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Implementing the United Kingdom Government's 10-Year Teenage Pregnancy Strategy for England (1999–2010): Applicable Lessons for Other Countries

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ABSTRACT

Purpose: Teenage pregnancy is an issue of inequality affecting the health, well-being, and life chances of young women, young men, and their children. Consequently, high levels of teenage pregnancy are of concern to an increasing number of developing and developed countries. The UK Labour Government's Teenage Pregnancy Strategy for England was one of the very few examples of a nationally led, locally implemented evidence-based strategy, resourced over a long duration, with an associated reduction of 51% in the under-18 conception rate. This article seeks to identify the lessons applicable to other countries.

Methods: The article focuses on the prevention program. Drawing on the detailed documentation of the 10-year strategy, it analyzes the factors that helped and hindered implementation against the World Health Organization (WHO) ExpandNet Framework. The Framework strives to improve the planning and management of the process of scaling-up of successful pilot programs with a focus on sexual and reproductive health, making it particularly suited for an analysis of England's teenage pregnancy strategy.

Results: The development and implementation of the strategy matches the Framework's key attributes for successful planning and scaling up of sexual and reproductive health programs. It also matched the attributes identified by the Centre for Global Development for scaled up approaches to complex public health issues.

Conclusions: Although the strategy was implemented in a high-income country, analysis against the WHO-ExpandNet Framework identifies many lessons which are transferable to low- and medium-income countries seeking to address high teenage pregnancy rates.

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IMPLICATIONS AND CONTRIBUTION

The UK Government's 10-year Teenage Pregnancy Strategy for England is an example of a nationally led, locally implemented program with associated reduction in rates. This article analyzes the strategy against the WHO-ExpandNet framework and identifies key lessons which are applicable to low- and middle-income countries.

Conflicts of Interest: The authors have no conflicts of interest to report. Clinical trials registry and abbreviations N/A.

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This article begins with a description of how the United Kingdom Government's 10-year Teenage Pregnancy Strategy for England (1999–2010) was designed and implemented and the impressive results it achieved. Using an analytic framework developed by the World Health Organization (WHO), it then analyzes what it took to make this happen. It concludes by drawing out the lessons learned from this experience that are applicable elsewhere.

Teenage pregnancy is an issue of inequality affecting the health, well-being, and life chances of young women, young men, and their children. Consequently, high levels of teenage pregnancy are of concern to an increasing number of developing and developed countries [1]. Tackling England's historically high teenage pregnancy rate¹ and its impact on young people's life chances and intergenerational inequality was one of the early initiatives of the 1997-elected Labour Government. A newly formed Social Exclusion Unit was commissioned to identify the reasons behind the high rates, review the international evidence for reducing teenage pregnancy, and develop a comprehensive strategy. Launched in 1999 by the then Prime Minister, the 10-year evidence-based strategy [2] set a goal of halving the under-18 conception rate [3] from 46.6 conceptions per 1,000 15- to 17-year-old females in 1998 to 23.3 per 1,000 in 2010. The strategy was framed around the following themes: joined up action at national and local level; better prevention for girls and boys—improving sex and relationships education (SRE) and access to contraception; a national communications campaign to reach young people and their parents; and coordinated support for young parents². A detailed plan set out the national actions for the government to establish and begin implementation of the strategy. Local reduction targets of the under-18 conception rate were agreed with each of the 150 local government areas.

A resource team was established at national, regional, and local levels: the national Teenage Pregnancy Unit (Unit), Regional Teenage Pregnancy Coordinators (regional coordinators), and Local Teenage Pregnancy Coordinators (local coordinators). Each local government area appointed a Teenage Pregnancy Partnership Board (Board) to work with the local coordinator to develop and implement a local teenage pregnancy strategy, informed by guidance documents issued by the Unit. Funding was allocated to local areas, through a strategy implementation grant, and for national strategy activities. Both the resource team and funding were maintained throughout the 10-year program. An Independent Advisory Group on Teenage Pregnancy (Advisory Group) was appointed to monitor progress and advise ministers [2].

