



**少女懷孕現象**  
**服務與政策的取向**  
**Teenage Pregnancy**  
Service and Policy Options

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# **Teenage Pregnancy -- Service and Policy Options**

## **Summary Report**

### **1. INTRODUCTION**

In the mid-eighties the rapidly-increasing rate of premarital sexual activity by very young people began to arouse a good deal of public concern. In Western countries, the incidence has led to various social problems such as teenage pregnancy, single-parent households living in poverty, young prostitutes and the spread of AIDS. In Hong Kong, however, there is as yet no comprehensive review of this issue. In view of this it becomes a matter of urgency to tackle the issue before it becomes a problem that is out of control.

Pregnancy is only one of the consequences of teenage sexual relations. As the harm has already been done and the girls and society paid the price, we can at least draw on their experiences as a valuable resource for understanding the problem.

This exploratory study looks at teenagers who have ever been pregnant under the age of 18. All of them had had to take the decision as to whether or not to terminate the pregnancy. Some of them were going through with the pregnancy and one had already given birth. Some of the respondents had already had an abortion and one had made an appointment to do so.

The major objectives of this study are to understand the nature of teenage premarital sex and pregnancy, to project the scale of the incidence, and hence to explore the implications in terms of services and policy options.

### **2. METHODOLOGY**

A case-study approach was adopted so that the researchers could have an in-depth interview with each respondent. With their consent, 25 pregnant teenagers, 6 parents, and 8 social workers were interviewed. They were referred by the Social Welfare Department, the Family Planning Association of Hong Kong, Mother's Choice, the Birthright Society and other social service agencies who were primarily clients of hostel services, family services, school social work and outreaching social service services. Five female interviewers (all professionally trained social workers) interviewed the girls and the parents in face-to-face interviews lasting from an hour to an hour-and-a-half using uniform sets of open-ended questionnaires. Obviously, the small number of cases represented in this study are not

necessarily representative of the overall population of teenagers who are sexually active, nevertheless a qualitative analysis of the process from the confirmation of pregnancy to the decisions that are made can certainly shed light on the issue in a way that can never solely be done on a quantitative basis. Since the respondents showed no hesitation in answering the questions, we are confident that the replies are honest and reliable.

### **3. RESPONDENTS' PROFILE**

3.1 Out of the 25 teenage girls, 12 were going through with the pregnancy or had already given birth. Thirteen had had an abortion or were planning to.

3.2 Fourteen was the age at which most of the girls had become pregnant. Two girls were 13 when they became pregnant.

3.3 Most of the girls were pregnant for the first time.

3.4 Since having sexual intercourse with a girl under 16 is a criminal offence, it follows that over half of the boyfriends had committed such an offence.

3.5 Over half of the girls were students when their pregnancies were confirmed. Although most of them were Form 2 students, there were cases from all secondary school forms. The educational attainment of the girls in the study is one or two years lower than that of other girls of their age.

3.6 All the girls were single when their pregnancies were confirmed. One subsequently married because of her pregnancy.

3.7 Most of the girls were Hong Kong-born, lived in a public housing estate and had no religion.

3.8 None of the girls in the sample was an only child. Most of them had 2 siblings. Those who were going through with the pregnancy tended to have more siblings than those who opted for an abortion.

3.9 The majority of the girls were living with at least one parent. Over half of the girls felt that the relationship between the parents was good or average. Three-quarters of the girls claimed to have a good or average relationship with their families.

- 3.10 In the light of the above profile it appears that the teenagers who become pregnant do not predominantly belong to any one social class. Thus it is not a class-specific issue.

#### **4. THE IMMEDIATE RESPONSES TO PREGNANCY CONFIRMATION**

- 4.1 The majority of the girls had their pregnancies confirmed before the twenty-fourth week. Thus a legal abortion was an option.
- 4.2 All the pregnancies were unintentional.
- 4.3 When the girls first suspected that they were pregnant, three-quarters of them consulted private doctors or conducted their own pregnancy tests. To begin with, none of them sought help from any governmental or formal social service agencies.
- 4.4 More than half of the girls reacted with shock or distress when they knew that they were pregnant. One-third of the others immediately started thinking about whether or not to terminate the pregnancy.
- 4.5 Three-quarters of the girls experienced physical discomfort due to pregnancy.

