UPDATE REPORT ON

Teen Pregnancy Prevention

A summary of statistics, context and effective strategies related to the prevention of teen pregnancy, including examples of successful or promising initiatives.

best start
meilleur départ

Ontario's maternal, newborn and early child development resource centre

Centre de ressources sur la maternité, les nouveau-nés et le développement des jeunes enfants de l'Ontario

SIECCAN
Sex Information and Education Council of Canada

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For more information about Best Start, contact:
Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre
c/o Ontario Prevention Clearinghouse
180 Dundas Street West, Suite 1900
Toronto, ON M5G 1Z8
Phone: 416-408-2249 or 1-800-397-9567
Fax: 416-408-2122
Email: beststart@beststart.org
Website: www.beststart.org

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1. Introduction

The Context

There are many complex socio-economic and cultural issues that come into play when looking at the issue of teen pregnancy. In the past, it was generally assumed that most teen pregnancies resulted from inadequate sex education, lack of access to contraception and sexual health services. In order to reduce teen pregnancy rates, improved sex education and better access to health services were thought to be the best strategies. While these strategies are important, it is now evident that teen pregnancy is not a simple social problem that can be fixed with appropriate educational and health messages, and that a more comprehensive approach is required.

Recently, there has been a trend towards examining the underlying socio-economic and cultural factors associated with teen pregnancy. Growing inequity in rich countries, lack of opportunities for disadvantaged youth, cultural norms and alienation from schools are all factors that can increase the likelihood of a teen pregnancy.

Teen Pregnancy refers to pregnancy in women/girls who are aged 19 and under. It includes the number of live births, fetal losses, stillbirths and abortions per 1,000 women/girls aged 19 and under.

Changing Views

Views about teen pregnancy are changing. Currently, there is a social stigma attached to teen parenting, whether the teen parents are single or married. Historically, teen pregnancy was not considered to be a social problem when it involved teens who were married; however, teen pregnancy was viewed with concern when young single mothers raised their own children.

Is it a Problem?

There are many perspectives on teen pregnancy. For example service providers often have concerns about:

- Possible health risks to the pregnant teen and her growing baby
- The ability of the teen parent to care for and support her child
- The effect that pregnancy/parenting at a young age can have on the teen's life plan
- The social costs of supporting young mothers and their children

However, for some teens a pregnancy is a wanted and transformative experience. There are many different cultural beliefs around appropriateness of early pregnancy. Early prenatal care and support programs can help pregnant and parenting teens have a healthy pregnancy, establish good parenting skills and further their education and employment goals.

Concerns about teen pregnancy arise when pregnancy is unintended and unwanted. As well, concerns regarding teen pregnancy often relate to socio-economic issues since high teen pregnancy rates tend to occur among economically disadvantaged and marginalized segments of the population. Strategies to address teen pregnancy must include the information, skills and resources required by those who want to avoid teen pregnancy. Strategies should also encourage an understanding of the socio-economic factors that may lead to teen pregnancy, and may impact the health of pregnant and parenting teens and their children.

Using this Report

This resource presents the latest research on effective programming strategies. It is not meant to be a "how to" manual, but rather a document that encourages a broad view of the issues that relate to teen pregnancy.

The main thrust of the resource is that there is no single definitive reason why young women have children in their teens. Also, there is no one strategy that works in all situations, for all teens. Teens, as well as older women, become pregnant for a variety of reasons. Some are excited by their pregnancy and by the prospect of becoming a mother, some are resigned to having a child, and some decide to terminate the pregnancy. For some young women, the concept of a pregnancy prevention program negates the positive aspects of their pregnancy, and thus can be offensive. For others, pregnancy prevention is a desirable goal. Programs that acknowledge this range of motivations and responses to pregnancy are more relevant to diverse populations. Pregnancy prevention programs are more effective when they reflect a true understanding of the socio-economic issues facing teens, their communities and society as a whole.

Some have suggested that society's concern about teen pregnancy is more accurately a concern about unmarried young women having children outside the accepted norms of the heterosexual family.

2. Current Situation

Limitations of Teen Pregnancy Statistics

Teen pregnancy rates have been declining in Canada and in most developed countries since the mid 1990s. However, there are dramatic regional differences in teen pregnancy rates within most countries. What might appear to be a promising drop in the overall teen birth rate for many countries, is the result of statistical averaging of regional rates that can range from extremely low, to rates that are equal to, or exceed those of many developing countries. If teen pregnancy rates are compared between economically advantaged and disadvantaged areas within a country, huge discrepancies are usually evident. For example, in countries such as Australia, Canada and New Zealand, the birth rates for Aboriginal vs. non-Aboriginal populations reflect totally different realities. In the United Kingdom, rates vary significantly between economically advantaged and disadvantaged areas. The United States tracks teen birth rates for white, black and, more recently, Hispanic populations. When teen pregnancy rates are quoted for a specific country, it is wise to keep in mind the range of birth rates for the different population groups that are contained within the larger statistic. In addition, changes in teen pregnancy rates at the national or provincial level may not match local trends.

Live Birth Rate corresponds to the number of live births per 1,000 females of the same age.

There are other issues related to the way teenage pregnancy statistics are collected and presented:

- Some countries present statistics on the number of live births to teenage mothers, while others compile statistics on the number of abortions, pregnancy losses, stillbirths and live births (pregnancy rate). It is not always clear which statistics are being used.
- In some jurisdictions, it is not possible to obtain an accurate statistic related to the number of abortions performed. For example, Canadian abortion statistics do not always include age, and so the teenage abortion rate is not entirely accurate. As well, since 1999, Ontario abortion clinics do not collect data on patients who do not make an OHIP claim, including patients from other provinces who have abortions in Ontario clinics.
- Pregnancy losses are generally under-reported in a teenage population, which in turn affects the accuracy of the teen pregnancy rate.
- Women who become pregnant at the age of 19 and either give birth, or have an abortion at the age of 20, will not be included in the teenage pregnancy rate.

- Pregnancy and birth statistics are usually given for a broad age range from 15 to 19. When statistics are further broken down by smaller age ranges such as 15-17 and 18-19, significant differences are usually seen. Pregnancy or birth rates for the under 15 age group are generally a small fraction of the rates for older teens, however, rates for each age group also vary depending on racial, cultural and socio-economic factors.

Adolescent Fertility Rate refers to the annual number of live births born to women aged 15-19 years of age per 1,000 women in the same age group.

International Statistics

Comparisons of international teen pregnancy or teen birth rates are usually made between countries with similar economic standings. In this context, Canada is commonly compared with other developed nations such as the United States, the United Kingdom, Australia, the Nordic countries and member states of the European Union.

Teen fertility statistics published in 2007 (see Figure 1) rank Canada 17th out of 24 Organization for Economic Co-operation and Development (OECD) nations, with a rate of approximately 20 births per 1,000 women aged 15 to 19. The United States ranks last with a teen fertility rate of more than double that of

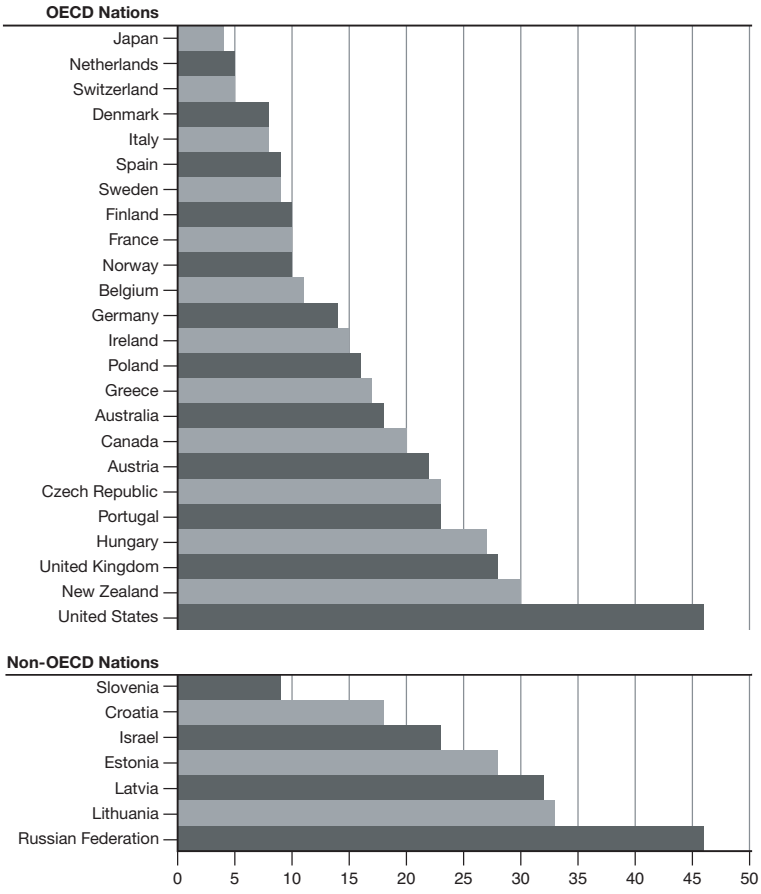


Figure 1: Teenage Fertility Rate, Births per 1,000 women aged 15-19, 2003. Adapted from: UNICEF, 2007.

Canada. The United Kingdom and New Zealand also record higher fertility rates than Canada, while Australia's fertility rate is only slightly less than that of Canada's. Japan continues to have the lowest fertility rate, followed by the Netherlands, Switzerland, Denmark and Italy. Sweden, Finland, France and Norway also have comparably low teen fertility rates.

It is interesting to consider the variation in birth rates within specific regions or population groups in a country. For example, the United States government recently published teen birth statistics for 2004 (Martin, 2006). The overall birth rate for women aged 15-19 was 41.2 births per 1,000. However, teen birth rates for specific ethnic/racial groups vary widely:

- Asian/Pacific Islander - 17.4 births per 1,000
- White, non-Hispanic - 26.8 births per 1,000
- American Indian - 52.5 births per 1,000
- Black - 62.9 births per 1,000
- Hispanic - 82.6 births per 1,000

Certain population groups in the United States have similar birth rates to Canada (i.e. White, Non-Hispanic and Asian/Pacific Islander) while other groups (Black, Hispanic) have birth rates much higher than that of the national average. Similarly, while Australia's teen birth rate is slightly lower than that of Canada, the birth rate for Aboriginal teens in Australia is considerably higher (Australian Bureau of Statistics, 2005). In 2004, Australia's birth rate for women aged 15-19 was 16 per 1,000, compared to a birth rate of 71 per 1,000 for Aboriginal women aged 15-19.

National trends can mask a number of realities that exist in one country. Teen birth rates from specific sub-populations reveal a more complex picture of teen pregnancy within a society and can be important indicators of social and economic inequity.

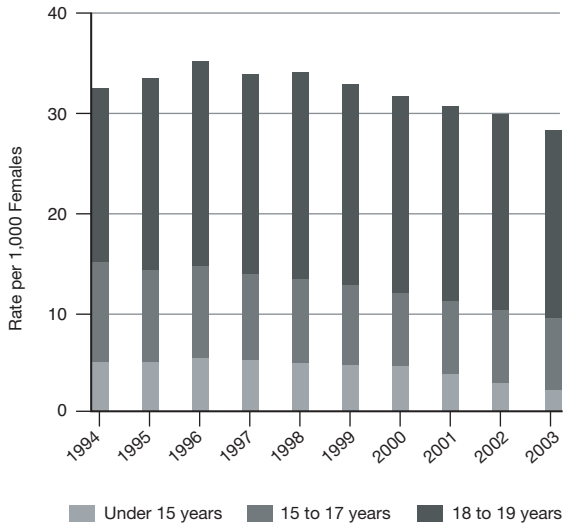


Figure 2: Induced Abortion Rates per 1,000, Canada, 1994-2003. Based on data from Statistics Canada, CANSIM database. Accessed April 2007.

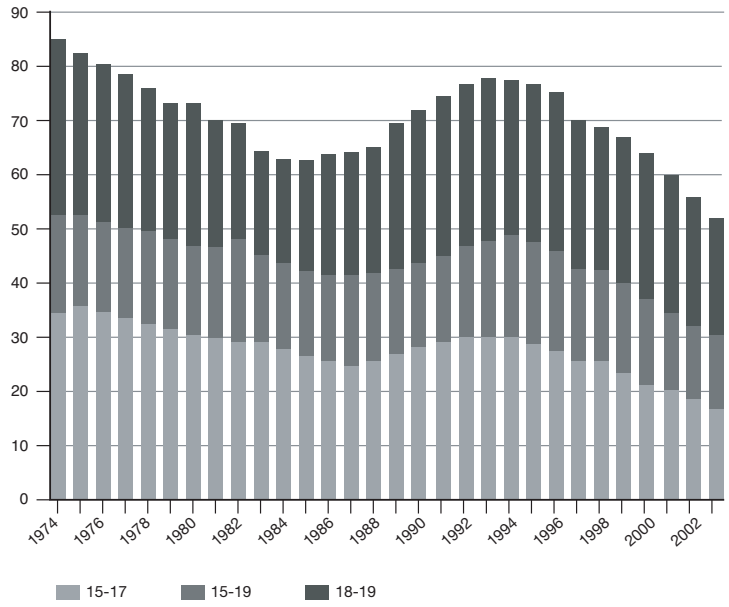


Figure 3: Teen Pregnancy Rates per 1,000, Canada, 1974-2003. Based on data from Statistics Canada, CANSIM database. Accessed April 2007.

Canadian Statistics

Recent Canadian statistics show a steady decline in teen pregnancy and birth rates since the 1990s (see Figure 3). The abortion rate for teens has also decreased over the last few years (see Figure 2).

The 2003 pregnancy rate for teens aged 15-19 was 32.1 per 1,000, while the birth rate was 14.4 and the abortion rate was 17.1. When the statistics are broken down into smaller age ranges and compared to the overall rate for teens aged 15-19 years:

- Older teens (18-19) had higher rates of pregnancy (54.1), birth (25.1) and induced abortion (28.1).
- Teens in the 15-17 age range had lower rates of pregnancy (18.8), birth (7.0) and induced abortion (9.5).
- Younger teens, under the age of 15, had extremely low rates of pregnancy (2.0), live birth (0.5) and induced abortion (1.5).

