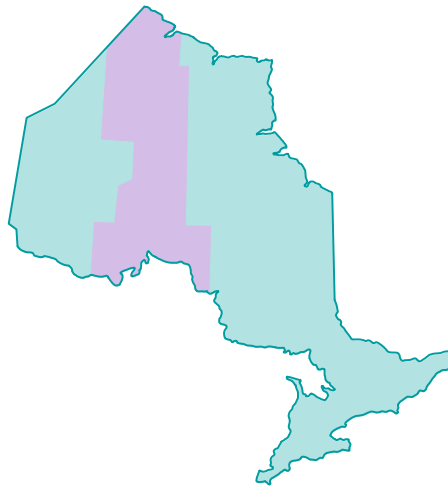


Teens' Perspectives: *Preventive Strategies for Decreasing Teen Pregnancy in the Thunder Bay District*

Focus Group and Questionnaire Findings

November 2001



Prepared by:
Thunder Bay District Health Unit

Peggy A. Pauluik, RN, BScN – Public Health Nurse
Janice Little, RN, BScN – Public Health Nurse
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Participating Agencies in the Thunder Bay Teen Pregnancy Prevention Coalition

Lakehead Regional Family Centre	Maternity Program St. Pat's High School
Salvation Army Single Parent's Program	NorWest Comm. Health Center
Thunder.Bay Community Midwifery Practice	Thunder Bay District Health Unit
Children's Aid Society	Northern Nishnawbe Education Council
Anishnawbe Mushkiki Health Centre	Our Kids Count
Ontario Works LEAP	SAM/MISOL Program
Beendigan	Lakehead Public School Board
Dilico	Harbour Youth Services
The Shelter House	Faye Peterson Transition House
Medical Services T.B. Zone Headquarters	Lake Superior Health Centre
Women's Shelter for the City of T.B.	Multicultural Youth Centre
Fort William First Nations	Metis Cap-C
AIDS Committee of Thunder Bay	

Executive Summary

Introduction

Teenage pregnancy is a public health concern that can have negative social, academic, personal, economic, and health consequences for the adolescent mother and father, as well their parents, their baby, and the community in which they live. These burdens are also borne by society at large because pregnant teens are more likely to be reliant on Canada's social safety net.

In the Thunder Bay District, pregnancy rates for teens have been consistently higher than that of the province. In 1996 the teen pregnancy rate was 54.4 pregnancies per 1000 women aged 15 to 19, compared to the provincial rate of 44.9. This distressing statistic as well as reports from community agencies that indicate an increase in services to pregnant adolescents, led to the conclusion that a community-wide approach is needed to address the increasing rate of teen pregnancy. In February 2000, the Thunder Bay Teen Pregnancy Prevention Coalition was formed. The Coalition, consisting of twenty-five community agencies, is committed to investigating and developing strategies to reduce teenage pregnancy in the Thunder Bay District. The first project undertaken by the Coalition was an in-depth examination of adolescent perspectives on teen pregnancy.

In May 2000, focus group testing was begun in all secondary schools in the city of Thunder Bay and two alternative education sites to discover adolescents' views on the determinants of teen pregnancy and possible strategies for prevention.

Objectives

1. To determine if Thunder Bay teens perceive teen pregnancy as a problem,
2. To explore Thunder Bay teens' thoughts on why teen pregnancy occurs,
3. To determine if Thunder Bay teens think teen pregnancy can be prevented,
4. To elicit Thunder Bay teens ideas for teen pregnancy prevention strategies.

Method

From May to December 2000 eleven focus groups were conducted with students from each of the secondary schools in the city of Thunder Bay as well as two alternative education sites. All the focus groups were held in the educational setting with the permission of the principal, teacher or administrator and were accompanied by a questionnaire adapted from the Kaiser Family Foundation Survey on Teens and Sex. The modal age of participants was seventeen.

Teen Concerns

The major concerns reported by participants were jobs, money, education, success, drinking, drugs, family and relationships. Further discussion of the topic of relationships revealed that the boyfriend/girlfriend relationship, with the pressures to be sexually active, was also a common concern.

Perception of Teen Pregnancy as a Problem

The majority agreed that teen pregnancy is a problem and many participants knew single teen parents. Comments indicated that while sex was seen as “cool”, teen pregnancy was not. Many teens voiced the hardships that these teen parents faced, such as discrimination by family, friends and strangers, lack of social supports for raising a child, abandonment by the father, disruption of education and the loss of freedom associated with having responsibility for a child. From the questionnaire, for 97% of participants, unplanned pregnancy was either “a big problem” or “somewhat of a problem”.

