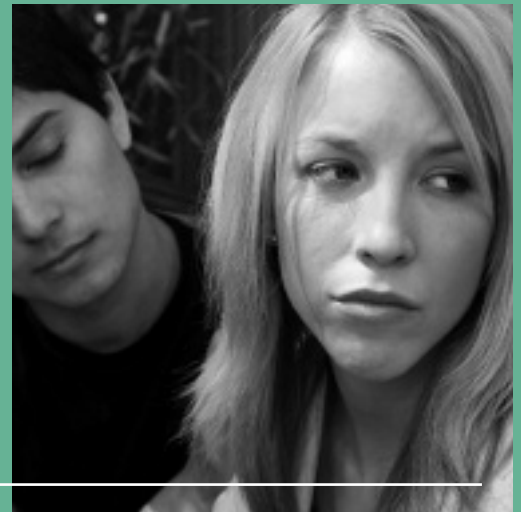
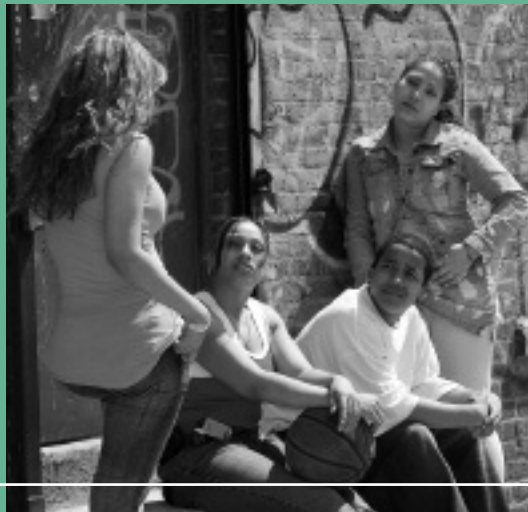


Teen Pregnancy Prevention

EXPLORING OUT-OF-SCHOOL APPROACHES



This report includes a review of historical perspectives on teen pregnancy, explores assumptions that are made about teen pregnancy, the links to poverty and inequity, theoretical approaches, and provides examples of out-of-school teen pregnancy prevention initiatives.

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A collaborative project of: Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre and the Sex Information and Education Council of Canada

Acknowledgements

This Best Start Resource Centre report was developed in collaboration with the Sex Information and Education Council of Canada (SIECCAN). SIECCAN is a national non-profit organization that fosters public and professional education about human sexuality. For more information about SIECCAN, go to www.sieccan.org.

The Best Start Resource Centre would like to thank Mary Bissell from the Sex Information and Education Council of Canada for researching and drafting this publication. Best Start Resource Centre is also grateful to Michael Barrett and Alex McKay from the Sex Information and Education Council of Canada for sharing their expertise in the development of this manual. Wendy Burgoyne was the project lead from the Best Start Resource Centre.

Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre is a key program of Health Nexus Santé. The Best Start Resource Centre supports service providers across Ontario through consultation, training and resources, in the area of preconception, prenatal and child health. For more information about the Best Start Resource Centre, contact:

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This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. Resources and programs mentioned in this report are not necessarily approved or endorsed by Best Start Resource Centre or the Sex Information and Education Council of Canada.

1. Introduction

This report is a companion resource to the *Update Report on Teen Pregnancy Prevention, 2007*, which was also developed collaboratively by the Best Start Resource Centre and the Sex Information and Education Council of Canada. The *Update Report on Teen Pregnancy Prevention* is an overview of teen pregnancy prevention in Ontario, including a review of rates of teen pregnancy, information from teens, myths, inequity, effective practices and examples of strategies used across Ontario. This report, *Teen Pregnancy Prevention: Exploring Out-of-School Approaches*, builds on the information provided in the *Update Report* while focusing on approaches that complement in-class strategies.

In order to be able to make informed choices about sexuality, teens need information about their reproductive and sexual health as well as access to reproductive health services, including access to birth control. These important strategies are often provided through in-class and public health settings. Additional strategies are required to address many of the underlying or predisposing factors for adolescent pregnancy, for example poverty, discrimination and isolation. This report provides important information about addressing underlying factors for teen pregnancy in community settings. It shares historical perspectives on teen pregnancy, assumptions that are made about teen pregnancy, a discussion about the influences of poverty and inequity, theoretical approaches, and examples of out-of-school teen pregnancy prevention initiatives.

The companion document, *Update Report on Teen Pregnancy Prevention* is available online and in print, see: www.beststart.org.



Using this Report

This resource is not meant to be a “how to” manual, but rather presents the most recent evidence, perspectives and strategies related to out-of-classroom approaches to teen pregnancy prevention. The information in this report will be useful to service providers and community groups that have the opportunity to influence teen pregnancy in their community, for example teachers, public health, social services, health care providers and community coalitions. This report will help service providers to clarify and consider the intent and approaches that can be used in the prevention of teen pregnancy. It will assist in assessing and enhancing existing initiatives as well as in considering additional complementary approaches.

2. Historical Perspectives

Current conditions and attitudes about teen pregnancy have their roots in the past. While pregnancy among teenage women has always occurred, the way it is viewed is shaped by changing societal attitudes towards women, marriage, class and adolescence. In some instances we can see dramatic changes in attitudes over time, and in other cases there are lingering similarities, sometimes unexpressed or unacknowledged, to beliefs held over 100 years ago.

“In many ways, the semantics may have changed, but the underlying ideology remains pervasive and essentially unchallenged.”

(Kennedy, 2008)

The following is a brief timeline of the dominant attitudes and approaches to teen pregnancy evident in western society since the early 20th century. You may also find it useful to review the information about statistical changes in teen pregnancy over time, as presented in the *Update Report on Teen Pregnancy Prevention*.

Late 19th and Early 20th Centuries

- Societal concern was focused more on the unmarried condition of a pregnant woman, rather than on her age. Unwed mothers were characterized as immoral.
- Industrialization led to an increase in the number of young women moving from rural to urban centres. There was a corresponding increase in the number of adolescent pregnancies and unmarried mothers, as family constraints imposed on young women were weakened.

1904

- The concept of adolescence as a distinct time of turbulent transition from childhood to adulthood was introduced by the American psychologist, G. Stanley Hall.

Early-mid 20th Century

- The eugenics movement was based on the belief that the wrong people were having children (i.e. the poor, uneducated, and/or immigrant classes). Unmarried, sexually active young women were seen as unfit, and it was believed that their morally deficient tendencies could be inherited. The concept of prevention was introduced in the social work field, in an effort to ensure that poverty and delinquency was not passed on from one generation to another.



Post World War I

- The concept of sex delinquency, as a cause of illegitimacy, became popular. There was a shift from the belief that social conditions led to unmarried pregnancy (i.e. poverty, lack of education) to the belief that moral or psychological defects resulted in delinquent behaviour and pregnancy.
- Unmarried mothers and the condition of illegitimacy were more a public concern than were teenage mothers.



Post World War II

- Unmarried, working class teenagers who became pregnant continued to be characterized as delinquents. In contrast, pregnancy among unmarried, middle class teens was attributed to emotional and psychological problems (Adams, 1997).
- Prior to the mid 1960s, most teenage pregnancies led to marriage. For married teens, the pregnancy became, for the most part, a social non-issue.

