



Lessons in Dutch Mythology

Why teenage pregnancy rates in the Netherlands are so much lower than in the UK

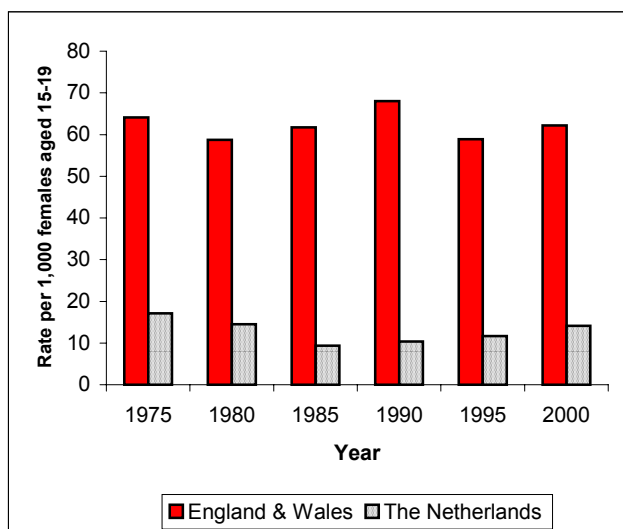
The UK has one of the highest rates of teenage pregnancy in the world and the Netherlands one of the lowest. For many years the professional advocates of sex education have attributed the low Dutch rates to ‘an earlier and more open approach to sexual issues in schools and in families’ which ‘is associated ... with greater levels of discussion and forward planning between partners, later ages at first sexual intercourse, more effective contraceptive use, and lower levels of subsequent regret.’¹ It is claimed that Dutch sex education is more open, explicit, graphic, less framed by a marriage-centred moral agenda, and delivered in schools from an early age.

As teenage pregnancy has become widely recognised as a serious social problem in the UK, politicians, policy makers and health educators have increasingly looked to the Netherlands to find solutions. However, little attention has been given to analysing the character of sex education in the Netherlands, nor to considering structural and cultural factors which may account for the difference in teenage pregnancy rates.

The statistics

In 2000, the live birth rate to young women aged 15–19 was 37.7 per 1,000 in England and Wales, compared with 5.5 per 1,000 in the Netherlands – seven times higher, while the conception rate was four times higher at 62.2 per 1,000, compared with 14.1 per 1,000 in the Netherlands (see Figure 1).

Figure 1: Conception rates per 1,000 females aged 15–19 in England & Wales and the Netherlands, at five-yearly intervals, 1975–2000.



Sources: ONS, *Birth Statistics*, various years; ONS (2002), *Population Trends 109*; Rademakers, J. (2002) *Abortus in Nederland*. Heemstede: STISAN; CBS (2001) *Samenleven: Nieuwe Feiten over Relaties en Gezinnen* Voorburg: Centraal Bureau voor de Statistiek.

Sex education in the Netherlands

It has become generally accepted that the comparatively low rate of teenage pregnancy in the Netherlands can be accounted for by its approach to sex education in schools. This hypothesis has been assumed and vigorously promoted in the media by the birth control and abortion lobbies, without the support of research evidence. If sex education in the Netherlands really were as effective as it is claimed, there would need to be a discernible uniform approach throughout the country. However, this is not the case. In the Netherlands:

- education (including sex education) has not been politicised to anything like the same extent as in the UK;
- Dutch parents are free to set up their own publicly-funded schools, independent of the state, according to their own beliefs and values;
- there is a high degree of autonomy in terms of curriculum development and policy-making;
- there is an enormous diversity in didactics, pedagogical strategies and content; and
- the influence of the churches and the involvement of parents are much stronger

In a recent qualitative study of sex education in Dutch primary and secondary schools, the differences between the schools visited were probably greater than any differences between sex education in the UK and the Netherlands, considered overall.²

The research found that:

- Dutch sex education is not as 'open' as is often suggested, but in practice it is often taught within a firm moral framework;
- the most liberal and 'open' classes were found in the more socio-economically deprived areas, where teenagers were already more sexually active and teachers felt there was little they could do to compensate for family structures that were inadequate to guide 'streetwise' young people in an increasingly sexualised culture;
- none of the teachers interviewed was comfortable with the idea of 'opening up' the sex education curriculum further, to include an increasing amount of sexually explicit material;
- the schools where teenage sexuality was less of a problem did not have a more 'open' approach to sex education, but were able to build on the moral framework provided by parents within stable family structures.

