

An Increase in Conceptions Among Girls Under 18, After 14 Years of Substantial and Steady Decline in England and Wales, is a Wake-Up Call to the UK Government and a Warning to Governments in Low- and Middle-Income Countries

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Commentary

Abstract

England's Teenage Pregnancy Strategy was both a national and global success story. It contributed to a substantial reduction in conceptions among girls under 18 in England and Wales and reduced inequities in conception rates between richer and poorer areas. Thanks to the efforts of champions within and outside government, progress continued even after the Strategy ended in 2010. However, worryingly, this decline appears to have stalled. This is due to a combination of factors, including governmental complacency and sharp reductions in social spending over a number of years. This should serve as a wake-up call to the United Kingdom (UK) government.

Over the last 30 years, adolescent pregnancy rates have declined sharply in low- and middle-income countries (LMICs), where the majority of these pregnancies occur, though the progress has been uneven. This decline is the result of concerted efforts at all levels, from global to local, which occurred in the context of the International Conference on Population and Development's Plan of Action (1994), the Millennium Development Goals (2000-2014) and the Sustainable Development Goals (2015-2030). However, LMICs are now facing unprecedented cuts in overseas development assistance from a number of governments, including the UK. In this context, there is a risk of the hard-earned progress unravelling. This should serve as a warning to LMIC governments.

Key Words: Teenage Pregnancy, England, LMIC

Introduction

This paper begins by describing levels and trends in adolescent pregnancies and childbirths in England and Wales and low- and middle-income countries (LMICs) over the last 25-30 years. It then examines the factors contributing to the declining trends in these two countries and globally. Next, it considers the factors that may have contributed to the stagnation of progress in England and Wales and the risk of this occurring in LMICs. Finally, it discusses the implications of these trends and the contributing factors for England and Wales, LMICs and the organisations that advise and support them.

In 2007, there were around 44,800 conceptions among girls under 18 in England and Wales. By 2020, this figure had fallen to 12,576. This represents a substantial and uninterrupted decline over 14 years. There was a slight rebound in 2021, which continued into 2022; however, the figures remain below those of 2019. The numbers rose from 12,576 in 2020 to 13,131 in 2021, reaching 13,300 in 2022. Conception rates rose from 12.6 per 1,000 girls under 18 in 2020, to 13.2 in 2021 and 13.4 in 2022 [1,2]. What is even more important is the seven-fold differences in rates between well-off and destitute areas. Inroads that were being made in reducing these inequities, with sharper declines in areas with higher levels of deprivation, appear to be reversing [1,2].

Globally, the vast majority of adolescent pregnancies and childbirths occur in LMICs [3-5]. The adolescent birth rate globally (i.e. births per 1,000 girls aged 10-19) has almost halved over the past 30 years, falling from 73 to 38 per 1,000 girls aged 15-19. Further, over the past 25 years, the prevalence of child marriage has fallen from almost one in four girls to one in five girls marrying before the age of 18 [3].

These trends should serve as a wake-up call to the UK government, indicating that the progress made could be beginning to unravel. They also serve as a warning to governments in LMICs that the painstaking progress their countries have made could unravel if they lose focus and commitment, just as happened under successive UK governments between 2010 and 2025.

What Contributed to the Decline in Adolescent Pregnancies and Births in England and Wales (Before the Recent Increase), and in Low- and Middle-Income Countries (LMICs)?

Reducing adolescent pregnancy in England and Wales:

England's Teenage Pregnancy Strategy was launched in 1999. This evidence-based, well-resourced strategy was supported at the highest level of the UK government. Designed to be multi-sectoral, multi-agency and multi-level, the ten-year strategy involved different branches of government, charitable agencies and academic institutions at national, provincial and local levels, and was executed with a strong emphasis on joined-up action. The strategy aimed to prepare and support young people to make well-informed choices about pregnancy and parenthood, and to act on them [4].

Furthermore, it positioned teenage pregnancy as a cause and consequence of inequality and social exclusion. The public health approach described above was grounded in concerted efforts to address school absenteeism and expulsions, youth unemployment, poor housing, and homelessness in families and communities with the greatest needs [4].

Reducing Adolescent Pregnancy in LMICs:

Awareness of the need to address adolescent pregnancy and childbearing has existed for

over 50 years. However, the issue did not receive the attention it deserved until it was placed on the global agenda at the 1994 International Conference on Population and Development.