1960s and Early 1970s

- More unmarried women who became pregnant decided not to get married. As more teenage mothers remained single, public concern increased.
- Teen pregnancy was often presented as a medical problem to be treated with more access to clinics, birth control and abortion.
- There was a shift from viewing teen pregnancy as a moral problem to that of seeing it as a psychological or health problem.

Late 1960s to 1970s

- The concept of “teenage pregnancy” replaces those of “unwed mother” and “illegitimate child.”
- Teen pregnancy began to be discussed in terms of economic costs to society.

1970s and 80s

- The amount of research into the causes and consequences of teenage pregnancy increased

dramatically. Most research emphasized the negative outcomes for teen mothers and their children, without considering pre-existing socio-economic factors.

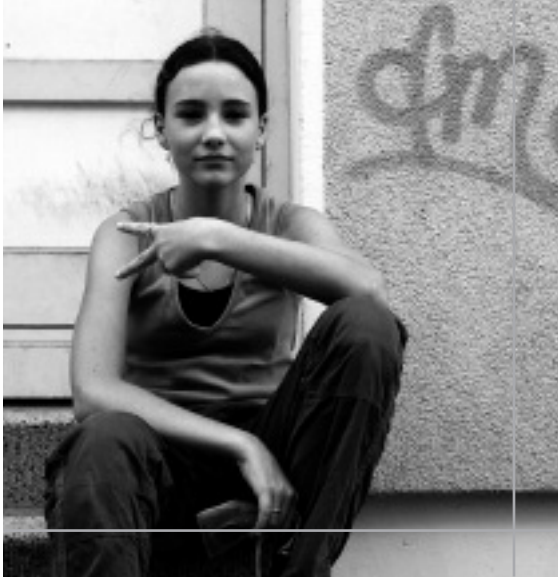
- The stereotype of the teenage parent as a “perpetrator of poverty” was common in the research literature (Furstenberg, 2003). Teen pregnancy was seen as a social problem needing government intervention.

1990 to Present

- Teen pregnancy rates began to steadily decline in the 1990s but teen pregnancy is still conceptualized as a social problem.
- Increase in research that focuses on socio-economic factors that contribute to rates of teen pregnancy, rather than on individual behaviour change alone.
- Research supports the link between socio-economic disadvantage and high rates of teen pregnancy.
- Concern with increasing educational, employment and mentoring opportunities for at-risk youth, as well as ensuring access to sexual and reproductive health information and services.
- Teen pregnancy and parenting remains stigmatized to a certain extent, but teen mothers are increasingly more assertive in demanding respect and support for their parenting efforts (Kelly, 2007).



3. Confronting Assumptions



Our assumptions about teen pregnancy and parenting have an impact on the services that we provide. It is helpful to take the time to consider our assumptions and to recognize the impact that they may have on our attitudes and approaches, and the people that we serve. It is important to recognize the basis of our assumptions and to determine if they are founded on facts, judgements or myths. We can learn more by continuing to examine the evidence, by being open to new ideas, and by connecting in meaningful ways with the populations that we serve.

The Update Report on Teen Pregnancy Prevention provides a review of common assumptions and myths about teen pregnancy and parenting. This chapter provides further discussion and insights about assumptions that are relevant to out-of-school approaches.

Teen Pregnancy as Social Problem

Much of the literature on teenage pregnancy starts with the assumption that teen pregnancy is a serious social problem that warrants concerted preventive action by government, social agencies, communities and parents.

Teenage pregnancy rates are tracked with concern and there are regular media reports about the issue of teen pregnancy. Decreases in the rate of teenage pregnancy are often discussed with the emphasis that society must still be vigilant, since any teen pregnancy rate is a cause for concern. Increases in the rates of teen pregnancy are framed with moral outrage as a substantial societal cost.

Planned Parenthood literature from American websites notes that, "Teenage pregnancies in the United States have declined in recent years but they remain an endemic public health problem" (www.ppct.org/facts/research/teen-pregnancy.shtml). The National Campaign to Prevent Teen and Unplanned Pregnancy in the United States, while acknowledging a reduction in pregnancy rates, warns that, "A new crop of kids becomes teenagers each year. This means that prevention efforts must be constantly renewed and reinvented" (www.teenpregnancy.org/whycare/sowhat.asp).

Canadian literature tends to be less dramatic in its framing of teen pregnancy as a social crisis. However, a reduction in the teen pregnancy rate is often noted along with reports about the detrimental outcomes for teen mothers and their children, rising rates of sexually transmitted infections and increased abortion rates for teens. Teen pregnancy is still included within the broader context of undesirable adolescent sexual and reproductive behaviour.

Stereotypes

It is an accepted practice for those who work on sexual and reproductive health issues to challenge commonly held assumptions about gender, sexual orientation, desire and other aspects of sexuality. To do so one must acknowledge the stereotypes present in society, and honestly address our own stereotypic thoughts. The stereotypes associated with the issue of teen pregnancy are perpetrated by the media,

social service organizations, religious institutions, government and cultural groups. The words used to describe the issue often convey negative messages. Identifying teen pregnancy as a crisis, epidemic, personal tragedy or disaster, immediately positions teen pregnancy as social problem with grave consequences for teens, their children and society in general. Thus the need for prevention and intervention is legitimized (Cherrington & Breheny, 2005).

A negative perspective on teen pregnancy leads to a negative view of pregnant teens. The young woman who becomes pregnant sets in motion a series of events that ultimately leads to the disaster of a teen birth. The pregnant teen becomes a statistic and assumptions are made about her character, intelligence and maturity. Young mothers are often well aware of these assumptions. When asked how society sees teenage mothers, a group of young mothers in Ontario offered the following stereotypes:

“...they don’t know how to raise their kid.”

“...they waste their money on drugs and not formula.”

“...they live off welfare and they don’t do nothing with their life.”

“...they don’t know who their baby’s father is...”

(Darisi, 2007)

Prevention programs that draw on negative stereotypes of pregnant and parenting young women, and that use shame, blame and stigma to convey their messages, may unwittingly encourage the social exclusion of teen mothers and their children. The challenges faced by many young mothers are further compounded by prevention campaigns that capitalize on societal condemnation of teenage pregnancy. Campaigns often focus on individual responsibility to the exclusion of other factors. Socio-economic, cultural, and religious factors all affect teen pregnancy rates, and yet the negative stereotypes associated with teen pregnancy and parenting would suggest that it is personal failure alone that results in teen pregnancy.



These mock ups of teen pregnancy prevention posters are shared to provide examples of strategies that use a shame-based approach, and result in further stigmatization of pregnant and parenting teens. Unfortunately, approaches that are fear-based, shame-based, pregnancy-negative, and child-negative are commonly used in teen pregnancy strategies.

Medical and Social Consequences

Many articles that discuss teen pregnancy start with a list of the medical and social consequences for teen mothers and their children. Medical complications associated with teen pregnancy are routinely listed, and children born to teen mothers are said to be at higher risk of various outcomes including prematurity, low birth rate, SIDS, learning and behavioural difficulties, delinquency, and eventually, teen pregnancy. There are a number of studies that have challenged these assumptions (Cunnington, 2001; Lawlor & Shaw, 2002; Levine, Emery & Pollack, 2007), however they are rarely noted. As well, many studies that document negative health outcomes use samples of very young teenage mothers (i.e. 15 and under) (Phipps, Blume & DeMonner, 2002). Girls in this age category can be at increased risk of negative health outcomes due to physical immaturity and inadequate prenatal and postnatal support, however, the majority of teen births are to older teens. A focus only on negative health and parenting outcomes has implications for the interventions that are selected and designed to address the situation. While much of the prevention literature avoids moralizing, negative assumptions can influence programming in subtle ways. If questionable research findings are used to justify the need for prevention,

then the programs themselves run the risk of adopting fear-based or judgmental approaches. It would be more effective to choose a balanced approach that explores a range of realistic life options and outcomes for teens, and involves teens in defining and realizing needed services.

