

Book review

Philip, B., Kate, G., Cindy, H., Roslyn, K. and Kays, W. (Eds.). 2007; *Teenage pregnancy and reproductive health*. London: RCOG Press, 318 pp. £48.00. ISBN: 978-1-904752-38-7

Teenage pregnancy is sometimes treated as if it was a simple, mostly British problem of too much sexual activity and permissiveness, in a context of not enough sexual education and limited access to contraception. The RCOG has drawn on the expertise of a number of eminent professionals from varying but complementary disciplines. The overall impression is one of an extensive analysis of the present British situation, contextualised in its historical and social evolution, and of the presentation of measures aimed either at the prevention of teenage pregnancies or at the management of the consequences if pregnancy occurs despite a wide variety of different educational messages. The authors recognise the importance of social conditions that can play an important role in the risk of teenage pregnancy, and the potentially negative social, educational, economic and health consequences for mothers and their infants.

The book deals very comprehensively with the preventative measures aimed at reducing the rate of such pregnancies and, where these have failed, with the development of educational and social services specifically aimed at the care of this very vulnerable group of young women and their children. This book provides a very comprehensive picture of the various strategies that have been put forward to prevent teenage pregnancies, albeit with only limited success, and then to deal with the problems faced by very young mothers and their children, e.g. poverty, poorer access to education and consequently employment, loneliness, social isolation, etc.

The UK situation is contrasted with that of several of its European neighbours, and here the issue of abortion is raised. However, the cohorts

used for these European comparisons were born between 1967 and 1971. It might have been useful to use the European *Health for All* database (<http://data.euro.who.int/hfad/>) where the figures for abortions/1000 live births for women under the age of 20 years are available, for most of the countries identified, for 2004. These figures demonstrate a great variation in abortion rates between the UK (841 abortions/1000 live births for women aged <20) and Sweden (4165/1000), Denmark (2785/1000) or the Netherlands (1371/1000 – WHO, or 1659/1000 in the chapter dealing with the Dutch situation in the book). Only the UK and Germany had rates of abortion/1000 live births below 1000.

This book is published by the RCOG and must be understood in the UK context. In the UK, abortion can only proceed if two medical practitioners ratify the decision. Many countries have a much more liberal policy towards abortion, with free access to abortion services until 12 or 14 weeks gestation upon a simple request from the pregnant woman, meaning that the woman and the woman herself is the sole decision maker as to whether her pregnancy continues or not. A change in the British legislation that would place the responsibility for any decision to terminate a pregnancy solely on the pregnant woman might help reverse the numbers of births to teenagers, but this might be a challenge too far for politicians. It may, however, be what is required if Britain is ever to effect a reduction or even a reversal of the cycle of deprivation that many of these young women and their children experience throughout their lives.

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