

PORCUPINE HEALTH UNIT

Report on

**TEEN  
PREGNANCY**

September 2014



# Acknowledgements

# ACKNOWLEDGEMENTS

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The concept for this report came out of the Porcupine Health Unit Teen Pregnancy Working Group, which was formed in 2012. The working group consisted of public health nurses and epidemiologists. Many thanks to all of them for their motivation and hard work in bringing this report to life. I would also like to offer my deepest appreciation to the young women who participated in our study. Their stories have offered a better understanding of teen pregnancy and a sincere admiration for their journey.

*I have been a public health nurse for twelve years. Working in the Family, Reproductive, and Sexual Health programs for the majority of my time in public health, I have always had a keen interest in teen pregnancy and teen parenting. I'd like to dedicate this report to all of the young women who I have met in my work, who inspire me with their resiliency, and who are the heart of the work that I do. Thank you.*



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# Table of Contents

# What's Inside...

<b>Foreword</b>	<b>5</b>
<b>Teen Pregnancy in the PHU</b>	<b>7</b>
<b>Teen Pregnancy and the Social Determinants of Health</b>	<b>11</b>
<b>Teen Pregnancy and the Socio-ecological Health Promotion Model</b>	<b>15</b>
<b>Teen Pregnancy Study Results Summary</b>	<b>19</b>
<b>Next Steps</b>	<b>23</b>
<b>References</b>	<b>25</b>
<b>Appendices</b>	<b>29</b>
<b>Appendix A - Methodology &amp; Data Sources</b>	<b>29</b>
<b>Appendix B - Indicators</b>	<b>30</b>
<b>Appendix C - The Study</b>	<b>33</b>

# Foreword

# Dear Reader



Lynn Leggett, RN BScN  
Manager of Infectious  
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*Stretching from Hornepayne to Matheson, and Moosonee to Timmins, the Porcupine Health Unit serves an area of 266,291 km<sup>2</sup> and a population of approximately 82,000. Our public health services range from dental care and immunization programs, to food inspection and tobacco control. The needs of our northern communities are vast, as are the challenges.*

*It is with great pleasure that I present this Porcupine Health Unit Report on Teen Pregnancy. Placing emphasis on the health of youth will guarantee the well-being of our future generations. With an increased focus and a collaborative approach, we are hoping to offer options and support to our youth, and create the healthiest community we can.*

## REPORT HIGHLIGHTS:

- The Porcupine Health Unit has one of the highest rates of teen pregnancy in the province.
- Teen pregnancy is a complex issue, and therefore the solutions will be complex as well.
- Talking to teens that have experienced a pregnancy offers insight into the experiences of these young people. This new knowledge will help guide our future work and will help to build better programming.
- Where people live, learn, work, and play can affect their health. Looking at the social determinants of health will help us to gain better understanding of the risk factors and protective factors that affect teens.
- We all have a role to play in preventing teen pregnancy and better supporting teen parents. The socio-ecological model will help us to understand the ways we can help.
- This report is the first step in a multi-phase project which will result in a community-wide strategy to decrease teen pregnancy rates and better support teen parents.

Teen Pregnancy  
in the  
Porcupine Health Unit



## ***INCLUDED IN THIS REPORT:***

- *Statistical data and key indicator data provide a **snapshot of teen pregnancy rates** in our area, in the province, and in Canada.*
- *A **snapshot of the relationship** between teen pregnancy and the social determinants of health.*
- *A discussion about the socio-ecological model of health will provide a **snapshot of the roles we play** in decreasing the rate of teen pregnancy in our communities.*
- *Insights from the Teen Pregnancy Study which will provide a **snapshot of the lived experiences of youth**.*

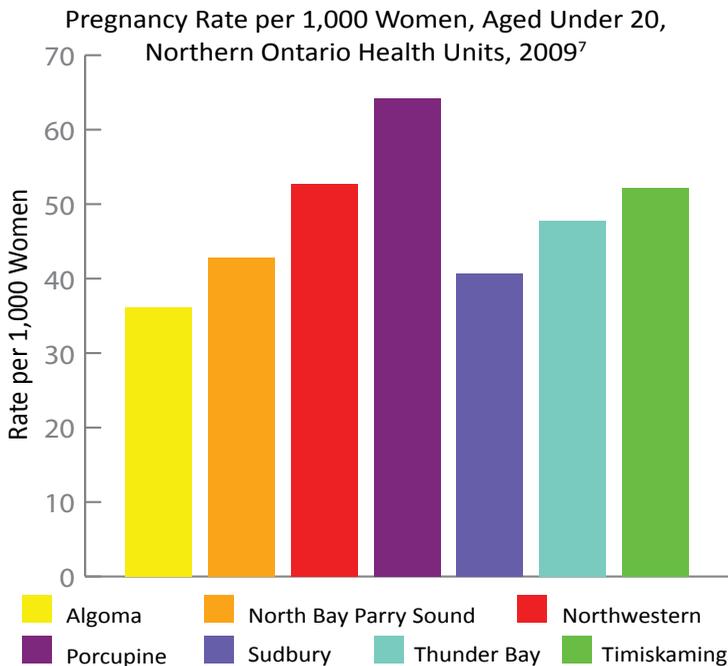
At the Porcupine Health Unit (PHU), our sexual health clinic offers a range of services including: sexually transmitted infection testing and treatment, provision of contraceptives at low cost, pregnancy testing and abortion referrals. Our nurses and physicians specialize in sexual and reproductive health. Our clinical services have become critical in promoting healthy sexuality and contributing to the sexual and reproductive health of the region.

Provincial statistics unearthed an abnormally high rate of teen pregnancy in the North and specifically in our area. Working on the premise that statistics are unable to offer information about causation, we decided to engage teen mothers in telling their own stories. Gaining access to the lived experiences of these women helps us understand some of the dynamics that influence teen pregnancy. The information and perspectives uncovered in this report provide an opportunity for dialogue regarding the teen pregnancy phenomenon. Our end goal is to create meaningful programming and supports for our youth before and after pregnancy.

# Snapshot

## of Teen Pregnancy Rates

Teen pregnancy rates are often used as indicators of sexual and reproductive health. The underlying assumption is that most teen pregnancies are unintended and thus the rate is indicative of teens' capacity to control their sexual and reproductive health.<sup>1</sup>



From 2003 - 2010, the teen delivery rate in the Porcupine Health Unit district was

**3-4**  
times  
higher

than the Ontario average<sup>7</sup>



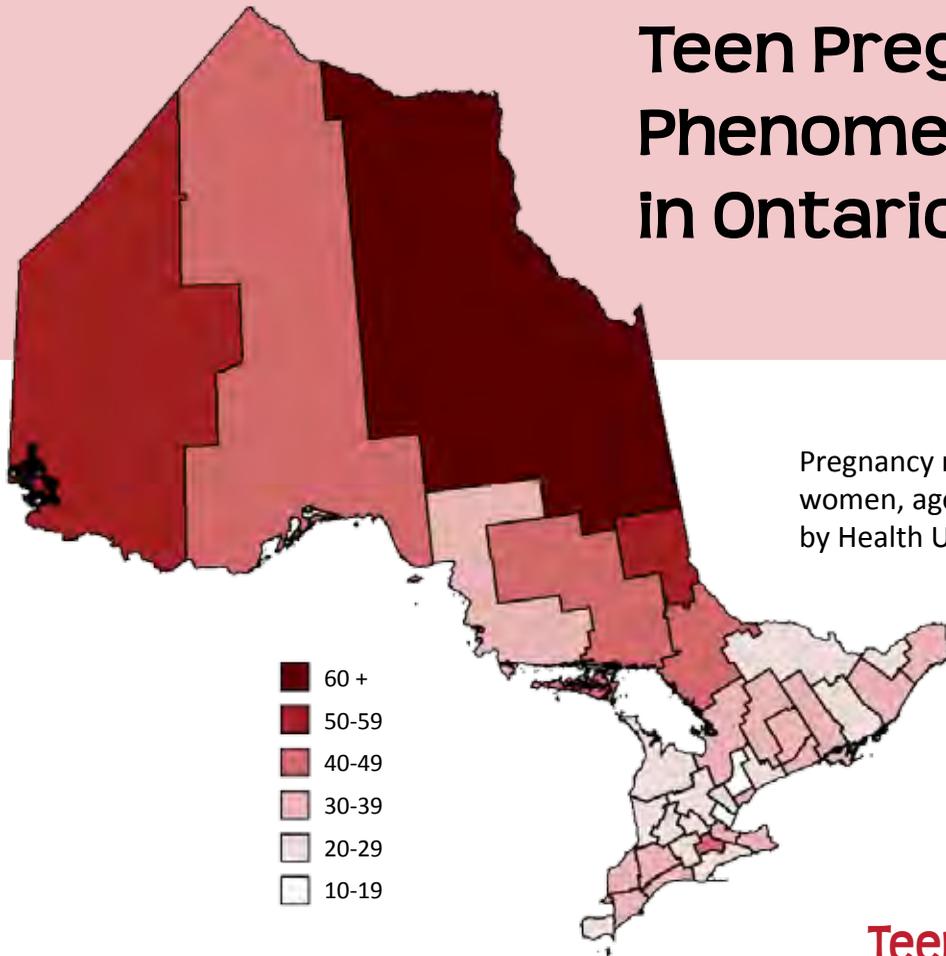
Ontario



Porcupine Health  
Unit District

# Teen Pregnancy Phenomenon in Ontario

Pregnancy rate per 1,000 women, aged 15-19 years, by Health Unit, Ontario, 2009



Generally, northern communities across Canada experience a lower overall health status than their urban southern counterparts.<sup>2</sup>