Pregnancy Timing

The concept of prevention assumes that something negative must be avoided, therefore teen pregnancy prevention starts with the assumption that adolescent pregnancy is a negative life event. The question of pregnancy timing, and when a pregnancy becomes a positive rather than a negative event, is contentious. For some, having a child early in life is desired. Cultural, socio-economic, and personal beliefs affect decisions to become pregnant, or to continue with an unplanned pregnancy. Some have pointed out that the concept of “too early” pregnancy is based on a white, middle class approach to life events (Rutman et al., 2002; Geronimus, 2004). It assumes that there is a correct order of milestones in a woman’s life,





and to deviate from this order is to risk personal, social and economic failure. It also assumes that there are correct levels of education, and personal and financial independence that must be in place before a pregnancy happens. For some women, it is more important to have intergenerational family support networks in place than to have achieved independence from their families.

Pregnancy as a Choice

The reasons women choose to become pregnant, or to continue a pregnancy, are many and diverse at any age. There is no correct or incorrect reason to become pregnant. Young women may choose to become pregnant, or may decide to continue with an unplanned pregnancy, because they want a child to care for and love. This reasoning has been described as “irrational” and “counterproductive” (Klerman, 1993). However, a woman aged 30 or 40 who wants a child to care for and love is rarely described in these terms. What is considered irrational for an under-educated and unemployed teen may be considered to be perfectly rational for an educated and self-sufficient woman. The perception of rationality is presented as a function of economic status and of age.

The assumption that teens choose pregnancy for the wrong reasons, implies that there are correct reasons to become pregnant. This leads to the question of who determines the correct reasons for pregnancy at any age. When teen pregnancy is viewed as an “error” in timing, or as a form of “premature parenthood”, then the focus is on changing teen behaviour to conform to an accepted standard for pregnancy timing, as dictated by society (Arney & Bergen, 1984). Some researchers suggest that prevention messages should be designed to counter positive attitudes about pregnancy (Rosengard et al., 2006; Stevens-Simon, 1996). Often, the right of women to identify their own reasons for pregnancy is considered appropriate only if certain conditions relating to age, education, income and, in some cases, marital status, are met.

Individual Responsibility

Teen pregnancy is often portrayed as a public health issue that needs to be addressed through individual behaviour change, in much the same way that unhealthy behaviours, such as smoking or substance use, are approached





(Cherrington & Breheny, 2005). Although much of the literature on teen pregnancy recognizes the role that socio-economic factors play in predisposing teens to unplanned pregnancy, there is still a focus on what the individual can do to avoid a teen pregnancy. An emphasis on individual behaviour change is one way that prevention programs support a view of teen pregnancy as a personal failing. Teens who avoid pregnancy in spite of socio-economic

disadvantage are seen as success stories, while those who don't are seen as failures. In this case, their failure is that they didn't overcome the socio-economic conditions that predisposed them to teen pregnancy (Cherrington & Breheny, 2005). Interventions that are based on a success/failure dichotomy tend to focus on how the individual can survive in an inequitable world, rather than on the need to change unjust social conditions (Geronimus, 1997). However, inequity is not the result of personal failure, but rather reflects an unjust distribution of social and economic resources that leaves some members of society living in poverty, alienated and without power. An approach that focuses solely on the power of the individual to change her situation sets many young women up for failure.

Moving Beyond Our Assumptions

In order to be effective and respectful in working on teen pregnancy prevention, we must critically examine our own assumptions about teen pregnancy and sexuality. We need to consider a broad range of research and initiatives. We must listen to teens, and be sensitive to their concerns, and to the challenges that limit their options and affect their sense of hope for the future.

4. The Role of Social Justice



Teen pregnancy can result from many different individual situations, for example:

- A teen who does not have the motivation to delay pregnancy
- A teen who has limited knowledge about sexuality and reproduction
- A teen who does not have access to effective birth control
- A teen who does not have the skills to use birth control effectively
- A teen who does not have the confidence and communication skills to negotiate condom use
- A teen who would prefer abstinence, but who feels pressured into having sex
- A teen who feels that having a baby at a young age is normal and desirable

Some of these factors can be directly addressed through in-school approaches, for example providing information about sexual and reproductive health, and providing access to birth control. Other issues are strongly tied to the determinants of health, and no amount of sexual health information or services will make a difference. To address underlying factors related to teen pregnancy such as poverty, it is often helpful to consider out-of-school approaches.

The information in this chapter ties inequity and teen pregnancy with social justice and out-of-school approaches. For additional information on poverty and inequity as it relates to teen pregnancy and parenting, please refer to the *Update Report on Teen Pregnancy Prevention*.

Inequity and Teen Pregnancy

There are clearly demonstrated links between poverty and poor health outcomes (Raphael, 2002; Wallerstein & Freudenberg, 1998). Poverty has been described as the cumulative affect of a number of “social shortfalls,” that include inadequate education and housing, unemployment, poor working conditions and a lack of political voice [Direction de la santé publique de Montréal-Centre, 1998]. Living in poverty leads to increased stress and anxiety. This in turn affects physical and mental health, limits personal choice and motivation for change (Raphael, 2002). While low income is linked to higher rates of poor health, not everyone with a low income has poor health. A sense of personal worth, hope and a feeling of having control over one’s life, are important indicators of resiliency and increased likelihood of positive health outcomes.



Inequity is Linked to Teen Pregnancy:

- Marla lives in a low income neighbourhood, and her large family survives on the money that her mother earns doing part time work at the local corner store. A box of condoms costs about the same as a bag of groceries. Marla does not have the money to buy condoms, and she is sexually active.
- Phylcia’s mother and grandmother had their children when they were young. The family is close knit. Phylcia knows she does not have the money to go to university, and her marks are not high enough to qualify for a scholarship. Now is as good a time as any to start a family. There is no reason to wait.
- Sarah’s father does not drink often, but when he does, he drinks a lot and becomes abusive. Sarah remembers hiding in her closet when she was small, listening to him beat her mother. Now she leaves and stays with friends if she thinks he will be drinking. She worries about her mother but mostly she dreams of a home with people who love and protect her. She wants to move out, have a baby, and start a loving home of her own.
- Safia has had trouble with teachers since middle school, and now that she is 16 she has quit. She has never liked school and she usually thought of it as a waste of time. No one has ever encouraged her to continue her education. She and her boyfriend do not always use contraception. If Safia gets pregnant they will not be too concerned.

Combining Individual Responsibility and Social Justice Approaches

The prospect of influencing social change can be daunting. Shifting the focus from individual “lifestyle” factors to broader social and cultural issues is sometimes seen as ignoring personal responsibility. However, supportive communities serve to empower individuals, who in turn contribute to the general health of society. The relationship between the individual and society is intertwined. Those who are more privileged benefit from societal supports and resources, just as those who are disadvantaged suffer from lack of support and resources. The community in which we live plays an important role in our success or failure.

