

Teenage Pregnancy in Inuit Communities: Issues and Perspectives

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Teenage Pregnancy in Inuit Communities: Issues and Perspectives

1. Introduction

The purpose of this paper is to explore the many complex issues surrounding teenage pregnancy in Inuit communities. This was identified as a priority issue at the Inuit Health Workshop held at Pauktuutit's annual general meeting in 2000 and in a survey of Inuit community health centres¹ conducted in 2002. In response, this study engaged over 50 Inuit adults and youth in interviews and focus groups and asked for their views on everything from the reasons for teenage pregnancy to strategies to address the issue. The results are presented here as a backdrop for further exploration and discussion.

Canadian statistics report rates of teenage pregnancy for young women between the ages of 15 and 19 years. Pregnancies under the age of 15 are not normally reported, yet it is pregnancies among very young teens that often cause the greatest concern. The term "adolescent pregnancy" is sometimes used to more accurately reflect this concern for young teens. Adolescence is that time between childhood and adulthood. It begins at puberty and continues until the body is fully mature and the person is emotionally ready for the responsibilities of adult life. Under Canadian law, a person is considered to be an adult at the age of eighteen, so an eighteen year-old mother would be a teen parent but not necessarily an adolescent. Referring to adolescent pregnancy underscores the point that physical and emotional maturity are more relevant to these discussions than chronological age. This paper uses the terms adolescent pregnancy and teenage pregnancy interchangeably.

2. Background on the Issue

The Ontario Association of Indian Friendship Centres (OFIFC) issued a report on urban Aboriginal sexual health and pregnancy in 2002. It reported that pregnancy among Aboriginal youth in Alberta, British Columbia, the Prairies and the Atlantic region "are up to four times higher than rates among the general population. For girls under 15 the rates are estimated to be as much as 18 times as high as that of the general teen population in Canada" (OFIFC, 2002:2). Also noted was the lack of statistical information on urban Aboriginal populations. The same problem arises with respect to

¹ This survey was carried out by Pauktuutit's Inuit Women's Focus on Health Project.

Inuit – provincial, territorial and some regional data are available, but Inuit rates are not reported separately.

We do know that 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 1974, 61,242 Canadian teenagers between the ages of 15 and 19 were pregnant, a rate of 53.7 per 1,000 (Dryburgh, 2003). In 2000, the number had fallen to 38,600 (38.2 per 1,000). Rates are highest in the three northern territories and lowest in the Atlantic provinces. Table 1 shows the number of teenage pregnancies and the rate per thousand for Canada, the Northwest Territories and Nunavut in the year 2000.

TABLE 1: TEEN PREGNANCY IN CANADA, NWT AND NUNAVUT (2000)²

15-19 year-olds	Total Number	Rate per 1,000 women	Live births	Induced Abortions	Fetal Loss
Canada	38,600	38.2	17,350	20,426	824
NWT	145	103.7	82	57	6
Nunavut	205	161.3	154	46	5

While the above 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 (Bjerregaard and Young, 1998:87). One-quarter of the births in Nunavik are to mothers under the age of 20, compared to 4.4% for Quebec as a whole (Hodgins, 1997:250). Together, these statistics suggest a higher percentage of Inuit teenagers are becoming pregnant than the Canadian average. The remainder of this paper presents the results of an exploration of the views of Inuit women and youth on adolescent pregnancy.

3. Methods:

Fifty-three individuals participated in this study. Twenty structured interviews were conducted (primarily by telephone) with Inuit women. Nine interviewees are from Nunavut; four from Labrador; three from Nunavik; two from the Western Arctic; and two from Ottawa. Interviews included eight people involved in the health field, one in social services, five in education and one who works for an Inuit organization. Of the remaining five, three were interviewed as Elders, one as a mother and one as a young adult. Some of the interviewees also serve on Pauktuutit’s Board of Directors and, as such, they represent Inuit women in their regions. Four of the interviews took place in Inuktitut. Over half of the women (11 of 20) are over fifty years of age; five are between 40 and 49 years; three fall into the 30-39 age group; and one is between 20 and 29 years. Interview questions are included in Appendix 1; Appendix 2 contains the consent form.

² Statistics Canada data as received from Nunavut Statistics

The views of Inuit youth were included through three focus groups held in Ottawa. Focus groups were organized by Tungasuvvingat Inuit’s Youth Drop-In Program, the Inuit Family Resource Centre and Nunavut Sivuniksavut, a post-secondary training program for Nunavut youth. One focus group was held for young men, one for young mothers (the majority of women had their first child at a young age) and the third was a mixed group of students from Nunavut. Focus group questions are found in Appendix 3. Group size and participant characteristics are outlined below:

TABLE 2: FOCUS GROUP PARTICIPANTS

	# of Participants	Age Range	# with children	Age of children
Young Men	4	19-23	0	-
Young Mothers	14	20-44	14	1 month – 24 yrs.
Students	15 (2 male)	17-23	1	-

All participants were promised anonymity. Occasionally, a quote is attributed to an Elder or the region is mentioned, but no identifying information is included. In most cases, quotes from interview and focus group participants are presented without any information about the respondent.

Method of analysis

This is a qualitative study. Qualitative data are based on the words of participants, and these words express their knowledge, feelings, opinions and insights. Respondents were selected because of their roles as Elders, mothers, youth, 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.

Interview responses were recorded by hand and transcribed. Inuktitut interviews were translated at the time of the interview and written out in English. Focus group notes were recorded on flip charts and later transcribed. Transcribed responses were then reviewed to identify key themes, commonalities and differences.

Limitations

Not all regions were equally represented in the interviews. Moreover, the findings are not based on a representative sample of Inuit and cannot be generalized to the wider Inuit population. However, this is a qualitative study and, as such, it provides insight into the issue of adolescent pregnancy from the perspective of key informants. Also, a number of important themes have emerged. While further research could explore the views of a wider group of Inuit respondents, we are confident that the information presented here provides a good basis for an informed discussion of Inuit adolescent pregnancy.

Youth were well represented in the focus groups. Two of the groups were composed of youth living in Ottawa (although most had been raised in the north); in the case of Nunavut Sivuniksavut, all participants live in Nunavut but were studying in Ottawa. Men were underrepresented among the respondents. Further research would be useful in exploring the views of young Inuit men, especially with respect to their roles and responsibilities as fathers.

4. Pregnancy Then and Now

In the early 1990s, Pauktuutit conducted research on traditional Inuit midwifery based on interviews with over 75 Elders in ten communities.³ 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 process. 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. Through these stories, knowledge was passed from one generation to the next. As well, 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. Furthermore, birthing stories have changed substantially; if they are told at all, the stories are about giving birth in a medical setting surrounded by strangers. Pregnancy and childbirth have been removed from the constellation of issues falling within women's traditional knowledge base.

Participants in this study were asked about the age they thought was considered ideal for women to start having children in traditional Inuit society and about the changes in circumstances surrounding women having their first child traditionally compared to today. With respect to age, 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. More relevant, however, were comments linking the physical maturity and skills of the young person to their readiness to marry and raise children:

³ A special issue of Pauktuutit's Newsletter reported on the results of this research (*Suvaguuq*, Volume X, Number 1, 1995: Special Report on Traditional Midwifery). The material on midwifery presented in this section is based on this newsletter.

The methods that parents used were, when a young woman or man could sustain or look after themselves, and learn to sew for a woman and learn to make snow houses for a man. These were used as indicators that they could look after themselves or others.

When the man could start hunting, provide food for his family.

The idea that children arrived after the young couple were married or permanently living together occurred again and again. Permanence, partnership and the presence of two parents were considered the norm.

