Reducing the High Rate of Teen Pregnancy with Sex and Relationship Education
-a lesson from the UK
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Abstract

As Taiwan in a crisis of highest teenage pregnancy among Asia countries, the current Sex and Relationship Education (SRE) has been debated for its effectiveness. The researcher intends to tackle the problem by looking at examples in the UK since the UK has launched many schemes both in society and on campus to provide sex and relationship information for young people.

The researcher uses both adolescent development theories and practical examples in the UK in reviewing the literature. On the one hand, based on the developmental theories, young people start to experience the rising of sex drive and interests in opposite genders. During the transition into adulthood, adolescents are to face the psychosocial, psychosexual and cognitive development. At this moment, romantic relationships and sexual issues have become young people’s interests. Sex and relationship education has been practiced on campus to assist young people dealing with such issues. However, the current situation is that young people’s pregnancy rates still remain high. SRE seems have limited outcome.

On the other hand, examples from other countries also provide insights. Since the UK has the highest rate of teenage pregnancy in Western Europe, the Department for Education and Skills (DfES) and the Office for Standards in Education (OFSTED) have taken responsibility in enhancing the SRE practiced on campus by learning from other countries, such as abstinence program in the United States.

This paper is to evaluate the current sex and relationship education in Taiwan, and to discuss the strategies practiced in the UK. Evidence-based practice will be applied to gather reports and literature regarding to teen pregnancy and sex and relationship education. Moreover, Taiwanese adolescents’ attitudes toward current SRE will be brought out in comparison with school teachers’ opinions.
Introduction
As Taiwan is facing a crisis in having the highest teen pregnancy rate among Asian countries, sex and relationships have become important issues for young people. UK has also held the highest teen pregnancy rates among Western Europe and has been launched programs to tackle this program. Sex and relationships are no longer forbidden issues for those young adults. The government and educational authorities have started to become aware of the importance of adolescents’ development and that along the pathway into adulthood, young people face challenges from psychosocial, psychosexual, and cognitive changes. The developments have boosts young people’s interest in opposite gender and also provided chances for them to establish relationships outside family.

Theoretically, adolescents are facing dramatic changes in the areas of psychosexual, psychosocial, and cognitive development; Erikson especially points out that peers become the young people’s key social agency (Beaty, 2002, Piaget, 1999, Erikson, 1994, Freud, 1977). Research also shows that peers may have both positive and negative influences (Henry et al., 2007, Umana-Taylor and Baca-Gomez, 2003, Erwin, 1993, Steca et al., 2007). Interest in romantic relationships is partially the results of physical and psychosocial developments; many young people start their romantic relationships during adolescence, and seek support and advice from others. Romantic relationships may help young people to search for appropriate future partners and healthy romantic relationships may also bring happiness and contentment so maintaining self-esteem; however, young people can also suffer depression from romantic relationships. Counselling services were set up to provide information and assistance to young people, though their effectiveness has been questioned.

This research aims to explore how nowadays young people see the information regarding sex and relationship education (SRE) provided by school, and also evaluate the effectiveness of the current SRE. Strategies practiced in the UK will also be discussed along with cases in other countries.
Background situation

With the highest teen conception rate in the Europe; the teenage birth rate in the UK is 3 times as high as in France and 6 times the rate in the Netherlands (TPU, 2001). A higher proportion of young mothers under 20 are not married (Isobel and Shirley, 1998). This suggests that attention needs to be given to those young people’s situations and the society is influenced.

Medical abortion has become frequently used to terminate pregnancy in unplanned and unwanted pregnancy. Based on the investigation of Teenager Pregnancy Unit (2003), almost half of the pregnant teenagers aged 16-17 choose abortion. The abortion rate is showing a steady increase especially for young girls under 17 (Isobel and Shirley, 1998).

Teenage parents face higher risks to both physical and mental health. They are still growing and developing themselves in many ways and both mentally and physically may not be ready to become parents. Aggleton et al (1998) have pointed out the health risks for teen mothers who are more likely to have anaemia, obesity, and hypertension. Mentally speaking, teen mothers have a higher rate of depression, anxiety, and negative feelings about themselves and parenting (Sara and Nona, 2003).

