

Tenuous Connections



Urban Aboriginal Youth
Sexual Health & Pregnancy



An OFI.F.C. Study

March 2002

Cover graphic is by Rene Meshake, Anishnabe artist,
who commented on this report in the context of
the interconnected nature of the web of life:

*Heal on one point of the medicine wheel,
and you mend the whole wheel.
The baby with the web in the background
symbolizes our future.
What we do with our children today
will determine our destiny.*

This study was commissioned by



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To the Grandmothers who participated: we are grateful that you have once again shared your knowledge for the better of our communities.

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Executive Summary

This study was commissioned by the Ontario Federation of Indian Friendship Centres (OFI FC) in the summer of 2001. It follows on a recommendation to reduce Aboriginal teen pregnancy because of the implications for concurrent child and youth poverty, as identified in the October 2000 OFI FC publication *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and Their Families in Ontario*. The intent is to motivate policy makers, community leaders, workers, parents, youth and elders to take action and address the alarming health conditions of Aboriginal children and youth. **The information in this study will assist the OFI FC and other policy makers as they develop appropriate programs and services to encourage healthy sexuality and prevent unwanted pregnancy among Aboriginal youth.**

The research team collected and assembled data from a total of **340 research participants**, including 255 youth questionnaires, 33 focus group participants and 52 individual interviews with youth parents, front-line workers and Elders. These participants offered descriptions, insights and perspectives on the current challenges faced by Aboriginal youth.

The findings in this study indicate that **Aboriginal youth are at risk because of their sexual practices**. Youth are sexually active as young as eleven; by the age of sixteen, 62% of the youth questionnaire participants were sexually active. More than 50% of the youth reported little to no use of contraception. This is in spite of the fact that most had received some form of sex education and were aware of the risks associated with unprotected sex.

Alcohol and drugs are a major factor in the sexual practices of youth, and in the high incidences of teen pregnancy. Many youth are having sex when their ability to make choices and take responsibility is impaired. Casual

attitudes and expectations about sex in the teen years can also lead youth to feel pressured and to engage in sex before they are ready.

Sixty-one percent of the female questionnaire respondents and 35% of the males reported having experienced some sort of sexual abuse. Youth participants did not elaborate on the negative repercussions of the abuse in their lives, but the data indicates that abused youth were more likely to have unprotected sex and more partners, and that they were more likely to be involved in a teen pregnancy.

Twenty-four percent of the youth questionnaire respondents under 19 had been involved in a pregnancy, in spite of presenting ideals of starting their families after the age of 25 and only having two or three children. Most of the youth who became pregnant kept their children and relatively few had abortions or gave their children up for adoption.

Although pregnancy is something of a social norm, teens who become pregnant can still feel stigmatized and isolated. Many of these youth are not supported by their families and/or their parenting partner. This is troubling, given that some of the youth reported becoming sexually active and/or pregnant out of loneliness and a need for love.

Youth participants identified with Native culture and spirituality, but seemed to be lacking in the teachings or opportunities to access traditional knowledge. They feel at a loss for things to do, and in need of trusting relationships with adults.

The youth participants agreed that something should be done to offset the prevalence of teen pregnancy in their communities. Many feel that peer trainers would be effective in relaying information about sexual health, pregnancy and the realities of teen parenthood.

Given the patterns of sexual practices described in this report, there are only 10-15 years before the children of these youth interviewees will be faced with the same situations. In order to make a change before that time, there must be a concerted effort from a broad continuum of policy makers, leaders, community workers and community members. All stages of the life cycle, from children to youth, to adults to elders must be involved.

► **Recommendations** out of these findings are as follows:

1. Develop and implement a health promotion strategy to address youth sexual health and pregnancy.
2. Develop and implement community based education for youth and pre-teens on sex, sexuality, pregnancy and parenting.
3. Develop and implement programs to address the gap in services for children aged 7-12.
4. Develop and implement youth programs where they are absent; assess educational opportunities among existing youth programs.
5. Encourage and support the development of employment and training opportunities for youth.
6. Establish supports for young parents and those expecting to be parents.
7. Design and deliver educational programs and supports for parents of pre-teens and youth.
8. Establish and employ a network of Elders who are able to facilitate workshops on sex, sexuality, family planning and cultural teachings.
9. Network with schools and mainstream health providers serving Aboriginal youth.
10. Design and implement a public education and awareness campaign to encourage healthy sexuality and the prevention of Aboriginal youth pregnancies.

[1] Introduction

In the fall of 2000, the Ontario Federation of Indian Friendship Centres (OFIFC) published a report entitled *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and Their Families in Ontario*. This report detailed the crippling conditions of Aboriginal child poverty in Ontario and offered many recommendations aimed at eradicating child poverty and improving the lives of children and parents.

One of the recommendations was “To provide immediate resources to address the crisis in Aboriginal teen pregnancy”. This comes out of the recognition that adolescent pregnancies almost certainly lead to child poverty as well as concurrent youth poverty for the adolescent parent. The child poverty report determined “Communities must be given the resources to build capacity through the development of culturally-appropriate family planning programs and support services to young parents.”

With this goal in mind, the OFIFC decided to fully explore the issue of adolescent pregnancy in the urban Aboriginal community. To date, very little has been written about Aboriginal teen pregnancy or about sexuality among Aboriginal youth.¹ In order to develop appropriate programs and services, it is important to understand the realities of the youth who are pregnant. It is also important to have an overview of the current sexual practices of all Aboriginal youth. For example:

- What are the sexual and contraceptive practices of Aboriginal youth today?

- What are some of the reasons that Aboriginal youth are getting pregnant?
- What are the feelings and practices around abortion among Aboriginal youth?
- What are the attitudes of Aboriginal youth towards sex, sexuality and family matters?
- Are the youth influenced by Native traditional knowledge and ethics, or are there other spiritual ethics that influence their approach to sex and parenting?
- What types of situations are teen parents living in, and how do they feel about teen pregnancy and parenting?

These questions can inform policy makers at the OFIFC as they strive to develop programs to promote healthy sexuality and parenting practices among the youth in their communities.

The OFIFC commissioned this study in the summer of 2001. It addresses the first part of the recommendation from the child poverty report by seeking ways to prevent unwanted pregnancies among Aboriginal youth. The study also includes broader questions about youth sexuality and sexual health.

Content for the study is based on the insights and recommendations of 340 female and male youth (parents and non parents), front-line workers and Grandmothers (Elders and Teachers).

[2] Background

Why Study Aboriginal Youth Sexual Health and Pregnancy?

The goal of this study is to motivate policy makers, community leaders, workers, parents, youth and elders to take action and address the alarming health conditions of Aboriginal children and youth. The study comes out of a call to reduce Aboriginal teen pregnancy because of the implications for child poverty,² but it moves into areas that address the well-being of youth and children in a much broader sense. The way in which Aboriginal youth manage their sexual health is critical to their development as individuals; it influences such core factors as physical, mental, emotional and spiritual health, identity, sense of purpose and self-worth. With 50% of the Aboriginal population currently under 25³, the way in which these youth begin and raise their families will shape the future of Aboriginal societies for generations to come.

It has been established that Aboriginal youth are much more likely to become pregnant than non-Aboriginal youth. There are no statistics for urban Aboriginal youth, nor for Aboriginal youth on reserve in Ontario. But Health Canada data demonstrates that youth pregnancy among Aboriginal youth on reserve in Alberta, British Columbia, the Prairies and the Atlantic region are up to four times higher than rates among the general population. For girls under 15, the rates are estimated to be as much as 18 times as high as that of the general teen population in Canada.⁴

Youth and front-line workers from this study affirmed that youth pregnancy is prevalent among urban Aboriginal people:

“Every single girl [at my school] has a kid, except for one. And then in [southern city], every girl I went to school with out there too. All the Native girls there. They all

have kids now too. All teenagers. There’s lots, everywhere you go.”

“There’s more teen pregnancies than anything in this town. It’s unbelievable.”

“I see a lot more Aboriginal youth having kids than non-Aboriginal.”

“You wouldn’t believe how many [teens] are pregnant over here.”

The high rate of pregnancy among Aboriginal youth is disturbing because of the probability of negative health consequences for both the teen parents and children. Teen mothers are much more likely to develop complications which lead to medical problems, including death, iron deficiency anemia, pregnancy induced hypertension, and maternal toxemia.⁵ These factors are closely tied in with the social situations of the mother. Females over the age of seventeen may be physically ready to have children but the common social disadvantages among pregnant teens of poor nutrition, quality and quantity of pre-natal care, inadequacy of preparation for childbirth, and low quality of post-natal care can result in serious medical problems.⁶

Infant mortality is the most serious complication that can occur for the children, and studies have shown the strong relationship between young maternal age and increased risk of low birth-weight and infant mortality.⁷ First and subsequent children of teen mothers have been proven to be more likely to have poor health than children of non-teen mothers.⁸

The high rates of Aboriginal teen pregnancy are doubly disconcerting because they offer proof that Aboriginal youth are not effectively using contraception. This puts a significant amount of youth at risk of sexually

In the community where I once worked the young women – no they were very, very young girls – were either having babies or committing suicide. It was really sad and very frightening.

MARIA CAMPBELL

transmitted infections, including HIV/AIDS. It is notable that cases of Aboriginal AIDS are on the rise, and that 26% of all documented cases among Aboriginal people are for those under 30 years old, with almost one in four cases being female.⁹ The Canadian Aboriginal AIDS network has pointed out that Aboriginal people are being infected in their teen years.¹⁰

In addition to the health concerns, there are a number of social concerns that need to be considered. Teenage pregnancy is often accompanied by low probabilities of completing school; high rates of unemployment; low levels of income; reliance on social assistance; having more pregnancies over a shorter period of time and absent fathers.¹¹

Social conditions for the children of teen parents must also be considered. Children of teen parents have been shown to have lower levels of cognitive and social development. They are more likely to be victims of abuse and neglect and are three times more likely to be

incarcerated in their late teens and early twenties as are children of mothers who delay childbearing. Children of teen parents are also more likely to have children when they become teens.¹²

Unhealthy sexual behaviour and pregnancy in youth can have immeasurable social consequences. But in spite of the high rates, there has been very little attention to this matter in Aboriginal communities. This may be because of the sensitive nature of reproductive rights and the right to parent among Aboriginal people. The level of interference over the last century has been profound: from forced sterilization,¹³ to the removal of generations of Aboriginal children through the residential school system, to the uncountable children lost to the child welfare system, the Aboriginal family has been under siege.

Spiritual and cultural values may also play into debates about reproductive rights, pregnancy and child-rearing. Traditionally, all children are considered a gift from the Creator, and thus any critical response to pregnancy can be seen as disrespectful. Many Aboriginal adults also had children young, and so youth pregnancy is a norm that community members may be reluctant to address.

The OFIFC takes the position that unhealthy sexual behaviour and youth pregnancy must be addressed as part of a long term health strategy for Aboriginal children, youth and families. In order to do this, the distinct causes and effects of adolescent sexual practices and pregnancy among Aboriginal youth need to be examined. The findings of this paper will hopefully allow the OFIFC to determine how best to approach the situation.

SOME CHARACTERISTICS OF ABORIGINAL FAMILIES

Younger parents: 12% of Aboriginal families are headed by a parent under 25 vs. 3% in the general population.

More single parents: 27% of Aboriginal families are headed by single parents vs. 12% in the general population.

Lower incomes: 39% of Aboriginal single mothers earn less than \$12,000 a year vs. 22% of single mothers in the general population.

Bigger Families: 10% of respondents in the FNIRHS lived in families with over four children up to 11 years of age living at home, vs. 0% of respondents in the National Longitudinal Survey of Children and Youth.

Source: Statistics Canada 1996 Census data and Health Canada (November 1999) "A Second Diagnostic on the Health of First Nations and Inuit People in Canada."

Delaying childbearing from ages 16 to 17 until ages 20 to 21 would increase the probability that the children would graduate from high school by about 9 percent. The probability of the daughters giving birth as a teen would drop by about 22 percent ... And the probability of being economically inactive as a young adult would decrease by about 19 percent.

Rebecca Maynard et al. (1997) from *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC, Urban Institute.

[3] Methodology

The OFIFC hired *The Write Circle* to design and carry out the study on youth sexual health and pregnancy.

The Write Circle set about exploring the issue through a youth questionnaire, individual interviews with youth parents, front-line workers and Grandmothers (Elders and Teachers), and focus groups.

Questionnaire

A nine-page questionnaire was distributed to all twenty-eight Friendship Centres in Ontario, as well as to Aboriginal health access centres and other urban Aboriginal service organizations. OFIFC staff encouraged front-line workers to ask male and female youth to complete the questionnaire anonymously, and to mail it in to the project coordinator at the OFIFC offices. Staff were to stress to youth that participation in the study was voluntary. A cover sheet reiterated that youth did not have to fill out the questionnaire, advised them that many of the questions were personal in nature, and provided a toll-free number for the project coordinator as well as the kids help line.

All questionnaire participants were asked to provide information on the following:

- **basic demographic data:** age, location, income source, occupation, spirituality;
- **sexual practices:** starting age, experiences of sexual abuse, frequency of sexual encounters, number of partners, reasons for having sex;
- **contraceptive use:** who is responsible for use, when and how often used, why or why not used, and what type of contraception used;
- **abortion:** use and beliefs;
- **sex education:** where/when they had received sex education, what they liked

or disliked about it, what they need more information on, frequency of contact with a doctor or nurse;

- **family patterns and beliefs:** mother's starting age for having children; best age to have family; ideal number of children in family;
- **reasons for pregnancy:** i.e. why do youth in your community get pregnant?;
- **program and service needs:** desired programs for youth, programs to help youth use birth control and prevent unwanted pregnancy.

Those who had ever been pregnant or involved in a pregnancy were asked to fill out a second section, which asked them to provide information on the following:

- **Pregnancy history:** number of pregnancies involved in (for males and females), age of male and female youth when first and second pregnancy occurred, reasons for getting pregnant first and second time, use of substances during pregnancy, end result of pregnancy (i.e. miscarriage, abortion, live birth);
- **Children:** age of parents at birth of children, number of children, current age of children, current caregiver of children, living situation of children and parents.

A total of 255 questionnaires were used for this study¹⁴: 38% were from males and 62% were from females. More information about the profile of respondents is offered in section 4.1

Personal Interviews

The research team conducted fifty-two individual interviews with youth parents, front-line workers and Elders in fifteen

QUESTIONNAIRE SUMMARY

255 completed questionnaires

INTERVIEW SUMMARY

Youth mothers: 23
 Youth fathers: 5
 Front-line Workers: 18
 Elders/Teachers: 6

FOCUS GROUP SUMMARY

Kenora: 11 youth
 Ottawa: 5 workers
 Thunder Bay: 8 youth
 Toronto: 9 youth

RESEARCH SITES

(Questionnaires, Interviews and Focus Groups)
 Atikokan, Brantford, Cochrane, Dryden, Fort Erie, Fort Frances, Geraldton, Hamilton, Kapuskasing, Kenora, London, Moosonee, North Bay, Ottawa,

Parry Sound, St. Catherines, Sault Ste. Marie, Sioux Lookout, Sudbury, Thunder Bay, Timmins, Toronto, Windsor.

different cities. The majority of interviews came from youth parents, as they were deemed to be the primary informants for this study.

Interview participation was voluntary. Youth and front-line worker interviewees signed consent forms that informed them that their comments were to be used anonymously.¹⁵ Because of the historical nature of the information, the research team felt it was important that the Grandmothers (Elders and teachers) be identified. As leaders and visionaries of Aboriginal communities, it is appropriate that the Grandmothers' voices be recognized.

All interviews took place between July and December 2001. The interviews lasted between half an hour and two hours, and were taped, transcribed and coded for analysis. The themes for this paper evolved out of the interviews and the coding process.

Interviews with Youth Parents

Female and male youth parents were asked to talk about:

- pregnancy history;
- experiences as youth parents;
- reasons for pregnancy among Aboriginal youth;
- sexual practices of Aboriginal youth;
- teachings and ethics that influence sexual practices and approaches to parenting;
- ideal age to begin family;
- ideal family size;
- programs and services that would encourage healthy sexuality in youth and deter adolescent pregnancy.

A total of 23 youth mothers and 5 youth fathers were interviewed. Participants were recruited by Friendship Centre front-line workers, many of whom had also participated in the study.