Before there were bottles and disposable diapers, when a young woman, even at the age of 16 or 17, was pregnant she was living with someone who would not separate from her. So even though they were young at the time, they were able to raise their children well.

An Elder warned that what was considered right in the past should not be imposed on young people today:

I had my first child at 14 ... My grandchildren live in another world entirely. What was right and proper and expected of a young woman in my day should not be considered right and proper today. ... I cannot even imagine my grandchildren having children without tasting life. Thirteen or 14 year-olds today are still babies. Then, women cleaned skins, made boots, ran our own homes. I can't see kids today doing that.

One of the major differences between traditional and contemporary motherhood concerns breastfeeding: "A lot of Elders say there are changes associated with bottle feeding the baby, changes in behaviour, more tooth decay." Breastfeeding was also viewed as a means of birth control, a natural contraceptive. A couple of people mentioned that in addition to the nutritional advantages of breastfeeding for the baby and the physical benefits for the mother, the high cost of formula places a financial strain on families. A study in the NWT (pre-Nunavut) suggests that teen mothers are less likely to breastfeed than women in their twenties and thirties: "[t]he highest prevalence of breast-feeding is found among mothers aged 25-34 and the lowest among those below 18" (Bjerregaard and Young, 1998:90).

Another notable difference is the increase in the number of single parents:

The difference today is that I see a lot of young people get pregnant but the person who made them pregnant leaves them with the child; this makes the mother unhappy as she does not have support, whereas before they had a man to stand by their side. It's happening more and more.

I see more younger girls having babies, whereas before it was scary to have a baby without a husband. In the past, those who had babies were married, but today single parents have babies. The taboo was so great that I have even heard stories of women having babies outside of the community so that no one would know, and the baby was disposed of.

One woman wondered whether women are actually better off these days, despite having the freedom to choose their own husbands. Observations about community life in the present tended to be negative: the loss of traditional midwifery; having to go to a larger centre to give birth; the dangers associated with unprotected sex before marriage; promiscuity; women having to raise children without the help of fathers; the availability of drugs and alcohol; and the loss of compassion as people are too busy trying to make money or too tired to bother helping each other. At the same time, one person warned against romanticizing the past while she contemplated the many pros and cons of traditional and contemporary life:

If you lived in the olden days, it wasn't like you had food all the time. Traditional society is romanticized. Life is difficult today, but it must have been much harder then. There was no ideal age, people got pregnant because they had sex. Today, women have a lot more control about *when* they have their first child. There was no access to medical facilities then. Complications in pregnancy are easier to address today – people rarely die. Yet, now, without midwives, women leave the community for sometimes long periods of time. A lot of people my age were born in the community, they were delivered by midwives. This is a real difference. The father was there, the family was there. Now, the family is not usually there. One of the things I really notice is that the older people didn't see as much FASD [Fetal Alcohol Spectrum Disorders] in this community: now a number of children have been officially diagnosed with FASD. Traditionally, alcohol was not available B now there is a bar in the community, home brew, people order it in B this is a sad difference.

5. Is Teenage Pregnancy a Problem?

Interviewees were asked if teenage pregnancy is a problem in their community. Of the twenty responses, half said it is a problem, one-quarter said no, and the rest were unsure or answered both yes and no. When asked to explain their answer, one thought it might be more of a problem in the smaller communities further north. Two people found the situation less of a problem today than in the 1980s: “Now there are just a few. I think parents my age are talking to their daughters about being too young.” Another mentioned that it “seems to go in spurts; there are not many now, maybe due to more education than there used to be.” The interview sample was not large enough to speculate about whether this is a trend across the north or only apparent in some communities.

Many respondents indicated that pregnancy itself is not as much of a problem as the specific circumstances. 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: “Young ladies are getting pregnant too early, not living with their boyfriends, not living together. Grandparents cannot always help out with the necessities like milk and diapers and the whole family suffers, especially the baby.”

Other problems revolve around the children: “I see kids in school who are hungry, poor, not dressed properly. I also see children in school having difficulties because the mother took drugs during her pregnancy.” In one case, the move away from breastfeeding was viewed as a harbinger of other problems. She felt that a young woman’s response to her first pregnancy sets the stage for future actions:

If the first child is given up for adoption because the mother is in school, and if she is not breastfeeding and is still sexually active, she will get pregnant again soon. If not breastfed the first time, the body remembers and it’s harder the second time and there tends to be less milk. Whereas, if she breastfed the first child, she will not get pregnant again as quickly. Also, formula brings a financial strain. The cycle goes around.

If daycare is available, it may not be necessary for pregnant youth to endanger their education: “High school students get more assistance these days. If they are in high school and get pregnant, they can choose to remain in school while their infant is enrolled at the daycare, which is great.” Others mentioned that with the increase in public education about contraception and nutrition, along with programs to promote prenatal and infant health, there were fewer teen pregnancies and fewer problems: “Because there’s so much information, I don’t see very many young, young girls getting pregnant as a few years back. I also think parents are controlling birth control.”

The next section looks at what respondents in this study said about why teenagers get pregnant.

6. Why Young Inuit Become Pregnant

“Enough of saying we are having babies young because we are Aboriginal or Inuit: we have the same brains, the same intelligence quotient as anyone else. This is not a reason today.” An Inuk Elder’s response

Understanding *why* teenagers get pregnant is important if we are interested in providing

youth with the information they need to make informed choices about sexual activity and pregnancy. For example, if the reason is a lack of sex education, then the strategy will be different than if contraceptives are unavailable or if pregnancy is viewed as a way of keeping a relationship alive. In reality, young women get pregnant for many reasons, both accidental and intentional. The most common reasons for pregnancy among urban Aboriginal youth were reported in *Tenuous Connections*, a study based on interviews with young parents, front-line workers and Elders/teachers (OFIFC Ontario Federation of Indian Friendship Centres, 2002:41):

- C Substance abuse (cited by over 45% of responses)
- C Social norm (40-45%)
- C Poor parenting (35-40%)
- C Seeking love (35-40%)
- C Carelessness (35-40%)
- C Unplanned (25-30%)
- C Invincibility/denial (25-30%)
- C Want pregnancy (20-25%)
- C Keep boyfriend (20-25%)
- C Nothing to do (20-25%)
- C Sexual abuse (10-15%)
- C Seeking money (10-15%)
- C Straighten out (10-15%)
- C Family fantasy (10-15%)
- C Self-esteem (10-15%)
- C Hopelessness (10-15%)
- C Poverty (5-10%)
- C Adult life (5-10%)
- C Stop violence (under 5%)
- C Lack of education (under 5%)

Some of the reasons given by the people who participated in Pauktuutit's study are the same or similar to those mentioned above, but there are also significant differences. For example, the availability of alcohol and drugs is recognized above as the most common reason for teen pregnancy. In contrast, substance abuse was mentioned by only a few Inuit respondents. One of the youth focus groups reported that accidental pregnancies are often associated with alcohol and drug use. Also, the availability of alcohol and drugs in contemporary Inuit society was acknowledged as a negative influence.

Overall, Inuit respondents saw a wide variety of inter-related reasons for adolescent pregnancy. Many people 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:

Nowadays, Inuit teenagers get pregnant more often because they are too free, their parents allow them to stay out too late; before, young people were not allowed by

their parents to roam at night.

Having a boyfriend too early, like 16 years old. They stay out late now. In the old days, young women had to go home early, like before 10:00 p.m.”

