SERVICE DELIVERY

Young people's and professionals' views about ways to reduce teenage pregnancy rates: To agree or not agree

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(Accepted 5th November 2001)

The Journal of Family Planning and Reproductive Health Care 2002; **28**(2): 85-90

Abstract

Context. *We know little about young people's views of the effectiveness of interventions to reduce the frequency of teenage pregnancy.*

Objective. *To compare the views of young people and professionals about ways to reduce the frequency of teenage pregnancy.*

Design. *Comparison of consensus emerging from adult and teenagers' workshop discussions and subsequent modified two-round Delphi questionnaires for each subject group.*

Setting. *North Staffordshire community.*

Participants. *Fifty-six professionals from health, education, social care, youth and community and other sectors and 55 young people.*

Main outcome measures. *Views with which at least 70% of participants agreed.*

Results. *Young people emphasised the importance of interventions being young person-centred, whereas professionals stressed that re-organisation of sexual health and education services was key. Young people suggested more creative ways of communicating health and education messages than did professionals. Both groups advocated peer education and recognised the need for developing help and services for young men. Both suggested that staff should be educated to be more sensitive in relating to young people. Professionals and young people advocated the locating of sexual health services for teenagers in youth settings.*

Conclusion. *In the main, professionals favoured dedicated young people's services whilst young people emphasised the need for young person-centred services. Those working in the health and education sectors should seek and listen to young people's views and preferences when planning and providing sexual health education and services.*

Introduction

Teenage conception rates remain high in the UK despite the many local programmes set up to halve conception rates in under-16-year-olds by the year 2000.¹ In England nearly 90 000 conceptions occur in teenagers per year: 7700 to girls aged under 16 years.²

The Acheson report described the *social, economic and cultural determinants of health* which lead to inequalities in health.³ The report recognised that inequalities predispose disadvantaged young people to unintended conceptions. Others⁴ have attributed the high rates of teenage conception in the UK to young people's low expectations, ignorance of contraception, not knowing what is involved in forming relationships and parenting, and mixed messages about sexuality from the media and society in general.

We need to develop ways to reduce unplanned teenage pregnancy rates that take account of these reports,^{3,4} as well as understanding that risk-seeking behaviour is a normal part of adolescence. Little research has been undertaken to determine young people's views about the effectiveness of interventions or to maximise involvement of young people in decision-making about the delivery, or content, of education-based programmes or service provision. Published reviews of the effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people do not appear to recognise this omission.^{5,6}

We set out to compare the views of young people themselves and professionals about what might constitute effective approaches to reducing the frequency of teenage pregnancy. We sought to derive professionals' and young people's consensus views by employing a modified Delphi technique for each subject group.

The Delphi process is recognised as a useful way to determine health needs. The Delphi process is a systematic attempt to produce a consensus by collecting statements from a panel of 'experts' on a specific issue.⁷ The anonymity of panel members and their statements is guaranteed, so that members do not confer with each other. This process assesses the extent of agreement among the panel by collating the statements and sending them to each expert, who is asked to reconsider their position and respond by post. All opinions are again collated and this process is repeated until consensus is reached.

Key message points

- Young people differ from professionals working in the field in their ideas about what might work to reduce teenage pregnancy rates.
- Lack of young people's involvement in planning to reduce teenage pregnancy rates is likely to lead to initiatives that are not appropriate for young people from diverse backgrounds.
- Young people think that person-centred initiatives will be more successful; professionals emphasise a young population approach by education and the re-organisation of contraceptive and sexual health service provision.

Methods

Delphi study of professionals

We established a database of professionals with a responsibility for, or special interest in, planning and/or providing sex education and sexual health services to young people in the district of North Staffordshire. The database was drawn up through local networking with health, education, social care and youth and community professionals and by re-circulating updates of the database to the network, to identify gaps.

All 66 professionals included on the database were invited to a workshop held during working hours. The work posts of the 48 professionals participating in the workshop included school nurses, general practitioners (GPs), health visitors, school teachers, nurse and lay representatives from primary care group boards, social workers, youth workers, community development officers, others from local authority departments and the voluntary sector. The workshop comprised brief plenary presentations followed by small group discussions.

Sixty different suggestions for effective ways to reduce teenage pregnancy rates were generated by small-group discussion. In May 2000 we sent the first questionnaire of a modified two-round Delphi consultation to all professionals ($n = 66$). Respondents to Delphi round 1 were asked to indicate whether they considered each suggestion previously generated at the professionals' workshop 'likely to be effective' in reducing the frequency of teenage pregnancy and to contribute additional ideas that had not been previously suggested at the workshop. Respondents could indicate agreement with as many suggestions as they wished.

