

## *Appendix i*

### **a. Data for Figure 0.1**

<b>Country</b>	<b>Birth rate</b>	<b>Abortion rate</b>
USA	54.4	29.2
Bulgaria	49.6	33.7
Hungary	29.9	29.6
England and Wales	29.8	18.6
Scotland	27.2	18.8
Iceland	21.5	21.2
Norway	13.6	18.7
Sweden	7.8	17.2
Denmark	8.8	14.4
Finland	9.8	10.7
Belgium	9.1	5.0
The Netherlands	5.6	4.0

#### General notes

Year for birth and abortion data is 1996 unless noted below:

1998 Birth and Abortion data for Scotland.

1995 Birth data for Bulgaria, Norway and Denmark

1995 Abortion data for England and Wales and Belgium

1992 Birth and Abortion data for the Netherlands

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20 not just 15-19.

Sources: Abortion data from ISD Scotland 2000; Singh & Darroch 2000.

Birth data from UN Demographic Yearbooks 1997,1998,1999; ISD Scotland 2000.

**b. Data for Figure 1.1**

<b>Country</b>	<b>Pregnancy rate</b>
Bulgaria	83.3
Romania	74.0
Hungary	59.6
England and Wales	48.4
Scotland	45.6
Iceland	42.7
Czech Rep.	32.9
Norway	32.3
Sweden	25.0
Denmark	23.2
Finland	20.5
Belgium	14.1
Italy	12.0
Netherlands	9.6

General notes

The year for both abortion and birth data is 1996 unless noted below:

1998 birth and abortion data - Scotland.

1995 birth rate - Bulgaria, Norway & Denmark.

1995 abortion rate - England and Wales and Belgium.

1993 birth and abortion data - Romania.

1992 birth and abortion data - the Netherlands.

Abortion data for Romania and Italy are only 80% accurate.

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20 not just 15-19.

Sources: Abortion data from Singh & Darroch (2000); Birth data from UN Demographic Yearbooks (1996, 1997, 1998); Scottish data from ISD Scotland (2000).

**c. Data from Figures 1.2 – 1.5****Finnish rates**

	<b>Live birth rate</b> (% of births – total pregnancies)	<b>Abortion rate</b> (% of abortions - total pregnancies)	<b>Pregnancy rate</b>
1980	18.9 (49.3)	19.4 (50.7)	38.3
1981	16.9 (48.6)	17.9 (51.4)	34.8
1982	16.9 (48.6)	17.9 (51.4)	34.8
1983	15.7 (47.9)	17.1 (52.1)	32.8
1984	15.2 (47.4)	16.9 (52.6)	32.1
1985	13.8 (45.5)	16.5 (54.5)	30.3
1986	12.9 (45.6)	17.5 (54.4)	28.3
1987	12.1 (43.7)	17.6 (56.3)	29.7
1988	12.5 (45.1)	16.7 (54.9)	29.2
1989	12.0 (44.7)	16.8 (55.3)	28.8
1990	12.2 (48.1)	15.4 (51.9)	27.6
1991	12.4 (51.5)	13.6 (48.5)	26.0
1992	11.9 (52.2)	12.5 (47.8)	24.4
1993	10.7 (52.5)	10.9 (47.5)	21.6
1994	10.1 (52.9)	10.5 (47.1)	20.6
1995	9.9 (51.6)	10.8 (48.4)	20.7
1996	9.8 (50.5)	11.2 (49.5)	21.0
1997	9.0 (46.9)	11.7 (53.1)	20.7
1998	9.2 (42.2)	12.6 (57.8)	21.8
1999	9.7 (41.8)	13.5 (58.2)	23.2