Further evidence that sex education in the Netherlands is not as permissive as is often claimed comes from the fact that a number of Dutch sexual health experts are critical of traditional views of sexual morality widely held among teachers and parents. The experts are concerned that an emphasis on setting the expression of sexuality firmly within the context of committed enduring relationships is too restrictive when teenagers may want to experiment with sexual activity.³

There is also a lack of evidence to support the assertion that the teenage pregnancy rate has been reduced in the Netherlands by means of the easy availability of contraception to young people. In what has been described as 'an almost perfect contraceptive population' where condom use rose among the

sexually active from 17% in 1981 to 85% in 1994,⁴ there has been no corresponding reduction in the rates of either teenage pregnancies or abortions, and there are early signs of an overall rise in the rate of STI-incidence, particularly of chlamydia which affects young people disproportionately.⁵ Equally important is the finding that, during the 1990s, the abortion rate rose despite a widespread increase in contraceptive use.⁶

The low teenage conception rate in the Netherlands cannot be attributed to a simple combination of sex education, an 'open culture' and widespread contraceptive use. Rather, it is necessary to take into account a more complex set of factors besides which sex education, of whatever quality, is insignificant.

Teenage pregnancy is the result of teenage sexual activity. A society that has more of one will have more of the other. It is important to consider, therefore, the factors that are known to influence the age at which young people commence sexual relationships.

(a) Sexual attitudes among young people

In spite of the growing sexualisation of culture, Dutch teenagers appear to be guided by moral principles to a greater degree than their British counterparts and abstain from sexual intercourse until a later age. A comparative study of sexual attitudes among teenagers found that in the Netherlands a majority of both males and females gave 'love and commitment' as their primary reason for first intercourse, with 'opportunity', 'physical attraction' and 'peer pressure' scoring much lower. In the UK, however, while 'love and commitment' scored high among girls, boys were more strongly influenced by peer pressure, physical attraction and opportunity.⁷

The limitations of sex education

Even if the Netherlands had a coherent, comprehensive and completely excellent sex education curriculum, it is doubtful that it would have more than a small effect on how people actually behave. The evidence that health education – whether related to diet, smoking, drugs or anything else – affects lifestyles is weak.^a There is a difference between knowing something and acting on that knowledge.

A literature review conducted in 1994 found no evidence to suggest that sex education leads to increased assertiveness or empowerment of young people and concluded the real effect of sex education is difficult to demonstrate.^b

A more recent review of published and unpublished research found that sex education has very little effect on

reducing sexual risk behaviour among teenagers, and in some cases, it may even have made a significant contribution to increased sexual activity among girls.^c

In both the Netherlands and the UK, statutory sex education was introduced into the secondary school curriculum in 1993. In the UK, it appears to have made no appreciable difference to teenage pregnancy rates, which have fluctuated only marginally over the past two decades.

Meanwhile, in the Netherlands, teenage pregnancy rates continued to drop until 1995, after which they began to rise.^d Taking the decade 1990-2000 as a whole, Dutch teenage conception rates increased by 35%, with considerable regional variations. The scale of this

increase is not reflected in the teenage birth statistics due to the sharp increase in conceptions terminated by abortion.^e In 1999/2000, 62.7% of conceptions to females aged 15-19 in the Netherlands led to an abortion, compared with 13.6% among Dutch women in general.^f

a. Bloor, M. (1995) *The Sociology of HIV Transmission*. London: Sage.

b. Visser, A. P. & van Bilsen, P. (1994) 'Effectiveness of Sex Education Provided to Adolescents'. *Patient Education and Counselling*, vol 23: 154.

c. DiCenso *et al.* (2002) 'Interventions to reduce unintended pregnancies among adolescents', *BMJ*, 324:1426-1434.

d. Rademakers, J. (2002) *Abortus in Nederland* [Abortion in the Netherlands]. Heemstede: STISAN.