In 2005 a midcourse review was undertaken to explore the wide variation in local area reductions; this was led by the national Unit with high-level government backing. Three areas with declining rates were compared with three areas of similar socioeconomic levels, where rates were static or increasing. The findings were clear³. Areas with better reductions had developed their strategies fully in line with the national guidance(s), involved all agencies, and had strong senior leadership to prioritize the strategy, harness resources, and monitor progress. The poorer performing areas were only implementing some aspects of the guidance(s) or confining their efforts to small geographical locations or target groups and had devolved leadership to officials with less seniority and influence over decisions and resources. The actions taken by the high performing areas to implement all the strategy guidance were

described as the 10 key factors for an effective local strategy (Figure 1). These factors were set out in new national guidance [4] with more prescription of the “must do” actions for all areas, to minimize variation in local implementation. Additional data were provided to inform targeted prevention for young people most at risk. The guidance was accompanied by a self-assessment tool, which was issued to help local areas identify and address gaps in their strategies. In poorer performing areas, local leadership was strengthened by Ministers' direct engagement with senior leaders [5] and additional support was provided to their resource teams [6].

In 2008, data showed that within the steady downward trend in the conception rate, conceptions leading to births were declining more steeply than those leading to abortions. To improve young people's awareness and use of effective contraception, particularly long-acting reversible contraception, additional government investment was secured for 3 years [7]. Further national guidance, *Teenage Pregnancy Strategy: beyond 2010*, was published in February 2010 informed by an updated evidence review and lessons from effective local practice [8].

The latest annual data for 2013 [9] showed a 51% reduction in the under-18 conception rate from 1998, the baseline year for the strategy; all 150 local government areas showed reductions, and conceptions leading to births and abortions were declining in parallel.

As Figure 2 illustrates, the reduction accelerated after 2008 with further reductions continuing to 2014. As teenage pregnancy is a complex issue requiring a multifaceted approach, the steeper decline in the later stages of the strategy is likely to be due to a combination of factors: The increasing priority in local areas following the midcourse review [4,5]; an increase in under 18s choosing more effective long-acting reversible contraception methods [10]; and the cumulative impact of the strategy's long-term prevention program.

Descriptions of England's Strategy and the results it achieved are available elsewhere [11,12]. This article adds to the body of knowledge by examining the decisions made and the actions taken by policy makers, program managers, and implementers to translate a nationwide, multilevel, multisectoral strategy into action, to track its implementation and make midcourse corrections to achieve the intended goal.

Methods

We examined the planning and management of England's Strategy using the WHO-ExpandNet Framework [13]. This was facilitated by the detailed documentation of the strategy during the 10-year implementation, in government responses to annual reports from the Advisory Group, strategy guidance(s), and reviews and evaluations undertaken as part of the strategy.

The ExpandNet Framework strives to improve the planning and management of the process of scaling up of successful pilot programs with a focus on sexual and reproductive health, making it particularly suited for an analysis of England's teenage pregnancy strategy. The Framework provides a series of recommendations for program planning and management to successfully scale-up programs. According to the Framework, success of the scaling-up strategy is determined by multiple interacting factors (Figure 3).

Results

The WHO-ExpandNet Framework provides a series of recommendations for program planning and management, to successfully scale-up programs. According to the Framework, success

¹ See for example, UNICEF Innocenti Report Card (<http://www.unicef-irc.org/publications/328>).

² The support program for young parents was an important contribution to the prevention strategy. In the short term by reducing further unplanned pregnancies and in the long term by breaking intergenerational cycles of poverty and disadvantage and reducing the risk factors for teenage pregnancy.

³ The sheer complexity of the factors involved in teenage conceptions makes it impossible to isolate precisely which precise combinations of factors make the difference. The characteristics of successful locations were derived from detailed consideration by the members of the expert teams that took part in the extended site visits.

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