The research team made great effort to include more youth fathers, but found it very difficult to find participants. This is an

interesting finding in and of itself; it underlines a need to find more avenues to include male voices on the subjects of sex, pregnancy and parenting.

Younger teens were also absent in this part of the study. The interviewees were between the ages of 16 and 26, with a mean age of 20. The current age of the children of these youth ranged from newborns to 9 years old. As participation in the study was voluntary, it is likely that those who agreed to be interviewed would tend to be more confident. Their involvement with front-line workers also shows that they are connected to services that can help them meet their needs. **The voices of younger, more marginalized or more disempowered teen parents, or of those who are not seeking services and supports through Friendship Centres are therefore not included in this study.** This is an important consideration, as the needs may be even greater for those who are not heard here.

Section 4.2 includes a more detailed profile of the youth interview participants.

Interviews with Front-line Workers

Front-line workers were called upon to give an overview of what they see happening among the youth in their communities in terms of sexual health and pregnancy. They were asked to speak about:

- the current situation of adolescent pregnancy in their communities, as well as changes or trends over the years;
- causes and effects of Aboriginal teen pregnancy;
- sexual practices of youth;
- whether they had delivered sex education and family planning;
- teachings and ethics that influence sexual practices and approaches to parenting;
- programs and services that would encourage healthy sexuality in youth and deter adolescent pregnancy.

Eighteen workers were interviewed. The majority of the workers (17 out of 18) were female.

Interviews with Grandmothers (Elders and Teachers)

Six Grandmothers were interviewed for this study:

- **Maria Campbell** Métis, Gabriel's Crossing, Saskatchewan
- **Shawani Campbell Star** métis, Toronto, Ontario
- **Katsi Cook** Mohawk, Ithaca, New York
- **Edna Manitowabi**, Ojibway, Peterborough, Ontario
- **Vera Martin** Ojibway, Alderville First Nation, Ontario
- **Annie Wilson** Ojibway, Manitou Rapids First Nation, Ontario

These women were asked to speak on the following subjects:

- historical methods of family planning in Aboriginal cultures;
- historical Aboriginal practices of abortion;
- the influence of contact on sex, sexuality and family planning;
- influence of traditional Native teachings and values in the areas of sex, sexuality and family planning;
- the current situation of adolescent pregnancy in Aboriginal communities, as well as changes or trends over the years;
- work that needs to be done in terms of sexual health and pregnancy in Aboriginal communities.

The Grandmothers' comments are used throughout the report to highlight certain sections of the findings. Most of the historical information about family planning provided by the Grandmothers will be used in subsequent publications and curriculum for community use.

Focus Groups

The purpose of focus groups was to find a different way of generating information. It was presumed that the youth might engage in different types of discussions in a group, as opposed to individually.

Youth focus groups were held in three cities:

- **Kenora** November, 2001
11 participants (3 male and 8 female)
- **Thunder Bay** November, 2001
8 participants (8 female)
- **Toronto** December, 2001
9 participants (3 male and 6 female)

In total there were 28 youth focus group participants (6 male and 22 female).

Youth focus group participants were asked to examine case scenarios that detailed youth in various stages of sexual discovery, pregnancy, and dilemmas. This allowed them to speak about these issues without having to be personal. They were then asked more general questions about:

- reasons for Aboriginal youth pregnancy;
- sexual practices of youth;
- teachings and ethics that influence sexual practices and approaches to parenting;
- ideal age to begin family and ideal family size;
- how adolescent parenting fits in with life goals;
- programs and services that would encourage healthy sexuality in youth and deter adolescent pregnancy.

There was one worker focus group, which was held in Ottawa and included five workers from two different agencies. They were asked the same questions as individual front-line worker interviewees.

All focus group comments were written up on flip chart paper during the sessions, and then later typed out and coded along with the interview material.

[4] Findings

[4.1] Profiles of Youth Participants and Parents

This section describes the background of the questionnaire respondents and youth parent interviewees who provided the information for the study. It is important to consider the profile of these youth when interpreting the findings as some groups are not highly represented, such as younger youth or those who have dropped out of school.

The section also includes general descriptions of Aboriginal youth and teen parents, where provided by participants. These descriptions may capture the realities of some of the youth who did not participate in the study.

Questionnaire Respondents

This study draws on material from two hundred and fifty-five questionnaires. More females than males responded: with 155 females (62%) and 96 males (38%).

The age of questionnaire respondents are indicated in Figure 1. There was a relatively

small representation of youth under 15, and a larger representation of older youth and young adults.

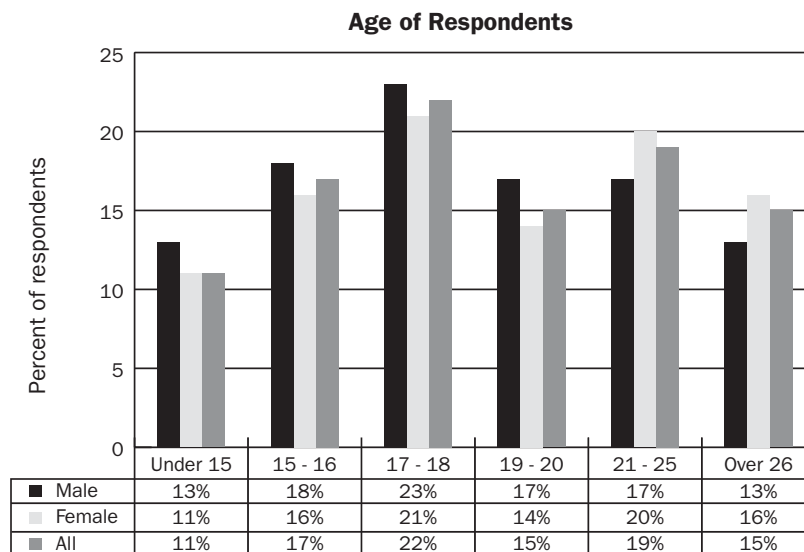
The majority of participants (62%) were in school – and 88% percent of the school aged youth were in school. **The voices of school aged youth who are currently not attending school are therefore largely absent from this study.** Thirty-one percent of the youth stated that they were working and 15% checked off that they were looking for work. Eleven percent of the youth reported being stay at home parents. Only 17% of the stay at home parents were under 19.

Participants were asked about their source of income. The most common responses to this question was that they were working (33%), supported by their family (29%), on social assistance (18%), or without income (16%).

Eighty-three percent of the respondents were sexually active, 16% were not sexually active, and 1% gave no response.

Forty-four percent of the respondents had

FIGURE 1
Age of Questionnaire Respondents



We're staying at her mom's. It's helpful at times, but then a lot of other times its kind of depressing because I know I can do better and actually support my family on my own.

DAD #4

conceived a child, and 56% had not. The ages at which they had conceived their first child are noted in Figure 2. This figure indicates that there is a need to do further research among youth who become parents as young teens.

Most participants reported having one or two pregnancies.

Of those who had been pregnant or conceived a child, 35% had one child, 17% had two children, 11% had three children, and 18% reported having no children. When asked “Who takes care of your children the most?” participants provided the responses shown in Table 1. Thirty-seven percent of the respondents checked off more than one answer to this question, indicating that the children of these youth receive care from a number of family members. Parents who have lost custody of their children are not greatly represented in this study.

Participants were asked “What happened with your first pregnancy?” Sixty-one percent replied that they had kept the baby, 11% had a miscarriage, 11% had abortions, 5% gave the baby up for adoption, 10% didn't respond, 1% died after birth, 1% were currently pregnant and 1% died at birth.

TABLE 1 “Who takes care of your children the most?”

Who Takes Care	Male	Female	All
me	35%	68%	56%
child's mother	73%	0%	27%
child's father	0%	24%	15%
my mom	8%	15%	13%
extended family	10%	8%	9%
no response	3%	4%	4%
CAS	0%	4%	3%
my dad	3%	1%	2%
daycare	0%	1%	1%
adopted	3%	0%	1%

The reported levels of substance abuse during pregnancy were alarming, as shown in Figure 3 (next page). During their first pregnancy, 17% of the mothers reported using alcohol, 21% reported using drugs and 58% reported smoking.

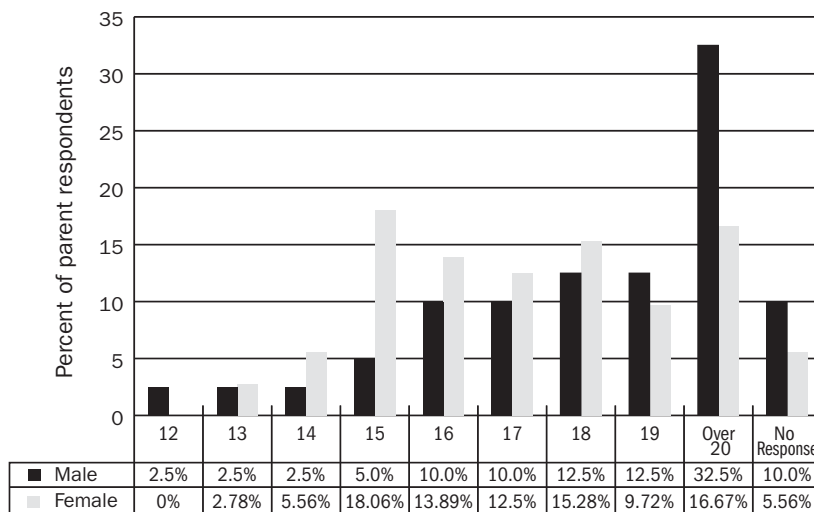
Interviewees

All of the youth interviewees were parents, with the exception of two expectant mothers. Twenty-three females and five males were interviewed. Their ages ranged from 16-26, with a mean age of 20. Fathers were generally older, as they were between the ages of 18-26.

I can't really say, but I wouldn't be surprised [about] a woman getting pregnant at fifteen in longhouse society. She is already a functioning member of the community, doing work. There was no dollar economy. But today, Grandmas are having to work in the workplace to support the family. The nice extended family that is supposed to be there for the pregnant mother [isn't there]. Everybody wants to go to the birth, but they don't want to sit up at three a.m. and help her get a good latch with her infant.

KATSI COOK

FIGURE 2
Age When First Conceived



These girls come from poverty, so they start their children in poverty and the cycle just seems to repeat itself.

WORKER #22

The children of these parents ranged from newborns to nine years old. Most of the parents had one or two children.

Living Situations

Most of the youth interviewees had been living with their families when they conceived their first child. Seven reported living at their parents' home and four said that they were living with their partner at the female's family home. Seven others stated that they and their partners were living on their own at the time of conception. At the time of the study, the majority of youth were either living on their own, or living with their partner. A few of the youth were still living with their own families.

Support and involvement of the families was divided. About half of the youth said that their families were helping them:

All of my friends, if they have their first baby and they're young, they live with their mom and basically the mom becomes the mother. My mother took care of my son for the first two years on and off. My

mother told me not to feel bad about it because in our culture people do that.

MOM #8

There were equally as many comments to suggest that parents are unsupportive. Workers talked about unsupportive families more than youth. Seven workers commented on this issue.

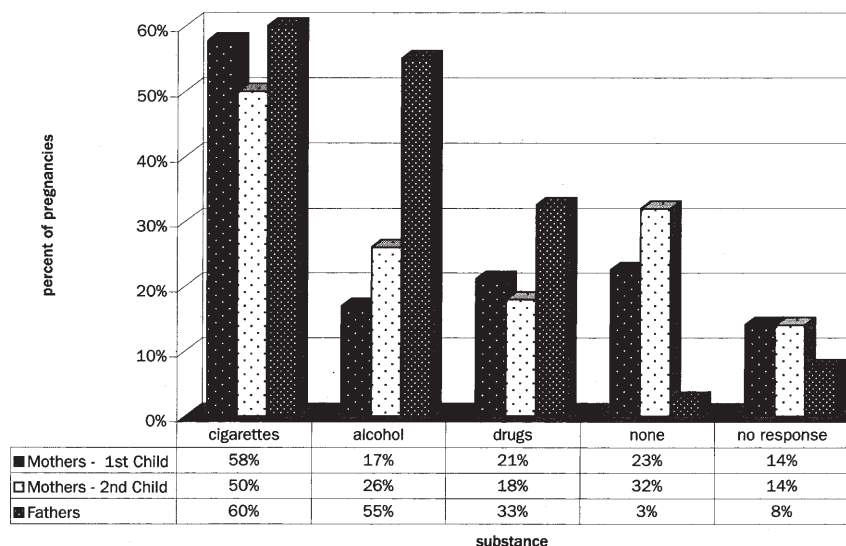
If you have family who are heavy drinkers, they're taking turns taking care of themselves, never mind the kids and the kids' kids. If the grandparents aren't healthy themselves, it becomes another issue. I think it depends on the family.

WORKER FOCUS GROUP

Some of the grandparents I've met, but a whole lot of them I haven't. I have clients whose moms are in town but it's still like they're left on a limb all by themselves. I've had people make me think that I'm the only female person they can talk to and yet I'll find out that they have a mother here in [town] which will really surprise me because they seem so isolated.

WORKER #3

FIGURE 3
Substance Abuse During Pregnancy



I would let other teens know that if they don't want to have kids, to use protection because it's a lot of work. It's hard even just to have a shower. There's lots of stuff I would like to get done during the day and I can't because I have to look after her.

Be safe and use protection.
MOM # 14

Income

Every teenage mom that has gone through my group is on social assistance. If they're not going to school, they're not on anything. They're living off their child tax credit and whoever will take them in. That to me could push some of those girls towards some really inappropriate activities to make money, like dealing drugs, prostitution, or staying in an abusive relationship because they have nowhere else to go, or nobody else to take care of them.... I don't know how they survive on Ontario Works because it's not enough to survive on. How can they buy good food to feed these kids?

WORKER #3

Many of the workers commented on the poverty of their clients. A number of them talked about the inadequacy of Ontario Works¹⁶ as an income. Worker #15 commented, "To budget with somebody that lives on Ontario Works, there's nothing

to budget with." Workers talked about youth who are coming to Friendship Centres for formula, food and diapers because of insufficient funds. Support programs are the only source of emergency support for many youth who do not have extended family. In many cases, the extended family can not help as they are also struggling with poverty.

There are exceptions to the rule where there is extended family either on his side or hers where they really do kick in but that would be the minority in the group. I don't have a whole lot of people that can say that they have ran out of milk and their moms have to get them milk and diapers.

WORKER #3

The youth were less likely to make comments related to poverty, but some talked about the difficulty of living on low incomes:

I was always free to come and go as I pleased. I had extra money in my pocket and now I'm broke. I have to pay a babysitter every month and it costs a lot. I always have to buy diapers instead of shoes or clothes.

MOM #18

When I had my son, I was working, making only \$6.85 an hour. I would have thought more about it if someone could have told me what things cost.

DAD #2

THE ECONOMICS OF UNINTENDED PREGNANCY

- an Ontario cost-benefit analysis showed that preventative programs between 1975 and 1983 helped to avoid over 21,000 adolescent pregnancies, a net savings of \$25 million. "The savings in human terms to each individual woman are beyond measure" notes a medical journal editorial.
- a 1986 study estimated that for every \$1.00 spent on family planning services, more than \$10.00 is saved in welfare and family benefits alone.
- further costs are lost human productivity of undereducated and impoverished mothers and children. In Canada, 60% of single mothers and their children live in poverty.
- economic costs of unplanned pregnancy are high compared to the costs of providing family planning services.

from "The Economics of Contraception, Abortion and Unintended Pregnancy", Childbirth by Choice Trust. www.cbctrust.com

Relationships

The majority of my clients' [pregnancies] are through relationships. I have only had a few girls – no matter how young they are – where I've never seen or heard of the father.

WORKER #3

I could care less about partying. I just want to raise her to the best of my ability.

MOM # 14

If I didn't have a child when I was younger, I probably would have finished school and I could have had a better job. Some of the jobs pay \$18.00 an hour and I can't get those jobs because I don't have my grade 12.

It gets harder when you have a kid and go to school at the same time.

DAD #5

Most of the pregnancies among the youth interviewees came out of relationships. Half of the youth parents said that they were still in a relationship with the other parent. A few of the interviewees commented on how it had made their relationship stronger:

The social life slowed down a little bit, and the relationship with my girlfriend, we have our ups and downs, but it's mostly been stronger ever since. So in the long run it's been good for both of us.

