

APPENDIX C

Youth Consultation Findings

**A Framework for Action Toward the Prevention of Teen Pregnancy
A CAPC/CPNP Perspective**

Youth Consultations

FOCUS GROUPS & SURVEYS

Table of Contents

Introduction	2.
Focus Group Summary	5.
Survey Summary	14.
Appendix: Focus Group Guidelines- English	20.
Youth Survey- English	22.
Youth Survey- French	26.
Consent Form- English	30.
Consent Form- French	31.
Project Framework- English	32.
Project Framework- French	33.
He Can, She Can't	34.

A Framework for Action Toward the Prevention of Teen Pregnancy A CAPC/CPNP Perspective

Youth Consultations

FOCUS GROUPS & SURVEYS

Youth Consultations with both young women and young men have been a priority throughout the project in an effort to maintain relevancy to real lives lived and to record the perceptions of young people in a contextual way against which to cross reference the Literature Review and the CAPC/CPNP Survey. Focus Groups and Surveys are used in this context as a way to learn about some perceptions and experiences of youth. The use of open-ended questions in the Focus Groups, and youth-friendly language in the Surveys encouraged a broad-brush approach to solicit thoughtful responses from the participants in confidential, familiar and safe environments.

The youth component has brought together voices of teens who have never been pregnant, those who have been pregnant and those who are parenting, in the following ways:

1. each partner organization designated two youth in an advisory capacity to review survey questions and focus group guidelines and to contribute to the recommendations to CAPC/CPNP,
2. surveys were disseminated within the local jurisdictions of the partners, and
3. focus groups were held within the local jurisdictions of the partners.

Understanding that youth involvement is crucial to the success of the project, it is important that the perspective of both adults and youth are accounted for within the guiding principles of the framework for action. Central to the success of this project is the identification and consultation with key informants who have academic and programming expertise or life experience as it relates to teen pregnancy prevention. Youth are involved as key informants in telephone interviews, surveys and focus groups. Key informants in project were identified as:

- designated representatives from each of the partners,
- CAPC/CPNP representatives (from urban, rural, Aboriginal communities)
- experts in the field
- **youth**, and
- representatives of other interested organizations (national, provincial, territorial, and/or community-based).

This youth consultation will use the voices of youth as key informants. Their input will help us suggest and review appropriate research, information, programming, best practices, and gaps and are invited to make recommendations for future action.

Reductions in the proposed budget in the overall project focused the partners upon reducing the full and ideal scope of the project. New parameters were established in all the project components by the partners including the data collection for the youth component. It was agreed that the Focus Groups and Surveys would be limited to the geographical catchment area of the partner organizations. An understanding was reached that the small sample size would serve the function of informing the project of the essential youth perspective and would be considered extremely important. Without the youth perspective firmly entrenched, the project would suffer from contextual relevance. This youth consultation contains the final reports of the youth Focus Groups and the youth Surveys.

Rationale

Recognizing that youth can be effective agents of change in an evolving social context and culture, *The Unconventional Canadian Youth Edition of the United Nations Convention on the Rights of the Child, Say It Right*, makes the following appeal:

*So, we have the right to be listened to, to play a part in who we become, to have a decent level of life and to be free from harm. If the Convention is ever going to fit, we need to follow one important rule: we need to **communicate** with the people around us. Our friends, family, teachers and governments can all help us exercise our rights better in many situations. We need to let them know when they are helping us, and if they aren't, what they can do differently. So let them hear you. Say it right.*

To breathe life into words such as these and to create a welcoming seat for youth at the table, it is recommended that organizations (*Hearing the Voices of Youth: A Review of Research and Consultation Documents*, Dr. Tulio Caputo):

- recognize the strength, abilities, talent and energy of young people,
- provide youth with opportunities to participate,
- educate adults (parents, teachers, those who work with and on behalf of youth) about the value of contributions from youth,
- respect the rights for youth to participate,
- develop strategies for working with the media so that a positive image of young people is projected,
- recognize the value of peer-based programs.

The Canadian Institute of Child Health, Timmins Native Friendship Centre, and Young/Single Parents Network have listened to these recommendations and have incorporated them into the youth consultation process. We have also recognized some of the challenges that go hand in hand with involving youth. To ensure that youth can and do participate in programs, action plans and policy development, organizations have been recommended by Dr. T. Caputo to consider the following barriers that might reduce or discourage participation. These have been taken into

consideration along the way (*Hearing the Voices of Youth: A Review of Research and Consultation Documents*, Dr. Tulio Caputo):

- existing stereotypes that adults have of youth that inhibit cooperation between adults and youth, especially the involvement of youth in program planning and service delivery decisions,
- competing goals and values that may cause tension and make it difficult to cooperate,
- continuity considering adolescence is a transitory period and young people move to be replaced by a whole new generation,
- unequal ability to participate as youth lack access to opportunities to participate, may feel overwhelmed or outnumbered on committees, may not know what is expected of them, or what they can actually *do* as members of a committee, taking into consideration that youth lack the time and resources which adults have to attend meetings and be involved,
- the need for training in effective communication and organizational skills,
- sharing power with youth in decisions that affect their lives.

FOCUS GROUPS

Each partner was asked to conduct one or two Focus Groups with teens who have not been pregnant, have been pregnant, are pregnant or are parenting. Each partner used the same guidelines for the focus group, and a pilot focus group tested these guidelines for clarity. The guidelines were also disseminated to the partners for input and final approval. Each 1.5 hour focus group concentrated on the following topics in both English and French (see attached form for complete guidelines):

- 1) Sexuality
- 2) Babies
- 3) Future Orientation

The guidelines were developed using provocative concepts to stimulate animated discussion. Statements such as ‘there is a perfect teenage girl’, ‘teens have kids because they don’t listen in sex ed classes at school’, ‘a baby is a wonderful source of love in one’s life’, and ‘youth have an inability to plan ahead’ were used in an attempt to get youth talking about myths and misunderstandings that circulate about young people. The Focus Group process was not intended to be a rigorous research component but a snapshot of the youth perspective as it relates to the highlighted issues.

Each partner organization was asked to organize one or two focus groups according to their capacity. Scheduling focus groups proved to be a challenge. The youth workers who were approached in Ottawa-Carleton (20), expressed many obstacles such as lack of time, youth reluctance to participate due to being over-surveyed and/or not being invited to take action consistently in other focus group/survey experiences. Ethical considerations and board reviews of the guidelines held up the process for such long periods that the co-ordinating staff were forced to abandon those community contacts as potential contributors.

An honorarium was established to remunerate program workers in the role of facilitator or co-facilitator, to record youth participant responses and to write up and submit a report. The Francophone component required that the focus group guidelines and the letter of introduction explaining the project be translated into French. Two focus groups were conducted in French and the report was submitted in English in order to be included in the overall Focus Group Report.

