



# Information Summary about Teenage Pregnancy in Ireland 2000 – 2020

January 2022

## 1. About this information summary

This information summary has been developed by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP), HSE Health and Wellbeing.

There has been a significant decline in the number of teenage pregnancies in Ireland over the 20-year period, 2000-2020. This summary highlights the data informing this trend; considers the contributing factors and presents research findings from Irish studies that in some way go towards explaining this decline.

In Ireland and internationally, rising teenage pregnancy rates were for many years considered to be an area of social concern. This was, in part, due to evidence that suggested becoming a parent at a young age is associated with negative health outcomes due to health inequalities (1, 2, 3).

While acknowledging that not all teenage pregnancies are experienced negatively by those involved, over the 20-year period, concerted efforts were made by statutory and non-statutory stakeholders to reduce teenage pregnancies and to improve lifestyle and educational outcomes for teenagers in Ireland. These efforts were designed in the context of an increasing number of births to teenagers from the mid-1990s and into the early 2000s. This was happening within a more restrictive socio-cultural environment regarding the availability of educational resources; access to information; and access to contraception, including emergency hormonal contraception.

### Key Messages:

- Teenage pregnancies significantly declined over the period 2000 - 2020. This has been measured by official statistics which report a reduction in the number of live births and abortions to teenagers over the period.
- This decline occurred in the context of health and education policies that have been implemented, aimed at: reducing unplanned pregnancies and improving sexual health outcomes; improving health and wellbeing outcomes of children and young people; encouraging young people to remain in school; and increasing access to third level education.
- Teenagers in Ireland today are more likely to remain in education, and more likely to make healthier lifestyle choices than in the past. They are less likely to smoke and drink alcohol, and are more likely to eat healthily, and to use contraception the first time they have sex.
- In order to maintain these trends, it is important that statutory and community stakeholders continue to work together to address the overall determinants of health, in addition to measures that focus on relationships and sexual wellbeing.





## 2. What do the statistics tell us about teenage pregnancy in Ireland 2000 - 2020?

Official statistics on births and abortions to teenagers indicate a significant decline in the number of teenagers becoming pregnant over the twenty year period 2000 – 2020.<sup>1</sup>

### Decline in number of births to teenage mothers

- In the year 2000, 3,116 live births to teenage mothers were recorded (4). In 2020, the figure was 830 (5).
- This represents a decline of 73% over the twenty-year period.
- This corresponds to a teenage birth rate of 5.2 per 1,000 in 2020, compared to 19.2 per 1,000 in 2000.<sup>2</sup>
- Teenage births as a share of the total births have also declined, further emphasising the reduction among this cohort. In 2000, teenage births (3,116) represented 5.7% of the total number of births (54,789). In 2020, teenage births (830) represented 1.5% of the total number of births (55,959).
- The vast majority of teenage births are to 17, 18 and 19 year olds. In 2020, births to mothers aged 17 to 19 accounted for 93% of teenage births.