While school-based sexual health education programs are critical, an emphasis on sexual and reproductive knowledge alone does not address many factors that predispose teens to an early pregnancy (Cater & Coleman, 2006; Bonell et al., 2005; Allen et al., 2007). As well, such programs may not touch upon the reasons why some young women choose to become pregnant as teens. A realistic approach to pregnancy prevention recognizes the complexity of personal, social, and cultural issues that affect youth, in addition to providing important health information. Ideally, prevention programs designed for youth in disadvantaged communities integrate knowledge and behaviour change

“I believe that we incur an obligation to those who share their stories with us both to tell it accurately and to tell it to those whose privileged position in society leads them to invent and often distort the reasons why others do not share in their blessings.”

(Furstenberg, 2003)



approaches with social justice initiatives that encourage collective action and advocacy. Combining programs that provide information, services and skills, with social justice approaches of advocacy and mobilization, will address both the individual and societal factors that contribute to teen pregnancy.

Given the fact that teen pregnancy rates are proportionately higher in populations with the greatest poverty rates, the issue of inequity cannot be ignored. There is a need to adopt a more assertive, social justice approach in order to address inequity issues, in addition to providing important sexual and reproductive health information. All members of society, regardless of age, can find strength and hope in collective action that seeks to address injustice and advocate for change. The literature of social justice speaks of “empowering the disadvantaged” and well as “disempowering those who use their privilege to benefit themselves at the expense of the well-being of their community” (Wallerstein & Freudenberg, 1998).

In terms of teen pregnancy prevention, it is important to keep in mind that the health of the community directly affects the health of the individual. When a community is ignored, neglected or exploited, then the people who live there will be similarly ignored, neglected and exploited. Individuals who become empowered and optimistic about the possibility of change help to create a stronger community that will in turn support its members.

“The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust. So, in order to describe a certain situation as inequitable, the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society.”

(Whitehead, 1990)

Advocacy

Advocacy is an important component of social justice approaches to programming. The Toronto Charter for a Healthy Canada emphasizes the importance of advocacy and advises that, “Public health and health care associations and agencies should educate their members and staff about the impacts of governmental decisions upon the social determinants of health and advocate for the creation of positive health promoting conditions” (Raphael, 2004).

Advocacy can involve lobbying local government representatives for a community centre, youth programs, or access to sexual health services. It can be done on a community, federal or global level and can involve a range of issues that are important to youth.

A recent review of youth-led community initiatives in Toronto noted the crucial role that advocacy played in helping youth improve their own health and well-being, as well as the health of their communities. One community worker, in reflecting on the motivating force of advocacy, commented that youth, “...are coming in because they really care now and they want to make change and try to take ownership over their community, and it rightfully belongs to them” (Warner, 2005). Youth workers noted that advocacy and community involvement in the Toronto area often resulted in a reduction in the anti-social behaviour that accompanies feelings of alienation and disempowerment.

However, community-based programs can be constrained by organizational and funding limitations. Canadian non-profit organizations with charitable status are allowed to spend 10% of their budget on advocacy. If there is a particular need in a community for which





non-profit groups are trying to raise funds or awareness, this 10% limit can be reached very quickly. Youth workers in Toronto have posed the question, "How can you have a fully functional organization that actually advocates for youth if we can't go to city hall and advocate for an issue or if we can't lobby around certain things?" (Warner, 2005).

Successful advocacy should also motivate youth to ask why options don't always exist for certain segments of society. Youth should be encouraged to challenge inequity in their communities, and on a global scale. Issues relating to teen pregnancy can be contextualized within the larger issues of poverty and an unequal distribution of resources and opportunities within society. Programs that encourage youth to confront issues such as sexism, classism, violence, the growing gap between the rich and the poor, and globalization, shift the focus from individual change to social change. Some of the

most damaging effects of poverty are feelings of powerlessness and hopelessness. Social justice approaches help to counteract these feelings and are empowering for both youth and service providers.

Determinants of Health

The determinants of health are the factors that affect the level of health and well-being of individuals. They have a strong influence on teen pregnancy rates, and should be considered when selecting teen pregnancy prevention initiatives. For many in our society the determinants of health are lacking or inadequate. Youth need to be aware of the many factors that influence their own health so that they can help to identify their own health needs and the needs of their communities (Raphael, 2004). In addition, services need to go beyond providing sexual and reproductive health information, if they are to have an impact on the broader determinants of health.

Determinants of Health

- **Income and Social Status**
- **Social Support Networks**
- **Education and Literacy**
- **Employment/Working Conditions**
- **Social Environments**
- **Physical Environments**
- **Personal Health Practices and Coping Skills**
- **Healthy Child Development**
- **Biology and Genetic Endowment**
- **Health Services**
- **Gender**
- **Culture**

(Public Health Agency of Canada, 2003)

In examining the determinants of health, it is apparent that many of the factors that influence our health, also have a direct impact on teen pregnancy. For example, there are higher rates of teen pregnancy in lower income groups, in teens with lower educational aspirations, in rural areas of the province, and in certain cultural groups (Best Start Resource Centre, 2007). In order to be effective, teen pregnancy prevention strategies should incorporate initiatives that directly address issues such as motivation, discrimination, educational opportunities and social norms, in a culturally appropriate manner.

Many organizations are mandated to reduce the rate of teen pregnancy. Service providers are encouraged to look beyond the core strategies of providing information about sexual and reproductive health and access to birth control, to meeting the needs of youth who are at higher risk of teen pregnancy, for example youth in lower income groups. By improving community health in general, and by providing services related to recreation, academic supports, mental health, health care and employment, an indirect outcome can be a decreased rate of teen pregnancy (Philliber et al., 2002). Programs such as these are likely beyond the scope of any single organization, and may require commitment and collaboration before they can be realized.

Service providers are encouraged to spend time determining the reasons for teen pregnancy in their community. A common service provider response to high rates of teen pregnancy is to implement an awareness campaign about the negative consequences of teen pregnancy. This is unlikely to address the root causes of the concern. Teen pregnancy is often an indicator of deeper health or social conditions. In order to address the rate of teen pregnancy, indirect approaches are often needed, focusing one or more of the determinants of health. Focus groups with teens and key informant interviews with service providers can be used to gather information about the underlying factors for teen pregnancy, learning from each subsequent layer of questioning. Predominant responses can be addressed, rather than focussing on approaches that may or may not address actual concerns.

Why Do Teens get Pregnant?

Determinant of Health: Income and Social Status

Question: Why is the rate of teen pregnancy so high in our community?

Response from teens: Many teens want to get pregnant.

Question: Why do they want to get pregnant?

Response from teens: There are not enough houses in our community, and homes are over-crowded. If you are pregnant or have a baby, the band council moves you up on the list of people waiting for their own home.

Question: What would make a difference?

Response from teens: The real problem is the lack of housing.

Determinant of Health: Social Environment

Question: Why is the rate of teen pregnancy so high in our community?

Response from teens: Teens don't use birth control every time.

Question: Why don't they use birth control?

Response from teens: Teens are bored and have nothing to do but hang out. There is no community centre close by and the high school has cut back on after school activities. Most families can't afford vacations or money for sports and recreational activities. There is always a party somewhere, at someone's house or in a local park, and drugs and alcohol are usually available. When teens drink or use drugs they often don't use birth control.

Question: What would make a difference?

Response from teens: Teens want local youth programs in sports, recreation, arts and culture that offer an alternative to just "hanging-out."