The second postal questionnaire (Delphi round 2) included those 29 suggestions with which at least 40% of first-round respondents agreed were 'likely to be effective'; the other 31 suggestions were discarded. The remaining suggestions were themed into seven different approaches by two researchers (RC and EB) working independently – there was no disagreement between them. The themes included: action that the health service might take, practical approaches in schools and youth settings, educational approaches to young people, educational approaches to staff, practical support to young people, good practice in communicating messages and a local or partnership approach. Where an item might be classified into more than one theme, the researchers allocated that item to the most pertinent theme. All 66 professionals were invited to rate the level of their agreement with each of the remaining 29 suggestions.

Completed questionnaires were returned anonymously in freepost envelopes.

Delphi study of young people

In a parallel exercise, young people were invited to a workshop run along similar lines to the professionals' workshop. The 55 young people who attended were recruited by youth workers from across the city who advertised the workshop by word of mouth and via flyers sent to young people's groups and establishments. The young subjects received an honorarium of £5 each to reimburse their travelling expenses and 2 hours of their time. Thirty-eight suggestions were generated by young people as to effective ways to reduce the frequency of teenage pregnancy.

In August 2000 we sent the first questionnaire of a modified two-round Delphi consultation to all the young people ($n = 55$). Respondents to Delphi round 1 were asked

to indicate whether they considered each suggestion previously generated at the young people's workshop 'likely to be effective' in reducing the frequency of teenage pregnancy and to contribute any other ideas that had not been previously suggested at the workshop. Respondents could indicate their agreement with as many suggestions as they wished.

The second postal questionnaire (Delphi round 2) included all 38 suggestions with which at least 40% of first-round respondents agreed were 'likely to be effective'; no suggestions were subsequently discarded. Suggestions were themed (independently by SC and RC) using the same categories as for the professionals. All 55 young people were invited to express the level of their agreement with each of the 38 suggestions.

Completed questionnaires were returned anonymously in freepost envelopes, except that young people could append their names to enter for a prize draw of £20, in both postal rounds.

A group of young people helped to organise and facilitate the workshop. One of these (SC) helped with the study design, transferred the items generated by the small group discussions at the workshop retaining the original language, classified the items into the seven categories of approaches, coded the returned questionnaires, circulated questionnaires to young subjects and helped with collating and interpreting the results.

Modification of the Delphi process

The major modifications to the Delphi process were that: panel members of both parallel studies met at the workshops and therefore participants in the postal rounds were not anonymous; however few knew each other previously, and professionals and young people were drawn from a 20-mile radius. The suggestions upon which the Delphi studies were based were generated from the two workshops rather than a postal process, in both studies. A cross-section of young people was taken rather than a panel of experts, as no young people could be classed as 'experts' on sexuality; the expertise of the adults surveyed was accrued from those actively working in the field.

Results

Fifty of 66 (76%) and 56 of 66 (85%) professionals responded to the first and second postal rounds, respectively. Eighteen of 55 (33%) and 14 of 55 (25%) young people responded to the first and second postal rounds, respectively.

Seventeen of the 66 (26%) professionals on the study database were males; their ages were not known. Nineteen of the 55 (35%) young people attending the young people's workshop were males; their ages ranged from 12 to 20 years old. Thirty-eight of the young people attended school, six were unemployed, one was employed and ten did not provide this information. The postcodes of the young participants' home addresses revealed that they were drawn from a preponderance of deprived wards across the city.

Where fewer than 20 (40%) professional respondents agreed that a suggestion was likely to be an effective way to reduce the frequency of teenage pregnancy, the items were subsequently discarded from the round 2 questionnaire. Table 1 shows the items that fewer than 40% of professional respondents considered to be effective ways to reduce teenage pregnancy rates. There were several additional suggestions about effective ways to reduce the frequency of teenage pregnancy from round 1, but as a maximum of three people suggested any of these items they were discarded too.

Table 1 Items not considered to be effective ways to reduce the frequency of teenage pregnancy (n = 50)

