# APPENDIX B

# Key Informant Opinions and Views

**The Young/Single Parent Support Network**
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September, 2000

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# INTRODUCTION

This document presents the results of the key informant interviews, one of four major research activities undertaken towards the development of *A Framework for Action for the Prevention of Teen Pregnancy: A CAPC/CPNP Perspective.* This research activity was conducted to solicit the opinion of leaders in Canada in the Aboriginal and non-aboriginal communities with knowledge, experience and influence relevant to the prevention of teen pregnancy. Key informants selected for interview represented a broad cross-section of different stakeholder groups including: researchers, community programs, sex educators, youth, non-governmental organizations, ethnocultural groups, education, recreation, health, government, politicians, religion and media.

Key informants were identified primarily by the CAPC/CPNP survey, the literature search, and the brainstorming session held by the Steering Committee members. Potential key informants representing the Aboriginal communities were identified by the consultant hired by the Timmins Native Friendship Centre. Key informants selected for interview possessed a minimum of one of the following criteria:

- knowledge about teens and the prevention of teen pregnancy;
- knowledge about the perspective of adolescent males;
- achieved prominence as a recognized star by peers and community;
- in a position to make things happen;
- familiarity with a key sector which can influence conditions affecting rate of teen pregnancy;
- ethno-cultural sensitivity; and
- knowledge about government policy and direction.

Forty interviews were completed by telephone, 30 from the non-Aboriginal community and 10 from the Aboriginal community (see Attachment A). Seven open interviews were held with the consent of the interviewee, allowing up to six members of the research team to listen to the interview and participate in a question and answer session. The interviewee and the research team found this process productive and stimulating.

Researchers, community programs and NGO's were well represented in the sample. In contrast, although persistent attempts were made to obtain interviews, four stakeholder groups - education, recreation, media and religion - are poorly represented or not at all. The view of teens/youth have been sought more extensively through the Youth Consultation activity and are reported on elsewhere. Exhibit 1 presents the number of interviews completed by stakeholder group and community.

Exhibit 1: Number of Completed Interviews By Stakeholder Group from the Aboriginal

and Non-Aboriginal Communities

| *Stakeholder Group* | *Aboriginal* | *Non-Aboriginal* |
|---|---|---|
| community programs | 1 | 8 |
| Researchers/academics | | 5 |
| NGO's | 6 | 7 |
| sex educators | | 3 |
| government | 1 | 2 |
| politicians | | 2 |
| teen | | 1 |
| youth in care | | 1 |
| education | 1 | |
| media | 1 | |
| ethnocultural | | 1 |
| Total | 10 | 30 |

Topics explored during interview were:

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- perceptions about causes of rising rates of teen pregnancy;
- effective strategies for the reduction of the rate of teen pregnancy;
- opinion about value and feasibility, anticipated challenges and possible solutions for mobilizing a national prevention strategy;
- interest in participating in the development and implementation of a national strategy for the reduction of teen pregnancy; and
- suggestions of individuals and organizations who would contribute significantly to the development and implementation of a national strategy.

## FINDINGS

The results of the key informant interviews are summarized below by stakeholder group and topic.

### SEX EDUCATORS

Three sex educators responded to the survey. They had a wide range of credentials. One was a public health nurse active in sex education in schools and in the media, one a social worker experienced in community campaigns, and one a certified sex therapist

volunteering in schools and teaching at university. Together, the three sex educators' experience included:

- education in primary, junior high, and high school
- community organizing
- policy development
- design, implementation and evaluation of sex education curricula
- sex therapy
- sex education in television, radio and print media
- condom distribution
- teaching university sex therapy courses
- work with teen parents
- clinical counseling with teens

***What factors are contributing to the rising rate of teen pregnancy?***

Sex educators felt the major factor contributing to rising rates of teen pregnancy was not enough comprehensive sex education provided by good, trained educators in schools. They observed that although there are good curriculums, teachers may not be comfortable with the content and may avoid controversial topics for fear of criticism from parents. They pointed out that acceptance of comprehensive sex education in schools varies widely across the country. Sex educators agree that teens want practical information that is meaningful to them. Besides information, they need help with emotional resources like self-esteem and acceptance of their own desires. They also need skills for negotiating postponement or alternatives to intercourse or for insisting on contraception.

Sex educators also felt that lack of opportunity for youth was a significant factor in teen pregnancies, particularly among teens living in poverty and those in small towns, remote or native communities. One respondent remarked that "lack of hope for the future, education and finding decent work" can lead to not-really-accidental pregnancies because babies are valued and provide peer status. Another respondent pointed out that teen pregnancy is not rising in middle and upper class populations, but it is a real concern among the poorer sectors of society. She observed that class seems more of a determinant than race/ethnicity since "we know that black teen girls from middle class families are not getting pregnant more than their middle-class white peers". Another respondent noted that in smaller communities "there isn't much to live for - alcohol is a major problem, there's not much hope for the future, and nothing much else to do for teens". Also, teens can idealize early parenthood without understanding what they are giving up for it.

Finally, sex educators felt that the focus on sexuality in the media is also a contributing factor in rising teen pregnancy rates. One pointed out that adolescents get double messages - be sexy but don't be actively sexual. These messages cause confusion among teens.

***What could be done to help reduce the rate of teen pregnancy?***

Sex educators felt that better, earlier, and more relevant sex education coupled with confidential, free access to contraceptives would help reduce teen pregnancy rates. Not surprisingly, sex educators were concerned about the way sex education is being delivered. One respondent noted that, while teens need essential information about reproductive cycles, sex education "is often delivered in a very technical way that doesn't engage youth to learn and ask questions". Sex educator respondents were particularly concerned that teens weren't being taught negotiation skills. They felt that teens needed role plays and practice to learn to say "not now" or "not ready for this" or "not that way". Further, boys and girls have different desires and need to understand each other's agendas. Sex educators felt that people delivering curriculum need to loosen up the atmosphere, encourage discussion and straight talk, and provide more factual, explicit information about sex and its consequences.

One sex educator felt the most important factor in reducing teen pregnancies was "working with young women to help them find something to live for beyond the kicks they get from catching a guy". In her experience girls who said they wanted to have baby with their boyfriend could not really say why. She suspected "it's because they don't have much else going on in their lives...it may be that they want to get away from home or have something to love". These observations echo the comments above that some teens do not have a sense of opportunity about their lives.

Sex educators were in agreement that support for parents as key sex educators was needed. Outreach to parents about how to talk to their kids would be helpful. One respondent commented that "adolescents most likely to delay first intercourse are those who've been able to talk to their parents openly about sex through to age 14". Respondents also thought that parents want to but are usually embarrassed to talk to their kids about sex. They felt that it was important to acknowledge that adolescents are wrestling with desire and fear and that sexuality is both relentlessly hyped in the media and taboo for open discussion.

Sex educators had several suggestions for promoting boys' responsibility. One suggested more education for boys about the realities of parenting, and helping them say no when girls are pushing sex. Another sex educator felt we need to change the script in which it is the boys' job to persuade girls to have sex to one in which both boys

and girls negotiate realistically about having protected sex. She recommended being realistic and focusing on "what's the rush - instead of abstinence, which we know does not work". Further, the use of condoms could be eroticized so that it was not so awkward for teens to use them. In this respondent's experience, "condom distribution for boys is very successful - they grab them, and they should always be around and free". Finally, sex educators felt we need to "start talking about what's in it for them - for youth themselves to practice safe sex and to prevent pregnancy".