It was suggested that young people would benefit from proper guidance: “Teenagers need to be told what’s right and wrong. I am very certain with proper guidance there would be no teenage pregnancy. Boys as well as girls need guidance.” Participants in one of the focus group were divided on the issue of whether Inuit youth have more freedom to go out in the north or the south. Many people felt that sexuality should no longer be a taboo subject between parents and their children.

Another common response was that pregnancies are simply unplanned, the result of carelessness, a lack of information about contraceptives or an unwillingness to use birth control. In some cases, it may be the young girl’s first sexual experience and her lack of knowledge leads to pregnancy. Some young people “believe it cannot happen to them, getting pregnant or contracting an STD.”⁴ Others felt that the young person’s beliefs and level of knowledge were not the issue: “They do know about birth control, but are not willing to ask to go on the pill or ask their partner to wear a condom.” This last point is discussed more fully in the context of contraceptives – many people felt that Inuit youth are too shy to approach health care workers about birth control pills or to go to a health center for condoms.

Pregnancy was also seen as meeting emotional needs. For some, having a baby was seen as a way of preserving the relationship with the baby’s father, although as we see later in this paper the end result is most often the opposite. While many people mentioned that young women get pregnant to keep their boyfriends, having a baby can also provide the new mother with someone special to love and be loved by. Seeking love and attention and falling in love were viewed as reasons for pregnancy among teens. Or, the young woman may feel pressured by her partner to have a baby or she is excited by the idea of a baby. Others spoke of the desire to create a family or to build a new adult life. Another, less romantic view was, “They look for love, for someone to love them. They are looking in the wrong places for acceptance and they end up pregnant.” Whether or not the desire for a child is realistic or romantic, many respondents felt that youth were often unprepared for the day-to-day reality: “when the baby comes, it’s a different story.”

Pregnancy was sometimes viewed as a means of escape: escape from having to go to school, from the community, or from an unhappy home. Some girls “come from homes where there are alcohol and other problems so they have been denied the nurturing care themselves and they may be looking for something that’s their very own ...” In many communities, pregnant women are evacuated to larger centers or to a southern hospital to give birth, so pregnancy

⁴ The term STD refers to sexually transmitted diseases; others use ‘STI’ which means sexually transmitted infections.

can provide an opportunity to get away, even if for only a short time. Having a child provides access to social assistance and to the child tax credit (financial independence – money of their own): “If a young girl is having problems at home with her parents, she has a baby and social services will provide an income and housing. Social services needs to have a conscience.”

Both the young mothers’ focus group and the Nunavut Sivuniksavut students mentioned sexual abuse and rape as potential reasons for pregnancy and one of the interviewees suggested exploitation by older men: “Some Inuit teenagers get pregnant by older men. Young girls sometimes get used by older men...” Others mentioned boredom, promiscuity, peer pressure to have sex, “just to sleep with a white man” and the desire to look cool.

An explanation not often found outside of the Inuit world relates to the impact of community size on social relations. One person spoke of how communities bring together different families with different values: “Now, there are many people in the community whereas before there were only a few families living together. The families had more control.” Another referred to the fact that people are now living in larger communities, whereas before it was just their families. “Bigger communities have other problems: drinking, youth activities – more mixing, leading to more sexual contact – it’s easier to travel, people are more promiscuous.” Also significant is the encroachment of the education system on matters that were traditionally a part of the parents’ role:

Before the families were more together and able to look after each other. In bigger communities and with schools, they tend to take away the role of the parents, then they should start teaching things the parents used to teach, especially important things like how to take care of another life, how to be a mother and father. Put more Elders in the schools.

A similar finding was reported in a literature review prepared for the Cree Board of Health and Social Services:

... traditionally, people lived on the land in single-room houses in groups of two to four families, and that gender-specific activities separated boys (who were out hunting and trapping) from girls (who were at home caring for children and the elderly). Now that people are living in multi-room houses in communities, youth have more social contact, more free time, and more opportunity for privacy (Bobet, 2003:7 citing Saganash, 2003).

Some people mentioned that when a young girl continues to live at home with her new baby, it may create a strain on the family finances, the living arrangements (i.e. fitting one more body into an overcrowded home) or on an overworked grandmother who ends up taking over the care of the baby. Yet, the support of a loving family was also considered beneficial to the young mother and her new baby.

Inuit customary adoption was mentioned as having both a positive and negative influence on teenage pregnancy.⁵ New babies are always welcome, and if a mother is too young or inexperienced to provide full-time care, her family will step in to help. In some cases, this support is provided informally; in other cases, the baby is adopted by the grandparents or other relatives, or arrangements are made with another family who wishes to raise the child as their own. There is no stigma associated with being adopted or with giving a baby to one's parents or another family. Concerns were raised, however, about circumstances whereby young girls might be encouraged to have a baby because her parents want an *irngutaq*, a grandchild: "...young people get pregnant for the grandparents B the parents want a grandchild. I had to have a child for my parents, to replace their son who died; we shouldn't do this today..."

In summary, respondents put forward a wide variety of reasons for adolescent pregnancy. It is important to keep these reasons in mind when discussing strategies. The next section examines views on the age at which youth become sexually active and their approaches to contraception.

7. Sexuality and Contraceptives

The Ontario Federation of Friendship Centres' study reported that almost half of Aboriginal youth 16 years and under are sexually active. Of this group, over one-quarter (28%) began having intercourse at the age of 13 or less. "Overall, the data demonstrates that intercourse is a part of peer culture for youth and children who are still in grade school" (OFIFC, 2002: 29).

Participants in Pauktuutit's study responded in a similar way when asked about the age they think Inuit youth in their community become sexually active. While responses varied, the range began with preteens (11 and 12 year olds) through to the age of 16 or 17. One person said, "We are seeing more younger Inuit getting pregnant. Our mothers got us scared of men and it was a disgrace to get a baby without being married. Today, it is not like that. Young girls are starting early, maybe 13, 14, 15." Another person felt the age varied and that communication between the youth and their parents could make a difference. Still another noted, "we have to acknowledge that there is still a high rate of sexual abuse, so often it's not by their own choice." One of the focus groups thought the age was "way younger" in the north than in Ottawa.

Respondents were asked if they thought most Inuit youth who are sexually active use contraceptives. There was no clear consensus: half of the interviewees said "no;" 45 per cent were unsure or responded "some" or "yes and no." Only one person said "yes." The

⁵ Customary adoption practices are recognized in law in Nunavut and the Northwest Territories and protected as an Aboriginal right under Section 35 of the Canadian Constitution.

two youth focus groups that addressed this question felt that contraceptives were harder to get in the north, and 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.” (Bjerregaard and Young, 1998: 209).

Many felt that contraceptives are not readily available and that it is “embarrassing to admit to a doctor that one is having sex. It’s easier to just do it.” Some of the older people interviewed expressed confusion about the lack of contraceptive use, reporting that they would certainly have used them if they had been available in their youth. Yet, others had more mixed feelings:

I approve of contraception such as birth control pills, but if the young woman is healthy and strong and able to bear a child, then I prefer to use the body well. But birth control can help save lives if the woman is unhealthy. Also, contraceptives have side effects. But if used properly, I don’t see why they shouldn’t be used.

With respect to the form of birth control most popular among youth, people mentioned condoms and birth control pills most often, followed by Depo Provera. One person spoke about young girls needing either confidence or their parents’ support in order to get birth control pills:

Well, I would guess condoms [are most popular] but also, if people have the confidence or if they are close to their mothers, they go to the clinic to get birth control pills B but they need a certain closeness with their parents, with their Moms to do this. Some go to the clinic on their own if they are old enough. Going to the clinic alone is scary for kids.