Provincial statistics reveal a wide range of birth and pregnancy rates for teens (see Figure 4). The 2003 fertility rate, or live birth rate, for females 15-19 years of age, ranges from a low of 10.8 births per 1,000 in British Columbia and 11.4 in Ontario, to a high of 117.4 per 1,000 in Nunavut. Between these 2 extremes there is considerable variation. The Maritime provinces have rates slightly above the national rate: 15.1 (Nova Scotia), 18.7 (Prince Edward Island), 16.8 (Newfoundland & Labrador) and 18.5 (New Brunswick). The Prairie provinces have rates slightly higher still: 30 (Manitoba), 31.3 (Saskatchewan) and 19.1 (Alberta). Higher birth rates are also evident in the far north: 22.3 (Yukon) and 41.8 (Northwest Territories).

However, within each province birth rates also vary. For example, B.C. has a low overall birth rate of 10.8, but statistics range from a high of

Pregnancy Rates include live births, fetal loss and induced abortions.

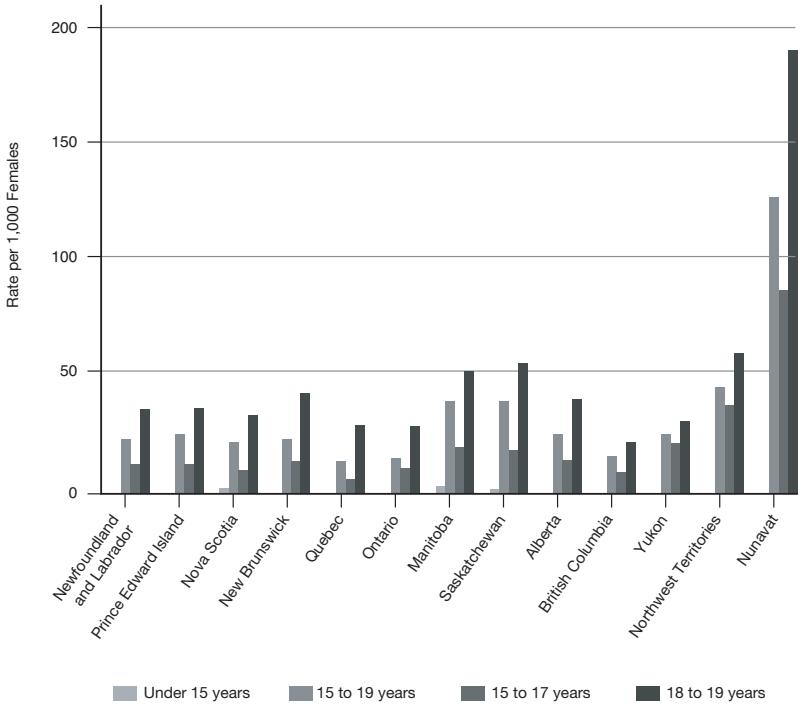


Figure 4: Live Birth Rate, by Age Group 2003. Based on data from Statistics Canada, CANSIM database. Accessed. April 2007.

87 in the north of the province, to a low of 2 in the lower mainland (Centre for Health Services and Policy Research, 2002). Birth rates for Saskatchewan show similar trends. The 2002 birth rate for 15-19 year old women in one northern health area was 110.4 per 1,000. This is significantly higher than the birth rate for all women aged 15-19 in Saskatchewan, which was 31.3 for 2003 (Athabasca Health Authority, 2004). Within large urban centres, the birth rate varies according to socio-economic factors. For example, Toronto teen birth rates (for women aged 15-19) range from as low as 2.5 per 1,000 in high income areas, to as high as 35 in lower income areas (Toronto Community Health Profiles Partnership, 2005).

Pregnancy and birth rates for younger teens under the age of 15 follow the same pattern as birth rates for older teens. The 2003 pregnancy rate for Canadian teens under age 15 in was 2.0 and the birth rate was 0.5. These pregnancy rates are strikingly less than those for Nunavut (11.8) and the Northwest Territories (17.7), but similar to those for Newfoundland (2.4), Ontario (2.8), Quebec (2.8), Saskatchewan (2.9) and B.C. (2.0). Birth rates for 2003 for teens under the age of 15 were not available for Nunavut and the Northwest Territories. The 2003 provincial birth rates for teens under the age of 15 were highest for Nova Scotia (1), Saskatchewan (1.3) and Manitoba (2.2). The remaining provinces had birth rates for teens under the age of 15 that were less than 1 per 1,000.

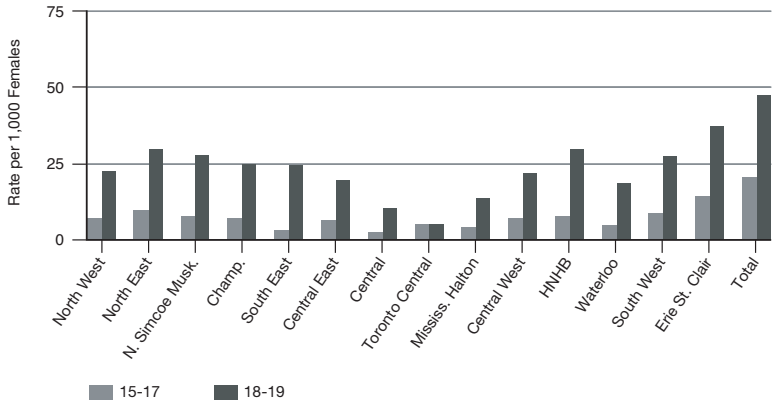
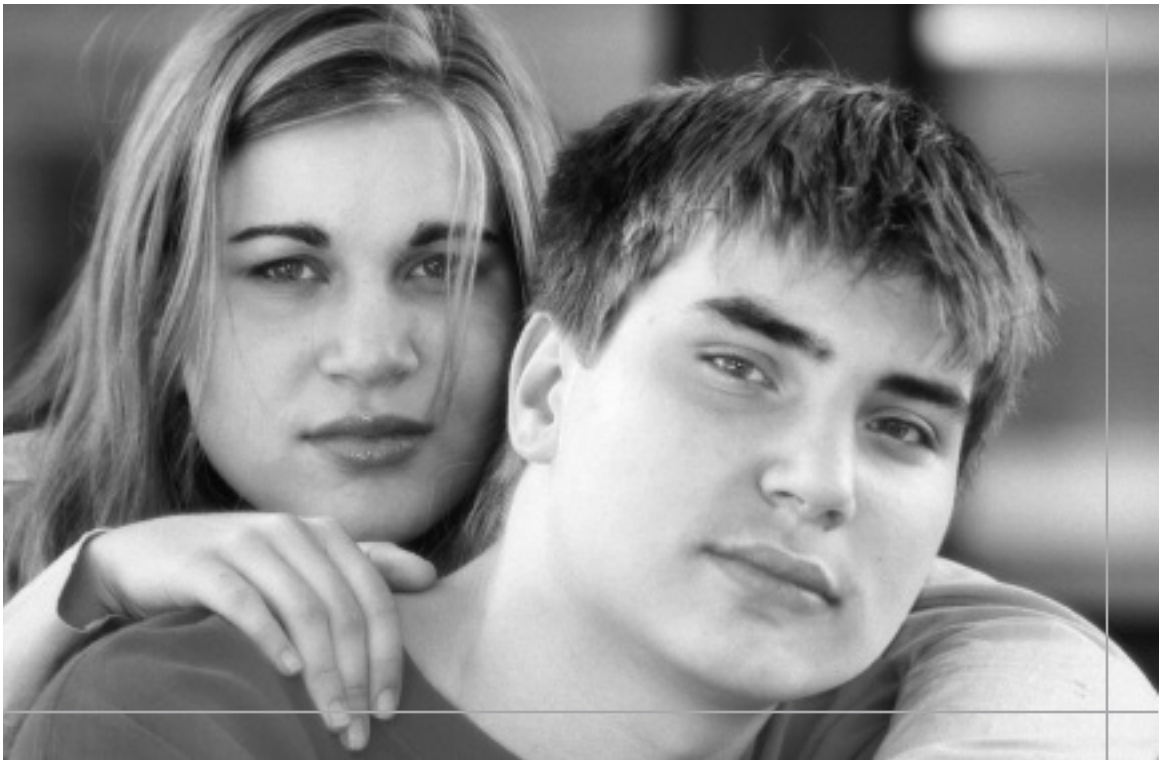


Figure 5: Birth Rates by Age for Ontario LHINs 2003-04. Adapted from Ontario Maternity Care Expert Panel, 2006

Ontario Statistics

Live birth statistics for Ontario teens are among the lowest in Canada. However there are vast regional differences (see Figure 5). Recent statistics (2003-04) from Ontario Ministry of Health and Long-Term Care show higher live birth rates in northern areas, as compared to southern urban communities, such as Toronto and Mississauga. When live birth rates are broken down into the 15-17 and 18-19 age ranges, there are generally much higher rates among older teens. The live birth rate for the 15-17 age group is 6.9 for all of Ontario, compared to a rate of 22.5 for 18-19 years. In the northeast region of the province, the 15-17 rate is 14.1 and the 18-19 rate is 37.4. These rates are significantly higher than those for both 15-17 years in Mississauga/ Halton (2.4) and Toronto Central (5.3), and 18-19 years in Mississauga/Halton (10.6) and Toronto Central (5.3).

3. Voices of Teens



Voices of Young Women

Research on teen pregnancy often fails to include the voices of the very people who are most affected by pregnancy, the young women themselves. This section brings together the perceptions of young women about early pregnancy and parenting. Youth voices on teen pregnancy tend to be those of young women who became pregnant and subsequently chose to continue their pregnancy.

It is important to recognise that feedback from pregnant and parenting teens often does not include the concerns, needs and perspectives of teens who successfully avoided conception, or who conceived, but used the emergency contraceptive pill, or chose abortion. Information from these specific populations is also relevant to teen pregnancy prevention programs. The voices of young women who avoided pregnancy or chose to terminate a pregnancy need to be recorded for future prevention research.

Male Partners

It is rare to see research that is inclusive of the perspectives of young men on the topic of teen pregnancy prevention. Sex education tends to downplay the role of young men in sexual health and in pregnancy prevention programming. The inclusion of male partners in pregnancy prevention is an issue that needs to be addressed in both program design and evaluation.

A significant proportion of teen pregnancies result from relationships with older men, rather than adolescent boys (Males, 2004; Miller & Wadhera, 1997). Sex education may not adequately address issues related to age discrepancies in relationships (i.e. the possibility of abuse/coercion, difficulties young women might have in negotiating sexual decisions with older men etc.) (Miller & Wadhera, 1997).

Youth Input

A recent review of the literature on teen pregnancy noted that out of 36 studies from the United States and the United Kingdom that examined teen pregnancy and teen motherhood, none included any consideration of whether the pregnancy was intended or wanted (Bonell, 2004). The teens who participated in the study were never asked for their opinions about their pregnancies. As a result, the statistics and recommendations did not necessarily reflect their experiences or opinions. Pregnancy prevention programs are intended to support teens as they grow and develop as individuals so that their choices in life will be well-informed and freely made. Effective programs meet identifiable needs. To accurately identify the needs of program participants, the voices of teens must be heard.

> **"Getting pregnant, having a baby, is just about sex. It's no more complicated than that. It's not like you're making some big choice or something. I never thought about sex as a choice. It's just something that happens to you."**
> **(Olsen, 2005, p. 51)**

While it is now widely accepted that youth input plays an important role in the planning process of pregnancy prevention programming, the research that informs much of the planning process is often overwhelmingly quantitative, relying on statistical interpretations to identify program successes and failures. Qualitative research focuses on a more subjective approach to understanding an issue, and does so by listening to the voices of participants rather than by evaluating the actions of subjects. Qualitative research does not present statistically significant conclusions about specific actions or behaviours, but rather it attempts to discover the "why" behind actions and behaviour. Ideally, the two approaches to research will each contribute to a better understanding of teen pregnancy and prevention.

Communities with a Tradition of Early Child-Bearing

Voices of Aboriginal teenagers can be heard in Sylvia Olsen's book, Just Ask Us: A Conversation with First Nations Teenage Moms (2005) where thirteen young mothers relate their own experiences with teenage pregnancy and parenting. They talk about the stereotypes associated with pregnant First Nations teenagers that exist in both their own communities and in "white" society. As pregnant teens, they are assumed to have abused alcohol and drugs, to come from abusive and broken homes and to have little chance of becoming competent mothers. While substance use was often a factor in becoming pregnant, it was not an ongoing lifestyle choice for most. The responsibility of motherhood was a powerful motivator for many of the young women to stop partying and to start planning for their futures.

Most of the girls profiled didn't expect to get pregnant and they often voiced the observation that they just "got caught."

The physical aspects of sex were less of a mystery to many of the girls than the emotional and social aspects of interpersonal relationships. They expressed a need for more frank and open discussions about how to make decisions about sex and relationships.

In a study of teenage pregnancy among Inuit communities, youth focus group participants mentioned drug and alcohol use as a contributing factors in unintended pregnancies (Archibald, 2004). Peer pressure, boredom and a desire to "look cool" were also given as reasons why teens became sexually active and

at risk of pregnancy. Young people also acknowledged that contraceptives were not often used because of shyness with partners, and embarrassment in attending health clinics, not always because of lack of knowledge. While teenage pregnancy was generally characterized as accidental, youth noted positive consequences of teen pregnancy such as a desire to lead a healthier life without drugs and alcohol, and to become a positive role model for their children. However, young mothers without financial, community, emotional and medical support would face many challenges.

Youth and older community members recommended similar strategies to address teenage pregnancy, including better access to contraception, education and social awareness campaigns in English and Inuit dialects, involvement of Elders in teaching traditional approaches to pregnancy and parenting, involvement of youth in community activities, discussions about sexuality and relationships, and support for parents in talking to their children about sexuality.

One young mother noted, "They look at me as if…just because I was pregnant, or just because I have got children, I [haven't] got a future and I can't do other things that other people are doing…" (Higginbottom et al., 2006, p. 865).

One concern raised in the Inuit focus groups was that "white values" were behind the goal to prevent teenage pregnancy. This is a telling reminder that the values of individual communities and cultures should guide the design and implementation of sexuality related programs. If a program is perceived to be a tool of the dominant culture to control Aboriginal cultures, then it has little hope of success, and a high risk of alienating the community.