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Two of the three sex educators felt this would be helpful, although possibly difficult. One said there should be some place that can answer questions about what is going on across the country. The third sex educator felt that a nationally-organized effort was not necessary in Canada because, although we have some less progressive pockets, we generally have more open, healthy attitudes to sex education and teenage sexuality. She felt that in the United States most of the money goes into abstinence programs. Further, she felt that populations are very different across Canada, and within provinces. However, more support for delivering a good curriculum in ways that really reach teens would be helpful.

***What are the factors that could help, and factors that could hinder a successful coalition?***

Sex educators felt that getting the right people - including grass roots players - was the major factor in helping to establish a successful coalition. Factors that they felt could hinder a coalition were geographic distances, the differences in starting points in different provinces, religious divides with parochial schools, sex negativism and opposition to sex education unless it is abstinence, and difficulty getting funds.

## COMMUNITY PROGRAMS

Eight community program respondents contributed interviews. They represented the following organizations:

- Terra Agency (works with parenting teens in Edmonton, Alberta)
- Nova Scotia Department of Health - Round Table on Sexual Health
- Dalhousie University Community Health and Epidemiology (Halifax, Nova Scotia)

- Planned Parenthood - Sexuality Education Resource Centre (Winnipeg,

Manitoba)
- Chinook Health Region (Lethbridge, Alberta)
- Red Door (adolescent help and support centre in Kentville, Nova Scotia)
- Family Planning Clinic (Rimouski, Quebec)
- Pluri-elles (developed video to prevent unplanned pregnancies for Manitoba teens)

***What factors are contributing to the rising rate of teen pregnancy?***

Community program respondents ranked lack of opportunity for youth and not enough good sex education equally as the top two causes of teen pregnancy.

With respect to the availability of good sex education, one respondent commented on "the refusal of those in power to implement comprehensive school health and sexual health education programs". She cited the lack of communal responsibility for these issues as the main cause. Another respondent noted that even when good information is available, teens often "don't act on birth control knowledge" and that they have a difficult time projecting consequences into the future. Another respondent reported that there is a lack of knowledge about the morning after pill among teenagers, and that many youth "lack financial means to access abortions".

Most community program respondents commented that poverty was directly related to higher teen pregnancy rates, noting that "low income groups...often have no sense of identity and purpose" and that poor teens "don't see a future for themselves". These respondents observed that poverty often means lack of access to information and services, especially teen-friendly services. This is even more of a problem in rural areas. One respondent remarked that "the criterion for postponing pregnancy is really that youth have plans." On the other hand, "certain groups want to be pregnant because of trouble at school, trouble at home, and low self-esteem". This respondent felt that, for many teens whose basic needs are not being met, pregnancy may compensate for what they lack in the home or community. Another respondent stated that working in poorer communities requires a totally different approach to pregnancy prevention. While strategies for middle-class youth can successfully focus on education or extra-curricular activities, strategies with poor teens have to help them meet their needs for intimacy. This kind of intensive individual support requires a low "caseload" ratio in agencies, and elders and role models in Native communities. This respondent's experience was that top down approaches were usually met with resistance by poor communities.

The factor ranked third highest among the community program respondents was the

impact of sex in the media. As one respondent put it, " kids are bombarded with acceptance of sexual behaviour". Another commented that "sexual relations are glorified on TV and in music...as the be all and end all." All agreed that sex is presented as normal behaviour for youth, with little focus on the responsibilities that arise from it. While one respondent felt that "the media is a huge player in formulating teenage sexuality and in determining sexual practices...it is driven by capitalist values, where sex sells, and portrays very juvenile attitudes about sexuality", another respondent felt that the media could be seen as both part of the problem and part of the solution.

Community program respondents ranked low self-esteem and self-confidence, particularly among girls, as the next most influential factor in teen pregnancy rates. One respondent commented that "girls are not treated as equals in society. (They) do not feel they have a right to their own decisions (and) many feel they do not have the right to say `you have to use a condom'".

Lack of supportive family or adult relationships was next cited by community program respondents as an influencing factor in teen pregnancy. A good relationship and communication with an adult who cares was seen as important for teen pregnancy prevention. One respondent commented that "young people are very relational during adolescence, and within their own families they are not getting their emotional needs met." This respondent felt teens really needed help with value clarification and with sifting through the information they get in a variety of settings. Another respondent cited a history of maltreatment and lack of communication between parents and children as factors leading to teen pregnancies. She commented that sometimes the teen who "was not well parented wants to prove that she can be a better parent".

Two other factors were cited by community program respondents - the alcohol and drug scene, and services poorly accessed by or oriented to youth. One respondent felt that the experimental behaviour encouraged within the alcohol and drug scene was an important contributing factor to teen pregnancy rates. Another respondent observed that when girls do not care about themselves they often become involved with drugs and alcohol and this leads to risk-taking behaviours. Another respondent felt that services were not sensitive to the needs of teens. He noted that, for example "services around pregnancy are not designed for young women. They are often embarrassed, frightened." Teens might go to the doctor once a year and during that visit not even discuss what's on their minds about reproductive issues.

***What could be done to help reduce the rate of teen pregnancy?***

Community program respondents were keen on the idea of a multi-sectoral strategy as

an effective tool for reducing teen pregnancy. Several commented on the need to set aside differing values about teen sexuality in order to focus on common goals. “The community needs to get the issues out into the open... to rally up resources and focus efforts.” All agreed that the strategy would need to involve schools, parents, health services, faith communities, the media, and youth themselves. One commented that “the issue can be scary for politicians and parents...we need to come together”. Another noted that linking up the different players in the field would tie together the education sector with family and community. A third felt that the success of a multi-sector strategy would depend on the right approach and how funds were allotted. She commented that “Communities need to be involved and make decisions for themselves (as opposed to a top down approach) and there needs to be accountability for how funds are spent and how effective the strategies really are.” Similarly, another respondent advised a careful look at determinants of health, the involvement of youth in any national agenda, and the setting of specific, measurable targets for reducing teen pregnancy.

Better sex education was also favoured by community program respondents as a means for reducing teen pregnancy. Most advocated a comprehensive sex education program delivered through schools, but one that involved parents and communities. Several respondents pointed out that teen pregnancy must be viewed as a social, not a personal, problem. Two respondents strongly emphasized the need for very early education - starting in elementary school and consistently reinforcing and adding to knowledge each year. One respondent observed that kids at greatest risk for teen pregnancy could be identified early on for prevent
ive action. She also felt strategies were needed that would offer young people opportunities to negate teen pregnancy as a desirable choice. Provision of information was not enough. Ways had to be found to influence teen’s decisions around their lives. Another respondent echoed this focus on sex education going beyond information, noting that “youth need to be activated to be
involved, to make choices and to be empowered”. Other respondents noted that sex education should include workshops on violence in relationships and sexual harassment and that work was needed with street kids.

Community program respondents also felt better access to contraception was essential for reducing teen pregnancy. In particular, facilities for accessing contraception should be open late, and access should be free. One respondent felt that access to contraception “should involve people who are already part of the communities these kids are familiar with”. Another noted how difficult access to contraception could be for teens in rural communities where everyone knows everyone else’s business. She said many teens “would rather get pregnant than buy a condom at the local pharmacy”. One community program respondent felt that Youth Health Centres built on best practices would help.