Perceived Reasons for Teen Pregnancy in the District of Thunder Bay

The prevailing feeling among participants was that most teen pregnancies were not planned but accidental. Consistent between the focus group and questionnaire findings was that alcohol and drugs were cited as the most common reason for pregnancy, followed by a sense of invulnerability (the perception that it would not happen to them).

Teens were aware that using contraception could prevent pregnancy, and most held accurate views on the effectiveness of the various methods. However, it was generally felt that some teens do not use contraception because of perceived personal and social barriers. Personal barriers included preference barriers to condom use owing to a loss of sensation and that condom use spoils the mood, indicating that teens view romance and contraception as incompatible. Furthermore, females experience apprehension when initiating conversations with their partner about birth control use. Barriers to the use of oral contraception included the belief that they would gain weight, develop blood clots, and have to curtail smoking and drinking. Social barriers included the fear and embarrassment of getting caught purchasing or having contraception as well as lack of easy, affordable, and confidential access.

Prevention Strategies

The focus groups generally felt that teen pregnancy could be prevented. While abstinence was recognized as a potentially effective method of birth control, abstinence education was deemed to be of limited practical use because participants believed that teen sexual activity is unlikely to be curtailed.

The main prevention strategies that emerged from the focus groups were the need for increased awareness in the proper use of contraception and the realities of being a teen parent. An effective prevention program would include components that communicate the negative social image, harsh realities, and loss of freedom associated with teen parenting. Teens emphasized that classroom education and health promotion messages around pregnancy prevention should be sensitive to the importance that teens place on making their own decisions. Although teens perceived the use of alcohol as a major reason for teen pregnancy, only a small number saw the need to address the role of alcohol and unplanned pregnancy as a prevention strategy.

In terms of delivery, nurses were perceived as the most reliable source of information. Respondents who received most of their information from a nurse were three times more likely to report having received enough accurate information. The least reliable source reported was boyfriend/girlfriend, with respondent being only one-quarter as likely to report having received enough accurate information. Peer education emerged as a favoured method of teaching sexuality, especially a model in which senior secondary students, including parenting teens, would present a sexual health program focusing on real life experiences.

The Importance of Parental Communication

Most participants reported that they were not comfortable talking to their parents about sex and pregnancy. They felt that their parents would assume that they are sexually active and would condemn their sexual behaviour. Only a minority of participants reported having talked to their parents about birth control (42%) or STDs (36%).

Although teens indicated that they felt discomfort in talking to their parents about sexual activity, they saw the importance of establishing better communication between themselves and their parents. They felt that parents need to take the time to talk about what is happening in their teenager's life and to be more understanding, particularly of their sexuality. Participants felt that talking to children at a younger age about sex, including the emotional aspects of sex, birth control use and being a good listener were important. Teens felt that talking about sex with their parents should take place over time, not just having the "big talk" and then never talking about it again. Teens stressed that parents need to know that eventually some teens will decide to become sexually active and it is something that a parent cannot stop. They can, however, assist their teen in making informed decisions about sex.

Recommendations

- ◆ Continue and expand existing healthy sexuality programs within the school systems and the community.
- ◆ Promote the development of new programs to promote healthy sexuality such as a sexual health peer education program.
- ◆ Promote the development of low-cost social and recreational activities for teens to address the issue of boredom and related high risk activities
- ◆ Involve youth in the development and implementation of teen pregnancy prevention strategies
- ◆ Increase the awareness of the relationship between unplanned teen pregnancy and alcohol
- ◆ Support and encourage parents in their role as primary sex educators of their children
- ◆ Investigate and improve teen's access to contraception

Acknowledgements

The authors would like to thank the students, teachers and principals from the secondary schools and alternative education sites operating under the Thunder Bay Catholic District School Board, Northern Nishnawbe Education Council and Lakehead Public Schools. The high level of co-operation by school board, principals, teachers, and students was fundamental to the success of the project. We would also like to thank the Bachelor of Social Work students from the Lakehead University School of Social Work, the staff who contributed from the Thunder Bay District Health Unit, and the support of the Thunder Bay Teen Pregnancy Prevention Coalition.

