

The Effects of Teenage Sexuality and information dissemination on the Decline in Teenage Pregnancies.

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There is a common misconception, contrary to empirical findings, that the rate of teenage pregnancy has actually increased. This misconception is sometimes based on another erroneous belief that more teenagers are indulging in sexual intercourse because of reported incidents of misconduct related to teen sexuality in public places across the corporate area. However, is this concept actually true or is it based on the few within a wider group who are being highlighted because of their sexual behaviour in not so private settings? Data from several sources indicate that there has been a decline in teenage pregnancy. More teenagers are abstaining and if they do become sexually active condoms are usually initiated at their first sexual encounter suggesting that more of them are practicing safer sex by using a condom.

The Registrar General's Department, data 2004 – 2009 indicated that overall, live births to adolescents have decreased to 7.5 per cent between these years (8,234 births in 2004 compared to 7,618 births in the year 2009). These marked improvements maybe attributed to the following: an increase in the use of contraceptives among the teenage population, particularly at first sex; increased and early exposure to Health and Family Life Education (HFLE), particularly on pregnancy and how it occurs; an improvement in the contraceptive mix to date; an improvement of programmes appealing to teenagers which are eventually translated to media campaigns (such as the RETV abstinence tour, Radiocation, the Teen Seen programme developed by the National Family Planning Board and aired on CVM television); peer counselling programmes and activities; programmes and workshops for parents combined with articles in the print media targeting parents and tips for them on a regular basis.

A correlation between the data as it relates to teenage pregnancies and other factors affecting the sexual and reproductive health of teenagers may be established to explain the reasons for the decline. Some of these factors include abstinence.

Firstly, the empirical evidence points to the fact that teenagers may not be as sexually active as they appear to be. The data show that teenagers are actually waiting until they are much older to indulge in sexual activity and there are in fact more incidences of teens abstaining. The Reproductive Health Survey (RHS) 2008 indicated that approximately six (6) out of 10 females (56.4%) and four (4) out of ten males, aged 15-19, (38.5%) are abstaining from sexual activity. Eighty-four percent- 84.2 % of adolescent females and fifty-eight per cent -58.1% of adolescent males respectively used contraception the first time they had sexual intercourse. These factors directly impact the number of teenagers getting pregnant by helping to reduce these numbers.

It is interesting to note that there has been an increase in the number of 13-14 year old boys and girls who were exposed to HFLE programmes during the period 2002-2008 which could also contribute to the decline reflected in the RGB statistics. Approximately half of the male respondents (51.4%) and about 45 per cent of female respondents had their first sex education class between the ages of thirteen (13) and fourteen (14) years. There has been a steady increase in the percentage of females under thirteen years (13yrs.) who have been exposed to HFLE over the years. Across a three (3) year survey span the Reproductive Health Surveys (RHS), 1997,2002,and 2008, it was observed that by the end of secondary school which is seventeen years old, at least 98 per cent of the males and females had completed a class or course which exposed them to HFLE and its associated content and themes.

There has also been an increase in the percentage of females aged 15-24 being exposed in HFLE class for pregnancy and how it occurs. It was reported in 2008, that females reported 94.7 per cent exposure whereas the males in the same age group recorded 87.5 per cent.

The impact of method mix on teen pregnancy

In 2008 the contraceptive methods most used by teens are the condom, injectables and the pill. In 2002, and 1997 while the condom remained the most widely used, it was followed by the pill then injectables.

Teens, media and parents /caregivers.

The NFPB produced a television drama series, “Wise Up”, which comprised six (6), five (5) minute episodes addressing male sexual and reproductive health, condom use and negotiation, partner support, risky sexual behaviours and associated consequences. Filming of the UNFPA-sponsored production commenced in August 2010 and airing began on a local television station in October 2010. Through the vehicle of edutainment, the Board collaborated with a local radio station to engage urban and rural students of some six (6) institutions in talks on abstinence and responsible sexual behaviour. The Marge Roper Counselling Service (telephone, walk-in, and radio counselling as well as advice columns in the Weekend Star), collectively reached over 253,000 individuals, a feat that was perhaps only matched by the weekly episodes of the Television Magazine Programme -Teen Seen- on a local television station. Through partnership with the Jamaica Association for the Deaf (JAD) the magazine programme benefitted from an interpreter who communicated Sexual and Reproductive Health information to hearing impaired viewers.

Whether CPR among sexually active teens has increased or not

Over the past four (4) survey years, CPR among sexually active teens in the 15-19 age group has fluctuated. It has moved from 58.8 per cent in 1993, to 58.6 in 1997 to 69.8 per cent in 2002. Most recently it was recorded as 68.4 per cent in 2008. Nonetheless, the highest rates have been calculated in the years 2002 and 2008.

Programmes promoting abstinence are effective but they are not wholly responsible for the behavioural changes seen in teens. The realisation is that abstinence promotion alone is insufficient to help adolescents prevent unintended pregnancies. In addressing the challenge of teenage pregnancy in Jamaica, the NFPB continues to participate and launch creative outreach programmes, interventions and initiatives that combine a raft of Information, Education, Communications (IEC) and Counselling approaches. The Marge Roper rap sessions have garnered information from the youth as to the real issues affecting them. It also disseminates information to the teens about their bodies and ways of protecting themselves against unwanted pregnancies and sexually transmitted infections. Other strategies used to target adolescents involve Reproductive Health Education and counselling services, as well as training. However, it is to be noted that declines in adolescent fertility may correlate with the RHS findings over the past three (3) survey years which revealed increases in the age of sexual initiation in Jamaica (among males and females), as well as improved contraceptive awareness and use among teenagers (aged 15-19).

Teenagers should benefit from planning and initiation goals as they relate to their starting a family as part of their plans for the future which usually involve an education and a career.

The evidence is an indication that these strategies have not fallen by the way for teens however, it is imperative to every programme that positive trends are sustained. Therefore, a focus should be placed on ensuring that these findings continue to improve in order to secure the economic future of our teenagers.

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