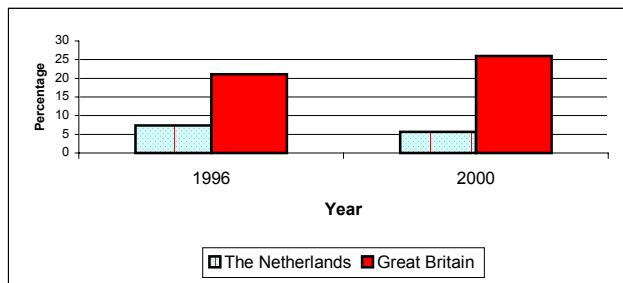
e. *Ibid.* Also see Garssen, M. J. & Sprangers, A. H. (2000) 'Aantal tienermoders loch weer lets gestengen' [Number of teenage mothers rise a little yet again] *Maandstatistiek van de Bevolking* (January): 23-25.

f. Rademakers, J. (2002), *op cit.*

(b) Welfare benefits

Teenage parents in the Netherlands receive little financial support from the state until they are 18, and even then still depend partially on their parents' support until they are 21. Babies born to teenage mothers are assigned a legal guardian (usually a parent of the mother) to whom child benefit is paid. The website of a local government-sponsored youth-work organisation explicitly states that: 'If you are a teenage mother and younger than 18 and living at home, you will not qualify for benefits'.⁸ Mothers aged under 18 rarely qualify for housing benefits and are generally expected to continue to live with their parents. In the UK, by way of contrast, welfare support to teenage mothers in the form of income support, housing benefit, educational opportunities, employment training and access to childcare, means that there is less of a disincentive for young people to engage in high risk sexual behaviour.

Figure 2: Lone-parent families as a percentage of all families with children, the Netherlands and Great Britain, 1996 and 2000



Sources: European Community Household Panel (1996); cited in CBS, (2001), *op cit.*, p175; <http://statline.cbs.nl> and ONS (2001) *Living in Britain*, pp10–11, 18.

(c) Socio-economic deprivation

A higher degree of socio-economic deprivation is associated with a higher frequency of teenage sexual activity and associated risk behaviour.⁹ The concentration of higher levels of poverty and social inequality in certain areas of the UK has created a culture of hopelessness, in which there is little to lose from teenage parenthood. If this loss is further compensated by social welfare benefits, for example in terms of income support or housing, the cost of having a baby may not be very high. However, Dutch society is more socially inclusive with far less prevalent cultures of poverty, with the exception of some deprived areas in the large cities where the situation more closely resembles that of the UK.

(d) Stigma

Teenage motherhood is stigmatised in the Netherlands. According to one Dutch woman who became a mother herself at 16 and subsequently campaigned for more support for teenage mothers: 'You have humiliation and discrimination every day. The social services do everything to make your life difficult; no one listens to you or takes you seriously; people give you dirty looks on the street; you are always in debt'.¹⁰ Stigma is one of the most powerful means of controlling behaviour considered destructive of the well-being of the community. The relative lack of stigma attached to teenage pregnancy in the UK should not be discounted as a contributory factor to higher teenage pregnancy rates.

(e) Lone parenthood

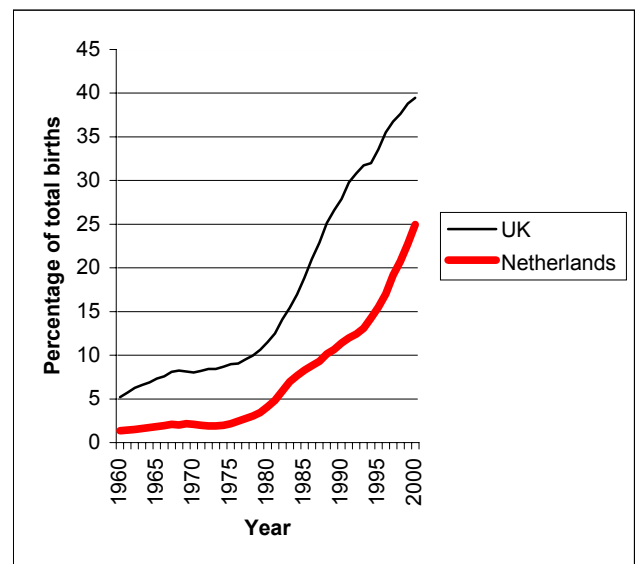
In 1996 lone-parent families in the Netherlands represented 7.4 per cent of all households with children, compared with 21 per cent in Great Britain. Four years later, single-parent families made up 26 per cent of all families with children in Great Britain, while the proportion had dropped in the Netherlands to 5.7% (see Figure 2). Children in Britain are five times more likely to be living in a family headed by a lone parent than children in the Netherlands.

