

YOUNG ABORIGINAL MOTHERS IN WINNIPEG

Lisa Murdock, M.A.

May 2009

Project #181



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Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

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Executive Summary

In the fall of 2008, Prairie Women's Health Centre of Excellence (PWHCE) conducted a study, *Young Aboriginal Mothers in Winnipeg*. The aim of the study was to develop a better understanding of the issues surrounding teen pregnancy among Aboriginal women, in order to adequately respond to the needs of young Aboriginal mothers through effective policies, programs and practices.

While the key findings from the research may not be representative of all Aboriginal women, they do reveal that, overall, this group of women did appear to have an adequate understanding about sex, protection, pregnancy and safe-sex practice; however, their knowledge in this regard was relatively new and fairly simple. The women routinely engaged in unsafe sex practices, most notably because the use of protection between committed partners was viewed as unnatural and not normal.

Consistent with their own perceptions on the issue, the women trace their own experiences with teen pregnancy back to the familial situations in which they were raised, and their consequential search for love and attachment. While the majority of pregnancies among this group of women were unplanned, several women maintained that their pregnancy was planned, sometimes in consultation with their intimate partner at the time. In any case, the general feeling among the women with regard to their pregnancy and their decision to become a teen mom was that of happiness. While parenting as a teen did prove to be challenging, for the most part, the women appeared satisfied with the decisions they made around their adolescent pregnancy.

The challenges identified by the women included those which centered on the women's financial hardship, lack of parenting and lifeskills, limited access to adequate housing and childcare, and difficulties around transportation. The women expressed a strong desire to further their education, find employment, and possibly have more free time for self-care.

As such, the women recognized their need for better program awareness and more programs designed to assist not only young moms, but young dads as well. They suggested that such programming should include a cultural component and provide services which include respite, mentorship, addictions counseling, parenting and lifeskills, and communication development. The women identified the need for motivational and reality speakers, as a means of preventative education, and they stressed the need for more assistance around education and childcare.

As presented in the women's own words through excerpts from their discussions with the researcher, this report offers valuable insight with which to better meet the needs of young Aboriginal women who become pregnant, or are at risk of becoming pregnant, during adolescence.

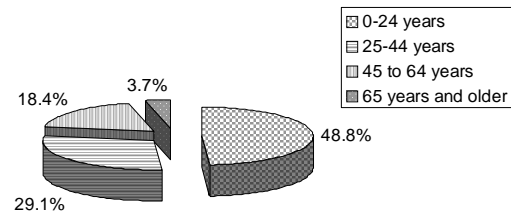
Background

In 2006, Aboriginal peoples¹ accounted for 3.8% of the population in Canada, an increase from 3.3% in 2001 and 2.8% in 1996. At the time, the Aboriginal population included an estimated 1,172,790 people. When compared to a decade earlier, these figures represent a 45% growth in the Aboriginal population, nearly six times the 8% growth in the non-Aboriginal population [2].

While the Aboriginal population in Canada spans throughout all parts of the country, the majority of Aboriginal peoples can be found in the Territories and Prairie Provinces. In 2006, Aboriginal peoples comprised 30% of the population in Manitoba and Saskatchewan. In Winnipeg, for instance, there were an estimated 68,380 Aboriginal peoples, representing 10% of the city's population and the largest number of urban Aboriginal people populated in any one of the nation's 33 census metropolitan areas [2]; women and girls made up 53% of the city's Aboriginal population [3].

Overall, the Aboriginal population in Canada is much younger than the non-Aboriginal population, with a median age of 27 years, as compared to 40 years for the non-Aboriginal population. Children and youth make up a vast proportion of the Aboriginal population in urban areas that are home to large numbers of Aboriginal peoples. In 2006, 48.8% of the Aboriginal population in Winnipeg included children and youth aged 24 years and younger [2].

Distribution of urban Aboriginal population, by age group, Winnipeg, 2006



Source: Statistics Canada, Census of population, 2006.

The growth in the Aboriginal population in Canada may be attributed to several factors, including a fewer number of First Nations communities being incompletely enumerated, a greater number of individuals identifying themselves as an Aboriginal person, and demographic factors such as high birth rates [2].

Over the past two decades, Canada has seen both upward and downward trends in the number of births each year. In recent years, however, the birth rate in Canada has been on the rise. In 2006, there were an estimated 354,617 registered births across Canada, representing the highest annual increase (3.6%) since 1989 (4.2%) [4].

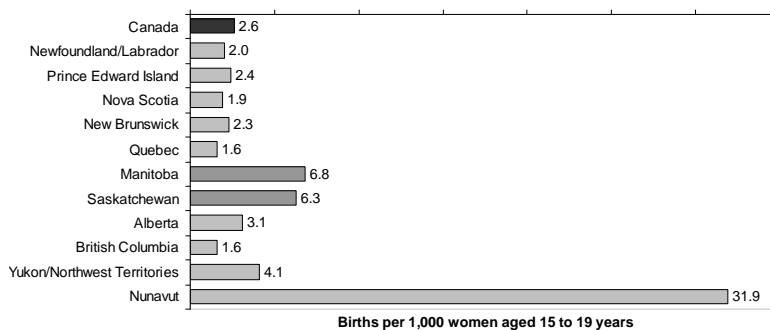
¹ “Aboriginal Peoples” is the collective name used to refer to the original peoples of North America and their descendants. The *Constitution Act*, 1982 recognizes three distinct groups of Aboriginal Peoples in Canada: Indians (commonly referred to as First Nations), Métis and Inuit. Each group is unique in terms of their heritage, language, cultural practice and spiritual beliefs [1].

Corresponding with this rising trend in the number of births is the total fertility rate (TFR).² In 2006, the TFR in Canada was 1.59 children per woman, representing the highest fertility rate since 1996 (1.62). Across the provinces, Manitoba (1.87) and Saskatchewan (1.92) recorded the highest TFR [4].

Aside from the northern regions of the country, Manitoba and Saskatchewan, which are home to the largest share and youngest populations of Aboriginal peoples, are also home to the largest numbers of young women having children. Age-specific fertility rates (ASFR)³ for 2006 reveal that Manitoba recorded 30.8 births per 1,000 women aged 15 to 19 years. In Saskatchewan, the ASFR for this age group was 34.1. On the basis of these figures, it is evident that births among teenaged⁴ women in these two provinces are occurring at more than double the rate for the overall teenaged population in Canada (13.7) [4].

In a recent study on teen pregnancy, Rotermann (2007) examined the birth rates for teenaged women across Canada. Findings from her study revealed that, compared to women in their twenties and thirties, women in their teens are much less likely to give birth to a child. Even so, each year, a substantial number of teenaged women do give birth,

Average annual rate of second or subsequent births, women aged 15 to 19 years, by geography, excluding Ontario, 2003



Source: Statistics Canada, Catalogue no. 82-003.

and some of these women bear more than one child before they reach 20 years of age. In fact, Rotermann found that, during the period from 1993 to 2003, nearly 25,000 Canadian teenagers gave birth to their second or subsequent child. Aside from Nunavut (31.9), the rates at which these births were occurring in Manitoba (6.8) and Saskatchewan (6.3) were especially high in comparison to the rate for Canada (2.6) [5].

² The total fertility rate (TFR) refers to the average number of children that a woman can be expected to have in her lifetime, based on the age-specific fertility patterns for a given year. A TFR of 2.1 represents the replacement level, the fertility rate that must be maintained to replace the current population in the absence of migration [4].

³ The age-specific fertility rate (ASFR) refers to the number of live births per 1,000 females in a specific age group. The total fertility rate = SUM of all age-specific fertility rates for a given year [4].

⁴ The term 'teenaged' refers to individuals who are between the ages of 13 and 19 years. Teenaged mothers are women who give birth to their first child, while under the age of 20 years.

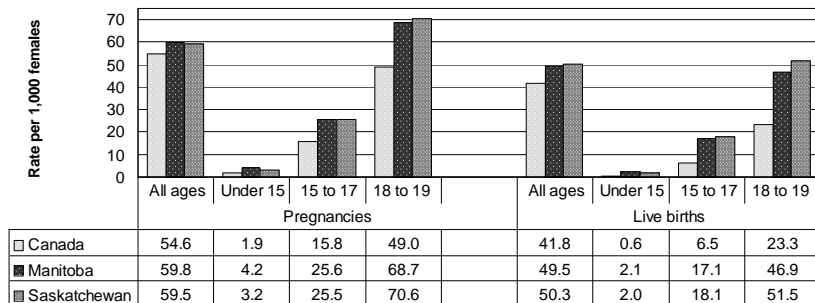
In addition to finding that high rates of second and subsequent births to mothers aged 15 to 19 years coincided with those provinces and territories which had relatively large numbers of Aboriginal residents, Rotermann (2007) maintained that, unlike the Canadian population as a whole, Aboriginal peoples have not experienced the trend to delay motherhood. In 1999, more than one in five First Nations babies were born to mothers aged 15 to 19 years. By comparison, the ratio for Canada was one in 20 [5].

Over the past 50 years, the Aboriginal population in Canada has experienced significant change with regard to fertility rates. While upward and downward fertility trends have been relatively consistent with the rest of Canada, for the most part, fertility rates for Aboriginal peoples have been on the decline, with the fertility rate dropping by approximately 50% over the past three decades [6].

Still, fertility rates for Aboriginal peoples remain much higher than that of the non-Aboriginal population [7], particularly among young women. When compared to the general population, teen pregnancies are four times higher among First Nations adolescents, 12 times higher in Inuit communities, and 18 times higher on reserves [8]. Given the health and social implications that have been linked to pregnancy among teenaged women, this statistical disposition has caused some widespread concerns.

In 2005, there were 30,534 pregnancies⁵ among women aged 15 to 19 years in Canada, and another 414 pregnancies among girls under 15 years of age. Of these 30,948 teen pregnancies, 14,013 resulted in live births, 118 of which were to girls under the age of 15 years. In

Pregnancy and live birth rates, by age group, Canada, Manitoba and Saskatchewan, 2005



Source: Statistics Canada, Catalogue no. 82-224-X.

Manitoba, there were 1,810 pregnancies among women under 20 years of age, resulting in 1,219 live births, 18 of which were to girls under 15 years of age; Saskatchewan had 1,652 teen pregnancies, resulting in 1,191 live births, 15 of which were to girls under the age of 15 years [9]. While it is difficult to determine what proportion of these pregnancies and live births were to Aboriginal teens,⁶ it has been established that Aboriginal youth are more likely to become pregnant than non-Aboriginal youth.

⁵ Pregnancies equal the sum of live births, fetal loss and induced abortions.

⁶ Fertility rates for Aboriginal peoples in Canada are sparse. The most comprehensive source on births is birth registration data compiled by the Health Statistics Division of Statistics Canada. Unfortunately, this dataset does not provide information on the fertility of populations defined by their Aboriginal identity.

PWHCE recently released a report on the health indicators for women in Manitoba. Their research revealed that First Nations women tend to be younger than non-First Nations women at the time of their first pregnancies. During the three year period from April 2001 to March 2004, there were 96.8 first pregnancies per 100,000 First Nations women under the age of 18 years in Manitoba; for non-First Nations women, the rate was 18.6 per 100,000 first pregnancies [10].

Over the past few decades, there has been an overall decrease in the number of teen pregnancies in Canada. While this decrease may be a reflection of the increased availability of contraceptives and a greater awareness of the risks associated with having unprotected sex [11], the high rates of teen pregnancies in the Aboriginal population have raised concerns that Aboriginal youth are not effectively using contraception [12].

A study commissioned by the Ontario Federation of Indian Friendship Centres found that Aboriginal youth are at an increased risk for pregnancy and sexually transmitted infections (STIs) because of their sexual practices. Although most youth reported having experienced some form of education on sexual and reproductive health, 62% of Aboriginal youth still reported being sexually active by the age of sixteen, with 50% of respondents reporting little or no use of contraception to guard against pregnancy and/or STIs. As such, Aboriginal youth are more apt to experience unplanned pregnancies than non-Aboriginal youth, and Aboriginal women are more likely than non-Aboriginal women to experience negative health and social consequences often associated with teen pregnancies [12].

When teenaged women become pregnant, they are faced with difficult decisions regarding their pregnancy, their health and their future. Whether these decisions are made by themselves or by someone else, there is a good chance that these young women will experience some degree of emotional distress [13]. Besides this, pregnancy during adolescence may have a detrimental impact on the physical and social well-being of both teenaged mothers and their children; to some extent, there are also consequences for society [8].

Teenaged women are more likely than adult women to develop complications during pregnancy, which may lead to serious medical problems, including iron deficiency anemia, pregnancy-induced hypertension, maternal toxemia, renal disease, eclampsia, depressive disorders and even death [12]. For every 100,000 live births in Canada, it is estimated that seven women will die from pregnancy-related complications⁷ [14].

While Indian and Northern Affairs Canada (INAC) compiles data on the First Nations population through the Indian Register, there is no administrative source specific to the Non-Status Indian, Métis or Inuit populations [6].

⁷ The maternal mortality data are those reported by national authorities. Periodically, UNICEF, WHO and UNFPA evaluate these data and make adjustments to account for the well-documented problems of underreporting and misclassification of maternal deaths and to develop estimates for countries with no data. These estimates are adjusted for the year 2000 and reflect the most recent of these reviews [14].

Beyond health concerns, teenaged mothers are more likely to be socially and economically disadvantaged throughout their lives than women who delay childbearing [15]. They are more likely to have low high school completion rates, low income levels, increased reliance on social assistance, more pregnancies over a shorter period of time and limited support from the fathers of their children [12].

The health and social implications for babies born to teenaged mothers include premature birth, low birth weight and infant mortality. Babies are at greater risk for early childhood injury, acute illness, poor cognitive and social development and behavioural problems. As well, they are more likely to experience involvement with child protection agencies responding to reports of abuse and neglect, more likely to be incarcerated in their late teens and early twenties, and more likely to become teen parents themselves [8, 12].

Indeed, research has suggested that many of the risk factors associated with teen pregnancies may be interconnected and intergenerational [8]. Not only is the well-being of teenaged mothers affected by their situation, teenage motherhood has been found to be a repetitive cycle that can affect the likelihood of children ending up in the same situation [15]. As such, reports from Health Canada have stated that there is a critical need to diminish rates of teen pregnancy, especially considering that *"teen parents often have lower lifetime earnings, and more social problems throughout life"* [16].