During the project five Focus Groups were conducted in person. There were 46 Focus Group participants in total. Participants reflected diversity related to age, ethnicity, socio-economic status and abilities giving the project a taste of distinct and diverse perspectives. Non pregnant teens, teen moms, and teen dads contributed. The same teen profiles were mirrored by the Francophone component. Nuances in translation of the guidelines created a challenge. It was acknowledged that sensitive and emotive issues such as the ones touched on, created more complexities for translation than was expected and thus complicated ethical considerations of Francophone agencies. The Focus Groups took place in the local communities of the partners and were conducted in a comfortable, safe, familiar and confidential setting with a snack break.

Focus Group Summary

Timmins Friendship Centre reported that as a cultural norm, Aboriginal teens find it difficult to discuss the issue of sexuality in a Focus Group due to their sense of privacy. The Friendship Centre has proposed creating a questionnaire which will be a combination of questions from the Teen Survey and the Focus Group Guidelines to distribute to teens, non pregnant, pregnant and parenting, to get a sense of the Aboriginal teen perspective.

The results of the five Focus Groups as conducted by the **Canadian Institute of Child Health** and the **Young Single Parent Support Network** are identified and documented by group, the results of which are as follows:

Group #1

This focus group was conducted by the Canadian Institute of Child Health with 6 anglophone girls aged 14 years. The recorded responses revealed that a lot of communication occurs naturally amongst teens related to the content of the questions posed by the guidelines. In this lively discussion, a number of issues were raised, as indicated by the following quotations, which are all in their own words.

Quotes:

- You can choose to be a trouble-maker or not.
- Some people with very low self-esteem suffer from more peer pressure.
- It's expected that you go to university or college. You have two options: Burger King or university.
- You need to be emotionally, physically, financially secure to have a baby, and be at least 30 years old (group consensus).
- A baby would be a barrier to higher education.
- You've got your own life, you've got a lot of time later on for babies. I don't want to grow up yet, and if you have a baby, you've got lots of responsibility.
- As for sex, it's okay for some people, but not me-not now.

Summary:

These participants held strong beliefs related to their future orientation of attending university and related expectations and pressures were discussed. The participants acknowledged the pressures of age-related sexual conduct. For example, they said that a girl going out with an older guy would be pressured to be sexually active. Furthermore, gender-related differences were also mentioned; they discussed the expectation that girls have to be smart, while boys seem less socio-educational pressure to be focused. These young girls felt that invincibility, pressure, under-education and the use of alcohol/drugs all contribute to teen pregnancy. They had clearly thought about and discussed the complexity of factors that could affect their lives prior to the focus group. The desire to go to university, to get a job, to travel and to party were all on the 'to do' list before they would even consider having a baby. These girls want to keep their options open and do not want the restrictions associated with pregnancy and parenting as part of their lives before they are ready. They said that they won't be ready for parenting until they are 30 years old.

Group #2

This focus group was conducted with teen moms, ages 16 - 21, in a classroom setting at Youville Centre in Ottawa-Carleton by a representative from the Young Single Parent Support Network. Twenty-five anglophone teen moms contributed to the discussion.

Quotes:

- Sex is all about responsibility.
- Even people who aren't perfect wait, because they are smart.
- The perfect teenager does not exist. He/she saves herself/himself for marriage, is drug-free, alcohol-free, is a non-smoker. She/he listens to her/his parents, has employment, is without a child, is involved in extra-curricular activities and with the community. She/he has goals, is responsible and goes to school.
- The perfect teenage boy is honest and responsible, respectful and faithful. The perfect teen age boy is respectful towards women, love their moms (if they love their moms, they treat women well).
- Both boys and girls are responsible for birth control.
- The perfect girl would be on birth control before having sex. Girls have more birth control options.
- Yes, there are different standards for girls and boys. (Unanimous consent.) The attached poem *He Can, She Can't*, was submitted by one of the Focus Groups.

Summary:

These young moms offered both a positive and negative view of having babies when young. They said that babies give teens a sense of accomplishment but cause stress, added responsibilities, complications, and demands. They said the responsibility could be scary but also noted that the challenge of raising a child can be a catalyst for change (ie. to better yourself). They expressed that the down side is that some people rely on welfare and feel they do not have to do anything else. Reasons cited for getting pregnant were: 'accident', personal insecurity, the desire for attention, 'something to do', accessing more money from welfare, keeping a boyfriend in a relationship, escaping problems related to parents and/or school, being a risk taker ("it won't happen to me"), and influence that television has making sex look so good. These teen moms offered ideas about helping to reduce the rate of teen pregnancy:

- make young parents work for their apartments to show them they cannot have everything free when they have a child,
- help youth get jobs; involve 14-17 year olds in different activities in the community,
- explore abstinence (what activities people are involved in instead of sex),
- examine characteristics on which people could base their self-esteem instead of sex, and
- give teens more opportunities to discuss the risks associated with teen pregnancy.

Group #3- This focus group took place in Québec. It was conducted by the Canadian Institute of

Child Health at a francophone Teen Prenatal Group with participants aged 15 - 19 years. Both young men and young women were in attendance. Six teen moms and three teen dads contributed to the discussion. Their words have been translated from French into English.

Quotes:

- Adults think youth are irresponsible, yet, some young people started working at 13 years old, living in an apartment, managing.
- Communication could be better between parents and teenagers. Teens do not feel comfortable talking about sexuality with parents. Some teens have behavioural problems and do not even know that they are not normal. If they know it, they do it to get attention. And adults tend to look at only those youth.
- There is lots of pressure from everywhere. The teen boy who wants to look like a perfect teen, if his girlfriend gets pregnant, he will withdraw from the relationship (in order to go to university like his parents want him to) and look very insensitive. The perfect girl would have an abortion and be looked at as a murderer ... One cannot win.
- We do not feel adults let us live our youth. Time flies by so fast, we sometimes do not know how to benefit from life.
- Adults often project onto their kids what they wish they had done. They dream too much. Sometimes, they are hard on teenagers because of this. They want their children to do better than they did.
- Often girls dress sexy or provocatively just to find their personality, not because they are 'sluts'. The important thing is to dress the way you feel comfortable and beautiful.
- There are lots of pressures from everywhere.
- It would be good they teach teens about tenderness, about other ways to do "it".
- Girls should take birth control from the moment she has her period and the guy should always carry a condom, according to parents and society.
- Sex Ed class does not teach much. We didn't learn much. They talked about how to put a condom on, the biological level, but often too late, people were already doing stuff. They don't talk about what happens before and after.
- I got pregnant on the pill. We realize it's hard just to carry the child. But I was against abortion, so we kept the baby. So, we have a head on our shoulders. We'll take care of business.
- Teenagers do not always get pregnant because they are careless. I became pregnant on Depo-Provera ... absence of periods are a side effect. They forgot to test to see if I was pregnant before the first injection...
- Parents only tell us how difficult it will be, but it is not only that side. Seeing a new little creature every morning can be very nice...
- People think young people do not have any directions, plans ... all we do is think about our future.
- Parents shouldn't be shy to talk about the mistakes or experiences they had when they were young. Like that, teens won't be shy to talk to them about their own experiences. We really don't know our parents, who they are, who they were ...

