

Health related behaviours

- 4.1 Nutrition
- 4.2 Physical activity
- 4.3 Overweight and obesity
- 4.4 Tobacco
- 4.5 Alcohol
- 4.6 Substance misuse
- 4.7 Sexual health



Key Messages

- Health and behaviour developed during childhood and adolescence is often carried through into adulthood and can affect health later in life.
- The majority of children and young people in Wales do not eat guideline amounts of fruit and vegetables daily; with only just over 30% of those aged 11-16 consuming a portion of fruit and vegetables each day, the percentage in Wales being lower than England, Ireland and Scotland.

Governments '...shall take appropriate measures ...to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition...'

The United Nations Convention on the Rights of the Child, Article 24.2

- The guidelines for recommended levels of physical activity change with age. The percentage of those that meet the guidelines for physical activity is low in Wales, particularly compared to England, Ireland and Scotland. Around 36% participate in activity for 1 hour or more each day and 37% of 16-24 year olds undertake 30 minutes of vigorous activity 5 or more times a week. Higher percentages are found in rural areas.
- Within Wales, nearly 3 in 10 children aged 4-5 are classified as overweight or obese, with higher rates of obesity found in the more deprived fifths. The prevalence of overweight or obesity in Wales is higher amongst those in reception year than England and any English region. More than a quarter of girls and just under 30% of boys aged between 4 and 5 are overweight or obese.
- One in 5 deaths can be attributable to smoking in Wales. Around a quarter of those aged 16-24 in Wales smoke. Amongst those aged between 11 and 16, higher percentages are found in less affluent groups. Females are more likely to smoke than males.
- Just under half of 16-24 year olds in Wales drink above the recommended guidelines for alcohol; this is higher than England, Ireland and Scotland. Higher percentages are found in the older age groups, particularly in males. In addition, higher percentages can be found in more affluent groups.
- Around 1 in 10 of those aged 11-16 in Wales has used any drug at sometime during the previous year.
- Teenage conception rates amongst under 16 year olds are similar in Wales compared to England. Amongst those aged under 18 years rates are higher in Wales. Within Wales, higher rates for under 16's can be seen in Torfaen, Cardiff, Bridgend, Wrexham, Conwy and Merthyr Tydfil. For under 18s, higher rates are again in Merthyr Tydfil, Bridgend and Rhondda Cynon Taf.
- Those aged 15-24 years are disproportionately affected by sexually transmitted infections (STIs) in the UK. Around two thirds of diagnosed STIs in women are in those under 25 years, whilst over half of diagnoses in men are in those under 25. The rates of those tested for both chlamydia and gonorrhoea vary widely across Wales. The chlamydia testing rate has been increasing since 2001, but has begun to decrease in more recent years.

The behaviours children and young people lead can be pivotal to their short term health as well as their health outcomes in later life. Behaviours such as smoking, alcohol consumption, poor diet and a lack of physical activity can result in adverse outcomes such as obesity and chronic conditions in later life. The patterns found in children’s behaviour can be correlated against social background with behaviours adverse to health more prominent amongst those from less affluent backgrounds.¹

This chapter outlines the behavioural patterns and health related lifestyle outcomes amongst children and young people in Wales, making comparisons both nationally and internationally as well as within Wales, by school age and using the Health Behaviour in School-Aged Children (HBSC) Family Affluence Scale (FAS).

This chapter focuses on children aged from school reception year (using the Child Measurement Programme data) through to young adult. Unfortunately there is little evidence relating to children in younger age groups and studies are limited here.²

4.1 Nutrition

It is recommended that an individual eats 5 portions of fruit or vegetables daily³ and this is used as a proxy measure for a healthy balanced diet. Eating a sufficient amount of fruit and vegetables is important, particularly in early years and can help prevent major diseases, such as cardiovascular disease and some cancers in later life.⁴

The HBSC survey is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe.⁵ It focuses on a wide range of measures that provide an insight into and increased understanding of young people’s health and well-being. The HBSC average includes data from 39 countries across Europe and North America.⁵

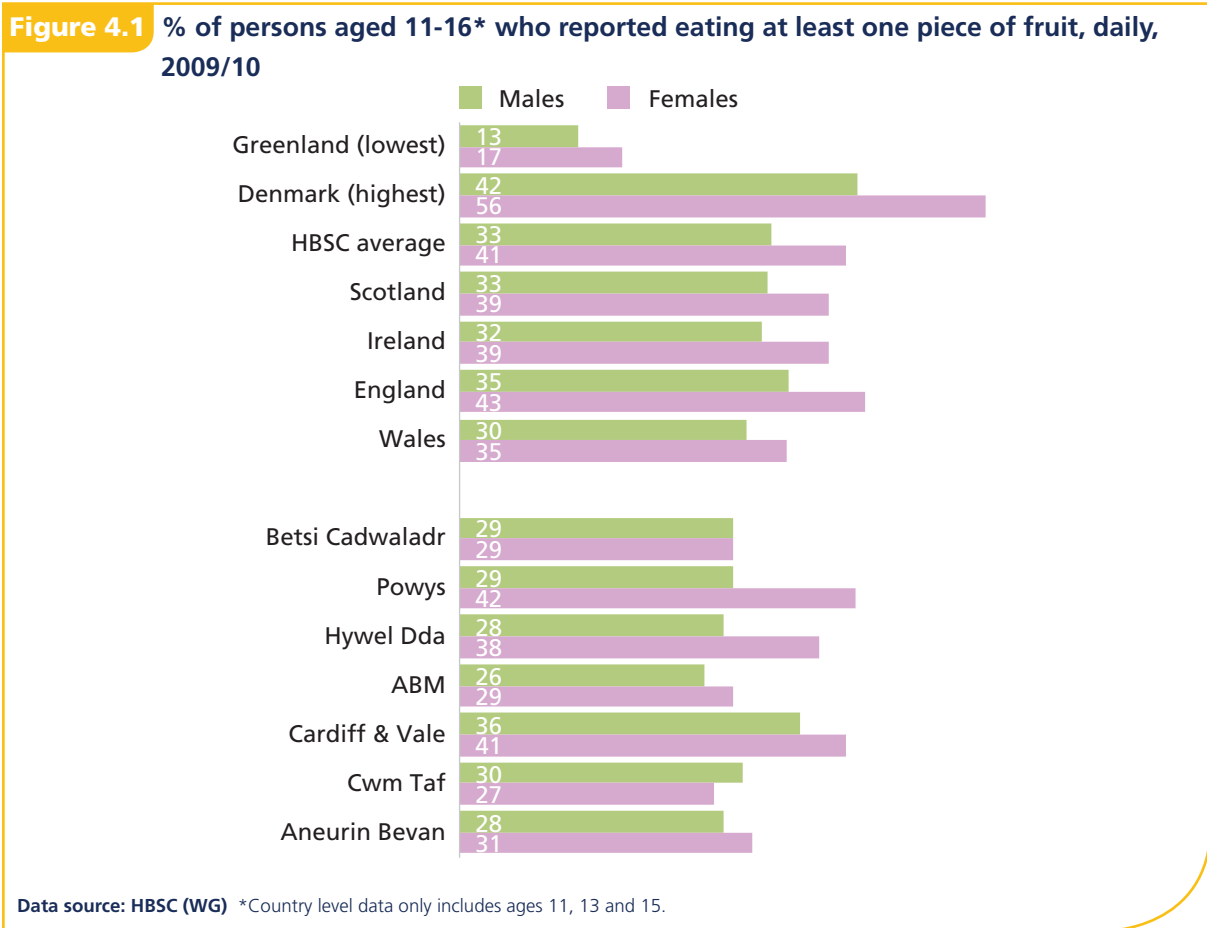


Figure 4.1 shows the percentage of 11-16 year olds in Wales eating at least 1 portion of fruit each day is below the survey average as well as being lower than in England, Ireland and Scotland for both males and females. At the health board level, the highest consumption is found for males in Cardiff and Vale at just over a third (36%), whereas for females it is Powys (42%). The lowest percentage for males can be found in Abertawe Bro Morgannwg, with just over a quarter of males (26%) consuming at least 1 piece of fruit daily. Amongst females, Cwm Taf has the lowest consumption with less than a third of those aged 11-16 (27%) eating at least 1 portion of fruit daily. The countries shown represent a selection of those submitting data to the international study. These were selected to illustrate the range of values and how Wales compares to countries in Great Britain and Ireland and elsewhere.