Still, it has been argued that the link between teenage childbearing and a poor socioeconomic outcome may not be causal: the chances of being a teenaged mother and the probability of being disadvantaged later on may be due to having a disadvantaged family background from the start. As such, it has been suggested that women from disadvantaged backgrounds are more likely to end up in disadvantaged situations, even if they delay childbearing [15].

Despite the immeasurable health and social consequences associated with teen pregnancies, research has shown that not all teenaged women who experience pregnancy are destined to live a life of poverty or unhappiness. Accordingly, while many teenaged women do become pregnant unexpectedly, others make an active *choice* to become pregnant, and some teenaged women choose to become pregnant more than once [17].

It is difficult to pinpoint the exact reasons why teenaged women become pregnant or give birth, as several explanations have been reported. At the same time, there has been little written about teen pregnancy and sexuality among Aboriginal youth. Thus, in order to better understand the reality of the situation for young Aboriginal women, it is important to hear what they themselves have to say about their current sexual practices and their perceptions on reproductive health [12].

Young Aboriginal Mothers in Winnipeg

To date, there exists little peer-reviewed literature specific to the issue of teen pregnancy among Aboriginal women. As such, in the fall of 2008, PWHCE commenced their investigation on the subject with the study, *Young Aboriginal Mothers in Winnipeg*. In conducting this study, the researcher set out to explore the issue by speaking with young Aboriginal women about their experiences and perceptions on sex, protection and pregnancy and their expectations and the realities of becoming a young mother.

The intent of the study was three-fold:

1. To possibly identify the key reasons for the high rate of teen pregnancy among Aboriginal women;
2. To determine the supports and/or lack of supports available to assist young Aboriginal women who become pregnant during adolescence; and
3. To inform policies, programs and practices in order to better respond to the needs of young Aboriginal mothers.

Methods and Procedures

Given the sensitivity of the research, qualitative methods, including both individual interviews and focus group discussions, were used to collect the research data. Being a community-based project, the principles of consent, confidentiality and accountability were upheld, and the research was carried out in collaboration with members from the Aboriginal community in Winnipeg. As well, a research proposal was submitted to the University of Regina Research Ethics Board⁸, and approval to begin the research was received in September 2008. The data collection phase of the project took place throughout the month of October and the earlier part of November 2008.

A total of 28 interviews and three group discussions were conducted with Aboriginal women who had personally experienced giving birth to a child during adolescence. Twenty of the 28 women who participated in an interview also participated in a group discussion. With each of these data collection sessions, the researcher led the women through a discussion about their knowledge, experience and thoughts on sex, safe-sex

⁸ Initially, the research, which began as the *Young Aboriginal Women's Reproductive Health Study*, was being carried out in both Winnipeg, Manitoba and Prince Albert, Saskatchewan. The initial study was headed by a research associate based in one of our satellite offices, located at the University of Regina in Prince Albert, Saskatchewan; hence the ethics submission to the University of Regina. The study was later separated into two distinct research projects, with the *Young Aboriginal Women's Reproductive Health Study* focusing on the research carried out in Prince Albert and *Young Aboriginal Mothers in Winnipeg* focusing on the research conducted in Winnipeg.

practices, pregnancy, child birth, parenting and support systems. Each interview and group discussion was audio-tape recorded for accuracy, and the recordings were later transcribed and typed into written format. During each group discussion, an Aboriginal Elder was in attendance to offer support where needed.

In addition to these meetings, a questionnaire was administered to the women who participated in the group discussions. The aim of the questionnaire was to collect additional information on the women's safe-sex practices and their utilization of community resources and supports. Although voluntary, all of the women who participated in a group discussion also completed a questionnaire; 20 completed questionnaires were received.

The researcher, who is an Aboriginal woman with both personal and professional ties to the Aboriginal community in Winnipeg, was responsible for conducting the research and writing the research report. All of the data collected were managed, transcribed and analyzed by the researcher. The data was analyzed both manually and with the assistance of ATLAS.ti, a computer-assisted analysis tool that offers an effective means to manage, explore, extract, compare and reassemble meaningful pieces of information from large amounts of data [18].

Study Participants

Key informant and snowball sampling strategies were used to recruit participants for the study. Notice of the study was posted on various no-charge information websites and distributed to various Aboriginal community organizations and businesses. As well, the researcher made direct contact with key informants from allied community groups and other organizations that provide services to young Aboriginal mothers.

Individual interviews and focus group discussions were scheduled with Aboriginal women who met the research criteria and had expressed interest in participating in the study. The research called for participants who self-identified as an Aboriginal woman between the ages of 15 and 25 years and who had personally experienced giving birth to a child as the result of a teen pregnancy. Twenty-eight women were selected to participate in the research.

The study participants included two teenaged women under the age of 18 years, 22 women between the ages of 18 and 27 years, and four women between the ages of 37 and 43 years.⁹ Seven women self-identified as being Métis, and 21 women self-identified as

⁹ Although the study called for participants between the ages of 15 and 25 years, the research criteria was extended to include Aboriginal women who were slightly older than 25 years, but who had noteworthy stories to share about their experiences with teen pregnancy and the issues they faced while parenting as a

being First Nations. Although the women were not asked about their marital status or sexual orientation, it was evident that all of the study participants were heterosexual women.

One woman was employed full-time, while another was employed part-time; two women were attending school and receiving monthly education allowances through Band funding; and 24 women were collecting government transfer payments as their main source of income.

The women's education levels varied from very little to higher education. Two women had less than Grade 7 education, 18 women had an education level that fell somewhere between Grade 7 and Grade 11, and eight women had completed Grade 12. One woman had furthered her Grade 12 education with a university degree.

With the exception of one woman who had given birth to her first child at the age of 18 years, all of the women had given birth to their first child when they were between 13 and 17 years of age. Two women had one child, while the other 26 women had anywhere from two to nine children. The age span between the women's first and second children varied between one and six years, with three years being the most commonly reported age difference. While the women's subsequent children generally followed every one to two years after the birth of their second child, eight women reported having their second child while still in their teen years, and one woman reported giving birth to her third child while still a teen.

At the time of their interviews with the researcher, nine women were in conflict with Child and Family Services over the custody of their children.

Knowledge and Perceptions on Sex, Protection and Pregnancy

Developing an adequate account of Aboriginal women's perceptions on sex, protection and pregnancy proved to be somewhat difficult, insofar as these topic areas were clearly private to many of the women and guarded as such. Responses to sensitive inquiries were often preceded by hesitation and expressed rather matter-of-factly. In spite of these limitations, the views and opinions shared by the women in this regard do open the gateway to better understanding teen pregnancy among Aboriginal women.

teen. For the purpose of generational comparisons, four women over the age of 35 years were intentionally chosen to participate in the research.

The Meaning of Sex

For some of the women, sex is a topic that was uncomfortable to discuss. When asked what sex means to them, the women vaguely described sex as meaning “*one-night stands*,” “*fooling around for a bit*,” and “*having intercourse for five or ten minutes*.” To a couple of women, sex meant “*fun*,” to other women, it meant “*reproduction*” and “*getting pregnant*.” For the most part, however, the term was described as “*having sex with somebody you don’t really care about*.” While most of the women regarded sex as having very little meaning, it was evident that, for many women, their perceptions on sex were rooted in some very meaningful experiences.

“(What does sex mean to you?) Well right now, nothing. I don’t really like it. (So how would you describe it or define it?) Gross. I just don’t like sex.”

Intimacy, on the other hand, did hold meaning for the women. It was regarded as “*something special between two people*,” and it entailed “*something you share with someone you really care for and love*.” It generally applied to longer relationships in which the women were “*more aware of the outcomes*” and “*more-safe, sex-wise*.” When defined in relation to sex, intimacy was said to involve emotional feelings of love and affection, and it is this intimate connection to a committed partner that transforms sex into something special.

“If you’re just asking me what sex is, it’s something physical that happens between two people. It does not have to be special. Intimacy makes it special. (And what do you mean by special?) Something you do with a partner that you love, and enjoy it, and its better that way. I guess that’s what I mean.”

When asked what being sexually active means to them, the women described sexual activity in relation to sex, rather than intimacy. While some women referred to being sexually active as a time “*when you first lost your virginity*,” the majority of women defined it as “*having sex on a regular basis*,” generally with multiple partners. For some women, being sexually active was viewed somewhat negatively, in relation to promiscuity and prostitution.

“I don’t know; that you can’t keep your legs closed.”



“Having sex with a whole bunch of partners, one after another pretty much.”



“To have sex, like on the street ... You don’t feel nothing ... To me, sex was just sex. It never meant nothing.”

In light of their own experiences, the majority of women, regardless of age, thought that somewhere between 16 and 18 years is an acceptable age for girls, and boys, to start having sex, providing they are “*educated on the types of diseases that are out there*” and on the consequences that come with sex. As well, the women thought that girls should be emotionally ready, “*have thought it through, consistently and concisively,*” and be involved in a relationship where “*they love the guy and he feels the same way;*” where “*they want to stay with that person, to further their relationship.*”

“I don’t think anything under sixteen is okay ... Before then, they aren’t really mentally developed enough and emotionally strong to know their ramifications of what could happen. Like a condom breaking and getting pregnant, catching a disease by not using condoms or not having contraceptives.”



“I say probably sixteen to eighteen years old is kind of not bad ... but it would kind of be hard to not have sex before you’re eighteen.”

The women identified several reasons why they thought girls become sexually active, including “*because their hormones get so wild,*” because “*drugs or alcohol could take an issue upon it,*” because of “*experimental things happening*” and because of “*peer pressure, to fit in with the crowd.*” Despite the fact that only three women in the study had reported experiencing some form of sexual abuse as a child, almost all of the women acknowledged that many young girls become sexually active “*because of past histories of sexual abuse*” or “*because of some things that could have went on in the home.*” With this, the women believed that many young girls become sexually active, some as young as “*twelve or thirteen years old,*” because “*they want to feel loved.*”

“I’d say their home living situation. Not enough supervision. Like, there’s some mothers that let their daughter or their son let their partner move in. You know, come and stay with them and sleep in the same room, and obviously, that’s going to lead to sex.”



“I think it depends on rape and being touched when they are kids. ‘Cause I find that most of my peers and stuff, I know a lot of people that have worked in the sex trade and it all seems to be a factor if they’ve been sexually abused ... It’s like, ‘I just done it ‘cause I thought that he would like me more’ or ‘that’s what he wanted from me’ kind of thing ... They

wanted to see if they could keep it that way by just little things like that. 'Cause I guess from being sexually abused, you're kind of learning that it just happens or it's natural. So then, you think that you have to give it away to anybody to make them like you."



"From my experience, I could say it's because of some things that could have went on in the home. Like, for me, for instance, I was sexually abused at a young age. And it just drew me away from home ... trying to seek that love and attention somewhere that I felt that I wasn't getting."



"A lot of it has to do with, you know, if there's people talking, the parties that go on, and you know, things that go on at parties ... It was just like being a virgin was, you know, not cool. And it's like that even now. I'm finding that it's getting younger and younger and younger, and it has to do with the kids being a lot more mature; a lot more sure, probably as well, too."

Although the women couldn't comment for sure on why boys might become sexually active, they did offer three possible reasons: *"because they just can't control their hormones;"* because *"they get curious at a certain age and they want to experience certain things;"* or because of *"peer pressure,"* where *"they get teased if they don't do it."* For whatever reason, most of the women thought boys become sexually active at a young age, by *"eleven, twelve, at least."*

"That's just a young boy. That's just the way the society made it out to be; the more girls you sleep with, you're cool."



"Peer pressure. They want to be cool and talk about it with their friends, so they do it. They act upon it, and what they see and hear in TV and music."



"They're curious. They need to know. They need experience. They're going to eventually find a girl that they want to marry. So until then, they need to go with the girls that'll do it. You know what I mean? A lot of guys at my age are very curious ... it's just part of life."

The women did make a distinction between girls and boys in terms of their attitude and behaviour regarding sex. Generally, sex for girls was described as being more emotional, whereas for boys, it is primarily physical. For girls, sex is a private matter. Girls tend to engage in sex to further their relationship, and they “*can be fine without it.*” Boys, on the other hand, will engage in sex to impress their friends, and they will openly talk about it because “*that’s just their image to survive.*” According to some of the women, “*guys are just rude.*” Since they have a higher sex drive than women and girls, and therefore they “*want it twenty-four-seven,*” the women explained that, for men and boys, when it comes to sex, “*their whole personality can change.*”

“Some guys can be all nice at one point and then shaft at the other point ... I always thought that maybe he would stay with me ... it’s happened to me twice. I never seen the guy after that.”

Regarding Protection

All of the women were adequately knowledgeable about protection and were able to distinguish between protected and unprotected sex. Generally, the women described unprotected or unsafe sex as “*having sex without a condom and birth control.*” Condoms and the birth control pill or needle appeared to be the most common forms of protection known to, and used by, the women. While only one or two of the women were familiar with the different types of protection available, all of the women were well aware that having sex without protection increases the risks of “*getting STDs and having unplanned pregnancies.*”

The women acknowledged that there is no form of protection that is 100% safe, and for the most part, they recognized that no one form of protection is safer than another form because “*they’re all the same.*” “*Condoms can break. Birth control can not work. It’s only ninety-nine percent effective; that one percent can get pregnant.*” Nevertheless, several women identified condoms as being one of the most versatile uses of protection. Aside from abstinence, most women felt that “*making sure you’re taking birth control and your partner’s using a condom*” is the safest sex practice. All of the women knew that birth control alone will not provide protection against sexually transmitted diseases and infections.

Unfortunately, only a couple of the women knew about safe-sex practices when they first started having sex, and many did not find out about using protection until after they had already become pregnant and/or had caught a sexually transmitted disease or infection.

“I always thought that if you went to the bathroom right after, you’d let go of everything. Like, everything would come out ... I ended up getting pregnant a second time ... And I remember I was telling my doctor ... He

goes, 'Well, that won't help.' And I asked him, 'Well, why not? Doesn't it clean everything out?' And he's like, 'No.' So, I was like, 'Oh, okay. Well, I didn't know that.'"

All of the women were of the opinion that both men and women should be responsible for carrying and using protection, though several women acknowledged that neither party takes responsibility as they should.