DAD #1

There was much more talk about strain on the relationships between youth parents. Worker #3 commented, "It's probably about half and half: [some] single, and some do have their partners with them. But it's rocky."

Many of the youth interviewees also talked about stress in their relationships:

We went through some ups and downs. It was pretty stressful on the relationship, an unplanned pregnancy. It's hard to stay together if you're always fighting with each other. It's hard on the baby too, because if the girl's always stressed all the time, the baby's stressed.

DAD #3

I don't know about forever. I just go on day by day. We have a lot of things to work out. It's hard. We're doing things a lot of people our age don't do.

MOM #11

We were together for about four years and then we broke up. It seemed that the more children I was having, the harder it was for us to get along.

MOM #17

It's not working out that good. Mostly I am home alone with my two children.

MOM #12

Three of the youth mentioned that their relationships with their partners had been violent.

Participants were hopeful about the fact that some fathers are involved in their children's upbringing. Workers talked about some dads trying to find jobs and take responsibility by financially supporting their children.

I think that these kids haven't had any dads so they want to [end] that cycle and be there for the kids. Be responsible because their own fathers weren't.

WORKER #2

I'm seeing more guys being involved now, more than there used to be. Especially if they're the ones becoming the fathers. It's just a little more, but it's more than it used to be.

WORKER #10

A few of the interviewee dads were or had been primary caregivers. Worker interviewees also offered stories of dads they know who look after their children.

There were many other stories about dads who do not stay. Worker #17 said "They do stick around but they are in and out of the picture." A lot of the stories about absent fathers spoke to a lack of responsibility and a reluctance to change lifestyle.

Dads who are older are more involved. Younger dads want to live out their childhood.

FOCUS GROUP PARTICIPANTS

I wouldn't want a whole bunch of my teenagers having babies because there's a different value system today. Babies were raised by families, it wasn't just you. People helped you raise your children. Everybody had to help, it wasn't just the mother's job. She had the prime responsibility but there was always someone around. The term that we're hearing now, "It takes a community to raise a child," that was the accepted way to raise a child. There was no other way.

VERA MARTIN

If anyone that doesn't have a kid could feel what goes on through my head about raising a baby right now, they would think twice ... I go nuts. Then I [might] start drinking with her at the house and I don't want that because I know what's right.

But if no one is going to help me, then I'm just going to do it whether you like it or not because I know how to take care of that kid. I know that because she's mine. I'm not threatening anybody by saying that I'm going to [drink] if you don't take my

baby. I'm saying that because that break is needed, I deserve it – although I shouldn't deserve it because this was my choice. But I did not choose to do this alone.

MOM #5

I told him it was a commitment from both of us. He agreed, but none of it is showing.

MOM #23

He was still out running around partying and stealing cars and I was home with the baby and that didn't sit well with me. His father had taken off on him when he was young so that is what he knew.

MOM #19

I tried to stay with his father and I couldn't do that. He's on a restraining order. He can't even call the house. I don't want anything to do with his family, nothing. I have seen what booze can do and I can't do that.

MOM #16

Feelings and Experiences of Parenting

Interviewees were asked how pregnancy and parenting had changed their lives. Four of the twenty-eight parents interviewees talked about the joy they experience as parents.

It has changed my life so much. I look at everything differently now. I have no regrets and I love this so much.

MOM # 21

You can't give it back to anybody. It's fun though. You learn things and I'm young still and I can do a lot of things with my [child].

MOM #15

Others talked about how parenting had made them more responsible.

I guess that my outlook on life is a little bit better now... I feel that I have to provide more and stuff. So I want to work harder. I'm thinking about buying a house

and stuff like that. So that changed my life that way. It made me want to go back to school because I want to get a better job. More money.

DAD #2

As discussed further in section 4.4, nine of the youth parents talked about how becoming parents had helped them to straighten out.

Challenge to Goals, including School

Being a mother at this age, it ain't easy. There are so many goals that I wanted to accomplish in my life. Now I can't do them because I feel I am in a trap. Trapped at home and stuff.

MOM # 12

Participants talked extensively about the challenges that pregnancy and parenting had brought them.

Many youth parents talked about how having children has “slowed them down” in terms of reaching their goals. Some participants expressed frustration about this, while others seemed to accept that it would take them longer to accomplish their goals.

That's one of my goals is to actually finish my school, but I'll probably have to wait until he's old enough to go to a day care himself or to actually get my feet in the door there too. So I'll be a little bit older, and a little bit rustier.

DAD # 1

Participants shared success stories about youth they knew who had managed to finish their high school after having children.

There have been stories where people have [had children] and they can still do what they wanted to do. Like this one girl I know, she had a boy and she ended up

Because of a natural longing to be liked, youth may fall into sexual relationships that may result in pregnancy. This initially becomes a claim to fame – “I'm somebody in the community now and not just an ignored teenager.” The older people notice them and so, without preparation or training, they are in the situation of parenting. Soon however the glow fades and when they can't get out to socialize, it becomes a burden and the baby may be neglected and possibly seized and another cycle begins.

It comes down to the building of a healthy self-esteem based on the recognition of the sacredness of life, and the immortality of sexuality as a reflection of creation.
SHAWANI CAMPBELL STAR

going to – not the Olympics, but being an athlete like that. She got a scholarship to the States after that. She did it.

MOM #10

[My friend] just graduated from school, so she's going to college. And my other friend, she has two girls and she just got her GED and she's going to college and working.

MOM #11

Some of the youth parent interviewees were in school and doing well. These interviewees may be the exception to the norm, as expressed by one worker:

I had a girl just finish her high school. She had her baby when she was 17. She is now attending a parenting program with her little girl and has her high school diploma and is applying for nursing next year. She is a success story and that is an exception to the group because most of them, if they're in high school they usually don't get back or they start to look for jobs because of the money and poverty issue.

WORKER #3

Loss of Freedom/Isolation

I have no social life because I have to take her with me. It changes a lot.

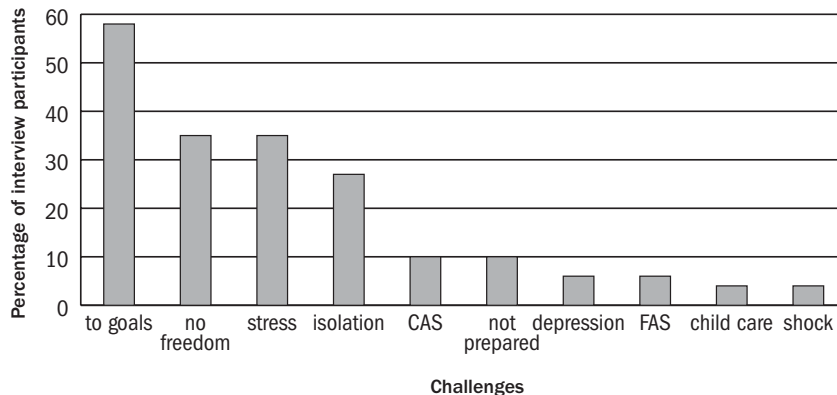
MOM #18

Eleven of the youth parent interviewees talked about the loss of freedom they had experienced as a result of their parental responsibilities.

[Other 20 year-olds] party a lot. They're always out. Sometimes it makes me jealous because now that I have kids, I can't buy the things I want to buy myself. I lack in everything. It feels like it's dragging me down and I know it's not. It's because I put myself in this situation. I feel like I don't get to do anything. It was easier when I just had one. It's hard to find a babysitter for three kids. If I didn't come to school everyday, I would go crazy. I would not be able to cope day to day with three kids. I'm completely jealous of everybody else my age that don't have kids.

MOM #17

FIGURE 4
Challenges Faced by Youth Parents



It's easy to say, "Don't get pregnant." I try to talk about the gift of youth. Youth is the summer of their lives. I tell them "There is a lot of energy, a lot of potential, so use it! Go out there and do what you want to do in terms of your own creativity." I say "Babies will come later. You have the rest of your life to make babies. Now is the best time of your life. Celebrate your own life."

EDNA MANITOWABI

A number of parents talked about feelings of isolation that they had experienced. Four of the youth interviewees commented on the stress involved in being a single parent.

I've been pretty much on my own. I don't go anywhere, only [to] school and daycare, and that's only open until 6:00. I had a breakdown at age 20 and felt trapped and isolated.

MOM #4

Sometimes I have a lot of help with both of them. Sometimes people want to do whatever they want to do and they go and I am left at home. That is when I get discouraged.

MOM #12

I know a lot of people who may appear okay but really, they're not. They're isolated and you don't realize it. It has happened to me and now I see it when it's coming. You don't realize it until it's right in your face and you can't stop it, it's just too far gone. A lot of young mothers keep themselves inside the house and don't have visitors, etc. They only go out if they have to and they drag themselves out. You love your child but you feel like you're not yourself. Ultimately, the child pays because they become neglected and a lot of kids get taken away. When you're in a low-income area, you're surrounded by low income people who do things that other income people wouldn't do. You're surrounded by it totally.

MOM #8

[4.2] Sexual Practices of Youth

Youth questionnaire participants were asked to provide information about their own sexual practices, while youth interviewees were asked to make general comments about what they see among their peers. Front-line workers were also asked to provide information about sexual practices of the youth in their communities. This section shows the findings from all of this data.

Age for Beginning Sexual Activity

Kids are starting to become sexual at a younger age. I know eleven year olds who are out there having sex. It just appalls me that a child that young knows what to do.

MOM #22

Many of our interview respondents remarked on how youth are “starting early” in terms of their sexual activity. Almost half of the interviewees suggested that youth are

becoming sexually active at thirteen or younger. Among survey respondents, 38% of those fifteen and under were sexually active, and almost half of the respondents 16 and under were sexually active.

The questionnaire data further indicates that 28% of the respondents who are currently sexually active began having intercourse at the age of thirteen or less, and 66% of the sexually active respondents had engaged in intercourse by the age of 15.

The males reported sexual activity at a younger age: 37% of the sexually active males had started by age thirteen as opposed to 22% of the females.

Overall, the data demonstrates that intercourse is a part of peer culture for youth and children who are still in grade school. By the time these Aboriginal youth have completed their first few years of high school, almost half have experienced sexual intercourse.

FIGURE 5
Age for Beginning Sexual Activity Among Sexually Active Respondents

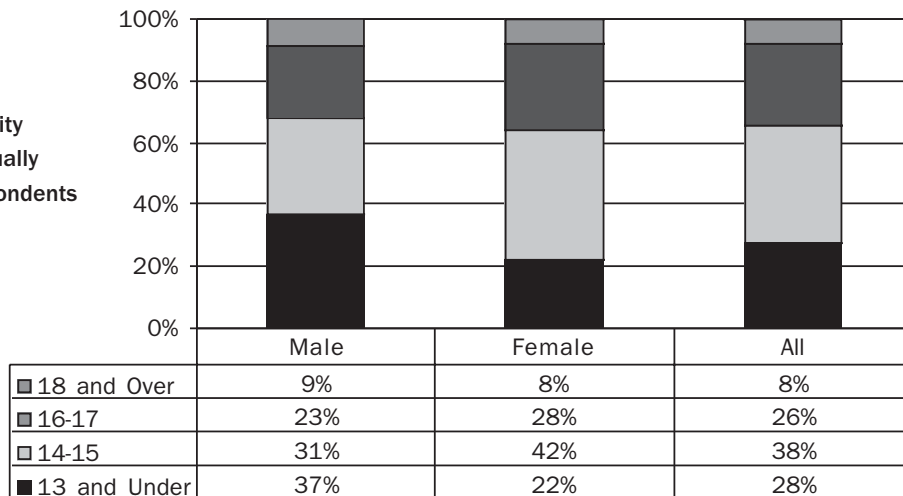


TABLE 2 Sexually Active Questionnaire Respondents by Age

14 & Under	15	16	17	18	19	20	21-25	26-30	Over 30
28%	38%	47%	62%	67%	71%	74%	80%	82%	83%

When these young women are brought to me, I not only talk about the sexual act, I talk about the making of babies. The creation story, and how that happens. I talk to them about their periods and about their cycles, about ovulation. I imagine these are all things that they learn about in school as part of sex education. But what I am trying to do is talk about it from a spiritual level, and also from our teachings. To bring respect in there. I tell them that it is a gift that was given to us, to bring life into the world. It is something beautiful. But I also talk about the consequences of the choices they make. You have to know that the biggest thing is responsibility.

EDNA MANITOWABI

Frequency of Sexual Activity

When asked about frequency of sexual activity, some of the interviewees suggested that sex is linked with “partying”; that it happens regularly on weekends when youth are drinking or doing drugs.

The responses from the survey indicate that sex is sporadic for younger youth and more frequent among older youth. Sixty-four percent of the 16-18 year olds reported having sex at least once a month compared to 11% of the youth 15 and under. Younger survey respondents were more likely to report having sex “once or twice” a year. It is important to note that the sample of sexually active youth under 15 was relatively small.

Number of Sexual Partners

When asked, “How many people did you have sex with last year?” forty-seven percent of the sexually active youth reported having only one partner in the last year. Thirty-three percent of the survey respondents reported two to five partners, and 14% of the sexually active youth reported having more than five partners in the last year. There were differences in the reporting between males and females. Whereas 57% of the sexually active females reported having one partner, only 32% of the males stated the same.

TABLE 3 Number of Sexual Partners Last Year

Number of Partners	Male	Female	All
no response	1%	1%	1%
none	6%	4%	5%
1	32%	57%	47%
2 to 5	38%	29%	33%
6 or more	22%	9%	14%

A few of the interviewees told stories of casual sex patterns in their communities that involved many more partners than were indicated by the survey respondents.

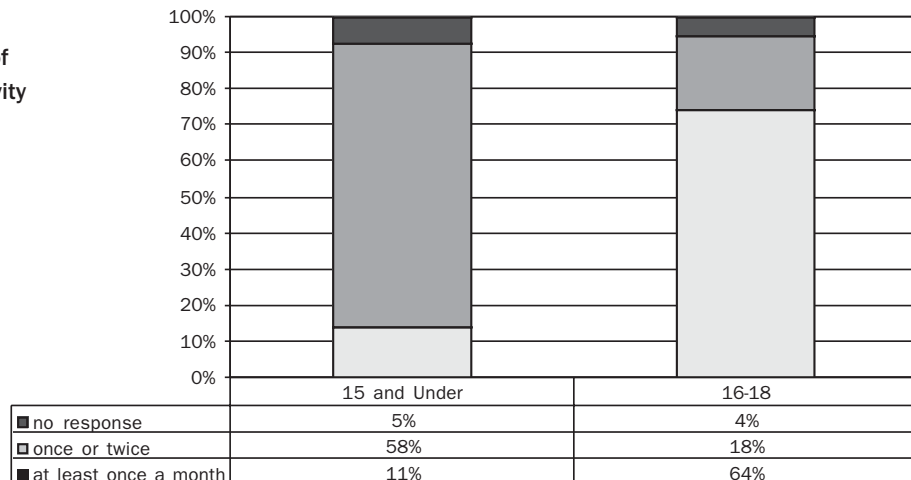
I've heard of one guy that has had every single girl in the group. There's a limited selection of guys and there's more girls, so the guys are getting any girl they want.

MOM #10

There are a lot of different partners. Everyone is sleeping with everyone here... There's very few who have had just one or two partners. I've heard of 12 partners in one night. Anybody who has a party, a kids party, they start [and keep going] until everybody is done.

WORKER #2

FIGURE 6
Frequency of Sexual Activity



When they get drunk they start to become sexually active.

MOM #22

There were only eight survey respondents who reported more than 20 partners in a year. Two of these eight also reported working in the sex trade.

Reasons for Having Sex

Questionnaire respondents were asked to check off one or more reasons about why they have sex. Their top four choices are shown in Table 4.

TABLE 4 “Why do you have sex?":
Questionnaire Respondents

	Male	Female	All
“I like sex – it feels good”	68%	60%	63%
“My partner wants it”	19%	22%	21%
“I do it when drunk or high”	20%	15%	17%
“I want to be loved”	23%	12%	17%

These answers would indicate that many youth are having sex because they are getting pleasure from their experiences. By contrast, interview participants talked very little about pleasure as a motivating factor for having sex. They referred to pressure (from peers and from sex partners) and substance abuse as the primary factors for youth sexual activity.