**d. Data for Figure 1.6 – 1.8****Scottish rates**

	<b>Live birth rate</b>		<b>Abortion rate</b>		<b>Pregnancy rate</b>	
	13-15	16-19	13-15	16-19	13-15	16-19
1983	3.0	45.2	3.2	18.3	12.1	63.6
1984	3.0	45.6	3.6	20.6	13.6	66.1
1985	3.4	47.5	3.7	21.6	14.3	69.0
1986	3.5	47.4	4.0	21.7	14.6	69.1
1987	3.8	47.7	3.8	21.6	14.7	69.3
1988	4.2	48.9	4.3	23.1	15.9	71.9
1989	4.1	47.1	4.3	24.3	16.6	71.3
1990	4.0	48.1	4.2	26.5	17.9	74.6
1991	4.2	50.4	4.6	27.4	18.4	77.8
1992	4.3	48.5	4.4	26.8	17.7	75.3
1993	4.0	46.7	4.4	26.8	17.3	73.5
1994	3.9	42.8	4.5	26.6	16.9	69.4
1995	4.1	42.4	4.5	25.8	16.3	67.6
1996	4.6	42.6	4.8	27.5	17.5	70.1
1997	4.9	44.0	4.3	26.6	17.1	70.6
1998	4.4	44.3	4.5	29.5	18.8	72.4

**e. Data for Figures 1.9 – 1.10****Scottish rates**

	<b>Abortion as % of total pregnancies</b>		<b>Births as % of total pregnancies</b>	
	13-15	16-19	13-5	16-19
1983	51.6	28.7	48.4	71.3
1984	54.5	31.1	45.5	68.9
1985	52.6	31.3	47.4	68.7
1986	53.3	31.4	46.7	68.6
1987	50.0	31.2	50.0	68.8
1988	50.6	32.1	49.4	67.9
1989	51.2	34.1	48.8	65.9
1990	51.1	35.6	48.9	64.4
1991	52.3	36.7	47.7	63.3
1992	50.6	34.4	49.4	65.6
1993	52.4	36.5	47.6	63.5
1994	53.6	38.3	46.4	61.7
1995	52.5	37.8	47.5	62.2
1996	51.1	39.2	48.9	60.8
1997	46.7	37.7	53.3	62.3
1998	50.7	40.0	49.3	60.0

**f. Data from Figure 2.2**

<b>Country</b>	<b>Live birth rate per 15-19 year old women in 1996 (or latest Available year)</b>
Russia	45.6
Romania	40.5
Hungary	29.9
Czech Rep.	20.6
England & Wales	29.6
Scotland	29.8
Ireland	21.5
Italy	6.8
Slovakia	32.3
France	10
Belgium	9.1
Denmark	8.8
Netherlands	5.6
Sweden	7.8
Finland	9.8

General Notes

Data on live Birth rates - UN Demographic Yearbooks 1995, 1996, 1997, 1998.

Year for birth rate is 1996 unless noted below:

1995 - Belgium, Czech Rep., France, Italy and Russia.

**g. Data for Figure 2.3**

<b>Country</b>	<b>Proportion of adolescents using contraception at 1st intercourse by country</b>				
	Netherlands	Finland	Denmark	France	Scotland
Netherlands	85	83.5	80	74	48.5
	90.5				
Finland		90.5			
Denmark			83		
France				90.5	
Scotland					70.7

**Percentage of young people aged 16-18 in education or training**General notes

Definitions of adolescents vary by country as follows:

Netherlands - 'young people' (year not stated)

Denmark - 15-16s (year not stated)

France - 'young people' (year not stated)

Finland - 15s (1992)

Scotland - 15-16s (1992)

Source of data on contraceptive use - McIlwaine 1994, Papp 1997 and SEU 1999.

Source for data on % of young people in education data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

**h. Data for Figure 2.4****Abortion ratio for women aged 15-19 by country**

	Spain	Scotland	E & W	Iceland	France	Finland	Norway	Denmark	Sweden
Spain	36.7	37.2	40.2	51.1	51.2	52.9	59.2	62.6	69.9
Scotland	79								
England & Wales			70.5						
Iceland				78.0					
France					90.5				
Finland						89.5			
Norway							90.0		
Denmark								83.0	
Sweden									96.0

**Percentage of young people aged 16-18 in education or training**General notes

Source for data on abortion ratios - Singh & Darroch 2000.