A couple of people mentioned therapeutic abortions as a method of birth control. “One area of great concern for me is that, at least on the north coast of Labrador, teenagers are becoming pregnant and having abortions. They are readily able to access abortions and some become pregnant several times.” In fact, the literature shows a significant abortion rate in the north.⁶

Contraceptives and Protection from Sexually Transmitted Infections

⁶ A study in the Nunavik region reported a growing demand for abortion: from 1988 to 1992, 157 abortions were reported (Hodgins, 1997:250). In 2000, Nunavut reported 46 abortions among women aged 15 to 19 years; the NWT reported 57 for the same group. The Nunavut numbers translate to a rate of 36.2 per 1,000 women compared to 40.8 in the NWT and 20.2 per 1,000 for Canada as a whole. It should be noted that Nunavut and NWT rates are for all women aged 15-19 in the territories and not just Inuit women. This information was received from Nunavut Statistics based on Statistics Canada data.

The number of sexual partners a person has and their use of (or failure to use) condoms influence an individual's risk of contracting a sexually transmitted infection (STI). A 1997 report on health in Nunavik suggests that a fair number of people are at risk and that rates of STI are, in fact, quite high:

In Nunavik, 22% of men and 17% of women reported more than one sexual partner in the previous year. Among those aged 15-24, 32% reported more than one sexual partner. At the same time, 80% of adults had not used any form of contraception in the previous year. Where contraceptives were used, the most common method was condoms (Hodgins, 1997:103).

Rates of chlamydia and gonorrhea are going down in Nunavik, but they remain 25 times higher than the rest of Quebec (Hodgins, 1997:243).

A recent announcement from Yellowknife quotes NWT's chief medical health officer, Dr. Andre Corriveau, as stating that 500 people were diagnosed with sexually transmitted infections, up 20 per cent from the previous year.⁷ Of most concern to health care workers is the young age of some people contracting chlamydia B 50 young teens in 2003.

The Ontario Federation of Indian Friendship Centres reported higher use of contraceptives among young men than women: 42% of sexually active males compared to 35% of the females in their study (OFIFC, 2002: 37). Young men reported using contraceptives primarily to prevent HIV/AIDS whereas women were more motivated to prevent a pregnancy. Pauktuutit asked interview and focus group participants if they thought young people were using condoms to protect against sexually transmitted infections. The majority of respondents were not sure (half did not know, 20 per cent said yes, 20 per cent said no, and 10 per cent thought that some did, some of the time). One of the focus groups was equally divided, but those who thought condoms were not being used gave the following reasons:

- C Boys are too shy; they think girls can go on pills;
- C Not comfortable buying or picking up condoms at the Health Centre;
- C Girls are too shy to ask the guy to use a condom; or they are afraid of breaking-up.

A couple of the interviewees raised the issue of multiple partners among the young. One person said that even though she does not condone "having sex with whoever," young people should take care to protect themselves. Another spoke about the effects of sexual relations on the spirit:

... I also think it is important for young people to know how to protect themselves

⁷ Webposted April 8, 2004. Received via personal e-mail.

if they are sexually active. But I would prefer young people not to have multiple partners. When people have sexual relations, their souls and spirits become one. Multiple partners affect the spirit. So, yes to protecting against disease, but I would like young people to know not to have multiple partners.

Talking about sexuality

Parent-child relations were a recurring theme among people who participated in this study. It was noted first in the responses to the question about why adolescents get pregnant – a number of people referred to lack of parental supervision, youth staying out too late at night and needing more parental guidance. Again, when asked about strategies to address teen pregnancy, many people talked about the need for parents to talk with their children about sexuality. Interview participants were asked if mothers and daughters today talk about issues related to sexuality and birth control. Many of the women spoke about talking to their own daughters (and their sons) but they were unsure if other mothers were doing this. Some thought it might be easier for younger mothers, and many recognized that parents might need some help to overcome their own embarrassment or to access accurate information about sexually transmitted infections and HIV/AIDS. There was also a recognition that if the parent-child relationship was difficult in other ways, young people would be unlikely to ask questions or confide in their mothers.

One Elder felt that the whole world should be talking about sexuality:

Not only mothers and daughters, but the whole world. Develop booklets, talk to women's groups. Get a speaker in from the hospital and nursing station. Educate mothers so they are comfortable speaking with their daughters and start very, very young. Don't tell the 7 year-old the whole thing, but give a little information informally until she is big enough to digest it. By the time the girl starts her period she should know these things.

Another Elder used this question as an opportunity to talk about women's role in educating girls. While not all women will speak openly about sexuality, pregnancy provides older women with the opportunity to pass on their knowledge in other areas: "I want to mention the importance of diet for the pregnant woman. Other women in the community will speak to them about diet and nutrition, even if it's not their daughter." At the same time, there is a feeling that the responsibility for providing sex education has been transferred to the education system. One respondent felt that mothers and daughters did not talk about sexuality as children "are educated now at school."

8. 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. Most importantly, a pregnant woman needs support: “If she has some support B family, friends, a partner, but not necessarily a partner. Mostly, if she has support and if she is the right age, if it’s the right time for her to be pregnant.” A safe environment is necessary for both mother and the baby:

It is a positive experience for a woman if she is in a safe place, if the environment will make it as healthy as possible as the baby grows in the womb. The environment of the mother is important as she is creating a life that will have to live in the world after it is born. Also, the positive experiences of the mother are important because it affects the child. When a baby feels welcome and wanted, it grows healthier, but if unwanted, then it already feels different and it becomes harder to overcome such obstacles.

The absence of supportive friends and family, financial worries, poor health and relationship problems all contribute to making pregnancy a difficult or unhappy experience. Such conditions can lead to depression: “Nine months is a long time to carry a baby, especially for a young person. I have seen young teens unhappy about pregnancy to the point that they wanted to give up their lives.” A number of people also expressed concern about young women having children alone, without a partner or husband, and the inevitability that her mother will have to take over the childrearing: “Today, a young couple gets together too young, the girl gets pregnant and when it gets too hard, he leaves the young woman by herself and her mother ends up with too much responsibility.” Table 3 provides an overview of conditions leading to positive and negative experiences in pregnancy. Table 4 shows respondents’ views of some of the positive aspects of teenage pregnancy and motherhood alongside the problems faced by young girls if they become pregnant.

Table 3: CONDITIONS LEADING TO POSITIVE AND NEGATIVE EXPERIENCES IN PREGNANCY

A Positive Experience	A Difficult or Unhappy Experience
<p>Support</p> <ul style="list-style-type: none"> - Family support and acceptance (especially support from 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 support (grandparents, aunts, cousins) - Friends, peer support - Professional/medical support as needed - Community resources, such as prenatal care (e.g. Canadian Prenatal Nutrition Program (CPNP)) 	<p>Lack of Support</p> <ul style="list-style-type: none"> - Lack of family support - Relationship problems - Father refuses to take responsibility or denies that he is the father - Isolated from friends and family - Poor interactions among family members - Violent relationship, abuse in home - Alienation from friends and peers (especially if very young and forced to leave school) - Lack of appropriate medical support or community resources
<p>Circumstances of Pregnancy</p> <ul style="list-style-type: none"> - Planned pregnancy - Looking forward to having a baby - Healthy 	<p>Circumstances of Pregnancy</p> <ul style="list-style-type: none"> - Unwanted pregnancy - Pregnancy is the result of rape, sexual abuse - Poor health of mother or unborn baby - Addictions - Very young mother (physically and/or emotionally not mature enough to handle pregnancy) - Mother is too young or too old
<p>Positive Emotional State</p> <ul style="list-style-type: none"> - Expectant, excited about the pregnancy and having a child - Looking forward to the new experience, to personal growth and change - Emotionally safe and secure 	<p>Stress/ Emotional Difficulties</p> <ul style="list-style-type: none"> - Afraid to tell parents about pregnancy - Uncertainty about what to do, whether or not to keep baby - Not knowing what to expect physically - Worries about money, how to support and care for a baby, relationship issues - Depression - No one the same age to talk with who will understand
<p>Physical Needs, Environment</p> <ul style="list-style-type: none"> - Able to meet basic needs – food, clothing, home - Enough money - Secure, safe environment 	<p>Physical Needs, Environment</p> <ul style="list-style-type: none"> - Lack of financial resources - Basic needs not met - Lack of housing or serious overcrowding - Violence in home