Community program respondents had some comments on the promotion of boys' and young men's responsibility.

One respondent commented that "We need more guys in the field. Young men tend to be more difficult to get talking, hard to connect with". In her opinion, male program staff are needed to build trust with young men and provide role models. Nevertheless, this respondent felt that "there are lots of young men...that are very interested in these issues. We make a lot of assumptions about boys. They've been the forgotten population around these issues." Another respondent felt that role models, mentoring, and peer education were important for reaching young men. She noted that "images of men and male sexuality are still tied to performance." and "confronting stereotypic attitudes" through creative strategies like videos and drama presentations" was an effective approach. However, this kind of outreach still tended, in her opinion, to get interest sparked but often lacked ongoing follow up and support. Nevertheless it was a positive step to get young men speaking out about controversial issues like date rape, AIDS, and contraception. Another respondent commented that "we socialize our young men to feel they are entitled, and our young women to accommodate. We don't require young men to be responsible for the sexual decisions they are making." This respondent felt that boys at risk - young men with limited future opportunities - need to be identified early. In general, she advocated involving young men in the debates and questions around teenage pregnancy and sexuality, but that this needed to be done in a way that would not threaten the empowerment of young women.

As for other special populations, community program respondents identified rural teens, Aboriginal teens, and teens who have been sexually abused or who are in care homes as groups who need special attention. These respondents felt that mainstream approaches are not likely to work with these adolescents. One respondent noted that "both Aboriginal youth and children in care need adults who are significant in their lives, adult mentoring programs that give them someone to talk to and someone who cares. Aboriginal kids need Aboriginals involved in program and mentoring. Every community needs to develop its own strategies. Sub-populations and communities with higher rates of teen pregnancy are also often isolated from services, and accessing those that are available can be difficult." Another respondent commented on teens living in poor communities where many basic needs are not being met. She noted that in these conditions "survival often depends on relationships, and women are often fairly powerless to reject the conditions under which sexual relations will occur." Further, youth in these settings are very dependent on peer relationships, as other options for success or opportunity are limited. In this kind of environment, pregnancy prevention often takes a back seat to meeting other needs. Finally, another respondent noted that life presents additional challenges to teens who have been sexually abused. They usually require more intensive and longer term services.

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Community program respondents generally thought a national strategy could be helpful, but had a number of caveats about its development. One respondent noted that the community service sector would be easy to mobilize, but that faith communities and schools would be harder to get on board as there are a lot of mixed reaction when the issues are raised publicly. Another respondent felt that a national strategy was necessary to develop the kind of comprehensive programming that is needed. A third respondent felt that a national campaign should act as an umbrella for local initiatives. She warned against a top down approach and noted that we do not need to re-invent the wheel - "we already have players across the country who are working hard and who have taken great care to develop programs geared to the needs of their own local or regional communities." Therefore " a national effort for increasing the impact of support systems already in place would be very desirable". This respondent also felt that a national strategy could provide a framework for accountability, "to ensure that local programs are developing sound strategies that are working". Finding common goals amongst different views and realities was seen as essential. Strategies would differ by locale, but goals should be shared. Another respondent commented that the federal level could take on a leadership role and develop standards and best practices but that ownership should be local. This respondent felt it was important to work with existing organizations, and that funding issues had to be carefully handled so as not to pit communities against each other in the competition for scarce resources.

***What are the factors that could help, and factors that could hinder a successful coalition?***

Community program respondents noted the following helpful factors:

- being clear on mandate and keeping focused
- getting the faith, education and health sectors on board
- involving youth, including girls who had become pregnant and who had either kept their child, had an abortion, or had given their baby up for adoption
- having "students deliver the message in partnership with well-educated realistic professionals"
- respecting different perspectives and realities
- building consensus
- involving key players from the start
- evaluating outcomes
- developing public support

Community program respondents' main view of potential hindrances focused on the

challenges of developing a common agenda from different perspectives. One noted that there are groups of people who do not agree that sexuality should be openly discussed with youth and that there might be opposition to the promotion of particular options. Another observed that "very strong points of view tend to come from sub-populations, and compromise would be essential." This respondent recognized that not every member would endorse every strategy, but that a commitment to support particular goals would be very important.

## NON-GOVERNMENTAL ORGANIZATIONS

Representatives of seven non-governmental organizations were interviewed. They included:

- Sexuality Information and Education of Canada (SIECCAN)
- Research Institute for the Social Development of Youth
- Canadian Health Network
- Canadian Association for Adolescent Health
- Society of Obstetricians and Gynecologists of Canada
- Planned Parenthood Federation of Canada
- R.E.A.L. Women

### *What factors are contributing to the rising rate of teen pregnancy?*

One experienced researcher in this group pointed out that we do not actually have good current data on teen pregnancy rates. The most recent national data is from 1994. There had been a declining trend until 1988 when teen pregnancy rates began to rise again. This respondent felt we could not conclude yet whether this was a major trend or an "uptick". However, the combination of teen pregnancy rates and other indicators of adolescent sexual health (such as STD rates) was, in his view, a cause for concern. Another respondent in this group reported that although the rate of births for teens is down, the number of unwanted pregnancies is up. This suggests that there are a lot more abortions happening.

The cluster of factors that include escape from an unhappy family or origin, poor self-esteem and the need to feel loved was most frequently cited by NGO respondents as contributors to teen pregnancy. Several respondents commented on teen girls' emotional needs and their wish for a loving relationship - either with the baby or the father of the baby. Two respondents particularly noted the lack of a loving stable father figure as a factor that drove teen girls into seeking intimacy with young males. Another

observed that the increase in broken families and troubled homes was a driver for adolescents seeking a sense of belonging in other relationships. Two respondents in this group felt that lack of self- esteem was the most influential factor in teen pregnancy.

NGO respondents equally cited socio-economic factors and not enough effective sex education as the next most influential factors in teen pregnancy. Like other respondents, this group observed that young men and women who think they have a future make plans. As one commented "if there is not a hope for the future, the teens don't have a lot to look forward to (and) immediate satisfaction and quick fixes are practiced, rather than thinking ahead". Another NGO respondent noted that socio-economic factors include lack of access to services throughout childhood, lack of a mentor or role model, and lack of recreational and educational opportunities as well as actual poverty. This respondent reported that research from the Vanier Institute of the Family "shows that the higher you go up the scale of affluence among adolescents, the higher the rate of contraceptive use". He also felt strongly that with disadvantaged teens, sex education could possibly mediate some of the impacts of environmental factors - but sex education on its own was not the most influential factor in preventing teen pregnancy. In his view environmental factors were driving the trend.

With respect to sex education, NGO respondents had some interesting perspectives. One pointed to the massive amounts of money being devoted to abstinence campaigns in the United States - with absolutely no indications of effective public health outcomes. In his view this was an example of the mistakes that could be made when a moral agenda superceded a "scientifically grounded public health policy" agenda. Another respondent noted research that showed those who took "abstinence lessons" were less likely to use protection during sexual intercourse. A third respondent lamented the lack of federal and provincial policies to lead a comprehensive sex education campaign, claiming that Canada is the only developed country where teen pregnancy rates are rising. She felt that "politicians are afraid of controversy" even though evidence shows that access to sex education and contraception does not increase promiscuity. She also observed that although there may be good sex education curriculums available, teachers may be embarrassed or not well trained enough to deliver the program.