Another teen, when told by an older woman that she had ruined her life, responded, "I'm quite happy. It has changed my life but it hasn't made it worse." (Arai, 2007).

Studies of teen pregnancy among Aboriginal Americans and Greenlandic Aboriginal peoples have noted that youth and their families generally accept pregnancy as a natural and positive event, and not as a tragedy (Montgomery-Anderson, 2003). The negative consequences of teen pregnancy are believed to be due to inadequate supports offered to pregnant and parenting youth. Programs that pre-suppose that all teen births are undesirable events could be

seen as favouring the individualistic priorities of the mainstream culture over the more communal priorities of Aboriginal culture.

Members of communities that have a tradition of early childbearing are often suspicious of community and health workers who advocate for teen pregnancy prevention. In one lower income community in the United Kingdom, young women viewed those who ran a teen mothers' support group as the "enemy," since one of the aims of the group was to prevent subsequent pregnancies (Arai, 2003). In communities where teen pregnancy is supported, teens and their families may perceive prevention programs as attempts to criticize community standards and choices. Hostility and distrust can result when prevention programs or campaigns are introduced without an understanding of and respect for community attitudes.

As one young Swedish woman noted, "I longed to live with my boyfriend and he with me and to have a baby early, because that is the way it is with his and my family." (Wahn et al., 2005).

One teen mother interviewed in an Australian study commented, "I wouldn't change anything because she [the baby] changed my life. I was living in [a town] and started to get into drugs really heavily. There was no hope for me and I just see that she saved my life." (Morehead & Soriano, 2005, p.68).

In order for prevention programs to reach teens who come from cultures or communities with a tradition of early pregnancy, strategies should acknowledge that not all women choose to have their children after completing post-secondary education and establishing themselves in a career. To suggest that this is the only acceptable route to happiness and success could alienate those whose cultural, religious or family experiences are otherwise. If a prevention program supports the concept of personal sexual and reproductive health and choice, then it should validate informed decisions that are made by teens. To do otherwise could have implications for the sexual and reproductive rights for all women, regardless of age (Kelly, 1999).

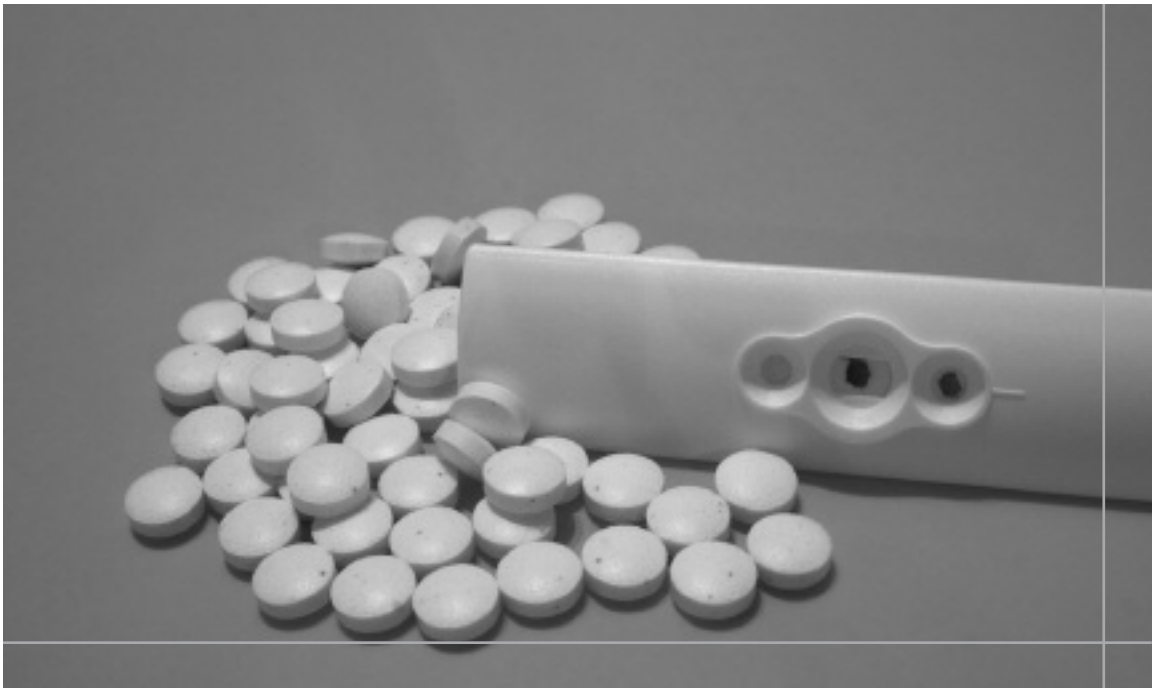
Judgemental Attitudes

Young mothers are often acutely aware of the attitudes of other people towards them. They may note that older people look down on them and assume that they are incompetent and irresponsible (McDermott & Graham, 2005). Some people feel that becoming a mother at an early age forces young women into a role of responsibility for which they are unprepared.

Teen mothers interviewed for a study in the United Kingdom emphasized how important it was for community and health workers to have positive and non-judgmental attitudes (Higginbottom et al., 2006). These teens, who often encountered hostile and condescending reactions from older adults, were very sensitive about how they were perceived as mothers and as young adults. They were quite clear that they wanted to be treated with respect.

Significant Life Impact

For women from economically disadvantaged backgrounds, having a child at an early age presents challenges but does not necessarily compromise their desire to succeed in life. Economic success is rarely a given for disadvantaged youth, and teenage pregnancy does not necessarily present an insurmountable barrier to future success. A pregnancy can become the reason why a young woman pursues her goals, rather than the reason why goals are abandoned. For more economically advantaged youth, who are brought up to expect educational and economic success, an early pregnancy may have a more negative connotation. Youth who come from working class backgrounds often have a family history of early childbearing, and may see teen pregnancy as a family norm. In communities where early marriage and/or motherhood is the norm,



families are usually supportive of teen mothers, and teen pregnancy is not usually viewed as a problem to be prevented (Arai, 2007).

In many qualitative studies, teen mothers describe their pregnancies as being positive events. For some young women, their pregnancy motivated them to stop destructive behaviour, such as using drugs and alcohol, and to plan for their futures. Many studies of pregnant teens note this common theme of motherhood as a positive transforming experience (Clemmens, 2003). Most teens did not plan to get pregnant in order to give their lives structure and meaning, however, their pregnancies forced them to consider their future educational and employment goals.

Role of Program Staff

Teens emphasize the importance of caring and supportive staff in pregnancy prevention programs. Young Latino mothers who were consulted about prevention programming said it was important for staff to be "friendly," "helpful," and "someone you can talk to" (Driscoll et al., 2003). These qualities were rated higher than age, cultural background and language skills. While many of the young women noted that was important for staff to have a familiarity with Latino culture in order to understand the cultural factors that influence early pregnancy and marriage, they indicated that it was even more important for staff to have a good understanding of the challenges that young mothers face. Some of the teens felt it would be better to have staff who had been teen mothers, while others said that women who had not had a teen pregnancy could still be effective leaders if they were supportive, understanding and well informed about the realities that young mothers face.

It may seem obvious that the attitudes and personal qualities of program staff are key components in the delivery of an effective prevention program. However, research into effectiveness of pregnancy prevention often focuses on program content and design, and fails to take into account the importance of staff. Programs that have been effective in certain situations may fail to achieve similar results when replicated with other staff and participants. This has led some to note that the content of the program is not the deciding factor for effectiveness, but rather this lies with the nature of the staff. When asked, teens say they want clear and comprehensive information, easy access to services, and community and health workers who listen to their concerns, respond to their need for information, and support the choices that they make (Driscoll et al., 2003; Chambers, 2002; Higginbottom, 2006).

Implications for Prevention Programs

Prevention programs need to take into account the views of pregnant and parenting teens. The challenge for prevention programming is to validate the positive outcomes of pregnancy and motherhood, while at the same time presenting alternative options for growth and success for teens who wish to delay pregnancy. Prevention programs must also consider the social environment that may lead to higher teen pregnancy rates, i.e. unemployment, lack of recreation and education options for youth, and low socio-economic status in a community. Since many teens state their pregnancies "just happened", rather than being planned, it is clear that prevention programs also need to address the concept of decision-making in sexual and relationship matters, and in the broader context of family and society.

4. Common Assumptions and Myths

Many articles that examine teen pregnancy and teen pregnancy prevention strategies follow a similar format. They introduce the "problem" of teen pregnancy and discuss the social, economic and health costs to society and to the individual. Often an article will start with the assumption that teen pregnancy causes many problems, even if the research doesn't always support this conclusion. The emphasis is on the behaviour and attitudes of the individual teen rather than on the larger societal issues that are beyond the control of a teenage girl, such as poverty and inequity. To raise concern about the "problem" of teen pregnancy, many myths are repeated from article to article. If statements are repeated often enough, then eventually they are accepted as the truth. While many of the generally accepted facts about teen pregnancy may contain an element of truth, they often are too simplistic and do not encourage a more complete understanding of the issues related to teen pregnancy. In addition, these assumptions may lead to judgemental attitudes about pregnant or parenting teens, instead of an examination of the underlying factors for teen pregnancy, and efforts to meet the basic needs of pregnant and parenting teens. A discussion of some of the more common assumptions about teen pregnancy follows.

Teen pregnancy results in poverty for mothers and their children.

Teenage pregnancy often arises out of poverty. Studies consistently show higher rates of teen pregnancy in poor communities, and among populations with low socio-economic status. Social and economic inequity are added barriers to future success for pregnant teens. Most teenage women who become pregnant do not suddenly find themselves on a new road to poverty, since they often have grown up in

disadvantaged situations. However, for many teens, becoming pregnant provides a strong motivation to make a better life for themselves and their children. Community and family support can help reduce the likelihood that teen pregnancy will lead to a continuation of poverty and inequity.

Teens who become pregnant do not know about contraception.

Recent research has raised the question of whether an emphasis on sex education alone is the best prevention approach. In the United Kingdom, there are significant differences in pregnancy rates across communities that each offer the same quality of sex education (Arai, 2003). Factors other than access to sex education are affecting the pregnancy rate. Some teens intend to get pregnant or do not feel strongly about avoiding a pregnancy. Sex education that focuses on contraceptive awareness would not prevent pregnancies for these teens (Kives & Jamieson, 2001). Many pregnant teens know about contraceptive methods but chose not to use them, or use them inconsistently (Stevens-Simon, 2004). While access to high quality sex education is crucial for teens, the causes of teen pregnancy are more complex than a simple lack of knowledge. Prevention approaches must address a broad range of issues.

Abstinence-only approaches can reduce teen pregnancy rates.

There is no solid scientific evidence that abstinence-only prevention programs lead to a reduction in teen pregnancy rates. Evaluation studies of abstinence-only programs have failed to show a significant reduction in pregnancy rates (Santelli et al., 2006). The research on effective teen prevention programs points to the importance of incorporating a number of approaches to prevention, rather than relying on one approach. Education, mentoring, life skills education and community involvement are elements of effective prevention programs.

Teen pregnancy has serious medical consequences for women and children.

Teen pregnancy statistics refer to pregnancy among girls as young as 12 and among young women up to, and including age 19. There are dramatic physical and psychological changes that occur during these years and the experience of pregnancy is different for younger teens as compared to older, more physically mature teens. Blanket statements about the medical consequences of teen pregnancy are misleading. Most adverse consequences of teen pregnancy and birth are related to low birth weight and preterm labour, which often result from poor prenatal nutrition, lack of

prenatal medical care and substance use. The socio-economic status of the mother is often the cause of these conditions, rather than her young age (Shaw et al., 2006). Younger teens (i.e. under 15) are at higher risk for delivering low birth weight babies, and this has been associated with low maternal weight and physical immaturity. However, mothers aged 40 and older have higher rates of low birth weight and even higher rates of newborn hospitalization (Reichman & Pagnini, 1997). With the proper prenatal care and support, and access to high quality birth facilities, a teen mother and her child is generally not at any greater risk of medical complications than older women. It is important to meet basic needs (i.e. access to healthy food) and to foster an environment that encourages teens to acknowledge their pregnancies and seek timely prenatal care.

If teens delay childbearing they can expect greater educational and economic success.

At first glance, this statement seems self-evident. A primary aim of teen pregnancy prevention programs is to encourage educational success and personal growth. Having a child before these goals are met can lead to hardship. However, for many teens, it is not pregnancy alone that limits their opportunities, but rather the socio-economic conditions that affect their lives on a daily basis. Research has raised the question of whether young women from disadvantaged groups stand to gain from delaying childbearing beyond the teen years. Some studies of African American women have shown that teen pregnancy has fewer medical risks than pregnancy during later adult years (Geronimus, 1992, 1997, 2003; Rich-Edwards et al., 2003). Also, long-term studies of economically disadvantaged teen mothers and their sisters who did not have a teen pregnancy, showed little difference in the economic success of both groups (Corcoran & Kunz, 1997). It was not pregnancy at an early age that limited success but rather the conditions of poverty that both groups of women experienced. Prevention programs should address societal issues that limit educational and career success.

Teen pregnancy is a major social problem.

If teens are to agree that delaying pregnancy is important to their success and happiness, they must see teen pregnancy as undesirable and pregnancy during later adult years as preferable. For individuals in certain cultural, religious, or socio-economic groups, these aren't always accepted facts. Research has shown that Hispanics in the United States tend to accept teenage pregnancy as a normal occurrence (Ryan, Franzetta & Manlove, 2005). Some Aboriginal people support young mothers in their culture, and do not assume that delayed childbearing is preferred or beneficial. Some cultural traditions accept teen pregnancy as a normal event, and resent efforts to portray it as undesirable (Higginbottom et al., 2006). In the United Kingdom, working-class segments of society have higher rates of teenage childbearing (Arai, 2003). Prevention programs often start with the assumption that all women share a common vision of how their lives should unfold. This vision usually follows a set path of education, career, marriage and then children. It is not safe to assume that this is the path all women will choose to follow. Policies and programs that reflect predominantly white, middle class norms can fail to acknowledge alternative life courses and thus fail support young women who fall outside the mainstream perception of norms.