Table of Contents

EXECUTIVE SUMMARY	ii
ACKNOWLEDGEMENTS	iv
INTRODUCTION	1
OBJECTIVES	2
METHOD	2
DEMOGRAPHICS	3
FINDINGS OF THE FOCUS GROUP DISCUSSIONS	3
PERCEPTION OF TEEN PREGNANCY AS A PROBLEM	4
PERCEIVED REASONS FOR TEEN PREGNANCY IN THE DISTRICT OF THUNDER BAY	4
PREVENTION STRATEGIES.....	5
THE IMPORTANCE OF PARENTAL COMMUNICATION.....	5
QUESTIONNAIRE FINDINGS	6
TELEVISION VIEWING.....	6
DISCUSSIONS WITH PARENTS	6
SOURCES OF INFORMATION	7
PREGNANCY AS A PROBLEM.....	8
EFFECTIVENESS OF BIRTH CONTROL	8
REASONS FOR PREGNANCY	8
STUDY THEMES	9
RECOMMENDATIONS	10
REFERENCES	12
APPENDIX A: SAMPLE OF QUESTIONNAIRE	
APPENDIX B: FOCUS GROUP DISCUSSION TOPICS	
APPENDIX C: FOCUS GROUP INTERVIEW ANALYSIS (KRAFT MARKETING)	

Introduction

Teenage pregnancy is a public health concern that can affect the health and well-being of both the adolescent mother and father, as well as that of their parents, their baby, and the community in which they live. There are increased medical risks for the mother and baby including lower birth weight, anemia, hypertension, eclampsia, sexually transmitted diseases (STDs), and depressive disorders. Usually, there are negative social, academic, personal, and economic consequences for the mother, father, and baby. These burdens are also borne by society at large because pregnant teens are more likely to be reliant on Canada's social safety net.

Despite the fact that the teenage pregnancy rate has been declining in Canada over the past quarter century (1), the Thunder Bay District has continued to see its rate increase. In the Thunder Bay District, pregnancy rates for teens have been consistently higher than that of the province. In 1996 the teen pregnancy rate was 54.4 pregnancies per 1000 women aged 15 to 19, compared to the provincial rate of 44.9.

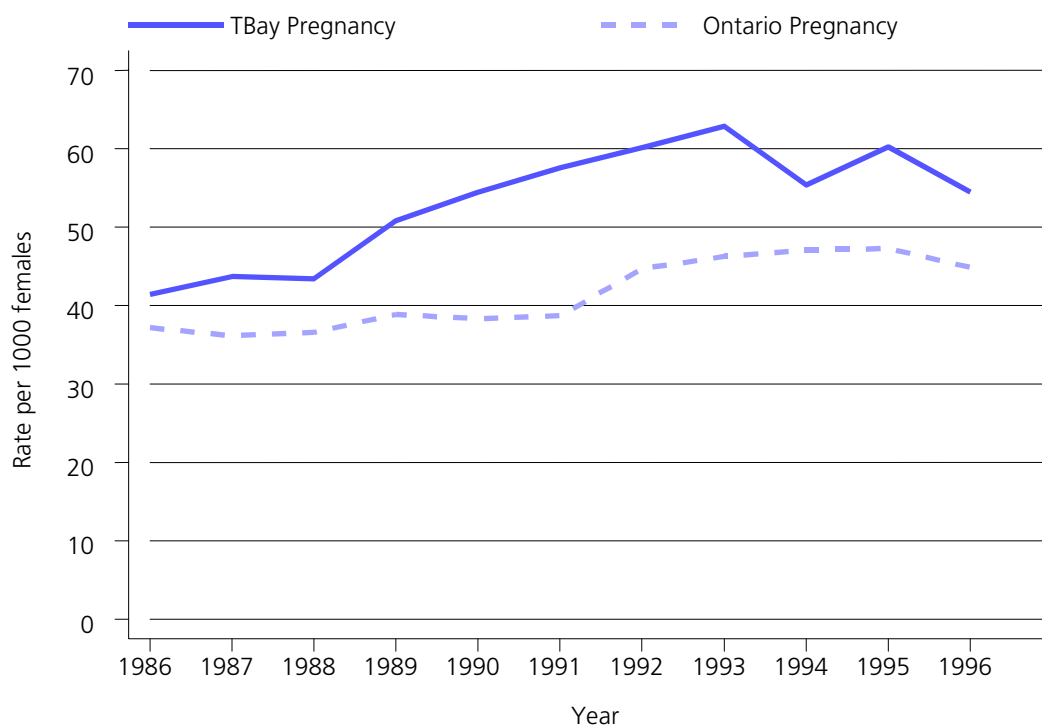


Figure 1. Estimated Pregnancy Rates, Women Aged 15 to 19 Years, Thunder Bay District and Ontario, 1986 to 1995 (Source: Ontario Ministry of Health)

Figure 1 indicates that the Ontario provincial rate has remained relatively consistent at approximately 45 pregnancies per 1000 women aged 15 to 19 (the increase in 1992 is a statistical artefact created because additional data sources became available in 1992). In contrast, the Thunder Bay District experienced an increase of almost 50% from 42.5 per 1000 in 1986 to 60.9 per 1000 in 1995 (2).