In 2000, the prevention of adolescent pregnancy was included in the Millennium Development Goals (MDGs). However, little progress was made in the first decade of the MDGs because adolescent health was not considered a priority. However, in the final five years of the MDG era, this began to change. There was a growing realisation that adolescents were being neglected. Efforts were stepped up to end child marriage, improve access to contraception for adolescents and prevent HIV infection and related deaths. The Sustainable Development Goals placed adolescent health at the centre of the global agenda. Adolescent pregnancy is very much part of that agenda. It is also a key issue for regional bodies such as the African Union and the South Asian Association for Regional Cooperation. Over the last five years of the MDG era and the first ten years of the SDG era, tangible progress has been made, but much more needs to be done [5,6].

- Research evidence and programme experience have been developed.
- Policy and programme support tools have been developed.
- Global partnerships such as Girls Not Brides and Family Planning 2020/2030 have encouraged and supported countries in developing commitments, policies and strategies.
- Global financing mechanisms, such as the Global Financing Facility and the Global Fund for AIDS, Tuberculosis and Malaria, have provided countries with funds to implement their plans.
- International organisations and initiatives, such as the Global Programme on Child Marriage and the Challenge Initiative, have supported countries in implementing and monitoring context-specific activities.

What Contributed to the Stalling of Progress in England and Wales, and What are the Risks of This Happening in LMICs?

A Web of Factors Contributed to the Stalled Progress in England and Wales:

England's Teenage Pregnancy Strategy ended in 2010. The government that was in power in 2010 did not extend or renew the Strategy. Valiant efforts were made to sustain the progress despite the lack of visible leadership and dedicated funding, and progress continued for several years after the end of the Strategy. But it slowed as a result of a growing sense of complacency that the 'rates are down, so the job is done', and now appears to have stalled as a result of the disruption resulting from the COVID-19 pandemic and the government's strong austerity programme [4,7].

Based on a review of the policy and strategy context in England and Wales, which included consultations with key stakeholders, including staff from 16 local authorities, Hadley identified three broad sets of factors that could be contributing to the stalled progress. Firstly, cuts in government spending have meant that community-based young services, special sexual health clinics, and extracurricular activities in schools, as well as partnerships between agencies providing these services, have been reduced or cut altogether. While the compensatory increase in online services benefits some groups, it jeopardises access to other groups, especially the most marginalized ones. Secondly, the cost-of-living crisis has increased levels of family poverty and school absenteeism, a key risk factor for early pregnancy. Thirdly, the powerful influence of misinformation about the negative effects of hormonal contraception by social media influencers [4,7].

Risks of rollback of progress in LMICs:

As discussed above, over the last 30 years, a number of LMICs have made impressive

progress in reducing adolescent fertility and in other areas of adolescent sexual and reproductive health [8]. The progress that these countries have made over the past 30 years has not been achieved in a vacuum. The advocacy, technical support and financial support of a range of external agencies -working with their partners in LMIC, including governments, local nongovernment organizations and other civil society organizations, and young people themselves have contributed to it [3,8].

Over recent months, the USA Government has upended international order with potentially devastating consequences for adolescents, as well as for other segments of the population. With the sharp cuts in development assistance from the USA and a number of other countries, and the increasingly blatant attacks on sexual and reproductive health and rights from both state and nonstate players, there is a real risk of this hard-earned progress unraveling [9].

What are the Implications of This for England and Wales, LMICs and International Technical Assistance Agencies?

England and Wales:

The implications for England and Wales are clear. Firstly, the current UK government must recognise that teenage pregnancy is a national priority and provide the kind of leadership that the Blair government, and to a lesser extent the Gordon government, demonstrated in the 2000s. Hadley calls for national leadership and a revived, refocused national effort to address teenage pregnancy, set within a broader approach to addressing the other pressing problems and needs of young people [4,7]. Secondly, to prevent governmental neglect in the future, Poly Toynbee calls, in an article in the Guardian, for nailing down the value of efforts to address issues such as teenage pregnancy "...in the public mind, so no future government dares commit such social

sabotage again.": <https://www.theguardian.com/commentisfree/2025/jul/16/britain-legacy-austerity-teenage-pregnancy>

LMICs:

Firstly, a number of LMICs have reduced rates of adolescent fertility over the last 30 years. However, in all these countries, there is unfinished business, with rates declining faster and more substantially among more privileged sections of the population. If LMIC governments lose focus, as successive British governments did between 2010 and 2025, the progress made could unravel, and rates are likely to rise more quickly and dramatically among the most marginalised girls (and boys) in remote rural areas and deprived peri-urban and urban slums, resulting in significant costs at all levels, from individual to societal.