#### **5. RESPONSES FROM OTHER SOCIAL SYSTEMS**

- 5.1 The majority of the girls told someone as soon as it was confirmed that they were pregnant. However there were two girls who kept the news to themselves for more than a month.
- 5.2 The majority of the girls told their boyfriends. Friends or schoolmates were the next to be told.
- 5.3 Only two of the 25 told their parents first. The rest were afraid that their parents would scold them severely, or oppose or interfere with their decision on whether or not to terminate. Some said there was no need to tell their parents. Six girls told their parents from 4 to 7 months later. Five girls never told their parents.
- 5.4 Eventually, every girl told someone. Most of them told boyfriends, parents and friends in this order. Only one girl told her teacher.
- 5.5 Six parents knew nothing about their daughter's pregnancy. Only a few of the parents were the first to be informed by their daughters. The

intervention of parents was thus minimal in the early stage of problem-solving.

5.6 The girls expected to be able to discuss the problem with the boyfriend and their friends and to work out a solution together. They also expected moral support from them. Their expectations of their parents were clearly different. From them they expected something more tangible. This meant, most commonly, approval to marry, to have an abortion, to relinquish the baby, or that they would provide financial assistance. Parents were rarely involved in the early decision-making. Five girls claimed that they had simply informed their parents without expecting anything from them.

5.7 Most girls found both their boyfriends and their parents helpful.

5.8 Most of the girls did not regret telling someone about their pregnancy.

## **6. ATTITUDE TOWARDS VARIOUS OPTIONS**

6.1 Most girls chose to have a legal abortion in Hong Kong. They did not want their lives encumbered by a baby.

6.2 Over half of the girls only considered one option. They did not consider any alternatives. Most of them were able to make independent decisions.

6.3 About half of the girls made the decision within two weeks of confirmation. However, four girls could either not make up their minds or had boyfriends who disagreed. In these cases, the twenty-fourth week passed without a decision, making it too late for a legal abortion.

6.4 In dealing with their pregnancies the girls seemed to be motivated by self-centredness and what they themselves wanted. Whereas most of them had discussed the decision with others, one-fifth had never involved a third person. Most of the girls had a role in the decision, and about half were the sole decision-makers. Their major concern was the change in their future life-style rather than moral or social issues.

6.5 Many girls claimed that social workers and boyfriends were the two most helpful parties. The former helped to analyze the consequences of each possible course of action. The latter provided moral support and even assurances of marriage.

## **7. SUPPORT SERVICES FOR PREGNANCY AND CHILD-BEARING**

- 7.1 Twelve girls chose to continue their pregnancy. Most of them were able to avail themselves of medical and ante-natal services.
- 7.2 Most of the girls found the residential and counselling services helpful. Boyfriends and parents were also perceived as helpful.
- 7.3 Six of the girls stayed in hostels for unwed mothers away from their own communities. The other six were planning to marry or had already married.
- 7.4 The girls who were having babies worried about the future and the relationship with the boyfriend.
- 7.5 Although some of the girls would have liked to raise their baby, they were not sure they were capable of doing so. Hence some of them had signed off their babies.
- 7.6 Those who were going to keep their babies had married or were planning to get married.

## **8. THE PROCESS OF ABORTION**

- 8.1 Twelve girls had opted to have an abortion. It does not seem to be difficult to find someone willing to do an abortion. One girl said that there were numerous clinics in the backstreets around Prince Edward's Road which offered abortions.
- 8.2 The majority of those who opted for a legal abortion in Hong Kong did so chiefly for safety's sake. One of the girls also said that an illegal abortion was too expensive. Those who chose to have an illegal abortion did so so as not to involve their parents. They also thought it would be quicker.
- 8.3 Before having the abortion most of them worried about the pain of the operation and also the financial cost. The psychological response differed from girl to girl. Some claimed it was a great relief. Some felt guilt about killing a baby. Some were ambivalent.
- 8.4 During the operation the girls felt the need for companionship.

- 8.5 Some thought that abortion was the end of the problem and that they could resume normal life. Others thought that guilt feelings and the effects on their personal relationships were problems still to be solved.
- 8.6 Over half of the girls had friends who had had an abortion.