This distressing statistical data, as well as reports from local community agencies that indicate an increase in services to pregnant adolescents, led to the conclusion that a community-wide approach is needed to address the elevated rate of teen pregnancy in the Thunder Bay District. In February 2000, the Thunder Bay Teen Pregnancy Prevention Coalition was formed. The Coalition, consisting of twenty-five community agencies, is committed to investigating and developing strategies to reduce teenage pregnancy in the Thunder Bay District. The first project undertaken by the Coalition was an in-depth examination of adolescent perspectives on teen pregnancy.

In May 2000, focus group testing was begun in all secondary schools in the city of Thunder Bay and two alternative education sites to discover adolescents' views on the determinants of teen pregnancy and possible strategies for prevention.

Objectives

1. To determine if Thunder Bay teens perceive teen pregnancy as a problem,
2. To explore Thunder Bay teens' thoughts on why teen pregnancy occurs,
3. To determine if Thunder Bay teens think teen pregnancy can be prevented,
4. To elicit Thunder Bay teens ideas for teen pregnancy prevention strategies.

Method

From May to December 2000 eleven focus groups were conducted with students from each of the secondary schools in the city of Thunder Bay as well as two alternative education sites. All the focus groups were held in the educational setting with the permission of the principal, teacher or administrator and were accompanied by a questionnaire adapted from the Kaiser Family Foundation Survey on Teens and Sex (3). A sample of the adapted questionnaire is included in Appendix A. The focus group discussion topics were adapted from the United States National Campaign to Prevent Teen Pregnancy (4). A sample of the adapted discussion topics is provided in Appendix B. Classes of students were chosen by the school administration at their discretion.

With each class of students we provided an explanation of the purpose of the questionnaire and focus group. The students were informed that participation was voluntary and confidential, and each participant completed a consent form. The questionnaire portion of the exercise was completed prior to beginning the focus group discussion. We anticipated that the questionnaire data would support the themes arising from the focus groups. In most groups the moderator was a student in the Bachelor of Social Work program at Lakehead University. All moderators followed the method for conducting focus groups advocated by Krueger (5). Students were chosen as moderators in order to provide a comfortable atmosphere in which the participants would feel free to express their views. Our role during

the focus group was limited to obtaining the consent forms, administering the questionnaires, note-taking and audiotaping the session.

Demographics

172 participants (54% female) completed the questionnaire. The modal age of the participants was 17 and, as shown in Figure 1, the male group was somewhat older than the female group.

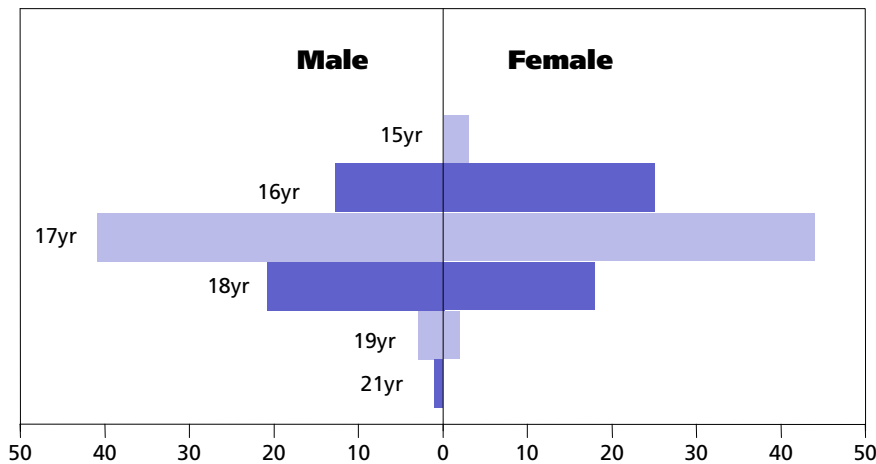


Figure 2. Number of participants by age and sex.