Year for abortion ratios is 1995 unless noted below:

1996 - Finland, Iceland, Norway and Sweden.

Abortion data for France and Spain are only 80% complete.

Source for data on % of young people in education - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

Data on Scotland - % education rates are for the UK as a whole, abortion ratio data is for women under 20, not just 16-19.

Data for England and Wales - % education rates are for the UK as a whole.

### i. Data on Figure 2.5

Country	Mean age of first birth by country													
	Iceland	Portugal	Greece	UK	Austria	Ireland	Belgium	Norway	Sweden	Spain	Denmark	Finland	France	Netherlands
Iceland	25	25.8	26.6	26.7	26.7	27	27	27	27.5	27.7	27.7	27.7	28.1	29
Portugal	78													
Greece		68												
UK			69											
Austria				70.5										
Ireland					82									
Belgium						84								
Norway							95							
Sweden								90						
Spain									96					
Denmark										74				
Finland											83			
France												89.5		
Netherlands													90.5	90.5

### Percentage of young people aged 16-18 in education or training

#### General notes

Age of first birth data - Beets 1999a

Year for which first birth information is available is 1996 unless noted below:

1997 - Finland, Greece, Iceland, Netherlands, Norway, Switzerland.

1995 - France, Spain.

% of young people in education data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

**j. Data for Figure 4.1****Pregnancy rate per 1000 women aged 15-19 by country**

	E & W	Scotland	Iceland	Norway	Sweden	Denmark	Finland	Belgium	Neth.
England and Wales	48.4	45.6	42.7	32.3	25	23.2	20.5	14.1	9.6
Scotland	70.5	70.5							
Iceland			78						
Norway				90					
Sweden					96				
Denmark						83			
Finland							89.5		
Belgium								95	
Netherlands									90.5

**Percentage of young people aged 16-18 in education or training**General notes

Abortion data from Singh & Darroch 2000.

Abortion data for Scotland from ISD Scotland 2000.

Birth data from UN Demographic Yearbooks 1997,1998.

Birth data for Scotland from ISD Scotland 2000.

Year is 1996 for birth and abortion data unless noted below:

1998 birth and abortion data - Scotland.

1995 birth rate - Denmark and Norway.

1995 abortion rate - England and Wales and Belgium.

1992 birth and abortion data - Netherlands.

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20.

% of young people in education or training data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

Data on Scotland and England and Wales - % education and training rates are for the UK as a whole.

## *Appendix ii*

### **Details of case-study areas**

The three areas detailed for each country were matched roughly by geographical size, population density and the location of the schools within each area were also matched for similarity of location (i.e. in main city or town of each local authority /municipality) wherever possible. The areas that are ‘twinned’ are highlighted in brackets.

### **Finland**

#### ***Tehtaala Municipality (Scotallen local authority)***

The municipality of *Tehtaala* is located in Southern Finland and its parameters span around the *City of Tehtaala*. On the whole *Tehtaala* can be described as an urban municipality with a high density population. The two schools explored in this municipality were *Koskela Peruskoulu*, located on the outskirts of the *City of Tehtaala*, and *Tehtaala Peruskoulu*, located in the centre of the *City of Tehtaala*.

#### ***Vaarama Municipality (Arbourness local authority)***

The municipality of *Vaarama* is located in Eastern Finland and has the *Town of Vaarama* at its centre. The municipality as a whole can be described as urban/rural. I.e. pockets of urban towns set in a rural area. The majority of the population in this municipality is concentrated within the towns, with a low population density throughout the remainder of the municipality. The school

explored within this municipality was *Vaarama Peruskoulu* which is located in the centre of the *Town of Vaarama*.