Professionals' suggestions	Level of agreement in Delphi round 1 (%)
What the health service can do	
Network with professionals responsible for young people/and those providing contraception	17 (34)
Build relationships with youth workers	17 (34)
Build relationships with schools	15 (30)
Hold teenage clinics in general practice	14 (28)
Male GPs talking to boys in schools	14 (28)
Take resources out to clients	14 (28)
Avoid people using family planning clinics being 'labelled'	13 (26)
Work with voluntary self-help groups	9 (18)
What schools/youth settings can do	
Educational approaches to young people	
Focus on issue of failed contraception	17 (34)
Explore real life experiences	16 (32)
Drama workshops	14 (28)
Peer teaching	14 (28)
Hold separate meetings for young men and women	10 (20)
Educational approaches to staff	
Consider how to overcome other needs of schools getting in way of sex education	17 (34)
Hold parents evening for input to school curriculum	15 (30)
Overcome school teachers' reluctance to use school nurses for sex education	12 (24)
Target catholic schools	11 (22)
Communicating messages	
Consistent messages via newsletters and learning packages	16 (32)
Use audio information, e.g. radio	14 (28)
Work with media and press that produce pornographic material	12 (24)
Images and not words	12 (24)
Problem page in magazine	12 (24)
Accept we all (professionals and young people) have hang-ups about sex	11 (22)
Use video approach	10 (20)
Local area approach	
Advertise condoms in innovative ways	16 (32)
Base activities on what is known already	12 (24)
Highlight schools performance in preventing teenage pregnancy relative to population	12 (24)
Home Start mother and baby group	11 (22)
Encourage local projects, e.g. Young Carers project	11 (22)
Punish adult men who have sex with underage girls	8 (16)
Give young people incentives not to get pregnant, e.g. money vouchers	3 (6)

No suggestions were discarded from round 1 of the young people's survey; that is, at least eight of the 18 (40%) young respondents agreed that each suggestion generated by the original workshop was likely to be an effective way to reduce the frequency of teenage pregnancy. Two additional suggestions were offered in round 1 responses, but these were discarded as each had been suggested by only one respondent. Tables 2 and 3 describe the levels of agreement in the round 2 surveys with suggestions with which at least 40% of young people and professional respondents respectively had agreed in the round 1 surveys. The majority 'strongly agreed' or 'agreed' with most of the remaining statements. There were zero, one or two non-respondents to each item, the others indicating their disagreement with the suggestions. Tables 1 and 3 taken together list all the suggestions made for effective ways to reduce teenage pregnancy rates at the original professionals' workshop; Table 2 includes all suggestions arising from the young people's workshop. Responses from young people and professionals could be grouped under similar themes for expected effective approaches. Professionals made proportionally more, and more varied, suggestions for action that the health service could take than young people did; whilst young people made proportionally more, and more varied, suggestions for educational approaches to young people than did professionals.

Discussion

There were glaring discrepancies between the recommendations of the professionals and those of young people taking part in this study. Young people's suggestions for effective approaches to reducing the frequency of teenage pregnancy emphasised the importance of being young person-centred, whereas professionals focused on the re-organisation of sexual health and education services. Several of the teenagers' ideas were concerned with ways of increasing privacy in personal consultations and in communicating information – such as the printing of health messages on toilet paper. This reflects the known 'furtive approaches' young people in the UK adopt to gain access to information about sex.⁸

Young people suggested more creative ways of communicating sexual health and education messages than did professionals, referring to colour and cartoons and information disseminated through television, the Internet, magazines, posters, leaflets and peers. One marked difference between the subject groups concerned the proposed dissemination of sexual health information via problem pages in teen magazines – a view held by young people but rejected by professionals.

Professionals, but not young people, suggested the renaming of 'family planning clinics'; our young co-author (SC) suggests that young people as a whole are far more

Table 2 Reaching a consensus about what will be the most effective ways to reduce the frequency of teenage pregnancy: the young people's views (n = 14)

Young people's suggestions	Level of agreement in Delphi round 2		
	Strongly agree	Agree	Agree or strongly agree (%)
What the health service can do			
Family planning clinics open at easier times for teenagers	12	2	100
Have young people-friendly health services	9	5	100
More friendly towards teenagers in family planning clinics	9	4	93
Doctors should tell teenagers more about what their options are	9	4	93
More privacy at doctors' surgeries	9	3	86
More family planning clinics	8	4	86
Have questionnaires at health services so they can see if teenagers are happy	5	7	86
What schools/youth settings can do			
More posters and leaflets in schools and youth clubs	8	6	100
Have a permanent column about sex in teenage magazines	10	3	93
Have leaflets in toilets	9	4	93
Get condoms from inside toilets	5	7	86
Print messages on toilet paper	5	7	86
Put posters about sex in places where teenagers go	6	4	71
Drop-in services at schools at break, lunch and after school	5	5	71
Educational approaches to young people			
Talk by teenage parents to young people	12	2	100
Help young people say 'No' to peer pressure	11	3	100
More sex education lessons at school	10	4	100
Destroy myths about sex	10	4	100
Stop television taking the mick out of teenage pregnancy	9	5	100
Give out mechanical babies to teenagers at schools and youth clubs	11	2	93
Make sex education lessons more exciting	9	4	93
Put leaflets and posters on notice boards	5	8	93
Show the figures of teenage pregnancy to teenagers	10	2	86
More sex education when we're younger	8	4	86
Make sure that teenagers have the right information off their mates	6	6	86
More about teenage pregnancy on television	7	4	79
Educational approaches to staff			
More confidential advice off youth workers, school counsellors, nurses and teachers	12	2	93
Have staff that are young and don't judge teenagers	12	0	86
Staff try and be more on our wavelength	7	4	79
Communicating messages			
More advertisements about places that teenagers can go for help	12	2	100
Use words that we understand when talking about sex	8	5	93
Use colourful leaflets and posters with cartoons	6	4	79
Useful Internet websites that have short addresses	4	7	79
Local approach			
More help for boys in and out of schools	11	2	93
Have sex education in youth clubs as well as schools	11	1	86
Other			
Have a magazine and radio station run by young people	10	4	100
Use condoms	12	1	93
Parents can't be relied on to give teenagers information about sex because some teenagers don't get on with them	9	4	93