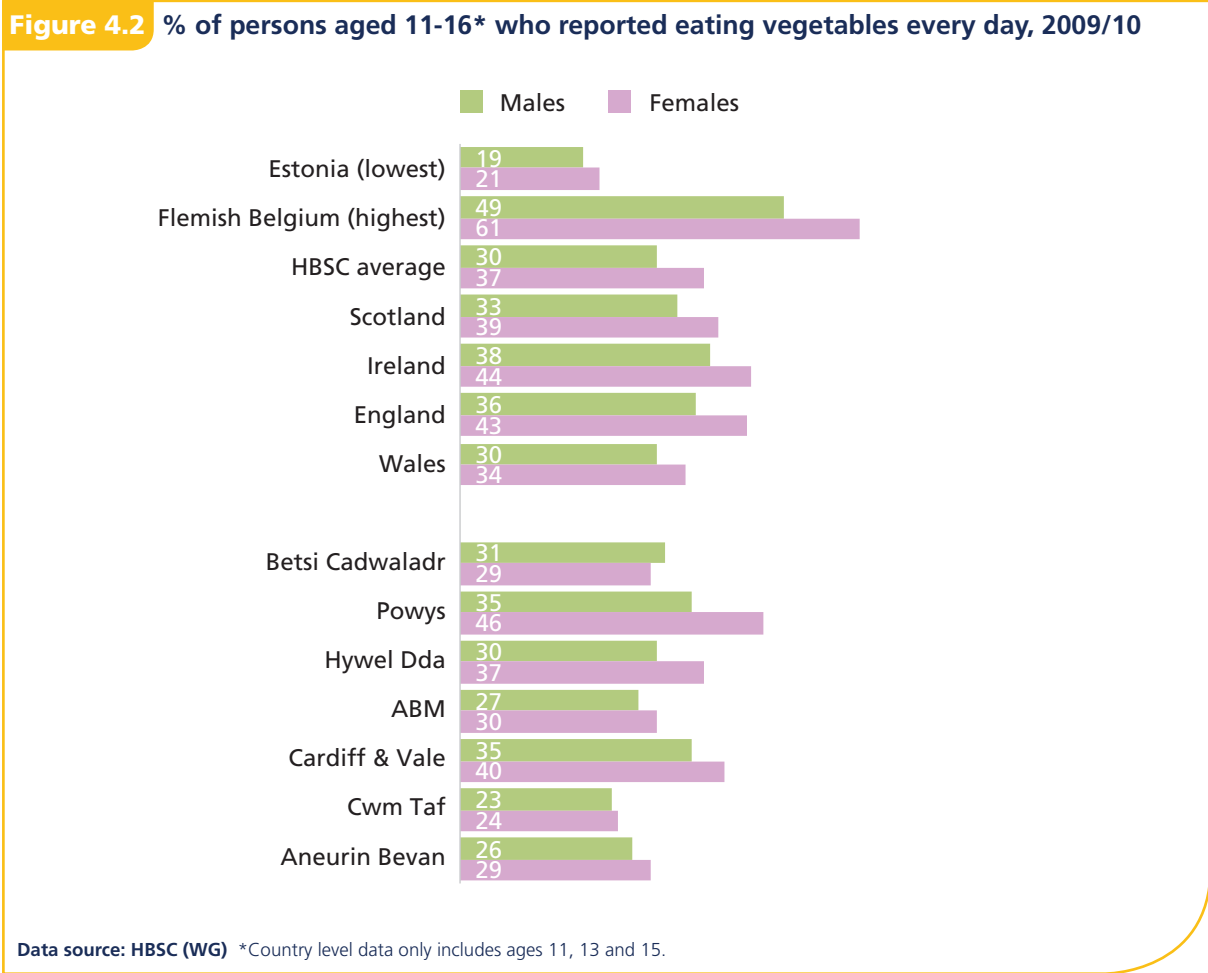
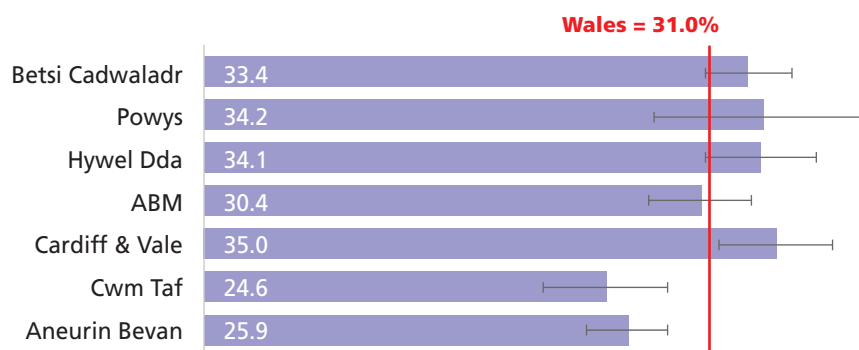


Figure 4.2 illustrates that Wales has the lowest percentages of 11-16 year old males and females eating vegetables daily compared to England, Ireland and Scotland, all of whom are above the survey average. At the health board level, Powys and Cardiff and Vale have the highest daily consumption of vegetables amongst males (35%), whilst almost half of females in Powys (46%) consume vegetables daily. The lowest percentages can be found in Cwm Taf, here less than a quarter of males (23%) and females (24%) consume vegetables each day.

Figure 4.3 % of persons aged 16-24 who reported eating five or more portions of fruit and vegetables the previous day, 2008-2011



Data source: WHS (WG) & MYE (ONS)

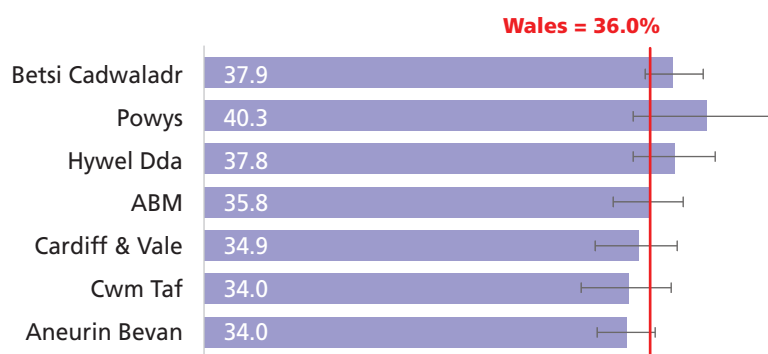
Figure 4.3 shows that in Wales less than a third of young adults (31%) eat at least five portions of fruit and vegetables daily. The lower rates can be found in Cwm Taf, where less than a quarter of people (25%) in this age group eat guideline amounts of fruit and vegetables, whilst the highest can be found in Cardiff and Vale but that figure is still low at only 35%. Information on reducing unhealthy eating, a priority of *Our healthy future*⁶, is included in section 8.1 of this report.

4.2 Physical activity

Being active is important as it can help maintain a healthy weight as well as better cardiovascular health. In addition, it can improve self-confidence and help develop new social skills.⁷

Young people (aged 5-18) should exercise for at least an hour every day at a moderate or intense level.⁷

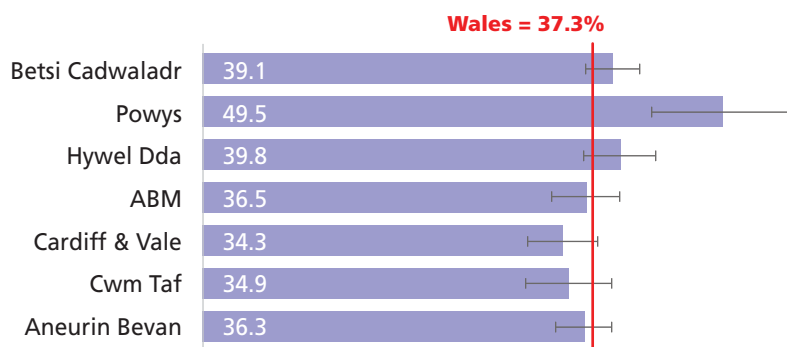
Figure 4.4 % of children aged 4-15 who reported undertaking physical activity for an hour or more every day, 2007-2011



Data source: WHS (WG) & MYE (ONS)

Figure 4.4 suggests that higher rates are in Powys (40%), Betsi Cadwaladr (38%) and Hywel Dda (38%) for physical activity. The lowest rates, with just over a third of children engaged in regular physical activity, are in Cwm Taf and Aneurin Bevan (both 34%). However, none of these differences are statistically significant compared to the Wales average.

Figure 4.5 % of persons aged 16-24 who reported undertaking 30 minutes of moderate or vigorous physical activity on 5 or more days, 2008-2011



Data source: WHS (WG) & MYE (ONS)

Figure 4.5 illustrates that overall, and in each health board, fewer than half (37%) of those aged between 16 and 24 undertake thirty minutes of moderate or vigorous physical activity on five or more days. The higher rates can be seen in Powys (50%), Hywel Dda (40%) and Betsi Cadwaladr (39%), again the more rural areas. Of these, however, only Powys is statistically significantly different to Wales. Lower percentages can be seen in Cardiff and Vale and Cwm Taf, although they are not statistically significantly different to Wales. Information on increasing physical activity is included in section 8.2 of this report.

4.3 Overweight and obesity

The WHO has highlighted that obesity amongst children and younger people is one of the most serious challenges of the 21st Century and prevalence is increasing at an alarming rate.⁸ There are many negative health outcomes associated with obesity amongst children, these include psychological and emotional effects. Additionally, longer term effects can be carried into adulthood since adult obesity is associated with higher risk of premature mortality, disability and morbidity such as type II diabetes. As obesity becomes more prevalent in children and younger people, so have conditions such as type II diabetes, reflecting the scale of the challenge.⁸ Within Wales, nearly 3 in 10 children, aged 4-5, are classified as overweight or obese, with higher rates of obesity found in the more deprived fifths.⁹ The prevalence of overweight or obesity in Wales is higher, amongst those in reception year, than England and any English region.⁹

Figure 4.6 % of children aged 4-5 who are overweight or obese, 2011/12

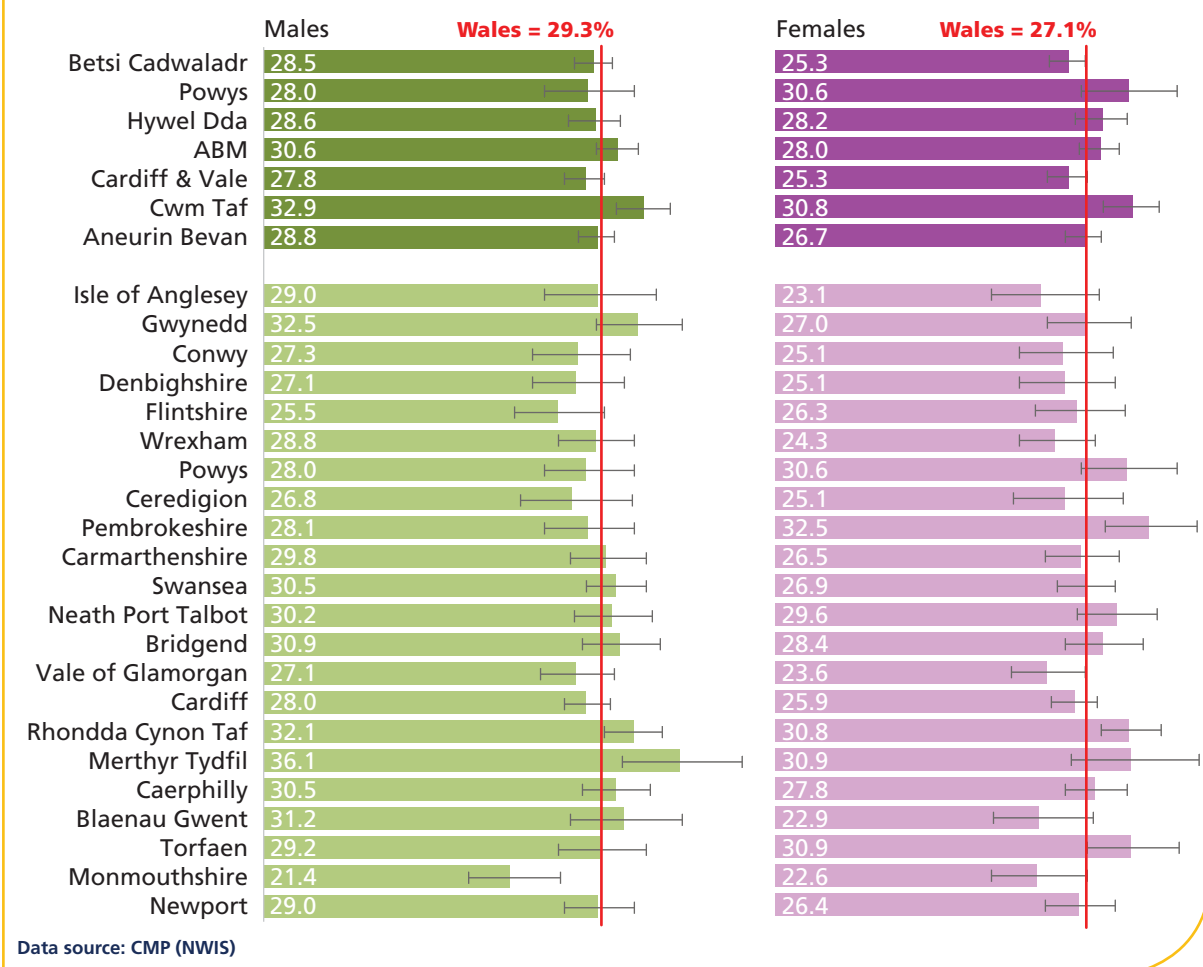
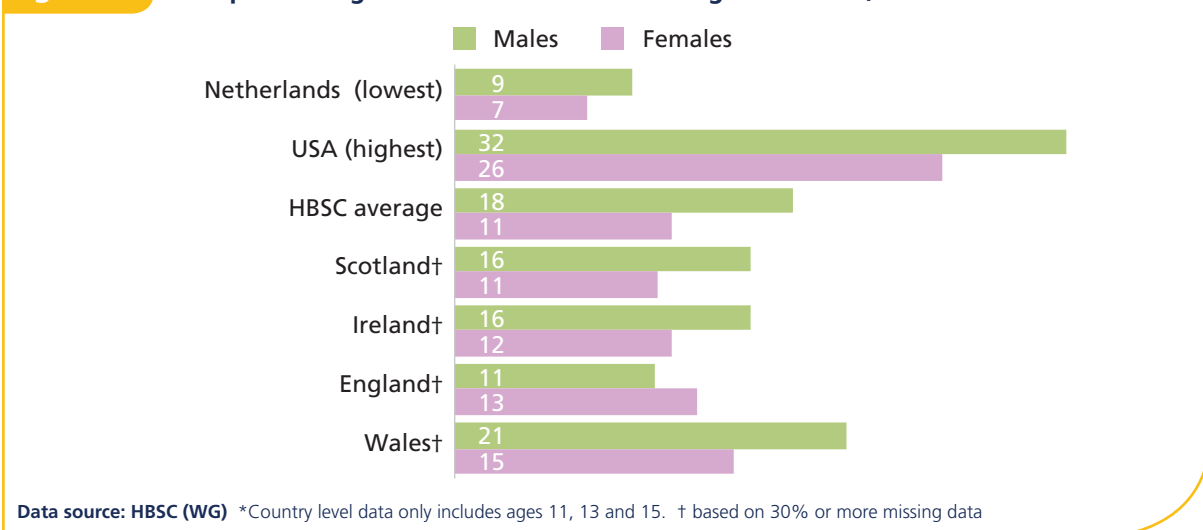