5. The Inequity Factor

The connection between socio-economic factors and the incidence of teen pregnancy is clearly evident in the research. Teen pregnancy rates are higher among economically disadvantaged populations within a given society, and they also tend to be higher in countries where the gap between the rich and the poor is the widest. Countries that have a more equitable distribution of wealth, such as Sweden, Norway and Denmark, have lower teen pregnancy rates than countries such as the United States, the United Kingdom and Canada, where wealth is concentrated among a small segment of the society. These facts should not be ignored when approaching the issue of teen pregnancy prevention.

Child Poverty

The recently released (2007) UNICEF report, Child Poverty in Perspective: An overview of child well-being in rich countries, presents statistics that reveal the level of inequity between different countries (see Figure 6). It is interesting to note the relationships between levels of poverty and inequity and teenage pregnancy rates. Relative income poverty rates point out trends in inequity within a society. These rates indicate the percentage of the population that live on incomes much lower than those needed to meet the average standard of living for a particular society. Countries with relative income poverty rates have fewer people in society that fall below the average standard of living. Countries with lower relative income poverty rates, such as Denmark, Finland, Norway and Sweden, also tend to have lower teen pregnancy rates. The United States has the highest level of relative income poverty, with more than 20% of children under age 17 living in households with incomes less than 50% of the national median. The United States also has the highest teen pregnancy rate among the OECD nations. Canada's relative income poverty rate is less, at approximately 14%, but it is still significantly higher than the Nordic countries. These rates also correspond to Canada's higher teen pregnancy rate relative to those of the Nordic countries.

Relative Income Poverty ranks countries according to the percentage of children aged 17 and under, living in households with incomes of less than half of the national median.

Inequality in Income

Another way of measuring income inequity is to examine the percentage of a nation's income or consumption that is spread amongst the poorest 20% of a population vs. the richest 20% of the population. Statistics from the U.N.'s Human Development Report (2006) reveal trends in inequity similar to those seen in the relative income poverty rates for children aged 17 and under. For example, the richest 20% of the United States population has 44.8% of the wealth while the poorest 20% has 5.4 %. In Canada, 39.9% of the national income goes to the richest 20%, while the poorest 20% receives 7.2%. This is in contrast to Norway,

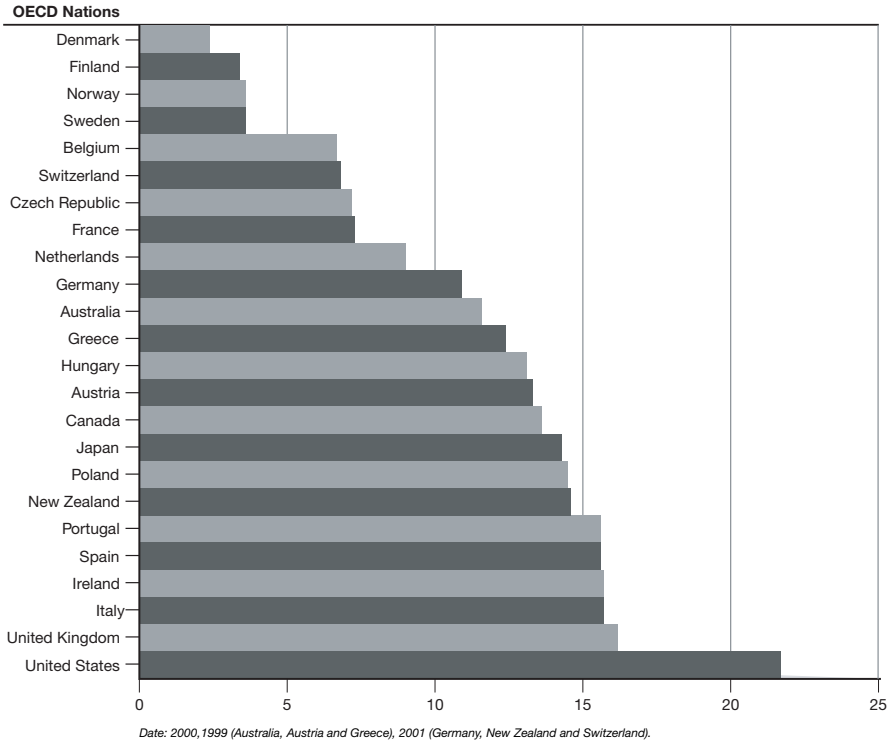


Figure 6: Relative Income Poverty, Percentage of children (0-17 years) in households with equivalent income less than 50% of the median. Adapted from: UNICEF, 2007.

where the richest 20% receives 37.2% of the wealth while the poorest 20% receives 9.6%. Sweden has a similar pattern of income distribution, with the richest 20% receiving 36.6% and the poorest 20% receiving 9.1%. Wealth in the United States and Canada is more concentrated among the richest 20% of the population, while the poorest 20% has a fraction of the share of the national income. Discrepancies in income distribution are associated with high rates of child poverty and teen pregnancy.

Inequity and Teen Pregnancy Prevention

Teen pregnancy cannot be viewed in isolation from broader social and economic realities. Research has noted that two key concepts in preventing teen pregnancy are motive and means (UNICEF, 2001). Motive refers to the reasons why a teen would want to delay a pregnancy, and means refers to the education and knowledge that would allow a teen to achieve this end. Inequity can affect both factors, but it is primarily motive that is compromised by socio-economic status. Teens who come from disadvantaged backgrounds, and whose families and communities struggle to achieve social and economic success, will have less motivation to avoid pregnancy. Communities and cultures respond to social and economic inequity in many ways, including higher rates of early pregnancy.

Social and economic disadvantage is not easily overcome, especially in communities and cultures that have been oppressed within mainstream society. As the gap between the rich and poor widens, it becomes harder for individuals to change their own circumstances. Prevention programs should acknowledge systemic inequities and help teens understand how their lives are affected by both individual choice and broader social conditions that require collective effort to change.

6. Measuring Effectiveness

Evidence Based Research

Research provides statistical evidence of the effectiveness of prevention programs. Programs that have been evaluated using a test group and a control group provide the most convincing evidence for successful strategies. In these studies, youth are randomly assigned to either a test group that participates in the trial or a control group that doesn't. These programs are designed to isolate the effective elements of a program from the external factors that could affect the outcome of a program. In addition, results from programs that are replicated in a number of situations over a period of time, are particularly significant. If positive results are noted in a number of trials with different groups of teens, then it can be assumed that the elements of the program are effective.

However, a number of factors could contribute to the success or failure of a program. Critical factors that aren't built into the design of programs include the personality and attitudes of program leaders, the mix of program participants, and external events related to school, family, relationships, work or health. These represent unforeseen, and to a large extent, uncontrollable factors, that could result in one trial of a program being successful while another trial fails.

Challenges and Limitations

The question of how effectiveness is defined and measured is central to deciding which programs work and which programs don't work. For some programs, effectiveness is measured by behavioural or outcome changes, such as increased use of condoms, delayed age of first intercourse, reduction in number of sexual partners, and reduction in the teen pregnancy and/or birth rate. Other programs measure effectiveness by increased knowledge of reproductive and sexual health issues or by self-reported attitudes towards teen pregnancy

and/or sexual risk behaviours. One program included a measure of self-reported regret related to sexual intercourse, as one indicator of effectiveness (Henderson et al., 2007). A program may also change one behaviour (i.e. increase contraceptive use) while not influencing another (i.e. age of first intercourse). In this case, an evaluation could indicate that a program had both succeeded and failed to meet the desired outcomes.

It is difficult to compare programs with different definitions of effectiveness. It is also questionable to compare the effectiveness of a program for teens of a specific age, socio-economic, racial or cultural group with a program designed for teens with different characteristics. A successful program implemented with a rural African American population in the southern United States may not be effective for a multicultural and racially diverse community in a large Canadian urban centre. It is also difficult to compare programs that are designed for different settings, such as school-based or community-based services.

Long-term follow up is recommended to truly gauge the effectiveness of a program. Behaviour and attitudes are in constant flux during adolescence. A program designed at decreasing the age of sexual involvement among young teens, should include follow-up evaluation during middle to late teen years. Long-term follow-up is often difficult if not impossible due to financial constraints or challenges associated with keeping in contact with program participants. However, wherever possible, it is important to make some effort at follow-up once a program is completed. It is only through careful evaluation that the effective and ineffective elements of a particular approach can be identified and shared with others in the prevention field.

Aspects of Sexual Behaviour for Measurement:

- Pregnancy rate
- Abortion rate
- STD rate
- Age of first sex
- Number of sexual partners
- Condom/Contraceptive use
- Attitude toward sexual risk taking
- Regret associated with sex
- Sexual health knowledge
- Communication/negotiation skills

7. The "What Works" Literature

What Works

Various non-profit organizations in the United States have evaluated pregnancy prevention programs in an attempt to identify approaches that produce positive results. Each study of effective prevention programs has its own criteria for inclusion, and therefore there is little duplication of actual programs between lists. It is not surprising that most of the evaluation literature comes out of the United States, a country with the highest teen pregnancy rate in the developed world and also a country that has clearly labelled teen pregnancy as a "social problem" that needs to be addressed. Not all developed countries view teen pregnancy as a social problem of great concern (Shaw et al., 2006), and thus the output of prevention evaluation literature is not evenly spread among countries. The following lists, although US-centric, contain valuable insights into changing teen behaviours and attitudes. The following key characteristics of successful programs, and the best practices identified, can be adapted for Canadian prevention programs.

Sex and HIV Education Programs for Youth

Researcher Douglas Kirby has been evaluating sexual health programs for youth for a number of years. His latest evaluation (2006) identifies 17 characteristics of effective sex and HIV education programs for youth implemented in both developed (i.e. United States, Canada, United Kingdom, Sweden, Netherlands, Norway) and developing countries. These key elements reflect the development, design, teaching, and implementation of the various curricula.

While the key elements are associated with increased chance of effectiveness, Kirby notes that some programs succeeded even though they did not include these suggested elements, while other programs that included the recommended characteristics failed. Those looking for a prevention program are advised to focus on the unique needs of their population and to select programs accordingly. What worked with one sample might not work with a different group. It is also important to include a variety of approaches, since no one approach has been shown to improve all health and behavioural outcomes. The intricacies of human relationships cannot always be explained by scientific research, and there will always be exceptions to the academic rule. However, the research indicates that most successful programs did incorporate some or all of the following 17 key elements.

Program Development

1. Include people and groups with diverse backgrounds and expertise in the development process.
2. Assess the needs of the population of interest through background research and interviews with youth and community workers. Ask youth for their opinions on issues related to sexuality and teen pregnancy.
3. Identify program goals, risk behaviours, protective behaviours and knowledge. Select activities that will encourage the development of these protective factors.
4. Design program activities that support community values and are achievable given available resources.
5. Pilot test all or part of the program before full-scale implementation.

Curriculum Content

1. Clearly state the health goal of your program.
2. Identify the behaviours that help prevent pregnancy, as well as the situations and behaviours that could lead to pregnancy. Discuss ways of avoiding and/or dealing with risky situations.
3. Address the sexual psychosocial factors that affect behaviour. These factors could include knowledge, values, attitudes towards condoms, communication with parents and partners, perceived risk of pregnancy, negotiating and refusal skills.
4. Create a safe, non-judgmental and respectful environment for teens.
5. Use a variety of activities designed to change identified risk behaviours.

6. Use a variety of instructional techniques and activities to engage teens (i.e. short lectures, discussions, games, role playing, homework assignments that encourage discussion with parents).

7. Use teaching methods, activities and materials that are appropriate for the age, level of sexual experience and culture of the participants.

8. Cover the topics in a logical sequence (i.e. begin with a general overview and discussion and gradually introduce more detailed and specific information).

Program Implementation

1. Contact relevant authorities to obtain support and/or approval (i.e. public health department, school board, school principal/ teachers, community organizations).

2. Select leaders that are enthusiastic, open, and comfortable with the subject matter. Provide adequate training for all leaders.

3. Anticipate problems youth might have in attending the program and find ways to attract and retain participants (i.e. provide transportation, offer programs at convenient times and locations, communicate with parents).

4. Implement the program as designed (i.e. do not shorten the time of the program, include all information and messages identified in the initial design, implement the program in the setting for which it was designed).

(Kirby, 2006)

Putting What Works to Work

The National Campaign to Prevent Teen Pregnancy in the United States periodically reviews and evaluates teen pregnancy prevention programs (Solomon, 2004). Their most recent review identifies key components of successful curriculum-based pregnancy prevention programs. The following list has some overlap with the preceding list of 17 characteristics. The two main points that clearly echo Kirby's points relate to the importance of a well-trained and enthusiastic leader and clearly articulated program messages. The document, What Works: Curriculum-Based Programs that Prevent Teen Pregnancy, offers the following guidelines for implementing successful prevention programs:

- Provide a clear message to teens rather than simply listing the consequences of different choices (i.e. be responsible for your sexual health and the health of your partners or don't have sex).
- Programs should last longer than a few weeks to see changes in behaviour or knowledge.
- Leaders should be adequately trained, enthusiastic, open and comfortable with the subject matter covered.

- Programs should acknowledge the role that peer pressure plays in the lives of teens.
- Successful programs encourage participant involvement and are adapted to meet their concerns and interests.
- There should be a focus on developing interpersonal communication skills.
- Programs should be appropriate for the age, level of sexual experience and culture of the participants.

(National Campaign to Prevent Teen Pregnancy, 2006)

Those who have evaluated the Nordic successes have commented, "The spirit in which sex education is offered and delivered appears to be more important than the specific approaches adopted." (UNICEF, 2001).

Best Practices in Teen Pregnancy Prevention

A list of best practices for teen pregnancy prevention was produced by University of California in consultation with local community organizations, schools, clinics and health care agencies. This list represents the combined expertise of a number of individuals and groups, as well as a review of the research literature. The list of best practices presents a number of programming approaches. Within each approach, the characteristics of successful programs, as outlined above, can be applied. It is a focused and thoughtful contribution to the "What Works" literature. Each of the 10 best practices has a specific focus and approach, as the following list illustrates.