Thoughts on Pregnancy

Like protection, all of the women were knowledgeable about pregnancy, primarily as a result of going through the experience. Most of them knew how a woman can become pregnant, and that women can get pregnant at any time between the start of puberty and the end of menopause. Still, there were a couple of women who believed that there are certain days when it is safe to have unprotected sex without the risk of pregnancy.

"The easiest time to get pregnant is right after or before your period. (Is there any time when she can't get pregnant?) On her period; the blood pushes the eggs out so she can't get pregnant."

All of the women were aware of the effects of alcohol, drugs and smoking on unborn babies during pregnancy, but as it seemed, some women perceived smoking, whether it be a cigarette or "a little weed now and then", to be "not as bad" as drinking alcohol or doing harder drugs, such as crack and meth.

"I think there could be a lot of side effects. I think it has to do with your genes, for one, because I know both my kids have asthma, but asthma's also hereditary ... I was smoking during my pregnancies. But I think it's gotta be on what you're doing and how many cigarettes your smoking. (What about alcohol and drug use?) I don't think anybody should be doing that while they're pregnant. And that I'm against ... I know people who drank when they were big and pregnant, and it just disgusted me to know that they could do that."

Most of the women knew enough to conclude that missing a menstrual cycle, experiencing nausea, vomiting, having adverse reactions to certain foods and drinks, and gaining weight are good indicators of pregnancy. Even so, some women were unable to recognize the physical signs of pregnancy when they first became pregnant, and they went for several months into their first pregnancy before they realized that they were carrying a child.

“I knew what babies were, but I didn’t really know exactly where they came from. My mom didn’t explain to me where babies come from and why. I wondered when I was small, ‘Why is your belly so big?’ And then all of a sudden, her belly’s small again and there was a baby in the house. ‘Where’d you get that mom?’”

Sex Education

On the whole, sex education was not something that the women received at home. A couple of the women did acknowledge that they felt comfortable with openly talking to their mothers, grandmothers, sisters and aunts about sex-related issues while they were growing up.

“I lived with my auntie, growing up; like, through my teenage years. And she taught me a lot about how hard it can be, being a parent and the things that go with having sex. She just talked to me. We were so blunt with each other. We just talked. We could sit at the table and talk for, like, hours.”



“Well, not my mom, really; just my auntie because my mom didn’t really raise me ... I would ask her questions like that, and she would tell me. (And what kind of questions would you ask?) Questions, like, what should I do and stuff like that.”



“The next morning, my mom’s like, ‘You did it, didn’t you.’ Like she knows everything about me because we talk a lot, so I have a very good connection with my mother. (And you’ve always been close that way?) Yeah. ... Plus I had two older sisters who also I learned a lot of things from.”

Nevertheless, several women described intimate conversations, such as those regarding sex, pregnancy or menstruation, as awkward and uncomfortable. As such, many women tended to avoid talking about sensitive issues at home; any conversations that did take place were far from elaborate. For some of these women, this discomfort could be traced back to the broken ties between the women and their mothers as their primary caregiver. For other women, it was either because talking about “sex stuff” at home “just wasn’t going to happen,” or because they were scared that their mothers would “freak out” if they went to them for answers around sex. In any case, it was apparent that, for many women, this inability to communicate was inherent.

“I was never really told about sex or anything ... It’s kind of an awkward conversation. I knew about my period, and that was it. I figured everything out on my own.”



“I have a lot of issues with my mom ... It’s hard for her, even now, to talk to her kids about anything, personal advice, anything. She’ll tell other people how she feels ... I went to see my auntie when my period was done, and I was like, ‘She doesn’t even love me. She didn’t even tell me nothing about my period; the nurse told me.’ I was like, ‘And she was too shy to buy me pads.’ ... Then my auntie said, ‘Well, your mom told me you started your period. She said that she’s proud that you’re a woman now.’ And I was like, ‘I never heard her say that.’ So yeah, I think it was just uncomfortable for her, and hard.”



“My mom, I never really ever talked to her when we were younger. I know she’d freak out to go talk to her, so I’d talk to my friends or my friend’s auntie ... I kept thinking she’d get all mad at me. (Do you talk now, today, with your mother?) Not really. Well, kind of. Like, about relationship stuff, but not really about sex; like, sex-sex. I just don’t feel comfortable talking with her about it, probably because we haven’t talked about it before ... I wish she would have come and talked to me.”

Several women did acknowledge that, in the absence of a parent or guardian, they were able to turn to a friend or relative, primarily an older sister or aunt, for further information and advice on intimate matters. Sadly, in terms of the amount and type of information received, the value of many of these conversations proved to be limited.

“My grandma made me go on birth control ... I was living with her so she just kind of forced me. (Did she know you were sexually active?) Well, I think she thought I was. So, I’m pretty sure that’s why she put me on it. (And did she talk to you at all about that?) No. She just told me, ‘You better not get pregnant.’ That was about it.”



“I talked to my sister lots ... I told her about my first time that I started bleeding and I was scared. And she said, ‘Well, you could have come and told me. That’s your period.’ I can’t remember what she said, but she explained it better to me.”

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*“I told my cousin first ... She was older and I could talk to her about sex, a little bit. But it wasn’t exactly like the safety of it. It was more like cooing and cawing over boys. Like, ‘Oh, he’s so good looking. Ha, ha, ha, ha, ha.’ Like, bragging about it and stuff like that.”*

Overall, the women reported that much of their education around menstruation, sex, protection and pregnancy was gained through sex education classes in school. Some of the women also reported learning about particular issues around sex through a local community program or from a doctor or public health nurse. While the women did acknowledge that these avenues for information were helpful to them, many thought that their teachings around sex education came at the wrong time. For a small few, the information was delivered too early; for many others, it was too late.

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“(How did you learn about using protection when you have sex?) I think school, health class. I think six. (And what was it that you first learned about?) Like, how to put a condom on; how important condoms are to protect you from sexually transmitted diseases and pregnancy ... I wasn’t into sex then. I couldn’t care less.”

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*“I went to the doctors, and the doctors gave me condoms and stuff like that. (Was that before you got pregnant the first time?) No, after. (How old were you when you think you learned about protection?) Probably, when I was eighteen. So I had seven years. (Seven years of unprotected sex? Okay. Did you ever talk to your mother about sex or protection or anything like that?) Then, no.”*

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“Maybe my mom was waiting ‘til I was fourteen or fifteen. But I got pregnant when I was thirteen.”

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*“First, it was a doctor that told me a little bit about it. And then my public health nurse. Well, she was the one who kept calling the guy I was with ... I was thirteen years old ... She was like, ‘But if you’re his girlfriend, you need to know that we’re looking for him ... Somebody gave his name, and he needs to come see me.’ ... I just kept contact with her because she would always call me. She’s like, ‘Somebody gave your boyfriend’s name again.’ ... And I told her, ‘I just had a baby.’ I had Chlamydia, and my*

*baby could have been blind 'cause I had Chlamydia while I gave birth. And so she told me about that. She came over and she brought pamphlets and condoms."*

## Teen Pregnancy among Aboriginal Women

When asked about why they thought there are so many Aboriginal girls having babies before they reach 15 years of age, the responses received from the women appeared to reflect their own understanding and perceptions around sex, protection and pregnancy. Although their responses varied in detail, their reasons were similarly rooted in the probability that teen pregnancy can be traced back to the long history of oppression experienced by Aboriginal peoples as a group, and the consequential break-down of their family structure.

*"I think it goes back to a lot of different things. It goes back to dysfunctional homes, childhood sexual abuse, alcoholism, everything. It just comes down to it. When you get such abuse, a high percentage of the time you end up working the streets or you end up sleeping around, you end up having kids at young ages ... You can't just stop and tell kids they can't get pregnant at a young age. It's not good. You gotta work on the things that happened to them too ... What's making them become like that? It doesn't mean all people are being sexually abused, but a high percentage of the people live in dysfunctional homes, and just want to feel loved and decide to have a baby at a young age. It becomes then, part of the system."*



*"I personally think, your family growing up. It goes back to the residential schools, being dysfunctional, alcohol, drugs, incest, child and sexual abuse. It goes all the way back to that ... I can remember when I was seven years old. Me sleeping under my mom's bed and some strangers coming in and doing it on my mom's bed ... Like, I could remember those kinds of things, because everybody was partying. Little did they know I was sleeping under the bed where I was safe ... But you begin to wonder, 'What's that?' And you want to try it. And it just goes on from there. It's just an example, but there's lots of different reasons why ... It's what you learn ... If you teach them rules and give them their time and implant that in their little heads, they will grow up to use some of that knowledge. But to sit there and see all that at a young age, it's going to really mess them up. That's how I was. You know. I thought all this was okay to have sex at a young age. But it's not."*

On the smaller scale, most of the women thought that Aboriginal girls become pregnant because of the lifestyle and environment in which they are raised. Specifically, the women maintained that a lack of guidance and supervision at home is a contributing factor to teen pregnancy.

*“There’s not a lot of mothers watching their children ... A lot of these Aboriginal women just don’t seem to care about their kids. I think that they’re so into themselves. You know? There’s so much alcohol within Aboriginal families, and drugs, that they just drink and do drugs and sleep with their friends and stuff like that ... they’re not caring enough for these young girls that are going out and looking for love, I guess, that’s not at home. Yeah, and they end up getting pregnant.”*



*“I think it’s got a lot to do with parenting and how they’re being raised. And that they’re being looked after properly. Because there’s a lot of kids out there that just roam the street, so they have their opportunity and the chances to have sex young.”*



*“I think it’s a whole cycle thing. Like, if things aren’t good at home, if you’re lacking something at home, you’re going to go look for it somewhere else. So, I think that’s exactly just where it begins: at home.”*

Many of the women also believed that Aboriginal teens become pregnant as a result of being misinformed or not being properly educated on the issues around sex and safe-sex practice. Again, this lack of information was traced back to the broken homes in which many Aboriginal girls are raised.

*“I believe that. My school’s filled with them. And there’s a tiny bit of other people that aren’t Aboriginal there. They don’t use birth control. They’re not having safe sex. And maybe somebody didn’t tell them about it.”*



*“Maybe ‘cause they’re not informed right away ... in my case, my mom wouldn’t talk to me about it so I didn’t know. You’re supposed to. Our generations have bottled too much up already ... Maybe ‘cause a lot of Aboriginal people come from broken homes, and then they pass it on.”*

Others, still, believed that young Aboriginal women become pregnant, for whatever reason, simply because they want to have a baby.

*“I seen a couple girls look at me sometimes. I know what it’s like ... They look at me and they say how cute my baby is. They say, ‘Oh she looks so young.’ I think that’s what makes them want to have babies ‘cause they see other young girls having babies, and maybe it makes them feel left out from this kind of world, a world with a baby.”*



*“They see so many other young girls that have babies, and they think, ‘Oh, I’m going to have one too.’”*



*“There’s a lot of girls out there who just want a baby. Even so young, they want to have a baby so they can have something to love; for someone to love them.”*

One woman mentioned that teen pregnancy is common in her family, and she suggested that maybe living on-reserve had something to do with the fact that most of the girls in her family had become pregnant during adolescence.

*“My sister, too, had her first when she was fifteen, my other sister, the one that’s a couple years older than me. And I noticed in my family, that everyone gets pregnant between the ages of thirteen and fifteen; yeah, a lot of the girls in my family. (Why do you think that is?) Well, most of them are on reserves too.”*

The differences between Aboriginal and non-Aboriginal beliefs around abortion and adoption were mentioned as another reason for the high rates of teen pregnancy among Aboriginal women.

*“The Creator gave you life. That’s life you have in there. You got a gift. You got a gift from heaven, right? And you’re not going to destroy that. As soon as a non-Aboriginal person tells their mom they’re pregnant, ‘Go have an abortion. I’ll pay for that.’ And I experienced that. There’s so many children that are being adopted out. Their names are wiped out from the world like they never existed ... If I was to be pregnant and I gave up this child to give him to adoption, I would feel guilty for the rest of my walking days. What would this child look like? How would this child be? And if you see a child the same age as that, and then you wonder, that’s how old my little child could be. See, it’s totally different thinking, speaking from myself, as Aboriginal people because we believe in the Creator as we believe in God. And I believe that’s the total difference. And*

*we're not ashamed of our babies when they're born. No matter how they're born; no matter how they look like. We're not ashamed."*

A couple of women suggested that teen pregnancy rates among Aboriginal women just appear to be higher, possibly because of the type of statistical data collected and the manner in which this information is reported.

*"I could see it being more Aboriginal girls because there's a lot more Aboriginals in [the city] ... Once you walk down the street, there will be like ten Aboriginal people. There's a lot more Aboriginal people."*



*"I think because they keep their babies, for whatever reason. Like me, I couldn't have an abortion ... My sister wanted to have an abortion; she had her baby when she was twelve years old ... Whereas non-Aboriginal people have abortions more often or make their kids have an abortion ... When I went to the abortion clinic, there was all non-Aboriginal people there. And I was the only Native person sitting there."*

Two of the older women thought that financial motive was one reason why Aboriginal women become pregnant.

*"Because they want to be on welfare all their lives, to have money coming in so they don't have to work."*



*"I think some of these young girls just want to get pregnant ... I hear some of the young girls talking now that they want to get pregnant because they want to go on welfare or they'll get child tax benefits every month. And that's like, 'Hold on. You don't want to do that.' You know, 'You gotta think about what you're gonna be putting this little baby through; what you're gonna be putting yourself through.' You know. 'You're just young yourself.' And they're thinking its all fun and games. I don't know what to think."*

In actual fact, although she did not mention anything about not wanting to work, only one of the younger women acknowledged that, at first, the financial support she expected to receive from government transfer payments was her reason for wanting to become pregnant.

*"Well for me, it was for money. Like, for the welfare. That was how I was seeing it. Like, 'Oh, welfare will just take care of me and my baby.' And*

*people told me you get this much money, you get that much. And I was like, 'Wow!' That was for me. (So it was an incentive to have a baby.) Yeah. (Do you think that that's one of the reasons why so many young Aboriginal girls are having babies?) I think so, now. (Even though you're not eighteen?) I don't know, 'cause CFS, they had me right 'til my eighteenth birthday ... I was on independent living. They paid for everything. And as soon as I turned eighteen, they just switched my file to welfare. (And it was an incentive to have children because it was more money?) More money, yeah. (Do you think that more money is enough to take care of your children?) Not now. But when I was that age, I thought it was enough."*

In any case, almost all of the women attributed teen pregnancy among Aboriginal women to lived experiences.

