

Teenage Pregnancy in Inuit Communities: Issues and Perspectives

Introduction

The paper explores the many complex issues surrounding teenage pregnancy in Inuit communities. Fifty-three individuals participated in this study. Twenty structured interviews were conducted with Inuit women: nine from Nunavut; four from Labrador; three from Nunavik; two from the Western Arctic; and two from Ottawa.

Respondents were selected because of their roles as Elders, mothers, health care workers, teachers and social workers. These roles bring them into contact with issues related to adolescent pregnancy and make them valuable key informants on the subject. Four of the interviews took place in Inuktitut. The views of Inuit youth were included through three focus groups held in Ottawa. Thirty-three youth participated: six young men and twenty-seven women.

Background

During the last thirty years, pregnancy rates among 15 to 19 year-olds in Canada have declined. Overall, fewer teens are becoming pregnant, and more of those who do become pregnant are having abortions. In 2000, the pregnancy rate for young women aged 15-19 years was 38.2 per thousand for Canada, 103.7 for the Northwest Territories and 161.3 for Nunavut.¹ While these rates do not distinguish between Inuit and non-Inuit, one study found that the median age of the birth of the first child is 19 years for Inuit women compared to 26 years for women nationally.² One-quarter of the births in Nunavik are to mothers under the age of 20, compared to 4.4% for Quebec as a whole.³

Pregnancy Then and Now

The relocation of Inuit from camps into permanent settlements during the 1950s and 1960s dramatically altered Inuit life, including the way women gave birth and the education of subsequent generations of children. When births took place at home or on the land, husbands, parents and in-laws often played important roles in the birthing

1 Data received from Nunavut Statistics

2 Bjerregaard, Peter and T. Kue Young, 1998. *The Circumpolar Inuit: health of a population in transition*. Copenhagen: Munksgaard:87

3 Hodgins, Stephen, 1997. *Health and what affects it in Nunavik: how is the situation changing?* Nunavik Regional Board of Health and Social Services:250

process.⁴ Since then, professionals have increasingly taken over this role, and many women now travel far from home to give birth in a hospital. At the same time, the education of children has been transferred from families to the formal education system.

Traditionally, childbirth was a normal part of everyday life, and women grew up hearing stories about births. Young women were often present when their mothers, older sisters, and other relatives gave birth. Today, young Inuit women and girls rarely have the opportunity to be present at a birth.

Interview and focus group participants in this study were asked about the age they thought was considered ideal for women to start having children in traditional Inuit society. Responses covered a range from 13 to early 20s, although only a very few mentioned ages younger than 15. Many thought that when a young woman began menstruating, she was ready for marriage and motherhood. Yet, it was also understood that menstruation began at a later age than it does today, probably around 15 or 16 years. Regardless of age, the physical maturity and skills of the young person attested to their readiness to marry and raise children.

Is Inuit Teenage Pregnancy a Problem?

Respondents were divided on the question of whether teenage pregnancy is a problem in their community. Some found the situation less of a problem today than in the 1980s. Others mentioned that the increase in public education about contraception and nutrition, along with programs to promote prenatal and infant health, lead to fewer teen pregnancies and fewer problems. Many indicated that the circumstances surrounding the pregnancy were important to consider. For example, if the woman is too young; if she is single; if she does not have the skills or maturity to care for a baby; if she has to drop out of school; if she does not have the money to buy necessities for the baby; if her parents end up caring for the baby; or if she is depressed or overwhelmed by the pregnancy.

Why Young Inuit Become Pregnant

Young women get pregnant for many reasons. A common view was that pregnancies are simply unplanned, the result of carelessness, a lack of information about contraceptives or an unwillingness to use birth control. Many felt that teenagers today have too much freedom, that they stay out too late at night and this creates an environment that leads to early pregnancy. In some cases, pregnancy was seen as meeting emotional needs, such as preserving the relationship with the baby's father or seeking love and attention. Others spoke of the desire to create a family or to build a new adult life. Some of the youth mentioned sexual abuse and rape as potential reasons for pregnancy and one of the interviewees suggested exploitation by older men. A youth focus group reported that accidental pregnancies are often associated with alcohol and drug use.

⁴ A special issue of Pauktuutit's newsletter reported the results of a research study based on interviews with 77 Elders in 10 communities (*Suvaguuq*, Volume X, Number 1, 1995: Special Report on Traditional Midwifery)

An explanation not often found outside of the Inuit world relates to the impact of community size on social relations. A couple of people spoke of how families had more control when living on the land or in smaller communities. The availability of alcohol and drugs in today's society was acknowledged as a negative influence.

Sexuality and Contraceptives

Responses varied regarding the age Inuit youth become sexually active. The range began with preteens (11 and 12 year olds) through to the age of 16 or 17. One of the focus groups thought the age was "way younger" in the north than in Ottawa. Similarly, there was no clear consensus regarding whether sexually active youth use contraceptives. Two of the youth focus groups felt that contraceptives were harder to get in the north, and that shyness and lack of confidentiality inhibit young people from asking for them at the health centre. A book on circumpolar health reported low rates of contraceptive use among Inuit in the Nunavik region: "Only 20% report having used some form of contraception at least once during the past year."⁵

Condoms and birth control pills were mentioned as forms of birth control most popular among youth, followed by Depo Provera. Some were concerned that therapeutic abortions were being used as a method of birth control.⁶ Reasons given by youth for condoms not being used include shyness with their partners and reluctance to ask for them at the health centre.