Determinant of Health: Employment and Working Conditions

Question: Why is the rate of teen pregnancy so high in our community?

Response from teens: With the mill closing last year, there are no jobs for teens. The jobs teens usually get at the grocery store, the gas station etc, are now filled by adults who want any kind of work in order to support their family.

Question: How does this relate to teen pregnancy in our community?

Response from teens: Teens don't feel there is any chance of getting a job in town, which means it would be hard for most of them to save up for university or college. They don't feel any hope for the future and don't feel a sense of control. They might not plan to get pregnant, but they don't see any reason to use birth control. They just don't see that it will make things any worse or any better.

Question: What would make a difference?

Response from teens: Teens need employment and education opportunities.

Note: These are fictional cases used to provide examples of how the determinants of health can influence teen pregnancy rates in a range of community situations.

5. Out-of-school Programming

The factors that predispose youth to teen pregnancy are complex. Pregnancy prevention models must draw on more than merely a health information approach. Approaches that reflect the complexity of life have more meaning for youth and a greater chance of affecting change. Out-of-school programming offers the opportunity to reach youth on a variety of levels and to respond to their concerns and challenges in a youth-friendly environment.

Out-of-school programs can build on services offered in the school setting, and can reach youth in a less structured and controlled environment. Successful programs typically offer a range of activities such as academic, athletic, cultural, employment and social initiatives. Programs should meet the real needs of youth, as determined through dialogue and consultation, in order to attract and retain participants.

Sexual and reproductive health information is one component of a broader, more holistic approach to pregnancy prevention, typically adopted by out-of-school programs. Such programs can adopt both a long-term community development approach and a more immediate issue-oriented approach (Warner, 2005), in order to address issues related to individual growth and responsibility as well as systemic barriers to youth opportunities and health.

While it is relatively simple to measure client interest and satisfaction with out-of-school approaches, it is more challenging to measure their effectiveness in the prevention teen pregnancy. As a result there is limited statistical evidence for their effectiveness. However, out-of-school approaches form an important part of an integrated approach to teen pregnancy prevention, and complement school-based sexual and reproductive health education. This chapter discusses the practical details of planning for out-of-school programs – who the programs can reach, program strengths and



opportunities, concerns around labelling the youth attending these programs, the youth development model, program promotion, location and timing, as well as staffing needs and funding requirements. For more information on effectiveness of individual programs and approaches, see Chapter 6.

Out-of-school Youth:

Research has shown that many young women who become pregnant have already left, or are alienated from, the formal educational system (Bonnell et al., 2005). Pregnancy is not usually the primary factor that causes young women to drop out of school, since their disengagement from school usually begins before they become pregnant. Dissatisfaction with school has been associated with increased likelihood of early sexual involvement and teen pregnancy (Bonnell et al., 2005). Teenage street youth also have higher rates of pregnancy than in-school youth (Saewyc, 2003). Youth who are alienated from school, or who do not see education as an option due to social, economic or cultural reasons, have less incentive to avoid an early pregnancy.

School-based prevention programs do not reach those who have left the school system. In-school programs may also fail to engage youth in the school system, who have limited connection with school culture. Community-based programming offers a way to reach in-school and out-of-school youth on neutral ground, without the connection to an educational system that may be perceived as irrelevant or alienating.

Strengths:

Out-of-school programming is strengthened through community connections and grass-roots approaches. Program effectiveness can be increased through partnerships with community organizations, local businesses, arts and cultural groups and families (Kirby, 2006). Effective programs touch upon and integrate a variety of issues relevant to the lives of youth and do not limit themselves to a specific aspect of life, such as health, education, recreation or work. A grass-roots approach to programming ensures that youth are involved in all aspects of program development, implementation and evaluation.

Local, democratic, grass-roots, youth-led organizations are particularly effective in reaching out to marginalized youth who may have a distrust of, or lack of respect for, those in positions of power and authority (Warner, 2005, 2004). Programming imposed by a top down approach can be seen as being one more example of how those in power attempt to control the lives of youth. Youth and older staff should collaborate to ensure that programming is effective, relevant and true to the goals of the organization. Organizations that are committed to values of non-racism and non-oppression, must be willing to examine their actions in light of these ideals (Warner, 2005).

Programming that takes place out of the school environment is often more suited to raising issues related to poverty and inequity. In-school programming must meet with school board and curriculum standards and may have to fit within specific limitations. For example, one young mother who gave school talks to her peers about the realities of parenting was not able to discuss contraception or sexuality related issues. She expressed frustration with the fact



that she could not combine her personal experience with practical advice for her audience. As well, she felt uncomfortable with some of the negative messages conveyed by school-endorsed, teen pregnancy prevention campaigns. While her objective was to empower and support teens in their decisions about sexuality and pregnancy, her presentations were given within the larger context of campaigns that were more fear-based and shame-based in their approach (Lewis et al., 2007).

Labels:

By identifying a program as being offered for “at-risk” youth there is a possibility of alienating parents and members of the community. Society may label communities and youth as troubled, high-need, at-risk and disadvantaged, but people generally don’t see themselves in these terms. Parents may be anxious to avoid the stigma associated with these labels. Some parents in disadvantaged areas in Toronto hesitated to send their children to programs for at-risk youth, since they didn’t want their children associating with others who might set a bad example (Warner, 2005). Parents may be concerned about safety and the influence of gangs and violence in programs designed for high-risk youth.

In another instance, a support group for young mothers was regarded by some members of the community as a group for troubled and disadvantaged youth, and the young women who attended often felt judged and stigmatized (Berman, Silver & Wilson, 2007). Because of the negative perceptions associated with teen mothers and low income youth, the program risked alienating those it hoped to reach. There may be unforeseen consequences to identifying a program as “for at-risk youth” or “for disadvantaged youth”. Planners should be sensitive to the terminology used to describe or advertise their programs.

“I feel that that label [at-risk] stigmatizes youth as putting individual blame on them for not living to their full potential. The reason why not all youth reach their full potential is because our society doesn’t create an environment where they are able to.”

**Andrea Zammit, Toronto Community Worker
(Warner, 2005)**

Youth Development Model:

Out-of-school programming often adopts a youth development model. Youth development programs focus “on the positive outcomes desired for young people rather than on preventing negative outcomes” (Brindis & Davis, 1998). Such programs do not limit themselves to a specific aspect of life, such as health, education, recreation or work, but rather touch upon and integrate a variety of issues relevant to the lives of youth.

Youth development programs are designed to provide the motivation for teens to avoid a pregnancy. They complement, rather than replace, sexual and reproductive health programs that increase capacity to prevent pregnancy through a focus on information and skills. These two aspects of prevention, motivation and capacity, address a range of issues that affect teen pregnancy rates (Brindis & Davies, 1998).

Development programs encourage a positive view of youth, their assets, and their potential, rather than focusing on how to fix the problem of disadvantaged youth. However, they should also include a realistic, critical appraisal of systemic barriers to success, and support youth in their efforts to confront and change the conditions that limit their achievement.