TABLE 4: INUIT TEEN PREGNANCY AND MOTHERHOOD: CHALLENGES AND JOYS

Challenges of Teen Pregnancy	Positive Aspects of Young Motherhood
<p>Circumstances related to Pregnancy</p> <ul style="list-style-type: none"> - Uncertainty about what to do: whether or not to keep baby, deciding who will get the baby, whether or not to have an abortion; alternatively, being unaware of options - If pregnancy is the result of sexual abuse, may be forced to have an abortion or will choose an abortion, but there are emotional consequences - Worrying about who will deliver the baby - Having to leave home to go to a hospital or birthing centre in another community 	<p>Circumstances related to Adolescent Motherhood</p> <ul style="list-style-type: none"> - Mother will live until her grandchildren are born; - Young mothers have lots of energy
<p>Education, Knowledge and Skills</p> <ul style="list-style-type: none"> - Education suffers, may have to drop out of school, put education and career plans on hold; - Not enough support to return to school - Doesn't know how to parent - Lack of nutritional knowledge leading to not eating well - Lack of budgeting skills 	<p>Education, Knowledge and Skills</p> <ul style="list-style-type: none"> - Learn the hard way; first lesson in being an adult; finding goodness and strength in the midst of a crisis - Community programs (CPNP) provide information and support - Some return to school, complete education - Eager to learn about good parenting
<p>Emotional Challenges</p> <ul style="list-style-type: none"> - Loss of freedom, lose out on being a teen - Emotionally harder without a partner - Stress of raising a child, of other people telling you how to raise your child but you don't agree - Loss of self-esteem - Physical changes during pregnancy affect the emotions - Scared, depressed, lonely, risk of suicide 	<p>Personal Growth</p> <ul style="list-style-type: none"> - Realize they can manage – some do really well, especially with support - Choose a healthier lifestyle, keep off alcohol and drugs - Develop pride and self esteem when challenges are overcome - Opportunity for emotional growth
<p>Physical Needs, Environment</p> <ul style="list-style-type: none"> - No financial support from father - Poverty, lack of money 	<p>Physical Needs, Environment</p> <ul style="list-style-type: none"> - Child care at school (if available) - Living in a large family provides lots of support (flip side of lack of housing in communities) - Can provide for child
<p>Relationships</p> <ul style="list-style-type: none"> - Lack of support and acceptance from parents - Lack of support from boyfriend - Loss of peer group if not attending school - Facing motherhood alone, as a single parent - Loss of friends (considered a bad influence) 	<p>Relationships</p> <ul style="list-style-type: none"> - When her parents are supportive – her mother will be with her every step - Children of a teen mother will learn from her experience - Father's support if he is involved – learning about parenting together - Loving the baby, the joy of having her own child, bonding with the baby - Support of friends, there is always someone there to help

With respect to the challenges outlined above, the most commonly mentioned problems were associated with money, finishing school and being a single parent. Following are examples of some of the issues outlined in Table 4 in the words of interview and focus group participants:

Education:

Their education ends up suffering if they planned to finish high school or they might give up plans to go to university. Financially, without an education they would have a lower paying job. They would lose out on being a teenager, having fun, and maybe they would not be as good a parent. But not all teen moms are bad moms.

Wanting to keep the baby but not following through:

The biggest challenge is when they get pregnant, a lot of young women will keep their babies in the beginning but when they start struggling and have more problems, they give them up to social services. They know that social services will put the baby in a good home, that the baby will be provided for. The responsibility becomes too much.

Relationships don't last:

One of the biggest problems is if they are in a common law relationship or marriage, when they split up the mother is usually the one who ends up with the responsibility. Girls are faced with this more to the point where they're not afraid to die or kill themselves. To me, it's very traumatic.

Financial strain:

If family is not well off financially, everybody will suffer. We are not a society that can just say "okay, go get an abortion." Financially, they are going to need diapers, clothing for the baby, milk ... the mother and baby will both suffer.

Possible consequences of lack of support:

If they have no support, they won't treat babies well. A baby needs all of your time, your energy, it wants you all the time; some mothers are not emotionally able to take care of kids B they have too many emotional needs themselves. Physical abuse, emotional abuse, neglect. You see kids having babies, leaving them with anyone and going off for a long time. One young girl couldn't handle it and tried to commit suicide.

Sexual abuse:

When they are forced to have unwanted sex, sexual abuse, and get pregnant. Some young mothers are then forced to have an abortion or may want an abortion because they don't want the baby, which can have other effects.

Joys of Parenting:

It's such a joy to have your own child if you want the baby and have enough support.

When you're young, you have a lot of energy and can experience growth with your new baby.

Inuit-Specific Issues

Respondents were also asked about issues that are *particularly* associated with Inuit teenage pregnancy. While some people saw no difference, others pointed to the high cost of living in the north, high rates of poverty and unemployment, overcrowded housing, fewer services (e.g. no daycare in some communities while many high schools and colleges in the south have daycare centres) and the fact that young mothers almost always end up as single parents. Customary adoption was referred to a number of times as one of the Inuit realities not seen in the south. If a young woman decides she cannot keep her baby, her parents or another family will adopt it. One person felt there were fewer adoptions in the western Arctic, and this leads to problems for young single parents:

I find that in the western Arctic, there are fewer adoptions. When girls keep their babies, they look after them themselves. They drop out of school, have financial problems... Boys won't go out with a girl with a child from someone else. The girl's self-esteem goes down.

Other perspectives are presented below:

Although Inuit girls may not be marrying at such a young age, I still think there are a lot of teenage pregnancies. They may still be thinking that there is an expectation for girls to get pregnant and pass their first born on to the grandparents to raise. On the other side, young girls are wanting to stay in school and complete their education, which was not done traditionally.

I think that a lot of the grandparents are getting stuck with the children nowadays whereas back then you were to care for the child unless it was given to another family.

I don't know. I always thought they're lucky in the north as someone is always there to look after them if the mother cannot.

Some young women will keep their babies when they are small and give them up when they get older.

One respondent mentioned a positive side to the housing crisis in the north: "Living with large families, there is a lack of housing, everyone is still learning from what they see from their parents. They see how children are raised. Everyone is taking care of everyone."

Positive Views of Teen Parenting

A paper prepared for Health Canada found that young single mothers often had both a positive

and a negative view of having babies when young. “They said that babies give teens a sense of accomplishment but cause stress, added complications, and demands. They said the responsibility could be scary but also noted that the challenge of raising a child can be a catalyst for change (i.e. to better yourself)”) Young Single Parent Support Network of Ottawa Carleton, Timmins Native Friendship Centre and the Canadian Institute of Child Health, 2000: Appendix C p.7). Moreover, “pregnancy and parenting can curb a youth’s substance abuse” (OFIFC, 2002:40-41). These perceptions are echoed in some of the Inuit responses. Participants in the young women’s focus group said that having a baby can protect a young woman from drugs and alcohol and lead her to choose healthier ways because she now sees herself as a role model to her child.