As an example, the teen pregnancy rate can be used as an indicator of overall health status. The teen pregnancy rate in Canada has declined by 20.3% from 2001 to 2010; however, there are significant variations between provinces and their geographical regions.<sup>1,4</sup>

**Currently, the Porcupine Health Unit has one of the highest rates of teen pregnancy when compared to all other public health units in Ontario.** As a result, we identified teen pregnancy as an area of increased focus in our 2013-2018 Strategic Plan.<sup>3</sup>

2001  
Teen Pregnancy Rate in Canada

20.3%

2010

# Teen Pregnancy and the Social Determinants of Health

Health risks for mother and baby during pregnancy, labour and postpartum are often associated with teen pregnancy.<sup>4,8-13</sup> The assumption is that these risk factors are caused by a mother's young age. However, evidence shows us that young women are biologically ready for pregnancy once menses occur.

There is often discord between assumptions and evidence, especially when it relates to teen pregnancy. It is important to identify assumptions and evaluate whether they are based on evidence. It is also important to evaluate the root of these assumptions. For example, the assumption that

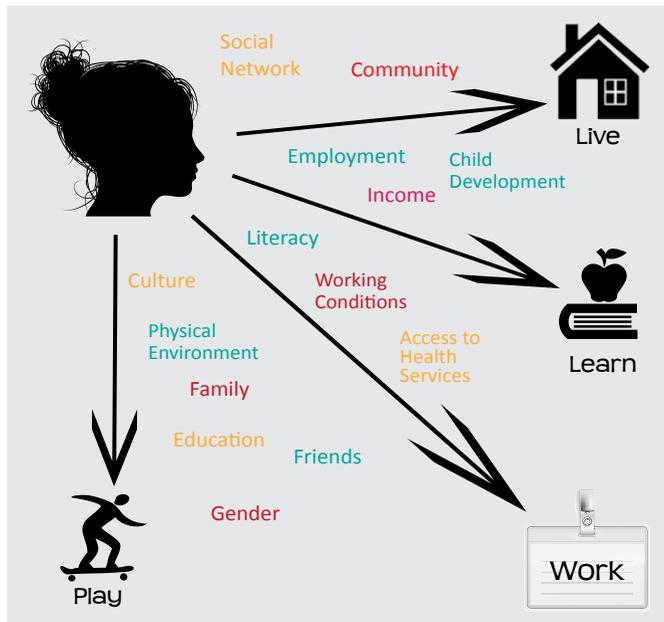
there are increased health risks for teen mothers and their babies during pregnancy, labour and postpartum implies that these health risks are caused by a mother's young age. However, the evidence shows that this is just an association. Association does not mean causation; therefore we must look at the root of this issue, not just the relationship.

Teen pregnancy occurs for complex reasons and is affected by a number of factors in our society. These include the social, economic and physical conditions that interact to affect an individual's health and well-being.<sup>5,6</sup> Where a person lives, learns, works and plays, can affect his or her health.<sup>14,15</sup> Factors such as education, income and neighbourhood can affect the

level of health a person can achieve. These factors, called *the social determinants of health*, can create or restrict options, tools, resources and opportunities for people to reach their full health potential.<sup>14,15</sup> Overlooking these factors often perpetuates common assumptions and myths that

contribute to stigma and critical attitudes regarding teen pregnancy.<sup>16</sup>

As a society we have both a written and an unwritten set of norms and values which have been traditionally agreed upon. This is called *the social construct*. To thrive, we must all adhere to the rules and norms set out within our social construct. Adherence to norms, values and timelines set out



## Traditional Life Timeline



within the social construct will typically lead to success in society.

Our perception of a normal, healthy life timeline can affect the ways that everyone can be successful in their lives. We have created a system of social programming that allows us to thrive in the social construct when we adhere to the timeline and norms. For example, teenage pregnancy is perceived as problematic because it may interrupt education attainment. Education is highly valued and necessary within our social construct and it is believed to be necessary in order to thrive within the community. Education can bring an increased income, access to better and safer living conditions, increased ability to navigate health and social systems and an overall perception of success in the society. Without that minimal expected level of education, the societal pre-requisite for being recognized as an adult is not achieved and for these people, navigating the social system, from housing to health care, can be difficult.

Could it be that the phenomenon of teen pregnancy is viewed as problematic

because it disrupts our social collective programming? Teen pregnancy appears to disrupt the societal norm because today's youth are not always recognized as biological adults. Programming for housing, education, health and social services are usually created and maintained for an adult population that have achieved either a minimum education or age. This can make access to basic needs such as shelter and food difficult for young people without the assistance of adults. Today's youth may have little or no access to societal requirements that could help them thrive within the social construct, and are often left struggling for survival alone.

What we have seen is that teen pregnancy has a strong connection with social and health issues. The clearest relationships between teen pregnancy and key social determinants of health exist between income, social status,<sup>17-21</sup> and education.<sup>22-26</sup> Because of this, a high teen pregnancy rate is often an indicator of lower societal "success", such as poverty, low education, and insufficient housing. High teen pregnancy rates are a symptom or indicator

of a societal challenge which can affect a range of issues from health to education.

Within the interviews we completed as part of the Teen Pregnancy Study, we spoke with young women who had experienced pregnancy. Many of these women spoke of the pregnancy being a positive and welcome instigator to create change in their current life situation. As well, with the correct social support, these young women had successful outcomes, and saw positive purposeful change in their current life situation. They used the pregnancy as an opportunity to set new goals for education, career, and personal relationships. This speaks to the ability of these young people to see and accomplish change. Ideally, programming should focus on creating the same opportunities for young people to reach their goals, and improve their life situation, without needing a pregnancy to create this prospect.



*The social determinants of health can create or restrict options, tools, resources, and opportunities for people to reach their full health potential.<sup>14,15</sup>*

Paying attention to where we live, learn, work and play will not only help to prevent unintended teen pregnancy, but it will also help to improve the outcomes for our young parents. When planning future work to decrease the teen pregnancy rate, we must increase sexual health and contraceptive knowledge in our young people, before they become sexually active. Along with this, improving access and removing barriers to good sexual health care is imperative. Furthermore, addressing the social determinants of health may produce the most valuable solutions, because these factors can be the most influential on our health decision-making and outcomes. Our goal should always be to help our youth move from surviving to thriving.

# Teen Pregnancy and the Socio-ecological Health Promotion Model

Teen pregnancy is a complex issue that cannot be considered in isolation. We must not only pay attention to the risk factors and consequences of teen pregnancy, but also to how teens view pregnancy and parenting within their life context. Furthermore, we must keep in mind that this life context is embedded within a greater societal system.<sup>26</sup> Even though pregnancy occurs due to unprotected sex, there is no singular reason that explains the prevalence of teen pregnancy. As a result, there will be no simple, single, straightforward solution to prevent unintended teen pregnancy.<sup>27</sup>

Douglas Kirby and Gina Lepore have researched what influences teens' decision-making when it comes to teen sexual behaviour, pregnancy, childbearing and sexually transmitted infections (STIs). The results of this study were a rather comprehensive list of risk and protective factors that influence sexual health and decision-making in teens. They also, and perhaps more significantly, looked at which of these influences were important, and which were modifiable.<sup>30</sup>

Some of the risk factors identified include:
Greater community social disorganization
Family disruption
Household substance use
Physical abuse and general maltreatment
Being behind in school
Working for pay more than 20 hours per week
Depression and thoughts of suicide

Some of the protective factors identified include:
High level of parental education
High quality family interactions, connectedness, satisfaction with relationships
Greater parental supervision and monitoring
Parental acceptance and support of contraceptive use for sexually active teens
Greater connectedness to school
Higher academic performance
High educational aspirations
Being involved in the community
Involvement in sports (girls)

A common misconception is that teens are disproportionately influenced by sexuality in pop culture, and that these persistent exposures can influence decision-making. Kirby and Lepore believe that the most common influences are much closer to young people, than celebrities and pop culture icons.