## **9. ATTITUDES TOWARDS SEX AND CONTRACEPTION**

- 9.1 Almost half of the 25 girls had had their first sexual experience at the age of 14. This mostly had taken place in the boyfriend's home.
- 9.2 Over half had had only one sexual partner. The majority claimed that the baby's father was the one they loved most. Most of them were still continuing the relationship with the boyfriend.
- 9.3 One-fifth of the girls had had 2 or more sexual partners in the 3 months before they became pregnant. In those three months, most of them had had sexual intercourse more than five times.
- 9.4 Most girls said that their boyfriends took the initiative.
- 9.5 Three-quarters claimed that they had never had intercourse against their will.
- 9.6 All the girls had heard of at least one method of contraception, but fewer than half had ever used one. Some of them adopted the relatively unreliable rhythm method. Their knowledge of sex was piecemeal, they were not well informed, and they did not understand the importance of contraception.
- 9.7 Almost half of the girls did not know whether their boyfriends would mind using contraception as they had never discussed it. This again shows their lack of appreciation of contraception.
- 9.8 The majority of the girls said that would use contraception in the future as they were afraid of getting pregnant again. None of them intended to stop having sexual intercourse until they married.
- 9.9 In conclusion: there are observable discrepancies in sexual knowledge and behaviour. On the one hand, they were sexually active and on the other, they were fairly ignorant about sex and contraception. There were gender role conflicts as, although they had sex willingly, they

were too embarrassed to discuss contraception with their boyfriends. This mismatch of behaviour and knowledge is a danger sign.

## **10. ATTITUDES TOWARDS MARRIAGE AND PREMARITAL SEX**

- 10.1 Most of the 25 girls thought that premarital sex was all right and was nothing to do with right or wrong. It was acceptable as long as there was affection between the sexual partners.
- 10.2 Most of the girls said that sex under the age of 16 was not allowed. They were not worried about the morality but about their boyfriends breaking the law. They all knew it was a criminal offence.
- 10.3 Almost half of the girls claimed that most of their friends had first had sex when they were under 16. In their view, those who had remained single were happier than those who had got married.
- 10.4 Some planned to marry the father of the baby, but some did not. Their main concern was having an affectionate, loving relationship with their boyfriend.
- 10.5 Most of them believed that it was better to get married after the age of 21 by which time they would be more mature.
- 10.6 Nearly half of the girls thought that marriage was not something to make a fuss about. It was simply a contract which had nothing to do with the quality of the relationship. What they cared about was that a loving relationship should continue.
- 10.7 The girls' acceptance of premarital sex represents a challenge to the traditional value that sexual relations should occur only after marriage.

## **11. DISCUSSION**

### **11.1 TEENAGE PREGNANCY NOT A SPECIFICALLY LOWER-CLASS PROBLEM**

The profile of the girls in the study shows no marked differences in social class, religion, residential type, when compared with that of the general population. This finding agrees with the findings of Kung and Lau (1982) mentioned in chapter 1 of this study. Hence, one can conclude that teenage pregnancy is a general phenomenon in Hong Kong and not class-specific.



## 11.2 TEENAGE PREGNANCY IS A GROWING PROBLEM

Teenage pregnancy is a growing problem together with other related problems such as AIDS, young prostitutes, unwed mothers and so forth. If it is not properly managed it may become an uncontrollable problem.

According to the service statistics of the Family Planning Association of Hong Kong, the incidence of teenage abortion is rapidly increasing. In 1991, there were 911 young women under the age of 26 who sought termination of pregnancy. In 1994 the figure had almost doubled to 1,740. In 1991 there were 590 people seeking post-coital contraceptive services. In 1994, the figure was 1,060. These are the official figures, the unrecorded illegal abortion figures could be much larger. The teenage girls in our study are sexually active, many of them having had more than one sexual partner. That this finding is not untypical is borne out by discussions with social workers, medical doctors and counsellors. Although there are no formal and comprehensive statistics on these issues, it is clear that the incidence of teenage pregnancy is increasing.

## 11.3 THE ALIENATION OF TEENAGERS' CONCEPTS OF SEX, LOVE AND MARRIAGE

The tendency of regarding abortion as a major means of birth-control has led to many philosophical debates in recent years on the value of life and the right to kill. The changing attitude to marriage and the family also threatens traditional values. Teenagers no longer accept the socially-sanctioned pattern of falling in love, marrying and then having sexual relations, in that order. Instead, teenagers see the three stages as separate entities, not necessarily connected. They accept loveless sex, love without marriage, and sex without marriage. Thus existing traditional values are challenged and gender relationships undergo a fundamental change.