#### ***Alajoki Municipality (Glendale local authority)***

The municipality of *Alajoki* is located in Central Finland and has the *Town of Alajoki* at its centre. Similar to the municipality of *Vaarama*, this municipality as a whole can be described as urban/rural. The *Town of Alajoki* was itself an urban town set in a very large rural area. The majority of the population in this municipality was concentrated within the *Town of Alajoki*, with a low population density throughout the remainder of the municipality. The school explored within this municipality was *Alajoki Peruskoulu* which is located in the centre of the *Town of Alajoki*.

### **Scotland**

#### ***Glendale local authority (Alajoki Municipality)***

Glendale local authority spans a large geographical area in Scotland and incorporates a large urban city, a number of towns and a vast number of small villages. The population of Glendale local authority is concentrated within the city and towns, and the remaining population is widespread across the authority. Therefore the authority comprises of areas of both dense and sparse population. The two schools that were explored within this local authority were Lochend Secondary School (pilot school), which is located in a small-industrialised village within the local authority of Glendale; and Glendale Academy which is situated in the centre of a large city surrounded by a rural area in the local authority of Glendale.

**Scotallen local authority (*Tehtaala Municipality*)**

Scotallen is a city-orientated local authority, similar to *Tehtaala* in Finland; the local authority is based around one main City – Scotallen. On the whole Scotallen can be described as an urban local authority with a high-density population. The school explored within this local authority was Scotallen Secondary School which is located towards the south of the City of Scotallen, near to the geographical boundary of Scotallen local authority.

**Arbourness local authority (*Vaarama Municipality*)**

The local authority of Arbourness, similar to *Vaarama*, spans a large geographical area. The local authority as a whole can be described as urban/rural. I.e. pockets of urban towns (one city) and villages set in a rural area. The majority of the population in this municipality is concentrated within the city and towns, with a low population density throughout the remainder of the local authority. The school explored within this local authority was Arbourness High School which is located within the small town of Arbourness.

## *Appendix iii*

### **Interview schedules**

#### **Government Level**

Example areas and topics presented below were for Finland, similar questions were asked of the SOED official, with questions tailored to Scotland.

#### **Sex education**

- Defined law/ policy on sex education
- Defined curriculum location and time allocations of sex education
- Government role and municipal role in helping schools design sex education
- Importance of sex education – government perception.
- Defined content of sex education
- Government guidelines for schools
- Teacher training specified at government level for teaching sex education
- Inter-agency collaboration
- Main objectives of sex education – government perception

#### **Sexual health**

- History of school health service
- Information on role of school nurse
- Likely/ known effect of recent cut-backs in school health service
- Value of school nurse
- Government encouragement of youth clinics
- Confidentiality laws
- Guidelines for pregnant teenagers – re: continued education.

#### **Education**

- Information on careers guidance
- Explanations for high stay-on rates at school level
- History of comprehensive school structure

#### **Overall**

- Potential explanations as to why Finland has been so successful in decreasing its teenage pregnancy rates.

### **Municipality/ local authority level**

As with government areas of interest detailed above, example areas and topics presented below were for Finland, similar questions were asked of the local authority officials, with questions tailored to Scotland.

#### **Sex education**

Defined law/ policy on sex education  
Defined curriculum location and time allocations of sex education  
Government role and municipal role in helping schools design sex education  
Importance of sex education – municipal perception.  
Defined content of sex education  
Municipal/ government guidelines on sex education for schools  
Municipal/ government guidelines on evaluating sex education for schools  
Teacher training specified at municipal/ government level for teaching sex education  
Inter-agency collaboration  
Main objectives of sex education – municipal perception

#### **Sexual health**

Information on role of school nurse  
Likely/ known effect of recent cut-backs in school health service  
Value of school nurse  
Availability of municipal youth clinics  
Confidentiality laws  
Guidelines for pregnant teenagers in municipality – re: continued education.