Summary:

Over all, these older teens (especially those who have experienced pregnancy or birth) said that adults treated youth with disrespect, did not provide effective teaching or communication tools at home or at school around sexuality and relationships, did not lead exemplary lives either, and that adults do not have faith in the problem solving abilities of youth once pregnancy and birth become a reality. These participants seemed to express a deep understanding of the condition of their lives and the underlying social-emotional factors impacting on them.

Group #4

This focus group was conducted in Ottawa-Carleton by the Canadian Institute of Child Health with a francophone school for teen parents ages 16 - 19. Six teen mothers contributed to the discussion. Their words are translated from French into English.

Quotes:

- The public judges teen parents cannot take care of their babies. On the other hand, some adult parents can't take care of their own children.
- Girls have to be more responsible about contraception. Guys might carry a condom, but they don't have it when you need it. They often ask questions about contraception after sex, not before.
- Teenage pregnancy is not as hard as what society projects. They say that to scare youth.
- Before it was normal to have children young. In other cultures, it is also normal for teenagers to bear children.
- Teen mothers feel a lot of rejection when they tell they are pregnant.
- For my child, I have stopped taking drugs. I went back to school. It has given me the desire to live again.
- When I found out I was pregnant, I was very happy. Society tends to want to spoil that happiness.
- What is normal? Why are they saying that teen moms are not normal?

Summary:

The main message with this group is that there is a strong feeling of marginalization by adults and a lack of understanding about the decisions teens make. These teens said they have the capacity and skills to parent especially in the wake of adults who they know are doing a lousy job of raising children. They expressed a strong belief in themselves and have faith in their abilities to focus and make informed decisions about their own lives and those of their children. They said they are happy about becoming parents and feel unfairly maligned by adults who wanted to interfere with their positive approach to parenting. They seemed to distrust adults and did not appreciate adult tactics in discouraging the teens in their task of parenting. These teens challenged the notion of normalcy as it relates to teen pregnancy.

Group #5

This focus group was conducted in English with a Young Father's Program Group Night at the Youville Centre in Ottawa-Carleton, coordinated by the Canadian Institute of Child Health, facilitated and recorded by program workers with teen fathers 18 - 24 years old. Ten participants contributed to the discussion.

Quotes:

- Many young women want to get pregnant to ensure that they keep their boyfriend, improve their financial situation, and put responsibility of child rearing onto the father.
- A boy can have sex with many different partners and will be seen as cool, but if a girl has sex with many different partners she is seen as a 'slut' and someone to stay away from.
- But when the girl is on birth control, it is more *her* responsibility since she is supposed to be in control of taking it.
- It is not the school's responsibility to provide information about sex, but the parent's responsibility.
- But there is not enough sex education in the classroom, most young dads learn about sex education by watching pornography.
- Like smoking, it is ultimately the young person's choice and it doesn't matter how much information there is, it is still up to the individual.
- After a baby is born, a father wants to provide for the family.
- There is pressure from everyone (family, friends, society) to both succeed in the workplace, but not necessarily college/university.
- Relationship with biological mother often becomes more strained, very often resulting in separation.

Summary:

These young dads seem to be very aware of their responsibilities for their children. The young men said they know that their continuing education is absolutely necessary in a highly competitive labour market. As dads, they expressed the pressure now of finishing their education and/or training and providing for their new family. The presence of the child is acute in their lives, unchanging, demanding, and everyday, non-stop. The dialogue reflects that young men are noticing that the mothers are putting the responsibility of child rearing over to the fathers.

Emerging Patterns based on the three components of the Focus Group Guidelines:

The following comments represent the composite impressions of the author in reflecting upon the responses of the groups together. The opinions and reasons put forward are diverse.

1) Sexuality

The following is a brief summary of the group responses to questions about stereotypes and ideals as they relate to teens:

- Both young women and young men believe both are responsible for birth control but often young men do not bother to discuss birth control until after intercourse.
- There are different behavioural standards for young women and young men around sex.
- Young men can be promiscuous and young women cannot.
- Sex education classes are less than adequate. Teachers are not comfortable with the subject.
- Negotiating relationships and understanding hidden codes of conduct (ie. double standards) are being overlooked in 'sex ed' classes. Teachers do not talk about what happens before sex or what happens after.
- Under-education, drinking and drugs contribute to teen pregnancy.
- Teens have a choice.
- Teens have lots of ideas about how to avoid pregnancy such as *Baby Think It Over*, contact with Planned Parenthood, inviting teen moms to tell their story, help youth feel connected to the community and employment, abstinence with alternatives, parent/teen communication, boosting self-esteem other than sexual activity, and community awareness of the issue.
- The media promotes negative images of teens. Television sensationalizes sexual activity.
- Teens do not like the catastrophic concern about teen pregnancy (*People keep doing statistics, stating that girls have sex earlier than never, and that it's a big scandal, it's a big crisis, that something needs to be done.*)

2) Babies

The following summary represents responses of the group to visual cues of cuddly babies in photographs or magazine cut outs:

- Babies offer teens a new outlook on life, seeing life through your child's eyes.
- Young fathers want to be involved with their children but feel pressure about their education and the needs of the mothers.
- Pregnant teens and teen mothers feel they are the target for negative and judgmental attitudes from the public at large.
- Parenting teens say they know how to be good parents, be responsible and recognize that having a baby is a focus and catalyst for positive change.
- Some teens get pregnant because of insecurity, wanting attention, something to do, to get more money from welfare, and to escape problems such as parents and school.

3) Future Orientation

The following summary represents the group responses to deconstructing the myths and expectations

related to what the future holds, particularly in the context of youth sexuality and pregnancy:

- Adults think that young people are irresponsible, do not think about their futures, do not believe that youth can solve their own problems, do not respect youth or support youth.
- Adults generalize about youth and stigmatize all youth with negative stereotypes.
- Adults are not living superlative lives themselves and should not be judging youth.
- Adults are very negative and do not talk about the positive benefits of sexuality or having babies.
- The homogenous group of young, non pregnant girls hold strong beliefs related to post secondary education, travel, employment and enjoying life's opportunities.
- Teens are able to balance their lives between social needs and responsibility.
- Stereotyping of adults and issues by youth comes into play frequently.

Other

- Young people are experiencing a lot of pressure around social expectations, education and sexual choices.
- Parents should share their mistakes and be more human, not always making rules and preaching.