**Youth Development Strategies
that Positively Affect
Teen Pregnancy Prevention**

1. Involve families
2. Strengthen academic skills and opportunities
3. Provide services for youth in foster care, homeless, migrant and out-of school situations.
4. Provide employment counselling and job search support
5. Offer mentoring programs
6. Involve young people in their communities (i.e. volunteer, advocacy, peer training)
7. Involve the community in expanding life options for youth (i.e. network with community organizations and businesses)
8. Strengthen economic opportunities for both young men and women (i.e. job skills, practical, hands-on experience)
9. Offer development activities that encourage initiative, creativity and participatory involvement (i.e. sports, theatre, music, community action)
10. Ensure access to mental health counselling

(Adapted from Brindis & Davis, 1998)

Out-of-school programs should not be a continuation of school. They should offer greater freedom and choice than youth might have in a more structured and controlled school environment. Ideally, there should be a range of age-appropriate activities available for participants, including academic, employment related, athletic and cultural opportunities, as well as opportunities for youth to influence and improve the services provided by the program.

Program Promotion:

Attracting and holding participants are important to program success. Programming that meets the expressed needs of youth, helps to ensure that participation is ongoing. Youth involvement in the design and delivery of programming is essential. Programs that are focused on a prevention message may achieve a desired reduction in pregnancy rates by addressing other issues of concern to youth, such as underlying factors for substance use, school drop-out rates etc. For example, an inner-city anti-drug program in Toronto actually places little emphasis on drug education. Their focus is on the reasons why young people turn to drugs. The program supports cultural opportunities for youth in an effort to combat the boredom, alienation and frustration that many youth in the community experience (Warner, 2005).

Youth may avoid programs that they feel will be boring, childish, or aimed at troubled youth. It is important to promote programs by pointing out the advantages to be gained by participants (i.e. specific skills, academic improvement, sports training and practical work experience). Parents also need to be reassured that programming offers real advantages for their children, rather than just a place to hang out.

Program Location and Timing:

It is important to consider where and when a program is offered. Programs should be easily accessible by public transportation, and located in a safe and highly visible place. Drop-in programs offer flexibility for youth who may have job or family obligations. However, youth should be encouraged to make a time commitment to a program, within reasonable limits. By doing so, youth will gain a sense that their participation is important and that the program is valuable and worth attending (Lauver & Little, 2005).

Staffing:

The importance of a caring, committed staff cannot be underestimated. Staff training, development and support are very important. Disclosures and new challenging situations can present on a regular basis.

Need for Collaborative Approaches:

The challenge is to offer high-quality and long-term programming that will engage youth and achieve meaningful change on an individual and community level. Many organizations receive funding for short-term projects that attract youth briefly, and then the funding period ends. Programs that offer introductions to a sport, art form or skill, without the chance of continued instruction, will fail to attract and retain youth. Youth express frustration with programs that reach a certain level of development, then end due to funding constraints (Warner, 2005). Often what is lost is the trust and commitment that has been built up in the course of the program, and this loss can result in avoidance of future programs.

“Short-term approaches do not lead to long-term solutions. Working with youth should be a “marathon” and not a “sprint”.”
(Philliber et al., 2002).

Meeting a range of needs through out-of-school programming may be beyond the mandate or funding of any one organization. Short-term funding does not ensure continuity of programming, staff and services. Inadequate funding places unrealistic demands on an often underpaid, part-time or volunteer staff. High staff turnover means that staff and participants cannot develop long-term, trusting relationships. Project funding also limits the scope, applicability and lifespan of a program. A major factor in the effectiveness of pregnancy prevention programs is a long-term commitment to program delivery (Philliber et al., 2002). Short-lived programs can offer limited opportunities for youth but cannot provide an ongoing, supportive environment necessary for sustained and meaningful change.

In order to meet the needs of youth through out-of-school programming, it may be necessary to work together in a community, pooling available resources and skills to develop a program that will be available for the long-term, and is flexible enough to meet the changing needs of participants.

Summary:

Out-of-school approaches complement school-based sexual health education and are part of an integrated approach to teen pregnancy prevention. Out-of-school programming reaches youth who are at higher risk of a teen pregnancy, including youth who have left school and those who are dissatisfied with the school system. Out-of-school approaches are often designed to be strength-based, youth-led and to provide motivation to avoid a teen pregnancy. They may include sports, cultural, academic, employment or recreation activities. Programs should respond to the stated needs of the participants in order to be relevant and well-attended. Location and timing must suit the needs of teens. Staffing is critical to success, and collaborations may be necessary to put in place long-term programming that meets the needs of youth.

6. Program Approaches and Examples

Due to challenges in evaluating out-of-school programs, it is not possible to compare the effectiveness of different out-of-school programs, or even to assess the impact of some individual programs on rates of teen pregnancy. The population that accesses an out-of-school program may not be large enough for a statistically relevant assessment of the impact of the services on teen pregnancy rates. In addition, organizations that offer community-based programming are often underfunded and may lack the resources necessary to design and implement a rigorous evaluation. The programs may not be able to follow youth after the intervention, losing information about any ongoing impact of the program on sexual and reproductive health. In addition, evaluation processes vary from program to program, making it difficult to compare their impact and potential. Although the evidence-base is not strong, there is a compelling need for teen pregnancy prevention strategies to address the determinants of health.

In considering out-of-school teen pregnancy programming, there are numerous innovative services that we can learn from. Many programs do not focus specifically on teen pregnancy prevention; however, their goals of positive youth engagement and empowerment through education, employment, community involvement and cultural opportunities create the conditions for reduced pregnancy rates. It is important to note that most of these strategies will benefit the general health and well-being of youth, and the potential positive impact on teen pregnancy rates is only one of the many potential positive outcomes.

This section outlines a number of innovative approaches to youth development programming that can be used in the context of teen pregnancy prevention. It is not a comprehensive list of all possible programming options. The examples were selected from the research literature because they reported positive results and provide a range of programming options for



out-of-school teen pregnancy prevention initiatives. The section begins with a discussion of the Children's Aid Society (CAS)-Carrera Program, which is one of the few scientifically evaluated programs shown to be effective in reducing teen pregnancy rates. The key components of this successful program (employment assistance, academic support, sexuality education, sports instruction, cultural opportunities, family/community involvement) have been used in other out-of-school programs. The section then moves on to discuss programs with one specific focus, for example theatre or sports, that showed some level of success.

In all youth initiatives, youth input is crucial to ensure that efforts are not wasted on irrelevant or unwanted programs. A program that shows statistically significant results in reducing teen pregnancy rates in one situation, may fail to do so when replicated with another audience. Programs that are based on a careful consideration of the expressed needs and concerns of youth will have the best chance of success.

Youth Development:

The Children's Aid Society (CAS)-Carrera Program, introduced in New York City 1984, is one of the first examples of a teen pregnancy prevention intervention based on the youth development model. It is also one of the few youth development programs that has been evaluated and shown to be effective in reducing rates of teen pregnancy (Philliber et al., 2002). The program is guided by a long-term, holistic approach to sexuality education. Sexual and reproductive health education is one facet of the program rather than being the sole focus.



The program has seven components that include a job club, academic support, family life and sexuality education, arts opportunities, individual sports instruction, mental health and medical care. There are daily activities delivered and coordinated by part-time and fulltime staff. Staff and participants develop a close relationship that continues over a number of years. Family members are encouraged to become involved with the program, which runs year long in an easily accessible community location.