1. Youth development initiatives focus on improving education and career opportunities through skill development and community contacts. These are comprehensive programs that include tutoring, mentoring, arts and sports activities, health care referrals, and community involvement.
2. The involvement of family and other caring adults can be encouraged with workshops, social gatherings and outreach activities. Anticipate the potential barriers to family involvement, such as time constraints, language skills, and reluctance to talk about sexuality, and address these issues in the design and implementation of programs.
3. Include young males in programming. Programs can benefit from male only environments, and male facilitators to encourage open discussions about sexuality issues.
4. Cultural relevance and sensitivity is crucial to successful programs. Consult with community groups and families in the course of program planning, design and implementation to ensure cultural relevance. Include diverse and representative staff to work with teens.
5. Community-wide campaigns are more effective than "organizational isolation," since a number of organizations can collaborate to reinforce the same message.
6. Service learning models give youth the chance to apply what they learn in the school setting to practical, community-based activities that are relevant to them.
7. Progams that promote future options through employment and educational opportunities can provide the motivation to delay childbearing.

8. Comprehensive sexuality and AIDS education programs give youth the necessary information and skills to lead sexually responsible lives.

9. Outreach programs engage marginalized and underserved youth, as well as younger teens who are not yet sexually active. Programs should have a simple, clear message, and should be easily accessible and non-judgemental to encourage participation.

10. Access to reproductive health services should be ensured for all youth.

(UC ANR Latina/o Pregnancy Prevention Workgroup, 2004)

Nordic Model

Researchers often turn to the Dutch experience for clues as to what works in the prevention arena. The teen birth and abortion rates for the Netherlands are significantly lower than in most other developed countries. The approach to sex education in the Netherlands, and in other Nordic countries with similarly low rates, is pragmatic and frank. Teenage sexual activity is generally viewed as inevitable, rather than as a moral choice between right and wrong behaviour. Moral choices relate to responsible sexual behaviour and the avoidance of harm for oneself and for others. The use of contraception has been normalized among teens. Dutch society assumes that sexually active people, regardless of age, will act in a responsible manner to avoid sexually transmitted infections and unintended pregnancy. In the Netherlands and other Nordic countries, the provision of sex education and sexual health services has been coupled with an open attitude towards sexuality; one that encourages discussion from an early age and responsible behaviour in sexual relationships.

Teenage Pregnancy Unit – United Kingdom

In 1999 the Teenage Pregnancy Strategy was launched by the United Kingdom government. Its goal was to half the pregnancy rate for those under the age of 18 by the year 2010 through a coordinated prevention campaign at the national, local and school level. Since it began, there has been an ongoing effort to identify the risk factors for teenage pregnancy and to implement the most effective preventive strategies. The focus of the campaign was to create a network of services throughout the country that support the common goal of teenage pregnancy prevention. A review of programs implemented in areas that reported a decline in teen pregnancy rates, identified a number of common characteristics. The characteristics tend to focus on the delivery of services rather than on the program content. The review also points to the attitude of local agencies towards the issue of teen pregnancy as being a deciding factor in program effectiveness. Areas where teen pregnancy is considered to be the norm, and where there are low educational and employment expectations for young women, often suffered from a lack of funding and services. Therefore, low expectations led to a situation of program neglect that resulted in static or rising pregnancy rates. Effective program implementation included the following components:

- Support of senior level officials from the public health sector, non-profit sector, social services and education sector. A commitment from all these service areas ensured that a full range of programs was implemented in the community.

- Accessibility of teen-friendly and professionally supported contraceptive and sexual health services. Important components of these

services included school outreach, training of health workers in sexual health issues and public information campaigns.

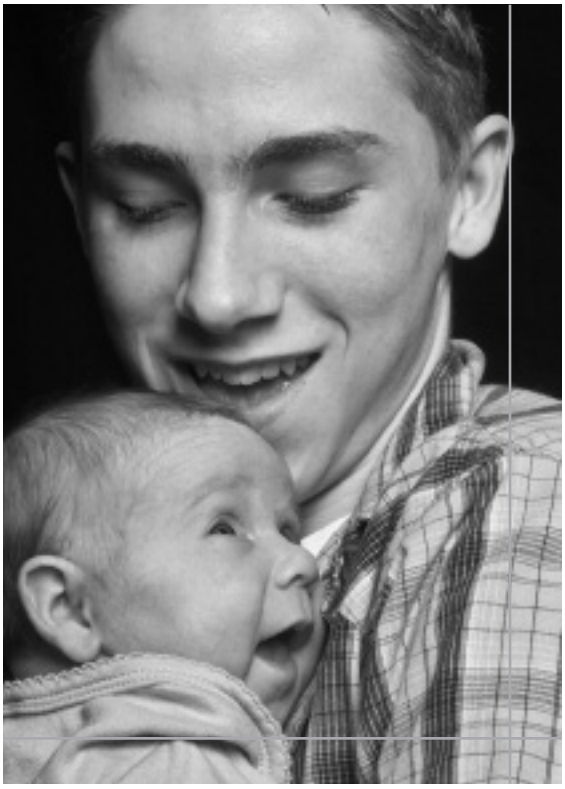
- Delivery of comprehensive sexual and reproductive health education in the schools supported by local boards of education. Teachers are provided with curriculum and training support.
- Social services provide education and outreach for marginalized and at-risk youth. Mandatory training in sexual health issues for social workers, youth workers and other social service personnel who work with youth.

(Hughes, 2006)

Using "What Works" Strategies

The most effective programs are those delivered with enthusiasm by well trained leaders who have the support of families, schools and communities. Each of the above lists offers valuable messages that can guide a general approach to prevention models. The United States literature offers details of specific programs. The emphasis is on programs that touch on a variety of influences in the lives of teens: family, school, job and community. The development of future options for teens, through community involvement, mentoring and education, combined with sexual health education and services, is central to many successful programs. The Nordic model is based on a general societal attitude towards teen sexuality. It avoids moralizing and assumes a level of personal responsibility in sexual behaviour. The United Kingdom research emphasizes the integration of services at all levels of delivery. The need to train all who work with youth on sexual health issues is highlighted. As well, the dangers of assuming that some communities cannot benefit from prevention programs, is shown to affect the quality and range of services offered.

As one researcher noted, truly effective programs must take into account a teen view of the issues related to teen pregnancy, since teens are the ones the programs are designed to benefit. The concerns of teens will vary according to community, cultural, racial and socio-economic factors. The unique needs of teens and their larger communities play an important role in the design of prevention programs. Sensitivity to issues of poverty, inequity, racism and sexism is an important component in the design and implementation of an effective prevention program. The strategies and key characteristics outlined in the preceding sections are tools that can be used to develop programs that are relevant to the specific needs and concerns of individuals and communities.



8. Conclusion

Many service providers are in a position to help teens make choices about sexual health and teen pregnancy, including teachers, public health, health care providers, parent support programs etc. Teen pregnancy prevention is often identified as part of an organization's maternal/child health mandate. This report brings together statistical trends, voices of teens, myths and assumptions, effective practices and program examples to help service providers select, implement, adapt and improve teen pregnancy prevention initiatives.

Teen pregnancy is a complex social issue influenced by many socio-economic factors and is accompanied by a range of moral judgments. Teens may be at risk of pregnancy for a number of different reasons. Most teens clearly do not want to be pregnant, however, lack of information, poor access to birth control or birth control failure can lead to an unplanned teen pregnancy. Some teens choose to become pregnant. Others are more ambivalent, i.e. they are sexually active, but do not use birth control consistently. Teens in each of these situations need different types of support and information. Approaches to teen pregnancy prevention would differ for each of these groups.

Pregnancy prevention programs should address a number of issues that range from lack of adequate information and access to contraception, to social supports that encourage

community involvement and educational pursuits. Programs should acknowledge and respect community and cultural norms that may include an acceptance of early marriage and/or childbearing. They should equip teens with the knowledge and skills to avoid a pregnancy, while at the same time support their right to make informed choices that may include an early pregnancy. Where teen pregnancy is a result of lack opportunity, lowered educational expectations, inadequate sexual health education and resources, then there is a need to address these underlying issues through discussions, analysis and action.

Teen pregnancy prevention strategies should mirror the range of needs in a specific community. Decisions about teen pregnancy strategies should be made in a reflective and not in a reactive manner, by involving service providers and youth in discussions about local needs and concerns. A community may find there is a local need for attention to sexual health information, access to birth control, internal and external motivation, attitudes and skills of service providers etc.

No single organization can adequately address the entire range of needs and concerns related to teen pregnancy. Ideally a continuum of strategies should be provided, including the information and resources required to prevent teen pregnancy, in addition to supports for pregnant and parenting teens. A comprehensive approach can be achieved by forming partnerships at the community level.

Recommendations for Service Providers:

1. Define local needs and concerns.
2. Carefully select strategies based on effective practices.
3. Provide training for service providers.
4. Address attitudes and moral judgements.
5. Focus on underlying factors.
6. Involve youth.
7. Work in partnership.
8. Include sexual health education and future options for teens.

Recommended Supports for Service Providers:

1. Provide provincial and regional opportunities for training, information sharing and discussion about teen pregnancy prevention. The focus should include trends, effective practices, new research and underlying factors.
2. Develop additional resources to guide service providers to respectful and effective practices in teen pregnancy prevention.
3. Define information needs related to the support and care of pregnant and parenting teens.

Helpful Resources

ORGANIZATION	RESOURCES AND SERVICES
Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre 1-800-397-9567 www.beststart.org	• Reducing the Impact: Working with Pregnant Women who Live In Difficult Life Circumstances • Consultation in your community or by phone, fax or email
Calgary Health Region www.teachingsexualhealth.ca	• Information for parents and youth about sexual health • Information about teaching sexual health
Canadian Federation for Sexual Health www.ppfc.ca	• Information and resources for youth, parents and service providers • Sexual and reproductive health dictionary • Statistics • Contraception and emergency contraception resources and information • Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities
Canadian Health Network www.canadian-health-network.ca	• Links and information related to sexuality and reproductive health
Centre of Excellence for Youth Engagement www.engagementcentre.ca	• Collection of research, resources, tools and best practices for initiating meaningful youth engagement and youth-adult partnerships, from policy to community project design and implementation
Guttmacher Institute www.guttmacher.org	• Fact sheets • Articles • Reports • Presentation tools
McCreary Centre Society www.mcs.bc.ca	• Tools and resources for engaging youth in community action
National Campaign to Prevent Teen Pregnancy www.teenpregnancy.org	• Reports • Research briefs • Powerpoint presentations • Fact sheets • PSAs • Prevention resources

ORGANIZATION	RESOURCES AND SERVICES
Ontario Federation of Indian Friendship Centres www.ofifc.org	• Tenuous Connections: Urban Aboriginal Youth and Sexual Health & Pregnancy
Public Health Agency of Canada www.phac-aspc.gc.ca	• Canadian Guidelines for Sexual Health Education • Fact sheets • Q&As about sexual health education • Lesson plans for sexual health education • Birth control information • Resources for parents • Pro-action, Postponement, and Preparation / Support: A Framework for Action to Reduce the Rate of Teen Pregnancy in Canada
Resource Centre for Adolescent Pregnancy Prevention www.etr.org/recapp	• Evidence based programs • Skills for educators • Current research and statistics • Educational resources
Sex Information and Education Council of Canada 1-416-466-5304 www.sieccan.org	• Canadian Journal of Human Sexuality • Sexual Health Education in the Schools Q&As • Adolescent Sexual and Reproductive Health in Canada • Research articles
Sexuality Information and Education Council of the United States www.siecus.org	• Sex Ed Library • Training modules • Youth development information • FAQs • Information updates • Special reports
Society of Obstetricians and Gynaecologists http://sogc.org sexualityandu.ca	• Sex Sense: Canadian Guide about Sexuality and Contraception • sexualityandu.ca website
United Kingdom Teen Pregnancy Prevention Campaign www.everychildmatters.gov.uk/health/teenagepregnancy	• Toolkit • Reports • Parent and youth resources

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Appendix 1

Adult Allies – **Ottawa's Youth Sexuality Coalition**

Introduction

One of the mandates of Ottawa Public Health is to decrease the rate of teen pregnancies. The health unit was also concerned about a local outbreak of sexually transmitted infections. Between 1997 and 2003 the rate of sexually transmitted infections increased significantly in the Ottawa area with a doubling in the cases of gonorrhoea and over a 50% increase in the number of cases of chlamydia. According to a national survey by the Canadian Association for Adolescent Health and Ipsos in February 2006, Canadian teens face significant barriers when seeking information about sexually transmitted infections and other sexual health information (www.acsa-caah.ca/ang/pdf/misc/research.pdf). Adult allies, such as parents and teachers, may underestimate their own importance and the role teens expect them to play regarding their sexuality and sexual health.

In 2005 Ottawa Public Health brought together a coalition of youth, service providers and parents to look at strategies to help youth make positive sexual health choices. Partners included Buns in the Oven, Brighter Futures for Children of Young Single Parents, Centre of Excellence for Youth Engagement, Centretown Community Centre, Children's Aid Society, Children's Hospital of Eastern Ontario, Minwaashin Lodge, Somerset West Community Centre, Operation Go Home, Ottawa Public Health, Overbrook-Forbes Community Resource Centre, Parent Coach, Planned Parenthood Ottawa, Parent Resource Centre, Pinecrest Queensway Community Centre, Youth Services Bureau of Ottawa, Canadian Federation for Sexual Health and Youville Centre.

The Ottawa Youth Sexuality Coalition planned an Adult Allies Sexuality Workshop for service providers to provide adults with the tools they needed to support youth in making informed choices about sexual health.

Population of Interest

The main population of interest for this workshop was service providers who work with youth. The coalition gathered information about the needs of these service providers through a review of gaps in service.

Purpose

The purpose of the Adult Allies Sexuality Workshop was to train youth service providers to support and engage youth in making positive choices for their sexual health decision-making.

Key Messages

The key messages were:

- Adults have an important role in providing information and guidance to youth about sexual health.
- Youth want to hear from adults about sexual health.
- There are specific tools and approaches that can improve service providers' ability to share information with youth about sexual health.
- Adult allies need to create a welcoming environment for youth and need to build a relationship of trust with youth for whom they provide services.