Teen Pregnancy and Parenting

In response to the question "What makes pregnancy a positive experience?" respondents consistently mentioned the importance of good health, good relationships and physical, emotional and financial security. Overall, pregnancy tends to be a positive experience under the following conditions:

Support and Acceptance:

- From family, especially her mother
- Married or in a permanent relationship
- Involvement and support of the baby's father: father shares parenting responsibilities whether or not he is living with the mother
- Extended family (grandparents, aunts, cousins)
- Friends
- Professional/medical
- Community resources, e.g. prenatal care

⁵ Bjerregaard and Young, 1998: 209

⁶ A Nunavik study reported a growing demand for abortion: from 1988 to 1992, 157 abortions were reported (Hodgins, 1997:250). In 2000, Nunavut's abortion rate was 36.2 per 1,000 women compared to 40.8 in the NWT and 20.2 per 1,000 for Canada as a whole

Circumstances of Pregnancy

- Planned pregnancy
- Looking forward to having a baby
- Healthy

Physical Needs, Environment

- Able to meet basic needs – food, clothing, home
- Enough money
- Secure, safe environment

Positive Emotional State

- Excited about the pregnancy and having a child
- Looking forward to the new experience, to personal growth and change
- Emotionally safe and secure

The absence of supportive friends and family, financial worries, poor health and relationship problems all contribute to making pregnancy a difficult or unhappy experience. A number of people expressed concern about young women having children on their own, without partners or husbands, and the inevitability that grandmothers are taking over the childrearing.

The challenges associated with teenage pregnancy include:

- Uncertainty about whether or not to keep baby, about who will get the baby or whether or not to have an abortion
- Alternatively, being unaware of options
- Emotional turmoil if the pregnancy is the result of sexual abuse
- Having to leave home to give birth in a larger community
- May have to drop out of school
- Lack of skills: parenting, budgeting, cooking, nutritional knowledge
- Loss of freedom
- Emotionally harder without a partner
- Loss of self-esteem
- Physical changes during pregnancy
- Scared, depressed, lonely, risk of suicide
- Loss of friends (considered a bad influence)

Many people also felt that if a young mother really wants the baby, then she will do well. However, support can make the difference between doing well and merely coping: support from family and friends, financial support and an array of community services.

The positive aspects of young motherhood include the following:

- Lots of energy
- Choose a healthier lifestyle, keep off alcohol and drugs

- Develop pride and self-esteem when challenges are overcome
- Opportunities for emotional growth
- Living in a large family provides lots of support (flip side of lack of housing in communities)
- Children of a teen mother will learn from her experience
- Joy of having her own child, bonding with the baby
- In the north, there is always someone there to help
- Father's support if he is involved – learning about parenting together.

Inuit-Specific Issues

The high cost of living, high rates of poverty and unemployment, overcrowded housing, fewer services and the fact that young mothers almost always end up as single parents were raised as issues more commonly faced in the north. Customary adoption was referred to a number of times. If a young woman decides she cannot keep the baby, her parents or another family will adopt it. One person worried that there may be an expectation for girls to get pregnant and pass their first born on to the grandparents. Others mentioned that grandparents were taking on too heavy a load.

Young Men and Teenage Pregnancy

The absence of young fathers in the lives of teenage mothers was a recurrent theme. In general, there is the impression that men are not following through, that they leave their girlfriend once she becomes pregnant or soon after the baby is born.

Strategies to Address Teen Pregnancy

Responses were surprisingly consistent across age and gender groups – women Elders, young men, women working in the social service and health field fields, young mothers and students proposed very similar strategies and approaches. These are summarized below:

- Improve access to contraceptives.
- Initiate public education and promotional campaigns that are specifically geared to Inuit life in both the North and the urban South. Be innovative; use humour; involve role models and Elders.
- Reach youth in schools, incorporate sexual awareness campaigns regularly, repeatedly and begin the process before the onset of puberty.
- Provide support and encouragement to parents. Help parents to address sexuality issues with their kids through parents' support groups or information sessions on how to talk to kids about sexuality.
- Involve Elders in discussions with youth about traditional approaches to

pregnancy, childbirth and child rearing; explore Inuit culture, traditions and social history.

- Approach youth in groups by holding creative, social sessions at drop-in centres. Provide incentives to participate, such as food or involvement in drama or music programs. Create opportunities for them to ask questions privately.

Conclusions

Most of the strategies proposed in this study relate to postponing the age of first pregnancy. Strategies are also required to address the range of supports young mothers need. Going further, pro-active strategies are required to build self-esteem in children and young teens by strengthening their problem-solving and coping skills. These require a more holistic approach, one that involves federal, provincial and territorial governments, Inuit organizations, communities, health and social service boards, education committees and schools as well as Inuit youth, Elders and parents. In fact, a range of holistic strategies is required. Recognizing that such an approach requires partnerships and coordination, further work is recommended in this area.

Further work is also recommended with respect to the parenting roles and responsibilities of Inuit men. In particular, more information is required about men's perceptions of themselves as husbands, partners and fathers, both traditionally and in the contemporary world.

Strategies must be initiated, developed, delivered and controlled by Inuit and implemented in a culturally appropriate manner. Young people should be actively involved at all stages.