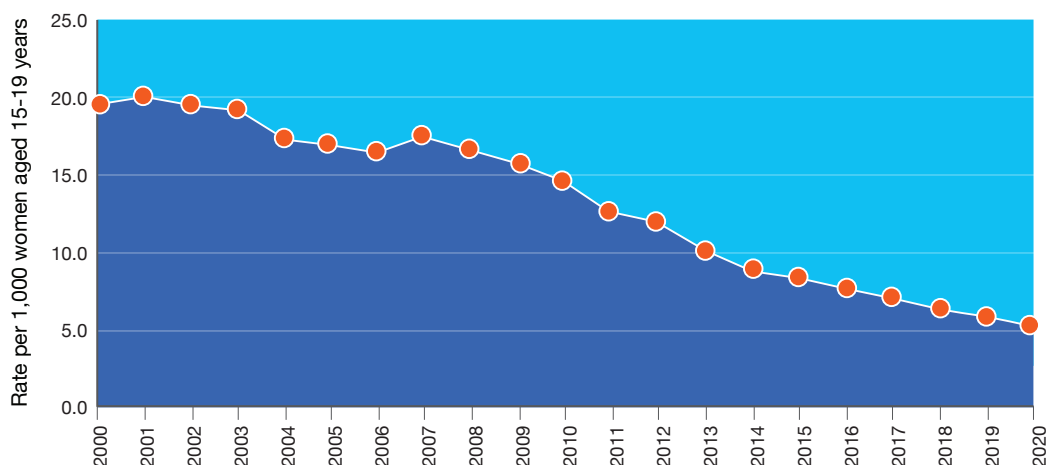
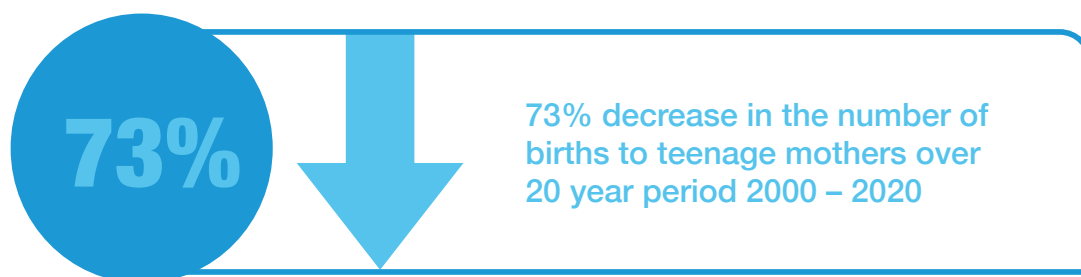


Figure 1: Teenage birth rate (per 1,000 population aged 15-19 years<sup>3</sup>) in Ireland 2000-2020

1 This includes the number of live births and abortions to females aged <20 years old. It does not include miscarriages or still births.  
 2 The teenage birth rate is the number of live births per 1,000 females aged 15-19 years old.  
 3 Based on annual population estimates published by the Central Statistics Office.



### Decline in number of abortions to teenagers

- As of January 1st 2019, abortion services have been legally available in Ireland for women up to 12 weeks gestation and after 12 weeks in specific circumstances, under the Health (Regulation of Termination of Pregnancy) Act 2018. Since then significantly fewer women from Ireland have travelled to the UK to access these services (6). Currently, there is no published data on the ages of women who accessed abortion services in the Republic of Ireland in 2019 and 2020.
- However, official statistics that report the number of abortions to Irish-resident women recorded in England and Wales had shown a decline in the number of teenagers accessing these services before the services were introduced in Ireland (7,8). In 2018, 218 Irish-resident teenagers accessed abortion services in England and Wales compared to 884 in 2000. This represents a decrease of 75%.