Planning Steps

The main planning steps in developing the workshop were:

- Bringing together a coalition
- Asking youth what strategies would be effective
- Reviewing gaps in service related to youth sexuality
- Designing the workshop and selecting the facilitators
- Promoting the workshop
- Implementing the workshop
- Evaluating the workshop

The Coalition felt that methodical planning and a reflective approach was essential due to the sensitivity of the topic. They wanted participants to feel safe, comfortable in expressing themselves, and to come away with a better sense of how they could provide youth sexuality services in a respectful and effective way.

Youth Involvement

Youth were involved in determining the main strategies that the coalition would use to support youth in making positive sexual health choices. They suggested the idea of providing training to service providers and parents on the topic of youth sexuality. The Coalition chose to have adult facilitators rather than youth facilitators for this pilot workshop.

Main Strategies

The Ottawa Youth Sexuality Coalition based their service provider workshop on the Adult Allies Sexuality Workshop that was originally developed for youth by youth through the Saskatoon Action Circle On Youth Sexuality, a core partner of the Centre of Excellence for Youth Engagement. The Ottawa coalition felt that service providers who work with youth need the opportunity to explore their own knowledge about youth sexuality and how that is expressed when they are supporting youth. This is a continuous process, in which knowledge is built in an ongoing manner. They adapted the Adult Allies program for the intention of youth service providers.

The one-day workshop was planned and facilitated by service providers. It took place in November 2006 and 50 service providers participated. The workshop included opportunities for networking and covered topics such as youth engagement, adult allies and youth sexuality. The workshop addressed the information gaps and barriers that youth face when trying to access information on sexual health. It encouraged adults to explore their own values and emotions on sexuality and the impact these resulting ideas and actions

Facilitators in the Adult Allies Sexuality Workshop

may have on youth. The workshop provided adults with the knowledge and insight they needed to become strong adult allies to young people. The training was highly interactive, modeling approaches that are engaging for youth, and made use of small and large group activities. The facilitators wore "fun" clothing and there was lively music during the breaks as it is just as important to engage adults as it is to engage youth. There were discussions around what it was like to be a teenager, how we were raised, oppression and empowerment, myth busting, and the impact of sexuality in the media. Participants were provided with written information about how to run each of the youth activities shared in the workshop. The Adult Allies workshop guide and other youth engagement resources are available on the Centre of Excellence for Youth Engagement website: www.engagementcentre.ca.

Evaluation

The workshop was evaluated through participant workshop evaluation forms, a debrief session with facilitators and discussion with coalition members. The coalition was very pleased with the workshop, despite some challenges:

Successes:

- Most participants felt safe and were comfortable talking about the issues.
- Most participants thought the training format was innovative and effective.
- Most participants felt energized by the training.
- The workshop resulted in increased membership on the Coalition.
- A strong partnership formed between the 8 facilitators who represented 5 agencies.
- A pool of supportive adults (Adult Allies) was created in Ottawa.

Challenges:

- It was sometimes difficult for the participants to take off their "professional hats".
- Some participants were quite knowledgeable, while others were new to the issue.
- More time was needed, and a 2-day training format would be ideal.
- This is a sensitive topic and most participant reactions were strong. While most participants were very positive about the training, there were a very small number who did not engage well in the training format.
- Facilitators needed to be flexible to meet the needs of individual participants and to group dynamics.
- The demands of the topic and participants were intensive, and facilitators were very tired at the end of the day.

Next Steps

The coalition is planning new initiatives related to youth sexuality and teen pregnancy prevention, including:

- Using information from the workshop evaluation to provide recommendations for future workshops.
- Adapting the training for foster parents.

For More Information Contact:

Josée Adam, Project Officer,
School Age Health Program
Ottawa Public Health
josee.adam@ottawa.ca

Comments about the Project:

"The variety that the facilitators have to pull from to "create our own workshop", the fun parts that were encouraged and allowed, the skills of the facilitators."

– Workshop participant

"Overall, I really enjoyed the experiential format. I also really appreciated how well organized and creative the workshop was."

– Workshop participant

"Thanks so much! Everyone was so informative & diverse. The facilitators did an excellent job at leading the convo. Very relaxing & safe-space."

– Workshop participant

Recommendations:

- Let youth set the agenda.
- Practice reciprocal respect between youth and adults.
- Normalize youth behaviors, youth development and risk-taking.
- Recognize the important role that adults play in sharing information about youth sexuality.
- Provide training for service providers, recognizing their individual learning needs.
- Help agencies build capacity to become more open, sex-positive and non-prejudiced.
- Recognize that raising awareness of consequences does not necessarily change youth behaviour.

Questions to Consider:

- Am I fully prepared to support youth in making choices about sexual health?
- Do service providers in my community recognize the key role they play in supporting youth in making choices about sexual health?
- Do service providers in my community have the awareness and skills they need to build a relationship of trust with youth?
- How would service providers in my community like to receive information that would improve their knowledge and skills in supporting youth in making informed choices about sexual health?

Appendix 2

Teen Parent Families Building Healthy Relationships – **Thunder Bay Teen Pregnancy Prevention Coalition**

Introduction

In February 2000, statistical information revealed that the Thunder Bay District was continuing to experience an increasing rate of teen pregnancy. Agencies voiced their frustration with the incidence of subsequent teen pregnancies and many felt that parenting classes were not providing teens with the information and skills required for making and carrying out healthy decisions about sexual relationships. This led to the decision that a community-wide approach was needed to address the elevated rate of teen pregnancy in the Thunder Bay District.

Video Scene:
Teen Parents Caring for the New Baby.

The Thunder Bay Teen Pregnancy Prevention Coalition came together to develop strategies to reduce the teen pregnancy rate in the Thunder Bay District, and grew to include 25 concerned agencies. The coalition developed a unique project entitled "Teen Parent Families Building Healthy Relationships" to raise awareness about the distinctive issues that pregnant and parenting teens face and to provide a framework for community agencies to address these factors. The project started in January 2003 and wrapped up in February 2005.

Populations of Interest

The populations of interest for these strategies included:

- Teens
- Teen parents
- Service providers who work with teens

The Health Unit found out more about their populations of interest by involving teen parents in the project planning, through a focus group of teens in 2001, and by involvement of service providers on the coalition.

Purpose

The project "Teen Parent Families Building Healthy Relationships" was developed to prevent teen pregnancy among non-parenting teens and to prevent subsequent pregnancy among parenting teens.

Key Messages

There were a range of key messages for this project, based on the fact that there were several populations of interest, and several resources were developed. The main message was:

- Teen Parent Families Building Healthy Relationships with their children, families and partners.

Other key messages included:

- Service providers play an important role in assisting teen parents to develop life skills to effectively parent their children and prevent teen pregnancy.
- Teen pregnancy and parenting bring many challenges.

Planning Steps

The key planning steps used by this coalition were:

- Establishing a community coalition
- Completing a needs assessment of services and programs for teen parents
- Securing funding
- Establishing the workshop team
- Developing program model
- Recruiting teen parents for the project
- Hiring a workshop facilitator and childcare workers
- Developing the resources
- Evaluating
- Sharing resources and results with local community as well as provincially

Youth Involvement

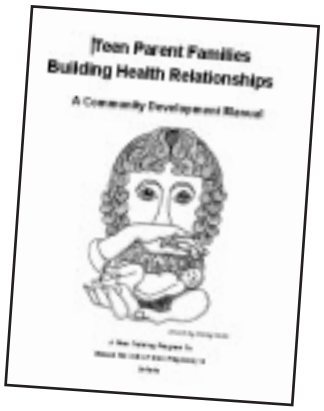
Teen parenting, intimate relationships and subsequent pregnancies are all sensitive topics, and the coalition was able to handle them in a respectful manner because of the active involvement and leadership of teen parents. Teen parents came up with the concept, developed the skits, did the acting etc. Service providers provided needed supports including training, transportation, food and early child development programs for their children. Teen parents were provided with a high school credit for their participation in the project. The success of this project illustrates the importance of teen participation through a medium that allows expression of concerns without judgment or criticism.

Main Strategies

This project focussed on the development of three main resources including a video (VHS) about the realities of teen parenting, a video (DVD) for teen parents on intimate relationships and a service provider manual on the process of teen involvement.

Manual on Teen Involvement

(Teen Parent Families Building Healthy Relationships, A Community Development Manual, 2003)



The Thunder Bay Teen Pregnancy Prevention Coalition developed a manual for service providers about how to mobilize a community around the issue of teen pregnancy. The manual was used locally and distributed provincially to agencies that provide parenting or life skills programs to teen parents. This manual describes the steps that are required to successfully engage community agencies and teen parents in a project that increases awareness of factors that contribute to unhealthy relationships and subsequent teen pregnancies. It also provides information about interventions that foster healthy child development, responsible behaviour and caring relationships between the teen parent, the child and the current partner.

Video (VHS) on Realities of Teen Parenting

(Teen Parent Families Building Healthy Relationships - Video, 2003)

The Thunder Bay Teen Pregnancy Prevention Coalition recruited teen parents to develop a video (VHS) about the challenges of teen parenting. Both schools boards in Thunder Bay

supported the project by providing a high school credit for participating teen parents. Weekly drama and video workshops helped the teen parents to identify relevant issues, write the script and produce the teaching video. While the teen parents participated in the workshops, their children attended a program that supported early child development. A workshop team consisting of service providers who provided education, parenting and life skills programs to parenting teens, acted as group facilitators during the development process. They worked with teen parents and provided ongoing support, counselling and follow up. A theatre artist assisted the teen parents with identification of issues around sexuality and relationships and facilitated the development of effective problem solving skills to deal with these issues. The teen parents developed skits based on the identified issues and then created a video of these skits.

Video (DVD) for Teen Parents on Intimate Relationships

(Teen Parent Families Building Healthy Relationships - DVD - 2005)

The Thunder Bay Teen Pregnancy Prevention Coalition also released a DVD about teen parents and intimate relationships, using a similar process of involving teen parents. This DVD shared important messages around dating, intimate relations, communication, sexual health, teen pregnancy and parenting.

Distribution of Videos

Both videos were distributed to family studies classes as prevention tools to promote discussion around the issue of teen pregnancy. Copies were also given to community agencies that provide parenting and life skills programs to parenting teens and were used in teaching skills to prevent subsequent pregnancies.

Evaluation

A comprehensive evaluation plan was developed including questionnaires, interviews, journals and observations by the workshop team. The evaluation results highlighted the strengths of the project, and some difficulties:

Successes:

- Teens who viewed the video were more aware of the challenges of teen parenting.
- Teachers felt the video was realistic, promoted discussion and met their teaching requirements.
- Teen parents indicated a sense of achievement in knowing that they had assisted in meeting identified community needs.
- The drama and video workshops were powerful tools in enabling teens to take lead roles in this project.

Challenges:

- Transportation was required to bring teen parents and their children to the workshops.
- The teen parents had busy lives including school programs and parenting responsibilities in addition to this project.
- To fully explore the issue of subsequent teen pregnancies, it would be necessary to involve additional teen parents who have more than one child.
- The process of community mobilization and youth involvement takes time.

Next Steps

The coalition would like to work on similar theatre art projects in the future, to build on their efforts to assist parenting teens to develop healthy relationships and prevent teen pregnancy.

For More Information Contact:

Peggy Blekkenhorst, Public Health Nurse,
Sexual Health Program
Thunder Bay District Health Unit
peggy.blekkenhorst@tbdhu.com

Comments about the Project:

"I realized that being a parent means you have to let go of a lot of your freedom to do other things such as prepare meals, do laundry and the general care of a child. Being a parent is a life long commitment."

– Youth

"A good video, which shows real situations and encourages lots of discussion and problem solving of the issues presented."

– Teacher

"The project had a significant impact on the participating teen parents as well as the youth who watched the video."

– Coalition Member

Recommendations:

- Involve youth in meaningful ways, throughout the project.
- Listen to youth and provide leadership opportunities.
- Provide skill-building opportunities that allow youth to excel in their tasks.
- Meet basic needs including childcare, transportation, food etc.
- Acknowledge the critical role of youth.
- Share information with others about how to effectively involve youth.

Questions to Consider:

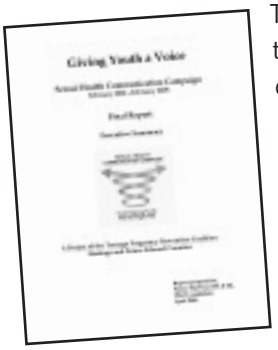
- How can I make it easier for youth to be involved in my teen pregnancy prevention project?
- How can I make it rewarding for youth to be involved in my teen pregnancy prevention project?
- What types of activities are successful in engaging youth in discussions about teen pregnancy?
- What is the specific population of interest that I want to reach with my teen pregnancy prevention initiative?

Appendix 3

Giving Youth a Voice – Hastings and Prince Edward Counties Health Unit

Introduction

In Hastings and Prince Edward Counties, the teenage pregnancy rate has consistently been higher than other eastern Ontario health units, as well as the provincial rate. The Sexual Health Program of Hastings and Prince Edward Counties Health Unit was concerned about the high rates of teen pregnancy. In 1997 the Health Unit initiated the Teenage Pregnancy Prevention Initiative. The work went through several phases including local focus groups, a literature review, several community conferences involving youth agencies, parents and teens, and changes to clinical services.



The Health Unit, recognising the need for broader community involvement, brought together the Teenage Pregnancy Prevention Coalition in 2002 involving more than 20 agencies. The coalition wanted to foster a collaborative community, to ensure that teens had opportunities to make healthy choices. The coalition developed a Sexual Health Communication Campaign, Youth Survival Kits, and grade 9 sexual health clinic tours etc.

Populations of Interest

Over time, this initiative reached several populations of interest including:

- Youth
- Service providers
- Parents

The Health Unit and the coalition used focus groups to find out more about the needs of these populations of interest.

Purpose

The purpose of this series of initiatives was to decrease the rate of teen pregnancy by addressing a range of factors that positively and negatively influence youth sexual health.