A study of over 2,000 young people in England aged 13–15 found that, in families headed by a married couple, only 13 per cent of the children were sexually active. The percentage doubled (26 per cent) for young people living in one-parent families. The figure was 24 per cent for the children of cohabiting couples, 26 per cent where the parents were separated, 23 per cent where children divided their time between two parents living apart, 24 per cent where the parents were divorced, and 35 per cent where children did not live with either parent.¹¹

(f) Out-of-wedlock births

Children in Britain are more likely to have been born to an unmarried mother than their Dutch counterparts. Figure 3 shows that while 40 per cent of births in the UK now take place outside marriage, three-quarters of births in the Netherlands are to married couples.

Figure 3: Percentage of live births outside marriage for the Netherlands and the UK, 1960–2000



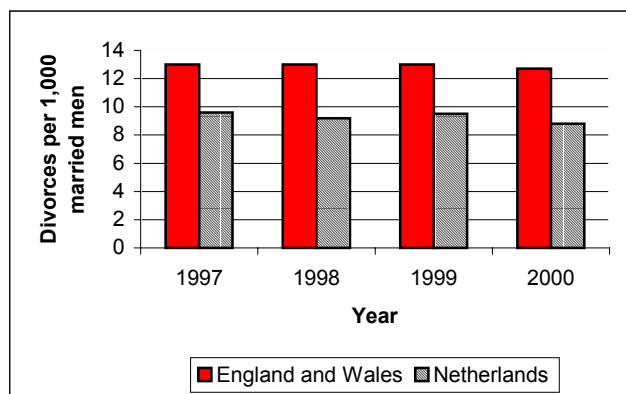
Source: Eurostat

(g) Divorce

A more traditional attitude to marriage in the Netherlands is also reflected in the divorce statistics. A comparison of the annual divorce rates in the UK shows that, in 2000, 12.7 per 1,000 married men obtained a divorce in England and Wales, as opposed to 8.8 per 1,000 in the Netherlands (see Figure 4). The fact that children in Britain are more likely to have experienced the divorce of their parents is significant, given that young people not living with both biological parents tend to become sexually active at earlier ages than those from intact

families.¹² This remains the case even when other factors such as race, religiosity, age and social class are controlled for.¹³

Figure 4: Divorce rates per 1,000 married men in England and Wales and the Netherlands, 1997–2000



Sources: CBS (2002) *Statistical Yearbook of the Netherlands*, 2001; ONS (2002) *Marriage, divorce and adoption statistics*, Series FM2.

(h) Working mothers

The Netherlands has been described as an unemancipated society where a real ‘motherhood ideology’ still prevails.¹⁴ Dutch couples tend to adhere to a traditional division of roles within the family, with only five per cent of women with children working full-time.¹⁵ Meanwhile, in the UK in 2001, 18.3 per cent of mothers with a child under the age of five were employed full-time, rising to 31.9 per cent for mothers with children aged between five and 18.¹⁶ In the Netherlands, only 29 per cent believe that women should contribute to the family income, compared with 75 per cent Europe-wide.¹⁷

In 1998, 16 per cent of 0–3 year-olds and two per cent of 4–12 year-olds in the Netherlands were in some form of daycare, whereas in 1999 in the UK around 35 per cent of mothers of pre-school children used some form of daycare, and around 27 per cent of mothers of children aged between five and 12 used some form of out-of-school care.¹⁸ The fact that children in Britain are more likely to be in third-party care, and to find no one at home when they come back from school, means that they are likely to have lower levels of parental supervision.

Conclusion

The evidence that sex education affects the sexual behaviour of young people and reduces risk-taking activity is weak. There is now a considerable volume of research which identifies factors known to influence the likelihood of young people becoming sexually active. Most important among these is the link between the breakdown of the family based on marriage and premature sexual experimentation.

While Dutch family law is noted for its liberal character, patterns of family life in the Netherlands have generally remained more traditional than in many other Northern and Western European countries. Compared with the UK, the Netherlands has a far lower proportion of lone-parent families, out-of-wedlock births, divorces and mothers in full-time employment. Combined with lower welfare benefits to teenage mothers and the persistence of stigma, these structural differences offer a far more convincing explanation for the differing rates of teenage pregnancy.

Until we recognise the root cause of the problem and recognise the central importance of family structure, we cannot begin effectively to address the high teenage conception rates in the UK.

• *This factsheet is based on the report **Deconstructing the Dutch Utopia: Sex education and teenage pregnancy in the Netherlands** by Joost van Loon (London: Family Education Trust, 2003). The full report may be purchased from Family Education Trust for £8.50 (inc. p&p) from the address below. Alternatively, it can be downloaded from our website at: www.famyouth.org.uk Further copies of this factsheet may also be downloaded.*

Notes

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