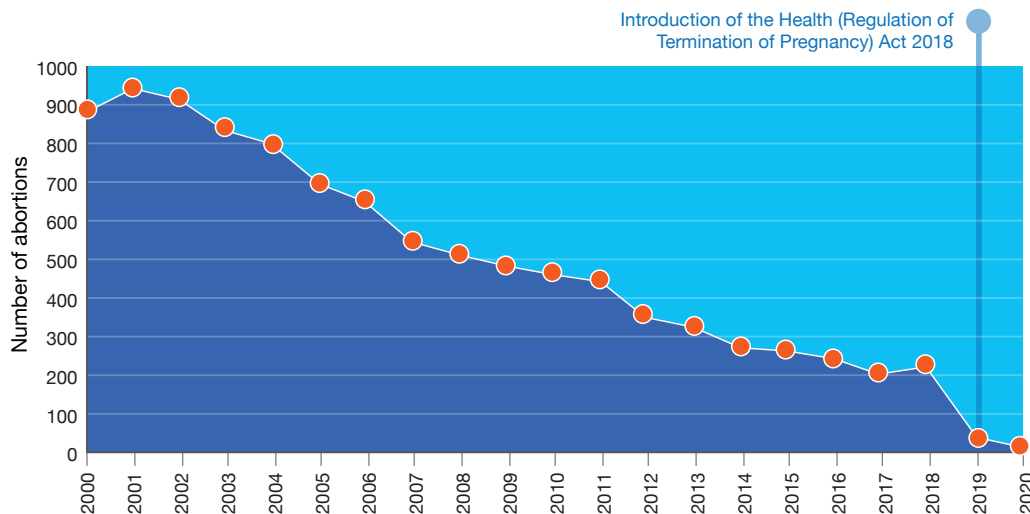
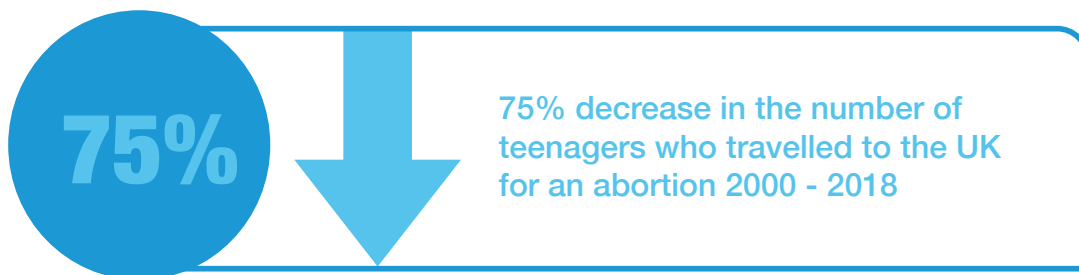


Figure 2: Number of abortions to Irish-resident teenagers in England and Wales 2000-2020

- Prior to the 2018 legislation, an increasing number of people were reported to be accessing abortion pills from online providers. While the full extent of this practice is not known, one study reports that over a six year period (January 2010 to December 2015) 5,650 women from the island of Ireland consulted with one provider of abortion pills online (9). 4.6 per cent were under the age of 20.



### 3. What factors are contributing to the decline in teenage pregnancies?

Notwithstanding limited data on the ages of women accessing abortions in Ireland in 2019 and 2020, and limited data on the number of women accessing abortion pills from online providers in the prior years, available official statistics on births (4, 5) and abortions (8) indicate a sizeable reduction in the number of teenagers becoming pregnant over the period.

Declining rates of teenage pregnancy and fertility over the twenty year period are not unique to Ireland. These trends have been observed across Europe to varying degrees (10, 11). No single factor can explain the decline in these rates and it is important to consider the context within which these changes have occurred.

Ireland has experienced significant economic, social and healthcare changes over the last two decades and the proliferation of digital technology has affected how people behave and interact, such as increases in screen time (12). Health and education policies have been developed and implemented to: reduce unplanned pregnancies and improve sexual health outcomes; to improve the health and wellbeing outcomes of children and young people generally; to retain young people within the education system; and to increase access to third level education.<sup>4</sup> These policies have incorporated a range of education, training and information initiatives; have involved forging effective partnerships between statutory and non-statutory organisations; and established targeted funding arrangements to support teenagers and those caring for them.

Examples of initiatives delivered under these strategies include:

- Schemes to reduce student disengagement with the education system due to economic or social disadvantage.
- Schemes to support young people who are at risk of early school leaving; and early school-leavers who have not obtained alternative education or employment.
- Introduction and implementation of a Relationships and Sexuality Education (RSE) curriculum within the school system.
- Development and implementation of a Wellbeing Policy Statement and Framework for Practice in schools, and the Wellbeing Curriculum in Junior Cycle.
- Publication and implementation of three national strategies addressing crisis pregnancy.
- Publication of the National Sexual Health Strategy 2015 - 2020 promoting a holistic, inclusive, life-course approach to sexual health and wellbeing.
- Provision of sexual health promotion training programmes to a range of education, health, youth and community professionals working with young people.
- Publication of research to inform our understanding of the needs and experiences of teenagers more generally, as well as those of parents and teachers.
- Development of communications and information initiatives focused on supporting teenagers with their sexual health and wellbeing needs.
- Provision of educational resources and training programmes to support parents to talk to their children about relationships and sexuality.
- Increased access to contraception and information.