#### **Education**

Information on careers guidance  
Explanations for high stay-on rates at school level  
History of comprehensive school structure  
Curriculum changes in 1994

#### **Overall**

Potential explanations as to why Finland has been so successful in decreasing its teenage pregnancy rates.

### **School level**

As with the other policy levels of interest detailed above, example areas and topics presented below were for Finland, similar questions were asked of the teachers in Scotland, with questions tailored to Scotland. No school nurses were interviewed in Scotland however, as no school studied had the use of a school-based nurse.

#### **Head teacher**

Question areas covering the topics of:  
Background information on school  
Sex education  
School health service  
Careers guidance  
(questions topics – similar to those asked of individual teachers and school nurse)

#### **Teachers (adjusted by subject)**

School policy on provision of sex education  
Government/ municipal guidelines  
Curriculum and grade level allocation and time allocations  
Class sizes  
Teaching methods  
Importance of school role as sex educator  
Differences between sex education for girls and boys  
Content of sex education  
Teacher training  
Involvement of sexual health experts to teach class-based sex education  
Feelings on teaching sex education  
Changes to curriculum – potential/ known effects on sex education provision  
Future of sex education at school – what if anything should change.  
Confidentiality between staff and pupils.

### **School Nurse**

#### **Sex education**

School policy on provision of sex education  
Curriculum and grade level allocation and time allocations  
Class sizes  
Teaching methods  
Importance of school role as sex educator  
Differences between sex education for girls and boys  
Content of sex education  
Teacher training for school nurses  
Involvement of school nurse in class-teaching  
Confidentiality between staff and pupils and school nurse  
Feelings on teaching sex education

School health service  
Time availability of school nurse  
Connections to local health centres  
Methods of obtaining contraception  
Contraceptive costs and availability  
Emergency contraception  
Youth clinics (visits by pupils)  
Young men and contraception  
History of school nursing  
Cutbacks – potential/ known effects

## ***Appendix iv***

### **Letter of application for access to Scottish schools**

#### **University logo and contact details**

Dear .....(head teacher)

My name is Alison Hosie and I am currently in my 2<sup>nd</sup> year PhD at Stirling University studying "The effect of social policies on teenage pregnancy in Scotland and Finland". I am undertaking research in your local authority and your Director of Education has granted me permission to contact you, to enquire if you would be willing to take part in my research.

The reasons behind my choice of topic are that at the present moment in time, Scotland has one of the highest teenage pregnancy rates in Western Europe. A large amount of research has already been conducted into different types of sex education programmes and the attitudes and knowledge of Scotland's young people. What has been neglected to a great extent though, is the effect that different social policies may have on the teenage pregnancy rate in this country.

It is therefore my intention to examine various policies including sex education, sexual health and general education policies, at the levels of government, local authority and schools in Scotland and compare them with Finland (a country which has had considerable success in curbing the negative effects of teenage sexual behaviour).

In order to do so I intend to take a case-study approach and examine 3 schools in 3 local authorities in each country, matching them by geography and demographics. If you were to allow me to include your school in this research, it would be my intention to obtain a copy of your school's policies (if possible) regarding sex education, the health of school children and careers guidance. I would also like to interview yourself, teacher/s of careers guidance and as many teachers as possible involved with the development and/or teaching of sex education in your school. It is not my intention in any way to interview or questionnaire pupils at your school.

If you were agreeable to my visiting your school, it would be my intention to undertake the interviews during the month of June, after the completion of the SCE examinations. If you would like to take part in this research, or you require further information before making a decision, please contact me at the above address.

I look forward to hearing from you.

