



planned parenthood TORONTO presents



THE TORONTO TEEN SURVEY BULLETIN

In partnership with

The June Callwood Centre for Women and Families

Over the last several years, the pregnancy rate for youth in Toronto has been higher than provincial levels¹. Approximately 4.5% of Toronto's young women aged 15–19 are pregnant¹, representing a small and often under serviced population².

The Toronto Teen Survey found that young parents and youth involved in pregnancies encounter unique barriers related to their sexual health. Findings from young parents and youth involved in pregnancies revealed that:

1. **stigma is a major reason they choose not to access sexual health services and programming;**
2. **sexual pleasure and healthy relationships are the top two things these youth want to learn about;**
3. **pregnancy rates are higher for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth than for heterosexual youth.**

For some youth, pregnancy can be an uplifting and transformative experience. However, overemphasis on pregnancy prevention causes stigma against young parents and youth involved in pregnancies, the number one reason they choose not to seek sexual health care³. Toronto offers an impressive array of services that may not be accessible to all. By offering youth the services they need and want and by reducing the social and structural barriers to care, we can improve access to sexual health care services for young parents and youth involved in pregnancies.

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based youth sample of its kind in Toronto, Canada's most diverse urban centre.

The goal of the TTS is to enrich both the quality and quantity of sexual health information available to Toronto youth and improve the ways in which sexual health promotion and care are delivered. The information provided in this bulletin is intended to help service providers enhance sexual health care services to young parents and youth involved in pregnancies.

OF THE YOUTH WE SURVEYED:

8% of girls and **6%** of guys said they had been involved in a pregnancy.

3% of girls and **7%** of guys said they weren't sure if they had been involved in a pregnancy.

1% of youth said they were young parents.

Of the **10** trans youth we heard from, **3** had been involved in a pregnancy.

Young parents and youth involved in pregnancies came from diverse religious backgrounds and tended to be slightly older, white or multi-racial.

1 STIGMA STOPS YOUNG PARENTS AND YOUTH INVOLVED IN PREGNANCIES FROM ACCESSING SEXUAL HEALTH SERVICES AND PROGRAMMING

Despite pregnancy involvement, 13% of young parents and 17% of youth involved in pregnancies said they have never visited a clinic for any sexual health reason. Among those who have accessed clinics, many said they have had negative experiences due to judgemental attitudes from service providers and other service users.

Messages young parents hear too often:

- young moms are promiscuous;
- young parents are bad parents;
- young parents are on welfare and are all drug addicts;
- young parents and their children are doomed;
- young parents are irresponsible.

“Oh, she lives in Metro Housing...her mother wasn’t there for her, her mom’s a drug addict, or her dad was this...they start talking smack in their heads. So personally that’s why certain people will not go to a clinic.”
— Young Mother

OTHER BARRIERS:	RECOMMENDATIONS:
Services are not welcoming to young parents.	Promote your clinic as a space that welcomes young parents and provide an anonymous suggestion and feedback box for youth to offer input about their care.
Programming is not relevant or engaging.	Plan programming in consultation with young parents; allow programming to be participant driven.
Fear of having a child taken away by a child protection agency.	Have frank discussions with youth about childcare reporting protocol to debunk myths and fears.
Lack of trust with service providers.	Develop a relationship. Take time to build trust and maintain contact.
Not knowing where to go.	Engage in active outreach to inform youth of your services.
Unable to travel to appointments.	Offer youth tokens to pay for transportation to and from their appointments.
Limited hours of operation or the need to make an appointment.	Offer evening, weekend and drop-in hours.
Unavailability of childcare.	Offer nursery/child care services.
Concerns about confidentiality, particularly that parents or teachers would be notified.	Ensure youth are aware of confidentiality and privacy rights.
Services targeting young parents often fail to address the needs of young fathers or the child’s other parent(s)/caregiver(s).	Include services for young fathers and the other parent(s)/caregiver(s) in programming for young parents.
Health care is fragmented.	Approach youth care holistically; consider the social determinants of health when planning the health program for your youth.