*"There's a lot of things that go with teen pregnancy. It's dysfunction, its alcohol abuse, childhood sexual abuse. There's a lot of other things. You don't just decide, you live a good life and decide, 'Oh, I'm going to have a baby when I'm fifteen.' You don't plan those. It's the way you grow up. If you start at a young age, things, you could prevent that. You gotta start young."*

## Personal Experiences with Sex

The intimate details shared by the women about their personal experiences with sex offer a glimpse into the daily pressures faced by many Aboriginal women during adolescence. The stories told here present interesting and insightful information about the women's first intimate partners, their worries and concerns around sex, their sexual practices, and the factors which play into their sexual activities. While these stories may not be representative of all young Aboriginal women in Canada, they do help to better understand why teen pregnancy is happening among Aboriginal women.

### First Sexual Experiences

At the time of their first sexual experience, the women ranged in age from 11 to 16 years; 13 years was the most commonly reported age at which the women engaged in sexual intercourse for the first time. With the exception of one woman who claimed to have "pursued" her first intimate partner for two years before having sex with him, none of the women believed they were ready for their first sexual experience, although most

thought otherwise at the time. The women reasoned that they were too young to start having sex, mainly because of the consequences that came with it. Further, some women acknowledged that their first intimate partner wasn't the right person for them. As such, many women expressed that they wished they had waited until they were older to begin having sex.

*"I kind of wish I waited longer. (Why is that?) 'Cause I got pregnant at thirteen and had my baby at fourteen. And I got pregnant with the first guy I slept with."*



*"(Looking back, what makes you say you weren't ready?) My baby; my pregnancy. I never raised him."*

While some women did report drinking alcohol around the time of their first sexual experience, only two women reported alcohol as a contributing factor to having sexual intercourse for the first time. For the majority of women, their first sexual experience "just happened." In this case, the women generally reported that they "just started kissing and stuff like that," and "it just led from there." When asked about why their first sexual experience might have 'just happened', several women reported that they were "just curious." Other women reported that "it was just something to do." In any case, the women maintained that their first sexual experience was unplanned.

In addition to it 'just happening', some of the women reported that their first sexual experience came about as a result of being pressured, either by their peers or by their partner at the time. In these latter instances, the women explained that they did it because they thought they were "really in love with him," they "wanted to keep him," and they "didn't want him to go somewhere else, to leave, type thing." One woman reasoned that she had sex with her first partner because she felt she "owed him something."

*"He spent a lot of money on me, buying me stuff. Being growing up in a dysfunctional home, I just felt obligated to go with him because he just gave me so much stuff ... Plus, I found him nice to me, the kindness and that ... He was an older guy ... I was thinking like I owed him something ... because he did so much for me."*



*"We were together for, I think, about eight months before. I think it was just pressure on his behalf. (How would he pressure you?) Just bug, like, 'Well, if you love me and you want to be with me,' that kind of thing. 'You made me wait for this long.'"*



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“He was cheating on me lots and girls would always go over to his house ... I think when I was about fourteen, I started to dress up and I got my bellybutton pierced ... When he would kiss me and grope me and stuff, I didn’t really like it, but I did it just because, I don’t know, pressure. (Pressure from?) Pressure from him and from other people ... His sister would be like, ‘Well, you don’t do anything for him. You know? Like what do you do? My brother cheats on you because you don’t sleep with him.’ (Do you think that that’s why you slept with him?) Yeah.”

Two women reported that their first sexual experience was forced upon them.

“I was fifteen years old, and it was a man that took advantage of me. And at the time, I didn’t think he was taking advantage of me ... I used to babysit for his kids, so I thought I could trust him. And then he took me out of town to a farm. We were going to go for a ride. And then, I was experimenting with drinking at the time, and he gave me a couple of drinks of moonshine. And I got right messed up, like completely messed up. And he was like, ‘Oh, you can go ahead and sleep in there.’ It was like a camper-type deal or whatever. And he ended up just crawling on me. Instead of me saying like, ‘No,’ and kicking and screaming and running away, I kind of just let it happen because I thought it was my fault.”

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*“Well, my friends were older than me, like seventeen and older. And they’re like, ‘Nothing will happen.’ And I’m like, ‘Well, I don’t want to.’ They said, ‘Just go.’ And they threw me in a room with that guy. I couldn’t get away ... He forced himself on me. I was trying to get away. And he’s all, ‘Come here. You look pretty.’”*

Regardless of the reason, several women attributed their sexual activity at a young age to problems that were occurring at home. While some women were “*butting heads*” with their parents or “*running away*” from foster homes, other women found themselves with “*all this freedom*.”

*“‘Cause she’d always kicked me out or whatever. But my mom would let guys sleep over, for instance, stuff like that. Maybe she thought that things weren’t going on, but things were going on.”*

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“She was always so busy, and you know, ‘Here’s grocery money. Go buy groceries. I’m going to work.’ I just had all this freedom. Like, I had no ground rules.”



“Because my mom, she was there for school and everything ... But I guess that’s how, sort of, I got pregnant ... Because she was at work lots, and then she wasn’t there.”

Several women maintained that the lack of supervision they had during their adolescence played a key factor in their first sexual experiences.

“I just remember trying to hide it ‘cause my younger brothers and sisters were hanging around. There was a big field in our yard. I was really trying to hide it.”



“Every time I did anything like that, it would be in my mom’s house.”



“I lost my virginity when I was eleven ... He was the same age. That’s the first time I ever did it, and I didn’t take my jacket off or nothing. (So where were you?) In the basement. We were just trying to be sneaky. I don’t even know if he did his thing right because it just seemed like something to do ... Maybe I should have waited until I was older and able to do it in a bed.”

Perhaps the most astounding finding with regard to the women’s first sexual experiences was the age difference between many of the women and their first sexual partners. While the majority of their partners were said to be around the same age or slightly older than them as adolescents, several women disclosed that their first sexual partner was much older than them. Generally, these older men were employed, established in their own homes, and drove their own vehicles. Some were married, and some already had other children from previous relationships. In hindsight, all of the women who had involvement with older men did come to realize that the situation was unacceptable.

“I pursued him. Him and his wife weren’t getting along, and he went with me for a year. (When you were young?) Yeah, thirteen. He was forty-two.”



“He was thirty-three at the time when I was 15 years old. It took me a long time to realize that it wasn’t like, obviously it was my fault for going with him and whatever, but that’s just wrong. That’s disgusting. A thirty-three year old man and a fifteen year old girl. That’s not right.”



“My partner was twelve years older than me. Before, I didn’t think anything about it ... my brothers call that rape; all the time. But now, when I think back, I’m like, ‘Oh my God. I would never let my daughter do that.’ Like, some man whose twelve years older than her. I wouldn’t let that, I would have him charged. I would put my daughter on birth control; put her in a lock-up place if I could. But yeah, I wasn’t ready. I think I was taken advantage of ... He was twenty-four or something when I started, and I was twelve.”

Perhaps even more surprising was the realization that these relationships with older men were allowed to continue. After one woman had become pregnant as a teen, for instance, she was advised to refrain from identifying the father of her baby, in order to avoid potential conflict with the law.

“I found out I was pregnant ... I phoned my support worker ... She was like, ‘By [older partner]?’ And I was like, ‘Yeah.’ And she was like, ‘Don’t you think he’s a little too old?’ ... He was forty-six, forty-seven now. Then she was like, ‘I don’t know. Are you going to keep it?’ And I was like, ‘I already told him I was going to keep it.’ ... He was all scared ‘cause of our age difference, and not to tell them and stuff like that. It was like a big secret. (Did your mom know it was him?) Yeah. She knew him already. We’ve been together for maybe two months. She didn’t understand why I picked an old guy. But then she didn’t understand too that she kind of left me hanging with nothing. I was living in and out of her home. And then just going at her house, I was sleeping at my friend’s house, and then going to my boyfriend’s. And then he found a house and I just stayed with him.”



“I can’t believe I slept with an old man. Like to me, at the time, he was an old man. I was fifteen ... Oh, my family knew. My aunties and that knew ... Because I told them. (How did they react?) They weren’t my caregivers. I was on my own already. ... I was in foster homes, but to me, I was by myself. I was never home all day.”

While two women did maintain that their first sexual experience was positive, the other women disclosed that, overall, their first experience with sexual intercourse was a negative one. In addition to being painful, awkward and embarrassing, several women reported a wide range of negative feelings following the incident. A few women claimed to regret the encounter and questioned why it happened. Again, several women reflected that they were too young at the time.

“I was just thinking, ‘Okay. Is this going to be over soon? ... The next day, I felt like, ‘What did I go and get myself into? What did I do’ And yeah, I was regretful. Just ‘cause I felt like I wasn’t ready ... I just don’t think sex is enjoyable at that age.”



“I was scared after that. ‘Cause it wasn’t a good experience. I didn’t enjoy myself. I basically wasn’t thinking about myself, right? I was thinking, ‘Well, as long as he’s happy, he’ll be there.’ I felt dirty. I just didn’t like it.”



“I didn’t think it was that great. I didn’t see the big deal of it. You know, like everybody was talking about it. All my friends already experienced it, and they already had boyfriends and always hugging and kissing. And I never even hugged and kissed a boy. I was very shy of boys and stuff like that. But then yeah, once I did it, it didn’t seem like anything.”



“It just happened. I had a plan in my head, but it didn’t happen like that. It hurt. I didn’t like it. I wanted it to stop. I was like, ‘Oh my God.’ And afterwards, it hurt. I didn’t like it. I was like, ‘That’s sex?’ ... I felt kind of used ... I was like, ‘I can’t believe I just did that. It wasn’t worth it.’”

Adding to the negative experience was the fact that several women, many of whom confessed to having sex as a means to hold onto their partners, reported being “dumped” by these men, soon after they had sexual relations with them. While the women were not prompted for detailed information in this regard, they did disclose that they felt “a bit used” following their first sexual experience.

“After we had sex, our relationship didn’t last long after that.”



“Well, I seen him once after that and that’s it.”



“After I did it, I regretted it. Like, and then after, the next thing, he dumped me anyways. And I was like, [gasp]. (And what did you regret about that?) Having sex with him, and then him dumping me, and there was no connection. We were only teenagers, don’t forget. So used, a bit.”

Despite the fact that several women reported being pressured into their first sexual experiences, and many more acknowledged that they were not ready for sexual intercourse, all of the women, with the exception of the two women who had been subjected to forced sex, believed, both then and now, that they were willing participants in their first sexual experience, and thus, *“had a choice”* in the matter.

“Well, he was persistent, but I knew I could have said no.”



“It was a mutual thing. I wasn’t forced into it. I made the decision for myself.”

Disclosing Sexual Activity

It was evident that several women were not too quick to disclose their first sexual experience to anyone, due in part to the negative feelings they experienced following the incident. The women also gave other reasons for not disclosing the incident, including *“’cause it’s none of their business,”* because they *“didn’t want anybody else to know,”* and because they *“just didn’t want to talk about it.”* Several women explained that they kept the incident a secret to keep family members, namely their mothers, from finding out about it, primarily because they were so young and there might have been repercussions for their actions. As well, ironically, some women were reluctant to let their peers find out about the incident, because they *“didn’t want them thinking, ‘Oh, she’s easy.’”*

“(Did you tell anybody?) No. ... It was just like, I just felt ashamed, shy, dirty.”



“I was freaked out ‘cause I didn’t know if anyone else had done it or not. I just didn’t tell anybody for the longest time. Also, another reason why I didn’t tell anybody is because both of those boys were my good friends

and I went to school with them. It was, like, I didn't really want anything. 'Cause I was embarrassed too, at the same time."



"I was so young. I didn't really have anyone to tell. Well, my friends, but it wasn't something I talked to with my friends because my friends didn't know I was going out with the person. We were secretly dating and I couldn't tell my family 'cause I was so young. They'd get so mad."

Quite a few of the women managed to keep their first sexual experience private for several weeks, even months; however, as one woman explained, "you can't keep a secret like that to yourself." As such, several women eventually disclosed the experience, usually to a friend, cousin or older sister. Only one woman disclosed her first experience with sexual intercourse to her mother.

"My mom would have been really, 'What are you doing having sex. You're only young.' That's why I went to my sister."



"Afterwards, when I finally told my birth sister I had sex. She said, 'Well, you gotta use condoms, and you know you have to be careful what you're doing.' And she just told me, 'You have feelings.' (Did you ever talk to your mom about it?) No. (Why is that?) I was scared."



"I kept it a secret for a long time because of my good friend. I didn't want her to get mad at me. But she later did find out, and I think everyone else knew, but I didn't feel it was anyone's business to tell them. I'd rather have kept it in. No one knew. I would have been in trouble, big trouble."

Subsequent Sexual Activities

In speaking with the women about their subsequent sexual activities following their first sexual experience, it was interesting to note that several women disclosed that "it became an everyday thing after that." For some women, the time lapse between their first and subsequent sexual encounters was one or two years. For most women, however, it was somewhere between a couple of weeks and a couple of months. A few women reported having subsequent sex within days, and even hours, of their first sexual experience.

“He lived about an hour and a half away. So he’d only come on the weekends. He would stay over on the weekend. And we had sex a few times that weekend. It was like a Friday. And then we had sex a couple times again throughout the weekend.”

In all instances, the women acknowledged they became more comfortable and relaxed with having sex, as time passed.

“It’s not like I had an orgasm that night, but it did kind of open up the doors to not feeling like I could be shy for a next experience.”



“For the longest time, I wouldn’t even move; keep quiet, and not do other positions until I was fifteen. That’s when I finally started moving around. (And did you ever get any kind of pleasure out of it?) When I was about fifteen years, yeah.”



“I’m the type of person if I see somebody that’s like, ‘Wow,’ and if there’s an electricity kind of thing going on where we’re both looking at each other, that’s a connection ... I always got pretty much who I wanted when I wanted, and that’s it. And because I wanted to get some sexual experience, I would choose certain cute guys or whatever.”

For several women, their subsequent sexual activities entailed having sex with different partners, generally as a result of recurrent, brief or short-term relationships. Some women reported being promiscuous as a result of peer pressure; it was the thing to do to “*stay cool*” with your friends. Other women explained that their search for love and devotion or their desire to fill a void in their lives was what pushed them into having sex with multiple partners. Some women thought that, in exchange for pleasing a partner or giving him what he wanted sexually, they might find, and possibly secure, the love they were seeking.