TABLE 5 “Why do youth have sex?":
Interviewees

	Workers	Youth	All
peer pressure	27%	56%	42%
substances	20%	37%	29%
want love	27%	11%	16%
to try it	7%	19%	13%

Pressure from Partners and Peers

[Youth have sex] to be cool or popular. If you see your friends do it, you have to fit in or you'll be uncool. That's how it is right now.

MOM #15

Forty-two percent of interview participants referenced peer pressure as a motivating factor for having sex. Youth who perceive that their peers are having sex may seek acceptance by becoming sexually active as well. One youth father indicated that even the youth who aren't sexually active might pretend that they are:

Dad #4: Guys want to be cool. I even played the part but I just made things up.

Interviewer: So to be cool you have to act like you're having sex?

Dad #4: Yes, or you get teased, I guess.

Nineteen percent of the male questionnaire respondents indicated they have sex “because my partner wants it”. Twenty-two percent of the female interviewees said that they are having sex because they are pressured to do so by their partners.

Alcohol and Drug Use

In all of the data collection there was a strong association between youth sexual activity and alcohol and drug use. The youth talked about how sex typically happens when there is “partying”, and that people were more likely to lose their inhibitions about sex when under the influence of alcohol or drugs.

I would say it's probably when they're out with friends, drinking is involved. That's the first step and then after that it just kind of happens.

MOM # 16

The street youth may be more frequent [in their sexual activity] due to partying and drinking. You get under the influence and you're less inhibited. It doesn't even matter whether you use a condom.

WORKER #13

The youth comments indicate that substance abuse often leads to risky sexual behaviour. There were further comments relating substance abuse to pregnancy as discussed in section 4.4

Sexual Abuse

Several studies have shown the correlation between childhood sexual abuse, sexually risky behaviour and teen pregnancy.¹⁷ Incidences of sexual abuse among Native people may therefore play into the higher rates of sexual risk taking and teen pregnancy. For example, a 1998 study of Aboriginal and non-Aboriginal women in Winnipeg found that Aboriginal women were more likely than non-Aboriginal women to have experienced sexual abuse (44.8% vs. 30.1%). Women who had been sexually abused were younger when they first had sexual intercourse, had multiple partners, and a history of sexually transmitted disease. Among Aboriginal women, those who had been sexually abused were more than 6 times as likely as those who had not to have had more than 20 sexual partners. Among all women, those who had been sexually abused were more likely to have been pregnant 5 or more times.¹⁸

The questionnaire for this study asked participants “Have you had any involuntary or unwanted sexual experiences (sexual abuse)?”

Sixty-one percent of females and 35% of the males reported having been sexually abused.

Table 6 indicates the percentage of respondents who indicated they had been sexually abused, along with the type of abuse they had experienced.

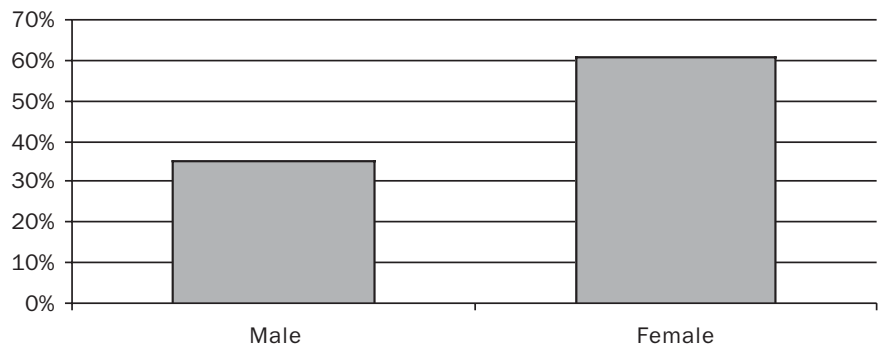
“Someone has used force to kiss or pet me.” (molestation)	31%
“Someone has pressured me to have sex when I didn’t want to.” (coercion)	25%
“Someone has used force to have sex with me.” (rape)	15%

This sexual abuse manifested itself in the sexual lives of both male and female teens. Both groups were three times more likely than their non-abused peers to report having sex because they desire love. It is notable that males who had been sexually abused were three times more likely than non-abused males to check off “I want to be loved” and “my partner wants it” as a motivating factor for sex. Both females and males were more likely to have six or more partners, and less likely to have monogamous relationships.

Almost 30% of the sexually abused males reported never using contraception, as opposed to 16% of males who had not been abused. Males and females who had been abused were much more likely to become pregnant or cause a pregnancy.

A number of the interview participants disclosed that they had been sexually abused

FIGURE 7
Questionnaire Respondents Reporting Sexual Abuse



The main focus is on STDs and pregnancy, but nobody ever really gets into details about how those things can really affect your life now and years down the road.

FEMALE QUESTIONNAIRE
RESPONDENT

TABLE 7 Correlation Between Reported Sexual Abuse and Reported Pregnancy

		No Pregnancies	Pregnancies
Male	no sexual abuse	63%	37%
	sexual abuse	31%	69%
Female	no sexual abuse	53%	44%
	sexual abuse	40%	60%
All	no sexual abuse	59%	40%
	sexual abuse	38%	62%

as children. Two of the mothers discussed how it had affected their sexual practices in different ways:

mom #1: For years I was molested and I think that's probably why I was a virgin until I was 16. That's probably why, in my own opinion, I do it – to please a man.

mom #2: With me I was the opposite because I was sexually assaulted myself as a young girl, and at 13 or 14 I couldn't say no.

Most interviewees did not elaborate on the subject.

Attitudes towards Sex and Sexuality

I don't think people do it because they love each other. It's not even the thing anymore. It's just a fun thing to do.

MOM #3

Many of the youth participants in this study described very casual attitudes towards sex among their peers:

If you are asked out you assume sex and it doesn't mean anything the next day. It just means you went out last night.

MOM #5

I find there's a lot of deception on both parts because the term used nowadays is "player." There are lots of male players out there as well as female players. I find

that's the quickest way to get AIDS. They just don't care who they hurt and they just don't care about themselves.

MOM #23

One worker talked about sex being "the normal thing to do," while another talked about "nonchalant" attitudes.

Aboriginal youth are subject to the same influences of mainstream media and culture as other youth. Ten interview participants mentioned the impact of media and popular culture on youth sexuality. They referred to music, videos, television, the internet and advertising.

The media is a big influence, combined with loss of identity, culture and pride. It results in the kids being more identified with influences from the media rather than from Aboriginal culture. They see sex and highly sexualized people in a certain way in the media, and this becomes their culture.

WORKER #13

Four interviewees commented on the sexually provocative clothing that is worn by girls as young as twelve, and remarked on the influence of teen pop stars such as Brittany Spears. The media can bring about negative attitudes toward women as well, as is evident with the misogynist lyrics that are part of some popular music:

[Sex] is a play thing now. It's not a sacred thing anymore. I was told that I was going to be a sacred person. That is a gift from the Creator that makes you who you are, the whole of you. That's what I was taught.

ANNIE WILSON

I find most teenagers have no respect for women. They call them hos and they call them their slaves. They say it openly – I hear them talking about it walking down the street. I recognize it when I watch a much music video, and you hear that rappers talk. They talk like that.

WORKER #7

There are negative attitudes about those who are sexually active in spite of commonplace sexual activity among youth. One worker mentioned overhearing female teens talking about each other in a derogatory manner. In her community, female teens who are sexually active get negatively labelled – and yet sexual activity remains high:

If they go to get birth control then they will be labeled a slut again. “Oh you are getting those things because you want to hose around.”

WORKER #7

The double standard related to sex and gender appears to have an influence on youth today:

Guys like to lie about when they started [having sex] – Like “11”. Sometimes guys talk like this with their friends – it makes you look like a man. [But] if a girl sleeps with a few guys she is still considered a slut.

FOCUS GROUP PARTICIPANTS

One worker mentioned that this is an attitude that some parents support:

There’s a lot of different rules for boys and girls and it’s still the same as it has always been. It’s okay for boys to be having sex. I don’t see a lot of parents upset about it. But when it’s a daughter having sex that’s when you see a lot of

flags going up and people getting upset. Everyone says “Oh you’re lucky you have a boy because you don’t have to worry about him getting pregnant. But I say “I have to worry about him coming home and telling me that he got somebody pregnant.” I’m hoping that by raising him the way that I have, that is not going to happen.

WORKER #5

Sexually Transmitted Infections

There was little talk about STIs among interviewees. Most of the discussion had to do with HIV and AIDS. One worker mentioned that youth still need information about other STIs:

I was approached to do some workshops for the teens because AIDS and HIV have come to the forefront in many ways. Teens now are not familiar with gonorrhea or syphilis, pubic lice, etc. There’s a lot of STD’s that they aren’t aware of what, they are or how they can affect them.

WORKER #4

Youth participants indicated that they and their peers are aware of HIV/AIDS. Youth learn about HIV and AIDS through public education campaigns, front-line workers and workshops. There are indications that some teenagers are feeling fear because of it:

There is a lot of fear here in [town]. Why they don’t use condoms, I’m not sure. But there is a lot of fear because there are a lot of different partners. Everyone is sleeping with everyone here. I haven’t heard any statistics about [town] and HIV. To me, nobody has HIV here.

WORKER #2

Among the survey respondents who reported using condoms, 79% of the males

I have asked workshop participants for a definition of sexuality because I wanted to hear their thoughts beyond the sex act. They were generally uncomfortable about the subject and gave some strange comments such as “It’s bad.” This is possibly a connection to sexual abuse. I suggest to them sexuality should be honoured as a sacred expression of life – its very foundation – and this should be conveyed to youth from the beginning in an appropriate manner.
SHAWANI CAMPBELL STAR

and 62% of the females stated that they did so to prevent HIV/AIDS. Females were more likely to report using contraception to prevent pregnancies. **Yet many sexually active youth are not using contraception, in spite of the general level of awareness about HIV/AIDS.** Fifty percent of the sexually active youth reported inadequate contraceptive use, as further discussed in section 4.3.

Worker #2 talked about the need to have local statistics that would allow youth to see that HIV/AIDS is a local issue. Many youth still perceive HIV/AIDS to be something that is removed from their lives. There is the mentality that “it won’t happen to me”, or that it is a homosexual “white person’s” disease.

Sex Education

I don't think there's too much more that can be done. I think until sexuality is not such an uncomfortable subject for society as a whole, there's always going to be that problem. If adults are uncomfortable, then kids are even more so.

WORKER, FOCUS GROUP

Questionnaire participants were asked where they had received their sex education. Only 53% of the respondents indicated that they had received sex education in public school. Sixty-nine percent stated that they had received education in high school, and 37% indicated that they had received sex education in both public school and high school.

Other areas where youth had received sex education were public health presentations (33%), youth group (22%) and the Friendship Centre (20%).

Overall, it seems like youth have access to sex education, although they would benefit from having more information prior to high school. One youth mother pointed out:

I never really heard about it at that time. [They didn't teach it] in elementary. I was

I never go in and say “I don't want any of you guys to have sex,” because I may as well just stick my head out the window. It's going in and saying that if you're going to have sex, this is what you have to think about. Starting not only with precautionary

so much as self-respect. That's where we try to start building it.

WORKER # 8

in grade eight when I first got pregnant.

MOM #12

There is also a need for regular and ongoing sex education, as some of the youth suggested:

Sex ed in school happens when you are young and then people forget when you are older.

YOUTH FOCUS GROUP PARTICIPANT

It wasn't in depth. It was just a health teacher that would come in and we would talk about it for one day out of the whole year.

MOM #16

Fifty percent of the respondents reported having received community based sex education, usually through public health presentations, workshops with a youth group or in a program at the Friendship Centre. Some workers talked about doing individual counselling with the youth they come into contact with.

Many of the family workers talk to their clients about planning subsequent children.

They laugh. They think it's a joke. “Oh, I'm already pregnant, what are you teaching us about birth control for?” Well, we'll prevent this from happening again until you're actually really ready to have another child.

WORKER #11

A few workers mentioned the importance of talking about responsibility, healthy sexuality and self-respect when talking to youth about sexual health. Overall, the workers reported positive results from their sex education work, stating “the kids loved it,” and “the turnout was good and the teens were really impressed, like they really enjoyed it.”

Since I have been doing my grandmother's work I have started being a bit outspoken and saying it the way it is. We can't be hush hush about sex. We can't be silent about it, about not being careful because of what's out there.

EDNA MANITOWABI

Questionnaire respondents were asked what they liked and what they didn't like about their sex education presentations. They were appreciative about receiving information, such as "the straight up facts of what can happen or lead to when having sex," and about the presentation style.

"It was fun, not stuck up"

"Very graphic, real and straight forward to the point"

"They are very youth friendly and easy to understand"

The youth also appreciated the use of humour in their sex education sessions.

What they claimed to dislike the most was

presentations that were dry ("boring"), "embarrassing" or "scary". A number of them indicated that they liked having opportunities to ask embarrassing or "stupid" questions in an anonymous way.

Communication about sex and sexuality seems to be of the utmost importance. One worker stressed the need to be non-judgmental. Youth questionnaire respondents confirmed this need by saying that they did not like the classes that were "too preachy".

When asked what they need more information on, 20 youth questionnaire respondents stated "nothing", 18 asked for more information about STIs, 13 asked for information about contraceptives, and a few asked for information about sex (8) and pregnancy (4).

We all knew what birth control was but there was just no interest... We just didn't worry about it. We didn't care.

MOM # 17

They're so worried about what their partner is going to think of them, what their friends are going to think of them – instead of thinking ahead about what's going to happen if I do get pregnant?

WORKER #5

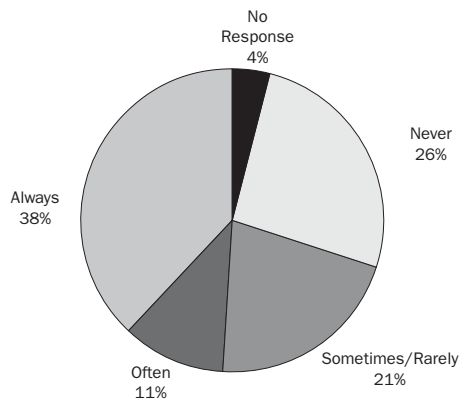
[4.3] Use of Contraception

I find that most men don't like to use condoms and the girl goes with what the guy wants and the pill is hard to take every day.

MOM # 1

Among the questionnaire respondents who were sexually active, only 38% indicated that they always used contraception. Another 26% indicated that they never use contraception, while another 21% indicated that they use it rarely, or only sometimes. **This data indicates that more than 50% of the sexually active youth are at risk of conceiving or of contracting an STI.**

FIGURE 8 Use of Contraception



The males in the survey were likely to have more consistent use of contraception than the females. Forty-two percent of the sexually active males reported always using contraception, as opposed to 35% of the females. Likewise, only 21% of the males reported never using contraception, as opposed to 29% of the females.

Among those who were using birth control, condoms were the preferred method. Fifty-two percent of the questionnaire respondents who use birth control use condoms. The pill was the next popular method (at 27%) followed by Depo-Provera (at 7%).

When asked the reasons why they use birth control, 68% of the sexually active youth

indicated “to prevent a pregnancy”; 46% indicated “to prevent HIV/AIDS.” Males were more interested in preventing HIV infection, with 61% of sexually active males checking this as a reason, whereas only 36% of females had this as a reason. Females were more likely to report using contraception in order to prevent a pregnancy (72% female vs. 63% male).

Many questionnaire respondents gave no response when asked why they are not using contraception. Males were more likely than females to leave this response blank (48% vs. 28%). Twenty-nine percent of the sexually active females said they do not use birth control because they worry about the side effects (vs. 6% of the males). Thirteen percent of the males and 9% of the females said that they don't use contraception because they never plan on having sex.

Interviewees offered a range of reasons for not using contraception:

- “condoms take the feeling away [and] they take too long”
- “it is hard for us to say “no” especially in the heat of the moment”
- “too drunk to put it on”
- “if they're with the same partner, why should they use [condoms]?”
- “they think if they live in a small area they won't get anything”
- “people are shy to go get [contraceptives]”
- “I think they're embarrassed to use a condom”
- “I think they want to learn, but are just too embarrassed to ask, and if other people see them asking they will get teased about it.”