Finally, one NGO respondent felt that adolescent girls have very unrealistic ideas about teen parenting - as she commented, "they really don't know what they are getting into" - they need to have a better understanding of "the good, the bad, and the ugly".

***What could be done to help reduce the rate of teen pregnancy?***

NGO respondents felt that improving socio-economic supports for young people and providing effective sex education could help reduce the rate of teen pregnancy. One respondent felt that the real issue around teen pregnancy was the economic feasibility of the family unit. She felt that reducing the tax burden on poor families would encourage fathers to support their babies and allow mothers to do a better parenting job. A second respondent recommended economic policies that reduce poverty as well as a combination of sex education and services. She noted that abstinence-only programs are rejected by most countries that are serious about targets for reducing teen pregnancies. Instead, successful programs focus on tools and communication skills for those teens willing to postpone sexual activity, and access to information and contraceptives for those who are unwilling to wait. A third respondent recommended prioritization of socio-economic improvements for youth who are more vulnerable and the consideration of Head Start type programs for early intervention and support. This respondent, like many others, felt that school boards and Ministries of Education had to get behind really good sex education curriculums and that teachers had to be better trained to deliver the programs. He noted that a recent study has found very little sexual health training in Bachelor of Education programs. Further, programs had to go beyond content. He recommended the IMB (information, motivation, behavioural skills) model as a really effective approach for equipping young people with tools to protect their sexual health. A fourth NGO respondent promoted the use of peer education, citing research that showed getting youth at risk to be the "experts" would confer a direct benefit on them as well as their audience. A fifth respondent felt it would be helpful to look carefully at what has already been done, to "dissect the elements of community programs" to determine critical success factors.

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Like other respondents, those representing non-governmental organizations felt that a national coalition or campaign would be worthwhile, but could be tough to put together effectively. One respondent felt that a big benefit would be getting people working independently in touch with each other as there is "not a lot of co-ordination in this field" and "there are lots of people re-inventing the wheel". He also commented that there is not "enough recognition of the real societal impact of unwanted teen pregnancy...e.g. a 16-year-old girl who has a child incurs burdens to her life which she passes on to the child, and then places burdens on society". This respondent noted that "if we were speaking together, we'd be louder". A couple of respondents commented that their organizations had been struggling for some time to develop national awareness and a national strategy, and that support for this would be welcome.

***What are the factors that could help, and factors that could hinder a successful coalition?***

NGO respondents felt that factors that could help a coalition be successful included:

- a clear focus, common goal, and national policy that would preclude sabotage by minority opponents
- the objectivity of the members
- the use of scientific and evidence-based studies
- agreement on what needs to be done
- a good community development process
- the involvement of youth
- political awareness of the social cost of teen pregnancy
- a prominent powerful spokesperson who had a real profile with government and the media
- the involvement of really good marketing people
- a properly paid co-ordinator
- accountability

Factors they considered to be challenges included having so many people at the table that you couldn't get anything done, trying to over-simplify issues, forgetting that a wide variety of approaches were needed, getting sufficient funds for full-time co-ordinating staff as well as effective community-based programs, and the political impact of the anti-abortion lobby.

**ACADEMIC RESEARCHERS**

Five academic researchers contributed interviews. They included professors from:

- University of Western Ontario
  (Centre for Health and Well Being: a sociologist with expertise in the mental health of disadvantaged families and a study of teen mothers )
- Carleton University
  (National Youth in Care Network: a sociologist with extensive experience in youth issues, particularly justice issues)
- Queen's University
  (Social Program Evaluation Group: a researcher on teen risk behaviours)
- University of Western Ontario
  (a psychology Professor with 25 years experience in teen pregnancy prevention)
- University of Montreal
  (Faculty of Nursing: a researcher with expertise on pregnant women from

disadvantaged backgrounds and on post-natal assessments of babies of teen mothers)

***What factors are contributing to the rising rate of teen pregnancy?***

Like community program respondents, academic researchers saw lack of opportunity, dysfunctional families, challenges in using contraception, and cultural messages as factors in teen pregnancies.

One researcher felt that alienation and isolation among young women was a key predictor. He felt that this alienation usually resulted from a combination of problems in the home, at school, and in the community. At home, young women became alienated when they felt a lack of love and belonging. At school some incident or difficulty turned them off and resulted in them becoming excluded from the "success stream". Finally, there were few options to contribute or feel a part of their community, even though they often felt strongly about social issues. This respondent reported that once young girls feel unloved and alienated "they try to re-create the family" - and as a result they get involved in a lifestyle which looks to peers as family with lots of partying and many sexual partners. He also pointed to the connections between risk behaviour in teens, for instance "almost 100% of girls who smoke also engage in other risk behaviours such as substance use and sexual risk-taking". Similarly, kids doing poorly or dropping out of school and those spending most of their time in the evening out of home with friends tend to be smoking, doing drugs, and taking sexual risks. He observed that it is hard to reclaim teens once they are lost to a peer lifestyle. He also noted the cultural messages teen girls get around appearance and romance. He indicated that "young girls still report stress due to images of attractiveness" and that a larger core of young women are alienated. Further, "in North America, sex is still seen as spontaneous and romantic, so there is a much higher rate of unprotected first-time sex here than in Europe". Finally, this researcher had some observations about ethnic sub-cultures and teen pregnancy. In his experience "black kids don't see marriage and child-rearing as going together - young women who have kids don't expect to marry". His observations were that, although Eastern Europeans teens are often sexually active, they still aspire to career and achievement. He felt that among Asian teens there are lower rates of risk-taking, "but alienation is rising - those who don't achieve well academically are quickly alienated" and these teens easily fall into a gang lifestyle. With respect to Muslims, he observed that "in general, the higher the religiosity, the less likely sexual activity".

A second researcher confirmed the view of risk behaviour being connected to a series of experiences in the home and at school that result in teens being on the periphery. Scenarios in which there are dysfunctional relationships between teens and parents, and a history of abuse or neglect combined with very disadvantaged circumstances set

of a progression of events that lead young girls towards pregnancy. They may leave home early, become involved with older boys, and repeat the cycle of victimization. This researcher noted that not all teen pregnancies are accidental. In fact, many teen girls may not view pregnancy as a negative outcome. However, they "see only the short-term benefits not the long-term consequences". Meanwhile, pregnancy can provide them with a role and a means of getting out of their home.

A third researcher also stressed socio-economic factors as contributors to teen pregnancy. He observed that anything positive going on in a teen's life, such as a good job or educational opportunities, made pregnancy less likely to occur. For those teens who lack opportunity, there is "no costs associated with becoming pregnant". This researcher noted that the use of contraception requires rather sophisticated skills - it is usually complicated, anxiety-provoking and awkward for teens who "are far too uptight to plan for sex". This researcher was the one who had developed a model that explained risk behaviour in teens - the IMB Model. According to this model the three fundamental factors driving risk in teens were information, motivation to act, and behavioural skills. Deficits or limitations in these three areas would incline teens to risk behaviour.