intimidated by the professionals working in family planning clinics than the name itself.

Professionals did not appear to recognise the importance of debunking myths about sex, as young people did. Chambers et al.⁹ have described the common misconceptions and false beliefs about sex and contraception that some young people hold. Others have described the importance of a clear central and unequivocal message that is positive and consistent, when communicating with young people about sex and contraception.⁸ Young people's emphasis on education and good information in this study repeats previous recommendations that young people should be enabled to make informed choices about their use of contraception and source of services.¹⁰

Both professionals and young people advocated peer education in various guises, and recognised the need for

developing help and services for young men. Both groups suggested that staff in all sectors should be taught to be more sensitive in the way they related to young people – such as being non-judgemental and being on the 'same wavelength'. This substantiates others' recent findings¹¹ that young people's fear of embarrassment is associated with lower consultation rates for gynaecological problems. Both professionals and young people advocated the locating of sexual health services for young people in the youth settings they frequent.

Neither group suggested that abortion is an effective method of encouraging avoidance of teenage pregnancy for young people who see pregnancy as having a high personal cost to their reputation or future career. Neither did the young respondents suggest improvements to confidentiality in surgeries and clinics which is frequently cited as a concern of young people in general.^{12–14} It may be that the

Table 3 Reaching a consensus about what will be the most effective ways to reduce the frequency of teenage pregnancy: the professionals' views (n = 56)

Professionals' suggestions	Level of agreement in Delphi round 2		
	Strongly agree	Agree	Agree or strongly agree (%)
What the health service can do			
Young people's advice and contraception clinics – confidential, convenient times, new settings	45	10	98
All contraceptive information and services close to the people who want it	34	21	98
Better access to emergency contraception	43	11	96
More school nurses involved in drop-in contraceptive and advice services	32	22	96
Condoms should be free from GP practices, not just family planning clinics	39	13	93
Dispel the stigma of attending a family planning clinic	29	23	93
Relationships built with school nurses, rolling programmes with nurses	26	26	93
Confidentiality policies advertised to young people and health professionals	32	19	91
Out-of-school setting for school nurse advice	22	24	82
What schools/youth settings can do			
Drop-in sessions at schools before or after school and during lunch breaks	26	26	93
Teenage mentors to give advice and support to younger people	23	29	93
Access to condoms in schools and other young people-friendly environments, e.g. youth centres	27	23	89
Educational approaches to young people			
Accept risk-taking will always occur: concentrate on building self-esteem, social skills, assertiveness and self-confidence	48	7	98
Educate young people about sexual health as part of personal health and social education at school	46	9	98
Peer education via drama/video; kids doing videos themselves	31	21	93
Culture change – reduce peer pressure, education about impact of parenting	39	12	91
Internet websites on sexual health produced by pupils for schools	21	29	89
Arrange for young parents to talk to young people	23	26	88
Educational approaches to staff			
Education of staff in contact with young people to adopt sensitive attitudes	35	21	100
Training for teachers, school nurses, youth workers about how to talk about sex and relationships, so that everyone is prepared for situations that come their way and gives out standard information	37	19	100
Communicating messages			
Understandable language used in any material for young people	30	25	98
Innovative publicity about contraception/not getting pregnant	33	21	96
User-friendly educational and communication materials	26	27	95
New name for family planning	21	22	77
Local area approach			
Target boys better in future; focus on young men	43	13	100
Appropriate venue in youth clubs for contraceptive advice clinics	31	22	95
Change the culture: open-minded countries reduce young pregnancies	32	19	91
Target younger age groups	20	29	88
A roadshow of some sort – information/education, e.g. bus	20	24	78

publicity of recent initiatives to reassure young people about the confidentiality of health consultations has been successful,¹⁵ or that young respondents were not aware of the issue or believed that their use of the term 'privacy' encompassed 'confidentiality'.

