

## The Teen Parents Support Programme

### The Teen Parents Support Programme

The Teen Parents Support Programme (TPSP) consists of eleven separate projects funded by TUSLA and the HSE and located throughout the country in a range of statutory, community and voluntary organisations. The TPSP engages with young people who become parents when they are under 20 years of age and supports them to build their capacity as young parents and to complete their own development as adolescents moving towards early adulthood.

See [www.tpsp.ie](http://www.tpsp.ie)

### Births to Teen Parents

In 2017 there were 1,041 births to mothers under 20 years of age. This represents a decrease of more than 50% over the past decade. Nonetheless, when compared to European counterparts, the birth rate to teens in Ireland remains *'high to middling'* (HSE Crisis Pregnancy Programme, National Strategy 2012-2016)<sup>1</sup>.

Age at Birth	Number of Births <sup>2</sup>
15 and under	19
16	54
17	138
18	293
19	537

All these young people had recently passed through the education system and some of them were still in school. In 2017, the TPSP supported 930 pregnant/parenting teens: 848 young mothers and 82 young fathers. Of these 108 were in mainstream secondary school: 97 mothers and 11 fathers. The TPSP supports approximately 30% of all pregnant/parenting mothers in the country. From this we can estimate that there were approximately 360 pregnant/parenting students in secondary school in 2017.

## Recommendations

These recommendations are coming from young people who became parents while still at school or went on to become parents shortly after leaving school. They are based on feedback which these young people have given to TPSP Project Workers.

<sup>1</sup> <http://www.crisispregnancy.ie>.

<sup>2</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-vsyst/vitalstatisticsyearlysummary2017/>

### **1. Teach young people how to have a difficult conversation.**

This will serve them well in all aspects of their lives in the future. In the context of sexual health and healthy relationships, being able to initiate and engage in a difficult conversation is a crucial part of giving consent and discussing contraception.

#### ***Consent***

Most young women who become pregnant are in a relationship (short or long-term) with a young man of similar age. Often their becoming sexually active, particularly where the couple is very young, happens without any prior discussion. It is very difficult for a young person to initiate this conversation, yet CPA research shows that becoming sexually active before 17 years of age can have very negative consequences later in life and that many young people regret becoming sexually active so young<sup>3</sup>. They need to be helped to develop the language needed (through role play, for example) to have this discussion with each other and to know how to give or withhold sexual consent in line with what is right for them at the time. They need to be taught how to recognise the early signs of an unhealthy relationship, what to do if they are in an abusive relationship and support services available. They need to be given time to reflect on how to nurture their own self-esteem and to see the connection between self-esteem and healthy relationships. Young people need an opportunity to discuss the role of peer pressure, alcohol and drugs in becoming sexually active before they are ready. They need to know that sexual consent is given continuously and that they each have a right to withdraw consent at any time. They also need to be taught the legal definition of sexual consent and know the legal age of consent.

#### ***Contraception***

Alongside the ability to discuss consent with each other, young people need to be able to practice having a conversation about taking joint responsibility for contraception. They need to understand the importance of using contraception the first time they have sex, that unplanned sex can lead to unplanned pregnancy and how alcohol or drugs will increase the risk of this happening. They need information on the full range of contraception now available, how to use them effectively and where to access them - something which can be particularly difficult for young people in rural areas and small towns. They need to understand that no contraception is 100% safe, when contraception is most likely to fail and the additional role that condoms play in the prevention of STIs.

### **2. Engage trainers/teachers with accredited group facilitation skills.**

Young parents reported that they felt uncomfortable with the RSE Programme being taught by a teacher in their school who was already teaching them other subjects. They would have preferred and would have been more comfortable and open with a person/teacher who was from outside the school. They also said that what is covered can depend on the values of the school and the teacher's personal level of comfort with the topics. They said that sometimes they themselves were more informed than the teacher- on topics such as the range of contraception available, for example. RSE cannot be 'taught' with the same methods used for general subject teaching. It requires skilled facilitation by someone who is comfortable and open about the topics being discussed, accepts that young people are sexually active in different ways and is enthusiastic about the importance of sexual health.

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<sup>3</sup>Crisis Pregnancy Programme, Dublin 2012 *Research on Teenage Sexuality*.

### **3. Deliver the RSE Programme early and often**

Parents and teachers underestimate the level of sexual activity among young people. In research carried on young people in 2014 by the Health Promotion Research Centre NUIG, 21% of girls and 31% of boys aged 15-17 years reported that they have had sex<sup>4</sup>. Delivery of the RSE Programme, therefore, needs to start early and continue for each of the 6 years of secondary school.

Some young mothers who had their children while in school or shortly after leaving school reported that, when their school delivered the RSE Programme on a once off basis, they were too young at the time to relate to the content and gain a real understanding of what was involved in having healthy relationships and being sexually active. They said this was partly due to their own immaturity, the immaturity of some of their classmates and embarrassment at the sensitivity of some of the topics when discussed in a mixed group. They reported that they would have liked the Programme to be repeated throughout their secondary school years so they could connect more with it as they matured. Young fathers who spoke to project staff reiterated this point. They said that when younger it wasn't cool to appear to be paying attention as that suggested they didn't know all there was to know about sex, healthy relationships and contraception.

### **4. Bring the content of the RSE Programme up-to-date**

Some young parents reported that the Programme delivered in their school was out of step with the reality of their lives and their own sexual practices and sexual relationships. Some described it as a missed opportunity to discuss issues which they found too embarrassing to discuss with parents/guardians such as the use of online dating sites, pornography and sexting. They asked that the content of the RSE Programme be brought up-to-date and that whoever is discussing these topics with them must be knowledgeable, comfortable and skilled so that they are able to facilitate an open discussion in class.

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**Margaret Morris**  
**National Co-ordinator TPSP**  
**Treoir**  
**28 North Great Georges Street.**  
**Dublin 1**  
**tpsp@treoir.ie**  
**Tel 087-2518428**

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<sup>4</sup> Health Promotion Research Centre NUIG (2015) *The Irish Health Behaviour in School-aged Children Study 2014*.