4 These strategies include: (i) *Strategy to Address the Issue of Crisis Pregnancy 2004-2006*; (ii) *Strategy 2007-2011 Leading an Integrated Approach to Reducing Crisis Pregnancy*; (iii) *HSE Crisis Pregnancy Programme National Strategy 2012-2016*; (iv) *National Sexual Health Strategy 2015-2020*; (v) *Delivering Equality of Opportunity in Schools (DEIS) the Action Plan for Educational Inclusion 2005*; (vi) *DEIS Plan 2017*; (vii) *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020*.



These approaches have contributed to:

### Increased Educational Attainment

Higher levels of educational attainment are known to contribute to improved health and are associated with protective behaviours (13). As such, people with lower levels of education are at increased risk of experiencing negative health outcomes. This is reflected in Irish research which suggests that those who leave school by age 17 or who have lower levels of educational attainment are more likely to report having sex before they reach 17, and are more likely to experience a crisis pregnancy (14, 15).

More young people are now completing post-primary education and entering third level than in the past. Of those who entered their first year of post-primary education in 2014, 91.5% stayed in school to complete the Leaving Certificate, compared to 78.3% who entered their first year in 1994 (16, 17). While retention rates are lower in Delivering Equality of Opportunity in Schools (DEIS) schools, the gap between DEIS and non-DEIS schools has narrowed (17).

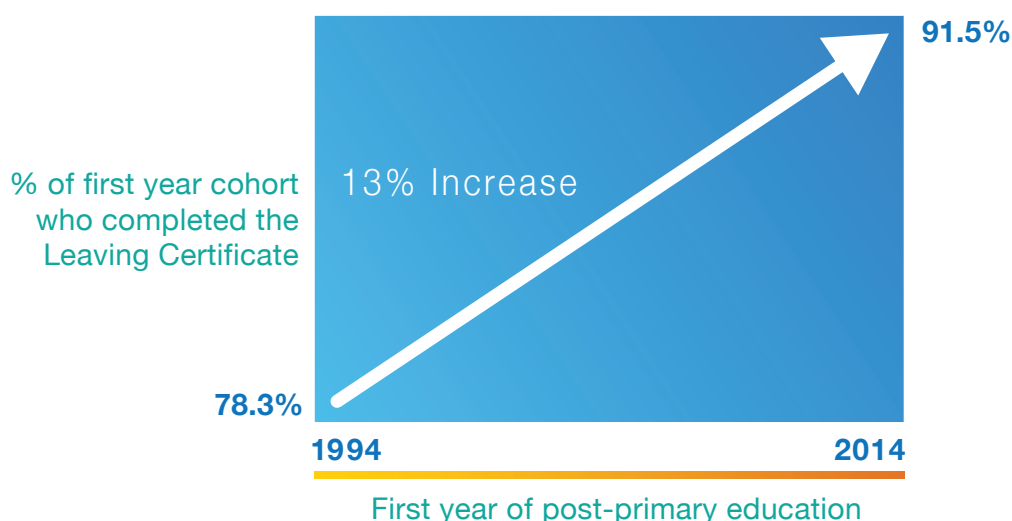


Figure 3: Retention rates of student cohorts who entered post-primary education in 1994 and 2014 and completed the Leaving Certificate

Data show that the number of new entrants to third level courses increased by 18.5% from 2000 to 2017 (18). Available data suggest that almost 80% of full-time undergraduate new entrants are aged 19 or younger (19). However, from a social determinants perspective it's notable that young people from middle-class backgrounds are better represented at third level and more likely to transition from school to higher level education, than those from working class backgrounds (20).