A fourth researcher felt that "we know very little about child and youth culture which is defined by them for them - this cohort has turned to electronic medium for entertainment, live insular lives... adults are not accessible, not around and not happy". There is little mentoring, and there are very few positive role models for disadvantaged teens. He noted that teens today face a very different society - our adult assumptions about their lives are full of errors. Many youth feel they have no opportunities. Teen self-esteem is very fragile - sometimes "sexuality is all they have in trade". Further, "adults only talk about the negative aspects of sexuality...youth need to know about relationships and how they work". In particular "girls are vulnerable...self-esteem drops off as they mature... the social structure devalues them... there is a lot of pressure at puberty and beyond related to the beauty myth". Boys are vulnerable too, especially in the inner city - "sexuality is the tool in the power relationship... young women represent the spoils...there is a lot of girlfriend abuse because their egos are threatened by the young women... pregnancy becomes the status symbol for both sexes". This researcher noted that we have not done well with previous messages targeted at youth. This cohort "did not pay attention to the tobacco message". It seems that youth who most need to hear the message do not.

A fifth academic researcher agreed that a combination of deficits in the individual, family, and socio-economic circumstances of teens were factors influencing pregnancy. She cited low self-esteem, a personality that is easily influenced by others, and lack of life or career goals as individual factors. A history of abuse, and parents who were

either too permissive or too authoritarian were cited as family factors. Isolation, lack of support, and lack of adequate sex education were seen as situational factors.

***What could be done to help reduce the rate of teen pregnancy?***

The academic researcher who felt that teen pregnancy was part of a cluster of adolescent risk behaviours consequently felt that teen well-being had to be tackled comprehensively - rather than one risk behaviour at a time. The best approach was not to lose the kids in the first place. Since almost all teen risk-takers come from stressful home situations, strategies had to look at how to support kids who "don't fit the mould". A comprehensive strategy would involve parents, schools, and the community. Parents need help to become more involved with their kids without pushing them. Schools need help to deal with kids who get turned off. Kids need opportunities to be change agents in their communities in areas where they are passionate about causes.

A second researcher felt that providing adolescent girls "with a more accurate portrayal of what it means to be a teen mother" would help. As well both boys and girls need to be encouraged and enabled to use birth control. However, schools can't take on this role in isolation - it needs to be a multi-disciplinary approach. Ultimately, ways of ensuring that fewer children live in dysfunctional conflicted families will help. With respect to boys' responsibility, this researcher noted that "substantial numbers of teen mothers will tell you that the biological father is some years older than they are" - therefore focusing on teenage boys may be only a partial solution. Finally, this researcher reported that "many more teen mothers are having second and third children" and that having subsequent children increases the chance of child abuse and neglect. Therefore we need programs to intervene and support teen mothers after the first child.

A third researcher felt that getting to young girls in grade nine with social work and sex education was important for reducing teen pregnancy. Developing confidence in young girls was central to this effort. Overcoming information and motivational obstacles around the use of contraception was essential. Social and economic conditions needed to be addressed so that teen parenting would be seen as an undesirable outcome rather than a compensating one.

A fourth researcher stressed that reducing teen pregnancy would mean listening to youth, and letting them develop the message. He felt that youth have a lot of innovative ideas and that we should harness their energy and resourcefulness to create and get the message out.

A fifth researcher felt that a government-led movement and a willingness from society as a whole to make changes would help reduce teen pregnancy.

### *Should Canada undertake a strategy for teen pregnancy prevention like the USA?*

All five academic researchers thought there was value in a national strategy, but, like community program respondents, had several caveats. One researcher warned that it would be "questionable if there is anything to be gained if the strategy is top-down - smaller regional sectors doing their own thing is better". The second researcher noted that a strategy already exists in *Guidelines for Sexual Health Education*, and that there now needed to be an investment in implementation. The third researcher felt that teen pregnancy prevention should be "part of a larger adolescent well-being strategy, targeted at young women". Two of the researchers stressed the involvement of youth as key in a national strategy. The fifth researcher noted that there is little research concerning the potential success of such a campaign. She too felt that, to be successful, a national movement would have to focus on the needs of individual communities, be initiated by community groups, and involve families and schools. In her opinion, programs should target pre-adolescents and should follow young people for several years, adapting content and approach to their developmental stages. The effectiveness of the program should be assessed at each step, and over a long follow-up period.

### *What are the factors that could help, and factors that could hinder a successful coalition?*

Academic researchers felt that the following factors could help build a successful coalition:

- involve all sectors to build an effective comprehensive strategy
- target the full range of adolescent risk-taking behaviours
- have a clear mandate and clear messages, good marketing and public education
- pay attention to teens in isolated social situations and to ethno-cultural populations
- involve youth themselves as equals by modifying the process so it is less formal, holding meetings at times and in places they can access, providing honorariums, and letting them come as a group so they do not feel isolated
- have enough resources for co-ordination and for getting things done
- have realistic expectations
- include leaders with vision
- include members rooted in community who are concerned about the health and well-being of teenagers.

Some potential hindering factors cited by academic researchers were:

- conflict between the federal and provincial governments
- "the structure of our social system with both parents working and having little time"
- contraception has to be linked to other health outcomes
- diversity has to work together - and there are no quick fixes
- difficulty securing funds for truly intensive programs and for long term follow-up

## POLITICIANS

Two politicians were interviewed - one a female Senator, previously a United Church Minister, with an interest in international women's issues, and the other a male Reform Party MP with an interest in ameliorating the social costs of teen pregnancy.

### *What factors are contributing to the rising rate of teen pregnancy?*

One politician felt that the emotional needs of women, "the persistence of negative cultural practices towards women", and continuing gender inequality were factors in teen pregnancy. The other felt that denial about the sexual activity of teens, lack of forthright sex education and family planning education, and the absence of a comprehensive national early intervention program for children were factors in teen pregnancies.

### *What could be done to help reduce the rate of teen pregnancy?*

The first politician felt that "efforts to empower women", and particularly "enhancing the participation of young women in policy around their own lives" would help. Further men needed to be involved more in responsibility for reproductive health. The second politician felt that teens needed less preaching and more "practical, expert advice on safe sex, birth control and family planning from individuals they can identify with". This politician also felt that the Minister of Health should meet with provincial counterparts "to develop short and long-term strategies to deal with the growing epidemic of teen pregnancies" and that "successful programs within school boards and local health units should serve as blueprints for broader strategies". One of this politician's particular interests was the establishment of preventive Head Start style programs that would invest early in high risk children and families to save many social costs further downstream.

### *Should Canada undertake a strategy for teen pregnancy prevention like the USA?*

Both politicians supported a national strategy which would that ensure all teens,

including those hard to reach, would have access to programs.

***What are the factors that could help, and factors that could hinder a successful coalition?***

One politician advised paying attention to the relationship between teen pregnancy and women living in poverty and to the effect of low self-esteem. She noted that Roman Catholic and Islamic organizations might hinder a successful coalition. She also acknowledged the challenge of getting men involved.

## GOVERNMENT

Two government employees working in the field of sexual health were interviewed. They included a Manager in the Community Living Branch of the British Columbia Ministry of Children and Families, and a Co-ordination Officer in the Childhood and Youth Division of Health Canada. Both are involved in strategies for reproductive health.

***What factors are contributing to the rising rate of teen pregnancy?***

Both government respondents cited the lack of opportunity for some youth as the most influential factor in teen pregnancies. Both noted that isolation, disadvantage, and limitations on access to higher education and future options are closely co-related with teen pregnancy. These two respondents also agreed on the next most influential factor - inadequate sex education. As one commented, sex education for teens is “not tied to (their) emotional circumstances, the consequences, and real life issues”. Further, this respondent observed that “parents and the public are horrified about teaching boys and girls on how to put on a condom”. She questioned how we could “break down the... political barriers when prevention strategies are seen or interpreted as promotion of sexuality”.