“It was just with him a few times, and then I waited another, not even a year. I think it’s when I started coming to [high school] that I just started going wild. I was boy crazy ... To this day, because of from the age of probably fourteen to about up ... I’d probably slept with about fifty guys ... I felt like that’s just what they wanted. And if I did it that I think maybe I’d keep a boyfriend for longer than a month. But it never happened.”



“When I was a teenager, I remember sleeping with all my guy friends. (And what is it that made you or drives, you know, gave you that desire?) I have no idea. Like, to please them or something.”



“I was promiscuous from about the third time I had sex on until about a month before I got pregnant. ... Like, it was more just to please them; it wasn't doing anything for me at all. It was because there was just a lot of lack of stuff at home. I was constantly running away. I was never home and that's how I got into these situations in the first place. If I would have just stayed at home and just dealt with whatever I had to deal with at home, it wouldn't be how it was. But I didn't realize that at the time.”

A couple of women reported alcohol or drugs as a contributing factor to their promiscuous behaviour.

“If you're on drugs or alcohol, you do things right out of character. Now, when I'm sober I don't do that. Like, when you're on drugs and alcohol, you do things. Not every single time but ... I started using when I was about eighteen. (Do drugs and alcohol play a big part in who you sleep with?) Yeah. Oh, yeah. Ninety percent of the time, I think, anyways. That's why I have six kids ... The one relationship I was in was not good because he thought it was okay to go on the street. He fed off of me being on the street.”



“Alcohol is also a factor to do with it sometimes ... I guess it makes you more open and alcohol can get you drunk and you're kind of down for anything.”

For most women, however, subsequent sexual activities were devoted to a long-term partner, whether it was their first partner, second partner or the partner after that. In fact, even though some of these continuing relationships had been described as being an “*on-again-off-again type thing*”, many women explained that, regardless of their sexual behaviour in younger years, they have been exclusive to the same partner for a lengthy period of time.

“Well, when I was younger, I wasn't thinking ... But now, it's like, I don't think I'd just go and have sex with anyone; only with my partner.”



“Well, I haven’t had to make that decision in a while, because I’ve been with the same partner for seven years now. We’ve got three kids.”

As such, the women insisted that if they were to have sex with someone other than their usual partner, it would have to be with someone who they had known for a while, felt comfortable with, and trusted.

“You know what? The truth is I’ve been with this guy for eight years, right. We just broke up eight months ago. And I’d honestly have to be drunk to sleep with somebody the first time or else I won’t do it.”



“Well, I’m still with my kids’ dad ... We did break up and we were split up for five months. I was fooling around with somebody, but they’d have to really get to know me and I’d have to be comfortable around them before I can do anything with them.”



“I have three kids with him. We were together for ten years on and off ... In the past two years, I’ve had a few boyfriends, and one serious, but it’s usually, I like to get to know the guy first.”

Unsafe Sex Practices

Another mentionable finding from the study was that very few of the women tend to use protection when they engage in sexual activities. In looking at the results from the questionnaire, only two women reported that they use protection all the time; eight women reported rarely using protection. During the discussions with the women, only two women disclosed that they used protection during their first sexual experience, and many more women reported that they did not use any protection at all during subsequent sexual activities. In most cases this is understandable, given that many women did not learn about the facts around protection until after they had become pregnant and/or had acquired a sexually transmitted disease or infection.

“I never found out nothing about it. (So this was after you had been having sex for a while?) Yeah. (How old do you think you were when you first learned about protection?) I was sixteen. (So for three years then, you had sex in between that time?) Yeah. I didn’t even know a condom existed. You know, nobody ever told me about it, about anything like that.”

While some women were aware of protection when they first started having sex or shortly thereafter, they reasoned that they did not practice safe-sex, either because they knew very little about it and were too afraid to ask for more information, or because they were too embarrassed to get hold of it.

“No. I wasn’t aware of nothing. I was aware of condoms, but I didn’t know what you could get out there, like STD-wise. I didn’t know nothing about that ‘til I ended up getting pregnant and they had to check me.”



“I knew what a condom was, but I didn’t know how to put it on. I didn’t know what it would actually do.”



“(Did you know anything about protection?) No. (When did you first find out about protection?) After I got pregnant. I knew a little bit about it, but I’m fourteen. I was shy to ask for those kinds of things, like condoms and stuff.”

Still, even after they learned about protection and became knowledgeable about safe-sex practices, the majority of women disclosed that they frequently engaged in unprotected sex. Only two women reported that they are adamant about using protection each and every time they engage in sexual activities. In many instances, the women explained that it is because they are either intoxicated at the time, they get caught up “*in the heat of the moment*,” or both. With this, the women said they generally do not think beforehand about the consequences of “*being careless*.” Some women claimed to have unprotected sex because protection is not readily available to them. Other women cited pressures from an intimate partner as their reason for having unprotected sex. One woman admitted to having unprotected sex because she was “*working the streets*” and “*needed the money*.” Considering the consequences of these actions, this revelation was clearly frightening.

“I can admit that I slept with strangers. Like, he told me, ‘Oh, I can’t feel nothing with that on. Can we just have it without it?’ I did because I wanted the money. And me personally, I would prefer to use protection.”



“Yeah. And this guy I was sleeping with, he had Hepatitis C; and I knew it ... heat of the moment thing ... But then, as soon as it was over, I was laying there, like, ‘[gasp], he’s got Hepatitis C.’”



“I never even thought about running in the heat of the night to go and get a condom. Who’s going to think about that? ‘Wait. We gotta go to 7-11.’ Some people do, but you don’t think about that in the middle of the way you are feeling. You know?”



“‘Cause he did not want to use a condom. He said it felt very uncomfortable. (So what do you think would have happened if you asked him to use a condom?) He probably would have gotten mad at me or something or wanted to go do it with somebody else. He said, ‘I won’t cum in you.’ (Did you ever feel worried or concerned after you had unprotected sex?) A little bit, yeah. (What was your worry about?) STDs, pregnancies.”

Several women explained, both in their discussion with the researcher and on the questionnaire, that they do not use protection due to their commitment to a steady partner. This being the case, having unprotected sex is often viewed as acceptable. On the questionnaire, one woman reported being “*afraid to ask*” her partner to use protection. Another woman reported that “*it’s with a routine partner; it sometimes feels better without it.*” One other woman reported that she does not use protection, simply because she “*didn’t like it.*”

“At first, it was just kind of lack of knowledge, really, and just certain situations. And then after my daughter, I was with her dad, and you’re not supposed to use condoms when you’re with a person ... It was just because I was with a partner for so long.”



“It’s just natural. If you’re with somebody for a long time, you have unprotected sex.”



“We were just exclusive, so we didn’t have to use condoms because I was on the pill. He wasn’t doing it with anybody else and I wasn’t doing it with anybody else ... We kind of made a pact.”



“(Did you ever feel worried or concerned after you had unprotected sex?) No, ‘cause I knew the person I was with. And plus, I was always with the person for a long period of time before, you know, we had sex,

unprotected. If I'm with the person long, then I'm not worried about anything."

Even though engaging in unprotected sex is commonplace for many of the women, this is not to say that the women do not worry about the consequences of these actions. Through the discussions with the women and from the questionnaire, only two women reported not being concerned about anything after having unprotected sex and another woman reported that she did not start becoming concerned until after she had her fourth child.

"Did you ever feel worried or concerned after you had unprotected sex? Not when I was younger. I didn't have no concerns about that. (And when did you start feeling concerned?) After I had my kids. (What was your worry about or your concern?) Well, I have four other children with the same dad. And he was running around. And I didn't want to catch anything from him. So I always got myself checked out."

Whether with a committed partner or not, almost all of the women reported acquiring a sexually transmitted disease or infection at one time or another. While several women expressed concern over acquiring another infection, one woman was clearly worried about passing a disease onto her current partner.

"This other time, I ended up with this guy and we had unprotected sex. Then I contracted Herpes that time. And then I regretted it ... And the one that I'm with now, I never told him. (Are you afraid to tell him?) Yeah. (What do you think might happen?) That he'll leave me and his baby. (And how long have you been with him?) For almost a year now. (So you're afraid to tell him because you think that he'll leave you. When you found out about Herpes, did they tell you what it means?) By that time, when I contracted that, I knew what all that stuff was already. But there's one thing I didn't know is that you can contract Herpes by, even if you don't feel break-out. I never knew that. I just thought it was if you had a cold sore and you were giving a blow job or something. You know? And this guy had no break-out or anything, but I did not know that until after. I didn't know that you can contract something when you have no signs of a break-out."

It is interesting to note that one woman, who reported on the questionnaire that she acquired "Hep C from sharing a tattoo gun," also reported that she will "usually," but not always, try to use protection when engaging in sexual activities. Her reasoning was because she was afraid to ask her partner to use protection. Ironically, the woman reported concerns about contracting "STIs or HIV." For most of the women, however, their main concern was with getting pregnant.

“When I was pregnant, me and my boyfriend were having sex a lot, twice as more as we used to. And he kind of got used to it. And I almost got pregnant ever since. My girl is seven months now. I almost got pregnant six times already. And that’s when I started buying condoms ... I think using protection is actually really good ‘cause then, they can just cum inside the condom instead of in you, and then that way, you don’t have to worry.”

As such, some of the women did maintain that they were taking birth control to guard against unplanned pregnancies, while other women reported routinely taking the morning after pill. Still, there were risks involved.

“Actually, with my husband ... I was accusing him of fooling around. And I told him that I didn’t want him touching me. And I told him, I said, ‘I think that you’re fooling around, sleeping around.’ And of course he said, ‘No, no, no; I’m not doing that.’ And then, I went to the doctor’s, and I told my doctor what had happened ... I ended up catching gonorrhoea.”

Both through the discussions with the women and from the results of the questionnaire, it was learned that several women with worries and concerns about having unprotected sex will regularly “get checked out,” after the fact.

Personal Experiences with Teen Pregnancy

Aboriginal women face many issues when they become pregnant as a teen. At each stage of pregnancy, from disclosing the news, to bearing and delivering their child, to preparing for and becoming a mother, there are both challenges and triumphs. Speaking from their personal experiences with teen pregnancy, the stories presented here draw attention to some of these issues and highlight the reality of teen pregnancy among Aboriginal women.

Becoming Pregnant

Given the lack of knowledge and practice around protection and protected sex, it was not surprising to learn that almost all of the women became pregnant soon after becoming sexually active. While some women did not become pregnant for several months following their involvement in subsequent sexual activities, several women became pregnant within weeks of their first sexual experience.

“What happened with me, I lost my virginity, and two weeks later I was pregnant. It was my first boyfriend and everything ... I was two months shy of my fifteenth birthday.”

For most of the women, their pregnancies were unplanned. However, several women disclosed that their first pregnancies were planned, and for some of these women, their partner played a role in the planning. Although their reasons for wanting a baby varied, for the most part, they reflected the women’s general perceptions on teen pregnancy and focused around issues of love and attachment.

“I was mixed emotions for saying yes to it, and then the next week I’d say, ‘No. Wear a condom.’ And the next week, ‘Okay, I’ll have a baby.’ And then that last time I said no, it was too late ... He wanted this baby with me. (And how old were you at the time?) Seventeen; and he was twenty-five. (And he wanted a baby with you?) Yeah. Like, three months after we met.”



“Well, when I was younger, I always wanted to get pregnant. And it never happened until I was fifteen. Then I got pregnant, and I didn’t really believe the results ‘cause I’ve been waiting so long and I’ve had a lot of different partners try. (How old were you when you started wanting to get pregnant?) I was about thirteen, fourteen. I just wanted to have my own kid ‘cause my niece was around and I was always watching her. And I felt like if I had my own kid, then my mom would ease up on me and be a grandma. Me and my mom argued a lot. That’s probably why I just wanted one. I just wanted to have a baby.”



“I flirted around ‘cause I wanted to get pregnant. And then, after I got pregnant, I was like, ‘Oh my God. Why did I do this? Now my body’s changing like so much.’ And that was it. (And at that time, you wanted to get pregnant. Why is that?) I guess I thought that I loved him ... I met him when I was fifteen and he was like twenty-one. And then, for some stupid reason, I wanted to have a kid with him. (What do you think that a child would have done?) Kept us together ... We just broke up last year.”



“For some reason, I just felt like I wanted to have a baby. It was weird. Me and my boyfriend, we went and babysat for a girl I was going to school with ... She had a baby. So we were watching the baby, and I don’t

know. I just fell in love with having this little guy, you know. I think I kind of like, mentally, psychologically made myself have a kid, pretty much. ... It's not like we went out and we did it more. (What would a baby have done for you?) It would have just changed my life dramatically, and it did. Just because I wanted to have my own child, to have another little force of nature to love and to nurture and so forth. Not really knowing the ramifications of it, like not going back to school would have been hard and to have to pay for all the stuff that I have to, and to support a child. (So you weren't thinking about that?) I wasn't thinking about anything, no. Just the whole, 'Yeah. I would just love to have my own child.'"

Due in part to the sex education classes that were offered in school and from being around other family members who had been pregnant before them, most of the women began to suspect that they were pregnant, soon into their first phase of pregnancy. Some women reported a missed menstrual cycle as a first indication that they could be pregnant. Other women reported unpleasant reactions to certain foods, drinks or smells. Others, still, reported experiencing swollen breasts and weight gain. For most of the women, however, experiencing morning sickness was the key indication of a possible pregnancy.

"I kind of had an idea because I was late, and I couldn't drink milk. Like, back then, I was a milk person. I loved my cereal in the morning. And I couldn't eat my cereal. All of a sudden, I just threw up, right in my own bowl. That's what the milk did to me, and I knew there was something wrong with me by drinking milk ... I was scared to come to find out if I was pregnant."



"I was sick. I was so sick, and I knew it wasn't from things I was eating. I knew I was pregnant. I remember exactly where I was living and everything. I remember running to the bathroom just to get sick. Then I knew. It was happening more and more. And then I went to the doctors, and I was."



"I was tired all the time, and I was getting sick. And 'cause I was into the partying lifestyle at the time, like when I'd drink, I'd throw up. And I never, ever got sick. And I was just, 'What the hell is wrong with me? Why am I getting sick? Why am I so tired all the time? Why am I hungry all the time?' I didn't find out until I was three or four weeks along ... I didn't get my period. I was sick. I was throwing up a lot."