Their babies have problems not only in health and mental development but also social adaptation which may influence their future lives. Even worse, the infant death rate is higher.

Health inequalities tend to become existed since the children of teenage parents are more likely to become teenage parents themselves (DoH, 2003). Other significant issues, such as poverty and social exclusion, affect the outcome of economic and education situation for the children.
Adolescents’ Development

Adolescents’ developmental theories state clearly how young people progress to adulthood and what tasks they have to complete. The key theories include Erikson’s psychosocial development, Freud’s psychosexual development and Piaget’s cognitive development. Freud, Erikson and Piaget all indicated growth and change during adolescence including physical and mental growth.

Erikson’s (1994) psychosocial developmental stages suggest that adolescents are in the crisis of searching for an identity and experience role confusion; at the same time, their peers start to become prominent in their social life. According to Erikson, adolescents try to establish identities in order to proceed into adulthood, and this struggle is a crucial stage of transfer to adulthood (Kroger, 1989, Shore and Massimo, 1969, Erikson, 1965). Adolescents start questioning who they are and turn in to peers as their social network. Role confusion may occur when adolescents fail to establish their identity and this can cause them to become uncertain about their status and have difficulties in conquering the next crisis, that of achieving intimacy with others. Although Erikson’s theory has been criticised for its lack of explanation of what causes the crisis (Shaffer, 2002), and the lack of details about the adolescent identity crisis and his clinical approach (Coleman and Hendry, 1999, Stevens, 1983, Lo, 2005), his psychosocial development remains influential in understanding people’s lifespan. Moreover, Erikson’s theory of psychosocial stages is the most influential in Taiwan (Lin, 1994); however, cultural differences also need to be considered. Lo (2005) and Chang and Huang (1982) argued that, in Taiwan, young people are likely to postpone their identity search until late adolescence or early adulthood (Lo, 2005, Chang and Huang, 1982). Taiwanese adolescents might have to decide which field to study at university, or they might be confused about their future direction. This may result in frustration and depression in young adults who become stuck in role confusion.

Freud’s psychosexual development described the progress of a child growing from a baby into maturity including the oral stage, anal stage, phallic stage, latency stage and the genital stage; adolescents are located in the genital stage (Freud, 2003, Freud, 1977). With physical maturation and hormonal secretions, adolescents begin to have an interest in the opposite sex, and start to be aware of their sexual desire. Therefore,
the sex drive and libido contribute to young people’s developing relationships. However, Freud’s theory has been criticised in that he over-emphasized sexuality (Rieff, 1979, Jahoda, 1977). Other factors may also affect an individual’s psychosexual development, and Erwin (1996, 1997) and Jung (1978, 1992) argued that Freud’s theory mainly came from his observation which were individual cases. Furthermore, Freud’s theory may not adapt to different cultures (Berk, 1998). In Taiwan, a study by Sun (2004) discovered that social interaction plays an important role in young people’s psychosexual development apart from the sex drive. Nature and nurture are both important in adolescents’ development.

The cognitive development theories of Piaget’s and Vygotsky’s, both indicate that young people are able to manage more complex questions during adolescence. This ability helps young people in their search for an identity, their thinking about their roles in family and romantic relationships. According to Piaget (1969), young people at the formal-operational stage are gaining three abilities: hypotheses, reasoning, and proposition. With the ability to operate on problems and to hypothesise, adolescents start to question their own beliefs and values. So, conflict between parents and adolescents could be a result of young people’s developing ability to think. As their thinking becomes more logical and hypothetical, young people may gain the ability to question parental authority and feel confused about their hypothesis and the real world. Lee (2003) proposed that Taiwanese young people with the ability to reason are able to state their own ideas and their parents’ ideas are no longer ones with which they have to agree. Furman and Simon (1999) discussed cognitive development and romantic relationships. Since young people have developed the ability think hypothetically they are likely to experiment with different roles, and this can affect their opinions on relationships. Romantic relationships offer a new opportunity for young people to behave and interact in the role of romantic partner. Moreover, Vygotsky (1978) argued that people’s cognitive development can be promoted with the help of experienced peers and adults. Therefore, experienced peers and adults may assist adolescents to encounter more complex situations, such as romantic relationships.
**Strategies in the UK**