Many people felt that if a young mother really wants the baby, she will do well. However, support can make the difference between doing well and merely coping: “I’m a health care worker, and there are some girls who learn and will really do well, especially with support, and they’ll get educated and take good care of their children. But it is dependent on the support being there. Also, if the girls are eager: they have to want it.” Support includes guidance, but offered in a non-judgmental way, “with grace and love.” Others saw young women rising to the challenge, even without support: “Yes, I have seen some very good young mothers doing well despite not having been married, not having good support. They cope and do an excellent job despite the challenges.” The following discussion addresses some of the supports young mothers need.

Support For Young Mothers

Support is crucial for young pregnant women moving into motherhood: support from families and friends, financial support and an array of community services. Financial support was referred to numerous times:

I think the biggest support young mothers need would be financial assistance. When they can’t meet their financial needs, that breaks them up. Financial support is especially a problem with the high cost of living up north. I have also seen the impact when a young mother cannot care for her child and the grandparents are given the burden on top of their other children in the house B this puts a lot of strain on the family.

I would like to point out that in the past, before the monetary economy, we lived a subsistence life using the animals for food and clothing. These days we need money and financial support. Not having enough to support a family can cause problems in families. Even though we have the RCMP, nurses and pastors, they cannot take away the struggle. Sometimes families are in a desperate situation, no matter how much support they receive from the RCMP, social workers, if they don’t have peace inside. This is very important. But also having the financial means to meet family needs. Also, having someone to talk to, a mentor or guide, is very important in life – a person to help them grow and develop emotionally.

Table 5 provides an overview of the range of supports mentioned by interview and focus group participants.

TABLE 5: SUPPORT FOR YOUNG MOTHERS

<p>Family</p> <ul style="list-style-type: none"> • Partner • Mother • Parents • Siblings • Grandparents • The father’s parents • Extended family 	<p>Community Resources</p> <ul style="list-style-type: none"> • Prenatal classes • Parenting classes • Nutrition and cooking classes • Mom’s & Tots activities • Activities geared to youth • Birth control • Daycare • Parent Relief • Someone who works with young girls and their babies • Counselling, mental health services • Health services: CHRs, midwives, public health services • Young mothers support group
<p>Friends</p> <ul style="list-style-type: none"> • To share ideas and experiences • For moral support 	
<p>Financial</p> <ul style="list-style-type: none"> • Money • Daycare subsidy • Financial support from father • Help to develop budgeting skills • Programs to help parents buy toys, books, diapers, etc. 	
<p>Other</p> <ul style="list-style-type: none"> • Support from teacher and school • Time to herself • People with experience as a teen parent to talk with • Mentors, guides • Information, someone to answer questions about parenting and child health 	

9. Young Men and Teenage Pregnancy

The absence of young fathers in the lives of teenage mothers is a theme running through the focus group and interview responses. The impression is that men are not following through, that they leave their girlfriend once she becomes pregnant or soon after the baby is born. They are not involved in parenting and they are not providing financial support. The young girl is left to parent on her own and, often, it is her own parents who take over. Grandmothers, in particular, are shouldering much of the burden of childrearing. This is, of course, not always the case, but the tone of responses suggests that it happens often enough to be of concern. The general sense was that “boys impregnate girls but do not support them or act as fathers.”

Respondents were asked how young men can help their partners avoid pregnancy. Participants in the young men’s focus group were educated about sexuality and birth control, insightful, open and supportive of responsible sexuality. Like other respondents, they mentioned the need to be prepared by carrying and using condoms. They also suggested talking with their girlfriends before becoming sexually active, and they cautioned against having sex at too early an age.

The women who participated in interviews echoed these responses. Beyond encouraging condom use (the most consistently mentioned response), was the need to educate young men about sexuality, how to avoid pregnancy and their responsibilities if a girl does become pregnant:

We need more education about moral values, that they cannot use women and get away with it. Also, men could open up more, talk about it so men can hear what is expected of them. For example, if they fathered a baby, they should be more responsible in supporting the baby even if they are not living with the mother.

10. Strategies to Address Teen Pregnancy

Participants in the interviews and focus groups were asked about strategies to address unplanned or unwanted pregnancy among young teens. Their 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 in the Nunavut Sivuniksavut program proposed very similar strategies and approaches. These are presented below according to theme.

Access to Contraceptives:

- C Make condoms widely available in public places (outside of health centers); place

them in youth centres and washrooms; make sure they are available free of charge;

Public Education and Promotion:

- C Develop promotional materials, including signs and posters for public washrooms, stickers and fridge magnets;
- C Public service announcements on radio and television;
- C Use role models, such as Jordin Tootoo, for poster campaigns, PSA's and promotional material;
- C Make sure that information reaches kids and that it reaches them at the right time, the right age: get information out at the beginning of each school year and do it *every* year;
- C Develop a website for Inuit youth to get information about birth control, safe sex and sexuality issues;
- C Remember that a successful public education campaign can cost a lot of money and take a long time, but it works (e.g. seatbelts, smoking cessation, drinking and driving).

Approaches to Public Education:

- C Involve teen moms in education and promotion campaigns;
- C Use humour in getting the message across (e.g. Pauktuutit's condom covers);
- C Create targeted jobs for people to get the word out to youth: they can travel to schools and youth centres, organize group sessions, do presentations and workshops – hire youth to do these jobs;
- C Think about new ways of doing sex education and outreach, for example radio shows; talk about raising children, not just postponing pregnancy;
- C Make posters saying, "Which is more embarrassing? Going to the health centre to get condoms or going to the health centre to get an STD check-up?"
- C Promote the message, "Wait until you are ready, until you know the consequences of unprotected sex;"
- C Use Inuktitut and English to ensure that everyone understands the message;
- C Involve people who had their children at an early age and ask them to talk about the experience and the reality of teen parenting;
- C Get Elders on side: educate Elders about contraception and involve them in education programs;
- C Make a film about the experiences of girls who got pregnant as teenagers and include older women talking about pregnancy in traditional Inuit society, what they were told to do and not to do during pregnancy;
- C Include information about prevention of STIs and HIV/AIDS;
- C Use simple, clear messages, video, bright colourful posters and music to get messages across.

- C Hold a poster contest for youth with cash prizes.

Reaching Youth in Schools:

- C Visit schools; bring lots of condoms; don't leave sex education to the teachers (students may find it embarrassing to talk about sexuality in front of their teachers);
- C Deliver sex education in Inuktitut and English (schools often just use English);
- C Begin sex education in elementary school: start early with age appropriate material and have it repeated every year: be consistent, repeat the message;
- C Develop a whole course on sex education or sexuality so students will take it more seriously;
- C Reality dolls in school;
- C Have an assignment at a young grade level on raising a child (e.g. 6th grade);
- C School counsellors and CHRs should work together.

Reaching Parents:

Supporting parents to reassert their role in providing education and guidance to their children was one of the most consistently suggested strategies: "We are relying too much on the schools to educate our children. This is not the way we did things traditionally. They teach this [sex education] at school, so parents don't bother."