Some of the teen parents described faulty use of contraception. One third of the youth mothers mentioned that they had been on the pill, but had either failed to renew the prescription on time, or forgotten to take their pill every day. A few workers mentioned that Depo-Provera is more reliable for teens because it is injected quarterly, but many youth reportedly do not like the side effects, namely that “it makes you fat.”

I know I'm going to keep it. I always think that way. If I did it, I'm going to deal with it.

MOM #17

When you're in a group you think, yes, get an abortion, but when you're on your own and you start thinking about everything that you have heard, it's always the traditional aspect that comes back to you.

MOM #4

Abortion

They think about it and then most of the time it's not done.

WORKER # 17

Only 1 male and 11 female questionnaire respondents reported that they or their partner had an abortion. This represents 11% of the ever pregnant youth who had aborted. Five of the twenty three female parent interviewees reported having abortions.

Attitudes towards abortion were divided among the interview participants. While not exactly "pro-choice", half of the participants mentioned that people in their communities were using abortion services. Another half reported negative feelings about abortion among their peers. The attitudes thus ranged from casual approaches to abortion to moral interpretations against:

I know some people who have them all the time and it's nothing.

MOM #15

I know of teenagers who are 18, 19, who have already had three abortions

WORKER # 7

It's not something that's appropriate. You're not supposed to do it because you're given a gift and then killing a child.

MOM #11

Some people indicated that negative feelings toward abortion may be stronger on reserve

I think on reserve, it's much different where we're taught that a child is like a gift from the Creator and that spirit chooses you to be his parents so it's like a sacred thing to have a child and you don't take that lightly and don't discard it. When you

talk about abortion earlier, on reserves, it's a lot more hush hush because of those teachings. If you know you don't want to have the baby, it's more that you don't tell anybody and go with a friend to get an abortion.

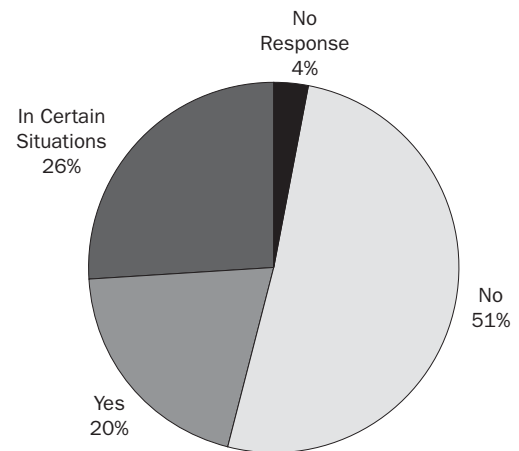
WORKER FOCUS GROUP

On the reserve they don't believe in abortion. There are a lot of Catholic priests there.

MOM #8

Female questionnaire respondents were asked "Would you have an abortion?". Fifty-one percent said "no", while 20% said yes. Another 26% said they would have an abortion in certain situations, including if they were raped. Females who were not sexually active were more likely to say they would not have an abortion than those who were having sex (62.5% vs. 45.1%). Among those who identified with Native spirituality, 47% said they would not have an abortion. For those who identified with Christianity, this number was 49%. Of those participants who claimed no spirituality, 56% said they would not have an abortion.

FIGURE 10 "Would you have an abortion?"



Males were asked “Would you support your partner if she chose to have an abortion?” Forty-six percent of the respondents said “yes”, 34 % of the males said “no”, and 12% of the males said “in certain situations”.

All participants were asked, “When should a woman have an abortion?”, and male and female responses were similar. Twenty-nine per cent said that it is a woman’s choice, 34% said “if a woman’s health is at risk” and 33% said “when the baby’s at risk.” Twenty-one percent said “never”.

Workers reported asking pregnant youth

When I was 14, I was with this guy. I was sleeping with him and I was friends with him for awhile, and I got pregnant. At that time my mom decided that I was too young. And I see that differently now, because I was unstable, emotionally

and everything. So I had an abortion. It upsets me, and sometimes I wonder “What if?”, you know, but I’m happy with the way things are now. And I wouldn’t take it back.

MOM #11

if they were going to abort. Two of the workers indicated that they did not like to encourage abortion. Youth talked about discussing their options with workers, school counsellors, the family doctor, and Birthright.¹⁹ One worker mentioned that she usually doesn’t see the youth until they are about five or six months pregnant.

Youth who live in more remote locations talked about having difficulty accessing abortions. Travel can be a problem for some, as they have to arrange transportation to abortion services.

They're not careful. I mean, you go to a party, you get drunk... who cares and who's thinking about a condom?

MOM #6

[4.4] Reasons for Pregnancy

A central question for this research is “Why do Aboriginal youth get pregnant?”

Interview and questionnaire respondents came up with several main reasons why they believe Aboriginal youth are getting pregnant.

Questionnaire respondents who had ever been pregnant or had caused a pregnancy were asked how their first and second pregnancies happened. They were asked to choose one or more reasons from a pick list. Their reasons for getting pregnant the first time and subsequent times were not substantially different. The top reasons overall were: “We didn't use birth control”, “I didn't believe I would get pregnant”, “I wanted a baby (planned)”, “I was drunk or on drugs”, and “The birth control didn't work.”

TABLE 8 Reasons for Pregnancy Provided By Parent Questionnaire Respondents

Reason for Pregnancy	Number of Pregnancies
didn't use birth control	82
didn't believe I would get pregnant	39
planned	38
drunk/drugs	22
birth control didn't work	21
I didn't care	17
wanted love	15
no response	14
time to have family	10
rape	8
keep my boyfriend	1

Interview participants were asked to speculate on why they believe Aboriginal youth get pregnant. Their top reasons included substance abuse, social norms, poor parenting, wanting someone to love them, and carelessness.

Alcohol and Drug Use

People party too much and don't use a condom. They're too drunk to put it on.

FOCUS GROUP PARTICIPANTS

The most cited reason for youth pregnancy among interviewees was substance abuse. Forty-six percent of all respondents indicated that alcohol and drug use is a major factor in the incidence of pregnancy among Aboriginal youth. Youth respondents identified this as a reason more often than workers, perhaps as a result of what they see among their peers.

Several youth indicated that they are less likely to use protection when under the influence of alcohol.

At the time I was drinking and partying a lot. I was drunk at the time and you don't think about using condoms.

MOM #23

Participants talked about casual sex resulting in pregnancies because of carelessness due to alcohol. Youth who were in relationships also indicated that they were more careless under the influence of alcohol.

Me and [girlfriend] used protection, but if we were drunk we usually didn't.

DAD #2

Substance abuse may also be a cause for teen pregnancy in that it appeals to some youth who are looking for a way to straighten out and become more responsible. This was brought up in one focus group. Participants talked about a case scenario involving a pregnant teen, stating “The pregnancy might give her the motivation to get back on track”, and “It might be a turning point in her life.” One mother (#8) remarked: “The only reason that I had this [child] was because I knew that I needed a change and I figured that if I didn't want a baby I would have been on birth control.”

I think that if I didn't have my first daughter that I would still be going out and doing bad things. Ever since I had her my life went mellow.

MOM # 17

Six of the mothers, one of the fathers and one worker talked about how pregnancy and parenting can curb a youth's substance abuse.

I'm glad that I had my girl when I did because I found that I was starting to get too involved. It's like a washer that I can't get out of and I keep getting spun under. When I'm trying to get out, it just pulls me back in. She was like this little person who came and helped me out of it. I started working and quit drinking and I'm really glad for that.

MOM #22

mom #19: I used to drink a lot and go out and party and now I have something to look forward to and something to take care of. I quit drinking and I stay home ... I don't know where I would have been now had I kept going the same way.

Interviewer: What's your fear of what might have happened?

mom #19: I probably would have been in jail.

Pregnancy can thus be caused by careless behaviour involving substance abuse, and can also be perceived as a way of getting out of self-abusive or reckless behaviour.

“Nothing to Do”

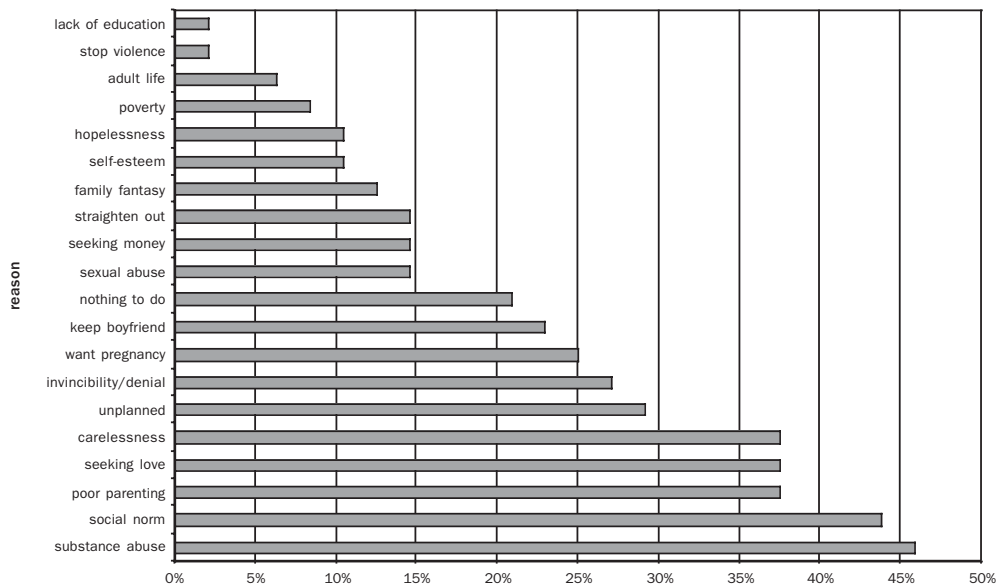
There's nothing else to do. So why not go do him or her.

FEMALE QUESTIONNAIRE RESPONDENT

Twenty-two percent of the youth interviewees said that they become involved with alcohol, drugs and sex because there is nothing else to do. One female survey respondent wrote, “There is nothing for youth to do, so they end up partying and having sex” while another wrote “They start drinking and getting high at an earlier age. Not much else to do.”

Many of the youth used the word “boredom” when describing the reasons for youth pregnancy. Focus group participants stated “They use drugs, alcohol and sex because they are bored.” In the absence of other activities, sex, along with drug and alcohol use becomes “something to do” to deal with the “boredom”.

FIGURE 9 Most Cited Reasons For Aboriginal Youth Pregnancy: Interviewees



Kids get bored. Sex is something to do.

FEMALE QUESTIONNAIRE
RESPONDENT

Workers and youth indicated that extracurricular activities are either unavailable or unaffordable to the majority of Aboriginal youth:

I would probably have to say that [the cause of teen pregnancy] is that there's nothing to do around here. There are activities but they are expensive, such as figure skating and hockey. The same for high school sports, and it is really expensive to travel and to go to different places.

WORKER #1

There's really nothing to do out in the social [spectrum]. There used to be a place where they'd go play pool and have the arcade but they shut that down because everybody thought there was trafficking of drugs. In my opinion, ever since they shut down that pool hall the crime rate for teenagers went up, the pregnancies for teenagers went up.

DAD #1

High school's just not enough to keep them away from that [risk behaviour]. It's the night time, Friday, Saturday nights. It's hard. If nothing else, one weekend a month get them away from that, start doing something to pull them away, and make it fun because they get all frustrated with you then they won't want to come.

MOM #10

One worker confirmed that youth who are more active are less prone to risk behaviour leading to pregnancy:

I'm finding that it's the ones who are more involved in either the school or community, Native or otherwise, that are being much more careful.

WORKER #8

A female questionnaire respondent linked the lack of activities to identity development, writing, "There is nothing for younger teens to express their individuality or culture in small rural areas."

Youth Pregnancy as a Social Norm

Maybe it's because one person has a baby at a young age and they think it's so great and cute that they might as well try.

MOM #8

Forty-four percent of all interviewees commented on teen pregnancy as a social norm in their communities. Many suggested that this may be the reason why many teens either choose to become pregnant, or are more careless in their use of contraception.

I wonder if it's related to there being so many other young Native girls around here with kids. So there's not as much pressure to be safe, and they're not as careful.

DAD #3

Workers were more likely to identify social norms as a reason for pregnancy than youth (73% vs. 35%). Worker #2 commented "It is almost strange not to have a kid by [the age of] 20 in our community," while another stated "They want babies if their friends are having babies. It becomes like a club and the social norm."

Interviewees were asked how youth react to pregnancies among their peers. Only 15% indicated that youth react negatively, whereas 19% said that peers react positively to the news, and 27% said that youth are non-judgmental about peer pregnancies. Positive reactions tended to be from older teens whose friends encouraged them to see the arrival of their child as a "blessing".

Negative feedback from peers came not out of shame, but from peers viewing the pregnant teen as the "unlucky" one who would be hindered by having children young:

I don't think it surprises the community anymore. [Teen pregnancy] is starting to get normal. It's almost becoming a way of life, and it's comfortable. Like there are a lot of other things in our community that shouldn't be.

WORKER #11

I think it's kind of like, "Too bad, you're the one who got picked to have a baby." Because so many people are sexually active, but if you get pregnant, it's too bad and what do you do?

MOM #3

They always talk like "Oh they had more potential than to become a parent ... They say "Oh I can see her. She could have been this and she could have been that."

MOM #10

Two of the youth reported feeling negative feedback from the public, stating that people would stare at them when they were pregnant or with their children. One youth talked about her resentment about the negative feedback related to teen pregnancy:

One thing that really got me mad ... someone phoned me and said this lady is going to phone you about teen pregnancy – and I thought "Why?" Some people think it's really bad because I'm a teenager and I'm pregnant, but at the same time society considers me an adult because I'm 18.

MOM #6

Non-judgmental attitudes can be seen as beneficial and positive for the youth in that there is little shame in pregnancy. Some of the adult participants commented on how the attitude towards teen pregnancy had changed from their generation, and for the better. But many of the non-judgmental attitudes are also problematic in that they reflect a "laissez-faire" style attitude to the prevalence of teens becoming pregnant:

Worker #12: I find that up north especially that it's accepted and there is no one saying it's not right that these kids are having kids. It needs to come from the leadership.

Interviewer: So the youth having children is accepted?

Worker #12: Yes, and because lots of people in [community] come from the north, they're going to bring these so-called values and the way they have lived and that's the way it's going to be. That's what I see is that it's almost okay for them to get pregnant. It's not encouraged, but when it happens, it's not discouraged either.

Some interviewees from northern cities suggested that Aboriginal communities are more accepting of adolescent pregnancy. Worker #3 commented, "With Aboriginal [youth] it's non judgmental. It's just accepted." Another stated:

It's not shunned upon. I can have a 13 year old Native girl that's pregnant and comes from a northern community and there's no judgment call on it. Whereas if there's a 13 year old white girl in town, then everybody's talking about it, and that's still prevalent. It's just "okay" that it happens. But it happens a lot.

WORKER #18

Interviewees were also asked how parents react to pregnancies among their children. Parents were generally less accepting of the pregnancies than peers, with 19% reacting positively, 35% reacting negatively, and 13% being neutral.

Participants who reported that their parents reacted positively talked about them being "supportive". Four youth said that their families were happy to hear the news. Two youth talked about their parents presenting them with options of abortion, adoption or parenting.

Some of the parents were very hard on the pregnant teens, as there were stories of adolescents being cut off or reprimanded.

Their mother has done it and so they do it.

WORKER #17

Some youth reported that their parents were disappointed, ashamed, angry and upset.

Among the parents who reacted negatively, several had also been teen parents. They worried about the difficulties facing their children:

[My mom] was 17 or 18 when she had her first. I think that's why she got so upset. She probably had it rough too.

DAD #5

Pregnancy in their adolescent children may not be acceptable to many parents, but if they were teen parents themselves it may seem “normal” to their children. These youth hear messages about delaying pregnancy, but see different patterns in the role models around them:

You can tell them “Wait until you’re married and have your education” and everything like that, but I don’t know if in the back of their mind [they think] “Well look at you.”

WORKER #9

Some workers suggested that youth may have unrealistic expectations about teen parenting. They see it as unproblematic because it was part of their upbringing:

It’s what they have seen...like if their mom was a pregnant teen. And their mom “did just fine”.