Summary

The Focus Groups highlight some of the different perspective youth have about teen pregnancy. We observed that the group of young Pathfinders were idealistic about their quality of life and their future. They were planning and thinking about both. Through the focus groups, we found that the english-speaking teen moms were immersed in day to day realities of parenting. They seemed very conscious of what others (families, friends, community) thought of them. They expressed that they felt that they received mostly negative feedback from their families and communities at large. Overall, they conveyed the idea that they want to be happy and parenting. Through the focus group, we can see that these anglophone teen moms need emotional and moral support above and beyond economic and social support.

We have observed that the francophone teen moms were more personally, and politically sophisticated in their ability to analyse their situation in relation to the larger socio-economic structures. They felt outside pressures, as seen by the quotation that is in response to the question, "Is there such thing as a perfect boy or girl? What would he/she be like?":

There is lots of pressure from everywhere. The teen boy who wants to look like a perfect teen, if his girlfriend gets pregnant, he will withdraw from the relationship (in order to go to university like his parents want him to) and look very insensitive. The perfect girl would have an abortion and be looked at as a murderer... One cannot win...

The English-speaking teen dads focused mostly on education opportunities and the labour force. They expressed many difficulties and challenges of being a teen dad. They indicate that the mothers

of their children try to engage them in child rearing. The negotiation between their future goals and the responsibilities and the responsibility of parenting seemed to be a common challenge with this group. These young dads, because of their involvement with a teen dad support group, show particular commitment to their families. Together, the voices of the 47 youth involved provide this project with unique and diverse perspectives that can only strengthen our understanding of teen pregnancy.

YOUTH SURVEY

To complement the youth focus groups, a **youth survey** was created in hopes of acquiring even more feedback from youth themselves about their lives, their experiences and their outlook towards the future.

Youth voices are vital in the discussion of teen pregnancy. The youth surveys were created with the intention of informing the literature review, and to add a youth perspective to the overall project. The specific goal of the survey is to get a sense of some of the health determinants that youth (both parenting and non-parenting) have in common.

The survey does not attempt to be a rigorous evaluation of youth's perspectives and experiences. Instead, it provides a snapshot of some commonalities and realities of youth today. Instead of asking specific questions about teen pregnancy, the survey used a holistic approach, and asked questions about a variety of topics. Since the surveys were to be given to both parenting and non-parenting teens, there was an interest in knowing what the two groups of teens have in common with each other. We wanted to know about some risk behaviours, coping skills and activities that affect their health and well-being. Using youth-friendly language, the survey asked some of the following questions (*see attached form for full survey*):

- How many hours a week do you spend with your friends?
- Can you confide in your friends about personal issues?
- Do you have a part-time job? Do you do this job for fun, or for money? Would you quit if you could?
- Where or how did you learn about puberty, adolescence, sex, and sexuality?
- How did you find your sex education in high school?
- Are you planning to go to post-secondary school?
- Are any (of all) of your friends having sexual experiences?
- How old were you when you first had sex (if in fact you have had sexual intercourse)?
- Which sort of birth control do you use most regularly?
- Would you call yourself a smoker?
- Do you see yourself as a happy person?
- What do you see yourself doing in the next year?

Responses to the questions generally meant circling one of the answers. Many of the questions were YES/NO, thus making it easy to tabulate responses and making it quick and easy for the youth to respond to.

The Challenges

There are three specific challenges that were observed in the process of creating, disseminating and evaluation the youth surveys:

1) Difficulty level of the survey

It was believed that this survey would take only a few minutes of an individual's time, and that youth

would be happy to have their voices heard. The surveys were given out to a few youth in a 'practice run'. During this run, the youth who filled out the survey had little problem with the content, and were able to fill out the form in less than 10 minutes. It was not anticipated that other youth would have any problems with the questions. However, in some cases, some youth found the form extremely difficult to fill out. In a few cases, youth found the language difficult to comprehend, and it took some individuals longer time to complete the surveys than expected. Thus, they expressed that they did not enjoy the process. Creating a survey that is more accessible to those individuals who have problems reading, or writing, should be strongly considered.

2) The reliability of answers

Although there were no complaints about the surveys, in one instance, an individual created ridiculous answers that were clearly meant to be funny. Instead of criticizing that individual, this experience can draw our attention to different ways of hearing youth voices. For whatever reason, this individual was 'acting out'. In the future, it might be beneficial to provide youth with other means to have their voices heard. Further, relying on youth to answer the questions truthfully, thus, the questions might have been tested by more youth, to see if they found the survey useful. This is particularly relevant in terms of the inclusion of the experiences of parenting teens. The group of youth who gave the surveys a 'test run' were a homogenous group of teens who had no experience with pregnancy or parenting. Thus, some of the questions inadvertently may have left out responses that would have been obvious to parenting teens. For example, in a question about what they do in their spare time, there was no answer for 'talking care of children' or 'parenting'. This is an oversight that might have been prevented by 'testing' the survey on parenting teens.

3) Distribution

Distributing the surveys was a challenging task. Initially, the surveys were to be distributed in public and separate schools across the country. The first schools contacted were in Ottawa. Four high school principals were contacted. Of the four principals, one did not respond, one said that the survey could not be distributed, and two others stated that all surveys required ethics approval from the Board of Education. CICH sent the surveys to the ethic committee along with an explanation of the TPPP framework. This committee met once every six months, but fortunately our timing was perfect. Unfortunately, after reading over the survey, the school board ethics committee decided that the content was not appropriate for the Catholic school board.

CICH also contacted a number of community organizations who work with parenting youth. Some did not return our repeated calls, and in many cases, the organizations stated that they did not have the resources, or the extra time to distribute the surveys. A few needed approval from their Board.

The surveys were distributed to groups in Timmins, Ottawa, and Hull, Québec. Some were dropped off at Youthnet, a non-profit organization in Ottawa, and some at a local Police Community Youth Centre. Others were distributed by Young Single Parents and Timmins Native Friendship Centre. In an attempt to hear from francophone youth, a number were given out at community centres in Hull. Aboriginal youth expressed their opinions from Timmins.

Results

Overall, the response to the survey was positive. We received 102 completed surveys in total; 50 francophone and 54 anglophone. It should be noted that not all respondents answered all of the questions. Responses were put into a database, and a summary of the results follows.

Each of the following sections are important to determine the health and well-being of parenting and non-parenting teens. Demographics, leisure activities, growth and development and risk behaviour are all determinants of health that will help decipher some of the similarities between parenting and non-parenting teens.

Demographics

- ▶ Most of the respondents were between the ages of 16-18 years of age.
- ▶ 53% of the respondents have, at one time, been pregnant. Of those respondents, thirty-three had a baby, and two had an abortion.
- ▶ 63 of the respondents were female, 38 were male and 1 was self-identified as transgendered.
- ▶ When asked about religious affiliations, 38 people said they are ‘religious’, 19 described themselves as ‘spiritual’ and 40 said they were neither.