At the same time, with a lack of knowledge around sex education, several women had no idea that they were pregnant, and some women went for several months before learning the truth about their physical condition.

“I just noticed that I was getting big, but I thought that that was just from me eating lots ‘cause I used to smoke a lot of weed ... I was with my sisters on the bus. We were going to the Red River Ex. And before, there was always milk coming out from my breasts. And I didn’t know what that was ... I was holding a drink and I was drinking some, and I thought I spilled some ... It was always getting wet. And they said, ‘You’re pregnant.’ And I said, ‘No. I’m not.’ ... I’m like, ‘Whatever.’ I wasn’t too concerned because I just thought my sisters were just lying and whatever, just trying to scare me. And then, my sister took me up to the Children’s Hospital ... I was fourteen ... I was almost six months.”



“I went to the doctor ‘cause I thought something was wrong with me ... They told me I was pregnant. I didn’t know. And now when I remember back, I remember I was craving stuff and I was puking in the morning, but I didn’t know. I thought I was dying. I was like, ‘I’m pregnant? So there’s a baby in me?’ And then they’re like, ‘Yeah.’ And the doctor’s like, ‘Do you know what happened?’ I was like, ‘I think so.’ ... I couldn’t really understand him, and I was too shy to ask him. Then he’s like, ‘How many times have you had sex?’ I was like, ‘I don’t know. Why? What’s it to you?’ And he’s like, ‘No. I’m just trying to help you. When a man and a woman have sex.’ And then he starts giving me a little sex education thing. And I was like, ‘Oh my God. I didn’t know that.’ I guess I didn’t know where babies came from. Well, I knew, but I didn’t know sex would get me pregnant.”

Regardless of when they learned that they were pregnant, the women expressed mixed emotions in response to the news of their pregnancy. Some women acknowledged that they were not ready for motherhood.

“Like, I wasn’t ready to have a kid ‘cause I was still in school. But, my mom was, like, right behind me, so I was kind of happy that she was. Like, she didn’t disown me after that, you know?”



“Because I was too young. I wanted to keep going to school. And we had no way of supporting ourselves. At that time, I had already took off from home.”


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*“Because I was still in school and I was still young and I was with a guy whose family wouldn’t even accept it and it was just like I had my whole life ahead of me, and I didn’t want to be those welfare statistics.”*

Nevertheless, the general feeling among the women with regard to the news of their pregnancy was that of happiness. Even so, most of the women reported being concerned about their future and having to take on the responsibility of caring for a baby.

*“I got scared. (About?) Just being a mom. Like, ‘Yeah, this is really happening. I’m gonna to be a mom;’ knowing that I’m not going to be able to run around with my friends no more.”*

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“I thought it was going to say negative ‘cause I seen that sign there. And the stupid line showed and I was shocked. I just sat there a good ten minutes. I think, when I found out, I freaked out ‘cause I didn’t know if I was gonna have any money, if I was going to have anything to raise this baby.”

Upon learning that they were pregnant, all of the women made the decision, some almost immediately, to keep their baby. When asked about the reasons for their decision, it was evident that opposition to abortion, and in some cases, adoption, both from the women and from their mothers, grandmothers or other family members strongly influenced their choice on what to do about their baby. Further, several women reported that their intimate partner at the time played a big part in their decision to keep their baby.

“‘Cause I thought the man I was with was good to me and he had a two and a half year old daughter, and I saw how he was with her. (And if he wasn’t there to help you, would you still have decided to keep your baby?) Yeah. I would have had my mom and sister to help me anyway.”

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*“I was kind of scared to have it. But I talked it over with my boyfriend and he didn’t want me to get an abortion.”*

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“I had just decided to keep it. We had thought about if we were going to keep it or not, like me and my kids’ dad. But we had just decided to and

figured we'd be together for a while. (Is that who helped you make your decision?) Yeah."



"Well, I couldn't do it. It's like killing a part of me, so I just didn't want to do that either. Plus, I did love the father. So it was a child made out of love."

In hindsight, one woman reported that she might have made a different decision regarding her pregnancy, had she known what she knows now about the difficulties around being a mom.

"Sometimes I wish I would have waited or, I know it sounds bad, but sometimes I wish I would have had an abortion. (And why do you feel like that?) 'Cause at that time, I didn't realize that I had my whole life ahead of me. And I was into the partying lifestyle and I didn't really give a shit about anything. I wasn't fit to be a mother at that time. (Why would you say that?) 'Cause I was into partying and stuff like that. But then after I got pregnant, I quit."

All of the other women, however, maintained that even though they had experienced difficulties as a result of giving birth to a child as a teen, they would make the same choice regarding their pregnancy, if given the opportunity for a do-over. Here, it is interesting to note that, despite this assertion, some women reported that they would handle similar situations differently for their own children.

"I know there's so many people out there getting pregnant young. And I'm against it. I did get pregnant young, but if my daughter would have come home pregnant at fourteen, fifteen, I'm sorry. I would have to kick her ass and the boyfriend's ass. And she'd be going down for an abortion whether she liked it or not, because that is way too young to become a parent. You can't even have a life."

In any case, none of the women claimed to regret their decision to have their baby, and with the exception of one woman who had her baby for her sister and another woman who had her baby apprehended at birth by a child protection agency, all of the women expressed gladness in becoming a mother, even if at a young age.

"I was going to have an abortion, but I was almost six months, and they were going to send me to Regina or Edmonton to go and have it because they don't do it that far. And then once I heard his heartbeat, I didn't want to. (So this is when you first found out you were pregnant?) Yeah. Because at first, I thought, 'No. I don't want a baby' because I was only fourteen."

(Did anybody help you make your decision to keep your baby?) No. And when I seen him on the ultrasound. Like, I started crying. I told him that too, 'cause I don't hide nothing from my son. And I told him that I was just so happy I had him."



"I'm happy about my decision. It's turned out for the best, and to be honest, if I didn't have my kid, I don't know what I would have been doing now. Like I probably would have been bad ... Like, all my friends are really far gone and bad into drugs and everything. So, I'm glad I got pregnant young 'cause it kept me away from everything. So, I'm happy. He changed me."

Disclosing Teen Pregnancy

When asked about the issue of disclosure, most of the women reported that they first disclosed news of their pregnancy either to a close friend or to their intimate partner at the time. Reaction from friends was usually that of surprise, followed by congratulatory remarks and expressed happiness for the women; in a few instances, the reaction was disappointment in that the women should have waited until they were older to have a baby. Reaction from the women's partner, on the other hand, was either blatantly negative or openly positive; there did not appear to be an in-between. Some women reported that they received a negative reaction from the father of their baby.

"I told him when I was about four months ... He was asking me, like, 'Oh, are you going to have an abortion?' And I said, 'No. I can't. I can't now.' He really didn't want me to have a baby."



"I was dating him for three years. When he found out I was pregnant, he just took off ... She's ten years old now. He hasn't seen her at all."



"I didn't see him 'til later that night, and he was drunk, came to my house drunk. And I told him. And he was arguing with me. And he wasn't happy. He was twenty-two ... He already had a baby. And he told me 'Oh well, I don't care. Have your baby. I already have my own.' I was crying and I kicked him out of my place. I didn't want to see him. Well, I thought about

abortion. But then, I didn't really want to do it 'cause I wanted to keep the baby."

For other women, the response received from their intimate partner was quite the opposite.

"I was scared to come to find out if I was pregnant, but then when I did, I was happy ... (How did he feel about it?) He was excited; our first child together."



"He was all traumatized ... He told me not to do the test until he got back, but we did ... It was positive. And he sort of got mad that he wasn't the first one to see it ... He was very happy."



"(And did you tell the father of the baby?) Not right away. I waited about a month, I think. (And what was his reaction?) He was happy, too. I'm still with him today."

In situations where the women had close, open relationships with immediate and extended family members, generally, these individuals were the first to be informed about the pregnancy and disclosure often occurred prior to the women actually confirming their pregnancy with a doctor. On the whole, reaction to the news was positive.

"She was really acting like I was already in labour. She goes, 'Oh, my God; my daughter's having a baby!' And she was out with a friend for coffee, and she was trying to rush home and come see me, but her friend at the time, she says, 'Don't worry about it. She just found out she's pregnant.' And she felt she had to come see me right away. She was happy."



"I told my dad. He was the only person I told ... He was very supportive ... I was having morning sickness and that was the first time I was pregnant, so I didn't know what was wrong with me. And then he took me to the doctors ... the lady told me, and I started crying. And I think I told my dad the same day, but a couple hours later 'cause I was scared. I was just sitting with him and I just told him. I just told him out of nowhere. He wasn't too upset about it, maybe not as upset as he should have been. But you know, he was good."

It was not uncommon for the women to report that they were reluctant to disclose their pregnancy to anyone, due in part to the women's fear that their mothers would find out. In this case, the women were afraid that their mothers would become angry or upset, and there was no telling what repercussions lay in store for them. One woman, for example, reported that her mother was extremely upset to learn about her daughter's pregnancy. Her reaction to the news was to keep her daughter at home at all times.

"Like, 'You're not doing nothing! You're staying at home!' And stuff like that. I thought, 'Oh, my gosh. I shouldn't told her.' Because she just kept an eye on me. She's like, 'Just stay home and eat.' ... I wanted to go out so bad. She wouldn't let me. And then I had to stop going to school. She was really upset. She just didn't want me to go. She was just upset."

Another woman reported that she did not feel comfortable in talking to her mother as a result of their broken relationship which came out of their involvement with Child and Family Services (CFS).

"I was raised with my mom only until I was eight, nine years old. And then we were put into Child and Family Services. And my mom did get us back. And so I guess wasn't open enough. Like, we didn't talk about stuff like that. She didn't really raise me my whole life. My mom was doing it like a drug-abuser and prostitute and everything like that. So she wasn't the best role model or disciplinary or anything like that. She was around, but she wasn't around ... I didn't feel comfortable telling her. I wasn't attached to her. She just got us back. I still didn't tell her I was pregnant. Six months I was pregnant, yeah."

Many of the women admitted that they intentionally put off telling family members about being pregnant. In fact, some women went to great lengths in order to keep their pregnancy a secret from their mothers.

"(How old were you when you first got pregnant?) Thirteen. I hid it from my mom for, like, five months when I started getting bigger. And I started wearing all baggy clothes. (Did you know you were pregnant?) Not for the first three or four months. I started getting bigger and stuff. One day, my mom came up to me, and she just felt my stomach and she said, 'You're pregnant.' I said, 'No, I'm not!' She said, 'Yeah, you are.' She said, 'You're pregnant, aren't you?' I turned around and walked into my room, and that was that. That's how my Mom found out I was pregnant ... She took me to my first doctor's appointment [at the end of January] and my baby was born [at the end of February]. (So you went that whole pregnancy without seeing a doctor. Why was that?) Because I was scared. I was scared to, like, tell anyone 'cause I know the hospital would have called my Mom and told her."

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*“I was about five months pregnant, and I was at my mom and dad’s. I wanted to tell them so bad that I was gonna have a baby. And I didn’t want to tell them, not until I was past that mark before you can’t have an abortion ... I didn’t think they wanted to see this baby inside me.”*

In addition to putting their own health and the health of their babies at risk by keeping their pregnancy to themselves, many of these women confessed that keeping their secret weighed heavily on their mental and emotional well-being. Naturally, the women expressed great relief when their mothers did learn about their pregnancy.

*“I didn’t tell her. How she found out was I booked an appointment at the woman’s hospital, and they mailed me a letter that said, ‘Well, you missed your prenatal appointment.’ And that’s how she found out ... She’s like, ‘Oh, there’s a letter here for you from the women’s hospital.’ And I’m like, ‘Well, open it. What does it say?’ And she read it to me over the phone and she’s like, ‘Oh, you missed your prenatal appointment.’ And she goes, ‘What the hell’s going on here? Do you have anything to tell me?’ And I’m like, ‘Yeah. I’m pregnant.’ She’s like, ‘Why didn’t you tell me? Why did you make me find out this way?’ ... I just felt bad ‘cause I was scared to tell her. So, yeah. I was off the hook ... She wasn’t happy, but she wasn’t mad. She just told me, ‘I wish you would have waited.’”*

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“Actually, how she found out I was pregnant was she as like, ‘Okay. That’s it. I’m taking you for birth control because your boyfriend’s over lots.’ And I was still, on my way to the hospital, ‘But I’m still a virgin, Mom.’ We went to the doctor’s to get birth control ... And then the doctor, I thought he said I was about twelve, sixteen weeks already. And my mom was like, ‘Oh my goodness!’ ... She actually took it pretty good from what I thought. I was all scared thinking, I don’t know how she’s gonna take it ... Once it was out, I guess it was a big relief.”

Contrary to their expectations, the overall reaction from the women’s family members, in particular their mothers, was that of disappointment, rather than anger. Almost immediately, this feeling of disappointment was replaced by acceptance, support, and in some cases, excitement.

“She was disappointed. She wasn’t upset, but she was disappointed. And then I told her, ‘Well, you were younger than me when you got pregnant, mom. Was Grandma mad at you?’ She’s like, ‘Yeah, sort of, but not really.’”

She was happy when you were born.’ ... She was happy when my daughter was born ... Yeah. She was supportive during my pregnancy.”



“She was disappointed. ‘Who you pregnant by?’ You know. ‘When did this happen?’ Like, she was mad. And then she told me, ‘Well, you’re gonna have that kid; you’re not having an abortion.’”

Being Pregnant

The women identified both negative and positive experiences with being pregnant. Generally, negative experiences were physical in nature and included usual symptoms that are often associated with being pregnant. Some women relayed stories of feeling nauseous throughout their entire pregnancy, while others told stories of swollen feet and ankles. Some women remembered always being tired and feeling exhausted, and others maintained that they were always hungry. While these physical conditions were somewhat minor, one woman did report having to undergo complete bed-rest for the latter part of her pregnancy.

“I remember my feet being really huge. I think I had high blood pressure with her because I remember the doctor saying, the last two weeks, if my pressure didn’t go down within the next week, I’d have to go to the hospital until I had this baby. So I was ordered to have bed rest.”