The preponderance of students were in grade 12 with 68% pursuing an advanced diploma. Two percent of respondents were already teen parents. The large majority of the students, 73%, lived in the city of Thunder Bay. Rural students were the next largest population at 18% while those from First Nations communities accounted for 8%. The majority of the students 64% responded that they live with both parents, 20% with mother only, 5% with father only and 10% had some other living arrangement.

Findings of the Focus Group Discussions

The first theme of the focus group discussions was an exploration of the concerns facing today's adolescent. The major concerns reported were jobs, money, education, success, drinking, drugs, family and relationships. Further discussion on the topic of relationships revealed that the boyfriend/girlfriend relationship, with the pressures to be sexually active, was also a common concern. Teens openly communicated that sexual intercourse was seen as a pleasurable and "cool" activity that once started was not going to stop. Many said that curiosity and sexual desires were reasons for intercourse, as were pressures from partners, peers and the media. Notably, gender differences emerged as males viewed sexual activity as an important part of manhood, while females indicated that a major reason for intercourse was to avoid hurting the feelings of their boyfriend. Male and female participants agreed that males are preoccupied with sex and prefer spontaneity, while females would prefer to plan for sexual intercourse.

Perception of Teen Pregnancy as a Problem

The majority agreed that teen pregnancy is a problem and many participants knew single teen parents. Comments indicated that while sex was seen as “cool”, teen pregnancy was not. Many participants voiced the hardships that these teen parents faced, such as discrimination by family, friends and strangers, lack of social supports for raising a child, abandonment by the father, disruption of education and the loss of freedom associated with having responsibility for a child. Several felt that pregnancy was more worrisome for females than males. However, both sexes indicated that they would feel apprehensive about telling their parents about a pregnancy.

Perceived Reasons for Teen Pregnancy in the District of Thunder Bay

When questioned about reasons for the high rate of teen pregnancy in Thunder Bay, the prevailing feeling was that most pregnancies were not planned but accidental. Participants indicated that they knew of many teens who were sexually active and not using protection, despite the fact that they were well aware of effective birth control methods. In several of these situations of unprotected intercourse, no pregnancy occurred, giving the false impression that pregnancy would not occur despite a subsequent failure to use contraception.

Some teens reported the existence of personal and social barriers that prevent the use of contraception. Personal barriers include preference barriers to condom use owing to a loss of sensation and that condom use spoils the mood, indicating that teens view romance and contraception as incompatible. Furthermore, females experience apprehension when initiating conversations with their partner about birth control use. Barriers to the use of oral contraception included the belief that they would gain weight, develop blood clots, and have to curtail smoking and drinking. Social barriers included the fear and embarrassment of getting caught purchasing or having contraception as well as lack of easy, affordable, and confidential access. Many stated that drug stores fail to provide a comfortable environment in which to purchase contraception. As an alternative, it was suggested that more clinics could be established throughout the city in convenient locations, with hours of operation suited to adolescents (i.e. evenings and weekends).

The influence of alcohol on adolescent behaviour was raised repeatedly as a reason for teen pregnancy. Teens expressed concern over the lack of activities for them to participate in and how bored they felt. Alcohol consumption at parties was cited as a way to deal with boredom. Many reported that while drinking, sexual activity almost always occurred – often unplanned and unprotected. Some teens knew of several teen pregnancies that had happened while under the influence. Despite the fact that teens perceived the use of alcohol as a reason for teen pregnancy, only a small number saw the need to address the role of alcohol and unplanned pregnancy as a preventive strategy. A suggestion was made to put awareness messages on or in cases of beer. When asked what could be done to address boredom, several teens suggested the development of more recreational activities, amusement parks, “hang out” spots, concerts geared towards teens, and more school activities. Other teens felt that there were already a variety of activities. They also indicated

that the cost of these activities may effect teen participation, especially among those from poorer socio-economic backgrounds.

Not all pregnancies were seen as being accidental. It was raised that some females deliberately get pregnant in an attempt to keep their boyfriend, to feel loved, to appear mature, and to escape problems at home. Although the peer group could sympathize with these pregnant and parenting teens, they were viewed as “careless” and “messed up in the head” – comments that further verified the perception that pregnancy was not part of the teen culture.