Their ages are as follows:

AGE	Number of Respondents
12	2
13	5
14	11
15	12
16	18
17	15
18	19
19	10
20	8
>20	2

- ▶ A number of the respondents spoke more than one language. In our sample, Cree was a first or second language for many.

Leisure Activities

- ▶ When asked about leisure activities, it was found that **parenting** youth spent more time talking on the phone than **non-parenting** youth.
- ▶ **Non-parenting** youth responded that they spent more time ‘hanging out’ than **parenting** teens.
- ▶ When respondents weren’t hanging out, talking on the phone, watching tv, playing sports, or doing homework, **non-parenting** teens were involved in self-reported activities such as:
 - working on the computer/ surfing the Internet
 - shopping
 - reading
 - biking
 - spending time with partner.

When asked the same question, **parenting** teens said they were:

- cleaning up
- parenting
- reading
- having sex
- walking
- at the community centre

Of the 31 respondents who said they had jobs, one third were parenting teens, and two thirds were non parenting teens.

Growth and Development

- Puberty is identified as a time that many of the teens only ‘noticed’. 22 people stated that it was ‘awkward’, 51 ‘didn’t notice’, and for 21 respondents, it was ‘no problem’. Most of the parenting teens described puberty as an ‘awkward time’ whereas non-parenting teens stated that they ‘didn’t notice’.
- Most youth put teachers, parents and friends as their number one way to learn about sex and sexuality. Other common answers were movies, and television. Most of the youth felt that the sex education they received was interesting, but there was a split between those who felt it was ‘helpful’ (25) and those who thought it was ‘silly’ (25). Many of the parenting teens described their sex education as being ‘silly’, whereas the non-parenting teens said it was helpful.

Risk Behaviours

- 38 of the respondents said that the ‘majority’ of their friends are sexually active. 29 stated that ‘some’ of their friends are sexually active, whereas 18 said that only a ‘few’ are having sex.
- For those who are sexually active, the condom is the most commonly used contraceptive (55), followed by the pill (26), depo-provera (5) and spermicide (1).
- Many of the youth responded that they would consider themselves to be ‘smokers’. 57 respondents said they are ‘smokers’ (compared to 43 who are not) while 85 said they ‘have smoked’ and 16 said they have ‘never smoked’.
- It was more common to have never tried drugs than to have tried them. 56 said they have never tried drugs, and only 15 say they presently do drugs on occasion. 25 said they rarely

- use drugs.
- Most respondents reported that they got their birth control from the drug store (34), a clinic (25) from a friend (15) or from the family doctor (5). 12 people said they got it from their school.

Future Orientation

- 61 of the respondents reported that they are planning to go to college, 14 to university, 20 said neither and 8 were unsure.
- When asked about future plans, most of the teens said that in regards to their future plans for the next 1-3 years, they would be finishing school and going to college. A large proportion of parenting teens stated that they have plans to go to college.

Summary

This Survey was meant to capture a picture of some of the behaviours and outlooks of parenting and non-parenting teens in an attempt to gain a better understanding of some health determinants.

The Survey does determine activities, hobbies, risk behaviours, and future orientation of parenting and non-parenting teens, but was not set up in such a way that the health determinants of teens *before* they were pregnant are apparent. For example, the Survey asks “Are you a smoker?” The respondents would answer the questions in the present tense, thus, we cannot accurately determine if a parenting teen was a smoker before her pregnancy, if she quit smoking during her pregnancy, or if she took up smoking after she had a child. It is only in hindsight that these problems have become apparent.

However, what this Survey does demonstrate are particular patterns of a number of health determinants that complement the youth Focus Groups, the Literature Review and the CAPC/CNPP Survey.

**A Framework for Action Toward the Prevention of Teen Pregnancy
A CAPC/CPNP Perspective**

Youth Consultations

Appendix

Focus Group Guidelines
Youth Survey- English
Youth Survey- French
Consent Forms- English
Consent Forms- French
Project Framework- English
Project Framework- French
He Can, She Can't

A Framework For Action Toward the Prevention of Teen Pregnancy
A CAPC/CNPP Perspective

FOCUS GROUP GUIDELINES

Outline of Intent: This focus group is to inform the literature review of emerging issues. It is not meant to represent all youth voices, but is to advise us determinants of youth reproductive health.

Timeline: 1.5 hours

Brief Introduction:

- Collect consent forms
- Brief Welcoming Statement- write down each person's first name and age
- Explain Teenage Pregnancy Prevention Program and how this group fits into our process
- Emphasize that we are not necessarily looking for personal experiences. Frame your own experience with youth around you. Basically we are asking the group to be spokespersons for their 'generation'.
- Remind the group not to say anything that they are not comfortable revealing.

First Section: Sexuality– one half hour

Visual Cues: Begin the discussion with a bold (or stereotypical) image of teenage sexuality. Mention that this picture is how others (eg. parents, teachers, government) see teenagers.

- ? Is this how you see yourself?
- ? Why might others see you like this?
- ? Do people like this exist?

After achieving a bit of conversation, have a flip-chart ready. Explore other perceptions of youth and youth sexuality

- ? How would adults describe the 'perfect teenage girl'? [Keep in mind that we aren't focusing on physical attributes, but are looking for characteristics and behaviours.]

To get responses flowing, ask questions such as:

- ? What might this perfect girl say?
- ? What might she think of herself?
- ? What might she think of guys/relationships
- ? What would she do in her spare time?

Do the same exercise for the 'perfect teenage boy'. When they both have been drawn, it is possible to tailor questions that will spark more conversation, such as:

- Would the perfect girl or boy be having sex? (Which one)

- With whom would the girl/boy be having sex with?
- Who would carry the condom? Who would be responsible for birth control?

Potential discussions may evolve from the following ‘myths’”

- ? There are different standards for guys and young women
- ? Youth are only concerned with sex nowadays- take a look at tv shows, the movies they like, video games and ads aimed at youth. It’s all they think about!

Section Two: Babies– one half hour

Visual cues: have pictures of cute, cuddly babies lying around. This might include magazines or photographs. Also, perhaps have a photo of a young woman with a baby and put a myth/inflammatory comment underneath to spark discussion. (For example: teens have kids because they don’t listen about sex ed in school).

- ? Alongside a picture of a really cute baby, state the following: “A baby is a wonderful source of love in one’s life”.
- ? Youth are getting pregnant because they don’t learn about it in school.
- ? Create a scenario about wanting and not wanting to become pregnant. Have the group discuss both sides

Section Three: Future Orientation– one half hour

It is hoped that by this time, the group has really warmed up and has been able to see through the myths and have disseminated images and cues about sexuality and babies. From here, it would be nice to have the youth sit back and talk a bit about what the future holds, particularly in the context of youth sexuality and youth pregnancy.