“When kids are empowered with information and stimulated by hope for the future, it has a contraceptive effect. Education. Employment. Their own bank accounts. Good health. Family involvement. Self-esteem. These are also contraceptives. It’s the total fabric that is important.”
Michael Carrera (Ludtke, 1989)

The strengths of the CAS-Carrera model are based on approaches that foster long-term connections between staff and youth, encourage academic and athletic excellence and community involvement, provide sexual and reproductive health information, and facilitate employment opportunities. The program has been shown to reduce rates of teenage pregnancy and birth. Positive results from CAS-Carrera programs have been tied to adequate funding and staff training. Without a well-trained staff to deliver the various components of the program, and sufficient funding to ensure that the programs are offered over a long period of time, the overall effectiveness of the program would be compromised (Philliber et al., 2002).

Cultural Activities:

Cultural activities are widely used in out-of-school programming. Cultural-based programming can include visual arts, radio, dance, theatre and poetry. Artistic expression allows youth to develop a range of life skills such as problem-solving, negotiation, decision making and communication, as well as providing a forum for self-expression and creativity. Program workers in youth-focused organizations in Toronto have noted that girls are especially attracted to cultural programming, since it allows them to freely express their views and emotions. Too often girls feel inhibited in mixed gender environments, and are hesitant or

unwilling to appear too forceful or assertive in front of boys (Warner, 2005). Artistic outlets such as poetry, hip hop, video or theatre allow girls to express themselves without fear of intimidation or ridicule.

In addition to artistic expression, cultural activities can also be used to connect youth to cultural beliefs, values and practices, fostering a connectedness with family and community, a sense of hope and value.

Bibliotherapy/Book Clubs:

Reading has been used as a therapeutic tool for a number of years. The concept of bibliotherapy relates to the use of books and reading as a way to help people deal with and solve a range of personal problems and challenges (Schreur, 2006). Bibliotherapy generally involves a facilitator who encourages participation and guides the discussion to address specific issues. Book clubs have recently become popular as self-help support groups, and as recreational or social groups. Book clubs are less formal than bibliotherapy groups, but the end result may be the same. Both approaches encourage personal reflection and discussion that may lead to a better understanding of a problem and its solutions.



A teen mothers' support group in Toronto used recreational reading to explore a range of issues. The Literature for Life Program offers a number of reading circles for pregnant and parenting teens. The groups meet at various community centres throughout the city to discuss novels they have read. A trained facilitator guides the groups, however, the participants are acknowledged as having more understanding of their personal situations and challenges than staff. Through discussions of novels chosen for specific themes relevant for the participants, the young women develop their own voice and articulate their own understanding of what it means to be a pregnant or parenting teen (Darisi, 2007). The concept of voice is tied to issues of empowerment, and being able to define one's own reality rather than having society impose stereotypes on marginalized groups such as pregnant youth or teen mothers. This concept is equally relevant for disadvantaged youth and can be adopted for youth development programs that include a pregnancy prevention component.

Book groups that have been designed for at-risk students have used a similar strategy of discussion and analysis, with the ultimate goal beginning to develop positive ways of approaching problems. Research with students outside the traditional school setting has pointed to a few key concepts in the use of book groups. Groups should be small enough so that all participants will be able to contribute without feeling intimidated. A trained leader is necessary to focus the discussion without being too intrusive or controlling. The tone and the setting of the group should be non-academic, so that participants do not feel that the group is a school assignment. Effective groups will help students gain perspective on personal problems, develop critical thinking, reduce feelings of isolation and encourage proactive approaches to challenging

situations. While improved literacy is not a stated goal of most programs, it is often an observed result. Again, all of these outcomes are tied to youth development in general, including a reduction in the teen pregnancy rate.

Theatre:

Theatre is a valuable youth engagement tool. It can create a forum for self-expression, and promote critical and creative approaches to social issues. Theatre has been used in pregnancy prevention programming and in the broader context of community youth development programming (Mages, Dalmon & Orme, 2007; Kelly, 1997; Guzman et al., 2003; CAPC/CPNP, 2007). The most effective use of drama draws on the concepts of popular and participatory theatre. This form of theatre has its roots in social action and social justice for the oppressed and marginalized in society. It seeks to give a voice to those members of society that traditionally lack power and influence, such as youth, women, minority and Aboriginal groups, LGBT persons, and the poor and homeless. Popular theatre is created by the people whose stories are being told. It involves a dynamic process that engages youth at all stages of production. As issues are identified, confronted and analyzed, the actors and audience work together towards a better understanding, and possibly a resolution, of an issue. The ultimate goal is to encourage transformation on both an individual and social level (Davis, 1997).

“The beauty of popular theatre is that it allows the inexperienced and inarticulate to do sophisticated social analysis. Youth use popular theatre to explore their own social reality, draw their own conclusions from the exploration and choose personally appropriate responses.”

(Cloutier, 2002)

“Are We There Yet”? is a co-production of Planned Parenthood Association of Edmonton and Concrete Theatre. It was originally developed for grade 9 students in the Edmonton area. The play focuses on sexuality and sexual decision-making skills. The audience is encouraged to participate during the play by offering advice and suggestions to the actors. After the production, sexuality educators meet with students in small group workshops to discuss issues raised in the play.

Plans are underway to use this production in community settings across Canada, specifically in Aboriginal communities, rural Nova Scotia and Vancouver. In each instance, the play will be adapted, through community consultation and input, so that it reflects the concerns and needs of the specific audiences. The adapted productions will also benefit from expanded alliances with representatives from the theatre community, Aboriginal groups, health and education organizations and academic institutions. The goal is to reduce communication barriers between adults and youth in order to encourage a frank and open dialogue about sexuality and relationship issues (Community Research Alliance, 2008). This emphasis on collaboration between individuals and organizations with common interests in adolescent sexuality, is a key approach to effective prevention programming.

Project Jump is a theatre-based sexual health education initiative designed for “hard-to-reach” youth audiences in the UK. The play was created by a community theatre company, in consultation with local young people. It focuses on the story of a young teenage couple living in a disadvantaged neighbourhood in England. Through the course of the play the characters deal with situations relating to domestic violence, teen pregnancy, alcohol use, sexual abuse, bullying and relationships. Following the play, the

audience attends workshops with the actors and community facilitators to discuss the story and the issues raised, and to engage in drama exercises. Audience response has been very positive. Youth comment that they can relate to the actors and their story, and they appreciate the fact that they are not being lectured to by adults.

**Responses of JUMP audiences:
Why the young people considered drama
a good way of talking about sexual health**

- “It’s visual so you are able to see different outcomes”
- “You can talk to the people who performed it and see what their feelings are as well”
- “It shows people what could actually happen”
- “It shows you how to deal with the situations”
- “It informs young people who might be to embarrassed or frightened to ask”
- “You’re talking about your life using a different person’s name so it doesn’t feel personal”
- “You learn everything you would learn in school but without realizing it”
- “You don’t learn much sat in a boring classroom or reading a boring leaflet”
- “You understand through the good performance”
- “It shows you the consequences of unsafe sex, rather than telling you”
- “You can see what really happens and it makes you think”
- “They did it as teenagers so it’s our point of view”

(Mages, Salmon, Orme, 2007)

While adult participation in the creative process is inevitable to some degree, programs that allow youth free artistic expression have more appeal than initiatives that have an underlying educational agenda. For example, participatory theatre was used by a Canadian community-based organization working in conjunction with teen mothers and public high schools. Twelve young mothers, under the guidance of an adult director, created a theatre production for school audiences about the challenges of teen pregnancy and parenting. However, the community-based focus of the play, which was to provide a vehicle for young mothers to talk frankly about their personal experiences, had to be combined with a prevention message that the schools wanted to convey. Although the young women intended to present both the challenges and rewards of pregnancy and parenting, in order to counteract some of the negative stereotypes associated with teen mothers, they felt that the final message of the play was that their lives were to serve as a warning to others. This was not what they intended. The participants had no control over how the audience would interpret the play or how the issues would be framed within a broader prevention approach. Ultimately, many of the participants were uneasy with the final product and felt that the play did not correctly reflect the complexities of their experiences. The play-building workshop was eventually cancelled for lack of interest (Kelly, 1997).

