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Introduction

This release from the Information Services Division provides an annual update on teenage pregnancies in Scotland. The most recent information is for conceptions in 2014. The main tables and charts show the number and rate of pregnancies in women under the age of 20. The data are derived from registrations of births and stillbirths and from notifications of therapeutic abortions.

A number of teenage girls experience unintended or unwanted pregnancies; although for some people in this age group pregnancy is a positive life decision. Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries and reducing unintended teenage pregnancy is a priority for the Scottish Government¹.

In March 2016 the Scottish Government published ‘The Pregnancy and Parenthood in Young People (PPYP) Strategy’¹ which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under 18. The strategy notes that ‘evidence shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty as a result of associated socio-economic circumstances before and after pregnancy (as opposed to the biological effects of young maternal age)’.

The strategy has a number of short, medium and long term outcomes. One of the long term outcomes is a ‘reduction in pregnancies and subsequent unintended pregnancies in young people’.

Main points

- Teenage pregnancy rates in all age groups have continued to decline in 2014. The teenage pregnancy rate for under 20s has dropped from the most recent peak of 57.7 in 2007 to 34.1 per 1,000 women in 2014, a decrease of 40.9%.

- In 2014, of the mainland NHS Boards, NHS Borders recorded the lowest rates of teenage pregnancy in both the under 18 and under 20 age groups with 17.5 and 29.3 per 1,000 women respectively.

- In 2014, of the mainland NHS Boards, NHS Tayside recorded the highest rate of teenage pregnancy across all age groups with 5.8 per 1,000 women in the under 16 age group, 27.1 per 1,000 women in the under 18 age group and 37.8 per 1,000 women in the under 20 age group.

- Termination rates for the under 16 age group have remained higher than delivery rates since 2002. For the period reported (1994-2014) termination rates for both the under 18 and under 20 age groups have remained lower than the delivery rates, however the difference between the rates has narrowed.

- There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group, a teenage female living in the most deprived areas is 5 times as likely to experience a pregnancy as someone living in the least deprived.
Results and commentary

Teenage pregnancies across Scotland have been consistently decreasing and the numbers for NHS Shetland, NHS Orkney and NHS Western Isles are now very small. For this publication the three have been combined into the single category of ‘Island Boards’ to help protect patient confidentiality.

Teenage pregnancy rates by age group at conception

Teenage pregnancy rates in all age groups have shown a decline in recent years. Since 2007, rates per 1,000 women in the under 20 age group have decreased by 40.9% (from 57.7 to 34.1 per 1,000 women in 2014). Rates in the under 18 age group have decreased by 47.3% (from 41.9 in 2007 to 22.1 in 2014) and rates in the under 16 age group have decreased by 45.4% (from 7.8 in 2007 to 4.2 in 2014).

For further information see Table 1.
Teenage pregnancies by NHS Board of residence

All NHS Board areas have seen a reduction in their rate of teenage pregnancy since the most recent peak in 2007. In 2014, of the mainland NHS Boards, NHS Borders recorded the lowest rate in both the under 18 and under 20 age groups with 17.5 and 29.3 per 1,000 women respectively.

In 2014, of the mainland boards, NHS Tayside recorded the highest rate of teenage pregnancy across all age groups with 5.8 per 1,000 women in the under 16 age group, 27.1 per 1,000 women in the under 18 age group and 37.8 per 1,000 women in the under 20 age group.

Chart 2 - Teenage pregnancies by NHS Board of residence, 2014

* Rates for <16s in Borders and the Island Boards have been suppressed due to potential risk of disclosure.
<16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.
<18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.
<20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

In mainland Local Council Areas over the three year period 2012-2014, the lowest rate of teenage pregnancy for the under 16 age group was recorded in Argyll & Bute (1.7 per 1,000 women) while East Renfrewshire recorded the lowest rate for under 18s (8.5 per 1,000 women). Dundee City recorded the highest rate in both the under 16 and under 18 age groups (11.2 and 45.0 per 1,000 women).

For the single year of 2014 in the under 20 age group, East Renfrewshire had the lowest rate (13.5 per 1,000 women) while Clackmannanshire had the highest (57.1 per 1,000 women).

For further information see Table 2 and Table 3.
Outcome of teenage pregnancy by age group at conception

Termination rates for the under 16 age group have remained higher than delivery rates since 2002. For the period reported (1994-2014) termination rates for both the under 18 and under 20 age groups have remained lower than the delivery rates, however the difference between the rates has narrowed.

Chart 3 - Outcome of teenage pregnancy by age group at conception, 1994-2014

- <16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.
- <18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.
- <20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

In 2014, the under 16 age group had a delivery rate of 1.7 and a termination rate of 2.5 per 1,000 women. In contrast the under 18 age group had a delivery rate of 12.1 and termination rate of 10.0 per 1,000 women.

The delivery rate in Scotland for the under 20 age group was 20.3 and the termination rate was 13.8 per 1,000 women. Although rates varied considerably between NHS Boards, termination rates were lower than delivery rates in every NHS Board area.