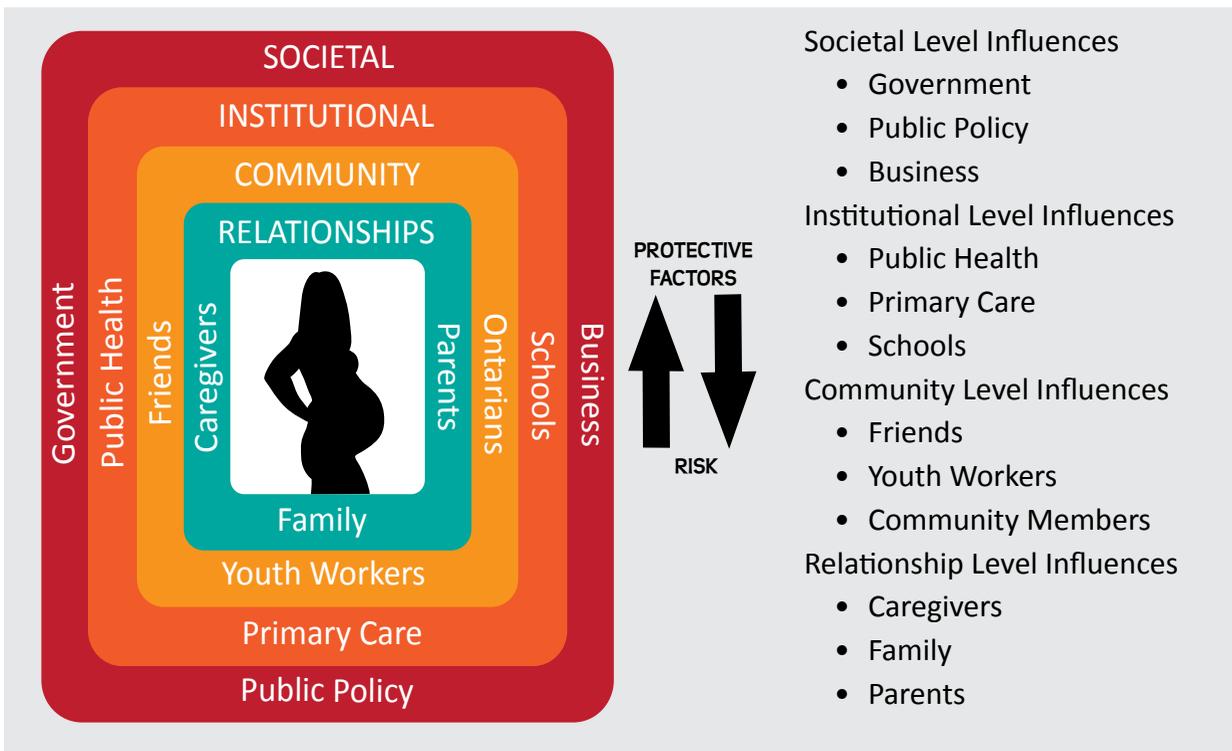
Individual factors, familial relationships, interactions with peers and sexual partners, and accessibility of health and social services, all play a role in increasing or decreasing the vulnerability of teens to pregnancy. At the societal level, variables such as poverty, socio-economic status, policies and culture permeate through all the other levels. These variables have an impact, directly or indirectly, on teens' sexual knowledge, attitudes and behaviours around sex, pregnancy, and birth control.<sup>28-29</sup>

We all have a role to play in preventing teen pregnancy and better supporting teen parents.

The socio-ecological model of health promotion looks at the range of individual, relationship, community and societal level influences that can create protection or risk for an individual.<sup>28-29</sup> Understanding these influences will help us identify where we can play a better role in providing support.



*A socio-ecological perspective looks at the range of individual, relationship, community, and societal level factors linked to teen pregnancy.<sup>28-29</sup>*



Effective strategy and program development will be possible when many layers of this ecology work together. Our successes as a community will be greater when we work as a team. Enhancing programming that addresses protective factors, while working to minimize risk factors, will help us to generate a community-wide strategy aimed at creating the best outcomes for our youth.

# Teen Pregnancy Study Results Summary

# TEEN PREGNANCY STUDY RESULTS SUMMARY

Qualitative interviews were conducted with ten female participants who had experienced a teen pregnancy in the region. The quotations within this report were recorded verbatim, and are included here in their original form. It is important to keep in mind that the situations and emotions discussed during the interview are sensitive and personal. As well, it may be the first time that the participants had ever expressed these emotions, or discussed these situations. Therefore, out of respect for the intimacy of these details, the quotations included have not been edited, and have remained in their original form.

## Before Pregnancy

Participants were asked about their lives prior to the pregnancy and how they felt about their life and their self at that time. The themes that emerged included: a sense of wanting to escape from their environment, an indifferent attitude towards school, a sense of coming from a broken home, and a recognition of the challenges and benefits of living in their community.

"I always wanted like, to go to school and accomplish things that none of my family really had. But, I didn't really...follow through with it." (F14)

"I mean, it was everybody knows each other. Um...yeah, it was, just, it's okay. I never, I didn't mind it too much, you know and. But at the same time, I guess that's the down side too, it's so small and you know, there's not really anything else to do." (F06)

Um, "I guess it was my surroundings. Um...I think that was the main thing, yeah, 'cause I wanted to change my surroundings and people I was around too I guess." (F04)

"But...yeah it, it was, like, I, I was living in a broken home [I: Mmhhh]. Like, my mom didn't care. My dad wasn't there, my sisters...were...I dunno what you would wanna call them.: (F14)

### Themes:

- Escape
- I cared but I didn't care
- Broken home
- Challenges and benefits of community



## During Pregnancy

When participants recalled the time they found out they were pregnant, they remember their initial reactions were mixed (scared but happy at the same time). All of the women spoke of their pregnancy as unintended or unplanned, but came to the decision that the only choice for them was to keep the baby.

### Themes:

- Mixed reactions
- Unintentional/unplanned pregnancy
- Lack of choices

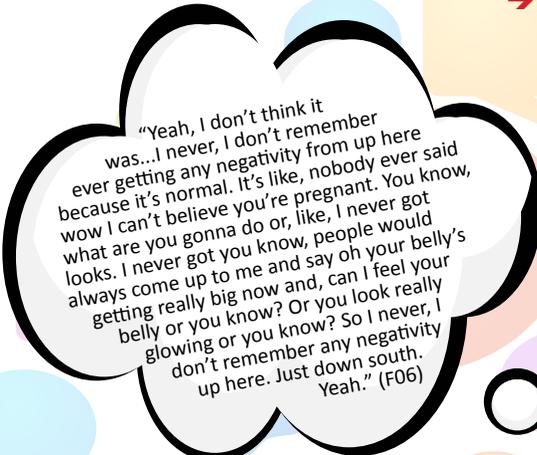


## After Pregnancy

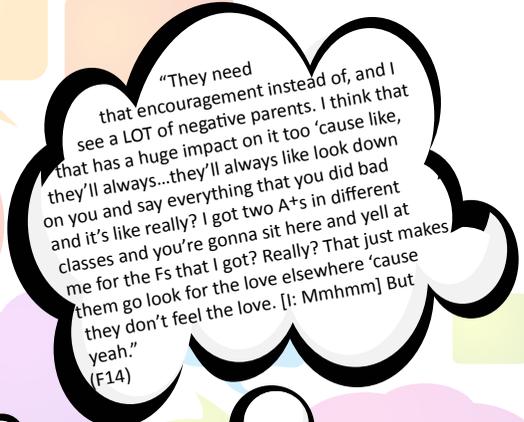
When discussing the impact that teen pregnancy had on their lives, participants talked about positive aspects, such as being motivated to finish school and quitting alcohol and drug use. Negative aspects discussed included feelings of missing out on different experiences, financial stress, and changing relationships with friends. Participants perceived either negativity or acceptance in the community regarding teen pregnancy. When discussing prevention and support, it was evident that environmental, informational, and educational factors need to be considered.

### Themes:

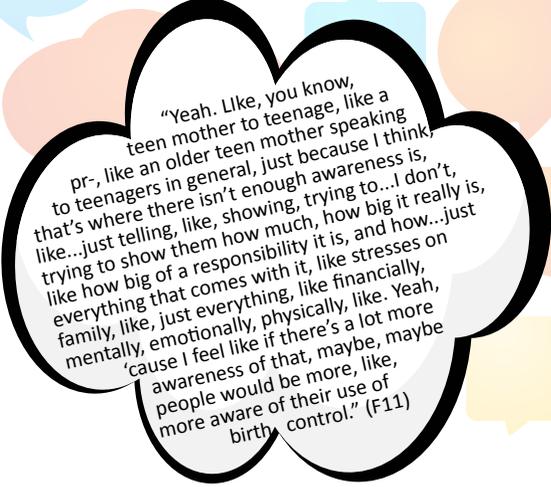
- Positive and negative
- Perceptions about Teen Pregnancy/Teen Parenting
- Multiple factors in prevention and support



"Yeah, I don't think it was...I never, I don't remember ever getting any negativity from up here because it's normal. It's like, nobody ever said wow I can't believe you're pregnant. You know, what are you gonna do or, like, I never got looks. I never got you know, people would always come up to me and say on your belly's getting really big now and, can I feel your belly or you know? Or you look really glowing or you know? So I never, I don't remember any negativity up here. Just down south. Yeah." (F06)



"They need that encouragement instead of, and I see a LOT of negative parents. I think that that has a huge impact on it too 'cause like, they'll always...they'll always like look down on you and say everything that you did bad and it's like really? I got two A+s in different classes and you're gonna sit here and yell at me for the Fs that I got? Really? That just makes them go look for the love elsewhere 'cause they don't feel the love. [I: Mhmm] But yeah." (F14)



