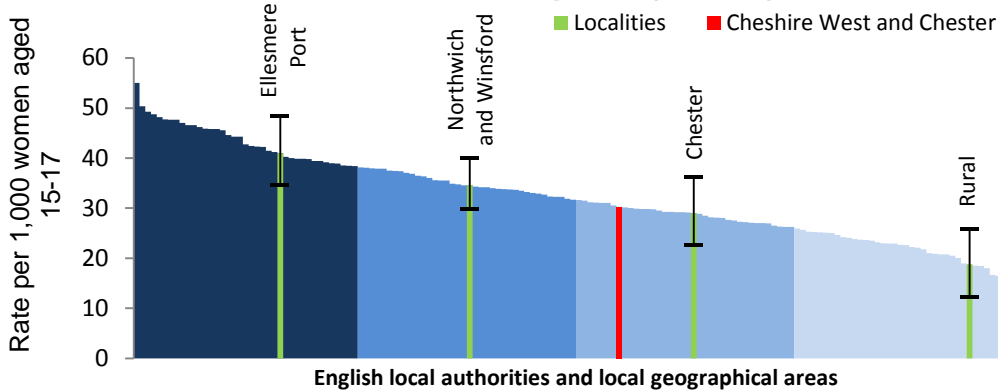




### Under 18 Conceptions (2010-12)



English local authorities and local geographical areas

Source: ONS © Crown Copyright, ONS Mid Year Population Estimates  
Note: Whisker lines on locality data show 95% confidence intervals, based on an equal distribution of the total number of suppressed conceptions across wards.

During the three years 2010 to 2012 there were 516 conceptions amongst women aged under 18 in Cheshire West and Chester. This equates to a rate of 30.3 per 1,000 women aged 15 to 17, similar to the England rate of 30.9 per 1,000. Half (49%) of the pregnancies ended in abortion.

There are significant local disparities in the rate of under 18 conception. Both Chester and Rural localities are lower than the England average (Rural significantly so). The lowest rates of under 18 conception can be found in our less deprived areas. Three wards (Davenham and Moulton, Handbridge Park and Tarvin and Kelsall) all had rates significantly lower than the England average.

Ellesmere Port locality had the highest

rate within Cheshire West and Chester. The rate of 41 per 1,000 (n=133) made it the only locality that was significantly higher than the England average. Between 2009-11 and 2010-12 rates fell in England and in all Cheshire West and Chester localities except Ellesmere Port where the rate increased slightly.

Eight electoral wards in Cheshire West and Chester were significantly higher than the England average. The highest was Rossmore in Ellesmere Port with a rate of 118.0 per 1,000 (n=19).

The under 16 conception rate was 6.1 conceptions per 1,000 females aged 13 to 15 in 2010-2012. This is an increase from 2009-2011 (5.8 per 1,000) but is lower than the England rate of 6.3 per 1,000.

### Evidence of what works

The Government has set out its ambitions for improving sexual health in its publication 'A Framework for Sexual Health Improvement in England' (2013). This recognised that while individuals' needs may vary, there are certain core needs:

- Preventative interventions that build personal resilience and self-esteem and promote healthy choices.
- Access to accurate and timely information that helps people to make informed decisions about relationships, sex and sexual health.
- Rapid access to confidential, integrated health services, in a range of settings, accessible at convenient times.

### Recommended actions

Young people are a high risk group in terms of poor sexual health putting them at risk of unintended pregnancy.

Recommended actions include:

- Prevention - The ability for young people and adults to make positive lifestyle changes and minimise risk as a result of health promotion interventions. This includes the provision of information and advice, promotion of key sexual health messages, educational and awareness sessions, distribution of safer sex materials and outreach work.
- Young people's sexual health services - Additional services require development linked to those young people who are at risk or deemed hard to reach as they do not access mainstream services. Services need to be 'You're Welcome' accredited within nine months of establishment.
- Provision of Long Acting Reversible Contraception (LARC) - Promotion and uptake of LARC will require improvement particularly around the audit of LARC removals.
- Sexual health is patterned by socioeconomic inequalities, with those from deprived areas often being those most at risk of negative outcomes, such as sexually transmitted infections and unwanted pregnancies.

Rationale: Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many bringing up a child is difficult and often results in poor outcomes for both the teenage parent and the child, in terms of ;the baby's health, the mother's emotional health and well-being, and the likelihood of both the parent and child living in long-term poverty. (PHE)