***What could be done to help reduce the rate of teen pregnancy?***

Both government respondents saw effective sex education coupled with access to contraception as the first strategy for reducing teen pregnancy. One respondent recommended paying careful attention to the difference between planned and unplanned teen pregnancies and understanding that this meant targeting two different populations. She commented that “disenfranchised teen populations do not have good decision-making skills” and “the ability to make decisions is established well before adolescence”. Therefore, it is important to target the pre-teen population. The other government respondent felt that there needs to be a good public discussion about

sexuality to reduce the stigma and that “we have learned much from HIV and drunk driving public education programs” - they seem to work if the content addresses real life issues and situations. She felt that a healthy sexuality strategy should be linked to overall health for young men and women.

With respect to promoting young men’s responsibility, one of the government respondents felt that “we need to ask them...we must try to figure out what male youth identify as their needs and wants”. To do this she felt we must engage them in the spaces where they are already interested. For other sub-populations it would be important to develop specially-focused programs and to use peer influence and youth-to-youth teaching which has shown to be effective on issues around STDs. The other government respondent suggested that we should “have the sub-populations design what is needed and what is the best method to reach them... give them the resources and back off”.

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Both government respondents felt that there was some benefit in the idea of a national coalition, but both had some reservations about its formation. One wanted to know more about the effectiveness of strategies tried in the United States campaign, but did feel there needed to be a closer relationship between health and education. The other questioned whether it would work if it was only focused on teen pregnancy rather than a broader approach to sexual health.

***What are the factors that could help, and factors that could hinder a successful coalition?***

Factors that government respondents thought would help a coalition included the involvement of youth, participation from the community, a push to get government to put the issue on the agenda, and “resources, commitment, a champion - and a real clear vision”. Factors they thought could hinder a coalition were the opposition of parents opposed to sex education, and wide differences in needs and agendas.

## ETHNO-CULTURAL / FAITH

An interview with a retired teacher and elder in the Muslim community provides insight into the challenges of developing consensus on approaches to teen pregnancy. The respondent is a community activist who is knowledgeable about young Muslims girls.

***What factors are contributing to the rising rate of teen pregnancy?***

The respondent's view was that the main contributing factor in teen pregnancies is the state of families in Canada. In her culture, teenagers are given moral direction and clear expectations about acceptable behaviour, including a prohibition on sexual activity outside of marriage. She also viewed adolescents' vulnerability and fragile self-esteem as contributing factors.

***What could be done to help reduce the rate of teen pregnancy?***

Not surprisingly, the respondent felt that moral education, spiritual connections, and a sense of community are lacking in our society. She felt that children should be taught the value and responsibility of family. As well, parents need support. "There are a lot of pressures out there. Parents...need to feel that someone is behind them."

This respondent observed that the rate of teen pregnancy among Muslim girls is very low. If one became pregnant, she "would be counseled to have the child, then parents would take over the responsibility". Teenage pregnancy is rare because dating is not allowed in Islam. Girls are permitted to interact with boys only under supervision. There are strong expectations about how to act.

This respondent felt that it was important to keep teenagers busy with worthwhile activities. Otherwise it was her view that, if boys and girls are together, it only leads to "getting ideas", especially in a society centered around sex.

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Although interested in the idea, this respondent saw many challenges in reaching a consensus in approach, especially with representatives of the Muslim community.

***What are the factors that could help, and factors that could hinder a successful coalition?***

This respondent felt that a move toward cross-generational activities could help. She warned that in a coalition involving representatives from the Muslim community there would be problems in defining family and relationships and Muslims would not accept same-sex couples. Further, sex education would be a problem. If sexuality lessons that promoted discussion about sex before marriage were to be put in school Muslim representatives would object to it because "dating is not allowed in our faith (and) we don't discuss birth control".

**TEENS**

A young woman who was herself a teen mother and who had been recommended by the Youth in Care Network provided her insight into the causes of teen pregnancy.

***What factors are contributing to the rising rate of teen pregnancy?***

Just as professionals had done, this young woman mentioned factors related to the individual, family, and society. She noted that "a lot of teens have a live-for-the-moment mentality" and that they thing "it won't happen to me". She thought that the "structure and values of the home have a lot to do with it, if it is lacking in support... a baby might fill some sort of missing love, or a need for intimacy". She also pointed out that in the adolescent world "the norm is being sexually active... the media makes it look like fun - why not try it?", and that both "sex and pregnancy are socially acceptable".

***What could be done to help reduce the rate of teen pregnancy?***

This young respondent felt that teens needed to value themselves and know who they are, otherwise they confuse sex and love. She felt that an effective deterrent to teen pregnancy would be to make young women more aware of the reality of teen motherhood. Although "babies seem so cute" they should be told "about crying babies, changing diapers... it is forever...once you do it, it is for life".

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

This teen mother reported that, while sometimes having a child "might put a person straight", really "the teenage years are the worst time to have a baby...you're not ready...without support from husband and family the standard of parenting won't be the same".

***What are the factors that could help, and factors that could hinder a successful coalition?***

This young woman felt that a really effective logo or message was needed to capture teens' attention - "for example, think how popular those new Molson Canadian commercials are". She recommended the use of billboards and television to reach adolescents. Instead of relying on a media spokesperson it was important to create "some sort of unity" that targeted younger people.

**ABORIGINAL**

Ten Aboriginal respondents contributed interviews. They included six representatives of

non-governmental organizations (NGOs), and one respondent from each of community programs, government, education, and the media. Non-governmental organizations included:

- Assembly of First Nations
- Canadian Aboriginal AIDS Network
- Aboriginal Nurses Association of Canada
- Congress of Aboriginal Peoples
- National Association of Aboriginal Women
- Inuit Taparisit of Canada

The community program respondent represented the HIV/AIDS Program of the Nishnawbe Aski Nation in Thunder Bay. The government respondent represented the Medical Services Branch of Health Canada. The education respondent is the principal of a First Nations high school in Manitoba. The media respondent is the owner of a private media company in Ontario.

***What factors are contributing to the rising rate of teen pregnancy?***

Aboriginal NGO respondents rated lack of effective sex education as the most influential factor in teen pregnancies. Next, they thought that the socio-economic status, poverty and isolation of natives both on and off reserves was a contributing factor. As one respondent commented, “living on reserve... out of sight, out of mind...government ignores the issue”. The factor cited third was lack of self esteem, identity problems, and the need to be loved and belong. Aboriginal NGO respondents’ fourth-ranked factor was lack of use of condoms, perhaps due to stigma. A troubled home life and the social acceptance of teen pregnancy were mentioned next. Other factors cited were the prevalence of serious mental health problems among native youth, the lack of recreation, training and awareness programs for teens, substance abuse problems, and the influence of media.