The frequency of bias in observational studies relating to adolescent pregnancy prevention has been highlighted in a recent review.¹⁶ Thus the possible biases arising from this study requires a full discussion. The participants at the professionals' workshop appeared to constitute a good cross-section of the target population. Young participants at their workshop were of mixed age groups and gender, in education and unemployed, although from a preponderance of deprived areas of the district. We hoped that this generated a broad range of suggestions and views that were representative of professionals and young people. But it may be that professionals and young people with differing backgrounds, or those living and working in other districts or more rural locations, may have disagreed with the subjects in this study.

The exact composition of both groups may have affected the outcomes. Males were under-represented in both groups. The inclusion of a disproportionate number of professionals' representatives from health and youth sectors compared to education could be viewed as a weakness. Similarly there may have been some bias from the

disproportionate number of young people who came from deprived wards; however, this disproportion may be viewed as a strength in that teenage pregnancy is more common in lower socio-economic groups.

We could have used other methods for this study, such as critical incident analysis and behavioural event interview, but we decided that the Delphi process had the advantage that subjects could respond anonymously without being embarrassed by an interviewer as the topic was of a sensitive nature; and no bias was introduced by conferring during the postal stage. The preceding workshop allowed us to gather as many ideas as possible and give participants time for reflection. Another alternative method, one-off focus groups, would have resulted in the interchange of a narrower field of views.

In any study that requires interpretation of written responses, the subjective nature of the process used can introduce bias. We took great care to avoid this and the responses were independently collated by two of the authors and any potential ambiguity clarified; one of the authors involved with collating the teenagers' responses was a young person herself to retain and interpret the language used by young people.

There may have been inadvertent bias as workshop facilitators captured the small group discussions at the original workshops. We minimised this bias by listing all

suggestions generated on flip charts in participants' own language. Thus statements that evolved in professionals' and young people's questionnaires were not directly comparable. Nevertheless the statements could be grouped into similar themes in both surveys. Some overlap between categories and ambiguity about terminology may have arisen due to the retaining of participants' own words (see Tables). For instance, professionals rejected 'peer teaching' and 'drama workshops' but accepted 'peer education via drama/video'; the latter being targeted peer education and learning by activities involving young people, as opposed to the discarded terms that imply instruction by others – young people themselves or professionals. Similarly, professionals rejected 'build relationships with schools' and accepted the provision of 'drop-in sessions at schools'; where the use of the phrase 'drop-in' may have been ambiguously interpreted in variable ways.

The response rates from professionals and young people invited to the original workshops were excellent. Although there was a low response rate from young people to both postal rounds, those that did reply had views that were consistent with those attending the workshop. However, we cannot consider that the 14 young people respondents were necessarily representative as they may have been more literate than their non-responding counterparts.

It was interesting that professionals appeared to reject a number of strategies that available evidence supports as good practice, for example, 'base activities on what is already known', 'building relationships with schools' and 'collaboration between agencies working with young people'. This might indicate that professionals working in the field are not aware, or supportive of, national and local policies to create closer partnership working between health, social care and education sectors.

The main message from the findings of this study are that young people offer additional perspectives on ways to combat the so-far unsolved problem of high teenage pregnancy rates. Professionals tend to medicalise the problem and emphasise service-based solutions whereas young people think more creatively and focus on young individuals' preferences and need for good information. A review of factors affecting changes in rates of teenage conceptions in England found that those areas that addressed the issue more comprehensively gained reductions in teenage pregnancy rates.¹⁷ Specialist services,

better trained staff in schools, greater co-operative working between agencies, consultation with young people, active health promotion and the involvement of youth services were *all* noted as making a difference to rates of teenage conceptions. Those responsible for sexual health education and services need to listen to the ideas and views of professionals in the field and young people to shape local services and staff training.

If we are to incorporate more meaningful young user involvement and public participation in policymaking and health service provision for young age groups, we will have to develop appropriate consultation mechanisms that engage with young people in their preferred ways of contact. That should pave the way for an ongoing process of negotiation between young people and service providers.

Acknowledgements

The authors would like to express their thanks to the young people and the members of the expert groups who participated in this research, and colleagues Alison Spender, Sue Linnell and Janet Mason who helped them to organise the workshops.

Statements on funding and competing interests

Funding. The study was funded by the Department of Health as part of a Health Action Zone Innovations project.

Competing interests. None declared.

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