Key Messages

Focus groups were used to determine key messages for the Sexual Health communications campaign. They include:

- Promote the benefits of not having sex.
- Provide accurate sexual health information to youth in a fun, creative, humorous and respectful way.
- Improve access and availability of birth control.
- Understand the influence of alcohol use on sexual behaviour.
- Dispel the popular myths, norms and misinformation about sex in youth culture.
- Teach youth the skills they need to use in their relationships.
- Attack the media influence with challenging information.
- Be aware of the pressures that youth face.
- Promote a sense of responsibility regarding sexual choices.
- Provide information about sexually transmitted infections.
- Provide information that builds skills.
- Use consistent messages for youth, parents and the community.
- Provide parents with current information about youth sexual health.

- Encourage open communication between parents and youth.
- Help parents recognise their role in youth sexual health.
- Provide youth oriented activities.
- Promote respect for youth in the community.
- Realize that youth need community members they can talk to.

Planning Steps

The main planning steps in implementing these projects were:

- Reviewing teen pregnancy data
- Conducting a literature review
- Conducting focus groups
- Involving local service providers
- Selecting and implementing initiatives

Youth Involvement

Youth were involved in several phases of this initiative. Youth facilitators were trained to run the youth focus groups, and to develop the sexual health campaign. Youth also provided significant input through focus groups.

Main Strategies

Gathering Information:

In 1997 the Health Unit decided to start their work by examining teenage pregnancy trends and by completing a literature review of factors contributing to teenage pregnancy.

In 2000 the Health Unit planned a focus group study involving teenagers aged 15-19. The objectives of this study were to learn about teen's interests and activities, their perspectives on factors contributing to teen pregnancy, and to identify strategies to address teen pregnancy. Youth facilitators were trained to lead the focus groups. Seventy-two teenagers were consulted as part of 7 focus groups. The 2 main questions, "Why are teens becoming pregnant?" and "What can we do to help?" were discussed in depth. The focus group results showed that teen pregnancy was not an issue that would be easily addressed by one organization, and that a community-wide approach was needed. Some of the themes from these youth focus groups are:

- Sexual health services are very limited in small communities.
- Conservative attitudes affect teen's abilities to access needed sexual health information and services.
- Teens receive mixed messages about sex.
- In small communities, confidentiality is not always a reality.
- Teens find it hard to talk with their parents about sexual health.
- Teens indicate there are few recreational options available to them.
- Alcohol use and frequent partying can lead to unprotected sexual activity.
- Teens think, "It won't happen to me."
- Teens may feel pressure from their partner to be sexually active.
- Teens lack knowledge concerning sexual health and related services.

Sexual Health Communication Campaign:

In 2004 a coordinator and 6 youth were hired to develop a youth-based communication campaign as a forum to discuss sexual health issues with teens, parents and the community. Their first task was to develop a list of key sexual health messages for use in the campaign as well as to guide the future work of the

coalition. They completed 7 youth focus groups, 2 parent focus groups, 3 community focus groups and 6 interviews, reaching a total of 95 individuals. The key messages that came from these focus groups are listed in the section titled Key Messages.

The youth implemented the sexual health campaign in 2004-2005. Strategies included a web site, 7 radio ads, a poster, PowerPoint presentations, displays and 2 cablevue presentations (short interviews that are repeated on the local cable station). The poster shows 3 nonconforming teens sharing information about the valuable things that they were contributing to their community, emphasizing that judgmental attitudes negatively impact youth. A campaign report titled "Giving Youth a Voice", shared information collected through the campaign.

Other Initiatives:

The coalition and Health Unit implemented a range of other related initiatives including:

- Bringing together community forums to discuss youth sexual health
- Establishing 2 new school-based sexual health clinics
- Sharing information with parents and agencies about "Building Developmental Assets for Youth", including positive approaches, self esteem and confidence
- Setting up a community rally to raise awareness about Developmental Assets
- Sharing information through the media and newsletters
- Training service providers
- Providing tours of sexual health clinics for grade 9 students
- Distributing "Youth Survival Kits", i.e. packages of health information, including sexual health resources
- Working with local school boards to support teachers to teach the "Growth and Development" curriculum.

Evaluation

Most evaluations of project activities were informal, through coalition discussions about what worked well, what didn't and what they should do next. Here are some of the things that coalition members learned from their discussions:

Successes:

- The information from the literature review and the two sets of focus groups was instrumental in selecting strategies and in program planning.
- The community coalition provided energy, motivation and lots of ideas.
- A wide range of initiatives was implemented, connecting with many different groups, and building on successes over the years.

Challenges:

- At times it was difficult for the coalition to select and focus on one initiative.
- Holding a coalition together is hard work, even with very motivated members.
- Time was needed to secure funding for each project.
- The teens hired to develop the Sexual Health Communication Campaign had office space within another agency, creating some communication challenges.

Next Steps

In the future the coalition may focus activities in the areas of:

- Education for parents
- Building on the work involving Developmental Assets
- Improving partnerships

For More Information Contact:

Beth Shaw, Public Health Nurse,
Healthy Sexuality Program
Hastings and Prince Edward
Counties Health Unit
bshaw@hpechu.on.ca

Comments about the Project:

"We need something in the community for teens that they can go out and do besides party - because that's all there is, there's school dances, hockey games and parties."

– Youth

"A lot of teens are having sex, but know it's not okay, so they don't buy birth control, so it's feeling like they're not having sex."

– Youth

"The literature review and focus groups had a tremendous impact on our work."

– Coalition Member

"Parents should try harder to make it safe, not try to make you not do it. Kids are going to have sex; you can't stop it!"

– Youth

Recommendations:

- Take the time to gather information from the literature and from local teens.
- Determine the main factors that contribute to teen pregnancy rates in your community, and then work to address these factors.
- Pay youth for their time.
- Dedicated staff is needed to keep things moving forward.
- Involve a wide-range of community groups.
- Build on past successes.

Questions to Consider:

- In my community, what are the main factors that influence the rate of teen pregnancy?
- What should I work on first?
- How do I set the stage for larger projects that involve a high level of "buy-in" from multiple agencies, for example, development of high school sexual health clinics?
- What are the most effective ways to prevent teen pregnancy?

Appendix 4

Girl Time: Grade 7/8 Healthy Sexuality Program – **Region of Waterloo Public Health**

Introduction

Prior to 1995, Region of Waterloo Public Health provided a "Healthy Relationship" fair for grade 7 and 8 students, consisting of 15-minute presentations on various sexual health topics. Comments from students, school staff, and Public Health Nurses indicated that this approach was not intensive enough to change attitudes and behaviours around sexual health.

The Health Unit reviewed different types of youth sexual health interventions to determine the factors that were associated with effectiveness. From this research, it was evident that small groups were required, and a program of substantial duration.

Staff from Region of Waterloo Public Health and Waterloo Region District School Board developed a program called Girl Time: Grade 7 & 8 Healthy Sexuality Program. The program is series of 10 sessions that provide girls with the knowledge, motivation and skills to support sexual health.

Populations of Interest

The populations of interest for this initiative include:

- Girls in 7 and 8
- Parents

The Health Unit learned more about these populations of interest through a pilot test of the Girl Time program. Feedback from participants, facilitators and parents helped the workshop team improve the program.

Purpose

The main intent of the initiative was to promote healthy sexual attitudes, choices, decisions and behaviours, to delay sexual initiation, and to encourage safer sex practices.

Key Messages

This initiative did not define specific key messages, however the program development team clearly identified the outcomes they were striving for. These outcomes included:

- Increased sexual health knowledge
- Increased positive attitudes/beliefs toward postponing sexual intercourse and/or practicing safer sex
- Increased perception of positive social norms related to postponing sexual intercourse and/or practicing safer sex
- Increased comfort with sexuality issues
- Increased behavioural skills/self-efficacy for postponing sexual involvement and/or practicing safer sex
- Increased intentions to postpone sexual involvement and/or practice safer sex
- Increased communication with parents/guardians related to sexuality
- Increased numbers of girls who postpone sex
- Increased numbers of girls who practice safer sex, if sexually active

Planning Steps

The main planning steps for this initiative included:

- Completing a literature review
- Choosing the main approach
- Developing teaching principles
- Developing the program
- Piloting the program
- Accessing funding
- Designing the evaluation
- Arranging for an ethics review
- Enhancing and maintaining the training
- Training facilitators
- Delivering and evaluating the program

Youth Involvement

Youth were involved in refining the program. In 1998 Girl Time was pilot tested and feedback from girls about the workshop style, topics, length was used to improve the program.

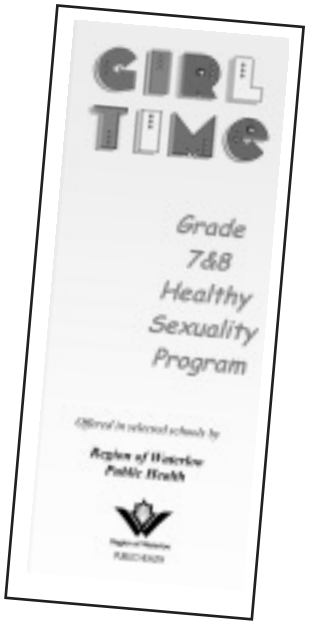
Main Strategies

Getting Started

The Girl Time program was pilot tested in 1998 and the evaluation results were used to enhance the program. In 2001 a comprehensive implementation was initiated, and goals/objectives, teaching principles, session topics, format and evaluation procedures were defined. The project received approval from three ethics review committees.

Workshops for Grade 7 and 8 Girls

Before each Girl Time program, there is a presentation to all grade 7 girls in a specific school, providing important sexual health information, and inviting girls to participate in the Girl Time program. Program participants are randomly chosen from a list of girls who are interested and have parental consent. Each program includes 10 to 15 girls.



The Girl Time program is made up of 10 sessions that take place in grade 7 and 2 refresher sessions in grade 8. These sessions are co-facilitated by Public Health Nurses, Guidance Counsellors or Child and Youth Workers. Sessions take place once a week, during class time, and last 90 minutes. Topics include self-awareness, personal values, body awareness, attraction and desire, healthy relationships, risks of early sexual activity, safer sex choices, decision-making, assertive communication, peer and social pressure. The final session includes a visit to a sexual health clinic.

Parent Involvement

The Girl Time program includes several activities intended to engage parents. Parents are invited to an evening session to familiarize themselves with the program content. A parent handbook provides information about the importance of parents as sexual health educators, program content, reproductive anatomy, healthy relationships and communication tips. Questions related to session topics are sent home with participants for discussion with parents.

Reach

Between 2001 and 2003, 28 Girl Time programs were conducted at 10 schools. A total of 360 girls participated in the program. Program attendance was very good with 95% of girls present for at least 7 of the first 10 sessions. The program is still being offered, involving 10 schools per year, with 10-15 girls per school.

Evaluation

The Girl Time program was carefully evaluated using students in comparison schools that had not participated in the program. Participants were interviewed to find out about their likes, dislikes, and suggestions for improvement. Participants completed a questionnaire at four different times: before and after the grade 7 sessions, and before and after the grade 8 refresher sessions. In addition, Girl Time facilitators completed evaluation forms after each session.

Successes:

- The majority of participants felt that grade 7 was a good time to receive sexual health information.
- Most sessions received high success ratings.
- Participant's embarrassment diminished as the program progressed.
- Participants practiced negotiation, limit-setting, and assertiveness skills.
- Participants had higher levels of sexual health knowledge, comfort with sexuality issues and self-efficacy.
- Participants know where to get contraception and testing for sexually transmitted infections.
- Participants showed increased intentions to delay sex or use safer sex practices.
- There was a temporary increase in communication between participants and parents.

Challenges:

- There was some opposition from the community, and the Girl Time development and evaluation team dealt effectively with this controversy by talking with the school board and concerned parents.
- The program may benefit from further simplification, especially in the areas where abstract concepts are presented and in information-heavy sessions.
- Some participants were concerned about being teased by other students and about the community opposition to the program.
- Some participants withdrew from the program due to trouble with school work or behaviour problems.
- Communication between parents and participants decreased after the program.

Next Steps

In the future the Health Unit plans to:

- Continue to run the Girl Time program in Waterloo area schools
- Provide training to health care providers on how to set up and run a Girl Time program, and continue distribution of the manual and CD of Girl Time activities
- Publish findings about Girl Time in peer reviewed journals
- Consider strategies to reach boys around sexual health

For More Information Contact:

Anne Marie Sims, Public Health Nurse
Region of Waterloo Public Health
sannemar@region.waterloo.on.ca

Comments about the Project:

"You get to know people better. You learn to trust more. You learn that other people are going through the same things as you."

– Girl Time Participant

"I thought that [including parents] was a good idea because then our parents would know maybe what we're going through better, and how to react around us a little more better."

– Girl Time Participant

"Places you can go to if you need help... Numbers you can call if you want to talk to someone."

– Girl Time Participant

"I also told my friends about STD's. Like if they ever got raped or something, like, where to go if they had anything."

– Girl Time Participant

"If you're going out with somebody, you want them to respect you. So it gives you [things] to look for."

– Girl Time Participant

Recommendations:

- Include a solid evaluation component.
- Provide programs early, before youth are involved in risk behaviours.
- Ensure small group size.
- Provide a program of sufficient duration.
- Provide information to parents about youth sexual health.
- Share information with other service providers.

Questions to Consider:

- What sorts of opposition can I anticipate when working on sexual health programs for young people?
- How can I plan proactively to reduce the risk of opposition?
- How can we better support parents as sexual health educators?
- When considering the sexual health information needs of boys and girls, what is different and what is the same?
- How can I convince the school board to be supportive of youth sexual health services?

Appendix 5

"Uh Oh" Emergency Contraception Campaign – **Canadian Federation for Sexual Health**

Introduction

In the spring of 2005 federal legislation changed to make the emergency contraception pill more accessible. In response, the Canadian Federation for Sexual Health wanted to provide youth and health care providers with information about how to access the emergency contraception pill and to dispel myths about emergency contraception. The national campaign was launched in 2006. It included innovative postcards and posters, a national toll-free line and a website with emergency contraception information.

Populations of Interest

This project intended to engage the following populations of interest:

- Youth
- Health professionals

The Canadian Federation for Sexual Health learned about the preferences of these populations through youth focus groups, a service provider survey and involvement of youth and service providers on campaign committees.

Purpose

The main objective of this campaign was to raise awareness about access to the emergency contraception pill. The campaign was also designed to dispel myths about emergency contraception.