Suggested strategies include:

- C Encourage parents to talk to their kids before they reach their teen years; target parents in public education campaigns, help them to talk about sexuality and the body;
- C Help parents to address sexuality issues with their kids, perhaps through parents' support groups or information sessions on how to talk to kids about sexuality;
- C If it's too difficult for teenagers to talk to their parents, they need to speak with someone closer to their own age, someone they are comfortable with (a youth counsellor, peer or someone else whose role it is to talk about sexuality, contraception and teen pregnancy);
- C Create culturally relevant, bilingual resources for parents, e.g. "How to talk to your kids about sex;"
- C Recognize that it is sometimes hard for parents to talk about sexuality and sex education without seeming to encourage it;
- C Have parents' and/or Elders' committees who can give advice or guidance to young teenagers.
- C In addition to creating resources for parents to help them talk to their children about sexuality, it is also necessary for parents to "follow through, make sure the kids don't stay out too late at night or sleep over." Many communities have

curfews but parents don't enforce them.

- C Model a healthy lifestyle: children follow what they see.

Reaching Elders:

- C Start education with the Elders: get them on side: "One way is to have a workshop for the Elders. Start from the top. This would definitely help people to understand. It's the older people who sometimes don't accept education when it's not too clear to them."
- C Involve Elders in discussions with youth about traditional approaches to pregnancy, childbirth and child rearing; explore Inuit culture, traditions and social history.

Reaching Youth in Groups:

- C Hold group sessions for youth at drop-in centres, friendship centres; encourage participation by offering incentives such as food;
- C Remember that sex is a personal issue and many people are too shy to talk about it; allow time for youth to become more comfortable and create opportunities for them to ask questions privately;
- C Be creative: consider peer education, drama and music, and other tangible projects with teen involvement; create youth programs, form clubs.

Different strategies for reaching Inuit in the north and south

Some felt there was no difference in strategies to reach Inuit in the north or south. Others felt that more sex education was available in the south, possibly more openness in the high schools along with more resources. Some felt youth could more easily access alcohol and drugs in the south, others saw this as being more of a northern problem. In small northern communities, posting notices ahead of time for workshops or events works well or making announcements on local radio, but different strategies are required in the south. Central drop-in centers were proposed for the south – or Inuit family resources run by Inuit. Mainstream southern resources, while more readily available, do not normally provide culturally-appropriate services in Inuktitut. One person suggested that Pauktuutit could have an open house. Other differences are outlined below:

Living in the north is very different. In the north, you have the high cost of living, housing shortages, a number of generations living in one house, and this causes emotional and financial stress. There are so many factors that cause family breakdown. On top of all these other problems, having been down south, I know you can find good sales, food prices are more reasonable, there are few kids B people seem to have more control over the number of kids. In the north, groceries are very expensive. This should be considered in a strategy. This is one of the main things

northerners face.

The difference I see in the south is that in Ottawa there is more access to educational materials and it is a more structured environment. Southerners have this advantage. In the north, before relocation by the government we lived an entirely different life. We went to bed early, got up very early; it was related to our survival. Now, kids are out late at the recreation centre; kids nowadays are more free to stay out late which causes problems. Inuit laws were more spiritual, but they were effective.

Not too long ago I talked to students at the high school about birth control and STDs. In a small community, I make sure everything I do is translated B Inuktitut is still very common here, but at school it's mostly English although young people still need interpreters. If it is not translated, people may not be getting the whole message.

In the south, everything is so much easier, more accessible, there is anonymity, you can go to a clinic and ask for birth control. Here, everyone knows you.

Inuit in the south need as much guidance from Elders and in the south they are not as connected to Elders or their culture. It would help to have a support group.

11. Conclusions

Following one of the focus groups, a young woman asked who was behind this study, who wanted to address Inuit teenage pregnancy. She was concerned that southern, white values were behind the study. Even after being informed that the impetus came from women at Pauktuutit's annual general meetings, she remained unsure. This is raised here as a caution, something to be considered in the development of strategies and approaches: strategies must be initiated, developed, delivered and controlled by Inuit and implemented in a culturally appropriate manner. Moreover, young people must be actively involved at all stages.

The reasons behind public education efforts should be clearly articulated, including information about who is involved in the initiative and who benefits. We must ask ourselves why we want to encourage teenagers to use contraceptives or to postpone the age at which they have their first child. This study contains many reasons, all based on the perspectives of a sample of Inuit youth and adults, but a wider consultation may also be required. Based on this study, we could argue that strategies should include the goals of protecting young people from disease; supporting young women in making choices that are based on their own needs and that are independent of peer or family pressure; encouraging young couples to wait until they are fully ready to take responsibility for the new lives they bring into the world whether or not they stay together; and ensuring that every child is loved and supported by a network of caring adults. Pregnancy and

motherhood can be much more positive experiences if the woman is fully developed physically, mentally and emotionally and she has the resources and support she and her child need. Goals should include providing young people with the information they need to make informed, healthy decisions – and providing support whether or not we agree with the choices they make.

The issue of adolescent pregnancy clearly resonated with the people who participated in this study. In addition to concerns for the health and well-being of Inuit children and youth, is a commitment to Inuit culture, values and society. Inuit-specific approaches were proposed along with strategies that are consistent with those being promoted in other regions of the country. A framework developed for Health Canada by three organizations – Young/Single Parent Support Network of Ottawa-Carleton, Timmins Native Friendship Centre and Canadian Institute of Child Health (2000) – proposed three areas of action to reduce the rate of teen pregnancy in Canada: pro-action; postponement, and preparation/support:

Pro-action has a goal of reducing the percentage of teens who see having a baby as a means of meeting their psychological and social needs. Strategies build resilience by strengthening social competence, problem solving abilities and coping skills.

The goal of postponement is to delay first intercourse and reduce the rate of unprotected sex. Strategies include good sex education with free, confidential access to contraceptives.

Preparation and support has a goal of helping teens who become pregnant to postpone subsequent pregnancies and maximize their own development and that of their child. Strategies include helping teens meet basic needs, such as housing and nutrition, and strengthening their life skills.

Most of the strategies proposed in this study are focused in the area of postponement. This is not surprising because of the nature of the study and the fact that participants were asked specifically about strategies to address adolescent pregnancy. Responses to the question about the range of supports young mothers need (outlined in Table 5) begin to address issues falling into the area of preparation and support.

Pro-active strategies were less often addressed. Such strategies 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 being 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.

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Appendix 1:

Inuit Perspectives on Teenage Pregnancy: Interview Questions

Introduction:

Pauktuutit is developing a discussion paper on teenage pregnancy. The research process includes interviews with Inuit youth, Elders, community workers, teachers, counsellors and health care workers. In the interview, you will be asked questions about a variety of issues related to Inuit teenage pregnancy. Please feel free to express your opinions openly. If you do not feel comfortable answering a particular question, please say so and we will move on to the next question.

Purpose of the research:

The purpose of the research is to explore the many complex issues related to teen pregnancy from an Inuit perspective and to propose culturally appropriate actions and strategies.

Confidentiality:

Your name will not be used in the discussion paper. If something you say is quoted, it will be introduced by a statement such as, "A respondent from Labrador reported..." or "A CHR in Nunavut stated..." Only the people working on this project for Pauktuutit will know your identity.

Background Information:

Date and time of Interview: _____ Interview No. _____

Consent form signed: Yes No

Community: _____ Region: _____

Interviewee is participating as: *(to be completed prior to interview)*

- Elder
 Youth
 Health Care Provider (e.g. CHR, nurse, doctor) (specify:) _____
 Educator (e.g. teacher, principal) (specify:) _____
 Social service worker (specify:) _____
 Other (specify:) _____

Language of Interview: English Inuktitut

Sex: Female Male

Before we begin the interview, I would like to ask you about the age group you are in.
Are you: (Read list)

- under 20
- 20 – 29
- 30 – 39
- 40 – 49
- 50+

1. In general, what do you think makes pregnancy a positive experience for a woman?
2. What conditions or circumstances can make the experience of pregnancy difficult or unhappy?
3. About what age do you think people should start having children?
4. a) In traditional Inuit society, about what age would have been considered ideal for women to start having children?

b) If you think about the circumstances surrounding women having their first child, what are some of the difference between traditional Inuit society compared to today?
5. Do you think teenage pregnancy is a problem in your community?
 Yes No Don't Know

(Please explain your answer: In other words, *why* do you think teen pregnancy is or is not a problem?)
6. Women become pregnant for a variety of reasons. Why do you think Inuit teenagers get pregnant?