WORKER #7

There’s the idea of “It won’t happen to me, and if it does, it will be okay because my mom will help me. My mom was only 16 when she had me and I’m okay” – this is the outlook I’m getting.

WORKER #8

Questionnaire participants were asked to estimate the age at which their mother had her first child. Fifty-four percent of the youth respondents had teen moms (aged 19 or less). **Youth with parents who had been teen mothers were more likely to have teen pregnancies as well.** Forty-eight percent of the never pregnant youth had mothers over twenty, versus 29% of the ever pregnant youth.

Poor or Neglectful Parenting

A lot of parents are gone at night with unsupervised houses. People know which places are unsupervised so they all hang out there. When it’s unsupervised, everything goes on. It’s a known hang out and people do what they want.

MOM #5

Thirty-eight per cent of the interviewees talked about how problems in the family can lead to adolescent pregnancy. Some referred to a lack of parental supervision:

I do see some of the parents of these teens that enable them in their behaviours. With drinking and smoking and staying out all hours of the night.

WORKER #3

[Parties can happen] every night – not just on weekends because there’s a lot of kids here that don’t go to school. They just hang out. They can start a party at 2:00 in the afternoon and the parents aren’t home.

WORKER #2

Some participants talked about pregnancy being appealing because it offers youth a way to “get away from their own family.” It seems to provide a way out of dysfunctional or abusive situations that these youth are experiencing in their parents’ homes. Youth

They want to fit in. They want to feel wanted. Because there is nothing at home.

WORKER #10

and workers also pointed out that an absence of love in the home can cause some youth to seek out pregnancy:

The youth in my community get pregnant because they feel like they are not getting attention or love from their parents – so that’s why they have babies.

FEMALE QUESTIONNAIRE RESPONDENT

Sometimes it’s in the background. If you don’t feel love in the family, or if it wasn’t demonstrated, how are you going to show it? Sometimes they come from really dysfunctional families.

WORKER#1

A couple of youth inferred that family breakups were behind their desire to have a family of their own:

It may be a security thing. When I was growing up, I really didn’t have much security. I was independent all of the time. I was closer to my friends. My parents had divorced when I was about 11 or 12, so from then [on] I was pretty much by myself.

DAD #5

I could admit that, since my family, my mom and dad were separated, I wanted love.

MOM #12

Others may have experienced love within their families, but were feeling lonely in the absence of that love. When one of the mothers (#20) was asked why she got pregnant, she replied, “I guess I kind of missed family and I wanted to have my own family and I wanted to do things that my family was unable to give me.”

A lack of support, attention or care from the original family may be at the root of

another frequently given reason for adolescent pregnancy: that adolescent moms in particular are “looking for love”.

Seeking Love

[They get pregnant because they’re] looking for love in all the wrong places, and usually under the influence of alcohol or drugs.

FEMALE QUESTIONNAIRE RESPONDENT

An often cited reason for teenage pregnancies is that teen mothers are “looking for someone to love them.” The findings from this study support that hypothesis. Thirty-eight percent of the participants mentioned “looking for love” as a reason for teenage pregnancy.

I had a lot of family history problems and I felt like I wasn’t loved so when I got pregnant it really changed things and turned my life around. I felt that I had someone that I know will love me and I can love them back

MOM #15

Many of the youth talked about feelings of insecurity. One parent (#17) talked about having a baby at sixteen because she didn’t want to be by herself. This parent stated “I think [youth get pregnant] because they are lonely. Every time I talk to my friends they say they don’t want to be by themselves.”

Having a baby can also be a strategy for dealing with fear of abandonment:

One thing is for the woman is that they don’t have anyone who loves them so if they have a baby then they have somebody who has to love them back and they can’t leave.

WORKER #2

I guess some do it purposely because they feel that no one cares for them.

FEMALE QUESTIONNAIRE
RESPONDENT

I was adopted when I was a baby and my parents died when I was young. So ever since, I have been angry with the world, as if somebody owes me something. I'm so lonely that I just needed to be with somebody that I thought cared just a little bit. I needed to feel that security. I have to feel that security and I still do because any guy that I have ever been with is over 200 pounds. I need to feel safe and that they're not going to leave.

MOM #13

In her interview, one worker talked about youth who have unreal expectations about their relationships.

You would think in today's world that people would realize that life doesn't work this way, but they don't. I have gone through that a lot this year. You can't tell them how to live their lives...all you can do is reinforce that there isn't a man alive that will stay with you just because you have his baby.

WORKER #4

Other Reasons

Research participants provided several other reasons for teen pregnancy in their communities. The majority of written comments from questionnaire respondents pointed to a **lack of education** on the part of youth as a reason for teen pregnancy. Many of these comments were offhand, such as "they're just being stupid"; "they don't know better – uneducated" or "lack of education." Some wrote that youth need more sex education and knowledge about birth control. They suggested a need for greater awareness about the risks of unprotected sex and about how easy it is to get pregnant.

Several questionnaire and interview participants mentioned that youth have the attitude "**it won't happen to me.**" Five of the teen mother interviewees confirmed that this had been their attitude prior to getting pregnant. A few youth commented that this can be the case even for a second pregnancy.

The youth in my community think as I did before I got pregnant BOTH times – "It won't happen to me."

FEMALE QUESTIONNAIRE RESPONDENT.

Four workers talked about trying to work around the "invincible" feelings that sometimes colour adolescence:

Twelve research participants commented that female youth may seek out pregnancy in order to keep their boyfriends.

A lot of girls are really nuts and they fall in love with some guy at the age of 13 and he doesn't like her because she's psycho, but she wants him really bad. She's going to try and get pregnant on purpose [in order] to keep him. That happens a lot. Then he leaves her and she thinks "damn" – then finds a new guy and does it all over again and again.

MOM #5

With the re-occurring pregnancy, the thing with teens is to keep the boyfriend around.

WORKER #3

Some of the youth moms talked about earlier dreams of raising children in a two parent family. They had imagined themselves to be in lasting relationships. In a group setting, one teen mom stated "I thought that when I had my babies I was going to be with this guy forever," while another added "That's what I thought. I'm old fashioned and that's what I wanted." Mom # 12 said she had conceived a second child because her boyfriend had wanted a family. She had hoped that the relationship would flourish under these conditions, but concluded "It's not working out that good. Myself, I am mostly home alone with my two children."

We are talking about young mothers and why are they having so many children? I believe the biggest factor is poverty, just plain grinding poverty. The other is self-esteem, self-worth. In our society young women often have no other way to feel good about themselves. I have observed little girls, eleven, twelve years old who upon becoming pregnant were suddenly accepted into the women's circle. They felt worth while. They could sit at the kitchen table with the women and talk. Everybody cared about their health and if they had enough to eat. For the first time in their lives they were treated as if they were of consequence.

Having children also allows young girls independence. As a mom you can get your own place, get welfare and child benefits, sometimes both. Maybe that's not a lot of money but at the time it means you can leave an often abusive home and live your own life...

[CONTINUED NEXT PAGE]

Adolescents think “Not me, it can’t happen to me.” They are feeling invincible. So I think it’s just that train of thought – that “Oh, this one time can’t hurt,” and usually it just takes that one time.

WORKER #15

These feelings of denial can also be combined with **carelessness** and a lack of foresight about the future or the consequences of one’s actions.

Even my second time moms have done nothing to prevent it. They just say “Oh well,” and that’s the attitude I’m getting.

WORKER #8

Seven of the youth parent interviewees indicated that they wanted to get pregnant. They gave various reasons, including that they felt they were ready, wanting to have a second child closer to the first one, wanting to establish a family with their boyfriend, and feelings of loneliness. Five participants talked about their pregnancies as “kind of planned”, meaning they were having sex without contraception:

See it was kind of in the middle of being planned and not planned. Like I wasn’t on the pill and we weren’t really planning ...

MOM #11

It wasn’t a planned thing. It wasn’t unplanned, but it was a surprise.

MOM #3

Mom #7: I wasn’t really planning a pregnancy but if I did I wouldn’t regret it.

Interviewer: Were you using contraception?

Mom #7: No.

WORKER #4

This examples demonstrate a desire for pregnancy, but an unwillingness to take responsibility for making the decision to have a child.

Low self-esteem in girls was also given as a reason for teenage pregnancy. Worker #7 connected teen pregnancy with poor school performance:

I think it has a lot to do with the girls not doing well in school. They know they are not going to finish so they go out and get pregnant. It’s an excuse, “I’m pregnant. I can’t deal with this.”

WORKER #7

Seven participants talked about **sexual abuse**, including childhood sexual abuse and rape. This is supported by the study findings that those who had been sexually abused were more likely to be involved in a pregnancy. (See section 4.2).

Six participants mentioned **poverty** as the root of teen pregnancy. They suggested that youth may see welfare cheques and baby bonuses as an easy way to get money, or a way out of an overcrowded or abusive home:

I think the reason is the poverty issue in our communities. Welfare, more money, baby bonuses, etc.

MALE QUESTIONNAIRE RESPONDENT

There’s still that concept out there that you’re going to have more money if you have a baby which is not so. But they don’t know.

[CONTINUED FROM PREVIOUS PAGE]

No one ever tells you that after a while you’ll end up with a bunch of babies and no life. Or that if you don’t raise them “properly” everyone is going to be down on you and you’ll end up right back where you started. Only now you’ll have two, four, maybe six daughters and you will pass the whole bundle onto them. And they will become little girls of no consequence.

Poverty and ignorance have to be eliminated. As long as there is grinding poverty and ignorance not much will change. We also need to take a good look at ourselves. We can talk culture, tradition, spiritual or otherwise, but all we need to do is look at the lives of our children to know where we are at. So what are we going to do? Say “Stop! No More!” Or are we going to wait for another government program?

MARIA CAMPBELL

Traditional teaching wasn't something that we grew up with. It wasn't really evident on our reserve either. There were a few people that did traditional teachings, but myself, we went to church but not all the time. We went on special occasions.

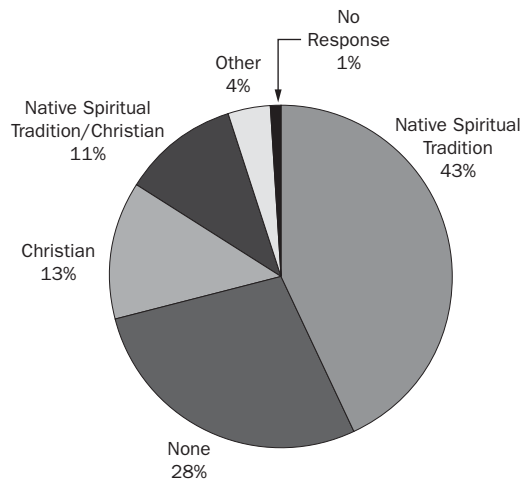
Personally, I don't know any of the teachings so I can't say too much about that.
MOM #16

[4.5] Ethics, Spiritual & Cultural Influences

One of the goals of this study was to determine if there are any distinct features about Aboriginal youth sexual health and pregnancy. In particular, the OFIFC wanted to explore the impact of cultural or spiritual influences on sexual practices and attitudes about family among contemporary Aboriginal youth.

Questionnaire participants were asked whether they follow Native, Christian or other spiritual traditions. Forty-three percent of the youth identified exclusively with Native spiritual tradition, 28% said they do not follow any spiritual tradition 13% identified exclusively as Christian, and 11% stated they followed both Native and Christian spiritual ways.

FIGURE 11 Spiritual Ways: Youth Questionnaire Respondents



There were more respondents from the south who identified with Native spirituality than in the north or in central/rural Ontario. (66% in south vs. 45% in north and 47% in central/rural). Christianity rated evenly across the three regions. One third of the central/rural and northern respondents said they do not follow any spiritual ways, as opposed to one fifth in the south.

Participants who identified with Native

spirituality were less likely to have had a pregnancy. Sixty-three percent of those who identified with Native spiritual ways had not conceived children as of yet versus 52% of Christian and 48% of those with no spiritual ways.

Interview participants were invited to discuss whether they thought Native or Christian ethics influenced the sexual practices or attitudes about family among Aboriginal youth. Only three of the youth parents talked about the application of Native traditional knowledge in their own lives. Most of the knowledge that was referred to by youth and workers had to do with pregnancy, birth and infants. For example, a few youth talked about pregnancy being “a gift from the Creator”. Attitudes toward abortion were also influenced by this interpretation of children, as has been discussed previously. Some focus group participants inferred that traditional families were more reserved about sex, stating “In a traditional home you don't talk about sex.” One youth talked about the need for more respectful attitudes in terms of relationships.

Over half of interviewees surmised that Aboriginal youth are not greatly influenced by Native culture and tradition, and certainly not in the areas of sex and sexuality. None of the workers or youth had heard of teachings in this area.

Interviewer: Does your mom talk to you at all about traditional teachings around sex or sexuality?

Mom # 18: No because I'm sure that she doesn't know any of that.

Interviewer: What about being a parent?

Mom #18: No. She doesn't know any of that.

Interviewer: Do you have any aunts or grandmothers that you could learn that stuff from?

Mom #18: No.

They hear it, and it is about respect. About self-control, actualizing the self, becoming something of service to your people. And it is true, about motherhood, the woman is centre of the circle of life. All those things are true, and they are all beautiful teachings, but they get thrown around as phrases. Phrases that become really trite because there is no path or guidelines. What does it mean? What is the bridge between those beautiful words and the realities?

KATSI COOK

Don't have your kids until you are old enough because you miss out on everything. I feel like I'm thirty.

MOM #17

Interviewer: Do you think many aboriginal youth follow those teachings?

Mom #18: I don't think so. I know that most of my friends don't believe in that.

A few workers talked about how it had been hard to get youth interested in the cultural parts of their programs.

I notice that a lot of the youth aren't really into the traditional stuff. They don't really practice it. When I do my life skills with the youth and I ask if they want traditional teaching from an Elder, they say no.

WORKER #14

Some youth expressed interest, but were unsure about how to access these kind of teachings:

Any teachings on my background I would want to learn. It's just that I don't see them out there anymore.

DAD #5

Thirty-five percent of the interviewees suggested using Elders and cultural teachings as part of a strategy to encourage healthy sexuality and prevent unwanted pregnancies.

From the findings in this section, it seems that many youth identify with Native spirituality, but are lacking in concrete teachings about sex and family planning.

There were only a few interview participants who talked about the influence of Christian teachings. Four of the youth said had been given the message to delay sex until they were older and married, and they related this to Christian backgrounds. Some of the youth said they had Christian backgrounds, but that their families only rarely attended church. Overall, Christianity did not appear to have a big influence on the youth interviewees or their peers.

Attitudes about Family

Most times, every one of them will agree that they really are too young to have families yet. [But] I think that the minute we try to put our values on them, we're shutting them out and they won't come back.

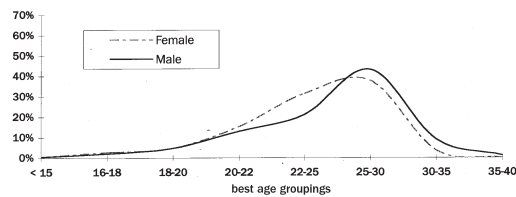
WORKER #8

Youth who participated in the study were asked to share their opinions about the best age for starting a family as well as the ideal size of a family. Both questionnaire respondents and interviewees commented extensively on what they see to be the ideal conditions for having a family.

The majority of questionnaire respondents indicated that they believe the best age for women to begin their families is after the age of 25. Thirty-one percent of the respondents checked off 22-25 as the ideal, while 38% indicated 25-30 is the best age.

The best age for men to start a family was substantially higher for many participants. Fifty-nine percent indicated that 25-30 is the ideal age for men to start their families, while 29% checked off 22-25.

FIGURE 12 Ideal Age to Start a Family: Questionnaire Respondents



When questionnaire respondents and interviewees were asked why they picked the ages that they did, they repeatedly stated that men and women should be established and stable prior to beginning a family. They spoke about the need for maturity, work and/or financial stability, and the completion of

I don't think there are too many youth out there who are still fasting. That is one of the things I would do for the young. More mothers and grandmothers have to do that; put the girls out to fast. It works. We have also been trying to tell the fathers to talk to their sons. To put them out fasting, and to give them that direction. To help them get ready for life.

EDNA MANITOWABI

I would say wait until you have a good job and meet the right person.

MOM # 1

school. Participants also placed importance on having completed their fun and partying, having straightened out, being young enough to have children, and having an established relationship.