Figure 4.6 shows that amongst those aged between 4 and 5, a higher percentage of males than females are overweight or obese^a in Wales. The wide confidence intervals reflect the fact that population is small and percentages in most areas are not statistically significantly different to Wales as a whole. The lowest percentages can be found for both sexes in Monmouthshire. The highest percentages are seen in Merthyr Tydfil for males and in Pembrokeshire for females.

Figure 4.7 % of persons aged 11-16* who are overweight or obese, 2009/10



^a The epidemiologic threshold from UK BMI centiles are used⁸

Figure 4.7 shows the percentage of 11-16 year olds who were overweight or obese^b according to their body mass index (BMI). This is based on self reported height and weight measurements for Wales and internationally.

The chart shows that Wales has the highest percentage of males who are overweight or obese compared to Scotland, Ireland and England, with just over a fifth of those recorded being overweight or obese (21%). For females, the percentage is lower but Wales remains comparatively high (15%) compared to other nations (survey average 11%). The highest percentages are found in the USA where almost a third of males (32%) and over a quarter of females (26%) report being overweight or obese. Care should be used when interpreting this data however as individuals are more likely to overestimate their height and underestimate their weight, meaning that the true percentage of those who are overweight or obese could be higher. Additionally, almost a third of the data was missing for Scotland, Ireland, England and Wales which could mean the true value may be different from that described here.

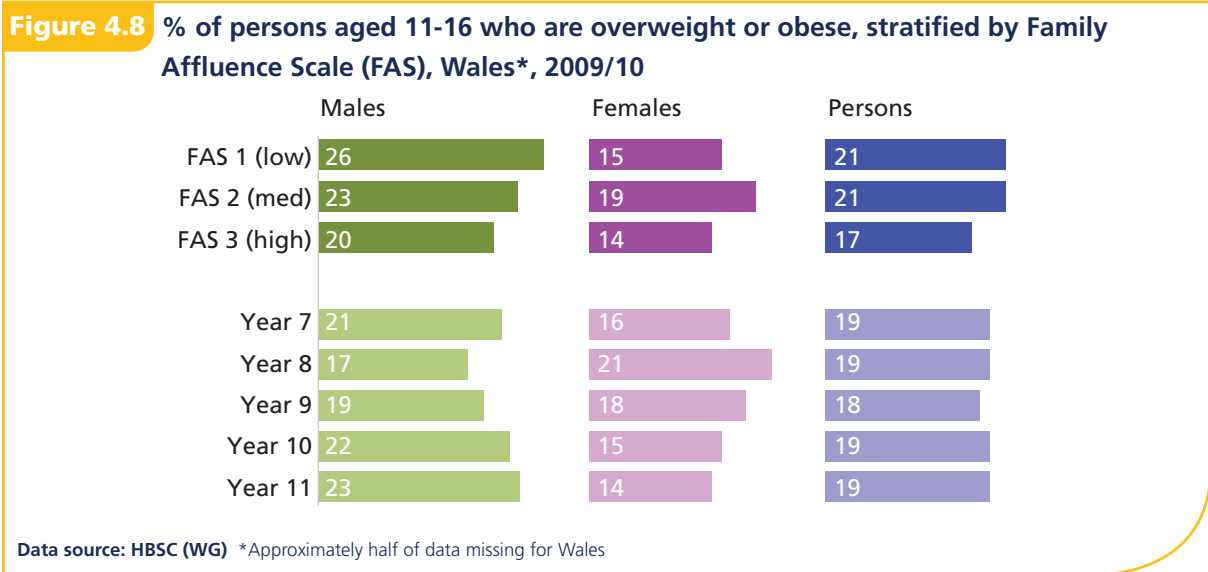
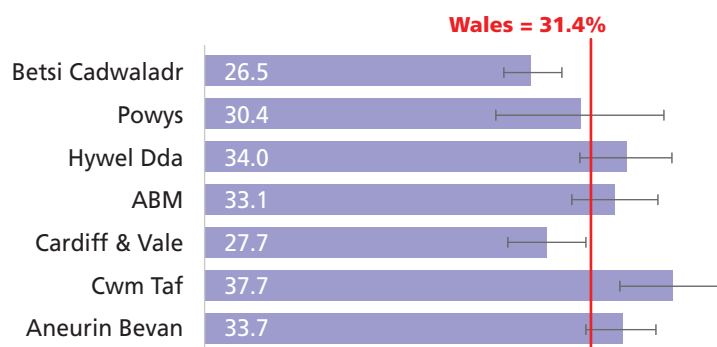


Figure 4.8 highlights the difference in percentage of overweight or obese children by the HBSC FAS, school year and sex. As with figure 4.7, these figures are based on BMIs calculated from self reported height and weight measurements. The FAS is calculated by asking respondents questions on the material conditions of the households that they live, including car ownership, occupancy, holidays and home computers. The chart illustrates that there is a correlation between FAS and the percentage of obese males, with obesity more prevalent in less affluent households, compared to more affluent households. Amongst females however, there is no such linear relationship.

The percentage overweight or obese fluctuates by age. This could be due to a number of reasons relating to puberty, self reporting of weight or random fluctuation.

^b Based on International Obesity Task Force threshold for overweight & obesity⁵
^c a BMI of 25 or over, based on self reported height and weight

Figure 4.9 % of persons aged 16-24 who are overweight or obese, 2008-2011



Data source WHS (WG) & MYE (ONS)

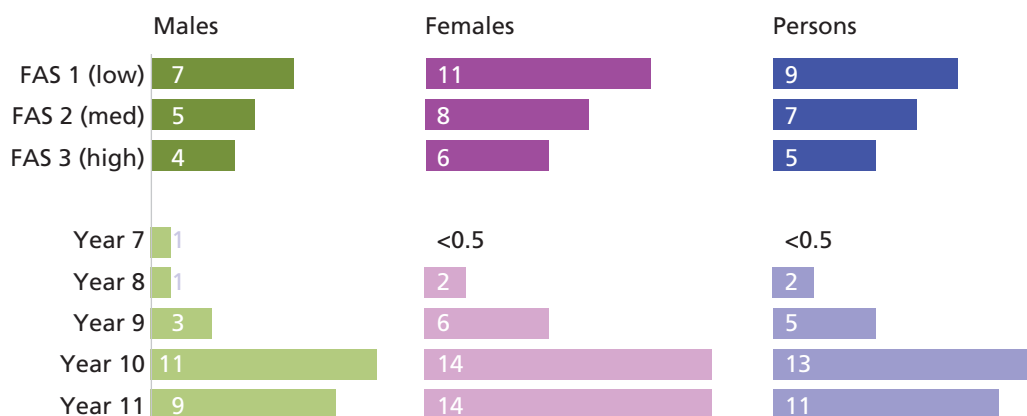
Figure 4.9 shows that almost a third (31%) of young adults (between the age of 16-24) in Wales are overweight or obese. The chart shows that the higher percentages can be found in Cwm Taf, Hywel Dda and Aneurin Bevan. Betsi Cadwaladr has the lowest percentage but still has 27% of 16-24 year olds measured as overweight or obese^c.

4.4 Tobacco

One in 5 deaths can be attributable to smoking in Wales; it causes serious harm to the health of smokers and non-smokers exposed to second hand smoke.¹⁰ This harm has a major impact on NHS resources and consumes a large percentage of the NHS budget, estimated to be approximately 6%¹¹, through sickness to staff and patients requiring treatment.¹⁰

Tobacco use often starts during adolescent years and is highly addictive, if continued, can negatively affect health in later life.¹¹ Eight out of ten smokers start smoking before the age of 19.¹¹ As a result the Welsh Government has made it a priority to address smoking amongst children and young people¹⁰ and in February 2012 a ban was introduced on publicly-accessible cigarette vending machines. As well as being a problem associated with using tobacco products, exposure of children and young people to second hand smoke can be detrimental to their health. Regular exposure can lead to a number of consequences including respiratory problems, sudden infant deaths and meningitis.¹¹

Figure 4.10 % of persons aged 11-16 who reported smoking at least once a week, stratified by Family Affluence Scale (FAS), Wales, 2009/10



Data source: HBSC (WG)

Figure 4.10 shows that there are higher percentages of females that smoke than males. The chart also shows that those in the least affluent households have a higher percentage of smokers than those in medium or higher affluence households, reinforcing the evidence that smoking prevalence is higher in more deprived areas.¹¹ This pattern is seen consistently for males and females. The chart further illustrates that the percentage of smokers is higher in older age groups, up to year 10 (14-15 year olds). Smoking prevalence amongst year 7 and 8 pupils is low. However, the percentage smoking at least once a week increases up to and including year 10 pupils, with 11% of males smoking at least once a week during this period, among females this is higher (14%).