### Increased access to Relationships and Sexuality Education (RSE)

RSE was first introduced into the Irish education system in 1996. Irish research indicates that RSE can have a protective effect, with those who received it being more likely to use contraception at first sex (14). Furthermore, those who found RSE helpful were nearly twice as likely to use contraception at first sex as those who did not perceive it to be helpful (14).



Ninety-three per cent of 17-18-year-olds reported receiving RSE at school by the 6<sup>th</sup> year of post-primary education (21). However, research with young people indicates issues with the quality of RSE received, resulting in dissatisfaction among some teenagers and the use of other sources such as the Internet or friends to meet their information needs (21, 22, 23, 24).

This indicates a need to build upon the work to date, to support the consistent delivery of high quality RSE throughout the school system. To this end, the National Council for Curriculum and Assessment, in association with relevant statutory and non-statutory partners, is currently engaged in a review and redevelopment of RSE provision within the broader content of Social Personal and Health Education (SPHE) across primary and post-primary education.

The provision of RSE includes the development of education resources to support its delivery in school and out of school settings, including in youth work settings. The SHCPP works with the Department of Education and its agencies and with partners across the HSE, professional bodies and NGOs to provide training programmes to enable them to support young people. See appendix 1 for more information.

### Increased access to and uptake of contraception

There have been significant improvements enabling access to contraception as well as the range of contraceptive options available.

Condoms are easily available for purchase and are provided free of charge by the HSE's National Condom Distribution Service (NCDS), in a range of settings. There has also been growing availability of a broader range of contraception options from General Practitioner and Women's Health Centres, including several forms of long-acting reversible contraceptives (LARCs) as well as shorter acting methods. These primary methods of contraception are complemented by the availability of emergency hormonal contraception from pharmacists without a prescription. All forms of hormonal contraception, including emergency contraception, are provided without charge to those who hold a GMS Medical Card.<sup>5, 6</sup>

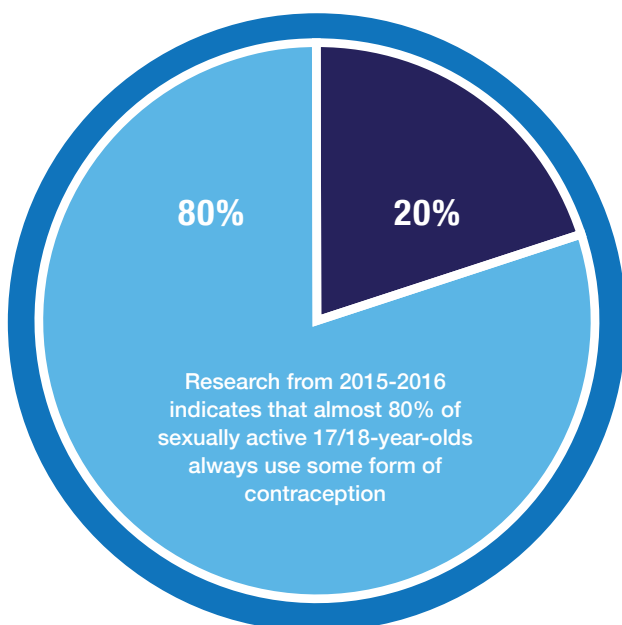


Figure 4: The proportion of sexually active 17/18 year olds who report “always” using some form of contraception.

Aligned to the increased availability of contraception, research finds that the vast majority of teenagers who are sexually active report using condoms or contraception. Research from 2015-2016 indicates that almost 80% of sexually active 17-18-year-olds always use some form of contraception (21). Furthermore, 90% from the same study reported that they used contraception the first time they had sex (21).

A sustained effort is required to ensure that young people, who are sexually active, are supported to access information on the range of contraception methods and relevant services in response to their needs. In order for young people to engage in safe and positive sexual behaviours, they should be supported to have knowledge of contraceptive practices. See appendix 1 for more information on the full range of contraceptive choices, and for training for professionals who work with young people.