Maturity was a big theme for both men and women. Participants made comments that equated maturity with responsibility and stability:

[re women]: The mind and body by this age [22-25] should be mature enough to handle the every day responsibility of parenting.

FEMALE QUESTIONNAIRE RESPONDENT

[re men]: [25-30] is when they usually want to get serious. Younger than this they are just immature and want to have fun.

FEMALE QUESTIONNAIRE RESPONDENT

Participants also talked about a person “knowing what they want in life” by their mid-twenties.

A number of participants said that the age did not matter – as long as the person was responsible:

I would say when you’re mature enough and you think you can handle the

responsibility and you have a steady income to support that child. I don’t say there’s any real given age because everybody is ready at their own time.

MOM #23

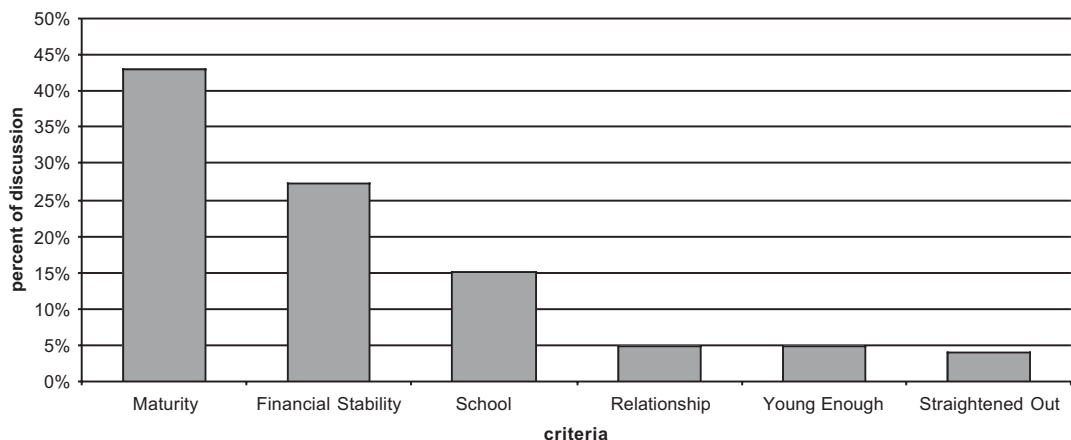
Most participants did not qualify which level of school they felt was required, but these comments were usually linked with the prerequisite of employment prior to parenthood. Having completed fun and partying ranked higher for males. “Being young enough to have children” was more prevalent response when talking about females.

It is noteworthy that some of the moms who had planned their pregnancies also presented older ideal ages when asked:

I thought that 25 was the age to start a family and stuff, you know, but if I have my baby now it doesn’t matter. I thought that when I was 25 I would be done college. I would have a job so that I would be financially stable and you know, hopefully be with somebody. I guess there’s no perfect age to have a family. It’s just when you are ready.

MOM #11

FIGURE 13 Ideal Criteria for Starting a Family



I guess [a good time is] in your late twenties. I know that I'm not twenty, but I wanted it and planned it.

MOM #20

A few of the teen moms said that they were not going to have further children until they were older and more established.

When asked about ideal family size, the youth participants talked about small families. Thirty-seven percent of questionnaire respondents said two children would be ideal and 26% percent said three.

TABLE 9 Ideal Number of Children Per Family: Questionnaire Respondents

Number of Children	Percent of Respondents
1	2%
2	37%
3	26%
4	19%
5	4%
6	1%
7	1%
8 or more	2%

The most often provided reason for having two or three children was related to the cost.

You have to be able to provide for these kids and not rely on government assistance. I'm very for that.

MOM #22

If you're a low income family, then you don't want many kids.

FEMALE QUESTIONNAIRE RESPONDENT

Because two children is expensive to take care of and usually both parents have to work to make ends meet.

FEMALE QUESTIONNAIRE RESPONDENT

Too much is what leads to poverty. Most parents are on assistance and don't get the funds to survive.

FEMALE QUESTIONNAIRE RESPONDENT.

Generally, the youth indicated that they would like to have small families, but with more than one child so that children would have siblings to play with.

The old women I have known said that we never had more children than we could grab and run away with if there was a battle. How many children can you grab? Probably no more than two. Today we are told that having babies is traditional. Catholic tradition maybe. I hardly believe it is traditional for us to have babies we cannot love, protect and provide for.

MARIA CAMPBELL

Sex is a big issue for teenagers. They should be taught that it can be discussed like any other thing, like laughing or crying.
FEMALE QUESTIONNAIRE RESPONDENT

[4.6] Strategies for Health Promotion and Risk Prevention

I hope a strong sex ed program can be developed as a result of this survey.

MALE QUESTIONNAIRE RESPONDENT

There were many suggestions as to how Friendship Centres, other service organizations, schools, families and communities can help to promote healthy sexuality in youth and offset or delay pregnancies.

Questionnaire respondents were asked “What programs would help youth to use birth control and prevent unwanted pregnancies?” and were provided a pick list that included: sex ed. in public school, sex ed. in high school, sex ed. in the community, individual counselling, and sex ed. from other youth. Their answers are listed in Table 10.

TABLE 10 “What sex education programs would you use?”

Program	Male	Female	All
High School	57%	59%	58%
Public School	55%	47%	50%
Other Youth	43%	52%	49%
Community	52%	41%	45%
Counselling	45%	40%	42%
No Response	6%	8%	7%
Other	2%	7%	5%

The most frequent suggestions from interview participants included youth counselling and increased opportunities to talk about sex, peer based education, work with elders, work with families of teens, work with the pre-teen population and workshops for youth.

Counselling

I am a true believer that sitting and listening is going to do a lot better than handing out pamphlets and telling them to read it.

WORKER #8

Participants pointed out that youth would benefit from having opportunities to talk to someone privately or on a one-to-one basis about sex and sexuality. Sometimes a counsellor is the most suitable person to discuss these areas:

They don't want to talk to the parent about it. I say "Good. Then send them to me because someone needs to talk to them about it." They go through that uncomfortable phase. All teens do. They aren't that open ... I have no problem looking at someone and asking if they are sexually active and "Are you taking care of yourself?" as well as what precaution they're using. I think we need to get more involved.

WORKER #4

Sometimes the younger ones are a little more shy than the older youth but with them it's a little more one on one. I ask them where they are and what they know and go from there.

WORKER #1

One father suggested that individual counselling might allow the youth some freedom to talk without worrying about what their peers think:

Maybe a one on one would be even better because then not everyone is listening to them. Their buddies, I mean. Maybe grab ten from each area and do them individually like we are [talking now].

DAD #4

Individual sex education may be the most effective method for males as they often feel pressured to pretend they know more than they do, or to pretend that they are more sexually active than they are.

[I would suggest] private conversations, not in front of everybody if they're shy or it makes them feel bad. Talking together would be good if we could do that. Any fears, wondering or questions that young people could ask would be good. They need to feel safe.

VERA MARTIN

Kids get really shy and feel really uncomfortable when you mention sex. I think that if we were more open about it and talked about it more we would have less of a problem with it.

MOM #22

I think guys think that they already know. They don't think that they need to be taught something like that.

MOM #20

The issue of trust came up over and over again. Youth need to develop trusting relationships with adults so that they feel comfortable in approaching them about such deeply personal matters.

For one on one talk about sex matters it is kind of uncomfortable talking to someone you don't know.

FOCUS GROUP PARTICIPANTS

If they feel comfortable with a counsellor, do it with a counsellor, knowing that everything you talk about is strictly confidential.

MOM #11

If they know that you are not going to be judgmental, then I think that they will access this type of programming. I don't think that it's going to happen overnight. I think you need to build trust so that they come to you.

WORKER #12

Youth and staff talked about the length of time that is necessary to build trust, and the difficulty in doing this when workers and jobs keep changing:

It is very hard to find people who are committed. Once you start trusting someone they leave or the program ends.

FEMALE QUESTIONNAIRE RESPONDENT

One worker talked about establishing an extended family model, whereby the youth can begin to see the workers as aunts and uncles and vice versa.

I would love to see the concept of extended family [applied] in every community. It is what I strive for every single day. The reason I do it is because we're such a scattered people. I think that's probably one of the few ways that we can bring our youth home, [by] being open to love and care for people that you didn't give birth to physically. To bring forward that extended family concept would bring our children together and to know that they can be safe and strong and sound. That's the big picture.

WORKER #4

This worker had the benefit of being in the community over a long period of time, and establishing trust with many of the youth. She relayed that many of the youth call her "auntie", and that she feels comfortable in approaching them to ask about their sexual practices and responsibilities. Her role as a worker had thus extended into one of an auntie whereby she watches out for youth, regardless of whether they are in one of her programs or not. She suggested that this type of a role could be played by other workers as well.

Family Involvement

Maybe parents could talk to their kids more openly about it because a lot of parents grew up not to talk about that kind of stuff.

MOM # 15

Youth and workers confirmed that parents have a role to educate their children about sex and sexuality, and that they need to talk to their children about these issues. Three of the workers talked about being open with their own children about sex, and three of the youth mothers said they had discussed sex with their parents. But there were twice as many youth parents who said their parents had not talked to them about sex.

I think information and knowledge of their bodies is the biggest support we can offer to young people. There are all kinds of issues that go along with that, such as coming into a relationship with another human being.

KATSI COOK

[What would I tell youth?] Having sex is a responsibility that you need to take for yourself, not to please others. About having babies, well, they're a huge responsibility. You have to look after it for 18 years, financially and emotionally. MOM #5

The reason I got pregnant is because I just didn't have the education and the knowledge. We didn't talk about sex at home.

MOM #14

A lot of parents I see are not guiding them. With my own it was never discussed. Then when it did happen she was furious. She should have been there. They don't talk about it and they don't think it's an issue until it actually happens.

MOM #19

Participants talked about how it is difficult for the youth to approach the subject of sex with their parents. They are either embarrassed or fear judgement.

We've been doing work with the high schools and one of the responses from teens have been is that they cannot talk to their parents regardless of what background they come from. It's hard to come out and say that I'm sexually active and need to be on birth control because we're usually going to get our hands slapped if we're 14 or 15 years old and that's what we're doing. We found that that is one of the common [factors]: the fear of asking parents for birth control.

WORKER #3

This worker added, "They want to talk to their parents. The feedback that we've been getting pretty unanimously is that they want to talk but they cannot. They'll either get cut off or they'll get reprimanded or something like that."

A few youth moms talked about how they would like to be more open with their own children when they get older:

I'm going to let them know that they can come to me anytime and tell me things, and hope they'll listen.

MOM #7

I would be open to talk to them about it, like it was an everyday thing and I would use the proper words for it

MOM #8

If parents are going to get more comfortable talking to their children about sex, they would likely benefit from some training and support. Some focus group participants suggested "Have Elders or health practitioners do educational sessions for the parents of youth," and a survey respondent wrote "Need programs that include the parents as well as the children." Several workers also suggested working with parents:

I think something needs to be done with the parents, to open their eyes. They don't think about what their kids actually do out in town when they're not around.

WORKER #9

I think getting parents involved in a pregnancy prevention course could be just as good as getting the youth themselves.

WORKER #6

Peer Based Education

When the message comes from your own peers it may have more meaning. Tell kids why and explain everything. Don't just say "Don't do it."

FEMALE QUESTIONNAIRE PARTICIPANT

Thirty-five percent of the interviewees mentioned that peer based education would be extremely beneficial to offset youth pregnancy. This would be good in terms of offering a "reality check" to those who might have romantic or fantastical ideas about pregnancy and parenting. A few of the youth suggested that teens at risk should baby-sit, offering comments like "Baby-sit other youth's kids for 72 hours, then see if they want kids. After 72 hours with little sleep they will think it is hell." Seven participants also mentioned

I would like to see training for parents and youth together as a group; modelling direct and honest communication including the giving and receiving of feedback. I know many families don't recognize this as a need but it's crucial to have a healthy and timely discussion of this subject.

SHAWANI CAMPBELL STAR

Definitely wait to have sex in the first place. If my mom would have talked to me about sex a lot more than she did I probably would have waited and I probably would have still been a virgin now.

MOM #5

the benefits of the doll that provides a simulated experience of caring for a baby.

Many youth said that they would rather have people who had “been through it” come and talk to them. They suggested that they would be more apt to listen to peers who had experienced the struggles of teen parenting.

They should bring in young mothers to talk to the girls that need to smarten up.

FEMALE QUESTIONNAIRE RESPONDENT

I think [it would be good] to have someone who has been through it to talk about it. They just need to realize how much responsibility it is and if you're not mature enough... It will be hard on you and you won't know what to do. Your baby might be screaming its' head off and you won't know what to do.

MOM #23

Youth reiterated that they need to trust the presenters. Mom #11 stated “A lot of people don't listen to adults. They don't take them seriously. They think that they're not people that they can trust.” Confidentiality is extremely important for youth, as are non-threatening presenters and environments.

I know a lot of teen people are more willing to talk to people their own age. Because they don't feel like they're in jeopardy of getting heard, or if they're scared that somebody's going to tell on them.

MOM #11

If you're going to bring someone in to be an example, it can't be someone who's dressed in all of these prim and proper clothes trying to be better than them. It would have to be someone at their own level for them to get it. The only people they seem to respect

are people who don't threaten them. They want to see and hear realness.

MOM #8

A number of the youth parents said that they would be willing to talk to other youth about the reality of having children young, and to encourage them to take care of their sexual health. These parents stated that they would encourage other youth to avoid peer pressure or pressure from partners to have sex:

If you were to do it at schools, have women in one section and men in the other, then, maybe have someone like me there to say that I have been there and that you don't have to act cool. Then tell the girls that they don't have to give in to sex because the guys won't wait for you and they don't really love you, because it's true.

DAD #4

You've got to make sure they're comfortable and talk about it. I wasn't ready to do it, and I did it. I didn't want my boyfriend to get upset. And the other thing is let them be comfortable with themselves. Talk about it ... If they can't tell their boyfriend “Stop” and without him getting upset, or “Stop” because you're feeling uncomfortable, you know then they're probably not ready to have sex ... That's something I wish I could take back.

MOM #11

[What would I tell youth?] Think about your body first before you get pressured into doing something that you don't want to do.

MOM #2

In terms of getting youth to attend workshops, participants suggested offering incentives, such as food, contests, time out of school, and crafts.

I had one mother who came up and told me about her son who was 9 and was asking her questions. That's a flag and we need to find ways to talk to the younger ones about the issues that they have. We have to get our thinking down to their

level and be able to talk to them so that they understand. You have to be comfortable with the stuff that they want to know about.

WORKER # 1

The hook for them is incentives like coming out to a collective kitchen birthday celebration, having a craft day or food. Food is a big thing, so even having them out to have a nutritious snack gets them out to the program. Providing transportation gets them out to programs. Clothing depots gets them out. Giving them an incentive is really important because of the poverty.

WORKER #4

Work with Pre-teens

I would probably teach them at an earlier age rather than waiting for high school. I would explain in detail, even graphically.

MOM #2

Forty-two percent of the interviewees talked about working with youth before they are sexually active. This would mean working with the pre-teen age group, starting as early as age seven. Participants were in agreement that all youth should be receiving comprehensive sex education by the 7th grade.

Some workers talked about how the pre-teen group would benefit from more community based sex education. They saw a need for services at the community level that could offset sexually risky behaviour.

If you think about where the funding was cut and where the big gap is, it's the pre-parent gap. They need to be worked with from that time. When you get to our youth, then you are doing a lot of rescue work and patchwork and hoping with one worker and twenty youth that you're making a difference somewhere.

WORKER #4

I would love to see the elders sitting down and talking to those young people about having children, about their body, and about not being ashamed to talk about it. I would like some of the grannies to start talking about the old ways.

VERA MARTIN

Involvement of Elders and Traditional Knowledge

It comes down to values and it will be a slow process. It's societal, cultural values. We need to be challenging our own people. You have to be held accountable for your actions.

WORKER # 13

Thirty-five percent of interview participants suggested involving Elders in prevention and health promotion programs and services related to sex and pregnancy. With the exception of one male and one female parent, all of these suggestions came from the workers. They envisioned the Elders in counselling roles at schools or in community centres.

Who are they going to talk to about sex? The Elders. I keep thinking of [local male Elders]. They are really good working with youth. And they know the ceremonies and they see the people. They are local so they know the area.