Since UK has been hold the highest teen pregnancy rates among Western Europe countries (TPU, 2001), there have been strategies practiced to halve the situation. Some already have significant results in cutting down the teenage conception rate and some are uncompleted. Aggleton et al (1998) have stated that image, access, and confidentiality are essential issues for young people as regarding sexual and health services. Among these strategies, the approaches might be differ according to various local needs, but the goals and the directions are all focused on education and access to contraception. The educational activities will be focused on and discussed.

Initiative - announced by the Department of Health (2003).

1. National media campaign
2. Education in school
3. The use of contraception and advice
4. Education for parents

Schemes practiced nationally

Liam (2003) has stated that there is no simplistic method to reduce the teenage pregnancy rate, and it requires focusing on giving young people both the “means” and the “motivation”. There have been many schemes executed in many areas; for example, TPU (teenage pregnancy unit), 20SSP (sure start plus), SEP (sex education program), Bodyzone, and MAC’s place. SEP, M2M, and Bodyzone have already achieved a significant success in cutting the teenage pregnancy rate in certain areas (DoH, 2003). These programs are ongoing and the full results will not been seen in the short term.

Education

Education has been targeted as one of the most efficient ways to reduce the teenage pregnancy rate (DoH, 2003). Liam (2003) also indicated that SRE linked with a contraception service would be very effective. There are many projects about education held on campuses for young people in the UK. For example, MAC’s place, SRE, and Abstinence Education are widely practiced.

**Sex and Relationship Education (SRE)**
The teenage pregnancy rate should have declined significantly since SRE has been practiced in schools for some years. However, the rate still remains high. It is obvious that the original sex education in schools is not having enough influence on today’s teenagers (Chambers et al, 2001). One of the reasons may be that the information teachers give might not be what teenagers actually need. Making the proper information accessible and less embarrassing to access should be one of the goals in schools.

SRE given at an early age should be appropriate for young people according to their different levels of maturity (DoH, 2003). The reason for this is the significant fall in the age of first intercourse (Kaye and Kirsti, 1998). It is widely known that prevention is much more important than further treatment, so that the proper sessions need to be addressed earlier for the young. School-based education also needs to be linked to skills such as enabling the postponement of sexual activity and contraception service (Chambers et al, 2001). The information and knowledge need to be made available before young people become curious about having sexual activity. And the content of SRE should be more appropriate to age (Chambers et al, 2001).

Schools need to hold open discussion and video sessions for young people. Students should be encouraged to talk and enquire about sexual issues in a non-judgmental environment and have their decisions respected. SRE should include discussion and video sessions for students who should be encouraged to openly discuss their questions with teachers and other students. Moreover, some video programmes about pregnancy, childbearing, even abortion could give students some idea of what will happen in pregnancy. The video session has successfully influenced the college students in Taiwan since they discovered the harm might occur to their bodies. Thus, self-awareness could be raised and teenagers could realize the importance of their health.

Teen mothers are more welcome to share their experience rather than teachers or professionals (Chambers et al, 2001). The guests would offer them an opportunity to hear the stories of what these young mothers have been through. Students are also likely to ask questions without feeling embarrassed since they might have no chance to meet these guests again and they would cherish this chance.
Advice for contraception and sex health issues should be provided in schools; some students might approach teachers or school nurses they trust for information. It would be a good opportunity for the staff to establish a trusting relation with them. Most important of all, the information the staff give is closely linked to local services so that students could also seek support from other sources, such as GPs, or family planning clinics (Chambers et al, 2001).