"Yeah. Like, you know, teen mother to teenage, like a pr-, like an older teen mother speaking to teenagers in general, just because I think that's where there isn't enough awareness is, like...just telling, like, showing, trying to...I don't, trying to show them how much, how big it really is, like how big of a responsibility it is, and how...just everything that comes with it, like stresses on family, like, just everything, like financially, mentally, emotionally, physically, like. Yeah, 'cause I feel like if there's a lot more awareness of that, maybe, maybe people would be more, like, more aware of their use of birth control." (F11)



# Next Steps

1

As part of the Porcupine Health Unit Strategic Plan 2013-2018, teen pregnancy was identified as an area of increased focus for our organization. The inclusion of the teen pregnancy project in the Porcupine Health Unit Strategic Plan resulted from an analysis of local and provincial data. The increased focus has led to further investigation of relevant data, the completion of a qualitative study, and the creation of this report. Please see the appendices for further statistical data and the study findings. *This report is part of a multifaceted project and, therefore, is only the first step in creating environmental support and programming for our young people that will assist them in reaching their full health potential.*

2

This report emphasizes the need for involvement from all environmental sectors, defining the scope of the second phase of this project. Employing the socio-ecological model of health, the Porcupine Health Unit strives to reach out to the community at all levels, through the presentation and distribution of this report. *We endeavour to use this report as a tool to bring awareness about teen pregnancy to our entire community, and to discuss the ways which we are all impacted.*

3

Phase three of the project, the Teen Pregnancy Summit, will create a think-tank for the community to discuss teen pregnancy, the effects on the community, strategy development, and a call to action to better support our young people. The success of the summit depends on the participation of all parts of our community, including young people, parents, educators, health care, social services, policy developers, and the business sector. *Voices from all sectors will allow us the opportunity to create a plan that is reflective of the roles we all play and how we can, as a community, come together to improve the outcomes for our youth.*

4

The final phase will bring the release of a follow-up report with findings from the summit. *This document will address all sectors, outlining roles and responsibilities, to all community members, with a focus on collaboration.* At this point, program development and implementation, as defined by the summit suggestions, will be underway: seeking to steadily decrease our teen pregnancy rates, using a collaborative community-wide approach.

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# Appendices

# APPENDIX A - METHODOLOGY & DATA SOURCES

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Statistical data for this report was extracted from five databases in September 2011 through the Ontario Ministry of Health and Long-Term Care: IntelliHEALTH Ontario.

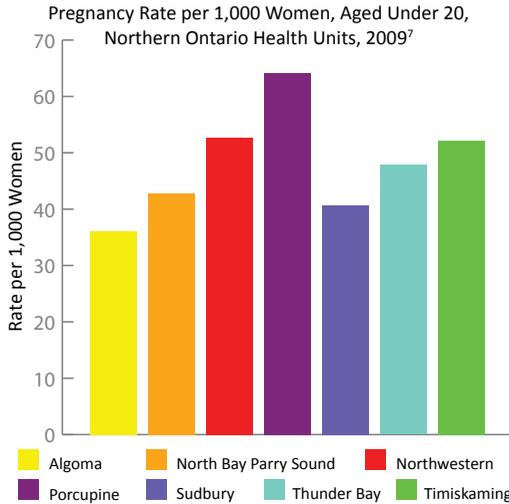
1. Discharge Abstract Database (DAD)
2. National Ambulatory Care Reporting System (NACRS)
3. Claims History Database (CHDB)
4. Statistics Canada
5. Canadian Institute for Health Information (CIHI)

For each indicator in this report we have provided a graphical representation and a description of key points. When interpreting these graphs, it is important to keep in mind the differences between percentages (i.e., out of 100 women) and rates (i.e., out of 1,000 women). Comparisons between the Porcupine Health Unit and Ontario were made when possible.

Data calculations are specific for the 15-19 year bracket. The teen pregnancy rate is the number of pregnancies per 1,000 teenage females. Pregnancies are inclusive of live births, stillbirths, and therapeutic abortions. The teen live birth rate is the number of live births per 1,000 teenage females. Teen obstetric deliveries include only births that occurred in Ontario hospitals. Births that occurred in non-Ontario hospitals or out of hospitals (e.g., home births) are not included.

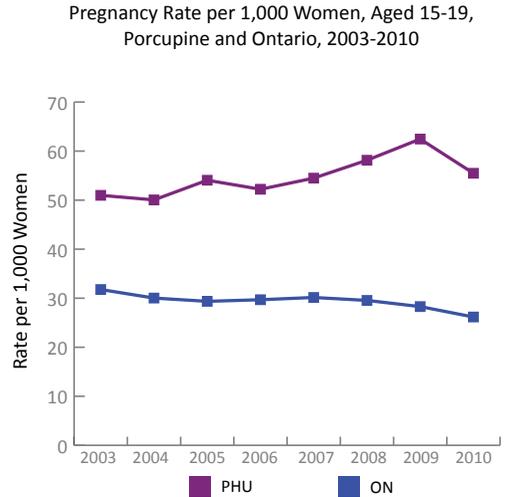
# APPENDIX B - INDICATORS

**Figure 1**



Source: Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Claims History Database (CHDB), and Population Estimates, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: September 2011

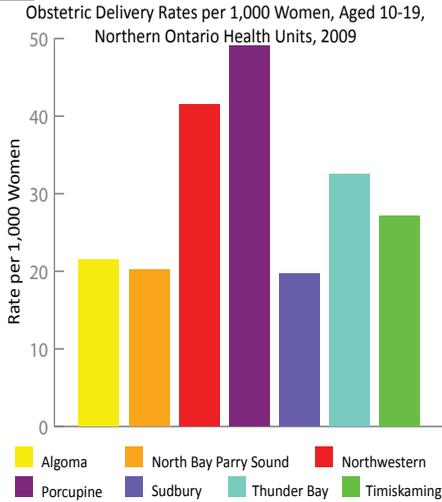
**Figure 2**



Source: Inpatient Discharges (Deliveries) 2003; Therapeutic Abortions Summary 2001 to 2010; and Population Estimates 2003 to 2010; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: September 2011

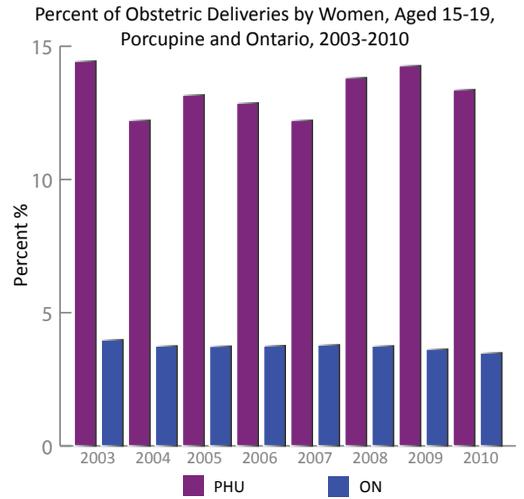
- In 2009, the Porcupine Health Unit area had the highest teen pregnancy rate across Northern Ontario public health units and Ontario (64.2/1,000) (data set indicates teen pregnancy rates for females < 20 years).
- Pregnancy rates in the 15-19 year old female population have fluctuated in the Porcupine Health Unit area but have consistently been two-fold greater in comparison to the rest of Ontario.

**Figure 3**



Source: Discharge Abstract Database (DAD), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: September 2011

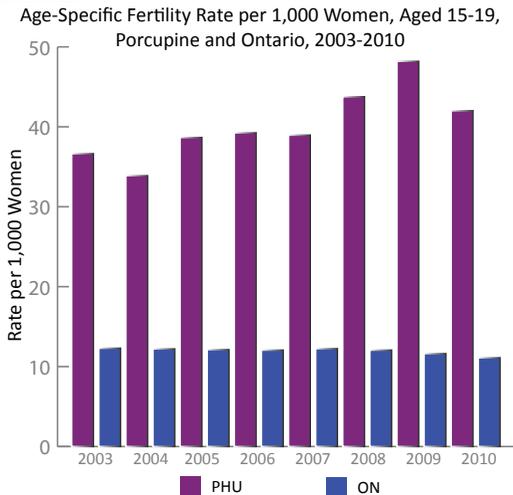
**Figure 4**



Source: Inpatient Discharges (Deliveries) 2003; Therapeutic Abortions Summary 2001 to 2010; and Population Estimates 2003 to 2010; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: September 2011

- In 2009, the Porcupine Health Unit area had the highest teen obstetric delivery rate across Northern Ontario public health units and in Ontario (49.1/1,000).
- Of all obstetric deliveries between 2003-2010, females aged 15-19 in the PHU area had over 3 times higher percentage (12.2%-14.4%) compared to 15-19 year olds in Ontario (3.5%-4%).