For further information see Table 4.
<20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

In the under 20 age group for mainland NHS Boards in 2014, NHS Borders had the lowest rate of terminations at 8.8 per 1,000 women while NHS Lothian had the highest rate at 16.4. NHS Grampian had the lowest rate of delivery at 15.9 per 1,000 women while NHS Fife had the highest rate at 25.1.

Since the most recent peak of pregnancy rates in 2007, all mainland NHS Boards have seen a reduction in both their delivery and termination rates for the under 20 age group.

For further information see Table 5.
Teenage pregnancies by deprivation category and outcome

There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group the most deprived areas have 14 times the rate of delivery compared to the least deprived areas (42.9 compared to 3.0 per 1,000 women) and nearly twice the rate of termination (17.8 compared to 9.2).

In the most deprived areas in 2014, the rate of teenage pregnancy in the under 16 age group was 5.2 times the rate in the least deprived areas (8.2 and 1.6 per 1,000 women respectively). Rates for the under 18 age group in the most deprived areas were 5.3 times greater than the least deprived, with 42.2 compared to 8.0 per 1,000 women. For the under 20 age group the rate was 60.6 within the most deprived areas, 5 times greater than the least deprived which was 12.2 per 1,000 women.

Chart 5 - Teenage pregnancies by deprivation category and outcome for <16 years, 2014

The teenage pregnancy rate (per 1,000 women) has dropped between 2007 and 2014 in each of the three age groups and across all levels of deprivation. While the most deprived areas have seen a larger reduction in actual numbers of teenage pregnancies, rates reduced more (in terms of percentage) in the least deprived.

For under 20s in 2014, the most deprived areas had a total pregnancy rate of 60.6 compared to 101.3 in 2007. This is a reduction of 40.2%. Meanwhile, the least deprived areas had a total rate of 12.2 compared to 25.8 in 2007 – which is a reduction of 52.6%. Under 18s in 2014 had a pregnancy rate of 42.2 in the most deprived areas compared to 79.7 in 2007. This is a drop of 47.1%. In contrast, the drop was of 59.0% (from 19.4 to 8.0) in the least deprived areas. Under 16s saw a drop of 45.2% (from 14.9 to 8.2) in the most deprived areas between 2007 and 2014, and a drop of 48.0% in the least deprived areas (from 3.0 to 1.6).
Chart 6 - Outcome of teenage pregnancies by age group and deprivation, 2014

Percentages were calculated using figures available in Table 6. Deprivation categories are based on the Scottish Index of Multiple Deprivation (SIMD) 2012.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

Those in the most deprived areas are less likely to have a termination than those in the least deprived areas. This was consistent across all age groups in 2014.

In the most deprived areas, 51% of pregnancies to under 16s ended in a termination. This decreased to 36% for under 18s and 29% for under 20s. The older age groups within the most deprived areas were increasingly more likely to have a delivery than a termination.

This trend across age groups wasn’t mirrored in the least deprived areas, where the majority (70% or more) of pregnancies in each age group ended in termination as opposed to a delivery.

For further information see Table 6 and Table 7.
## Glossary

### Pregnancy -
Pregnancies include maternities (the number of pregnant women who give birth) and terminations. This information is obtained from administrative sources: abortion notifications and birth registrations. Pregnancy statistics included in this publication do not include miscarriages or illegal terminations.

### Termination -
Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.

### Delivery -
Refers to a single maternity producing one or more live or still births.

### Mainland Boards -
NHS Boards in Scotland excluding the three Island NHS Boards; Orkney, Shetland and Western Isles.

### Island Boards -
Orkney, Shetland and Western Isles.

### Deprivation -
Deprivation categories (quintiles) each contain 20% of the total population in Scotland. Quintile 1 contains the 20% of the population living in the most deprived datazones, while quintile 5 contains the 20% of the population living in the least deprived datazones.

### SIMD -
Deprivation for individuals is estimated from aggregated data derived from the Census and other routine sources. These are used to estimate the deprivation of small geographical areas. The Scottish Index of Multiple Deprivation (SIMD) has seven domains (income, employment, education, housing, health, crime and geographical access) at datazone level, which have been combined into an overall index to pick out area concentrations of multiple deprivation. See notes in tables as to which version of SIMD is used.
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Contact
Stuart Wrigglesworth
Information Analyst
0131 275 7128
Email: nss.isdmaternity@nhs.net

Further Information
Information on teenage pregnancies and other sexual health topics, for example, termination of pregnancy statistics, are available on ISD’s Sexual Health homepage.

Further information can be found on the ISD website.

Rate this publication
Please provide feedback on this publication to help us improve our services.
A1a – Background Information
The source data are registrations of live and stillbirths from the National Records of Scotland (NRS) with multiple births counted as one event, and the number of legal abortions notified in accordance with the Abortion Act 1967.

The data presented are based on year of conception and age at conception and are shown from 1994.

The date of conception for each pregnancy is calculated from the recorded gestation minus fourteen days for stillbirths and terminations. The correction is because the length of gestation is traditionally measured from the first day of the last menstrual period, and it is assumed that conception starts two weeks after this date. For live births, as gestation is not available, the date of conception is presumed to be 38 weeks before birth.