5 There is a prescription charge for each item that is dispensed in a pharmacy under the medical card scheme.

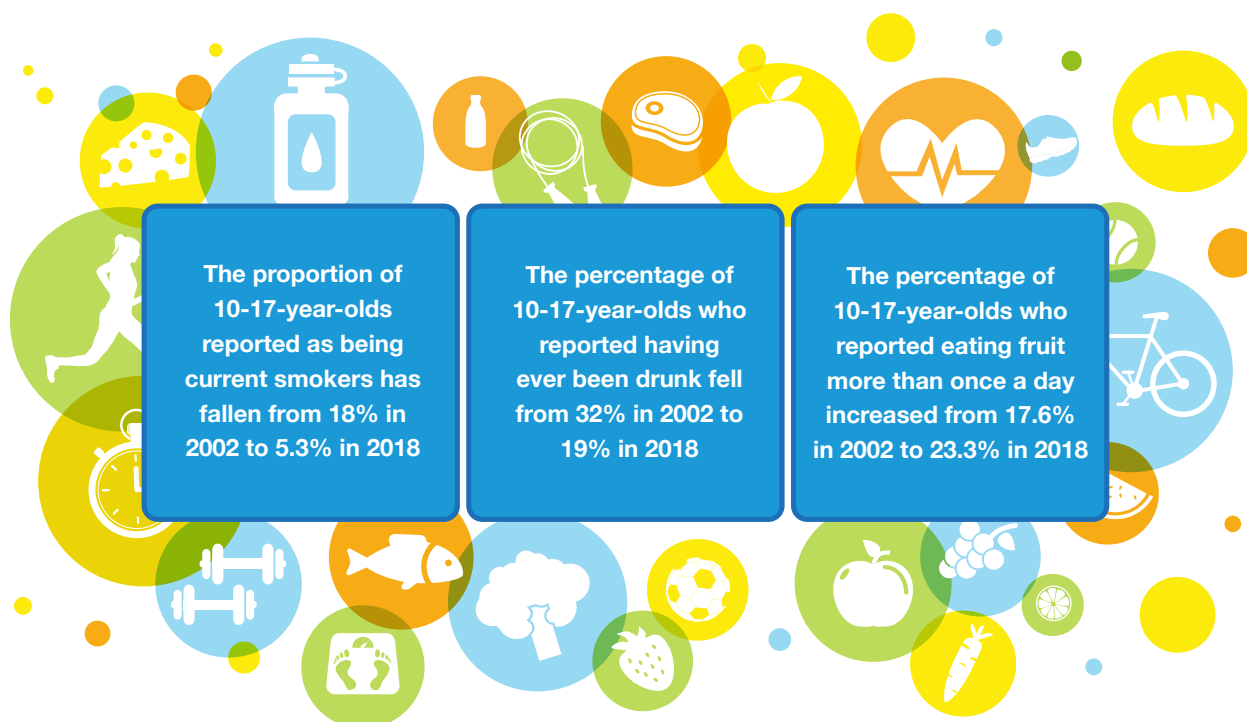
6 For more information on accessing contraception from a doctor for people under the age of 17, see here:

<https://www.sexualwellbeing.ie/sexual-health/contraception/>



## Healthier Lifestyle Choices

Recent research in Ireland highlights how teenagers are making healthier lifestyle choices than in the past. Teenagers are choosing to, and are being supported to, live healthier lifestyles than in the past, by smoking less, drinking less alcohol and eating a healthier diet (25).