Abstinence Education
Just say no - abstinence education has been promoted in the United States for years and has postponed sexual activity for young people (Blake and Frances, 2001). Therefore, this scheme has been recommended and adopted into the National Curriculum in the UK. All young people should have access to a free, confidential health advice and support developed by schools and other organizations (Blake and Frances, 2001).

However, abstinence education has not achieved remarkable results since there are still blocks within the relationships between adult and teenagers. Blake and Frances (2001) identified that some students show that abstinence education is nothing to do with their lives since they usually behave themselves in front of parents but lead another life with their friends. Leading two different roles is very common for young people and it would be difficult for adult to recognize what they really need. Even though the adults may want to know, the young people are reluctant to say what is on their minds.

Another factor in the failure is that the abstinence education does take into account young people’s experiences and sexual diversity (Blake and Frances, 2001). The objective for abstinence education is limited. Some, for example, young people may already have had sexual experience would not obtain effective information from abstinence education, neither do homosexual people.

Communication skills
Decision-making and negotiating skills are addressed in the curriculum (Meyrick et al, 2003). Teenagers are easily influenced by peers. Teenagers need to have the final
say no matter how they are encouraged or stimulated by peer. They have to make the decision and no one should make decisions for others. It is very difficult to deal with this idea for teenagers since they feel only their peers really understand and listen to them.

Decision-making about pregnancy is essential for pregnant teenagers. Teenagers need more help to think over their future once they know they are pregnant. Although many young people have had abortion, their body could be harmed if they have a number of abortions. Having a baby is a difficult decision for young people since they need to think about their finances and where they will be living. Therefore, advice on how to manage their lives would be very important for young people in this situation.

The stereotyped image of male and female needs to be challenged (Chambers et al, 2001). The gender issues are necessarily discussed since girls often believe the myth that the female needs to please the male. Moreover, the myth about love is one of the reasons that young people have unplanned sexual activity. They need to know that they have the right to refuse if they do not want to.

**Teenage parents**

Teenage parents should be provided with the chance for education. Some girls drop-out when they are pregnant, and they are seldom able to finish their study at high school while some others do not continue to further education (Meyrick et al, 2003). This may well result in low employment level. Therefore, teenage parents should be encouraged to go back school to complete their education, or take higher education, if they can, so that they can increase their employment opportunities.

In some schools, teenage parents are given training for employment (Meyrick et al, 2003). Most of the teenage parents have low-achievements in studies and become unemployed, thus teaching them living skills and providing them opportunity to find a job will help them to manage their lives independently.

Learning how to prevent repeated pregnancies is also important for teen parents (Meyrick et al, 2003). Young mothers are likely to become pregnant again since
they do not use proper contraception or find that parenting is the only thing they do well (DoH, 2003). When young people have not obtained necessary living skills or job to cover their living expense, they should be helped to stop having more children. It is the responsibility of school nurses to give information on contraception.

Counselling services are offered to young parents (DoH, 2003). Meyrick et al (2003) have said that teenage parents need a comfortable and confidential environment for them to discuss their worries. School counsellors can provide emotional support and practical advice. Moral support and guidance about their future lives are also needed.

Limitation

There are still limitations in the programmes being practised in schools aiming to reduce the teenage pregnancy rate since the protection of young people needs to be considered. However, these limitations mean that some young people find no assistance to support and provide them with advice.

Some schools do not help pregnant teenagers to carry on with their studies (Chambers et al, 2001). Such pregnant teenagers are usually unable to attend school. It would be difficult for schools to follow up.
A Review of the Taiwanese Evidence

Since Taiwan also has the highest teenage pregnancy rate in south-east Asia, evidence from there could be a useful guide to reducing the rate. According to the report from Central News Agency (2003), the numbers of pregnant junior high school students has risen more than threefold since 1996. Among the pregnant teenagers, half decide to have an abortion and only a few end up in marriage. The dramatic increase also has raised awareness of teenagers’ development. Having been a teacher in junior high school in Taiwan, I had witnessed pregnant students facing struggles and difficulty with their futures.