Key Messages

The key messages for this campaign included:

- The emergency contraceptive pill is available directly from a pharmacist without a physician's prescription.
- When taken within 5 days the emergency contraceptive pill reduces the risk of pregnancy after unprotected sex.
- The sooner it's taken, the better it works.
- The emergency contraceptive pill does not provide protection from sexually transmitted infections.

Planning Steps

The key planning steps included:

- Learning about the new legislation and new medical advances
- Determining access issues and awareness levels
- Adapting existing resources and developing new resources
- Testing draft campaign resources
- Distributing campaign resources
- Involving the media
- Evaluating the campaign

Youth Involvement

Youth were involved on the planning committees and through focus groups. Health care providers relayed gaps in information from youth and suggested ways to present the campaign messages to youth.

Main Strategies

Gathering Information

An advisory committee guided the environmental scan used to prepare for the campaign. The committee included health educators, nurses, executive directors, communications specialists and youth. The environmental scan involved:

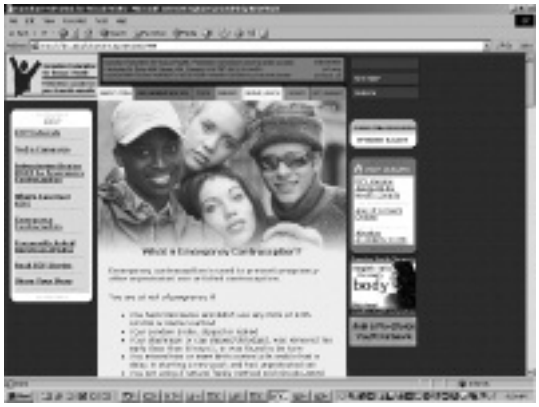
- Reviewing the changes to the legislation
- Gathering new medical information related to the emergency contraception pill
- Assessing access issues
- Reviewing existing literature to determine awareness levels among youth and health care providers about availability of the emergency contraception pill

The environmental scan found that more than 70% of young women knew about the emergency contraceptive pill, however many did not know that it could be accessed directly from a pharmacist, without a physician's prescription. There was also significant misinformation and confusion around emergency contraception.

Campaign

An advisory committee guided the development and implementation of the campaign, including representatives from the Society of Obstetricians and Gynaecologists, the Canadian Pharmacists Association, Ontario College of Pharmacists, academics, researchers, health educators, Paladin Labs, women's health and rights advocates, Francophone sexual and reproductive health experts and youth.

Three tools were used to disseminate the campaign information, including a website, an automated toll-free line and promotional campaign materials. These tools were either adapted from existing materials, or developed specifically for the campaign. The draft materials were tested through youth focus groups and a health care provider survey to ensure that they were interesting, relevant and accurate. The feedback resulted in significant changes to the draft resources, and provided helpful suggestions for distribution strategies.



- Campaign Website - Many youth get their sexual health information from the Internet, therefore the Canadian Federation for Sexual Health prioritized web content as its primary tool to increase awareness about access to the emergency contraception pill. The bilingual campaign website included information about the campaign, campaign resources, general emergency contraception information, FAQs, where to get emergency contraception pill and clinic locater information. The language was youth friendly, however it had a broad appeal for women and men of all ages.
- Toll-Free Line - The bilingual toll-free line included new information regarding how to access the emergency contraception pill, how the emergency contraception pill works, side effects, frequently asked questions, average cost and clinic locater information. It also

allowed phone clients to leave a message if they had questions that could not be answered by the automated system.

- Print Materials - The Canadian Federation for Sexual Health adapted the campaign resources developed by the Pacific Institute of Women's Health in California, altering the text, messaging and colour to appeal to the Canadian audience. Bilingual print materials were created including a colourful and innovative postcard and poster.

The materials were distributed to over 500 organizations including sexual health clinics, public health units, women's centres, youth centres, immigrant health centres, university/college student health centres/ student unions and sexual assault centres. Order forms were included in the mail out so that organizations could request additional materials if required.

The media strategy included distribution of over 70 press releases and over 30 media calls. Information about the campaign was also sent to many listservs. This public awareness campaign was considered to be "soft news" by the media and the campaign only attracted only a small amount of media attention.

Evaluation

The Canadian Federation for Sexual Health tracked interest in the campaign materials, distribution of campaign materials, and informal feedback, to determine the effectiveness of the campaign. Overall, the process of campaign development and distribution went smoothly:

Successes:

- The environmental scan, focus groups and service provider survey provided information that was critical to campaign planning.
- A lot of people devoted the time to make the campaign work.
- The committees provided invaluable expertise.
- While the issue was complex, the message was bold and brief.
- There were many requests to adapt the resources for additional settings.
- Groups are still requesting the resources.
- The campaign resulted in enhanced partnerships with key organizations.

Challenges:

- The committee realized that it was unrealistic for this campaign to reach parents in addition to youth and health care providers.
- The media pick up was not as high as hoped.
- Funding was not sufficient to allow for a comprehensive evaluation plan.
- Additional funding is required to continue distribution of campaign resources.

Next Steps

The Canadian Federation for Sexual Health has approved several requests to adapt the campaign resources. This will allow more exposure through media billboards, bus ads, PSAs etc. They are also updating the website information and improving access to the website. If funding is available they would like to create additional resources.

For More Information Contact:

Linda Capperauld, Executive Director
Canadian Federation for Sexual Health
lcapperauld@cfsh.ca

Comments about the Project:

"Accidents Happen - the condom broke, you forgot to take your birth control pill, or maybe you didn't plan or want to have sex. Women need to know that the emergency contraceptive pill is available and where it's available."

– Canadian Federation for Sexual Health

Recommendations:

- Find out about levels of awareness before you get started.
- Bring together experts to guide your work.
- Develop a bold, engaging, distinctive campaign.
- Focus on a few messages that are clear, brief and to the point.
- Get input every step of the way.
- Involve key organizations in distributing campaign materials and messages.

Questions to Consider:

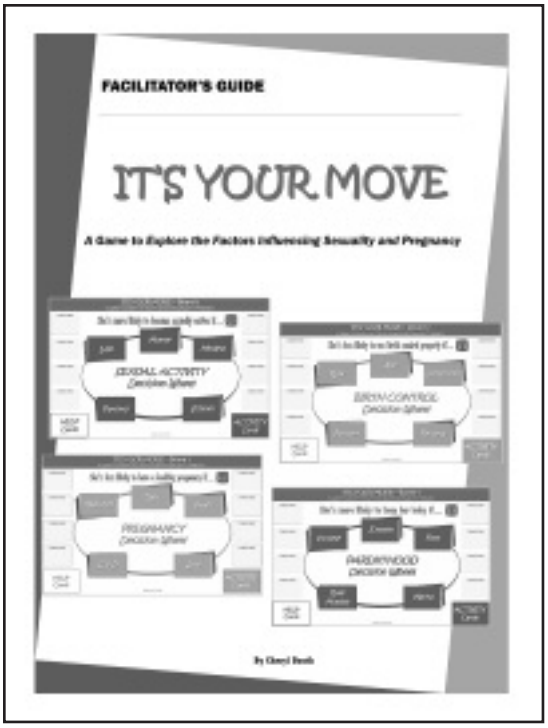
- How can I get the media to pay attention to teen pregnancy prevention?
- What is the best way to test my draft teen pregnancy prevention materials?
- How do I find out what youth know, and need to know, in order to prevent teen pregnancy?
- Who can I partner with on my teen pregnancy prevention initiatives?
- How can I measure the effectiveness of my teen pregnancy prevention strategy?

Appendix 6

"It's Your Move!" Board Game – SIRCH Community Services & Consulting

Introduction

"It's Your Move!" is a board game that explores the factors that influence teen sexuality and pregnancy. It is an innovative way to help teen girls make informed choices about sexual activity, birth control, pregnancy and parenthood.



Cheryl Booth worked with young parents in the Niagara area and was concerned about the barriers created by negative attitudes towards teen parents. In 1995, Cheryl decided she wanted to help service providers be more understanding of teen parents. In response, Cheryl developed an interactive game to train service providers.

In 2002 the service provider game was adapted to become a teaching tool for young women. Through a partnership with SIRCH Community Services & Consulting (an organization in the Haliburton area that provides a range of community-based services), the game was expanded and formalized. The revenue from sales of the "Its Your Move!" game supports the SIRCH programs, as well as a housing program for young women.

Population of Interest

The board game was designed to reach the following population of interest:

- Girls aged 13-17

The designer learned about this population of interest by involving teens in the development of the game, and by testing the game with youth.

Purpose

"It's Your Move!" is a board game designed to help teen girls ages 13 - 17 years develop an understanding of the life circumstances that can lead to teen pregnancy. The game allows participants to discuss issues of teenage sexual activity, birth control, healthy pregnancy, and parenthood. The game helps young women explore factors that influence teen pregnancy, and how they can change these situations.

Key Messages

Due to the range of issues covered in this game, specific key messages were not defined. The intended outcomes of the board game include:

- Teens develop an understanding of the life situations that may lead to teen pregnancy.
- Teens have an increased awareness of the resources in their community that can provide support related to sexual activity and pregnancy.

- Teens learn problem-solving strategies that they can use when facing decisions about sexual activity and/or pregnancy.

Planning Steps

The key planning steps used in developing this game include:

- Developing informal game for service providers
- Adapting the game for young women
- Field testing the game
- Formalizing the game
- Distributing the game
- Training teen parents as facilitators

Youth Involvement

Youth were involved in the development and implementation of this project in several capacities. Youth provided input and suggestions during the development of the game, the game was field tested with youth, and in some communities, teen parents were trained to act as facilitators.

Main Strategies

This board game was set up to create an opportunity for teens to exchange ideas and to learn from each other. It was designed to be played by girls between the ages of about 13 and 17 years, with at least one skilled facilitator/teacher. It can be used in a variety of educational or teen support environments. There is a decision wheel game board and scenario cards for each component of the game. The 4 different game boards (sexual activity, birth control, pregnancy and parenthood) can be played one right after the other, or may be used in separate sessions, depending on time constraints and areas of interest. Participants work in small groups with 4 to 6 girls per game board, and there may be several small groups in a classroom setting. Through group discussion, teens gain insight into the issues surrounding teen pregnancy and the external resources that can help a teen make healthy choices.

The participants in each small group create the profile of a young woman and the issues she faces in her decisions to become sexually active, use birth control, have a healthy pregnancy, and become a parent. Participants discuss the resources, and supports available to "their girl", problem solving around her concerns. They share ideas, experiences and opinions.

Each game is played in short sections. After each section, there is a debriefing that involves all participants in the room. The facilitator helps the group discuss the issues that have come up in discussion.

The philosophy of the game includes:

- Teens bring skills with them.
- Teens are the experts on being teens.
- Teens learn from each other.
- There is no right answer for any particular question or scenario.
- Each time the game is played, it will be a little bit different.
- Teens are capable of making their own choices.
- Teens can make the best choices for themselves when they have good, accurate information.
- A safe environment is needed to help teens feel comfortable talking about sensitive topics.
- Each participant deserves respect from the facilitator and from the group.

The solution-focused approach is modelled on many levels.

Facilitators:

- Interact with teens in a positive way and acknowledge their contributions
- Build teens' self-esteem
- Enable teens to identify their own strengths and those of their peers
- Deal with group issues or challenges in a positive way
- Encourage the discussion of a range of choices related to situations, questions, and concerns
- Help teens think in a way that builds on past successes and strengths
- Help teens look at situations from different perspectives
- Help teens think about their attitudes, beliefs and value systems

The facilitator guide provides details about how to play the game, and how to be a positive facilitator. It includes information about the philosophy of the game, how to be solution-focussed, the influence of attitudes and beliefs, how to respond in a positive way, background information on the issues, facilitation skills, dealing with sensitive topics, how to play the game and additional reading.

The game brings up conflicting attitudes and values, touching on topics such as sexual activity, birth control, relationships, peers, money, school, sexual abuse, abortion and the influence of the media. These topics may hit very close to home for some participants. Participants may show their emotions in a variety of ways. The emotions underlying these behaviours could be anger, frustration, helplessness, or fear. Facilitators have an important role in meeting the needs of individuals as well as the group.

Evaluation

Participants are asked to complete an evaluation form after playing the game. The evaluation form includes questions about changes in attitudes. Other evaluation methods include tracking distribution and informal feedback about the game. Overall, the game has been well received:

Successes:

- The board game allows teens to be active learners.
- The girls indicated that they appreciated the game.
- Teens show leadership, sharing what they know about teen pregnancy and community services.
- Participants learn where to get help, and who they can talk to.
- The game helps teens learn how to figure out what to do in potentially difficult situations.

Challenges:

- The game was tested with boys, but was not very effective. A different approach is needed for boys.
- Some facilitators were concerned that they might not have all of the answers.
- Some facilitators were concerned with how they should deal with questions on topics such as abortion.

Next Steps

SIRCH plans to continue to make the board game available through its website. The designer has also considered developing a card game for boys about sexuality and teen pregnancy.

For More Information Contact:

Gena Robertson, Executive Director
SIRCH Community Services & Consulting
gena_robertson@sirch.on.ca

Comments about the Project:

"The richest learning comes from the questions that the participants ask and from the discussions that ensue as the game is played."

– Game Designer

"Teen pregnancy prevention is not just about birth control."

– Game Designer

"Hearing the character's story makes you think about what you are going to do."

– Participant

"We liked playing this game because it taught us a lot about situations."

– Participant

"It helps you learn about sex. Also it helps you develop and have a healthy sexuality."

– Participant

"The best part was that it was an open discussion and wasn't just about making a character. (and we had a snack)."

– Participant

"Easy to discuss afterwards. It wasn't awkward."

– Participant

Recommendations:

- Choose interactive activities that allow youth to take a lead role in the learning process.
- Remember that you don't have to be the expert.
- Watch out for mixed messages. Your actions need to match your words.
- Use a solution-focused approach.
- Don't underestimate the power of positive feedback.
- Laugh! It can get you through all sorts of tough places.

Questions to Consider:

- What are my beliefs about teen sexuality and pregnancy?
- How do these beliefs affect the teens that I work with?
- Do service providers in my community have judgmental attitudes about teen pregnancy?
- How can I change attitudes in my community?
- How can I incorporate a solution-focused approach?

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