Yours sincerely

Alison Hosie

## ***Appendix v***

### **Core content of sex education in Finnish Schools**

<i>School age</i>	School mates and early friendships.
<i>Puberty</i>	Physical, psychological and social changes of beginning adulthood: * Changes of outer appearance * Menstruation * Wet dreams * Masturbation * Growing interest in the opposite (or same) sex * Dating, experimentation (age, legislation) * Sexual relations, responsibilities * Pulp literature and porn * Friendships * Affection * Trust * Constraints of expectations * Fears * Declaration of independence, breaking away from parents * Being part of a gang * Opposition of established morals and values * Mass delusion
<i>Intercourse</i>	* The act itself, the first time * Mutual consent, forcing oneself, rape * Virginity, possible pregnancy
<i>Contraception</i>	* Contraceptive measures, family planning, childlessness * Prevention of STDs
<i>Pregnancy and childbirth</i>	* Fertilisation and inception of pregnancy * Development of the foetus * The various stages of labour
<i>Abortion</i>	* Legislation * Ethics involved * Clinical aspects of abortion
<i>STDs including AIDS</i>	* Ways of becoming infected * Cures, or in the case AIDS no cures * Legislation
<i>Sexual Orientation</i>	* Heterosexuality, homosexuality * Other sexual preferences
(NBE 1998)	

## *Appendix vi*

### **Finnish Abortion Law**

An abortion can be granted to a woman asking for it when:

- 1) Pregnancy or childbirth would risk her life or health
- 2) Childbirth and child care would be a considerable strain on her and her family economically and socially
- 3) She is made pregnant against her will
- 4) She was not yet 17 years of age or was over 40 at the moment of conception or already had four children
- 5) There is a reason to expect the child to be mentally defective or to have difficult illness or physical defect
- 6) Illness, disturbed psychological functioning, or a comparable factor of one or both parents limits their capacity to take care of the child.

Source: Abortion Law 24.3.1970/239 Finland

Source of translation: Kosunen 2000:77.

## *Appendix vii*

### **Scottish Abortion Law**

Abortion is only legal if it is carried out by a doctor in approved premises and two doctors certify:

- a)** that the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated,
- b)** the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman,
- c)** the pregnancy has NOT exceeded its 24<sup>th</sup> week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman,
- d)** the pregnancy has NOT exceeded its 24<sup>th</sup> week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman,
- e)** that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(HMSO 2/96 (118088))

## ***Appendix viii***

### **The Fraser Guidelines (1985)**

The Fraser guidelines (1985) (derived partly from the Gillick case), provides medical doctors with a list that they must consider thoroughly before providing any contraceptive advice or contraception without parental consent to a young woman under the age of 16. The guidelines are as follows:

1. The young person will understand the doctor's advice,
2. The doctor cannot persuade the young person to inform his or her parents or allow the doctor to inform his or her parents that he or she is seeking contraceptive advice,
3. The young person is very likely to begin or to continue having intercourse with or without contraceptive treatment,
4. Unless he or she receives contraceptive treatment, the young person's physical or mental health are likely to suffer,
5. The young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

Source: Thomson 1996:108.

## *Appendix ix*

### **The emerging agenda**

- Acknowledgement and addressing of differences
- Gay sexuality
- Learning disabilities
- Ethnic minorities and other “absent” groups
- Stretching back into childhood
- Sexual orientations
- Voluntary and community involvement
- Social inclusion partnerships and social justice
- Life affirming approaches
- Role of socialisation of young people – gender and power imbalances
- Dissonance... lack of openness, inhibition
- Using original aims – inviting consensus building
- Parents and parental involvement
- Where/how will leadership develop
- Hearing and valuing the voices of up
- Supporting and developing the role of teachers
- Addressing inequality and variability
- Creating safe, accessible for a for dialogues about relationships and health
- How best to consult young people
- Public health model vocational school holistic/ integral
- Emotional and social
- Positive indicators
- An “NHS” or a “quality” model?
- Presumed models and community values
- From problematised → contextual approach
- Testing the “taken for granted” assumptions
- Generic → local response
- How and when do we involve young people?
- Diversity and validity
- New technology
- Role of parents
- Co-ordinated, flexible, accessible basis for services strategy
- Leadership...?

Deliberative Seminar – Teenage Sexuality in Scotland 6/7 March 2000 “*initial reflections*”.