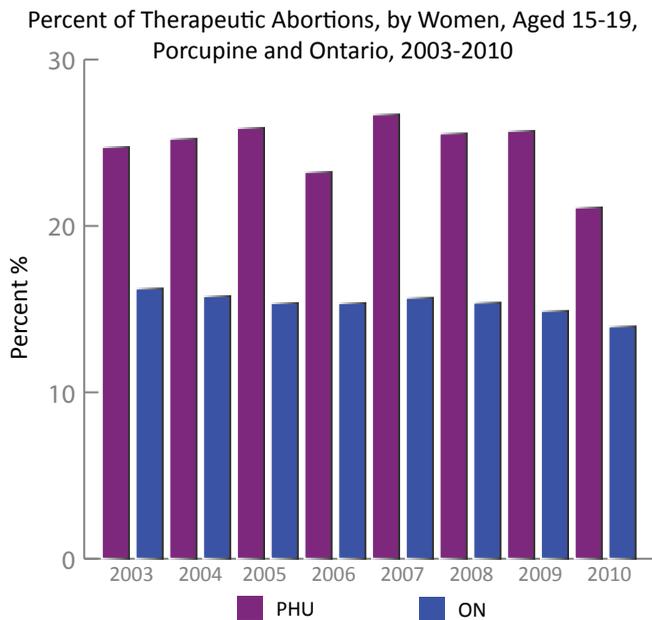
**Figure 5**



Source: Inpatient Discharges (Deliveries) 2003; Therapeutic Abortions Summary 2001 to 2010; and Population Estimates 2003 to 2010; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: September 2011

- Age specific fertility rates in the Porcupine Health Unit range from 33.9-48.2 live births per 1,000 females aged 15-19; consistently three to four-fold higher when compared to the rest of Ontario. Live births are not necessarily viable births. Higher fertility rates are associated with low birth weight, preterm birth, and infant morbidity and mortality.

**Figure 6:**



Source: Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Claims History Database CHDB, and Population Estimates, Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: September 2011

- The percentage of therapeutic abortions attributed to the 15-19 year age group has fluctuated in the Porcupine Health Unit area over the past seven years, ranging from 21.1% to 26.7%.
- The percentage of therapeutic abortions attributed to the 15-19 year age group in the Porcupine Health Unit area is approximately double the Ontario percentage.

# Appendix C - The Study

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A Teen Pregnancy Working Group was formed in Spring 2012 at the Porcupine Health Unit. This group, made up of public health nurses and a public health epidemiologist, met bi-weekly to conceptualize this report.

Qualitative data contributing to this report was generated from semi-structured, in-person interviews to explore perspectives on teen pregnancy with local females who experienced a pregnancy before the age of 19. The interview questions were developed from evidence and the experiences of the working group. The questions focused on exploring perspectives, protective factors and risk factors for teen pregnancy at an individual, family, and community level. The interview was divided into three sections; before pregnancy, during pregnancy and after pregnancy. Recruitment posters in English and French were mailed out in June 2013 to Porcupine Health Unit branch offices, community organizations and primary care contacts. All interested individuals who contacted the study team underwent a screening process. If eligible, a mutually agreed upon interview time was booked at a location convenient for the participant. Nineteen participants enrolled, with ten completing the interviews.

All participants gave their informed consent prior to the beginning of the interview. Hour-long interviews were conducted in either English or French during July and August 2013. Participants, regardless of whether interviews were completed or not, received a \$40 gift certificate to their local grocery store as compensation for their participation.

All interviews were audiotaped and translated into English if needed, and transcribed verbatim with all identifying information (e.g., personal names, community names, school names) removed from the transcript. Qualitative thematic analysis was conducted on the transcript data using NVivo10. The Porcupine Health Unit Internal Ethics Review Committee and Health Canada/Public Health Agency of Canada Research Ethics Board approved the study.

## **Qualitative Interview Findings**

All ten interview participants were females who had experienced, or were currently experiencing a teen pregnancy in the communities served by the Porcupine Health Unit. A number of significant themes emerged in each time period: before pregnancy, during pregnancy and after pregnancy.

### **Before Pregnancy**

#### **Escape**

The theme of escape emerged as participants talked about how they felt about their self and their life at the time before their pregnancy. Other sub-themes related to the notion of escape emerged as they discussed their experience of being troubled before their pregnancy (low self-esteem issues, self-harm), getting into trouble through substance use (alcohol, drugs, smoking), partying and in some circumstances, breaking the law. Many participants, when asked about what they wanted to change about their life at that point, also touched on their desire to “get out”, such as F08 who said she wanted to “Escape. Escape. Completely escape.” from her family environment.

#### **I Cared but I Didn't Care**

When participants were asked about their experience with school, many expressed a lack of interest as evidenced by their attitude towards school, attendance, and decline in performance. While the majority of participants said that they did well in grade school at a young age, the start of high school (Grade 9) was when things took a turn and they began skipping school or dropped out. Nonetheless, when asked about whether they had career goals, many of the participants described their aspirations and were also aware that their parents had expectations that they graduate from high school. For example, F14 said “I always wanted, like, to go to school and accomplish things that none of my family really had. But I, I didn't really...follow through with it.” (F14)

#### **Broken Home**

Family structure and the financial situation of participants' families growing up were varied. However, all participants recalled negative experiences growing up in their families, affected by either physical, emotional, sexual, alcohol, or drug abuse, neglect, or strained relationships. Some participants thought that their family had an impact on them

becoming pregnant. For example, F14 said, “Yeah. I think that if I had a different lifestyle growing up...’cause I see a lot of girls sitting around when I was that age, and like, the ones who have good families that are really, like, no, you need to do this, put your schooling first, no, no drinking right now you’re not of age, blah blah blah, like the parents that were on top of it and had time for their kids, those are the ones that I see getting their Grade 12 and going to college this year and stuff and...if I, if I had...a better...not a better family, ‘cause I do love my family and it was, I do appreciate what they did.” (F14)

### **Challenges and Benefits of Community**

When participants were asked to describe some of the challenges around growing up in a smaller community, a number of responses emerged around lack of opportunities for schooling/education, extracurricular activities and leisure, and a negative environment with a high prevalence of drugs, alcohol and crime. Closer relationships in a smaller community were seen as both good and bad; good in the sense that everybody knows each other but bad because this brought forth a lot of gossip. As F06 describes: “I mean, it was everybody knows each other. Um...yeah it was, just, it’s okay. I never, I didn’t mind it too much, you know and. But at the same time, I guess that’s the down side too, it’s so small and you know, there’s not really anything else to do.” None of the participants had any major concerns with health care access and quality, and the close proximity to nature was also noted as a positive aspect.

### **During Pregnancy**

#### **Mixed Reactions**

Participants recalled mixed reactions when they first found out they were pregnant. Most participants expressed that they were scared and shocked when thinking about how their parents and partner would react, but that they were happy at the same time. F04 states: “I don’t know, I was scared. I was scared of people saying, what my mom would do and... but like, aside from all that, like aside from being scared of what people would think and what my mom would think and...I was excited. But like, that was WAY WAY deep down.” Partner reactions varied; however, family and parent reactions were generally negative and participants felt that there was a sense of disappointment. For example, F16 describes, “Um, my mom was really disappointed. My dad didn’t talk to me for a week...but it was okay. I was kind of like shaking, holding the stick, I was, like, no.”

## **Unintentional/Unplanned Pregnancy**

Many participants described that they did intend to have children in the future, but the timing of their pregnancy was unexpected. All participants described non-use or inconsistencies in birth control use related to various reasons including: partner preferences, difficulties in remembering when to take pills, lack of information or support, misinformation or because they felt it was not necessary in a committed relationship. For example, F11 describes: “We talked about it, we talked about the possibility of me getting pregnant a lot and it was always like, with me, I had that wasn’t my plan, it wasn’t my plan to become pregnant, um, I had wanted to wait until we both had solid jobs and you know, um, I was somewhat finished school and, I didn’t want to get pregnant the first year of our relationship. I wanted to wait. But at the same time, I guess I wanted it so. Because I didn’t have, didn’t go for, I wasn’t taking any birth control or anything.”

