Teenagers, Pregnancy, Learning Disabilities: Wolverhampton City in Context

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Abstract

Teenage pregnancy is major challenge for the United Kingdom. A literature review indicated little research on the incidence of teenage pregnancy amongst youngsters with learning disabilities. This review examines literature related to teenage pregnancy in this sub group and the possible interventions for pregnancy prevention. The review further looks at the issue in relation to the context of Wolverhampton where teenage pregnancy is a high priority. It is anticipated that the review will serve as a basis for future research into the area.

Key words: Teenagers, pregnancy, learning disabilities

Accepted for Publication- June 2008

SETTING THE CONTEXT

Who is a teenager?

Literature searches revealed that the terms “teenager”, “young person” and “youths” are often used to represent an age range of 11 to 19 year olds. The particular term or age band used tends to vary for different countries and authors. For this review the term “teenager” refers to 11-19 year olds.

What is a learning disability?

According to the Diagnostic & Statistical Manual of Mental Disorders (DSM-IV, 1994) a learning disability can be identified by an Intellectual impairment (IQ of approximately 70 or below), social or adaptive dysfunction and early onset (before 18 years old). Figures suggest that 1.5 million people in the United Kingdom have a learning disability (Mencap, 2008). Having a learning disability makes it harder for people to learn, understand and communicate. Causes include complications before, during or after birth or genetics (fragile x syndrome and down syndrome).

A learning disability may also be associated with other problems such as cerebral palsy, epilepsy, autism and Aspergers syndrome.

Teenage pregnancy figures

In 2005, Wolverhampton had an under 18 conception rate of 62.4 per 1000 females aged 15-17, which is 51% higher than the England average of 41.3 per 1000 (Office of National Statistics). Wolverhampton has the highest rates of teenage conceptions when compared to neighbouring areas in the West Midlands and has the eighteenth highest rate of teenage conception in the country (Wolverhampton Partnership, 2007).

Teenage pregnancy in girls with learning disabilities

Data surrounding the prevalence of teenage pregnancy in girls with learning disabilities is limited and often restricted to specialist services. Much of the data available is based on estimates or population studies. According to Connexions Black Country approximately 28% of teenage mothers in
Wolverhampton have some form of a learning disability. Connexions is a service funded by the Department for Children Schools and Families (DCSF, formerly the DfES) which provides support services for people aged 13-19. These figures are further supported by data collected by the local PCT from a specialist school in Wolverhampton for pupils aged 4-16 with a range of moderate learning disabilities. Their figures suggest that approximately 40% of their ex-pupils become teenage mothers within 18 months of leaving.

Why are teenagers with learning disabilities at risk of falling pregnant?

There is a vast amount of research surrounding teenage pregnancy in the general population. However teenagers with learning disabilities are not distinctly differentiated in the literature. A literature search revealed two literature reviews of teenage pregnancy in youth with disabilities in the United States (Jones & Domenico, 2005; Shapland, 2000). The reviews identified limited research into the area and highlighted a number of risk factors associated with teenage pregnancy in youth with disabilities which included a lack of sexual knowledge/skills, low expectations for post school outcomes, poor social skills and susceptibility to sexual abuse. Literature from the United Kingdom tends to focus on the sex educational needs of individuals with disabilities rather than teenage pregnancy specifically (Craft, 1994; Shakespeare, Gillespie-Sells & Davies, 1996). Furthermore the literature revealed a void when it comes to informational resources/services for youth with disabilities.

INFLUENCING FACTORS

Poor transitions after school

Government literature has highlighted the importance of care and support in helping teenagers make transitions from school into employment, education and training (Department of Health, 2005). A longitudinal study conducted by the DfES (2005) examined the aspirations of youngsters with special educational needs. The children were interviewed at age sixteen and then two years later. Results indicated that those youngsters with mild learning disabilities were less likely to receive support in decision making and were more likely to drift out of education and be unemployed. Furthermore according to the National Longitudinal study (Wagner, Blackorby & Hebbeler, 1993) a third of students with learning disabilities became pregnant mothers within three to five years of leaving school. Research has highlighted that teenagers with learning disabilities prefer to receive guidance and support in homemaking and childcare rather than employment or education (Shapland, 2000).

A lack of Sexual Knowledge

Research suggests that teenagers with learning disabilities are engaging in intimate relationships and sexual contact without adequate sexual knowledge and skills (Sinha, Curtis & Jayakody, 2005; Murphy, 2005). A study conducted by the Teenage Pregnancy Unit (Sinha, Curtis & Jayakody, 2005) investigated risky sexual behaviours in youngsters from 28 schools across East London. Qualitative and quantitative data collection revealed that teenagers with special education needs felt unable to access support from peers and family and were unclear about the existence of sexual health services. The research highlighted a lack of service provision for youngsters with learning disabilities which is concerning when a high proportion had been engaging in sexual relationships.

Social skills/behaviours & Self esteem/body image

Social skills have been shown to be crucial in helping teenagers to build their self esteem, make healthy decisions and become independent. Overprotective parents, social isolation, a lack of positive role models and negative stereotypes can lead to low self esteem and body image amongst teenagers with learning disabilities (Russo, 2001). Social isolation means that teenagers have few people to talk to about issues such as drugs, alcohol, sexuality and anger. This can lead to feelings of loneliness and asexuality. According to the National Children’s Bureau (2004) young people with a learning disability need information about values, friendship, dating, love and intimacy and how to protect themselves from unwanted pregnancies and sexual exploitation. Research indicates that youth with disabilities are four times more likely to be abused than their peers (Shapland, 1999). Inadequate teaching and knowledge surrounding appropriate sexual behaviour and boundaries can leave such
youngsters susceptible to becoming victims of sexual abuse.