The data are presented for the age groups under 20, under 18 and under 16. For under 20 conception rates all conceptions under 20 are included in the calculation. However, the 15-19 age group is used as the denominator, as less than 2% of under 20 conceptions are to girls aged under 15 and including the younger age groups in the base population may produce misleading results. The same principle applies for under 18 and under 16 rates, which use females aged 15-17 and 13-15 respectively. The denominators are NRS mid-year populations (based on updates of Census data).

Data are presented at Scotland, NHS Board and Local Council Area. However, data for the under 16 and under 18 age groups at Local Council Area have been aggregated (3 years) to increase the robustness of the data and lessen the possibility of small numbers. Suppression has been applied throughout these data in line with ISD’s Statistical Disclosure Control Protocol.

Population
Last year, National Records of Scotland (NRS) become aware of errors mainly affecting the age distribution of the mid-year population estimates for 2002-2010 and 2012-2014. NRS have recently corrected the issue for years 2012-2014; however this issue will not be corrected for small area population estimates until August 2016. Further information can be found on the NRS website.

NRS recently released the 2015 mid-year population estimates for Scotland, Health Board and Council Area which have been used in this publication. However, this publication also includes population by deprivation category, which is based on small area population estimates (SAPE) based on the 2014 mid-year population estimates. The corrected mid-year SAPE for 2015 is due to be released by NRS in August 2016.

As a result, population figures used in tables 1 to 5 differ slightly from figures used in tables 6 and 7 where data is presented by deprivation category. This means Scotland rates for 2012, 2013 and 2014 in tables 5 and 6 will not match the Scotland rates in tables 1 to 5.

Scottish Index of Multiple Deprivation (SIMD)
Deprivation for individuals is estimated from aggregated data derived from the Census and other routine sources (see glossary).
There have been SIMD releases in 2004, 2006, 2009 and 2012. This report uses the most appropriate SIMD for each year: the years 2005 to 2006 use SIMD 2006; years 2007 to 2009 use SIMD 2009V2; and years 2010 to 2014 use SIMD 2012.

Further information on SIMD is available at:
http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/

A more detailed explanation about the application of SIMD, its advantages and disadvantages is available at:

**Local Council Area**
This publication includes NHS Board (HB) and Local Council Area (LCA) which are aligned to the new Health and Social Care Partnerships.

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A1b – Changes in Methodology
Method of deriving information adopted from 2007

Introduction
Prior to the October 2007 update, there were substantial differences between Scotland and England & Wales in the ways in which teenage pregnancy rates were calculated. These differences meant that the data were not directly comparable; although there was often an assumption by some users that published data from the countries of the UK could be compared. In the past this has lead to misreporting and misinterpretation.

Background
Description of the methodology used by ISD prior to the 2007 update:
- Scottish data used to include miscarriages derived from SMR01, although a table excluding miscarriages was included in some publications. Miscarriages increased the level of teenage pregnancies by approximately 6% for the 13-15 age group and approximately 8% for the 16-19 group (and the 13-19 group overall because the small proportion in the 13-15 group are swamped by the numbers in the older teenage group).
- SMR02 submissions were used to derive the number of births and stillbirths. This allowed the actual gestation at birth to be used, which is important since more than 10% of babies are born either three weeks or more before their due date or more than one week after it. But this advantage is offset by the fact that approximately 2% of births are not recorded on SMR02 and there had been substantial delays and incompleteness of SMR02 returns from certain areas in the later publications.
- The termination data were derived from SMR01 and SMR02 returns rather than notifications of legal abortions.
- The data were usually presented in specific age bands (13-15; 16-19, and 13-19), with both numerator and denominator within these bands.
- The data were usually presented by financial year rather than calendar year.
- The Scottish data were presented by date of the measured event rather than the date of conception. Thus a woman who conceived in 2003 and had her baby in 2004 would be included in the data for 2004 in Scotland, but 2003 in England & Wales.

Approach since 2007 update
As far as possible we have emulated the approach used in England & Wales (see https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/qmis/conceptionstatisticsqmi). Registration data are obtained from the National Records of Scotland (NRS) for live and stillbirths. These are processed to ensure that multiple births are treated as a single conception. For all live births, the date of conception is calculated as being 38 weeks prior to the date of delivery. For stillbirths, the recorded gestation in weeks is used, and two weeks are subtracted from this number to produce the estimated time between conception and birth. This number is used to derive the likely conception date. For the very small numbers of stillbirths in which the gestation is not recorded, 32 weeks is assumed. The completeness and accuracy of the termination data is assessed, and the gestation is used to calculate the date of conception. For the small number of cases where gestation is missing, nine weeks is assumed. Although this approach is not absolutely identical to the approach used in England and Wales it is considered to be as close as practicable and satisfactory for direct comparisons. The numerators and denominators are derived in the same way as those used in England and Wales.

Comparative Information
A comparison of teenage pregnancies in Scotland and those in England and Wales is available in Chart 7.
# A2 – Publication Metadata (including revisions details)

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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
A4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:
- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website. The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:
- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.