- ? People are saying that youth are aimless and have no direction. Do most of your friends know where they are going?
- ? Myth: Youth have an inability to plan ahead.
- ? Would you say that there is a lot of pressure to go to University or college? Respond to the statement: “To have any kind of life, you must go to University.”
- ? Are you and your friends future-oriented? How do you see the future?

Brief Conclusion

- Thank everyone for coming, reminding them that it is great to hear their voices
- Tell them that they were very helpful in dispelling and clarifying the myths about teenage sexuality
- Reinforce to them that their contribution to this study is very insightful and *important*.

YOUTH SURVEY

Please circle your answer, or fill in the blanks where possible. We'd love to hear what you have to say. Please feel free to add any information on the page-through doodles, extra writing on the back, or an expansion of your answer in the space given. And don't forget: this survey is confidential.

How old are you? _____

Are you female, male, or transgendered? _____

Where do you live? _____

How long have you lived there? _____

In what city were you born? _____

How many languages do you speak? (Which ones) _____

Would you say that you have a large peer group? YES NO REGULAR SIZE

How many hours per week would you say you spend with your friends? (This includes talking on the phone, emailing, hanging out, or going out.) _____

How many hours per week would you say you:

take lessons _____

hang out with friends _____

talk on the phone _____

watch television _____

play sports _____

work on homework _____

Is there anything you do that isn't on this list that you do more than three hours per week? _____

Can you confide in your friends about personal issues? YES NO SOMETIMES

Would you describe your group of friends as being popular, not-so popular, or as a group of people who could care less about popularity)

POPULAR NOT-SO-POPULAR THOSE WHO COULD CARE LESS

Do you presently have a partner/boyfriend/girlfriend? YES NO

Do you consider yourself to be religious? Spiritual? Are you a member of any organized religion? RELIGIOUS SPIRITUAL

AFFILIATION: _____

Are you responsible for caring for any younger siblings or family members? (This might include cleaning up after them, giving them medication, making them meals)
YES _____ NO

Do you hold a part-time job? YES NO

If yes, Do you enjoy the job, or is it strictly for cash? ENJOY IT FOR CASH
How many hours a week do you spend at this job? _____

Would you quit it if you could? YES NO

If no, What sort of job would you like to hold if you could choose?

Would you say that you look older than, younger than, or about the same as people your age? OLDER YOUNGER SAME

Did you mature earlier than people your age? Or were you a 'late bloomer'?
EARLIER SAME LATER

At what age would you say you began puberty? _____

Was this time difficult or awkward for you, or was it just a time of your life like any other? AWKWARD/DIFFICULT DIDN'T NOTICE NO PROBLEM

Where or how did you learn about puberty, adolescence, sex, and sexuality?
PARENT MOVIES FRIENDS MAGAZINES RADIO SIBLING
TELEVISION TEACHER

Did you ever sit through sex education in school? Was it interesting, out-of-date, helpful, or just plain silly? (Feel free to add any descriptions of your experience)
INTERESTING OUT-OF-DATE HELPFUL SILLY OTHER: _____

Are you planning to complete high school? YES NO HOPEFULLY
ALREADY FINISHED

Are you planning to go to any post-secondary school (college, or university)?

FRIEND PARENT COUNSELLOR DOCTOR FAMILY MEMBER

Have you ever smoked a cigarette? YES NO

Would you call yourself a smoker? YES NO

Would you say you do drugs often, occasionally, rarely or never?
OCCASIONALLY RARELY NEVER

How many alcoholic beverages do you consume in a week? (On average)
1-2 2-4 5-8 8 or more

In General, would you say that you are a happy person?
YES NO SOMETIMES

What do you see yourself doing in the next year?

In the next three years?

Thank you so much for taking the time to fill this out. Your responses are valuable to us. {Don't forget that this survey is entirely anonymous!}

Un cadre d'intervention pour la prévention de la grossesse chez les adolescentes

L'optique du PACE/PCNP

SONDAGE

S'il-te-plaît, encercle ta réponse ou remplis les espaces libres lorsque c'est possible. Nous souhaitons réellement entendre ce que tu as à dire. Sens-toi à l'aise d'ajouter tes commentaires sur les pages en ajout, à l'arrière du questionnaire ou à côté des espaces désignés pour les réponses. Et n'oublie pas : ce sondage est confidentiel.

Quel âge as-tu? _____

Es-tu une fille ou un gars? _____

Où habites-tu? _____

Depuis combien de temps habites-tu là? _____

Dans quelle ville es-tu né-e? _____

Quelle-s langue-s parles-tu? _____

Peux-tu dire que tu as un gros groupe d'amis? OUI NON GROSSEUR NORMALE

Combien d'heures par semaine passes-tu avec tes amis? (Ceci inclut se parler au téléphone ou par courrier électronique, passer du temps ensemble, sortir, etc.) _____

Combien d'heures par semaine passes-tu à :

prendre des cours _____

passer du temps avec tes amis _____

parler au téléphone _____

regarder la télévision _____

faire du sport _____

faire tes devoirs _____

As-tu une autre activité à laquelle tu consacres plus de 3 heures par semaine? Laquelle?

Te sens-tu à l'aise de te confier au sujet de questions personnelles à tes amis?

OUI NON QUELQUEFOIS

Ton groupe d'amis est-il populaire, pas tellement populaire, ou s'agit-il d'un groupe pour qui la popularité n'est pas une chose importante?

POPULAIRE PAS TELLEMENT POPULAIRE

POUR QUI LA POPULARITÉ N'EST PAS UNE CHOSE IMPORTANTE

As-tu un-e partenaire, une blonde ou un «chum» présentement? OUI NON

Te considères-tu comme étant religieux-se? Spirituel-le? Es-tu membre d'un groupe religieux organisé?

RELIGIEUX-SE SPIRITUEL-LE AFFILIATION RELIGIEUSE _____

As-tu la responsabilité de prendre soin de tes frères ou soeurs plus jeunes ou d'autres membres de ta famille? (Ceci comprend nettoyer après eux, leur donner leur médication, leur faire des repas, etc.)

OUI _____ NON

As-tu un travail à temps partiel? OUI NON

Si oui. Aimes-tu ton travail ou le fais-tu seulement pour l'argent? JE L'AIME POUR L'ARGENT
Combien d'heures par semaine travailles-tu à cet emploi? _____
Donnerais-tu ta démission si tu le pouvais? _____

Si non. Quel genre de travail aimerais-tu avoir si tu pouvais choisir?