2 SEXUAL PLEASURE AND HEALTHY RELATIONSHIPS ARE THE TOP TWO THINGS THAT YOUNG PARENTS AND YOUTH INVOLVED IN PREGNANCIES WANT TO LEARN ABOUT

Learning how to have a healthy relationship was a priority for young parents and youth involved in pregnancies. Talking about sex, pleasure, protection, and how to say “no” were major topics for young moms. Sex is one component of a healthy relationship and it should be enjoyable, not stressful or pressured. Young moms believed it was important to tell their partners “no” if they were not in the mood for sex. They were not always sure, however, how to have that conversation.

Young women identified some of the challenges of being in a relationship and being a young parent or pregnant:

- **telling a partner about a pregnancy can be difficult;**
- **finding a partner can be hard with a child;**
- **fear of losing a partner can lead to having unwanted sex;**
- **unhealthy relationships can take many forms, including violence.**

“If I didn’t go through that [pregnancy] I think I would still be questioning whether or not there is a person, or a guy out there I can fall in love with, or a guy out there that could apparently change my mind.” — LGBTQ youth

RECOMMENDATIONS:

1. Offer young parents workshops on sexual pleasure and healthy relationships. Engage youth interactively and allow agendas to be participant-driven..
2. Create an environment where young parents feel comfortable discussing sensitive sexual health topics.
3. Incorporate information on healthy relationships, sexual orientation, sexual pleasure and communication into all service encounters.

*“A lot of them...they’re actually looking for love... they get mixed up between love and sex...counselling should be developed around basic family instruction, going back to the grassroots of relationships, what is a relationship.”
— Service provider*



3 PREGNANCY RATES ARE HIGHER FOR LGBTQ YOUTH THAN FOR HETEROSEXUAL YOUTH

LGBTQ youth in our survey were three times more likely to have been involved in a pregnancy than straight-identified youth.

LGBTQ youth offered many explanations for high pregnancy rates:

- denial and a way to “prove to myself that I’m not [gay] or the other way around”;
- pressure to be in a heterosexual relationship;
- testing one’s sexuality.

RECOMMENDATIONS:

1. Provide LGBTQ youth reproductive health education and resources.
2. Include LGBTQ youth in reproductive health care programming and planning.
3. Many youth are unsure of or may not want to disclose their sexual orientation. Avoid assumptions labeling gender or sexual identity. Allow space for youth to self-identity when they are ready.
4. Use gender neutral language such as “partner” over “girlfriend” or “boyfriend.”
5. Provide professional development to staff about sexual diversity, gender identity, and issues unique to LGBTQ communities (homophobia, transphobia, sexual health disparities) and how they relate to pregnancy.

-
1. Ministry of Health and Long-Term Care. (2003). May 2003 Pregnancy and Abortion Data Release. Toronto, ON.
 2. Letourneau, N., Stewart, M., & Barnfather, A. (2004). Adolescent mothers: Support needs, Resources, and Support-Education Interventions. *Journal of Adolescent Health*, 35, 509–525.
 3. Kelly, D. M. (1996). Stigma stories: Four discourses about teen mothers, welfare and poverty. *Youth & Society*, 27(4), 421–449.

www.torontoteensurvey.ca

Please cite this document: Toronto Teen Survey. (2009). Young Parents Bulletin. Planned Parenthood Toronto. Toronto, ON



In partnership with:



In collaboration with:



Funded by:



Thank you for your invaluable contributions: Susan Flynn, Cindy Wye, Maritza Sanchez, Lynn Swiderski, Lorena Murialdo, Suzy Yim, Crystal Layne, Amanda Dunn, Chavisa Brett, Ciann Wilson, Jessica Ferne, Mary Aglipay, Nyla Obaid, Vanessa Oliver, Chase Lo, Sarah McCardell, Dan Stadnicki and Safiya Olivadoti!