## **Only One Option**

All of the participants brought up the fact that they felt/believed there was only one pregnancy option for them: keeping the baby. While some of the participants described that there were pressures from their family or partner to consider other options, they ultimately felt the best decision was to keep the child: “And the whole walk from the hospital home I was thinking, you know, I could raise a baby right now. I just, like, I would just need to change this and this and, I don’t wanna give up on my child ‘cause I was given up on so I don’t wanna give up on my child like my mom did to me. This is my chance to shine and show that I can be a good mom.” (F14)

## **After Pregnancy**

### **Positive and Negative**

All of the participants described both positive and negative aspects of their lives as a result of pregnancies. The majority of participants re-enrolled in high school or worked their way through a credit program to earn their high school diploma. Some were enrolled in or had completed college and one participant had completed a university degree. They described different challenges faced while attending school with a baby; however, as F04 describes: “And I felt confused and then when I came back though...I started doing a little bit better. But...that was, the only reason I was doing good was because I was pregnant I think. Like, I don’t know, I kinda just woke up and just thought like, I need to do this no matter how boring the work is. Or how easy it is. I just need this, I just need to do it and that was my

first grade, like my first year completing um...like getting credits in high school when I was pregnant. Yeah, I think the only reason that happened was because I was pregnant.” (F04)

Many participants also spoke of the fact that they quit alcohol and recreational drug use when they found out they were pregnant and many continued after the pregnancy. They believed the pregnancy was a turning point in their life: “I think it’s pretty much too though, like, getting pregnant, probably changed a lot too. ‘Cause I actually like, you know, I cared about it. I wasn’t just like, oh, I’m pregnant and you know, just keep going and doing everything that you were doing before, like I kinda just like stopped everything and changed everything at that point.” (F12)

On the negative side, many felt they were missing out on their teens. they described financial stress and disintegrated social relationships. For example, F16 describes: “I do feel like my teen was put on hold for a long time. And that, that impacted hard ‘cause I, I didn’t like that. I missed drinking and I missed going out with my friends and being able to do what I wanted. But then it was, I had to get a baby ready and go and...” (F14) Despite these challenges, most of the participants had no regrets regarding keeping their baby and were happy with their decision: “Not at all, not at all. No. It really changed my life too. Like who knows where I would have been had I not gotten pregnant so. I don’t know if it’s the same for everybody, you know but. Yeah.” (F06)

### **Perceptions about Teen Pregnancy/Teen Parenting**

When participants were asked about how they felt their communities or other people perceived them as a pregnant teen or teen parent, many perceived negativity: “I was a messed, I was a screw-up, I was not gonna do anything good. I wasn’t gonna be a good mother, I wasn’t gonna do anything with my life, I wasn’t gonna go to school.” (F08) Some participants felt that teen pregnancy had become so prevalent in the community that it was normal: “Yeah, I don’t think it was...I never, I don’t remember ever getting any negativity from up here because it’s normal. It’s like, nobody ever said wow I can’t believe you’re pregnant. You know, what are you gonna do or, like, I never got looks. I never got you know, people would always come up to me and say oh your belly’s getting really big now and, can I feel your belly or you know? Or you look really glowing or you know? So I never, I don’t remember any negativity up here. Just down south. Yeah.” (F06)

When participants were asked how they felt when teen pregnancy is labelled as a problem, varied responses were given ranging from feeling offended and degraded, to not caring: “I feel like just the fact that um, there is a specific group for teen, teen pregnancies, I feel like that is just...I don’t know, it’s hard to explain how I feel about that. Like it just, it feels generally degrading. Because you know, you’re, just the way it sounds, you know what I mean. Like people hear that and it’s...it’s, their feedback is generally negative. You know, it’s not on how making it work or making it better or helping them stay in school while they work with it, work with having a baby and getting a job and what not. Um it’s typically...uh....” (F11)

### **Multiple Factors in Prevention and Support**

Based on the participants’ perceived needs around prevention and/or support programs, it was evident that environmental and information/education factors were most significant. Environmental factors that participants felt needed to be addressed included: a lack of opportunities in the community, self-esteem issues and challenges talking about sex and pregnancy in their families. Information and education needs were noted: not only common topics such as sexually transmitted diseases, condoms and birth control, but also talking about teen pregnancy and the responsibilities and realities that come along with raising a child as a teen. F11 suggests “Yeah. Like, you know, teen mother to teenage, like a pr-, like an older teen mother speaking to teenagers in general, just because I think, that’s where there isn’t enough awareness is, like...just telling, like, showing, trying to...I don’t, trying to show them how much, how big it really is, like how big of a responsibility it is, and how...just everything that comes with it, like stresses on family, stresses between boyfriend and family, like, just everything, like financially, mentally, emotionally, physically, like. Yeah, ‘cause I feel like if there’s a lot more awareness of that, maybe, maybe people would be more, like, more aware of their use of birth control.”

Some suggestions for programming included: peer programs where younger adults talk with younger teens so that they can relate to each other, a group gathering or support group of teens experiencing a pregnancy, information on safe partying, and support for teen parents that would make it easier for them to go back to school or get a job.

Themes	Codes	Quotes (examples)
Escape	Troubled <ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Self-harm</li> </ul>	“Um...I don’t know. I think I was mostly just frustrated. Um...you know, just going through like, adolescence and taking it very hard.” (F04)
	Getting into trouble <ul style="list-style-type: none"> <li>• Substance use (alcohol, drugs, smoking)</li> <li>• Partying</li> <li>• Breaking the law</li> </ul>	“Uh...we didn’t have like a relationship where we’d talk about like, um...feelings and stuff like that. We’d just, I don’t know, horse around I guess? Or we’d be getting in trouble or sometimes we’d be getting high or drinking. But we wouldn’t, we wouldn’t break the law, well, besides the underage drinking, like we wouldn’t like break into a house or anything like that. Yeah.” (F04)
	Wanting to get out	“I: Just wanted, sorted of wanted to get away from your family environment – P: Escape. Escape. Completely escape.” (F08)
Instability	On-off relationships with friends	“I wouldn’t really say that they were my friends. They were just there because they were scared of me. They did what I said and that was that. So it was pretty bad. [P laughs][I laughs]” (F13)
	Unstable/unhealthy relationships with sexual partner	“So I guess that was his way of telling me, like, I control you type of thing and it just went downhill from there. He started getting abusive, he started getting like really mean names and throwing things at me. At one point when I had left him was when he grabbed my daughter and she was like, just a baby. And he grabbed her and he threw her up against the wall. And yeah, that was...yeah, he’s horrible.” (F14)
‘I cared but I didn’t care’ attitude	Experience with school <ul style="list-style-type: none"> <li>• Lack of interest/skipped/dislike</li> <li>• Dropped out</li> <li>• Performance declined</li> </ul>	“So, I really didn’t go to school, I’d go to school for lunch. And then I’d go back again for basketball practice or track practice. So, that was back in the day where you didn’t have to have good grades to play, if you were a really good athlete you could do what you wanted kind of thing so. Yeah. Didn’t like school.” (F06)  “I always wanted like, to go to school and accomplish things that none of my family really had. But I, I didn’t really...follow through with it.” (F14)
Broken home	Abuse <ul style="list-style-type: none"> <li>• Physical/emotional</li> <li>• Alcohol/drugs</li> </ul>	“Um...my dad was a druggie. He sold drugs. He used to beat my mom and us kids. Um... [Long pause]. That’s really, about me.” (F13)
	Neglect	“Well, yeah, I dunno, when I was like, younger, like I was talking about like maybe 8, 9, 10ish, like I did want my mom to start being around. She was always out drinking and it was just like, my sister was kinda watching me and she’s only 2 years older than me. So it was kinda like, you know, nothing really, but I did want her, like you know, stop drinking and wanted her to be around a little more, definitely. She, like, wouldn’t, wake us up for school in the morning so there was days that we were like, wouldn’t even go to school, we would just, we would kind of get in that routine and we would just like, not wake up for school. When, like, really, we’re in like, grade 7 and we should be going to school. But, she just wasn’t there to like, kinda care about it and yeah.” (F12)