WORKER # 7

There were three workers who did not feel that sex and sexuality programming including Elders or traditional teachings would draw in the youth. A few talked about how they had difficulty getting youth to come in to Elders' talks. According to some, interest in traditional knowledge is sporadic:

Some will really get into their culture one day and we'll have an Elder come in or a cultural leader and there's a no show or a low show.

WORKER #3

The workers who reported less interest among the youth in Native culture and spirituality were generally from the north, which corresponds with the findings that there are more youth affiliating with Native culture and spirituality in the south.

There's not enough [sex education] in the school. They have it every so often, but not enough. They need more information about it at the schools and around town.

MOM #21

Other Suggested Prevention and Health Promotion Strategies

Research participants also mentioned work with schools, access to birth control and/or clinics, materials and youth programs as other prevention and health promotion strategies.

Some participants felt that education **work in the schools** would be most effective, as youth are obliged to be there:

I think that more needs to be done within the schools. You can only do so much with a youth group, and it's only going to be those dedicated youth that are interested that will be there. If you do it at the school, it's part of the curriculum and they have to be there and listen to it.

WORKER #16

One worker (#7) talked about the benefits of having **community workers go into the schools**. Another (#17) stated "I would like to see a worker going into the school at least once a week and talking specifically to the Aboriginal kids at an elementary age. Workers who had been doing sex education in the schools reported positive outcomes.

Youth programs were suggested as a prevention strategy by nine interviewees. They felt that this would counteract the problem of there being "nothing to do".

I think a drop-in centre would be a definite asset. A place that the youth can have someone to trust, a place to hang out that is safe. Also, it's too embarrassing to get forms of birth control in a small town. Maybe the drop-in centre could provide some.

FEMALE QUESTIONNAIRE RESPONDENT

Things that kept me away from the stuff were hobbies. I would go to the centre and do crafts but when it's closed, it's closed. Then we would just find stuff to do. From that, we would all get in trouble.

MOM #17

Questionnaire respondents were asked "What programs would you like to see for youth?" and were asked to pick from the following list: recreation, counselling, support groups, Native culture, social activities, and drop-in centre. Their answers are listed in Table 11.

TABLE 11 "What programs would you like to see for youth?"

Program	Male	Female	All
Native Culture	56%	65%	62%
Recreation	64%	54%	58%
Social activities	57%	55%	56%
support groups	48%	58%	54%
drop-in centres	55%	47%	50%
counselling	46%	52%	49%
other	3%	7%	5%
no response	3%	4%	4%

Several participants mentioned that youth need **better access to birth control**. Six workers and two parents suggested that they would like to see birth control clinics in their communities, as some youth have to travel to access clinics. Other participants envisioned putting the clinics where the youth are, such as in schools or Friendship Centres. The importance of having culturally friendly services was also stressed.

[5] Conclusion

This study presents some unsettling findings related to the lives of contemporary Aboriginal youth. The words of the youth and workers document unhealthy risk behaviours and lifestyles and present a compelling picture of social, emotional, spiritual and economic need. This information must be weighed with an awareness that younger teens, youth who are more marginalized, and youth fathers are not greatly represented in the study. Further research among these groups may produce evidence of even greater need than is depicted here.

Sexual intercourse is part of youth culture, even among the very young teens.

Youth offer a variety of reasons as to why they are sexually active, including peer pressure or pressure from a partner, substance abuse, a need for love, curiosity and sexual pleasure. It appears that the sexual experiences of many youth are mired by feelings of confusion and self-destructive behaviour. This is cause for concern about the state of Aboriginal youth sexual health, self-worth and overall well-being.

With over 50% of the sexually active youth in this survey reporting inadequate use of contraception, the potential for unplanned pregnancies is profound; the threat of STIs including HIV/AIDS is epidemic. Whereas youth may be receiving sex education through the schools and in the community, messages about self-protection are clearly not getting across. Aboriginal youth need improved access to contraception, counselling, information and clinical services. In terms of advancing self-care and self-worth, they need to be challenged at an early age to think about the broader context of their sexual lives. What does sex mean to them?

The high levels of reported sexual abuse indicate that there is a significant amount of

work to be done to educate and protect Aboriginal youth and children from negative sexual experiences. Youth need opportunities and processes to engage in healing, and must learn how to conduct themselves with self-worth and dignity. Children need to develop awareness and strategies to protect themselves as well as opportunities to learn about healthy expressions of love and intimacy. Adults and parents must learn how to engage with their children in an open and healthy way. And community workers, programs and services must have the capacity to offer children, youth and parents the skills and the support that they need to accomplish this vision of wellness.

Substance abuse is linked to further self-destructive behaviour, including careless contraceptive practices among the youth. The reported levels of substance abuse during pregnancy among questionnaire participants also offer proof that future children are at risk of low birth weight, FAS/FAE and related health consequences. **Any strategy dealing with youth sexual health and pregnancy must include substantial attention to the problem of substance abuse.**

Youth workers, community members, families and policy makers alike should reflect on the notion that there is “nothing to do”. What does it really mean, to have “nothing to do?”, and why would this lead some youth into drinking, drug use and risky sexual behaviours? It is possible that this phrase speaks to a sense of hopelessness on the part of some youth, who not only have nothing to do on Friday night, but have nothing to do for the foreseeable future. Poverty and poor school performance are typical indicators of youth who become pregnant; how can these youth be offered “something to do” that might encourage them to care for themselves and

plan for their future? **Sexual health and pregnancy are thus inextricably linked to larger questions of sense of purpose, direction and opportunity.**

Finally, **youth who become parents need to be supported, and not further stigmatized, shamed or punished for their newfound responsibilities.** The youth parent interviewees for this paper have demonstrated that teen pregnancy can result in parents who are committed and caring, in spite of their struggles. We have chosen to avoid the popular argument that teen pregnancy is a problem because young parents are a “burden” to taxpayers. By offering services like counselling on pregnancy options, or by providing alternative schooling and child care to youth who choose to parent, we can only improve the situation for all. Our strategy around youth pregnancies can build on the fact that countries with some of the highest welfare benefits, such as Sweden, have the lowest teen pregnancy rates²⁰.

Aboriginal people have been generally successful at avoiding the negative moral judgements and the scapegoating of poor (i.e. welfare) parents that can characterize policy dialogue about “the problem of teen pregnancy.” Perhaps it is time now to ask whether this acceptance has resulted in a

complacency that has allowed Aboriginal communities, their leaders, and non-Native government leaders to renege on their responsibilities to Aboriginal children and youth. **The OFIFC child poverty report has established that Aboriginal children and their parents are isolated and struggling. What types of policies and programs might improve those tenuous connections?** What can be done in the area of sexual and reproductive health that might strengthen the web of life for future generations?

The recommendations that follow are based on the conclusion that children, youth and parents would benefit from continuum of programs and services, as exemplified by the Aboriginal Healing and Wellness Model. This means building training, supportive resources, promotion, promotion of stability, prevention, crisis intervention, curative and rehabilitation services into a comprehensive strategy to address youth sexual health and pregnancy. From a holistic approach, the strategy would include all stages of the life-cycle, from children, to youth, to adults, to elders -- and would incorporate all levels of activity and action, from family and community members, to workers, Native and government leaders and policy makers.

[6] Recommendations

[1] Develop and implement a health promotion strategy to address youth sexual health and pregnancy.

- design a comprehensive strategy that identifies how to improve the situation of child and youth sexual experiences, practices and pregnancies through the work of community and government leaders, health professionals, educators, youth workers, family support service workers (i.e. Canada Prenatal Nutrition Program, Community Action Program for Children, Aboriginal Head Start Program and Aboriginal Healthy Babies Healthy Children), community members and others who have a responsibility to Aboriginal children and teens;
- adopt a holistic approach through the integration of a wide variety of issues in this strategy (e.g. childhood nutrition, breast-feeding, FAS/FAE, substance abuse, sexual abuse, etc.) and include all members of the life cycle continuum (child, youth, adult, elder);
- set a goal for targeted community response so that the children currently born to teen parents will have positive and tangible options and resources when they begin their sexual lives.

[2] Develop and implement community based education for youth and pre-teens on sex, sexuality, pregnancy and parenting.

- develop culturally appropriate sex education curriculum that can be used on an ongoing basis with teens and pre-teens in workshops and program settings;

- ensure that centres and programs offer opportunities to talk about the pressures, attitudes and realities of sex, sexual abuse, substance abuse, pregnancy and parenting in both group and individual settings;
- ensure there is gender specific training for youth on sex, sexual abuse, sexuality and parenting, and that all programs and services in this area are delivered to both genders;
- provide training to front-line workers on how to identify and train local youth (peer educators) to do workshops about the pressures and realities of sex and the struggles involved in teen parenting;
- incorporate traditional knowledge in sex education curriculum by working with Elders and traditional teachers who are able to talk to youth and pre-teens about sex and sexuality.
- develop multi-media (i.e. print, audio-visual) sex education resource material that reflects Aboriginal youth and their realities, including the distinct social and health challenges they face.

[3] Develop and implement programs to address the gap in services for children aged 7-12.

- establish regular social, educational, cultural and recreational programs for the pre-teen group (7-12);
- develop and integrate strategies to address self-esteem among pre-teens;
- include opportunities for comprehensive sex education, as discussed in recommendation #2.

[4] Develop and implement youth programs where they are absent; assess educational opportunities among existing youth programs.

- ensure there are opportunities for youth to engage in cultural, recreational and social activities at night and on the weekends;
- ensure universal, confidential and private access to condoms in all settings offering youth programs and services;
- enhance youth opportunities to participate in ceremonies and to access traditional knowledge;
- assess youth program workload and develop priorities to include awareness around self-esteem, substance abuse, sexual abuse, sexuality and sexual practices;
- build comprehensive sex education into all youth programs and services, as discussed in recommendation #2.
- explore opportunities for integrated approaches to programming (e.g. linking Urban Multi-Purpose Aboriginal Youth Centres with other programs offering employment assistance, family supports, etc.);
- provide creative outreach to youth at risk (e.g. those not in school);
- establish local networks of healthy adults who are able to assist with youth programs.

[5] Encourage and support the development of employment and training opportunities for youth.

- address the poverty and hopelessness of Aboriginal youth by providing long-term employment and training programs and services with viable career development opportunities;
- foster economic development and entrepreneurial opportunities for youth;

- provides supports to youth parents wishing to pursue employment and training (i.e. child care and financial supports).

[6] Establish supports for young parents and those expecting to be parents.

- review existing program mandates to identify opportunities and resource challenges for teen parents and those expecting to be parents;
- ensure that programming exists for both males and females (teen moms and dads);
- ensure that pre-natal programs include discussion about the difficult realities of teen parenting (i.e. stress, depression, isolation) in addition to the positive aspects of becoming a parent;
- develop creative outreach strategies to youth parents who may not be currently accessing supports.

[7] Design and deliver educational programs and supports for parents of pre-teens and youth.

- develop and deliver training to front-line workers so that they can offer healthy sexuality and communication training to parents of pre-teens and youth; use this training to address the need for increased communication about sex between parents and children;
- design curriculum that allows parents to understand their own history and difficulty in approaching the subject of sex and sexuality; educate parents on the social context of Aboriginal youth pregnancy, including the impact of multi-generational teen parenting;
- design curriculum to educate parents about the developmental stages and challenges of contemporary urban Aboriginal youth;

- develop and deliver training for parents on how to be supportive when their teens become pregnant.

[8] Establish and employ a network of Elders and traditional teachers who are able to facilitate workshops on sex, sexuality, family planning and cultural teachings.

- seek out male and female Elders and traditional teachers who are familiar with youth culture, and who are willing to talk about sex, pregnancy and parenting from a traditional perspective;
- promote this kind of knowledge through youth programs, gatherings and conferences.

[9] Network with schools and mainstream health providers serving Aboriginal youth.

- establish contact with mainstream organizations and schools serving Aboriginal youth;
- offer front-line worker and/or peer led workshops in schools on sex education, self-esteem and peer pressure;
- offer and establish links to individual counsellors so that youth have someone to consult with privately;
- provide training to Aboriginal front-line workers on how to conduct

sensitivity and awareness workshops for mainstream service providers; this training should allow workers to convey the context of urban Aboriginal youth issues, with the objective of improving relationships and service;

- advocate and intervene to ensure supportive services are offered to pregnant teens and teen parents (i.e. stay in school initiatives and child care supports);
- support the expansion of alternative schools so pregnant teens and parents can continue their schooling in a supportive environment.

[10] Design and implement a public education and awareness campaign to encourage healthy sexuality and the prevention of Aboriginal youth pregnancies.

- involve youth in the design and delivery of a sexual health and pregnancy awareness campaign directed at children and youth;
- develop a youth sexual health and pregnancy campaign aimed at parents, community members and leaders;
- seek the collaboration and involvement for public awareness from PTOs and other Aboriginal provincial organizations;
- draw upon resources from a variety of media (i.e. print, radio, tv).

[7] Footnotes

- ¹ The Aboriginal Nurses Association of Canada and Planned Parenthood of Canada are currently working on a national project on Sexual and Reproductive Health for Aboriginal communities.
- ² Ontario Federation of Indian Friendship Centres (2000) *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and Their Families in Ontario*. Toronto, OFIFC.
- ³ Statistics Canada, 1996 Census data.
- ⁴ Department of National Health and Welfare (1991) *Health Status of Canadian Indians and Inuit – 1990*. Ottawa, Department of National Health and Welfare. Cat no 34-48/1991E.
- ⁵ John M. Taborn (1990) “Adolescent Pregnancy: A Medical Concern”, in *Teenage Pregnancy: Developing Strategies for Change in the 21st Century*, Dionne J. Jones and Stanley F. Battle, eds. (New Brunswick, NJ: Transaction Publishers): 92.
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Rebecca Maynard et. al. (1997) *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, D.C., Urban Institute: 15.
- ⁹ Canadian Aboriginal Aids Network, www.caan.ca and Health Canada, Bureau of HIV/AIDS, STD and TB Update Series, Centre for Infectious Disease Prevention and Control, www.hc-sc.gc.ca/hpb/lcdc/bah/epi/ab_orig_ehtml
- ¹⁰ Ibid.
- ¹¹ “Factsheet 6, Young People and Parenthood”, www.princes-trust.org.uk/whats-frames.htm; Maynard et. al.
- ¹² Maynard et al.
- ¹³ Sally J. Torpy (2000) “Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s” *American Indian Culture and Research Journal* 24,2: 1-22; Jane E. Lawrence (2000) “The Indian Health Service and the Sterilization of Native American Women” *American Indian Quarterly* 24, 3: 400-419.
- ¹⁴ Some questionnaires were not used because they were nonsensical or inconsistent.
- ¹⁵ We have assigned numbers to the workers and youth and have used them in the text to indicate that the quotes come from a wide variety of voices. In the interest of maintaining anonymity and because of the personal and sensitive nature of some of the quotes, the numbers for some of the youth have been scrambled from time to time throughout the text.
- ¹⁶ Social assistance
- ¹⁷ D. Boyer and D. Fine (1992). “Sexual abuse as a factor in adolescent pregnancy and child maltreatment.” *Family Planning Perspectives*, 24: 4-11; Janet W. Kenney et. al. (1997). “Ethnic Differences in Childhood and Adolescent Sexual Abuse and Teenage Pregnancy”, *Journal of Adolescent Health*, 21,1 3-10; Alex M. Mason (1998). “Sexual and Physical Abuse Among Incarcerated Youth: Implications for Sexual Behaviour, Contraceptive Use and Teenage Pregnancy,” *Child Abuse and Neglect*, 22, 10: 987-995., David Y. Rainey et al., (1995). “Are Adolescents who Report Prior Sexual Abuse at Higher Risk For Pregnancy?” *Child Abuse and Neglect* 19, 10: 1283-1288.
- ¹⁸ T. Kue Young and Alan Catz (1998) “Survivors of Sexual Abuse: Clinical, Lifestyle and Reproductive Consequences” *Canadian Medical Association Journal*, 159, 4: 329-334.
- ¹⁹ an organization that “provides positive and loving alternatives to abortion” (from Birthright web site).
- ²⁰ Jones et al. (1986) *Teenage Pregnancy in Industrialized Countries*. New Haven: Yale University Press.



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