Comparing non-Aboriginal and Aboriginal NGO respondents, it is interesting to note that, in spite of cultural differences, both groups agreed on the top three factors contributing to the rising rate of teen pregnancy. However, mainstream NGO respondents rated the cluster of factors related to unhappy family of origin, poor self-esteem, and the need for love as the most influential factor, while Aboriginal NGO respondents rated it third. Aboriginal NGO respondents felt that socio-economic factors and lack of effective sex education were the most important factors influencing teen

pregnancy. Mainstream NGO respondents rated both these factors as their second most important influence. The importance Aboriginal NGO respondents placed on systemic factors such as poverty, lack of opportunity, and inadequate sex education may well reflect their experience of their entire culture being under stress, and their cultural emphasis on the community rather than the individual. Mainstream NGO respondents focused first of the vulnerability of the individual teen within the nuclear family, perhaps reflecting mainstream culture's historic preoccupation with the individual rather than the community.

Aboriginal community program, government, education, and media respondents thought that the following factors were influential in the rate of teen pregnancies:

- cultural acceptance of teen pregnancy and the need to belong
- the breakdown of the family and lack of parenting skills
- lack of self respect, self confidence, self awareness
- lack of opportunity and well-being
- lack of a unified approach among the school, the family, and the community

***What could be done to help reduce the rate of teen pregnancy?***

Aboriginal NGO respondents rated First Nations-oriented health programs and early effective sex education equally as the most helpful initiatives for reducing teen pregnancy. They felt that health programs "should be based on culture and traditions" and that "taking ownership (and) control over our own services would be a helpful first step". One respondent commented that health programs and services should be "more reflective of the Aboriginal world...the white world has no knowledge of the Aboriginal world". With respect to sex education, NGO respondents felt that information needed to be adapted to native teens and presented in their own language. One respondent noted that there is "not enough education on safe-sex practices and HIV/AIDS". Another recommended "sex education at an early age... it has to be integrated into the school curriculum K - 12 (and there) has to be parental involvement".

Other factors that these respondents thought could help reduce teen pregnancy included:

- more parental involvement
- recreation and employment opportunities
- positive role models
- easier access to contraception

- community ownership of the issue
- making teen pregnancy less easy (provision of welfare and a house)

Comparing Aboriginal NGO respondents with non-Aboriginal respondents on the factors that could help reduce teen pregnancy, it is evident that Aboriginals' strong feelings about controlling services for their own people dominated their thoughts on strategies. They were insistent that mainstream services would not work for natives and that their services had to be designed for their culture. Nevertheless, both Aboriginal and non-Aboriginal NGO respondents emphasized the importance of developing really effective sexual health education programs for teens and pre-teens.

Aboriginal respondents from community programs, government, education, and media thought that the following factors could help reduce teen pregnancies:

- "assist parents to be good parents"
- "education, education, education"
- teens better understanding the trade-offs in teen parenting
- "life stories from students who did become parents"
- peer education... adolescents "don't like hearing from older people"

***Should Canada undertake a strategy for teen pregnancy prevention like the USA?***

Like their non-Aboriginal counterparts, Aboriginal respondents were interested in the idea of a national coalition, but presented many qualifiers and cautions. NGO respondents made the following comments:

- "only if done right...don't preach to youth"
- model the strategies of the coalition on what other countries are finding successful
- "it would take time and commitment, and the community has to buy in"
- it would be important to involve health practitioners who work with young children
- there would have to be a separate Aboriginal stream
- this is "best dealt with by Aboriginal people - but we can share and use information from non-native groups"
- the Innuit are very family oriented - they would have to be specially targeted

Other Aboriginal respondents noted the following qualifiers concerning a coalition:

- the anti-alcohol, anti-tobacco, AIDS awareness programs seem to be working

because of a collective effort
- "it has to be built from the community and upwards...if we try to deliver a national strategy without community support and effort then it will fail"
- the message has to be street savvy... youth has to do it, guided by professionals

***What are the factors that could help, and factors that could hinder a successful coalition?***

NGO and other Aboriginal respondents thought the following factors would help a coalition:

- the ability to carry out any resolutions
- a results-oriented process, the use of best practices, sharing information with non-Native groups on successful methodologies
- "respect, experience, professionalism, commitment"
- a vision, a structured organization, and an effective communication plan
- a multi-disciplinary approach
- "funding to do things right" and enough time
- the involvement of young moms and dads
- maintaining focus
- the involvement of youth
- ownership and support at the community level
- strong support from Chiefs and Councils

They felt that the following factors could hinder a coalition:

- attitudes at the community level
- lack of adequate, guaranteed funding
- cultural differences and diversity
- reaching consensus
- non-natives' lack of knowledge on how to deal with Aboriginal people

## SUMMARY OF FINDINGS

The following summary pulls together the most common responses of the key informants in all sectors to each of the four major questions addressed in the interviews.

### Factors Contributing to the Rise in Teen Pregnancies

Although the lack of effective sex education programs delivered by well-trained

educators was, in the view of most professional respondents, one of the major factors in the rising rate of teen pregnancies, these key informants were equally insistent that the lack of opportunities for disadvantaged youth was just as important as lack of information. Key informants frequently remarked that teen pregnancies were often not really accidental among certain groups of poor, isolated or marginalized teens for whom teen parenthood bestowed a role and status in lives that otherwise held not much hope for future mainstream success. Further, many respondents remarked on the fact that, even armed with sufficient information, many teens lacked the skills or confidence to negotiate delayed or protected sex. These responses point to the validity of the model that links information, motivation, and behavioural skills as the key ingredients in adolescent risk-taking activity.

The next most common cluster of factors that key informants felt contributed to rising teen pregnancy rates included the lack of love, positive role modeling and support in dysfunctional families, and the resulting adolescent alienation and lack of self-esteem, especially among young females. Most respondents with experience working with teens commented on how often young women sought to compensate for the love and sense of belonging they were not getting in their families of origin by falling in with a risk-taking peer culture and by carrying through on the desire for intimacy by having a baby. Several respondents noted that in some cultures teen parenthood was, in fact, socially acceptable and there was little disincentive for young women to avoid pregnancy whose emotional needs were not being met in troubled families of origin.

Finally, many key informants lamented the overwhelming influence of mass media on both adolescent males and females - especially in a generation that has turned to electronic media for entertainment. Respondents remarked often on how sex is glorified in film, television, magazines, and music, with very few messages about the responsibilities involved. The bombardment of media messages about sexual attractiveness is especially difficult for young females, whose self- esteem begins to go downhill shortly after puberty. This lack of self -confidence and self-worth, generated by media devoted to the sexual sell, can undermine vulnerable teens and, combined with other disadvantaging circumstances, can predispose them to think of themselves as losers with no future. For such teens, especially young females, motivation for an independent future can be lost. Interestingly, although many respondents saw the portrayal of sexuality in the media as harmful for adolescents, they also recognized that media was a powerful tool for reaching teens with a national teen pregnancy prevention message.

**Factors That Could Reduce Teen Pregnancies**

Most respondents felt that earlier, more relevant sex education coupled with confidential

free access to contraception was the most promising strategy for reducing teen pregnancies. Key informants often commented that comprehensive sex education programs had to be a joint effort among schools, families, and communities. Several respondents warned that sex education should avoid preaching and focus on practical information that would include tools for teens to learn to negotiate and communicate on matters of sexual activity and contraception. Many respondents recommended targeting high risk groups with support programs starting at a very early age. Most commented that abstinence-only programs do not work and the focus should be on responsible decision-making and sexual health. There were frequent comments on the need for political and community acceptance of comprehensive sex education programs. Quite a few respondents recommended peer education methods. Aboriginal respondents were very clear that their communities had to buy in and that social and health programs for Natives had to be designed and controlled by them.