## 11.4 HIGH SOCIAL COST PAID BY ALL MEMBERS OF SOCIETY

Unintended teenage pregnancy causes high social costs which are borne by all members of the society. The teenagers concerned risk their future, their family relationships, their future marriages and their psychological stability. Society suffers from the threat to moral values as well as underwriting the monetary costs. Resources are diverted to provide social and medical services for the girls, whether it be for childbirth or abortion. There are also resource implications in

the related issues: adoption services, services for single-parent families, the promotion of social hygiene, the problem of infanticide and abandoned children, the rights of illegitimate children, and so forth. The full range of possible social costs should be noted.

#### 11.5 PREGNANT GIRLS DELAY SEEKING HELP FOR LEGAL REASONS

In Hong Kong law, it is a criminal offence to have sexual intercourse with a girl under the age of 16. Our study shows that most of the girls interviewed had a good relationship with their boyfriend and had sex with them willingly. Thus when they know they are pregnant, they may delay seeking help from formal channels for fear of the boyfriend being charged with an offence.

They may well prefer to get an illegal abortion or to leave Hong Kong to give birth despite the risks to their health and safety. The professionals also face a dilemma in respect of the law. When an underage girl approaches a professional for help, he/she is obliged to report the case to the police. This requirement hinders a girl's access to safe and reliable medical services and in effect encourages her to bypass the legal channels. An in-depth study of the laws concerning underage sex and their consequences is called for.

#### 11.6 PREGNANT GIRLS MAKE THEIR OWN DECISIONS

Our study finds that the pregnant girls actively participate in the decision-making process, and may even make the decision alone. Their parents are often notified some time after the confirmation of pregnancy. Expectations of parents were of straightforward practical help. Some parents were not informed at all.

#### 11.7 PREGNANT GIRLS ARE ILL-INFORMED ABOUT CONTRACEPTION IN SPITE OF BEING SEXUALLY ACTIVE

The unintentional pregnancies in our study come about through failure of contraception or ignorance of fertility and contraceptive methods. The girls did not feel guilty about being sexually active before marriage and did not intend to defer sexual relations till after they married. However they had learned the lesson that they should use contraception. So far few of them use contraception. These are discrepancies in attitude/knowledge and behaviour which should be addressed.

## **12. RECOMMENDATIONS**

### **12.1 TO DEVELOP A COMPREHENSIVE STATISTICAL FRAMEWORK IN ORDER TO KEEP TRACK OF THE ISSUE**

Current statistics are scattered and incomplete. Many of the figures are either unofficial or unavailable, e.g., detailed age distribution of legal pregnancy termination in Hong Kong, age distribution of parents (especially the mother) of illegitimate babies, age distribution of mothers who relinquish a baby for adoption. The scale and trend of the problem can only be accurately assessed when we are in possession of these crucial statistics. Only then can appropriate policies and services be developed to address the problem.

### **12.2 POLICY MAKERS SHOULD BE SERIOUSLY CONCERNED ABOUT YOUNG PEOPLE'S VERY LIBERAL ATTITUDE TO SEX**

As already mentioned, teenagers' acceptance of premarital sexual activity has implications with respect to social services and policies. The social problems already referred to resulting from this open attitude have implications in respect of health and medical policies, legal issues, social service provision and sex education. There are also implications for setting priorities and resource allocation. As prevention is always better than cure, policy members should pay serious attention to this issue before it becomes a major problem. Proactive measures or studies are urgently needed.

### **12.3 THE PROVISION OF EFFECTIVE SEX EDUCATION WITH RESPECT TO THE TEENAGERS' PERCEPTIONS OF LOVE, SEX AND MARRIAGE**

The latest edition of 'Guidebook on Sex Education for Secondary School Students' by the Education Department was published in 1986. Is it still relevant for today's teenagers? Is it appropriate to teach contraceptive measures in school in response to teenage sexual activity? In which direction should we go? How can we strengthen the role of parents in sex education so as to give them support? All these questions should be looked into closely.

### **12.4 THE PROMOTION OF COUNSELLING SERVICES**

As stated, the girls tended to make independent decisions and should hence have access to information about the various service channels available. Government could undertake the dissemination of information, in order that the girls would be helped not to make hasty decisions. The various services include medical and hotline services,

homes and hostels, adoption services and information on obtaining a legal abortion. Schools could also help to promote counselling services.

## 12.5 REVIEW OF THE LEGAL ASPECTS

The problems that arise as a consequence of the illegality of having sexual intercourse with a girl under 16 have already been discussed. An in-depth study on the law concerning underage sex and their consequences is called for.