Secondly, LMIC governments should accept the new reality that overseas development assistance has shrunk and will continue to do so. Funding for health, education and social welfare will primarily need to come from domestic sources [10].

International Technical Agencies

Firstly, the United Kingdom is part of the select club of the most advanced economies, the G7 group. England and Wales account for around 90% of the UK's population. In these countries, functional health, education, and social welfare systems helped to sustain progress that began in the 2000s, through the years after the National Teenage Pregnancy Strategy came to an end. However, faced with the social and economic pressures described above, these systems and structures began to unravel in the early 2020s and were unable to maintain this progress. The situation in England and Wales clearly emphasises the challenges involved in sustaining programmes without dedicated financial support, even in one of the world's strongest economies [11].

Secondly, the recently published Lancet Commission Report on Adolescent Health and Wellbeing [12] celebrates the success of England's Teenage Pregnancy Strategy (on page 52). However, it makes no mention of the stalled progress over the last two years. The Lancet Commission's country classifications places the UK in a category titled: *Non-Communicable Disease Predominant*, giving the misleading impression that sexual and reproductive health problems (SRH) are of little significance in the country. Also, the

regional offices of WHO and UNICEF have recently published a European regional child and adolescent health strategy that makes no explicit reference to sexual and reproductive health [13]. Given the reports of a number of European agencies and governments on pressing SRH issues that need to be addressed in Europe [Box 1], such framing is flawed and has potentially negative consequences. While there are a number of other issues to be addressed, SRH and adolescent pregnancy must be at the heart of any strategy.

Box 1

Why sexual and reproductive health needs to be an integral part of every European country's adolescent health strategy

In August 2024, WHO's Regional Office for Europe published a report-based on a study of 242 000 15-year-olds across 42 countries and regions in 2014-2022-that showed that condom use among sexually active adolescents had declined significantly since 2014, with rates of unprotected sex worryingly high, which put young people at significant risk of sexually transmitted infections (STIs) and unplanned pregnancies:

Alarming decline in adolescent condom use, increased risk of sexually transmitted infections and unintended pregnancies, reveals new WHO report. The WHO report stressed that the "findings underscore the importance of providing comprehensive sexual health education and resources for young people"

Secondly, the European Centre for Disease Prevention and Control (ECDC) notes in its annual epidemiologic report for 2023 (published this year) that: STI cases continue to rise across Europe One data point from the report to note is: Chlamydia remains the most frequently reported bacterial sexually transmitted infection (STI) in Europe, with over 230,000 cases documented in 2023, marking a 13% surge since 2014. Particularly noteworthy is the prevalence among women aged 20 to 24." The ECDC emphasizes the importance of proactive measures to address the rising STI rates. It calls for: "Using condoms consistently for vaginal, anal and oral sex is crucial for prevention. Open and honest communication about sexual health with partners can also help reduce the risk of STI transmission.

Thirdly, USA-sponsored resistance and home-grown resistance to CSE is growing stronger in Western Europe as this paper from the Netherlands underlines: Spring Fever in The Netherlands: Framing Child Sexuality in Sex Education and Its Controversies. As the author of the paper, who is from Anthropology Department in the University of Amsterdam, notes in his paper: "...due to global anti-gender movements and local right-wing politics, the Dutch model of sex education – pragmatic, comprehensive, and evidence-based, as seen in Spring Fever – no longer maintains its depoliticizing effect. Additionally, the Spring Fever controversy signals a shift in the politics of sexual nationalism in The Netherlands." A just-published report from the European Parliamentary Forum stresses that this is above and beyond sexuality education: "As the Trump Administration embarks on its second term, its rapid and sweeping policy shifts, both anticipated and unforeseen, are redefining the global landscape of gender equality, human rights, and democracy. The scale and speed of these transformations demand urgent attention and a strategic response. From the reinstatement of the *Global Gag Rule* to the dismantling of USAID, the changes we are witnessing are not just reshaping policies but constructing a new global order. However, to build this new reality, the previous order must first be dismantled: Beyond the Chaos, a New World is Emerging: Making Sense of the Trump Administration's Impact on Reproductive Rights and Gender Equality | EPF

Conclusion

Over the last three decades, adolescent pregnancy and childbearing rates have been reduced in countries in different social, cultural, and economic contexts through the application of good science combined with bold leadership and strong management. Despite the progress, there is still unfinished business in each of these countries. In all these countries, there is much work to be done to safeguard the progress made and to extend the benefits to marginalized groups that have been left behind.