MEETING THE NEEDS

How can teenage pregnancy be prevented?

A recent Health Development Agency evidence briefing of teenage pregnancy and parenthood (Swann, Bowe & McGormick, 2003) identified a number of preventative interventions in the UK including sex and relationships education (SRE), contraceptive schemes, parental involvement, peer education and youth development schemes. Research has identified the importance of adopting a multifaceted approach to pregnancy prevention: Research conducted by the Guttmacher Institute (Darroch, Frost & Singh, 2001) compared approaches to teenage pregnancy prevention in five developed countries. They found comprehensive information amount sexuality, easy access to contraceptive services and reproductive health services were hallmarks of countries with low levels of teenage pregnancy. The review identified a void in research surrounding vulnerable groups, with regards to preventative and supportive measures. In Wolverhampton the Teenage Pregnancy National Support Team (2008) highlighted the need to prioritise the collection, analysis and sharing of birth data for vulnerable groups including those with learning disabilities in order to plan targeted sex education and pregnancy prevention services. Research conducted into the attitudes of 68 teenagers towards sex education lessons in Wolverhampton schools, found that 51% thought sex education was of “little or no use” (Wolverhampton Youth Council, 2006). Although not directly linked to learning disabilities this highlights the need to review sex education in order to evaluate its effectiveness. Further UK based research into youth with mild disabilities found that only a third of teachers offered comprehensive sex education lessons and lacked appropriate sex education resources (Brantlinger 1992; Grieve, McLaren & Lindsay, 2007).In Wolverhampton this is supported by data from Connexions. A key priority for the Connexions service in the West Midlands has been to reduce the proportion of teenagers (16-18) who are Not in Education, Employment or Training (NEET). Figures show that in Wolverhampton in 2007, 636

Sex education

The Department for Education and Employment (DfEE, 2000) highlights the need for sex and relationships education (SRE) to meet the unique needs of children with learning disabilities. According to Craft (1994) individuals with mild/moderate learning disabilities should receive similar sex education to their peers. For those with more severe learning disabilities the principles remain the same however careful thought must be given to the content and structure. According to the National Children’s Bureau (NCB, 2004) a broad based curriculum including emotional health and well being, healthy eating, exercise, drug education, safety and citizenship is important for teenagers with learning disabilities. Furthermore it stresses the importance of raising self esteem and confidence, developing decision making skills and assertiveness and helping students gain access to information and services.

An article by Craft (1994) addressed issues in sex education in the UK for people with learning disabilities. It highlighted the importance of reviewing sex education by, assessing teachers’ competencies in delivering sex education, assessing individual student needs, and resources as well as the need for continuity of information. Furthermore the importance of schools involving parents through workshops and parents meetings has been highlighted (Craft, 1994, NCB, 2004). Often parents find it difficult to come to terms with the sexuality of their children and this can be exacerbated with the presence of learning disabilities (Shapland, 1999).

Community/family planning

Sex and relationships education guidance emphasises the importance of making links with sexual health and advice services (NCB, 2004). Services in Wolverhampton vary from contraception services, pregnancy testing and Genito Urinary Medicine (G.U.M.) clinics testing for sexually transmitted infections. Wolverhampton has only two clinics specialised for young people with much generic material but no resources to meet the needs of youth with disabilities. Organisations such as the Family Planning Association (fpa) and British Institute of Learning Disabilities (BILD) have published sex education resources designed specifically for youth with learning disabilities.
These cater for children, adults, teachers and carers however, they often have to be purchased and can therefore be difficult to get a hold of, which raises concerns about the accessibility of information.

**Transitional/youth development interventions**

As mentioned earlier transitions after school are seen to be very influential in shaping aspirations as an adult. Approaches which combine self esteem building, voluntary work, education support, vocational preparation, healthcare, creativity and SRE have been shown to be most effective (Swann, Bowe & McGormick, 2003; Kirby, 2001). Unfortunately there is no data regarding how successful such interventions are in teenagers with learning disabilities.

In 2005 the DfES published the “youth matters” green a paper which outlined the scope of having an integrated youth support service throughout England. Its primary focus is to help vulnerable teenagers who are likely to need additional support and services. In response Wolverhampton City Council have developed multi-agency teams (MASTS). These teams consist of educational psychologists, behaviour support, educational social workers and learning support teachers who can help target vulnerable groups of teenagers including those with learning disabilities in helping them make better transitions after school.

**Inclusion of males**

Being aware of the needs of teenage men with learning disabilities is an important factor in preventing teenage pregnancy. Inclusion in sex education is as important for teenage males with learning disabilities as it is for females. Research surrounding teenage fathers in general is limited. Literature searching found no research relating to teenage fathers with disabilities. Broadening the search found an article by Kilkey (2007) “Disabled fathers: identifying a research agenda” relating to disabled fathers in general rather than teenagers specifically.

**CONCLUSION**

Often teenagers learn about sex and relationships via their education, school and their peers. However teenagers with learning disabilities have limited opportunities for social interaction with peers which can lead to feelings of exclusion and loneliness. Sex education taught in schools often fails to cater for the cognitive needs of children with learning disabilities. Furthermore parents can find it difficult to support the sexuality of children with learning disabilities. It is important for schools, parents, teenage pregnancy prevention strategies and policy makers to meet the needs of teenagers with learning disabilities. It is essential that future research addresses some of the gaps in the current literature including obtaining reliable data regarding the incidence of teenage pregnancy, meeting the educational needs and the best means of providing services for this sub group.

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**References**