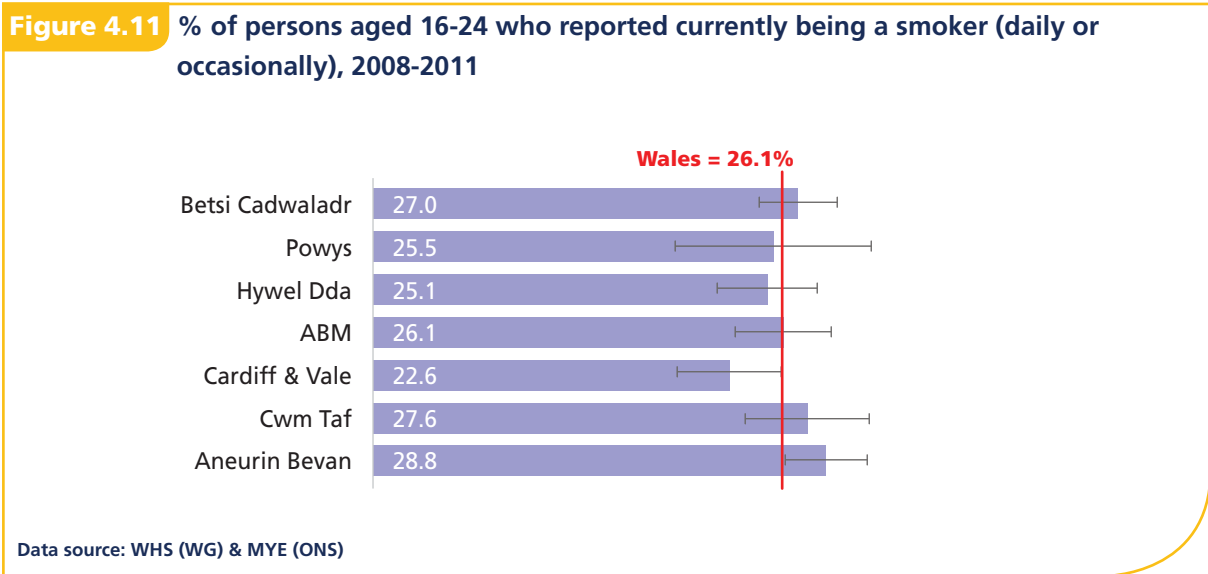


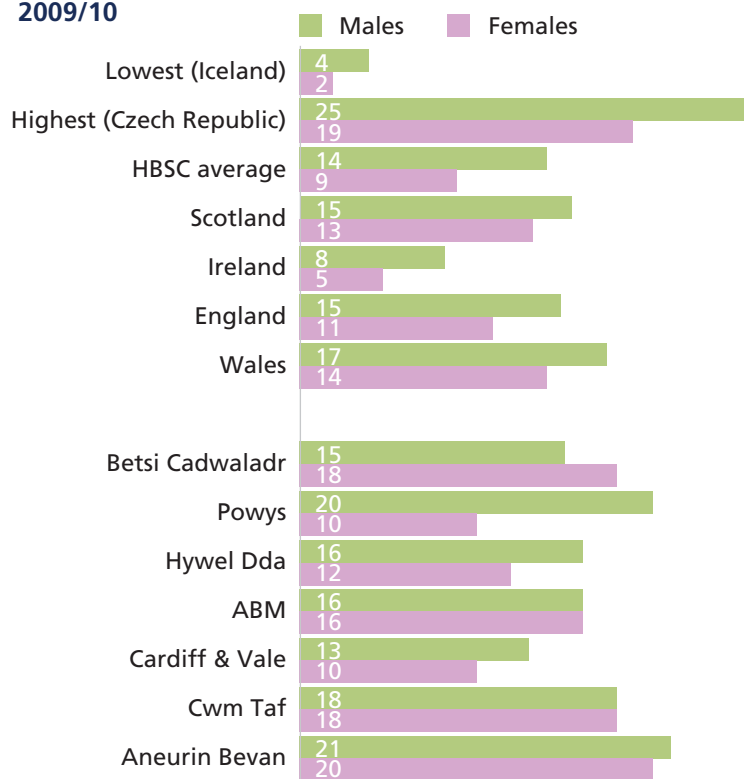
Figure 4.11 shows that just over a quarter (26%) of people aged between 16 and 24 currently smoke in Wales. The chart illustrates that the higher rates can be found in Aneurin Bevan (29%) and Cwm Taf (28%), the former industrial heartlands of the Wales valleys. The lowest rate is in Cardiff and Vale, but even there, over a fifth of 16-24 year olds reported being a smoker. Information on reducing smoking prevalence is included in section 8.3 of this report.

4.5 Alcohol

Alcohol misuse in Wales is one of largest preventable causes of death and illness. It is estimated that around 1,000 deaths per year in Wales are attributable to alcohol.¹² Alcohol-specific and alcohol-attributable hospital admissions¹² had been rising in Wales since 1999 but have stabilised more recently, with the rates around twice as high amongst males compared to females. In addition, there are indirect consequences to alcohol consumption, such as violent crime and anti-social behaviour.

Amongst young people, alcohol consumption can be the beginning of a drinking culture in later life. It can lead to a number of problems in the long run, such as increased chronic disease. In the short term, alcohol consumption can lower inhibitions and young people under the influence of alcohol can find themselves involved in risk taking behaviour such as using drugs or solvents, unsafe sexual activity and problems at school; anecdotally these risk behaviours are associated with violence and truancy from school. Also, young people under the influence of alcohol are more likely to be injured in accidents.¹³

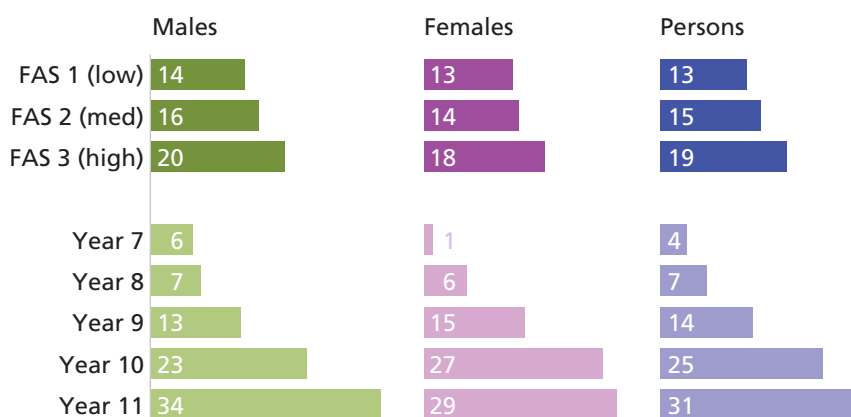
Figure 4.12 % of persons aged 11-16* who reported drinking alcohol at least once a week, 2009/10



Data source: HBSC (WG) *Country level data only includes ages 11, 13 and 15.

Figure 4.12 illustrates that the percentage aged between 11 and 16 and consuming alcohol at least weekly is higher in Wales than in Scotland, Ireland, England and the survey average, for both males and females. When compared to Ireland, Wales has more than double the percentage of males and females that consumed alcohol in the last week. At the health board level, higher percentages of 11-16 year olds having consumed alcohol in the previous week can be found in Cwm Taf (18% for both males and females) and Aneurin Bevan (males 21% and females 20%). However, the most noticeable gap can be found in Powys, where the percentage of males drinking alcohol (20%) is double that for females (10%), although this may be the result of sample bias associated with small numbers.

Figure 4.13 % of persons aged 11-16 who reported drinking alcohol at least once a week, stratified by Family Affluence Scale (FAS), Wales, 2009/10



Data source: HBSC (WG)

Figure 4.13 shows that the percentage of 11-16 year olds drinking alcohol at least once a week increases with age from 6% in year 7 to 34% in year 11 for males. By year 11 around a third of males and females reported drinking at least once a week. The data also shows that the percentage drinking alcohol at least once a week is higher in more affluent households compared with the least affluent.