The education about sex and relationships has been known as the key prevention method for teenagers; however, it would not be easy for schools to promote the scheme. First, the pregnancy issue challenges the relationship between teachers and students (Li, 2003). Teachers could be the persons that students talk to about their relationships and they commonly ask teachers to keep secrets. Hence, teachers have a conflict in minds about whether they should report to the social welfare organization or not since the borderline between confidentiality and the regulations is very ambiguous. If they talk with the parents, the students would feel betrayed by the teacher and would not talk again. On the other hand, if teachers maintain confidentiality, they would worry about the students and that it might be against the laws designed to protect the young. I had witnessed a case where the teacher was asked to keep a secret for a teenager but eventually told the parents. Of course, the parents were very angry at both. Unfortunately, the teacher was sued for “concealing the fact” and “a breach of duty”. This case ended as the young girl had abortion and the teacher felt very frustrated about young people’s problems.

Secondly, the atmosphere in campus in Taiwan is still very conservative. It is not common to see pregnant girls or teenage mothers in schools. The survey done by Li (2002) has revealed that once the student is pregnant, it is likely to be suggested that she leave school or attend a “midway house” school set up for young people do not normally attend school. Some teachers, even school counsellors, have no idea what they can do to deal with students’ sex and relationships problems, and they would rather let them dropout. A rejecting attitude makes students reluctant to approach teachers and the atmosphere becomes more closed. While I was a teacher in a junior
high school in Taiwan, I saw some teachers label students with sexual problems as “problematic ones” and ignore them.

Even worse, some schools ask those pregnant students to leave in order to maintain good reputation of the school so that they can continue to attract students (Li, 2003). In this kind of climate, students could hardly ask for help about sex and relationships issues from their teachers, and it is also difficult to establish a trusting relationship. Of course, those students who drop-out do not come back and the schools do not follow them up.

Thus, schools themselves have a problem with accepting the reality that students are having sexual and relationships problems. It would not be easy for school staff to promote sex and relation education and abstinence education. Before practicing such schemes, schools need to reform themselves and set up a respecting environment.

The schools in Taiwan have started to organize some sessions for teaching young people how to negotiate in relationship and the skills of self-defence (Gao, 2003). Also, an attitude of respect is addressed in the education for young people in Taiwan and will, to a significant extent, be a deep influence on teenagers’ sexual activity. Pon (2003) has indicated that students need to be taught to respect themselves and others, including their minds and bodies. Moreover, respect for unborn life should give them the idea to avoid unsafe sexual activity. The power of belief could have a forceful influence.
Evaluation on Sex and Relationship Education and School Counselling Service

Although sex and relationship education has been in the curriculum since 2001, the information given to students is not enough and unsatisfactory (Lin, 2004, Doh, 2004, Sun, 2006). Recently, there have been reviews and comments about proper sex and relationship education (2006b, Sun, 2006b). Adults blame the erotic material in sex education while young people feel that this is not true as it has little impact on them.

The findings show that both school teachers and students are not satisfied with the current sex and relationship education materials. Young people in the research indicated that the sex and relationships education was very boring and did not meet their needs. Some young people mentioned that the sex and relationships education are merely biology lesson while some young people argued that the materials in the textbooks are so out of date. Sex and relationships education is clearly in the curriculums, but young people just could not get any interests in them.

School teachers and counsellors also express their lack of assistance in delivering the current sex and relationship education. The materials have been debated for the content and wording. Teachers realised that young people clearly talk more openly about sex and relationships with their friends than the materials in the textbook; they still find it difficult to handle such issues.

The counselling service, along with sex and relationships education, is supposed to provide information and assistance for adolescents to manage their relationships. However, current sex and relationships education may not meet young people’s needs since it has been reported that adolescents talk about sexual issues more openly than adults (2006e). Not only does the counselling service need to be advanced, but the sex and relationship education also needs materials.