Selon toi, as-tu l'air plus âgé-e, plus jeune ou pareil-le aux autres jeunes de ton âge?
PLUS ÂGÉ-E PLUS JEUNE PAREIL-LE

T'es-tu développé-e plus précocement que les autres jeunes de ton âge? Ou t'es-tu développé-e sur le tard?
PLUS TÔT EN MÊME TEMPS SUR LE TARD

Selon toi, à quel âge a commencé ta puberté? _____

Cette période a-t-elle été difficile ou gênante pour toi? Ou s'agissait-il d'un étape dans ta vie comme les autres? DIFFICILE/GÊNANTE PAS DE DIFFÉRENCE

Où et comment as-tu entendu parler de la puberté, de l'adolescence, du sexe et de la sexualité?

Comment t'es-tu *réellement* renseigné là-dessus? (Tu as reçu de l'information sur ces sujets à l'école mais où as-tu obtenu vraiment les informations que tu désirais? Dans des revues, à la radio, par la pornographie, des dépliants, par des amis ou en expérimentant des choses ...)

As-tu déjà assisté à des cours d'éducation sexuelle à ton école? Les cours étaient-ils intéressants, passés date, aidants ou tout simplement stupides? (Sens-toi à l'aise de nous donner des exemples de ton expérience.)

INTÉRESSANTS PASSÉS DATE AIDANTS STUPIDES AUTRES : _____

Planifies-tu terminer ton secondaire? OUI NON J'ESPÈRE DÉJÀ TERMINÉ

Envisages-tu d'aller au CEGEP ou à l'université? OUI NON

Certains membres de ta famille ont-ils poursuivi leurs études après leur secondaire?
OUI (Qui ? _____) NON

Dans ton groupe d'amis, as-tu été l'un-e des premiers-ères à avoir des expériences sexuelles? (Si tu es déjà actif-ve sexuellement)

UN-E DES PREMIERS-ÈRES EN MÊME TEMPS QUE TOUT LE MONDE
UN-E DES DERNIERS-ÈRES

Est-ce que certains de tes amis (ou tous) faisaient l'amour ou avaient des expériences sexuelles?
LA PLUPART QUELQUES-UNS PEU D'ENTRE EUX TOUS

As-tu quelqu'un à qui tu peux parler au sujet du sexe ou de la sexualité?

Maintenant, *parlerais-tu* à une de ces personnes? _____

Des questions personnelles maintenant : As-tu déjà eu des expériences sexuelles? As-tu déjà embrassé quelqu'un, échangé des caresses, presque fait l'amour
OUI NON

As-tu déjà eu un rapport sexuel complet (avec pénétration)? OUI NON

Si oui, as-tu utilisé un moyen de protection (Si oui, encercle celui utilisé)
OUI - Condom, Pilule, Spermicide AUTRE : _____ NON

Où te l'es-tu procuré-e? ÉCOLE PHARMACIE CLINIQUE AMI-E

Es-tu déjà devenue enceinte ou as-tu déjà eu une partenaire qui est devenue enceinte? OUI NON

Comment ça s'est terminé? AVORTEMENT NAISSANCE FAUSSE-COUCHE AUTRE

Vers qui t'es-tu tourné-e pour demander de l'aide? (Si tu l'as fait)
AMI-E PARENT CONSEILLER MÉDECIN MEMBRE DE LA FAMILLE

As-tu déjà fumé la cigarette? OUI NON

Te considères-tu un-e fumeur-se? OUI NON

Consommes-tu de la drogue souvent, à l'occasion, rarement ou jamais?
SOUVENT À L'OCCASION RAREMENT JAMAIS

Combien de boissons alcooliques prends-tu par semaine? (En moyenne)
1-2 2-4 5-8 8 ou plus

De façon générale, dirais-tu que tu es une personne heureuse?

OUI NON DES FOIS

Que te vois-tu faire au cours de la prochaine année?

Au cours des trois prochaines années?

Un gros merci d'avoir participé à ce sondage. Tes réponses ont beaucoup de valeur pour nous.

Consent Form

The Canadian Institute of Child Health, Timmins Native Friendship Centre and Young Single Parent Support Centre of Ottawa Carleton funded by CAPC/CPNP Health Canada are conducting a study on teen pregnancy prevention programs in Canada. Our goal is to speak with a number of youth from across the country to hear their perspective. As a part of this process, we are talking with youth (such as your daughter/son) about sexual and reproductive health.

Your daughter/son will be participating in one two-hour focus group. There will be approximately six to ten people per session and a snack will be provided. This session will be tape recorded as required by standard research regulations and this recording will be held by the Canadian Institute of Child Health. Be assured that all participants will remain anonymous.

Signing this form will indicate that you understand the above statements and agree to let your son/daughter participate in a focus group.

Daughter/Son's Initials: _____

Parent's signature: _____

Date: _____

Un cadre d'intervention pour la prévention de la grossesse chez les adolescentes

Un optique de PACE/PCNP

Formulaire de consentement pour le groupe de discussion

L'Institut canadien de la santé infantile, le Réseau de soutien pour jeunes parents célibataires d'Ottawa-Carleton et le Centre d'amitié autochtone de Timmins, financés par Santé Canada, mène une recherche sur les programmes de prévention de la grossesse au Canada.

Notre but est de parler avec un grand nombre de jeunes au Canada afin de connaître leur perspective. Au cours de ce processus, nous discuterons avec toi entre autres de points relatifs à la santé sexuelle et reproductive.

Le groupe de discussion auquel tu participeras durera deux heures. Environ six à dix personnes participeront par groupe de discussion. Un goûter sera servi à la fin et le transport sera fourni si nécessaire. En tout temps, sens-toi à l'aise de répondre ou non aux questions.

La session sera enregistrée afin de permettre à l'agente de projet de noter ensuite les commentaires des participants. Le tout sera effectué de façon confidentielle et la cassette sera conservée par l'Institut canadien de la santé infantile. En aucun cas, ton nom n'apparaîtra sur le rapport de recherche et aucun des renseignements donnés ne sera divulgué à quiconque de façon à t'identifier. L'abrégé du rapport de recherche sera remis ensuite à Espoir Rosalie.

Nous te remercions de ta collaboration qui nous est précieuse car nous souhaitons vraiment connaître le point de vue des jeunes sur leur propre réalité.

Pour tout renseignement additionnel, tu peux communiquer avec Kelli Dilworth, agente de projet anglophone, Institut canadien de la santé infantile au (613) 230-8838, poste 228.

En signant l'entente suivante, cela signifie que tu comprends les énoncés mentionnés plus haut et que tu acceptes de participer au groupe de discussion.