“I was just getting like pains in my stomach. Like, I don’t know what it was. But I went to the hospital and everything was fine. But there was nothing. I think at first they thought I had gallstones or something. And then she would be draining me out. And take everything from me. I was so tired all the time.”

Some women disclosed that they struggled with problems in their intimate relationship. Needless to say, much of these problems centered on their partner’s social life and extracurricular activities.

“I found, to me, after I was pregnant, that [my partner] was kind of more distant. And he was going out a lot more. And I was the one who ended up staying home all the time. And you know, I would be there with his family, but he was always gone.”

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*“It was kind of hard, in some ways. I was wondering why I was having, like, bleeding a little bit and stuff like that. And then I found out why. ‘Cause I got a thing from my baby’s dad. And I thought I was having a miscarriage. But meanwhile, I had a disease.”*

Several women expressed difficulties in adjusting to their routine lifestyle and more confined social life. Nevertheless, they did recognize that this adjustment was necessary, to ensure the good health of their baby.

*“(What changed in your life?) Everything. I couldn’t go out. I couldn’t do what I did before. Like, I partied when I was a teen, and I couldn’t go partying. I couldn’t go scope the bar scene. (Did you try to go out?) No. I knew it wasn’t good for the baby.”*

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“I just remember feeling just crappy, and I was so sick all the time. I remember throwing up all the time. You know, just not having things that I wanted. It just felt like I was putting off everything I wanted to do. (Like what?) Like, I couldn’t go out with my friends ‘cause I was pregnant. I couldn’t go out partying ‘cause I was pregnant. (Did you try and go out?) Well, I went out a couple times. Like, you know, just going out and hanging out with them. I never drank or anything like ... I always knew things could happen to your baby.”

To assist in their transition to a more responsible lifestyle, some of the women maintained that they had to cut their ties with former friends.

“I let all my friends go. And I still don’t talk to very many people now. I started to do my own thing. I got my family; I want to do better. They’re still out there, you know, doing whatever. So I was kind of keeping to myself a lot.”

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*“I made new friends at the Adolescent Parent Centre. And all my friends were the girls that I went to school with. (And is there any reason why you didn’t keep contact with your old friends?) ‘Cause they drank and stuff and they partied. They were able to go out. I was all pregnant. I remember I went out with them when I was about six months pregnant. I was so tired. I couldn’t even keep up with them. I was like, ‘I’m going home. Call me a cab. I’m going back to my mom’s.’ And then, they just really stopped*



*calling me. After that, they're probably like, 'No. She's pregnant. Let's not call her.'"*



*"I stopped talking to most of my friends. Not 'cause I was embarrassed. I just felt sort of weird; I'm pregnant and they're not. They could do whatever they want. I kept a few close friends, and they were supportive of me."*

Being aware of potential risks to the baby as a result of drinking, smoking and doing drugs while pregnant, several women maintained they “quit everything” during their pregnancy.

*"I always thought to myself, like, you know what? It's only nine months. I want to give my baby good health. And I want to make sure my baby's fine. And I want to make sure he doesn't come out deformed or limbs missing or anything like that. So, I wasn't making that choice for me; I was making that choice for my unborn baby."*

With the exception of one woman who admitted that she “smoked cigarettes, drank and did marijuana” while pregnant, none of the women chose to drink alcohol during their first pregnancy; however, several women did confess to smoking cigarettes and/or marijuana while they were pregnant, and one woman reported using crack on a regular basis.

*"I got offered to drink a few times, but I chose not to. And I didn't smoke with her, but my second one, that was my craving. I would start craving it and I don't smoke. (And did you end up smoking?) No. I only smoked with her. And she's not asthmatic or nothing like that."*



*"I was on crack cocaine when I got pregnant, and I used 'til the first four or five months, off and on. I thought nothing at the time, when I was high; but when I was coming down, I thought, 'I hope my baby's okay,' didn't have no brain damage, no physical health defects. (So that was for the first-born.) Yeah. As soon as I found out I was pregnant with my second one, I quit right away. And the third one, I smoked everyday."*



*"I smoked cigarettes, yeah. And I think I smoked a little bit of marijuana too, when I was pregnant ... It made me feel better. It took my morning*

*sickness away. It allowed me to eat. Yeah. I smoked weed for a little while.”*

Many of the women explained that they did not live at home throughout most, if not all, of their pregnancy. While some women reported living on their own, other women reported living with their partner, a friend or some other acquaintance. Regardless of their individual situation, several women acknowledged that the conditions under which they were living at the time of their pregnancy were unacceptable.

*“I moved downstairs at her friend’s place. They let me stay there for cleaning and stuff like that. But I was eating noodles, hamburger and eggs everyday. I wasn’t properly nutritioned, except for the \$80 that I got from the baby benefit, the pregnancy benefit. I’d go buy my fruits and vegetables and stuff like that if I could out of that. But then again, I still needed for like butt stuff [toilet paper] and I didn’t have proper shoes. I’d slip around in winter. I was getting scared because it was coming closer to the time to have him. And I didn’t really have anything for him.”*



*“Well, when I found out I was pregnant, I moved in [with my partner] ... My son’s dad is like a crack dealer, and the place where we were living while I was pregnant had cockroaches and mice and I was grossed right out. I was like, ‘I’m not bringing my baby into this kind of house.’ And then, so we just moved into a little one-bedroom house. It was cute for a while. Then we moved again, and I just went on my own after that.”*



*“My sister wanted me to go live with her. I did, but I used to get up ‘cause I was so used to being with my mom. I used to leave her house in the middle of the night just to go sleep with my mother. That’s the only place where I would go. I made the best of it. My mom did too. (Why did you move in with your sister?) Well, because my mom, she was always working, and she wouldn’t be able to help me as much. (Oh, so you moved in with your sister just so somebody was there for you.) Yeah, but up until I had the baby. I was always with my mom.”*

Aside from their negative experiences, all of the women acknowledged that they had a tremendous amount of support while they were pregnant, primarily from their mothers, grandmothers and sisters. As well, their partner and members of his family, other immediate and extended family members, friends, and even their doctors offered support to the women throughout their pregnancy. Six women resided at Villa Rosa, a prenatal/postnatal residence for young, pregnant women, and another six women attended

the Adolescent Parent Centre, a school that provides both academic courses and parenting classes to pregnant teens and young mothers.

*“I went to APC. And then they started telling me stuff, and that’s when I learned a lot ... I remember they were really big on shaking a baby. I never shook babies, but I just didn’t know that you couldn’t shake a baby ... So they like taught me a lot of things, like about the belly button cleaning and just a lot of stuff they taught me, and keeping myself healthy and whatever I ate, the baby ate. I didn’t know that. (Did you know what happens if you drink alcohol?) At first, no, but when they told me that, and with smoking weed and stuff, and smoking cigarettes, it was like, ‘Oh my God. So my baby feels that?’ And they’re like, ‘Yeah.’ So stuff like that, I didn’t know. They taught me. I smoked weed at first, but then after when they told me that my baby feels it and stuff, I stopped.”*

Overall, the women reported that their experience with being pregnant was rather positive, insofar as they were happy throughout the better part of their pregnancy. In fact, several women acknowledged that they liked the feelings of being pregnant, carrying a child and “*getting spoiled*.”

*“I can remember being spoiled. I gained about 80 pounds being spoiled, by being pregnant by my baby’s dad. And he was working. And anything I wanted, he would go out and get it, even if it was late. He’d go out for a bike ride or something; we didn’t have a car or anything like that.”*



*“The feelings and emotions. Like, the mood swings. I’d get angry and upset a lot. And I’d get a weird feeling in my stomach, like from the baby kicking and stuff. (How was that experience for you?) It was pretty good; I liked it. I’d get pregnant again, but not have kids. I just liked the feeling of having a baby.”*



*“It was awful at first ... [My mom] drank constantly ... I talked to her and she said that she stopped drinking for a while. So then I went home and she then spoiled me with a bunch of food. And then it was good after that. It was really good after that. He was healthy the whole time. During my whole pregnancy, I never smoked. I never drank. I tried to eat properly as much as I could. It was a good pregnancy. My first pregnancy was awesome.”*



*“I was really happy. I felt good, like my baby. And I thought that was weird how babies could grow inside of you. I finally got what pregnancy feels like. How they could feed off you. It was all neat, like when I found out all about it. And everyone’s like, ‘Oh, I want to get pregnant. I want to feel like that.’ I was like, ‘No, you don’t’ because I’d get sick all the time. They just think how it looks. It looks cools. I had a lot of friends. And they’re like, ‘Oh, you’re pregnant. Let me see it.’ They just thought it was neat.”*

## Giving Birth

As was the case with being pregnant, the women identified both negative and positive experiences in giving birth to their baby. Naturally, negative experiences were generally that of physical discomfort in which most of the women reported unanticipated situations of extreme pain; in some cases, the women believed they were dying. Whether their babies were delivered naturally or by Cesarean-section, all of the women maintained that giving birth was a frightening experience.

*“It was the scariest time of my life. I said I’d never go through it again, but ended up going through it eight more times. It was scary, painful ... I was just freaking, ‘Help me. Please!’ And they go, ‘Just calm down.’ And I go to my auntie, ‘Don’t leave me. Please.’”*



*“I was like, ‘Mom, I feel so much pain.’ ... I was shocked ... I was just freaking out ... I was just screaming and crying. And she’s like, ‘It’s okay. It’s okay.’ I was like, ‘No. It’s not. I don’t even know. How am I going to push him out? He’s so big.’ She’s like, ‘You can do it.’ But I couldn’t feel nothing. That’s how numb I was ... It was really awkward. (How big was your baby?) Eight eleven; the first one.”*



*“That was the scariest ever, and painful. Oh, I did not know what to expect. I didn’t know I was going to be pushing her. I was hoping for a C-section. Then the doctor’s like, ‘No. You’re going to have to push this baby out. There’s nothing wrong with you. Push it out.’ And I’m like, ‘No! It hurts! Get it out!’ ... Five hours later, I gave birth.”*



*“I had a false labour twice before I actually went into labour. And the pain was worse than the first two times ... I went back in. Thirty-six hours, and I had a little girl ... She wouldn’t come out. I had to try all these different ways to try and get her out. And I was just in pain. I was just like, ‘Get this baby out of me. I just want it out.’ You know?”*

While the women were not prompted for specific information regarding the health of their baby, overall, none of the women reported any serious physical conditions with their baby. Nevertheless, a few women did maintain that there were some concerns during labour. For the most part, these concerns included the baby’s difficulty getting oxygen, in which case, the women were induced and their baby was delivered by Caesarean-section.

Evidently, the positive aspects of giving birth included feelings of joy and happiness that all of the women experienced upon the delivery of their baby.

*“I just thought my life was ruined, when I was pregnant. To tell you the truth, I wasn’t very happy. (What about after the baby was born?) I was really happy. (What was it that changed your feelings about things?) My daughter. Just having her and seeing her and how much love she gave me.”*



*“I was happy. At first, I was kind of shocked ‘cause I can’t believe it. Then when I had her, I still couldn’t believe that I had a daughter. It took me a while, but then, I actually was happy.”*



*“When I saw her, I just started crying. She came out of me; I carried her for nine months. I couldn’t stop crying. My mom’s like, ‘It’s okay.’ I was like, ‘No. You don’t know how I feel.’ I was overwhelmed. Yeah. But that’s what it was. (It was a happy feeling.) Yeah.”*

Although their mothers appeared to be their primary source of support, the majority of women reported also receiving support from other family members, friends, their partner and members of his family throughout their birthing experience.

## Parenting as a Teen

Parenting is an important role that generally requires a great deal of patience, understanding and ability. Having to take on this responsibility during adolescence would definitely present some challenges to women who become mothers at a young age. In the stories presented below, the women reflect on their expectations of motherhood, the reality of their situations and the challenges they faced while parenting as a teen.

### Parental Expectations

On the whole, parenting as a teen was described by the women as being “*hard*.” While some women did anticipate that becoming a mother would be difficult, others did not always have this perception. Some women reported that when they first became pregnant, they believed they were somewhat prepared for motherhood, simply because they had spent a great deal of time babysitting or watching over their siblings while growing up.

*“As a kid, I was always a good babysitter. When I was young, growing up, I was always the babysitter because I was always older. So I kind of knew about kids already. You know, support and everything like that.”*



*“When I was a kid, I used to raise my six younger sisters. So I kind of knew. I was like the little mom, when my mom was out being neglectful.”*



*“I just started knowing a lot more of, you know, how to take care of babies ‘cause I was taking care of my boyfriend’s nieces, and you know, caring for them.”*



*“Well, I learned how to care for babies ‘cause when I was living with my dad up north, I used to watch his kids for him while he went to work.”*

In addition to believing that they were somewhat prepared to become a mother, many of the women acknowledged that, initially, their expectations around motherhood were quite different from the reality of their current situation. First and foremost was the women’s belief that their social life would “*get back to normal*” after their baby was born.

*“Well, I thought I’d get back into partying and going out with my friends a lot. But no, that didn’t happen ... Everything changed, like, the friends. The ones that don’t have kids, I don’t even talk to them anymore. And the ones that do have kids, I talk to them sometimes, but pretty much everything, actually. I wish I could go out any time I feel like it. I wish I could walk out the door when I want to go. I could always just leave whenever I please, but I can’t now. And if I wanna leave, I gotta find a babysitter, and I couldn’t find somebody who wants to baby-sit.”*



*“I thought it would be the same, the same everything. But after she was born, everything just totally changed ... I was always with my baby all the time, taking care of her and doing what-not. I thought I’d be going to friend’s places and watching movies or go shopping or whatever, whatever I did with my friends. But no, I couldn’t. I always had to have my baby with me.”*



*“You know what? I just wanted to see what he looked like, so bad. I just wanted to see him. I wasn’t worried about what I was going to do after ... Maybe I’d go out one night a weekend. But I didn’t go and get drunk. It was more for him [my partner] to play VLTs, and I would just sit there and have a few beers and go home ... But I was glad to have a break.”*

Another false expectation centred on the women’s plans to finish high school and secure employment. While eight women eventually were able to complete their Grade 12 education, the remaining 20 women were not.