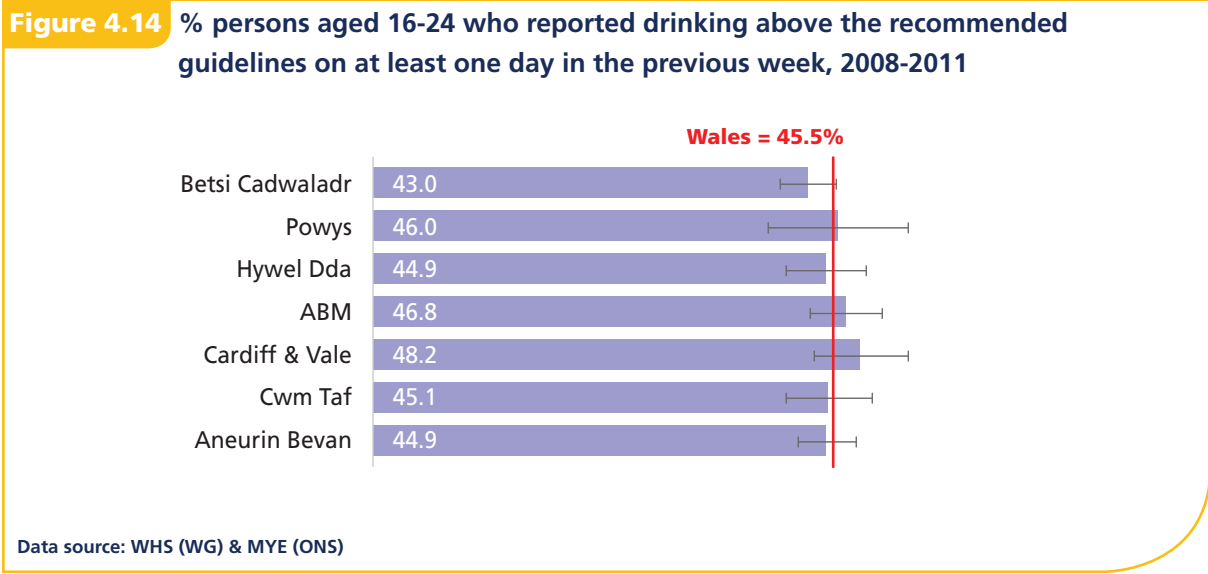


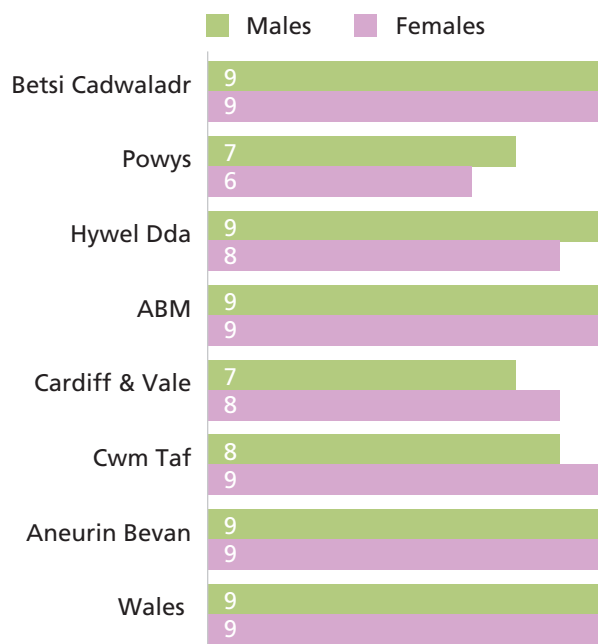
Figure 4.14 shows that almost half (46%) of those aged between 16 and 24 years drank above the recommended guidelines for alcohol on at least 1 day in the previous week. This is a high percentage, particularly when considering those aged under 18 years are not legally allowed to buy alcohol. Higher percentages of young adults drinking above the guidelines can be found in Cardiff and Vale (48%) and Abertawe Bro Morgannwg (47%), 2 areas with large student communities. Lower percentages can be found in Betsi Cadwaladr (43%), however the percentages drinking above guidelines are similar and of concern across all health boards in Wales. Information on reducing harm from alcohol and drugs is included in section 8.4 of this report

4.6 Substance misuse

Substance misuse may cause a range of harms to the individual, including physical and mental health effects, and to their families and to the wider community.¹⁴ It is estimated that the total cost of Class A drug use in Wales is approximately £780 million, with drug related crime accounting for 90% of this. Additionally, the cost to the health service as a result of problem drug use is estimated to be around £17.6 million per year.¹⁴

The Welsh Government, as part of its Substance Misuse Strategy¹⁴, aims to prevent future substance misuse by ensuring that children, young people and adults are well informed regarding the nature and use of drugs and alcohol and potential harms that may result from misuse. In addition, information about where to seek help and support and access to specialist substance misuse services should be readily available.¹⁴

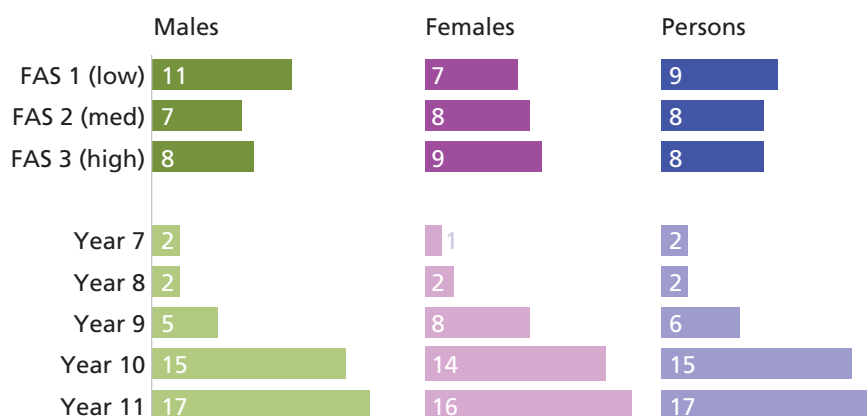
Figure 4.15 % of persons aged 11-16 who reported using any illicit drug in the last year, 2009/10



Data source: HBSC (WG)

Figure 4.15 provides a breakdown by sex of the percentage using any drug during the last year for Wales and its health board areas. A list of illegal substances was provided to respondents who then reported whether they had taken any during the last year. The chart suggested that almost 1 in ten (9%) of those aged 11-16 years have used 1 or more illegal drugs in the previous year in Wales. Overall, there is no clear pattern for sex, with similar overall percentages for Wales and Powys having the lowest (7% for males and 6% for females).

Figure 4.16 % of persons aged 11-16 who reported using any drug in the last year, stratified by Family Affluence Scale (FAS), Wales, 2009/10



Data source: HBSC (WG)

Figure 4.16 shows that the percentage of 11-16 year olds using drugs is quite similar for males and females in Wales but that females will start slightly earlier than males, reflected by a higher percentage found in Year 9. The FAS shows that amongst males a higher percentage reporting using drugs during the last year are found in the least affluent households, conversely the high rates for females are found in the most affluent households.

Figure 4.17 Number of referrals for substance misuse, persons aged 0-24, Wales, 2008/09 – 2011/12

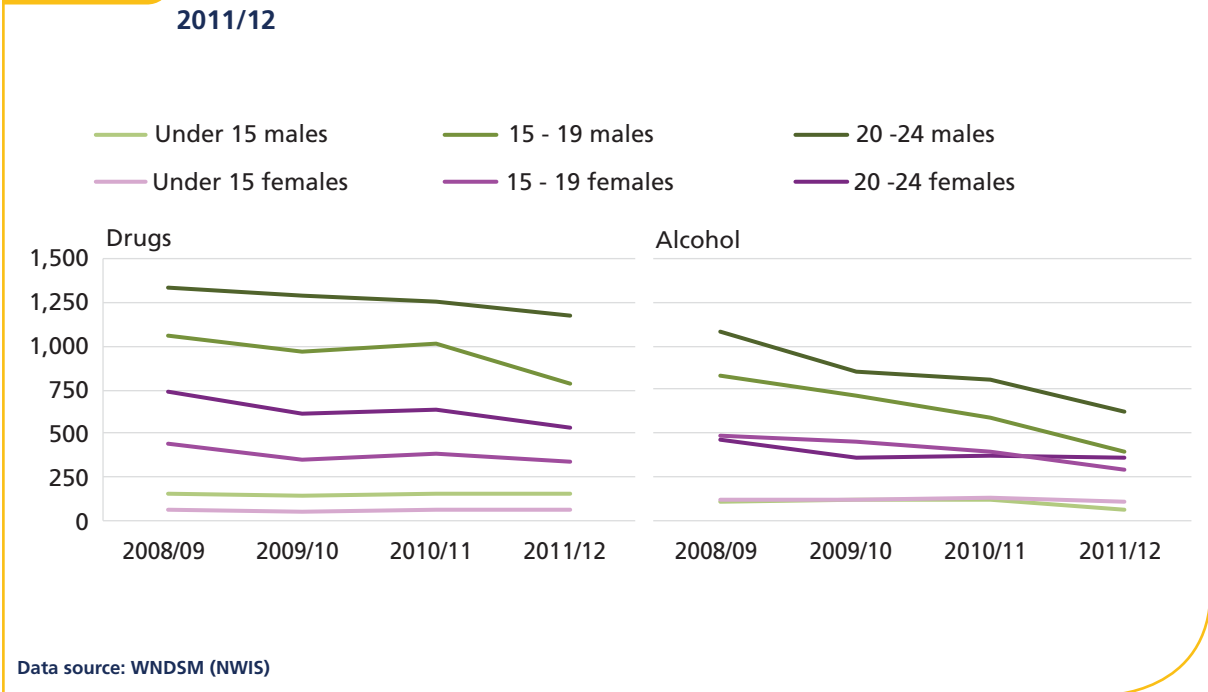


Figure 4.17 illustrates that for both drugs and alcohol there is a downward trend in the number of referrals. This trend is particularly apparent amongst alcohol referrals and amongst males aged 15-19 and 20-24.

For drugs, the number of referrals has consistently fallen for males and females aged 15-19 and 20-24 over the period.

The number of referrals to specialist drug services for those aged under 15 remain low but stable. This decline in referrals for drugs amongst young people reflects an overall decrease in referrals to specialist services for all ages within Wales. In relation to referrals to specialist alcohol services by young people, there is a more marked decline in referrals amongst males in all specified age groups, which is replicated in the downward trend in hospital admissions for alcohol specific diagnosis amongst young males (aged 0-14 and 15-19 years). However, the picture amongst young females is more complex. In females aged under 15 and 15-19, there has been a gradual decrease in referrals over this period, but no consistent trend is observed in females aged 20-24.

Figure 4.18 Referrals for substance misuse, persons aged 0-24, incidence rate per 100,000, 2011/12