Date

Nom de la personne participant à la recherche

Date

Nom de l'agent de projet francophone
animant le groupe de discussion

A Framework for Action on the Prevention of Teen Pregnancy

An initiative is underway to explore what can be done to reduce the rate of teen pregnancies in communities across Canada. According to Statistics Canada, teen pregnancy is on the rise. In the Aboriginal communities, the rate of teen pregnancy is higher. In 1994, some 47,000 teenagers in Canada became pregnant. The costs to society are substantial. Teenage mothers are more likely to have additional unplanned pregnancies, remain poorly educated, endure poverty, and have children with emotional and behavioural problems. The pressures teen mothers face predispose them to child abuse and neglect. The impact of the teen pregnancy on the father depends on his involvement with the child. While support systems to ameliorate these consequences do exist, and should be enhanced, an effective preventive approach is clearly required.

Indeed, Health Canada's Community Action Program for Children (CAPC) and the Canadian Prenatal Nutrition Program (CPNP) projects identified teen pregnancy prevention as a priority for their communities. The prevention of teenage pregnancy has been a priority for the United States for sometime. They recently attributed their downward trend in the rate of teen pregnancy to three factors: abstinence, fear of AIDS and the use of birth control. In Britain a policy document on teen pregnancy has just been tabled in parliament.

A Framework for Action Toward the Prevention of Teen Pregnancy : A CAPC/CPNP Perspective is the response to this emerging concern by a partnership of three organizations: the Young/Single Parent Support Network of Ottawa-Carleton, the Timmins Native Friendship Centre, both CAPC/CPNP sponsors, and the Canadian Institute for Child Health. The project will be guided by a health determinants and health outcomes approach to ensure a holistic and comprehensive review of a complex interplay of factors. The objectives and activities of this CAPC/CPNP national project are to:

- ⇒ link with key stakeholders across the country;
- ⇒ survey CAPC/CPNP projects; (see attached questionnaire)
- ⇒ encourage and support creative thinking and action by CAPC/CPNP projects and other stakeholders, by:
 - ⇒ identifying best practices, programs and resources, barriers and gaps, and
 - ⇒ disseminating relevant and timely information;
- ⇒ lay the foundation for the development of a CAPC/CPNP- based coalition for the prevention of teen pregnancy; and
- ⇒ make recommendations for future action.

The final report containing the results of the research and recommendations is anticipated to be completed by June 2000. The executive summary will then be available to all participants and interested individuals and organizations.

Your wisdom and counsel in this endeavour is important to us and we invite you to share your thoughts, knowledge and experience on the prevention of teenage pregnancy with us.

Nancy B. MacNider
YSP Support Network Liaison
Executive Director, St. Mary's Home
Tel: (613) 567-1741
Fax: (613) 569-6582
E-Mail: stmary@magi.com

Marilyn Sutherland
Acting Executive Director
Timmins Native Friendship Centre
Tel: (705) 268-6262
Fax: (705) 268-6266
E-Mail: teenppp@ntl.sympatico.ca

Dawn Walker
Executive Director
Canadian Institute of Child Health
Tel: (613) 230-8838 ex 229
Fax: (613) 230-6654
E-Mail: dwalker@cich.ca

Cadre d'intervention pour la prévention de la grossesse chez les adolescentes

Un projet vient d'être lancé pour explorer les moyens de réduire l'incidence de la grossesse dans toutes les collectivités du pays. Selon Statistique Canada, la grossesse chez les adolescentes est en hausse. Le taux est particulièrement élevé dans les collectivités autochtones. En 1994, quelque 47 000 adolescentes canadiennes sont devenues enceintes. Ces grossesses entraînent des coûts considérables pour la société. Les mères adolescentes sont particulièrement susceptibles d'avoir d'autres grossesses non planifiées, d'interrompre leurs études, d'être pauvres et d'avoir des enfants souffrant de problèmes émotionnels et comportementaux. La pression que subissent les mères adolescentes augmente le risque leurs enfants soient maltraités et négligés. Pour les pères, l'effet dépend de l'engagement auprès de l'enfant. Il existe des systèmes de soutien permettant d'atténuer ces conséquences, qui méritent d'être renforcés, mais il est clair que l'on a besoin d'une démarche de prévention efficace.

Santé Canada a d'ailleurs fixé la prévention de la grossesse chez les adolescentes comme priorité du Programme d'action communautaire pour les enfants (PACE) et du Programme canadien de nutrition prénatale (PCNP). Les États-Unis se sont déjà engagés dans cette voie depuis un certain temps. Les autorités attribuent à trois facteurs la baisse que le phénomène a connue récemment dans leur pays : l'abstinence, la peur du sida et la contraception. En Grande-Bretagne, le gouvernement vient de déposer au parlement un énoncé de politique sur la grossesse chez les adolescentes.

Le Cadre d'intervention pour la prévention de la grossesse chez les adolescentes — L'optique du PACE/PCNP est la réponse formulée face à ce problème nouveau par un partenariat de trois organisations : le Réseau de soutien pour jeunes parents célibataires d'Ottawa-Carleton et le Centre d'amitié autochtone de Timmins, tous deux commanditaires du PACE/ PCNP, ainsi que l'Institut canadien de la santé infantile. Le projet sera fondé sur un ensemble de facteurs de santé et de pronostics, de manière à prendre en compte de façon globale et exhaustive leurs interactions complexes. Ce projet national du PACE/PCNP est doté des objectifs suivants :

- établir des liens avec des intervenants clés de tout le pays;
- étudier les projets du PACE/PCNP (voir le questionnaire ci-joint);
- encourager et soutenir les réflexions et actions imaginatives menées dans le cadre des projets du PACE/PCNP et par d'autres intervenants, par les moyens suivants :
 - recenser les pratiques, programmes et ressources exemplaires, ainsi que les obstacles et lacunes;
 - diffuser des renseignements pertinents en temps voulu;
- jeter les bases d'une coalition d'associés du PACE/PCNP vouée à la prévention de la grossesse chez les adolescentes;
- formuler des recommandations concernant des actions futures.

Le rapport présentant les résultats de la recherche et les recommandations doit être terminé d'ici juin 2000. Un abrégé sera alors distribué à tous les participants et aux organismes et personnes intéressés.

Nous avons besoins de vos avis et de vos lumières, et nous vous invitons à partager avec nous vos réflexions, vos connaissances et votre expérience dans le domaine de la prévention de la grossesse chez les adolescentes.

He Can, She Can't

He smiles at her: he's friendly,
She smiles at him: she's flirting

He takes her arm: he's protective
She takes his arm: she's seductive

He asks her for lunch: he wants to talk business
She asks him for lunch: she wants an affair

He pays the bills: he's on an expense account
She pays the bills: she's one of those women's libbers

He pats her on the head: he's fatherly
She pats him on the head: she's forward

He tells a dirty joke: he's funny
She tells a dirty joke: she's crude

He got the big account: he worked hard
She got the big account: she was lucky

He got a promotion: he's clever
She got a promotion: she charmed them

His pants are too tight: he gained weight
Her pants are too tight: she's asking for it

He's sleeping with her: he scored
She's sleeping with him: she's a slut.

-Anonymous.