These outcomes are supported by a range of information resources and campaigns delivered under a range of prevention focused policies and strategies, implemented by the HSE and key stakeholder partners. For more information see: <https://www.hse.ie/healthandwellbeing>

## Increased understanding about sexual activity

The trend towards protective behaviours on the part of young people has also been reflected in research on their sexual activity. Research suggests that most young people wait until they reach the age of consent (17 years or older) before they have sex for the first time, with 33% of 17-18-year-olds reporting that they have had sexual intercourse (21). The fact that the majority are 18 or over before having sex for the first time is positive as research finds that young people who have sex before age 17 are more likely to experience regret about their first sexual experience and also to experience negative sexual outcomes later in life (13). Furthermore, marginally more teenagers appear to be delaying first sexual intercourse than in the past, with 22% of 15-17-year-olds in 2018 reporting having had sexual intercourse compared to 26% in 2010 (25).

## A focus on supporting parent and child communication

There has been an increased focus on the value of parents having ongoing conversations with their children about relationships, sexuality and growing up. This comes from a growing recognition that parents can play a protective role when it comes to their children's sexual health and wellbeing in the early stages of development and in later in life. One Irish study found that forty-five per cent (45%) of young people reported having discussed sex/relationships with their parents by age 13 (21). This increased to almost 60% by age 17. The research found that contraceptive use at first sex was higher among 17-18-year-olds if they had talked with their parents about sex by the time they were age 13, even while accounting for socio-economic



status (21). In addition, Irish research with parents of young children shows that they want to have open, honest communication with their children on the issues of healthy sexuality, but lack the confidence, skills and resources to do so (26). The SHCPP continues to develop and promote resources to support parents of children of all ages in this regard. See appendix 1 for more information on these resources.

## 4. How do we maintain these positive trends?

The reduction in teenage pregnancies in Ireland since 2000; increased educational attainment; high levels of contraception use; and the overall healthier choices being made by teenagers, are testaments to the efforts being made by young people themselves with the support of parents, carers, schools, and statutory and non-statutory agencies. Significant improvements in policy and service provision have been facilitated by partnerships between state agencies and non-governmental organisations (NGOs).

In order to maintain the positive trends regarding teenage pregnancy, it is vital that statutory agencies and NGOs continue to work together, strategically and effectively, to address the overall determinants of health and implement measures that specifically focus on relationship and sexual wellbeing. It is also important to ensure that sexuality education is holistic and that a focus is placed on preventing sexually transmitted infections; as well as on the importance of developing healthy and respectful relationships; and understanding the law and consent. This will involve:

- Continuing to work collaboratively to ensure that young people can pursue educational and professional opportunities that will improve and expand their life options.
- Continuing to address health inequalities and the social determinants of health.
- Understanding and addressing the relationships and sexual health education and information needs of teenagers.
- Continuing to address the barriers and enablers to parent-child communication on topics related to relationships and sexuality.
- Contributing to cultural change which challenges stigma and taboo around relationships and sexuality.
- Continuing to support professionals who work with young people to provide RSE in school and community settings through the provision of adequate policy frameworks, guidance, training and resources as appropriate.
- Continuing to contribute to the evidence-base to measure progress and to identify and address gaps in knowledge, support for parents and professionals, and the provision of RSE information to young people.
- Ensuring that clinical services are accessible when required and that young people are facilitated to access these.





## Appendix 1

### About the HSE Sexual Health & Crisis Pregnancy Programme (SHCPP)

The SHCPP is a Policy Priority Programme in Health and Wellbeing, Strategy and Research, under the directorship of Healthcare Strategy in the HSE, and it is responsible for implementing the National Sexual Health Strategy 2015–2020. The aims of the national strategy are to improve sexual health and wellbeing and to reduce negative sexual health outcomes among the Irish population. <https://www.sexualwellbeing.ie/about/corporate-publications/national-sexual-health-strategy/national-sexual-health-strategy.pdf>

The SHCPP and our partners offer a range of resources for young people, their parents, teachers and youth-workers. These resources include websites, booklets and publications, and training courses, to support young people through issues they may be facing and to protect themselves and their partners.