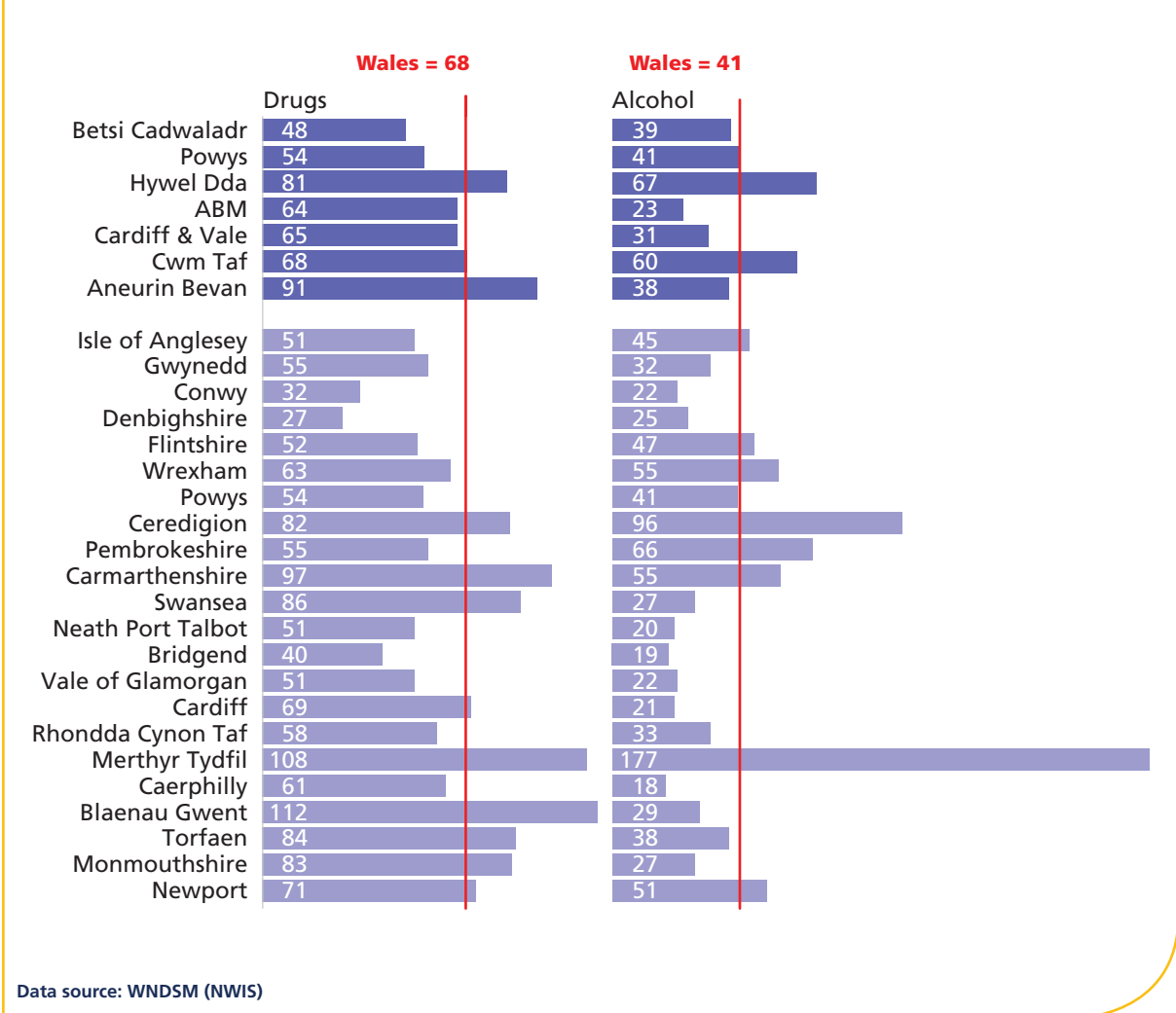


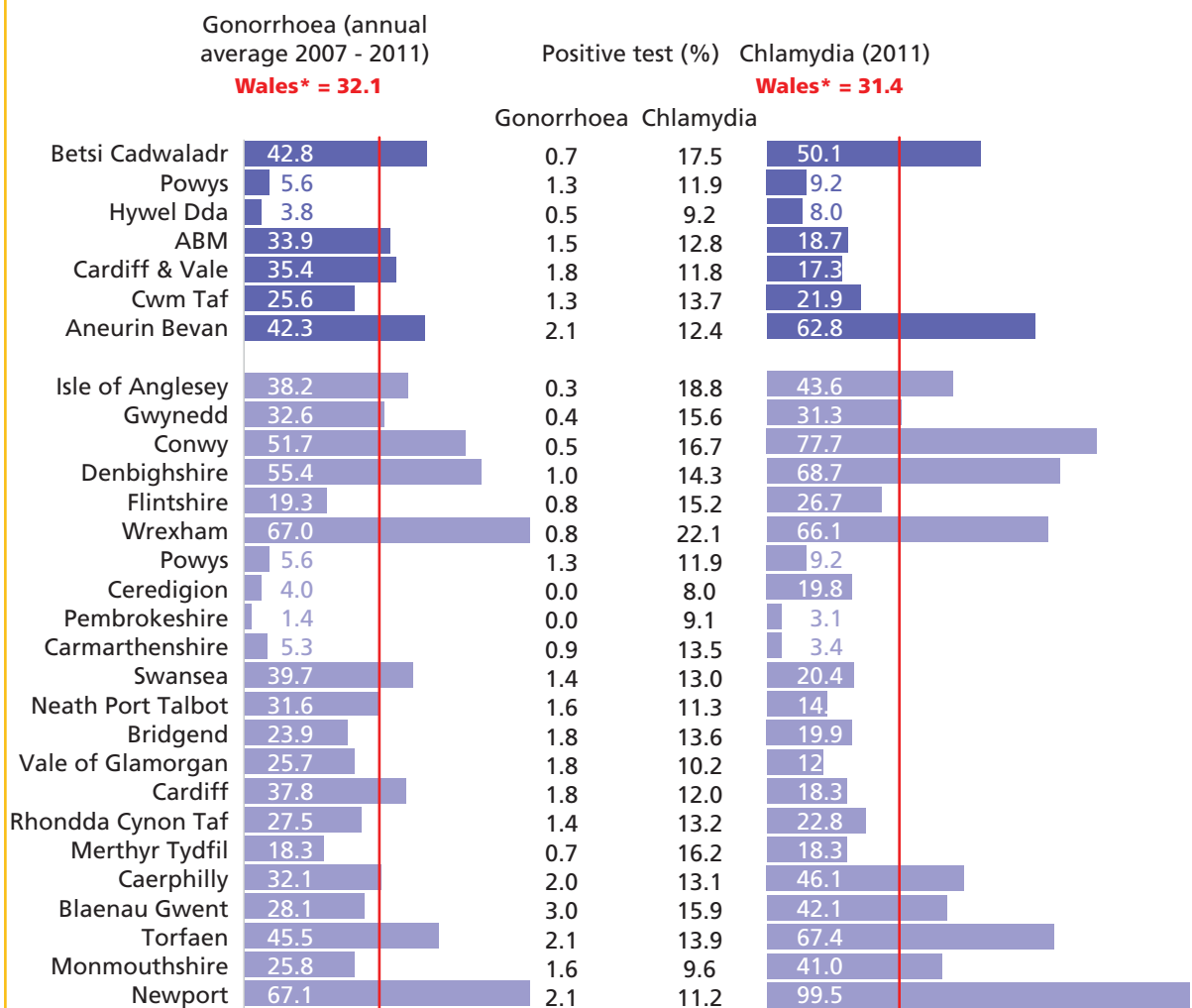
Figure 4.18 suggests that for drug referrals, higher rates can be found in Blaenau Gwent, Merthyr Tydfil, Swansea, Carmarthenshire, Monmouthshire, Torfaen and Ceredigion. Lower rates were found in Denbighshire, Conwy and Bridgend. For alcohol, there were comparatively fewer referrals as a percentage of the population. Higher rates were found once more in Merthyr Tydfil, where the rate is 4 times that for Wales.

4.7 Sexual health

Those aged 15-24 years are disproportionately affected by sexually transmitted infections (STIs) in the UK. Around two thirds of diagnosed STIs in women are in those under 25 years, whilst over half of diagnoses in men are in those under 25.¹⁵

Sexually transmitted infections

Figure 4.19 Tests for gonorrhoea and chlamydia in persons aged 15-24 by area of residence, rate per 1,000 population



Data source: CDS (PHW) & MYE (ONS) *Data from clinics in Carmarthenshire and Pembrokeshire are not currently available via SWS so the figures presented represent only residents who have visited clinics elsewhere. Please note that completeness on reporting of area of residence and coding of diagnosis is variable across clinics and so results should be interpreted with caution.

Figure 4.19 shows that the testing rate varies between health boards and local authorities for gonorrhoea and chlamydia. Higher testing rates were found in Newport where open access is provided, Wrexham and Conwy, and will in part be due to differential access to services and differential awareness of testing. High positivity for chlamydia testing was associated with areas of both high and low testing rates, such as Wrexham and Merthyr Tydfil respectively.

Figure 4.20 New episodes of chlamydia and gonorrhoea reported to GUM clinics, Wales, 2001-2011

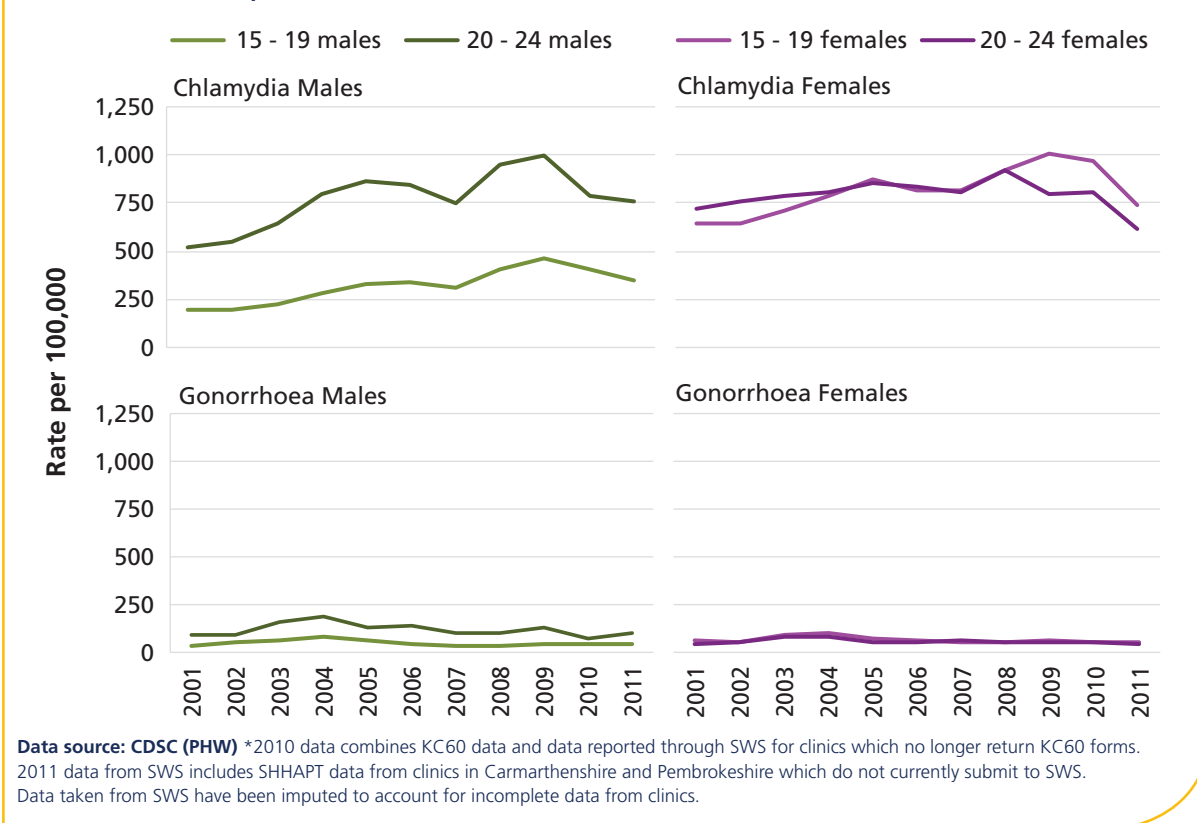


Figure 4.20 shows that rates amongst females for the two age groups are similar. Amongst males, however, the rates are higher amongst those aged 20-24 years, which corresponds to the fact that the median age for most STIs is generally higher in males than females. Compared to females, there is generally a higher rate of gonorrhoea in young males.