The school counselling service is intended to improve young people’s health. School counsellors and teachers are responsible for providing the information and assistance young people need. Some reports have acknowledged the effectiveness of counselling service on campus while some doubted whether school counselling can really help (Bih, 2000, Chen, 2001). Cultural factors also pose potentially negative
problems for the counselling service in Taiwan, in that many believe that shame would be brought on the family if one of their number received counselling (Chang, 2007). The school counselling service needs to be improved and promoted for the benefit of young people. However, due to the high rate of teen pregnancy and the limitation of the school counselling service in Taiwan (Chang, 2007), young people cannot rely on teachers.

Young people in the research acknowledged the school counselling service, but they would like to keep their relationships issues to themselves. On the other hand, school counsellors and teachers expressed their enthusiasm in helping and listening to young people, and they believed that they are capable of building a trust relation with students. However, young people still choose friends as the best objectives to talk when relationships are concerned. Not only the current sex and relationship education needs to be improved, the relation between school counsellors and students is also an important task to advance. Schools are supposed to be a safe environment for young people to grow up in; young people should be able to make their own decisions to protect themselves if school teachers and counsellors could provide them with the materials and information they need to do so.
Emerging issues and Discussion

First, it is very important to ensure the teachers are trained about sex and relationship education. Not all the teachers realize how to answer or deal with young people’s sexual problems and not all have the skills to communicate with young people. If the teachers cannot establish a trusting relationship with young people, the young people are hardly likely to speak about their problems.

Moreover, confidentiality issues are a concern for young people and teachers or staff need to let young people understand that discussions between them will not be disclosed. Teachers’ training need to be addressed: teachers should have relevant information skills, confidence, resources, and support which they need to communicate with students (Chambers, et al, 2001). Moreover, listening and communication skills which can help to build the relationship between teachers and students are required.

In some cases, education in school cannot meet the young people’s needs. Sex education has been widely practiced in many schools, but some young people feel the sessions are not useful. And, if the sessions are held by teachers, students would worry that the teachers might talk about the problems they raise in the staffroom. And the students would feel embarrassed when they meet after discussing sexual issues. Even though the school are keen to help the young people with their sexual problems, the young people still could not discuss with some teachers. Moreover, the content of sexual education sessions should focus on what the students want to know instead of what the teachers want to tell.

Teenage pregnancy is not only a public health problem; it is also related to educational, economic, and cultural issues (Lawlor and Shaw, 2002). Therefore, it is important that networks are in working. If schools alone promote sex education but local authorities do not cooperate to provide proper services, the results will still be limited.

The financial supports for the young mothers and their family have been highlighted (McGuire and Hughes, 1995). However, some women have started to rely on benefits and have become dependent on social support (Isobel and Shirley, 1998).
Financial support is necessary but the situations of applicants need to be examined carefully. There is an old saying, teaching people to fish is better than giving them fish, these young people need to learn living skills rather than receiving social benefits.

Since emergency contraception is easily obtained, the young people might start to have sexual activity frequently because they think they could always find solutions. However, the risks of sexual activity should also be seriously indicated such as transmitted disease, or HIV/ AIDS (Jane and Catherine, 1998). Emergency contraception might influence their body and is only for emergency situations and should not be taken lightly.

Having an abortion is one of the most widely taken decisions for pregnant young people. The medical service is very easy to obtain so that some have had an abortion several times. It could cause injury to their body, for example, having difficulty getting pregnant in later life. However, some young people ignore the risk and insist having abortion instead of using contraception. The use of such termination needs to be taken seriously. Schools and educational organisations have to address this issue into sex and relationship education.

The prevention and intervention schemes need to be carried on continuously. In Denmark, a programme using multi-faceted community approach had resulted in a remarkable success in reducing the teenage pregnancy rate; however, the rate returned to high level when the programme ended (Meyrick and Swann, 1998). In order not to repeat the same mistake, the different approaches are issued in accordance with various contextual factors.

Finally, the need for proper sex and relationship education has been emphasized in the research; adolescents had no interests in the current sex and relationship education and school teachers also felt the material to be inadequate. Education materials should be designed according to what young people need in order to provide adolescents with the information they actually require. The following teacher training and network setting up are also essential to provide teachers assistance when they deal with young people’s sex and relationships issues.
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