Data Availability Statement

This commentary does not report new research data. All information discussed is derived from publicly available sources, previously

published literature, or the author's own perspectives and analysis. Relevant references have been cited within the manuscript.

External Funding

The author declares that no external funding.

Conflicts of Interest

The author declares that there are no conflicts of interest.

Ethical Approval

This study was conducted utilising secondary data and existing literature, with no involvement of human or animal subjects. As such, ethical approval is not deemed necessary.

References

1. Office of National Statistics, United Kingdom. Conceptions in England and Wales, 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2021>
2. Office of National Statistics, United Kingdom. Conceptions in England and Wales, 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2022>
3. UNICEF, UN Women, Plan International. Girl Goals: What has changed for girls?. Adolescent girls' rights over 30 years. UNICEF. New York, 2025. <https://www.unwomen.org/en/digital-library/publications/2025/03/adolescent-girls-rights-over-30-years>
4. Hadley A, Ingham R, Nichols B, Chandra-Mouli V. Teenage pregnancy and young parenthood: Effective Policy and Practice-2nd edition. Routledge, London, 2024. <https://www.taylorfrancis.com/books/mono/10.4324/9781003410225/teenage-pregnancy-young-parenthood-alison-hadley>
5. Chandra-Mouli V. Chapter-8 Adolescent childbearing globally: Tangible progress made but much more to be done in Hadley A, Ingham R, Nichols B, Chandra-Mouli V. Teenage pregnancy and young parenthood: Effective Policy and Practice-2nd edition. Routledge, London, 2024.
6. Chandra-Mouli V, Akwara E, Engel D, et al. Progress in adolescent sexual and reproductive health and rights globally between 1990 and 2016: what progress has been made, what contributed to this, and what are the implications for the future? Sexual and Reproductive Health Matters, 2020;28(1): 1-11. <https://pubmed.ncbi.nlm.nih.gov/32254004/>
7. Hadley A. The Teenage Pregnancy Strategy: 25 years on. Association for Young People's Health Newsletter, May 2025. <https://ayph.org.uk/the-teenage-pregnancy-strategy-25-years-on/>

8. Beckwith S, Chandra-Mouli V, Blum RW. Trends in Adolescent Health: Successes and Challenges From 2010 to the Present. *Journal of Adolescent Health*. 2024;75(4S): S9-S19. <https://pubmed.ncbi.nlm.nih.gov/39293880/>
9. Chandra-Mouli V, Blum W, Bain L E. Shock unleashed by recent US administrative actions cannot lead to paralysis. *Journal of Adolescent Health*, 2025, <https://pubmed.ncbi.nlm.nih.gov/40576603/>
10. Barros AJD, Wehrmeister FC, Ferreira LZ, *et al*. Are the poorest poor being left behind? Estimating global inequalities in reproductive, maternal, newborn and child health. *BMJ Glob Health*. 2020;5(1):e002229. <https://pubmed.ncbi.nlm.nih.gov/32133180/>
11. Milenova M, Thusini S, Gronholm PC, *et al*. Exit strategies for health interventions in low-and middle-income countries: a systematic review. *BMC Glob. Public Health* 2025;3:63. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6544255/>
12. Baird S, Choonara S, Azzopardi PS, *et al*. A call to action: the second Lancet Commission on adolescent health and wellbeing. *Lancet*. 2025;31;405(10493):1945-2022. doi: 10.1016/S0140-6736(25)00503-3. Epub 2025 May 20. PMID: 40409329. <https://pubmed.ncbi.nlm.nih.gov/40409329/>
13. Jullien S, Weber MW, Carai S, *et al*. Improving child and adolescent health and well-being in Europe: the imperative for a new regional strategy. *Pediatr Res* (2025). <https://pubmed.ncbi.nlm.nih.gov/39875567/>