Prevention Strategies

The focus groups generally felt that teen pregnancy could be prevented. While abstinence was recognized as a potentially effective method of birth control, abstinence education was deemed to be of limited practical use because participants believed that teen sexual activity is unlikely to be curtailed. Nonetheless, abstinence could be encouraged if teens were educated about the realities of parenting and ways of resisting pressures to be sexually active. Teens could be encouraged to wait until they were in love, to be more responsible for their actions, and to be involved in other activities. It became apparent that teens who do not get pregnant are careful, responsible, used birth control, and in some situations practised abstinence.

Teens emphasized that classroom education and health promotion messages around pregnancy prevention should be sensitive to the importance that teens place on making their own decisions. They stressed the need to be educated on effective methods of contraception, especially the correct use of the pill and how to put on a condom properly. Another effective preventive strategy suggested was to scare their peers with the harsh realities of being a teen parent – especially the loss of their teen years and the negative consequences to their future. This education should start at an earlier age, prior to grade 9 and should be reinforced every year until completion of secondary school. Peer education emerged as a favoured method of teaching sexuality, especially a model in which senior secondary students, including parenting teens, would present a sexual health program focusing on real life experiences. Many agreed that guest speakers should be close to their own age, as adults are perceived as being like parents – too much lecturing and not enough listening. Characteristics of an adult that teens would be comfortable talking to about sex and pregnancy include understanding, non-judgemental, informative, good listener, young, trustworthy, open-minded and calm.

A small number of participants felt that teen pregnancy could not be prevented because “as long as teens are having sex, pregnancy will never go away”.

The Importance of Parental Communication

Because teens often do not feel comfortable speaking with their parents about sexual issues, friends emerged as the most frequently consulted individuals. They indicated that parents do not listen to what the teen is asking, then overreact and assume that they are sexually involved, telling them to stop having intercourse. This is something that these teen

participants did not want to hear. Some thought that parents are not credible sources of information because they do not understand some of the issues that today's teens face.

Although participants indicated that they felt discomfort in talking to their parents about sexual activity, they saw the importance of establishing better communication between themselves and their parents. They felt that parents need to take the time to talk about what is happening in their teenager's life and to be more understanding, particularly of their sexuality. Teens stressed that parents need to know that eventually some teens will decide to become sexually active and it is something that a parent cannot stop. They can, however, assist their teen in making informed decisions about sex. Parental involvement would include discussing the consequences of sexual intercourse, especially the emotional risks, and the importance of using protection. Teens felt this communication could occur with parents if discussions about sexuality occurred when they were younger and over a period of time. Having the "big talk" and never discussing it again was viewed as ineffective. Teens want parents to acknowledge their maturity and to be proud of them and their accomplishments regardless of whether they are sexually active or not. Many participants stated that round table discussions between parents and teens in an open forum format would be effective in getting parents and teens talking.

Questionnaire Findings

Television Viewing

The use of television media, especially talk show formats and commercials were suggested in the focus group discussions as being effective ways of getting messages out to peers and parents. According to the questionnaire responses, 97% of respondents spent an average of 12 hours per week watching television. Their three favourite television choices were The Simpsons, Sports, and Music channels. This finding alerts health promoters that any media campaign using television should be targeted at these television show times.

Discussions with Parents

Figure 3 illustrates the topics that participants were comfortable discussing with their parents. While alcohol, drugs, sex and dating had been discussed by the majority of both males and females, birth control and STDs were discussed much less, especially among males. Only about one-third of these teens had discussed STDs with their parents and less than half had discussed birth control. Males were only one-third as likely to have discussed birth control with their parents.

From the focus group discussions, teens indicated that they felt uncomfortable talking to their parents about sexual activity. The questionnaire results suggest that communication between parents and teens on topics that do not specifically imply on-going or imminent sexual activity was seen as opening the door to further discussions on more activity-oriented topics. Teens that discussed alcohol, drugs, sex (in general), and dating with their parents were ten times more likely to also discuss STD's and birth control. The students who discussed birth control with their parents were five times more likely to report receiving enough accurate information.