### Helpful websites

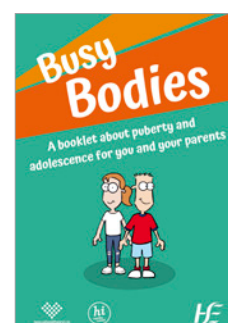
- [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) is the HSE SHCPP's sexual health website and provides comprehensive information on sexual health and wellbeing, including information on STI prevention and treatment options, sexual consent information, contraception choices as well as a section with information for parents.
- [www.Mychild.ie](http://www.Mychild.ie) is the HSE site for parents of children 0-5 years old. It has a range of information and supports on all aspects of early development, including health sexuality development
- [www.spunout.ie](http://www.spunout.ie) is a youth issues website for young people aged 16-25, which includes comprehensive sexual health and relationships information and links, in addition to wider resources.

### Resources for Parents, Teachers and Youth-workers and other professionals

The SHCPP has developed a range of resources for parents, carers and professionals to support them in their conversations about sex and relationships with young people.

The booklets below are available in English and Irish to download from [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) and from [www.healthpromotion.ie](http://www.healthpromotion.ie). They can also be ordered; free of charge in hard copy from [www.healthpromotion.ie](http://www.healthpromotion.ie). (verified professionals can order bulk copies for their service users). The next booklet in the series, for parents of 13-18-year olds, is due for publication in 2022.

- Making the 'Big Talk' many small talks: 4-7 year olds (for parents)
- Making the 'Big Talk' many small talks: 8-12 year olds (for parents)
- Making the 'Big Talk' many small talks: Healthy Ireland Library Collection (for parents)
- Busy Bodies 2020 update – a booklet for children on the topics of puberty and adolescence





## Training for Parents and Carers and for Professionals who work with young people

The SHCPP works with partners across the HSE, professional bodies and NGOs to provide training programmes to support them to support young people.

### Parents and Carers

- [RSE training for parents & carers](#) – This online course, run by the National Parents Council Primary, aims to help parents or guardians in their role in supporting their children to have healthy friendships and relationships at home and in their personal lives.
- [Speakeasy Programme](#) – Speakeasy is the Irish Family Planning Association's (IFPA) eight-week programme designed to provide parents with the information, skills and confidence needed to talk to their children about relationships, sexuality and keeping safe. Youth workers are also eligible to participate.

### Professionals

- [Foundation Programme in Sexual Health Promotion](#) – This HSE course aims to build the capacity of health, education, youth and community professionals to incorporate sexual health promotion into their core work. It provides a safe and engaging environment in which participants can develop their confidence, knowledge and skills in relation to sexual health.
- [REAL U \(Relationships Explored and Life Uncovered\)](#) – REAL U facilitator training is Foroige's interactive 2-day training course on the delivery of their Real U Programme for young people.\*
- The National Youth Council of Ireland provides a number of relationship and sexuality courses for youth workers. See <https://www.youth.ie/programmes/youth-health/> for up-to-date information on courses \*



- [Tusla EPPI Toolkit](#) – This sexuality and relationship development resource has been developed by Tusla for practitioners who work with children and young people in care as a part of their broader Empowering Practitioners and Practice Initiative (EPPI). Content is also relevant to professionals working with other groups of young people.

\*The HSE SHCPP funds and supports NYCI and Foroige to deliver the above RSE training.

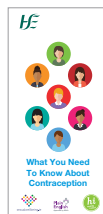
## Information on Contraceptive Choices

The SHCPP has produced two information leaflets outlining a range of contraceptive choices available to help prevent unplanned pregnancy. Information on contraception choices is also available [here](#).



### [Your Contraceptive Choices](#)

A comprehensive guide to the main types of contraception available in Ireland.



### [What You Need To Know About Contraception](#)

A Plain English guide to the main types of contraception available in Ireland.

## Research

The SHCPP commissions and supports research of relevance to the National Sexual Health Strategy. The full research reports and more research summaries are available online for download at

<https://www.sexualwellbeing.ie/for-professionals/research/>



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