and methodology of this research. It begins by exploring the methodological process of reaching the final research design. This is then followed by a consideration of the many methodological issues relating to qualitative, cross-national, comparative social policy research, as well as locating my work methodologically within those fields. Finally the chapter presents the methods of the data collection as well as issues

relating to the methods by which the research was undertaken, analysed and written up.

Chapter Four instigates the process of locating and mapping the various policy areas under exploration, beginning in this chapter with the national framework of policy provision in both countries. Each area has been examined in turn to set out the development of policy at the national level, and the framework within which those implementing policy at a local level work.

Chapter Five continues the process of locating and mapping at the local level of implementation. Particular attention is paid in this chapter to the relationship between the national framework and what is implemented at the local level in both countries.

Chapter Six compares various aspects of policy at both national and local levels to focus attention on the key similarities and differences between the two countries and to draw out the main themes that have arisen from the research. In doing so, drawing upon the main comparisons, this chapter raises a number of potential connections between the key policy differences and the rate of teenage pregnancy in each country. Many of these connections then produce a variety of questions that warrant further exploration, which are discussed in further detail in the concluding chapter.

Chapter Seven explores the direction of change in the three key policy areas that have occurred in both countries since the mid-1990s. In every area of policy,

continuity, development and change are common features. Whilst the policies under exploration in this thesis remained relatively unchanged for a number of years, since the mid-1990s there have been some developments, which have resulted in what appears to be a change in direction for both countries. Chapter Seven therefore outlines these main developments and pays particular attention to the effect that these changes could potentially have on the rate of teenage pregnancy, in light of the analysis of the data in Chapter Six.

Finally, Chapter Eight presents the concluding section of this thesis and addresses a number of issues. First, there is a discussion of the potential policy options derived from the analysis of the key similarities and differences between Finnish and Scotland policy, which could aid in the reduction of teenage pregnancy in Scotland. Second, there is a discussion of what this thesis adds to existing literature on teenage pregnancy in relation to the selected areas of policy under exploration and finally, issues relating to the future research agenda are discussed.