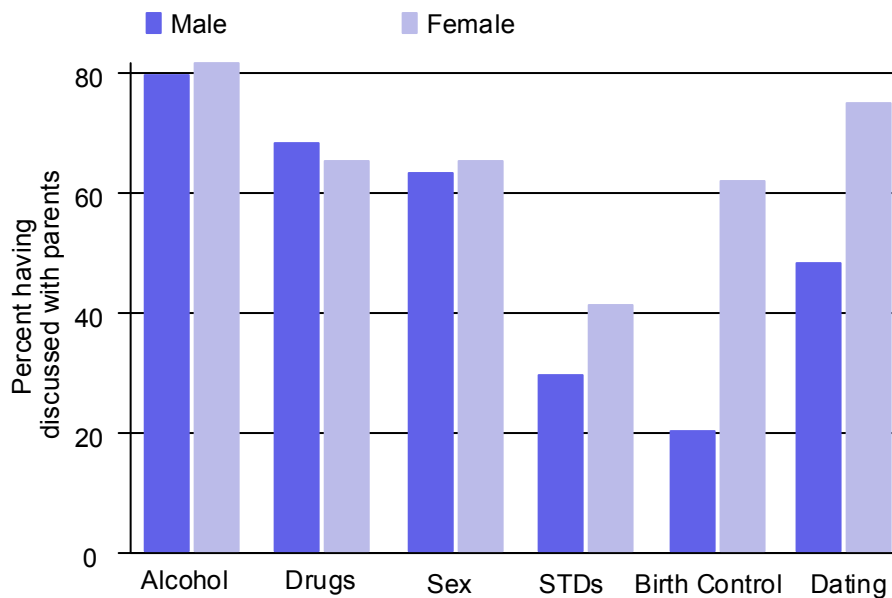


Figure 3. Fraction of participants who have discussed alcohol, drugs, sex, STDs, birth control, and dating with their parents

Sources of Information

According to Table 1, the three main sources of information on pregnancy and birth control cited by teens were classroom instruction by either teachers (73%) or nurses (57%) and from conversations with friends and peers (69%). Two-thirds of teens reported that they received only a little or no information from clinics (69%) and doctors (66%). Approximately half of the teens indicated that parents (48%) provided a lot or some learning. When asked if they had received enough accurate information about pregnancy and birth control, regardless of the source, 84% indicated that they had. On closer review, the nurse was perceived as the most accurate source of information. Respondents who received most of their information from a nurse were three times more likely to report having received enough accurate information. The least reliable source reported was boyfriend/girlfriend, with respondent being only one-quarter as likely to report having received enough accurate information. Comments on the questionnaire from those who felt they had not received enough information indicated the need for more instruction on birth control methods.

Table 1. Where teens get information on pregnancy and birth control

	Participant responses (%)			
	A lot	Some	Only a Little	Nothing
Parents	14	34	35	17
School classes taught by teachers	32	41	24	2
School classes taught by nurses	21	36	22	21
Friends/peers	35	34	20	10
Books/pamphlets	11	25	39	24
Magazines	17	32	33	18
TV/Movies	16	34	36	14
Boyfriend/Girlfriend	17	26	31	26
Brothers/Sister or cousins	7	20	24	47
Doctor	9	24	23	43
Clinic	14	16	17	52

Pregnancy as a Problem

As suggested by the focus group discussions, the questionnaire results found 97% of participants believing that unplanned pregnancy was either “a big problem” or “somewhat of a problem”. Only two students felt it was not a problem.

Effectiveness of Birth Control

The questionnaire responses indicated that most teens were quite well informed about effective methods of birth control (see Figure 4). The majority (80%) knew that abstinence was the most effective method of preventing pregnancy. It is interesting to note, however, that 20% felt that abstinence was ineffective, and as many as a third of respondents felt that condoms and the contraceptive pill were ineffective methods of birth control. Further research should address the reasons why a significant number of teens believe that these are ineffective. For example, do these teens believe that abstinence, contraceptive pills, and condoms are inherently ineffective or, as suggested in the focus group discussions, do they believe that these methods are unrealistic, used improperly, or simply not preferred?

Reasons for Pregnancy

From Table 2, and consistent with the focus group discussions, alcohol and drugs were cited as the most common reason for pregnancy, followed by the perception that it would not happen to them. This perhaps is reflective of the adolescent developmental stage where risk-taking behaviours emerge and feelings of invulnerability are not uncommon (6) (7). Two other significant reasons for unplanned pregnancy are not being prepared at the time of intercourse (85%) and difficulty in obtaining birth control (30%), both of which require further investigation into the barriers that teens face when accessing contraception. Access barriers were also highlighted in the focus group findings, and solutions such as establishing additional teen-friendly clinics were proposed. Another barrier to contraception highlighted in both the questionnaire and the focus group was the perception that males do not like to

use condoms (76%). In concordance with the focus group finding that some teens get pregnant deliberately, approximately 50% of respondents acknowledged “needing someone to love” as a reason for teen pregnancy.