Non-governmental organization representatives and academic researchers were strongly in favour of improving the socio-economic conditions of disadvantaged groups - whether poor urban populations, street kids, youth in care, those living in isolated, rural locations, or native teens on reserves - claiming that interventions had to deal with the special circumstances and motivations of these young people. In their view, sex education and information about contraception was not going to be useful when it was not used because other influences were more compelling.

Many key informants also spoke to the need to work with young girls around confidence, life plans, empowerment, and awareness of the realities of teen parenting. The teen mother respondent was particularly strong on the need for young women to value themselves.

**Should Canada Pursue a National Strategy?**

Almost all key informants were interested or supportive of the idea of a national campaign to reduce teen pregnancies. However, most also had some caveats for its formation. The most significant of these was the importance of avoiding a top-down approach. Respondents were unanimous that communities should be able to continue to develop and deliver programs customized for their populations, but within an overall framework that included standards, common goals, and accountability. Many respondents commented that political acceptance was necessary because issues around adolescent sexuality always created controversy. Many respondents also stressed that any national strategy had to be focused on finding best practices to achieve clearly stated objectives. Several welcomed the idea of a national campaign that would help those already active on these issues co-ordinate their efforts, and that would help pull together the health and education sectors with families and

communities. Aboriginals stressed that there would have to be a separate stream for Natives that would design customized strategies but collaborate on information-sharing and best practices.

### Factors That Could Hinder a National Coalition

A number of factors that could create challenges were commonly cited by key informants. The factor most frequently noted was the difficulty in achieving consensus on goals and a common agenda, given opposition from some faith communities or special interest lobbies and the current diversity in "starting points". Many spoke of the difficulty of delivering comprehensive sex education programs when some powerful sectors thought that any open discussion about adolescent sexuality was equivalent to encouraging sexual activity. Another commonly cited factor that could hinder an effective national strategy was lack of sufficient funds for both co-ordination and the implementation of really good local programs.

## Factors That Could Help a National Coalition

Key informants had many good ideas about how to increase the chances of success for a national coalition and a national strategy. Among the most commonly cited were the importance of a clear mandate, focus and vision; the involvement of youth themselves; a multi-sectoral approach that included key players and organizations; the development of common goals that transcended diversity and different agendas; buy-in from communities through the avoidance of a top-down approach; a prominent spokesperson, effective message and good marketing; enough resources to do the job properly; and a results-oriented approach grounded in outcomes research, best practices and accountability.

Attachment A

# Key Informants Interviewed

## ABORIGINAL

**Community Program:**

Gwen Medicine
Program Coordinator, HIV/AIDS Program
Nishnawbe Aski Nation (NAN)
Thunder Bay, Ontario

**Education:**

Ruth Norton
Principal
Sagkeeng Anicinabe High School
Fort Alexander Sagkeeng First Nation, Manitoba

**Government:**

Paul Cochrane
Assistant Deputy Minister
Medical Services Branch, Health Canada
Ottawa, Ontario

**Media:**

Dave Jones
Owner
Turtle Concepts
Garden River, Ontario

**Non-Government Organization:**

Tracy Chevrier
Youth Worker
Native Women's Association of Canada (NWAC)
Ottawa, Ontario

Allan Deleary
Health Director
Assembly of First Nations
Ottawa, Ontario

Claudette Dumont-Smith
Board Member
Aboriginal Nurses Association of Canada
Ottawa, Ontario

Jake Linklater
Executive Director
Canadian Aboriginal AIDS Network
Ottawa, Ontario

Looee Okalik
Youth Intervener
Inuit Tapirisat of Canada (ITC)
Ottawa, Ontario

Frank Palmater
Vice-President
Congress of Aboriginal Peoples (CAP)
Ottawa, Ontario

**NON-ABORIGINAL**

**Academic:**

Dr. William Avison
Director - University of Western Ontario Centre for Health and Well Being
University of Western Ontario
London, Ontario

Dr. Tulio Caputo
Carleton University
Ottawa, Ontario

Dr. Bill Fisher
Professor
University of Western Ontario
London, Ontario

Céline Goulet

University Professor
Université de Montréal - Faculty of Nursing
Montréal, Québec

Dr. Alan J.C. King
Professor Emeritus, Social Program Evaluation Group
Queen's University
Kingston, Ontario

**Community Programs:**

Hope Beanlands
Chair - Nova Scotia Round Table, Ontario Sexual Health
Nova Scotia Department of Health
Halifax, Nova Scotia

Jocelyn Bérubé
Medical Doctor
Clinique de planification des naissances de Rimouski
Centre hospitalier régional
Rimouski, Québec

Judy Brandley
Sexual Health Specialist
Chinook Health Region
Lethbridge, Alberta

Paulette Fortier and Rebecca Martin
Counsellor/Coordinator - CAPC
Pluri-elles
Manitoba

Don Langille
Associate Professor, Faculty of Medicine
Community Health and Epidemiology
Dalhousie University
Halifax, Nova Scotia

Karen Mattershead
Associate Executive Director
Terra Association
Edmonton, Alberta

Roselle Paulson

Education Co-ordinator
Planned Parenthood; Affiliated with Sexuality Education Resource Center
Winnipeg, Manitoba

Phyllis Sweet
Clinic Coordinator
Red Door - Adolescent Help and Support Centre
Kentville, Nova Scotia

**Ethnocultural Groups:**

Khadija Haffajee
Ottawa, Ontario

**Government:**

Ann Little
Manager of Public Health/School Based/Family Support
Child, Family and Community Living Branch
Policy Division
Ministry for Children and Families
Victoria, British Columbia

Holy MacKay
Coordination Officer, Strategic Policy & Systems Coordination Section, Childhood and Youth Division
Health Canada
Ottawa, Ontario

**Non-Government Organization:**

Erica DiRuggiero
Director, Partnerships
Canadian Health Network (CHN)
Toronto, Ontario

Bonnie Johnson
Executive Director
Planned Parenthood Federation of Canada
Ottawa, Ontario

Dr. Miriam Kauffman

Doctor (Pediatrician)
Represents the Canadian Association for Adolescent Health)
Hospital for Sick Children
Toronto, Ontario

Alex MacKay
Research Coordinator and Editor of Canadian Journal of Human Sexuality
SIECCAN
Toronto, Ontario

Christiane Ménard
Director, Communication and Partnership
The Society of Obstetricians and Gynecologists of Canada
Ottawa, Ontario

Daniel Paquette
Researcher
Centre jeunesse de Montréal
Institut de recherche pour le développement social des jeunes (IRDS)
(Research Institute for the Social Development of Youth)
Montréal, Québec

Dianne Watts
R.E.A.L. Women (Realistic, Equal, Active for Life)
Ottawa, Ontario

**Political:**

Dr. Keith Martin
Member of Parliament - Esquimalt - Juan de Fuca Region
Reform Party
Ottawa, Ontario

Senator Lois Wilson
Senator
Government of Canada

**Sex Education:**

Sue Johanson
Sex Educator
WTN
Toronto, Ontario

Dr. Peggy Kleinplatz
Sex Therapist and Sex Educator

Ottawa, Ontario

Kim Martyn
Sexual Health Educator
Toronto Public Health
Toronto, Ontario

**Teen:**

Young parent (anonymous)
Ontario