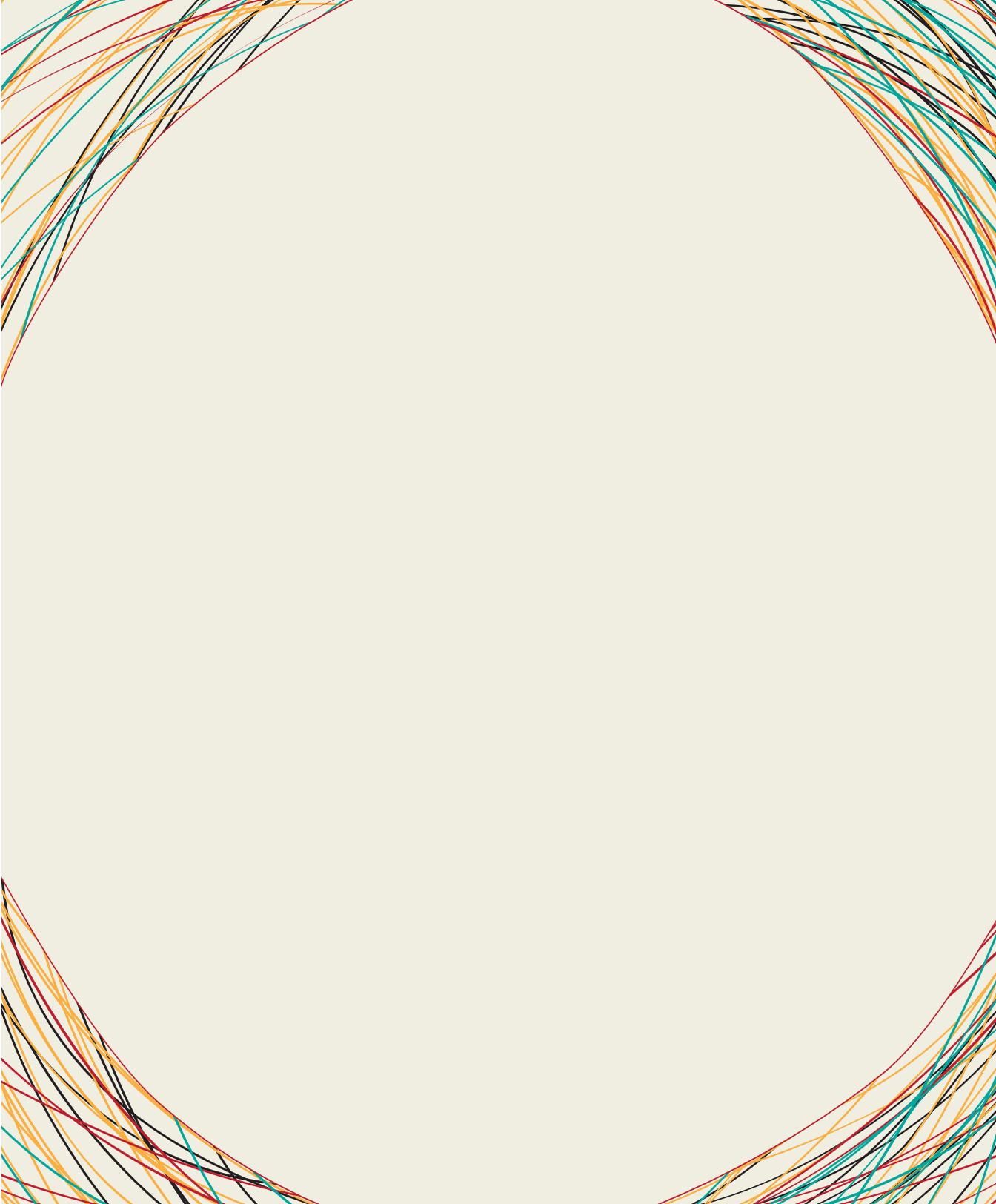
Themes	Codes	Quotes (examples)
Broken home	Strained relationships <ul style="list-style-type: none"> <li>• Temperamental</li> <li>• Resentment</li> <li>• Tension</li> <li>• Lack of respect</li> </ul>	<p>“Yeah, I had no respect for my father. [I: Mmhmm] I was his boss. He owed me. That’s how I felt. Like uh, ‘cause because he...he let me have whatever I wanted, I felt like he owed me whatever I wanted. And I had no re-, respect for the man.” (F08)</p> <p>“Growing up? [I: Yeah] My mom was a teacher and my dad, well my mom IS a teacher and my dad is a dentist so, pretty good. Dentists make more money than doctors actually so. Yeah, it was good, yeah. I mean, we had everything we wanted and needed and you know, a big house. And I think that was part of the reason that nobody actually identified any um, any sort of issues in our family because it was sort of, still in that time where people thought WOW, you come from a good, affluent home, and your dad is a [occupation], your mom’s a [occupation], what’s wrong with you, why are you acting up and you know? But I was really just a product of my environment so.” (F06)</p>
Challenges and benefits of community	Lack of opportunities <ul style="list-style-type: none"> <li>• Schooling/education</li> <li>• Extracurricular activities</li> <li>• Leisure</li> </ul>	<p>“But I know they didn’t have anything like that down here, I’d have to go away so I kind of let that go and...I kinda didn’t know what I wanted to be, like I was like what do I wanna be? And then, like one of the other things I like doing is like taking pictures and photographing like. Sometimes writing. Like, I’m always writing poetry and like photographing. But they don’t have those kind of programs down here.” (F07)</p> <p>“Other than that, there’s not much good things about [City name]. There’s not much to do either. I’m not really fond of it. [P laughs]” (F12)</p>
	Negative environment <ul style="list-style-type: none"> <li>• Drugs, alcohol, crime</li> <li>• Normalcy of negative behaviours</li> </ul>	<p>“Oh my god. Bad things is that, this town is like FULL of drugs. Like it’s crazy. Like in, like, like, 14 year olds up to like 80 year olds, like it’s just crazy. It’s not good, it’s like bad I find. I find it’s like a junky city, I really think it’s like not a good place to raise your kids. And the good things about it? I don’t know. [laughs]” (F12)</p>
	Closer relationships <ul style="list-style-type: none"> <li>• Can be good or bad</li> </ul>	<p>“I mean, it was everybody knows each other. Um...yeah, it was, just, it’s okay. I never, I didn’t mind it too much, you know and. But at the same time, I guess that’s the down side to, it’s so small and you know, there’s not really anything else to do.” (F06)</p> <p>“Um....just always having somebody, you know, if I was you know, walking down my street that my mom had said, you know, if I, if I was supposed to be at the park but I was at a friend’s house, my mom would be getting a call right away to, so like that sucked a lot. I mean, it was just...I didn’t feel like I had a lot of freedom. I felt really restricted. Um...that’s probably the only main thing, it was just, there was always somebody, there’s a lot of drama there too. I don’t know. Small town, people gossip you know? That’s probably one of the, the negatives, just, somebody always always in your business. But I try to keep to myself, you know, so that doesn’t happen. Like, Like I said, previously, I don’t, not, yeah like I said previously, I don’t talk to any of the people I used to talk to so.” (F11)</p>

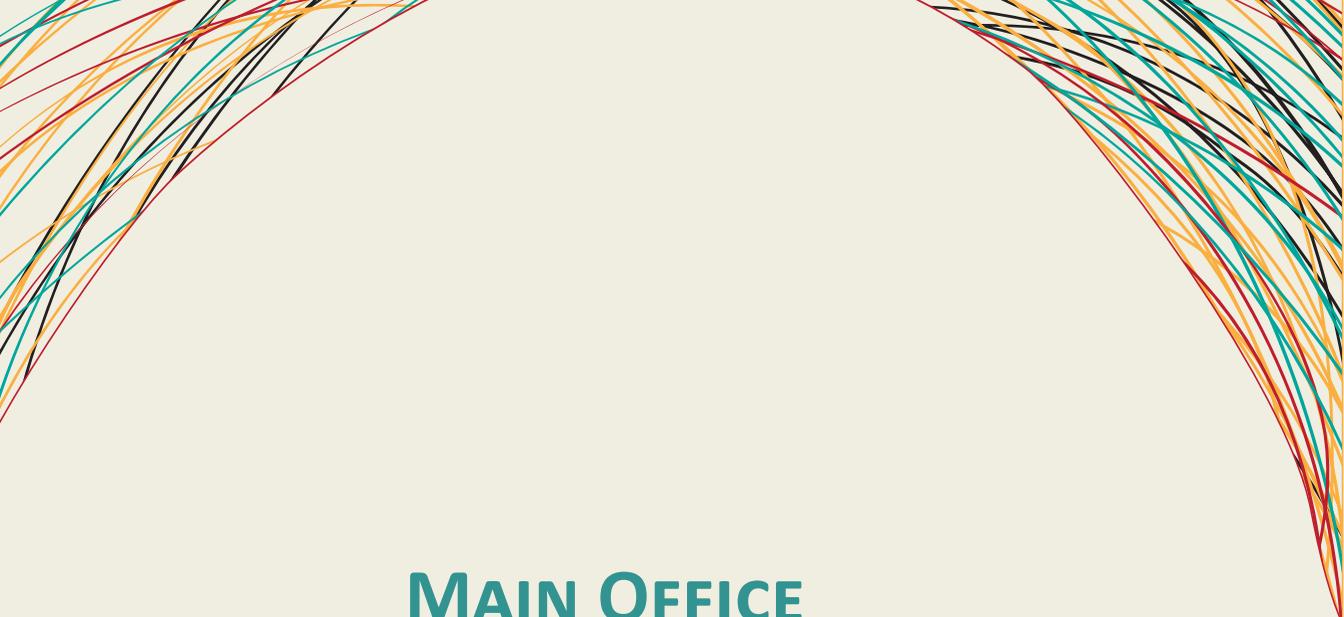
Themes	Codes	Quotes (examples)
Challenges and benefits of community	Health care access and quality	"It was GOOD. 'Cause even when I tried to attempt to go to school in Grade 9, there was a nurse back then as well. [I: Mmhmm] And uh, the health unit was very, very helpful." (F08)
	Nature	"Uh...you can uh, you can go out on the land, you can go hunting and fishing. [inaudible] Nature. Like I like to go into the bush a lot with my son, we go berry picking or fishing and stuff like that. It's just nice to be able to do that." (F04)
Mixed reactions	Individual – Scared, shocked but happy	"I don't know, I was scared. I was scared of people saying, what my mom would do and...but like, aside from all that, like aside from being scared of what people would think and what my mom would think and...I was excited. But like, that was WAY WAY deep down." (F04)
	Family - Disappointment	"My parents were disappointed. My dad wanted me to have an abortion. Um, but I just couldn't. Um. Not that I'm against it at all but. Um. I think everybody was okay. You know, maybe some people were surprised or, but I mean, it's, like I said it's pretty normal around here. So. It wasn't anything like...I don't know. Wasn't anything too terrible I guess." (F06)
Unintentional/unplanned pregnancy	Timing of pregnancy unexpected	"We talked about it, we talked about the possibility of me getting pregnant a lot and it was always like, with me, I had that wasn't my plan, it wasn't my plan to become pregnant, um, I had wanted to wait until we both had solid jobs and you know, um, I was somewhat finished school and, I didn't want to get pregnant the first year of our relationship. I wanted to wait. But at the same time, I guess I wanted it so. Because I didn't have, didn't go for, I wasn't taking any birth control or anything so." (F11)
	Lack/inconsistencies in birth control use	"Like it didn't influence me, I just...I'm forgetful so I forgot to, I lost my birth control and the day I lost my birth control is the day after I got, I got pregnant."(F16)
	Impact of family on becoming pregnant	"Yeah. I think that if I had a different lifestyle growing up...'cause I see a lot of girls sitting around when I was that age, and like, the ones who have good families that are really like, no, you need to do this, put your schooling first, no, no drinking right now you're not of age blah blah blah, like the parents that were on top of it and had time for their kids and cared for their kids, those are the ones that I see getting their grade 12 and going to college this year and stuff and...if I, if I had...a better...not a better family, 'cause I do love my family and it was, I do appreciate what they did." (F14)
Only one option	Decision to keep baby	"And the whole walk from the hospital home I was thinking you know, I could raise a baby right now. I just, like, I would just need to change this and this and, I don't wanna give up on my child 'cause I was given up on so I don't wanna give up on my child like my mom did to me. This is my chance to shine and show that I can be a good mom."(F14)
	Preparing for baby	"Uh, I did go see a doctor right away. Started taking some prenatal uh, vitamins. Um...like I said I took uh...pre... [I: Prenatal class?]. Yup. I always followed what my physician would tell me, like you know, to eat properly and all that." (F09)