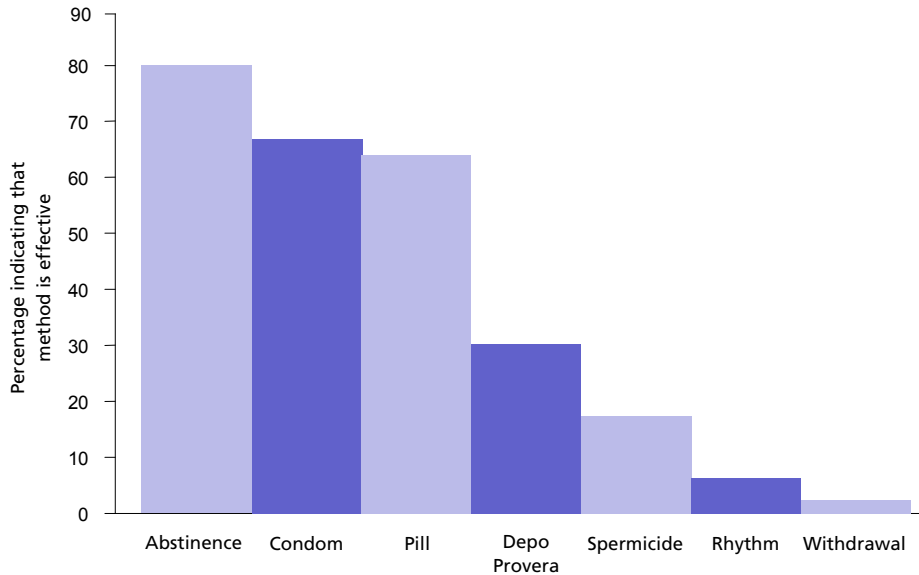


Figure 4. Percentage of participants indicating that a particular birth control method is effective.

Table 2. Perceived Reasons for Teen Pregnancy

Reason for pregnancy	Participant responses (%)		
	Hardly ever a reason	Sometimes a reason	Often a reason
Don't think they will get pregnant	5.8	47.7	46.5
Drinking/Drugs	2.3	41.9	55.8
Don't have birth control	15.1	52.9	32.0
Improper use of birth control	33.1	55.2	11.6
Girls don't like birth control	41.2	50.6	8.2
Boys don't like birth control	23.5	48.2	28.2
Hard to get birth control	70.4	21.5	8.1
Need someone to love	50.0	40.1	9.9

Study Themes

- ◆ Teens are curious about sexual activity

- ◆ Teens view sexual activity positively and as part of their normal development into adulthood
- ◆ Teens want to make their own decisions about involvement in sexual activity
- ◆ Once teens start having sexual intercourse, they are not going to stop and do not want to be told to stop
- ◆ Teens see teen pregnancy as a big problem and not accepted as part of their culture
- ◆ Teens believe pregnancy is accidental and occurs because of:
 - ◆ the influence of alcohol
 - ◆ thinking it wouldn't happen to them
 - ◆ not having contraception at the time of intercourse
- ◆ Some teens believe that some pregnancies are deliberate in order to:
 - ◆ secure the relationship
 - ◆ feel loved
 - ◆ escape a bad home life
- ◆ Teens believe that pregnancy can be prevented with education on:
 - ◆ the harsh realities of teen parenting
 - ◆ the correct usage of effective contraception
- ◆ Even though teens find it uncomfortable talking to their parents they want to be able to have conversations with their parents about the consequences of intercourse, especially the emotional and ways to prevent pregnancy
- ◆ In the school setting, teens would like sex education to start prior to grade 9 and be reinforced every year. Peer teaching by older adolescents or parenting teen was viewed as effective.
- ◆ Teens would like more confidential sexual health clinics with evening and weekend hours.

Recommendations

- ◆ Continue and expand existing healthy sexuality programs within the school systems and the community.
- ◆ Promote the development of new programs to promote healthy sexuality such as a sexual health peer education program.
- ◆ Promote the development of low-cost social and recreational activities for teens to address the issue of boredom and related high risk activities

- ◆ Involve youth in the development and implementation of teen pregnancy prevention strategies
- ◆ Increase the awareness of the relationship between unplanned teen pregnancy and alcohol
- ◆ Support and encourage parents in their role as primary sex educators of their children
- ◆ Investigate and improve teen's access to contraception

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Appendix A: Sample of Questionnaire

Appendix B: Focus Group Discussion Topics

Appendix C: Focus Group Interview Analysis (Kraft Marketing)