**“It seemed like it was trying to say,
“Don’t get pregnant” cuz it was
really negative. But I don’t understand
how that happened.”**

(Kelly, 1997)



Sports:

Sports-related activities are key components of many youth development programs. The importance of sports in building self-esteem and encouraging cooperative and pro-social behaviour is acknowledged by many community organizations that work with youth. Pregnancy prevention is tied to the positive benefits of sports related programs. Individual sports instruction is an integral part of the CAS-Carrera model. The goal of individual sports instruction is to develop self-discipline, improve fitness levels, generate a sense of personal accomplishment and provide youth with the skills needed to pursue a life-long sport.

In 2006, First Peoples’ House at McGill University received funding to run a high-performance sports camp for Aboriginal youth, 14-18 years old. The camp adopted a holistic approach to youth development and addressed a range of

issues including academics, interpersonal relationships, health, culture and self-esteem, as well as offering intensive sports training. The goal was to encourage Aboriginal youth to pursue both academics and athletics at the university level. While the 23 youth who attended the camp were already motivated both academically and athletically, the hope was that they would serve as role models for the wider Aboriginal youth community.

**“Sports and recreation affects the lives of many aboriginal youth, serving as a prevention strategy for suicide and teenage pregnancy, as well as a developer of self-esteem and leadership.”
(First Peoples’ House, 2008)**

Summary:

A comprehensive approach to teen pregnancy prevention involves strategies that increase youth knowledge, skills and motivation, as well as reduce levels of frustration, discontentment and discouragement among youth in society. Out-of-school programs have the potential to alleviate boredom and alienation, promote self-esteem and foster a sense of accomplishment and power. Cultural and sports-based programs can be effective components of pregnancy prevention programs. Holistic youth development programs include these components, in addition to sexual and reproductive health initiatives, academic support, employment opportunities and community involvement. Service providers are encouraged to consider the services that are presently offered in their community, the needs and concerns of youth, and the potential to expand existing services in meaningful ways.

7. Conclusion

While evidence is limited and impact is hard to measure in out-of-school approaches, it is clear that new approaches are needed to address predisposing factors for teen pregnancy. This report encourages communities to consider a broader scope of teen pregnancy prevention initiatives, in order to move towards a comprehensive and integrated teen pregnancy prevention strategy.

Most communities already have school-based strategies in place, including sexual and reproductive health education and access to birth control. These are important foundational strategies but they do not address the full range of reasons why teens might get pregnant. Their sole focus is teens who might get pregnant due to lack of information and lack of access to services.

What is lacking is programming that addresses the broader determinants of health, for example poverty. Service providers are often well aware that teen pregnancy rates are higher in lower income areas, but may be uncertain of how to move beyond a sexual health education framework, to address the root causes of these higher rates of teen pregnancy. This report shares information and insights on how to build on basic school-based strategies. Out-of-school approaches provide an opportunity to broaden the scope of initiatives and to address teen pregnancy in an indirect manner, since higher teen pregnancy rates are often a sign of deeper concerns in a community. These underlying concerns need to be addressed, so that youth are able to look to the future with a sense of purpose and hope.

Helpful Resources

ORGANIZATION	RESOURCES AND SERVICES
<p>Are We There Yet? www.ualberta.ca/AWTY</p>	<ul style="list-style-type: none"> • Information about the <i>Are We There Yet?</i> project, which uses theatre as a tool for sexual education • Research, reports, links related to theatre, sexual education, adolescent sexuality
<p>Best Start Resource Centre Update Report on Teen Pregnancy Prevention www.beststart.org</p>	<ul style="list-style-type: none"> • Best Start Resource Centre/SIECCAN report on teen pregnancy prevention available online • Report includes statistics, research and program examples
<p>Canadian Federation for Sexual Health www.pffc.ca</p>	<ul style="list-style-type: none"> • 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
<p>Centre of Excellence for Youth Engagement www.engagementcentre.ca</p>	<ul style="list-style-type: none"> • 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
<p>Children's Aid Society Carrera Adolescent Pregnancy Prevention Program www.stopteenpregnancy.com</p>	<ul style="list-style-type: none"> • Program details • Links • Research
<p>Edmonton Public Library Books for Teens www.epl.ca/EPLMaster.cfm?id=BOOKS000000000001</p>	<ul style="list-style-type: none"> • Book lists for teens arranged by subject • Links
<p>Guttmacher Institute www.guttmacher.org</p>	<ul style="list-style-type: none"> • Fact sheets • Articles • Reports • Presentation tools
<p>Ontario Federation of Indian Friendship Centres www.ofifc.org</p>	<ul style="list-style-type: none"> • Tenuous Connections: Urban Aboriginal Youth and Sexual Health & Pregnancy

ORGANIZATION	RESOURCES AND SERVICES
<p>Public Health Agency of Canada Population Health www.phac-aspc.gc.ca/ph-sp/ phdd/determinants/index.html</p>	<ul style="list-style-type: none"> • Overview of the determinants of health, from the Public Health Agency of Canada • Research • Links
<p>ReCapp: Youth Development and Adolescent Pregnancy Prevention http://www.etr.org/recapp/ theories/youthdev/index.htm</p>	<ul style="list-style-type: none"> • Overview of youth development approaches to pregnancy prevention, including practical steps for program implementation • Research • Links • Program examples
<p>Sex Information and Education Council of Canada 1-416-466-5304 www.sieccan.org</p>	<ul style="list-style-type: none"> • Canadian Journal of Human Sexuality • Sexual Health Education in the Schools Q&As • Adolescent Sexual and Reproductive Health in Canada • Research articles
<p>Strengthening the Social Determinants of Health: The Toronto Charter for a Healthy Canada http://www.atkinson.yorku.ca/SHP M/torontoCharter1.pdf</p>	<ul style="list-style-type: none"> • Text of the <i>Toronto Charter for a Healthy Canada</i> • List of social determinants of health • Recommended action to address inequity
<p>Taking It Global www.takingitglobal.org</p>	<ul style="list-style-type: none"> • Online community that connects youth worldwide with the goal of encouraging local and global action for change • Reports, links, blogs • Resources for educators
<p>UNICEF: Child poverty in perspective: An overview of child well-being in rich countries, <i>Innocenti Report Card 7, 2007</i> http://www.unicef-irc.org/ publications/pdf/rc7_eng.pdf</p>	<ul style="list-style-type: none"> • UNICEF report on child poverty in developed countries • Statistics on material well-being, subjective well-being, family, education, risk behaviours, teen fertility and birth rates
<p>Youth on Youth: Grassroots Youth Collaborative on Youth Led Organizing in the City of Toronto http://artsnetwork.ca/documents/'YOUTH%20ON%20YOUTH'%20GYC%20Report-FINAL.pdf</p>	<ul style="list-style-type: none"> • Text of Grassroots Youth Collaborative (GYC) report on community youth involvement in Toronto • Discussion of issues by youth and community workers • Recommendations for effective approaches to community programming

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