Themes	Codes	Quotes (examples)
Positive and negative	Finishing school	<p>"I never really liked school. But now that I have kids, it's something I have to get done." (F13)</p> <p>"And I felt confused and then when I came back though...I started doing a little bit better. But...that was, the only reason I was doing good was because I was pregnant I think. Like, I don't know, I kinda just woke up and just thought like, I need to do this no matter how boring the work is. Or how easy it is. I just need this, I just need to do it and that was my first grade, like my first year completing um... like getting credits in high school when I was pregnant. Yeah, I think the only reason that happened was because I was pregnant." (F04)</p>
	Quitting drinking/drugs	<p>"Um, but I mean, and I wouldn't recommend teen pregnancy to anybody but having, being pregnant with [daughter] changed my whole life. I stopped drinking, I stopped doing drugs. To me, there was nothing MORE important than making sure that the child was growing inside of me, you know, like, it was the most important thing. Enough that I stopped doing drugs and drinking and I mean, I was hardcore into that stuff. And it was just cold turkey. Um, so yeah. Like it, I think, I always say [daughter] brought meaning into my life at the time. But I don't, rec-, like, I don't tell people that I recommend teen pregnancy because I see a lot of people that are teenagers and pregnant that just...don't make that connection or don't change you know, and they keep drinking and partying or they have a kid and it's not as important or you know. But for some reason, I always thought that that was the most important job. Yeah. So I don't know where that came from, but, yeah. So. Yeah, that was it." (F06)</p> <p>"I think it's pretty much too though, like, getting pregnant, probably changed a lot too. 'Cause I actually like, you know, I cared about it. I wasn't just like, oh, I'm pregnant and you know, just keep going and doing everything that you were doing before, like I kinda just like stopped everything and changed everything at that point." (F12)</p>
	Missing out	<p>"I do feel like my teen was put on hold for a long time. And that, that impacted hard 'cause I, I didn't like that. I missed drinking and I missed going out with my friends and being able to do what I wanted. But then it was, I had to get a baby ready and go and." (F14)</p>
	Financial stress	<p>"Um, the hardest thing I guess was just keeping food on the table. Like, making it." (F07)</p> <p>"Well, there goes all my paychecks. They're so, I used to work at Subway and that's all my money would go to my daughter, all of it. I hardly would have anything for myself, and now it's harder 'cause I have two and I don't have any help." (F16)</p>
Positive and negative	Disintegrated social relationships	<p>"Well, I don't really feel like I have that much friends. Like I still talk, like on Facebook of course, you know we still all talk, but like I don't really like, hang out with friends. That much anymore. Well I do, but not the same ones like, ones with kids nowadays, and the ones who don't have kids kinda just like, go and do their own thing." (F12)</p>

Themes	Codes	Quotes (examples)
Going with the flow	Readiness for parenting	“So I don’t know how we survived, you know. We walked everywhere we went, we...so I don’t think being, I mean it was definitely a concern. But I don’t think it was as much of a concern to be prepared as I was when I was older. I think that’s pretty significant actually. I think that maybe teenagers don’t really realize...the, the impact or the importance of what’s about to happen. You know, they just kinda go with the flow and. You know, not, not to say that I wasn’t worried or didn’t want to become prepared or whatever, but I mean I wasn’t prepared. Um, but I didn’t worry about it either because I knew it would be okay or something like that, I don’t know. Yeah.” (F06)
No regrets	Happy regarding pregnancy decision	“Not at all, not at all. No. It really changed my life too. Like who knows where I would have been had I not gotten pregnant so. I don’t know if it’s the same for everybody, you know but. Yeah.” (F06)
Perceptions about teen pregnancy/parenting	Negativity	“I was a messed, I was a screw-up, I was not gonna do anything good. I wasn’t gonna be a good mother, I wasn’t gonna do anything with my life, I wasn’t gonna go to school.” (F08) “They probably thought I was a joke. I was a rebel bringing a baby into this world. People probably thought I was going to fail as being a mom.” (F13)
	Normal	Yeah, I don’t think it was...I never, I don’t remember ever getting any negativity from up here because it’s normal. It’s like, nobody ever said wow I can’t believe you’re pregnant. You know, what are you gonna do or, like, I never got looks. I never got you know, people would always come up to me and say oh your belly’s getting really big now and, can I feel your belly or you know? Or you look really glowing or you know? So I never, I don’t remember any negativity up here. Just down south. Yeah.” (F06)
	Not a problem	“Um...well some probably hate it but I guess in this community, like, they’re probably just used to it. Because like, even this summer there’s always like, there’s always pregnant people and I guess if you think about it they are all young. So, I don’t really know how they view it. They probably are getting used to it but they’re, a lot of them are probably sickened by it. ‘Cause I know my grandpa doesn’t like it.” (F12) “It’s a very...uh...almost normal thing here. Like there’s so many... you know? Girls who think they’re pregnant, I mean [inaudible], it’s normal. Almost. It’s not very shocking when you hear that like a 13 year old is, I don’t know, she’s pregnant or something.” (F04)
Multiple factors need to be addressed in prevention and support	Environmental factors	“They need that encouragement instead of, and I see a LOT of negative parents. I think that that has a huge impact on it too ‘cause like, they’ll always...they’ll always like look down on you and say everything that you did bad and it’s like really? I got two A+’s in different classes and you’re gonna sit here and yell at me for the F’s that I got? Really? That just makes them go look for the love elsewhere ‘cause they don’t feel the love. [I: Mhmm] But yeah. “ (F14)

Themes	Codes	Quotes (examples)
Multiple factors need to be addressed in prevention and support	Environmental factors	<p>“Alcohol, substance abuse. Going back from family diseases, because I find there’s a lot, a lot of family that are affected by substance abuse.” (F08)</p> <p>“The community doesn’t have much to do for kids. They don’t have socials and everyone’s just already got hooked on...like...it’s just been going on for a long time. The way this community rolls and I just, I don’t know. It’s a bad place I find. Same with [City name], it’s just like full of drugs and bad people at young ages.” (F12)</p> <p>“Like in the teen pregnant, um...I’m not even sure what would have helped me. Maybe just, if I, you know, if my family was like, put together and you know, that might have changed things. Like...you know, if she would wake up and send me to school, not wake up and get drunk with me...I think that would definitely, like, you know, growing up probably if my parents were just there for support. “</p> <p>“I couldn’t remember asking about anything, like I just didn’t really have any general interest and nobody wanted to talk to me about it. Like, I don’t know, who wants to have those kinds of conversations right?” (F04)</p> <p>“Like, she’ll acknowledge that you know, I do have sex and you know, it’s...obviously I had sex to get pregnant but she just never touches on the subject, like she’s just... she doesn’t want us, any of us to grow up...” (F11)</p>
	Information and education factors	<p>“Alcohol and safe sex. Um...like uh, birth control.” (F07)</p> <p>“Yeah. Like, you know, teen mother to teenage, like a pr-, like an older teen mother speaking to teenagers in general, just because I think, that’s where there isn’t enough awareness is, like...just telling, like, showing, trying to...I don’t know, trying to show them how much, how big it really is, like how big of a responsibility it is, and how...just everything that comes with it, like stresses on family, stresses between boyfriend and family, like, just everything, like financially, mentally, emotionally, physically, like. Yeah, ‘cause I feel like if there’s a lot more awareness of that, maybe, maybe people would be more, like, more aware of their use of birth control.” (F11)</p> <p>“Common ground as in STDs, condoms, birth control, um, we didn’t really talk about teen pregnancy or anything. And I feel like that’s something that should be covered in that, like, not right in the grade 9 but like, further along because it’s just so common now, you know what I mean? Like it’s, not common, but you see it a lot more often than you would have probably 20 years ago so. I don’t know, I feel like that’s something they should cover, just to, you know, what happens if? I mean, these are your options if. Yeah.” (F11)</p>





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