A study by the Ontario Federation of Friendship Centres estimated that 38% of Aboriginal youth under 15, and at least 50% of those 16 and over, are sexually active. Although most of these youth had received some type of sex education, more than half reported little or no use of contraceptives.

7. Based on your knowledge of Inuit youth in your community:
 - a) About what age do you think Inuit youth become sexually active?
 - b) Do you think most Inuit youth who are sexually active use contraceptives?
 Yes No Don't Know

Why or why not?

- c) What forms of birth control do you think are most popular among young Inuit?
- d) Do you think Inuit youth who are sexually active use condoms to protect against sexually transmitted diseases?
_____ Yes _____ No _____ Don't Know

Why or why not?

- e) Do you think mothers and daughters today talk about issues related to sexuality and birth control?
_____ Yes _____ No _____ Don't Know

Why or why not?

8. How can young men help their partners avoid an unplanned pregnancy?
9. For many young Inuit women, pregnancy and motherhood can provide challenges as well as joy.
- a) What are some of the problems teenage girls face if they become pregnant?
(Probe for physical, emotional, mental, environmental, cultural, family and social challenges)
- b) What problems are *particularly* associated with Inuit teenage pregnancy?
- c) Can you describe some of the positive aspects of teenage parenting?
10. What family and community supports do young Inuit mothers need?
11. Pauktuutit is interested in exploring culturally appropriate actions and strategies to address unplanned pregnancy.
- a) What actions and strategies would you propose?
b) Can you suggest some strategies for reaching very young teens?
12. How would strategies differ for Inuit living in the south?

Thank you. That is the end of the formal round of questions. Do you have any comments or questions, or is there anything you would like to add?

Appendix 2

Inuit Perspectives on Teenage Pregnancy: Consent Form

Background on the Project

Pauktuutit is developing a discussion paper on teenage pregnancy. The purpose is to explore the many complex issues related to teen pregnancy from an Inuit perspective and to propose culturally appropriate actions and strategies. The research process includes interviews with Inuit youth, Elders, community workers, teachers, counsellors and health care workers.

Confidentiality and Informed Consent

Thank you for agreeing to participate in an interview. You will be asked questions about a variety of issues related to Inuit teenage pregnancy. Please feel free to express your opinions openly. If you do not feel comfortable answering a particular question, please let the interviewer know and s/he will move on to the next question. Your name will not be used in the discussion paper. If something you say is quoted, it will be introduced by a statement such as, “A respondent from Labrador reported...” or “A CHR in Nunavut stated...” Only the people working on this project for Pauktuutit will know your identity.

CONSENT AGREEMENT

I, _____, agree to participate in an interview for Pauktuutit’s teenage pregnancy study. I understand that confidentiality will be protected in the following ways:

- 1. Only Pauktuutit will know my identity.**
- 2. My name will not be used in the discussion paper and my responses will be reported in ways that protect my identity.**

SIGNATURE:

DATE:

Appendix 3:

Inuit Perspectives on Teenage Pregnancy: Focus Group Questions

Questions for Focus Group with Young Inuit Mothers:

1. In general, what do you think makes pregnancy a positive experience for a woman?
2. What conditions or circumstances can make the experience of pregnancy difficult or unhappy?
3. About what age do you think people should start having children?
4. a) In traditional Inuit society, about what age would have been considered ideal for women to start having children?

b) If you think about the circumstances surrounding women having their first child, what are some of the difference between traditional Inuit society compared to today?
5. Women become pregnant for a variety of reasons. Why do you think Inuit teenagers get pregnant?
6. For many young Inuit women, pregnancy and motherhood provide challenges as well as joy.

a) What are some of the problems teenage girls face if they become pregnant?

b) What problems are *particularly* associated with Inuit teenage pregnancy?

c) Can you describe some of the positive aspects of teenage parenting?

(Probe for physical, emotional, mental, environmental, cultural, family and social challenges)
7. What family and community supports do young Inuit mothers need.
8. Pauktuutit is interested in exploring culturally appropriate actions and strategies to address unplanned pregnancy? Based on your knowledge and experience, what would work well?

Questions for Focus Group with Young Inuit Men:

1. About what age do you think people should start having children?
2. a) In traditional Inuit society, about what age would have been considered ideal for women to start having children?

b) If you think about the circumstances surrounding women having their first child, what are some of the difference between traditional Inuit society compared to today?
3. Women become pregnant for a variety of reasons. Why do you think Inuit teenagers get pregnant?

A study by the Ontario Federation of Friendship Centres estimated that 38% of Aboriginal youth under 15, and at least 50% of those 16 and over, are sexually active. Although most of these youth had received some type of sex education, more than half reported little or no use of contraceptives.

4. Based on your knowledge of Inuit youth in Ottawa:
 - a) About what age do you think Inuit youth become sexually active?
 - b) Do you think most Inuit youth who are sexually active use contraceptives?

(Why or why not?)
 - c) What forms of birth control do you think are most popular among young Inuit?
 - d) Do you think Inuit youth who are sexually active use condoms to protect against sexually transmitted diseases? (Why or why not?)
5. How can young men help their partners avoid an unplanned pregnancy?
6. Pauktuutit is interested in exploring culturally appropriate actions and strategies to address unplanned pregnancy. Can you suggest some strategies for reaching young Inuit men?

Questions for Focus Group with Inuit Students:

1. About what age do you think people should start having children?
2. a) In traditional Inuit society, about what age would have been considered ideal for women to start having children?

b) If you think about the circumstances surrounding women having their first child, what are some of the difference between traditional Inuit society compared to today?
3. Women become pregnant for a variety of reasons. Why do you think Inuit teenagers get pregnant?
4. For many young Inuit women, pregnancy and motherhood provide challenges as well as joy.

a) What are some of the problems teenage girls face if they become pregnant?
b) What problems, if any, are particularly associated with Inuit teenage pregnancy?
c) Can you describe some of the positive aspects of teenage parenting?
5. What family and community supports do young Inuit mothers need?

A study by the Ontario Federation of Friendship Centres estimated that 38% of Aboriginal youth under 15 years, and at least 50% of those 16 and over, are sexually active. Although most of these youth had received some type of sex education, more than half reported little or no use of contraceptives.

6. Based on your knowledge of Inuit youth in your community:
 - a) About what age do you think young people become sexually active?
 - b) Do you think most Inuit youth who are sexually active use contraceptives?

(Why or why not?)
 - c) What forms of birth control do you think are most popular among young Inuit?

d) Do you think Inuit youth who are sexually active use condoms to protect against sexually transmitted diseases? (Why or why not?)
7. Pauktuutit is interested in exploring culturally appropriate actions and strategies to address unplanned pregnancy. Based on your knowledge and experience, what strategies would work well?

8. How would strategies differ for reaching Inuit youth living in the south?

Scenario for Focus Group Discussions (all groups)

A 14-year old Inuk girl living in the North finds out she is pregnant. Both she and her boyfriend are in school and both live at home with their parents.

What should she do?

What should he do?

Realistically, what do you think will happen?

What do you think would be different if they lived in the south?