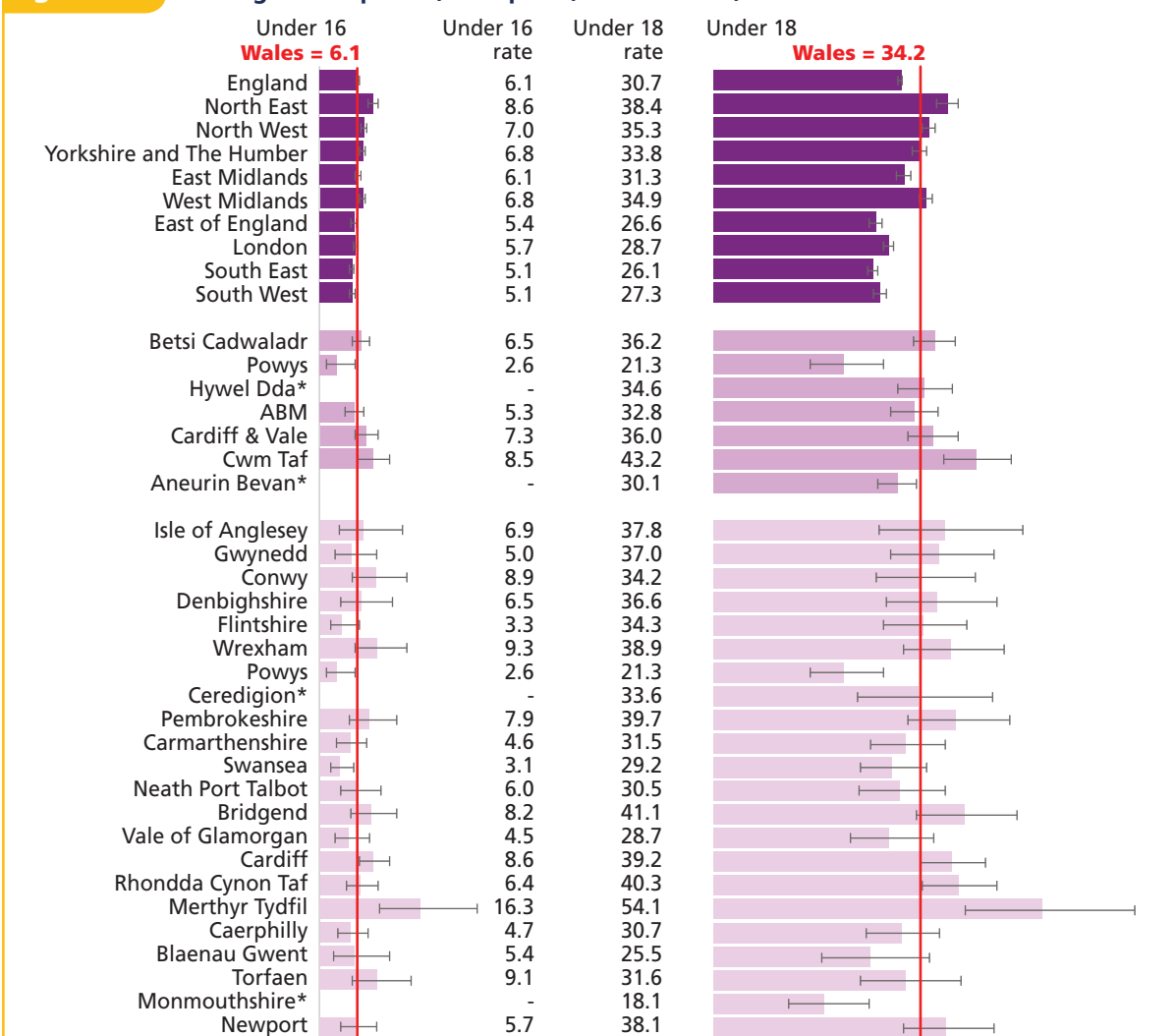
The rates of chlamydia, compared to gonorrhoea show it is much more prevalent within the population. For chlamydia, rates exhibited an upward trend since 2001 but have been decreasing in more recent years. However, the rate is still high with around 700 per 100,000 females aged 15-24 having been diagnosed with chlamydia. Gonorrhoea rates have remained level over the past decade although, with the introduction of a new dual nucleic acid amplification test in 2011, preliminary data for 2012 indicates a recent increase in cases; this would be expected with a more sensitive test.

Teenage conceptions

Higher teenage conception rates are associated with areas of higher deprivation and areas of higher unemployment.¹⁶ Teenage conceptions can be reported for under 16 or those under 18; those under 16 are more likely to suffer negative impacts. Having a baby before the age of 16 is associated with a lack of education and training, leading to poor socio economic conditions later in life.¹⁷ Additionally, teenage mothers are at greater risk of suffering from mental health issues during the three years following birth¹⁶ as well as having a low birth weight and higher infant mortality rate, compared to older mothers.

As well as the mother experiencing poor outcomes, the children of teenage mothers also tend to experience poorer outcomes as young adults. They tend to have a poorer educational attainment, greater risk from economic inactivity and may end up as teenage mother's themselves.¹⁷

Figure 4.21 Teenage conceptions, rate per 1,000 females†, 2011



Data source: Conceptions data (ONS) †Rates for females under 16 are per 1,000 females aged 13-15; rates for females under 18 are per 1,000 females aged 15-17 *Rates based on counts of less than 5 have been suppressed; secondary suppression has been applied where necessary

Figure 4.21 shows for those under 16 the conceptions rate in Wales is similar to that in England, with the North East of England having the highest rate in England & Wales. Amongst the health boards, the higher rates can be found in Cardiff and Vale and Cwm Taf, there is no data for Hywel Dda and Aneurin Bevan due to secondary suppression associated with small numbers within a constituent local authority. The local authority rates show that the higher rates can be seen in Torfaen, Cardiff, Bridgend, Wrexham, Conwy but are highest in Merthyr Tydfil which (even with a wide confidence interval) is statistically significantly higher than Wales. The 'under 18' chart shows that Wales has a higher rate than England but remains lower than the North East, North West and West Midlands regions of England. For health boards, the chart illustrates that Cwm Taf, Betsi Cadwaladr and Cardiff and Vale have the highest rates, whereas the lowest rates can be found in Powys, a predominantly rural area. The local authority areas show that again, Merthyr Tydfil has the highest rate, followed by Bridgend and Rhondda Cynon Taf. These are largely local authorities with relatively high levels of deprivation and former industrial centres. Lower rates are in the largely rural, more affluent areas such as Powys, Monmouthshire and the Vale of Glamorgan. Notably Blaenau Gwent has a low rate, however the size of the confidence intervals suggest the rate is based on small numbers and might be susceptible to random variation. Overall, teenage conceptions in Wales have been falling in recent years,¹⁸ although the UK rate as a whole, remains higher than a number of other European countries, including Spain, Belgium, Ireland, France and Italy.¹⁹

Figure 4.22 Teenage conceptions, females aged under 18, Wales, 2007-2011

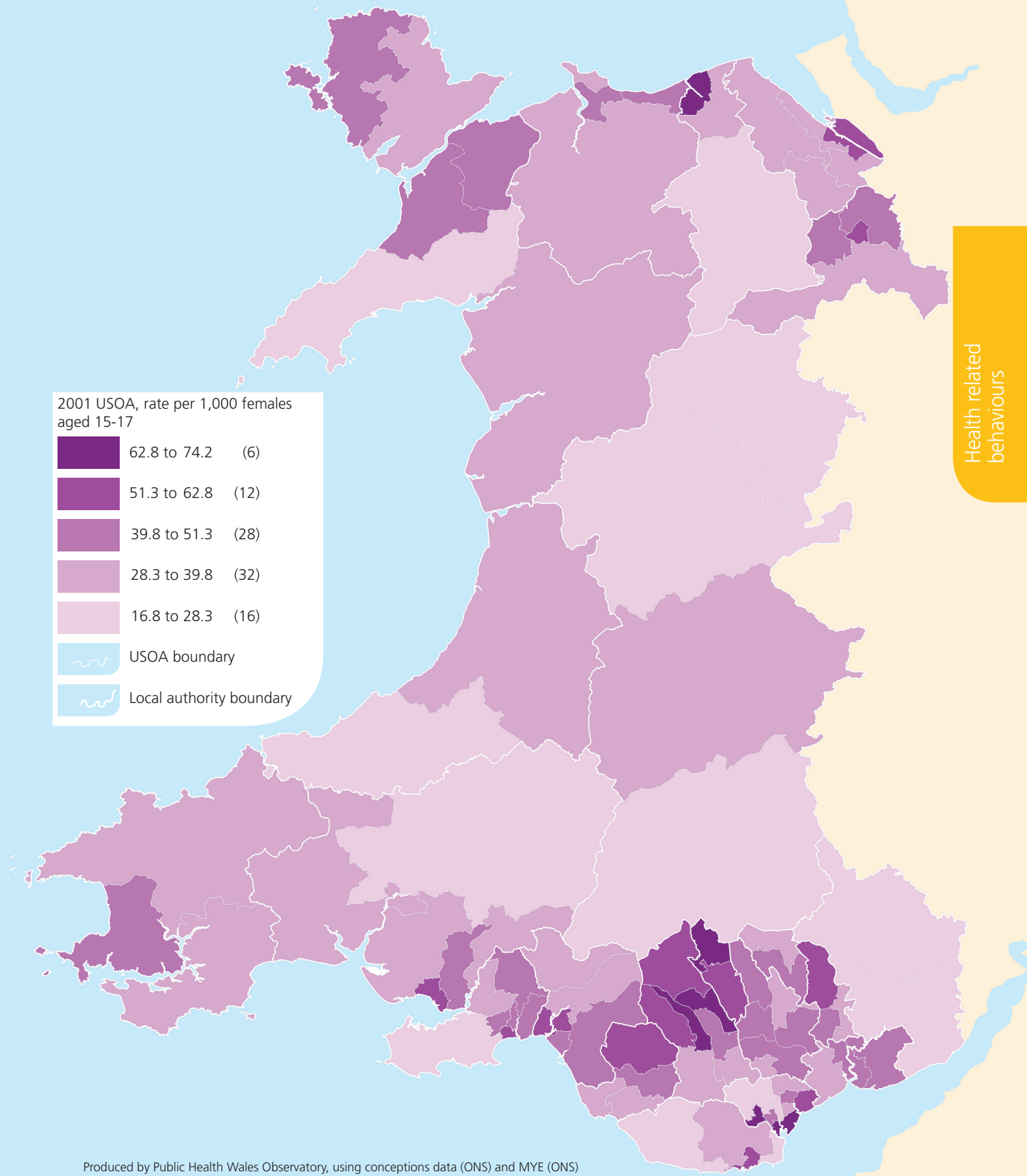


Figure 4.22 shows that teenage conceptions are higher in the former industrial centres of the south Wales valleys, particularly Merthyr Tydfil and the Rhondda and Cynon Valleys, parts of Cardiff and along the North Wales coast. Lower rates are located in the more rural areas of Monmouthshire, Powys, Carmarthenshire, Ceredigion and Denbighshire.

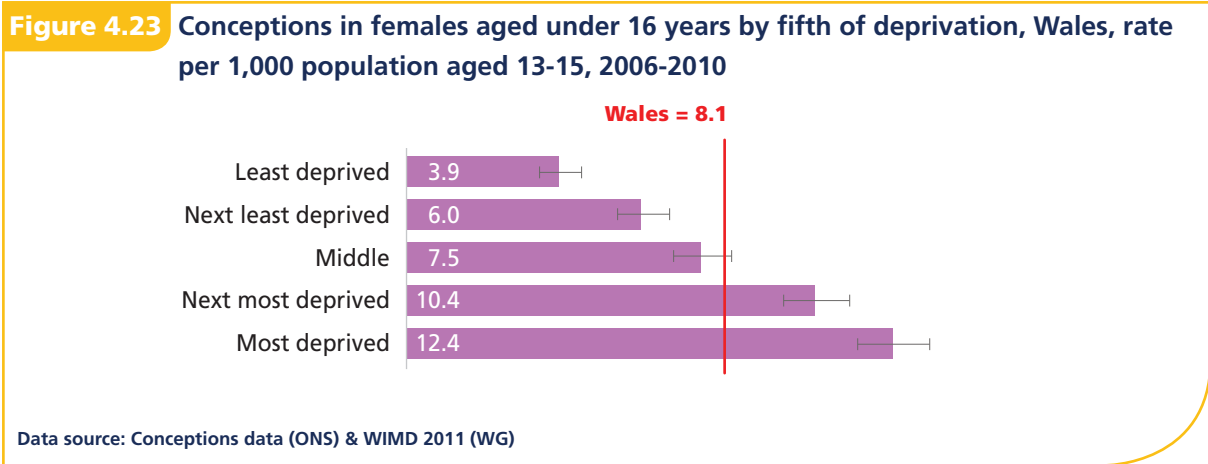


Figure 4.23 illustrates that the higher rates are correlated with increased deprivation. The rate ratio comparing the least and most deprived fifths shows that the rate is over 3 times higher (3.2) in the most deprived fifth. In addition, the confidence intervals show that differences between each fifth of deprivation in Wales are all statistically significant. Information on reducing teenage pregnancy is included in section 8.5 of this report.

Abortions

Legal terminations are undertaken under the Abortion Act 1967, amended by the Human Fertilisation and Embryology Act 1990.²⁰ Within the confines of these acts, terminations may only be undertaken by registered practitioners and within the NHS or an approved independent provider. It is the responsibility of the doctor to notify the Chief Medical Officer within 14 days of the termination.¹⁹

Terminations may be undertaken for a variety of reasons, including if there is concern the physical or mental health of the pregnant woman or if there is risk that the child would suffer from physical or mental abnormalities that mean the child is seriously disabled. A termination may only be undertaken on pregnancies under 25 weeks, with the agreement of 2 doctors. In emergencies, the operating practitioner may terminate after 24 weeks gestation if it is to save the pregnant woman’s life or to prevent permanent injury or harm to the woman.²⁰

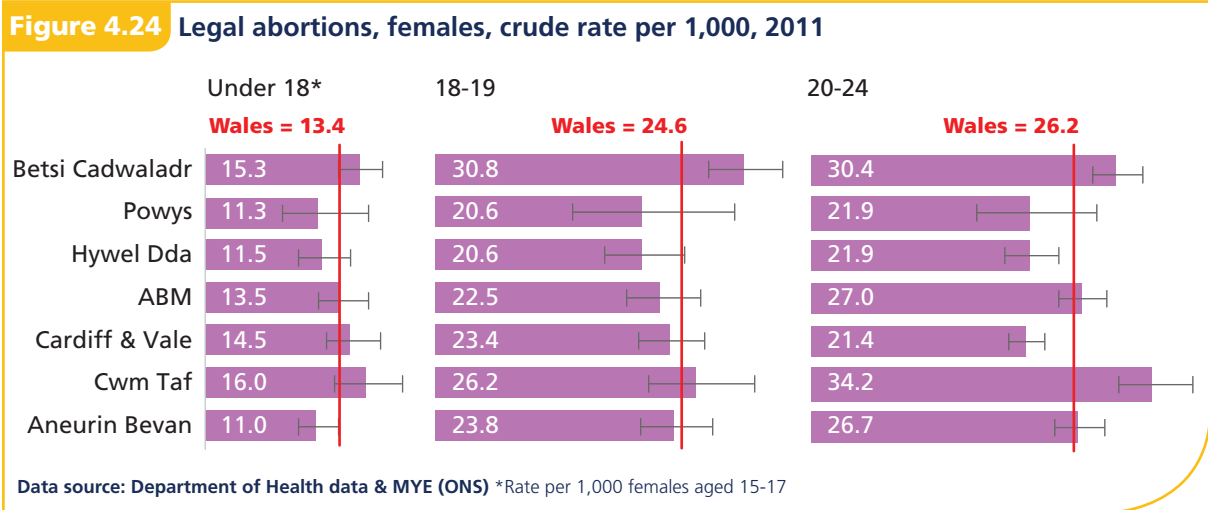


Figure 4.24 shows that the highest rates for terminations where the mother is aged under 18 are in Cwm Taf, Betsi Cadwaladr and Cardiff and Vale. Lower rates can be found in Aneurin Bevan, Powys and Hywel Dda. The highest rates of legal terminations for females aged 18-19 years are among residents of Betsi Cadwaladr and Cwm Taf. The lowest rates can be found in Powys and Hywel Dda. Amongst women aged 20-24, the highest rate of terminations is in Cwm Taf, closely followed by Betsi Cadwaladr. Lower rates are seen in Powys, Hywel Dda and Cardiff and Vale. It is in this age group that the termination rate peaks¹⁹, the rate being marginally higher compared to that in 18 and 19 year olds. Figure 4.24 shows that around a third of teenage conceptions amongst those aged under 18 years end in a termination in Wales. Prevention of unintended conceptions amongst those aged under 18 would go some way to minimising terminations in this age group and the dangers associated with it.

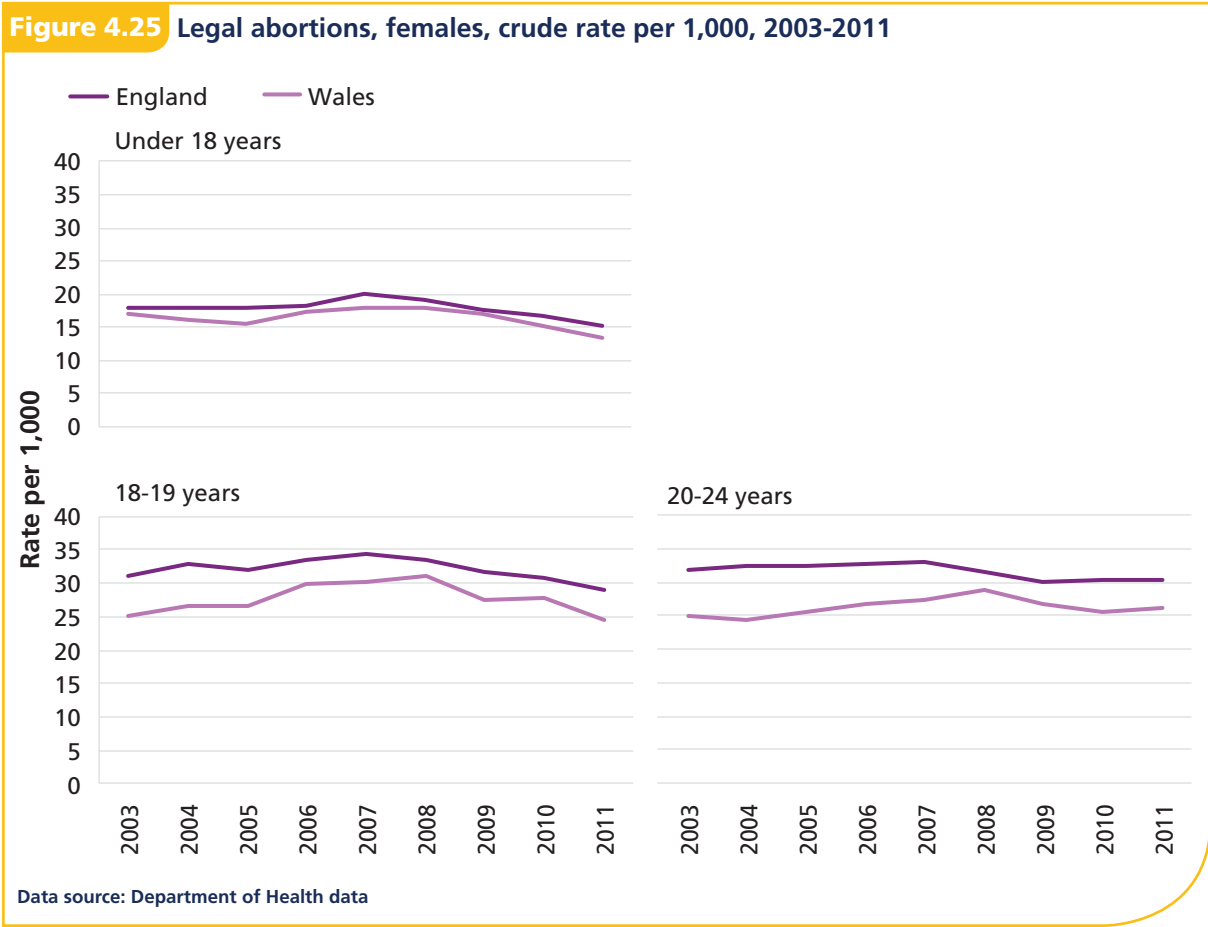


Figure 4.25 shows that the rate of terminations increases with age and that the overall rates in Wales are less than England. However, the gap between the rates is small amongst those aged less than 18 years, compared to those aged 18-19 and 20-24 years old. The charts suggests that the rate of terminations has been relatively constant throughout the period, with a slight drop over the last few years amongst those aged less than 18 and less than 20 years.

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