*“I expected that I was going to finish school. I just thought I was gonna have a job before I started a family.”*



*“Well, I knew it would be hard. I really, honestly thought I would finish school because I thought I would stay up [in my rural community]. I knew that coming to Winnipeg wasn’t smart.”*



*“A lot of my friends were like, ‘Oh, you’re having a baby. You’re so lucky.’ I’m like, ‘How am I lucky? I didn’t even finish school yet.’ ‘Cause that’s one thing my family was really set on. ‘You’re going to finish school*

*and graduate and go to university or college before you have a kid and start your family.’ I was like, ‘Okay.’”*

One further expectation of motherhood that was common among many of the women focused on their notion of family. Although not all of the women remained with their partners throughout their pregnancy, several women who did had expected that their relationship with their partner would continue, and together, they would start a loving family. For one woman, this is exactly what happened.

*“I thought it would be like a normal life, I guess, but just with the baby around and not as much spare time for myself. That’s pretty much the way it was. And to have my kids’ dad around, I just thought, ‘Oh, it’s good for your lives. We’ll be good.’ I guess that was my perspective on it. (Did things turn out the way you expected them to?) Yeah. They turned out good. We’re still all together. It turned out good and we have another addition.”*

For other women, however, this was not the case.

*“I felt that me, him and his dad would just be a happy family. (Would you say things turned out the way you expected them to?) Somewhat I guess, ‘cause I settled down. But my ex, my kids’ dad didn’t. He was still partying.”*



*“I don’t know. Like, the happy family, this little imaginary, perfect house with the white picket fence, stuff like that; walking the dog, taking the baby out for a stroll. (And did things turn out as expected?) No. I was home all the time and he would always be out drinking ... You get to stay home and take care of the baby. Needing pampers all the time, formula. I’d have to depend on my mom and dad. And my mom and dad would be upset at [my partner] because he’s not helping to provide for the little one. And it was very hard. It wasn’t what I expected it to be like.”*



*“I thought it would be great. But it wasn’t. The ‘Okay, I’m going to have my own little family,’ you know, ‘it’ll be good.’ Things like that. But no, it wasn’t. We fought more after the baby was born. (Why do you think that is?) ‘Cause he wanted to sleep and meanwhile I was up all the time and I went back to school a week after I had her. So I ended up taking her to school with me when she was two weeks old, class-to-class. There was just no help.”*



Even though their notions of motherhood did not turn out quite as expected, several women did report that, overall, the reality of their current situation is still “*pretty good.*”

*“Oh, I thought it was going to be fun. I thought I’m never ever going to be bored. I’m gonna have baby. I still get bored, but it’s just boredom mixed with frustration ... I didn’t see reality in it. I didn’t think. Well, I was thirteen ... I couldn’t see my baby past one year old. I couldn’t ... I don’t even talk to my baby’s father now. He never saw my daughter in the last three years ... But I think I’m living pretty good.”*



*“After I got pregnant, I was more active, like, going out with just friends. We really had good times. That changed a lot ... because after you have a baby, you can’t just haul along your baby all over. But mind you, I still go out. Like after, me and my daughter’s father, we split up probably about, when she was about five months ... And he was back in jail for five years. So, I raised his girl by myself. I wasn’t looking for a partner or anything like that. I liked it, just me and my daughter ... We had a bike. I’d double her all over the place; go visiting like that. I remember doing that when she was about 18 months. We would go everywhere. We didn’t like to stay home. With my daughter, we’d visit at Grandma’s.”*



*“Even if I had the opportunity and the chance to go out, I didn’t want to. I’d rather stay home with my family. So, I think that’s good ... At home, watch movies and be with my family. That was pretty much it. Before, I liked to go out and party and be with my friends. My lifestyle changed. I slowed down a bit, and just became a mom.”*

## **Parental Challenges**

Contrary to much of their expectations, the women identified several challenges in parenting as a teen. One of the leading challenges reported by the women involved having to take on their new role as mother and manage their daily responsibilities that came with motherhood. For some women, these daily tasks were very new to them, and despite having completed various parental preparation courses, they found caring for a new baby to be quite difficult.

*“Waking up all the time, and feeding her, giving her baths, washing all of her clothes; just everything. I thought it was hard because I was just*

*young, man. And I never had to do that ever. My mom and my sister would do everything for me. So I just had to sit there and be a kid. (So all your clothes were getting washed and everything and right away you're thrown into washing and stuff?) Yeah, my baby's and then mine. And now it's like, 'Wholly, man.' ... But even though I had my baby's grandma and stuff like that, it was still I had the baby stuff. Like, you gotta do this and you gotta do that. And I thought, 'Wholly, man.'*



*"I just didn't have the patience to sit and breastfeed a baby. I didn't even know how to make a bottle. I was taught how but, you know, I didn't really give it much thought of how important it is to keep clean bottles, to keep their bum clean, to do the changing. I didn't even know how to burp a baby. I was just taught from a bit of classes here and there. And the baby cried, and I was like, 'Oh, my God.' ... I knew about shaken baby syndrome at the age of fifteen. So what I did was put him in his crib and I just left him there. I walked downstairs, and sat downstairs and smoked."*



*"It's just hard sometimes. Like when I'm alone with them, they stress me out. That's about it. Just always being alone with them. And they're always asking me for things. Like, when I sit down and try and relax, they always want something again, and when they get into things."*

A couple of the women disclosed that they had a great deal of concern over handling their new baby, primarily because they considered their child to be *"so tiny and fragile."* As such, some of the women reported that they pushed their child care responsibilities onto their mothers or sisters.

*"I was looking at him. I was scared to touch him. And honestly, I didn't really take care of him because I was so scared to give him a bath. My sister did all that, like bathed him. And she's the one that changed him. I started doing that when he was a little bit older, maybe like four months old. Yeah, 'cause I was so scared because he's tiny. I didn't know what to do with him ... When I was pregnant, I actually had a robot baby ... I had to watch him, like to pick him up out of her car seat and stuff like that, feed him, change him. But that wasn't good enough, because I knew that was just a robot ... I couldn't even handle a robot baby when I had that when I was fourteen. I used to go hide it because I didn't want to hear it ... And then when I had my son, it was different because he's human. He actually has feeling, and he could get hurt so easily and I'm the mother."*

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“I didn’t even bath my baby. I didn’t even want to watch ‘cause my baby would just cry. I didn’t want to watch. I’d just go sit somewhere. My mom used to bath the baby.”

All of the women acknowledged that they had a great deal of support after their baby was born, primarily from their mothers and sisters. Support to the women also came in the form of social workers, community programs and specialized schools for young mothers.

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*“I had my mother, his mother, my dad. My parents are separated. So, my mom has remarried; my dad has remarried. So I had both of these Moms, both of the Dads. And it was nice.”*

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“I had my mom, I had Villa Rosa. I stayed there when I was pregnant. It was a pretty cool program. I had my mom, my support workers, CFS helped me a little bit, my step-dad, my brothers. Everyone was pretty much helpful around me since my baby was born.”

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*“It took me almost four months to leave him alone ... My sisters wanted me to get out. They said he’ll be okay, but I didn’t leave him until he was four months, for the first time. (And then going out, were you calling all the time?) Yeah. I was. My mom would get mad at me ... But as he got older, first time I left him, he was four months. The second time I left him, he was six months. But that time, it felt good because I was with him all the time. I would take him everywhere with me, like to the store and everywhere. When he was six months old, my sisters, they were still always talking behind my back, ‘Get out of the house.’ I said, ‘I don’t want to.’ I was already fifteen. I didn’t care. Even my friends were a lot of support.”*

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“I had lots. I had my mom, and my dad, and his parents, and my boyfriend, and my whole family. They were really good. And I had my school. (And what kind of support did they provide you?) They helped me make bottles, and changed diapers, if I needed to sleep for a while ‘cause I was exhausted, they let me sleep. Stuff like that. ‘Cause the one was bottle-fed, so anybody could watch him.”

For the most part, the women maintained that they usually turned to their mothers or aunties for advice on parenting and rearing their child. Two women reported that they “pretty much” figured things out on their own, simply by learning as they went along through motherhood.

“With my auntie, she was teaching me how to be a mother. For instance, I put the diaper on backwards, a bunch of other things. She was teaching me how to bath the baby, and I thought you go in the bath with the baby. I was only used to dolls. I didn’t know how to bath something that tiny. And I was just crying and crying. And I was like, ‘What am I doing wrong? He won’t stop crying.’ And she’s, ‘You’re not doing nothing wrong. Babies do that.’ She helped me out a lot.”



“I just ask. I ask a lot of people for advice. ‘What should I do’ and ‘How do I do it?’ I didn’t know how do I toilet train my daughter. That was hard. That was really hard. I was like, ‘How do I do it? How do I make her sit on the toilet?’ ‘Cause she didn’t want to. At the age of two, she was scared of the toilet. I was, like, ‘What do I do? Do I make her sit on the toilet? How do I get up with her?’ She’s four now. So she sits on the toilet, and gives it up first time. She’s like worried. ‘Cause she’s always peeing on me. I was like, ‘Oh, what do I do, man?’ It was really frustrating. I’d ask everybody. Everybody I’d talk to, I’d say, ‘You know what? I need help. What do I do?’”



“The nurses and the doctors told me what’s good. My mom told me what’s good. My mom told me what to do with the baby. And my step-dad did this, he said to tell me. And then my brothers, pretty much, they did a good job in helping me with my little girl.”

Despite having a great deal of support within the first few months of the birth of their baby, several women confessed that their support systems began to gradually dwindle over time. While certain members of their family and friends were often available to assist the women when help was needed, several women disclosed that they did not feel confident in having to rely on family members for help. Thus, one of the parental challenges faced by the women was finding childcare.

“(What about now, do you have any supports now?) Not really. Not as much as I used to.”



“I can’t depend on my family. Sometimes they drink lots. Now, anyways. Just like, I need someone to watch my daughter. And my mom goes to school.”

Continuing their education while rearing their new baby presented the women with another challenge. For several women, dropping-out of school appeared to be their best option for coping with the daily stresses of young motherhood.

“I was going to school. I was doing good there. I was actually taking [vocational training]. And I had gotten pregnant. And I stayed right until about eight and a half months. I stayed almost ‘til my full pregnancy. And then I left. And then I had to stay out of school until my son was two months. It was for the daycare. And then, that two months that I missed, about two and a half months, I fell behind. I tried and tried. I couldn’t get myself picked up again. And I ended up dropping out.”



“I guess it was hard because I’d have to get up and get my kid ready and get me ready and have to travel all the way to school on the bus. And the winter mornings was the hardest. I couldn’t handle it no more. Just traveling to school with my baby every day, and I didn’t have the freedom like I had before. Like, at lunch hour, I’d go hang out with my friends and stuff like that. I couldn’t do that. I had to be in the daycare. There’s a lot of differences. I just couldn’t handle it and just dropped out. And then I did try and go back again the following year, and same thing; it didn’t work out. So I just said forget it.”



“I had to be more responsible for my actions. I view that as a way to get my life back. And I thought I would lose all my friends, but they stayed friends with me. But school, I tried that so many times, and I couldn’t do it. (Why is that?) Well, when I found out I was pregnant, it was a mistake. And I had to transfer schools. I went to Adolescent Parent Centre. My Principal got me in there. And I was doing okay and everything. Then when I had the baby, I was always tired. (So that’s why you couldn’t go to school?) Yeah. But I did make an effort to try.”



“School is not an option right now ... They [CFS] got me in so many programs right now. (Parenting programs?) No, [a program] with my

sons, and I go for counselling myself, twice a week. So, three times a week I have to go somewhere and take a program.”

Not surprisingly, financial hardship also presented the women with some difficulty in parenting as a teen. While some women were saddened because they were unable to provide more for their baby, other women believed their financial hardship fell on not being able to work. A common theme among the women was that it was nonsense to work solely to pay for daycare.

“I wish I could have gave him more than what I had for him. Like newer stuff. You know, stuff like that. (What were some of the issues that you faced or problems?) Financially; that was the biggest thing.”



“It’s actually pretty good. I struggle but. (Struggle how?) Like finance-wise. I struggled that way. I can’t go get a job because my youngest is still at home. You know, everybody else is out of the house all day except one. And I’m not going to work a job to pay for daycare because what’s the sense in that?”

Several women were faced with the difficult task of finding adequate housing for themselves and their children. With limited finances and long wait-lists for subsidized housing, the women were often left with few housing options. Adding to this challenge was the women’s inexperience in home-hunting.

“I ended up having to move back with my mom ... It was awkward. They drank all the time, and they smoked cigarettes all the time. It used to just piss me right off. I’d just hide in my room, pretty much ... I felt like a burden to my grandma, like my mom or whatever, so I tried to find anything really quick. And then I found an apartment and it was a furnished apartment. And I didn’t know anything about looking for an apartment and what you should be looking for. And I got stuck with a complete slumlord the first time.”

Transportation was another challenge identified by the women. In addition to being costly, several women reported that traveling by bus, which happened to be their primary means of transportation, was hard for them, especially when having to “run around” with their children.

“I always found it hard to get on the bus with her. (With the stroller you mean?) Yeah. (So did you have to carry your baby or take him out of the stroller?) I just pushed the stroller on the bus. It was a big stroller.”

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*“It was hard ... I was living in [one area], and my school was in [another area]. So I had to travel a lot with my baby by bus.”*

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“I have my two daughters, and I have to get up so early, 6:30 in the morning, take them to daycare, go to school, and then go to daycare, pick them up and take them all the way home. And I’m always so tired.”

In like manner, going to appointments and doing their shopping also proved difficult for many of the women.

“The going shopping and going out and having to buy stuff; I had nobody to drive me. And I had to take my baby. And then, they didn’t have these easy access buses ... I had to carry the stroller on or take him out and take the stroller on the bus and go shopping. And then, get a cab and then put everything in the cab myself and then the stroller, then hold on. I remember a couple of times I’d have to tell the cab driver, ‘Can you not move the cab? I’m putting my baby on the back seat.’ You know. And then I would lay him down and then I would unload everything. So I think shopping. And then I would get tired. And then I’d be frustrated. I never got mad at my baby, but I cried a lot.”

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*“Getting to the hospital for her appointments; that was very hard. Shopping, transportation. (Anything else that was difficult for you?) Not that I can think of. Just transportation. To this day, it’s still a big problem for me.”*

Yet another challenge identified by the women, in particular, those women who were living on their own without guardianship or the need for parental authorization, was the difficulty they experienced in taking care of personal business matters.

*“People would ask how old I am. Even after I had my baby ... The nurses would be like, ‘How old are you? Where is your mom?’ And stuff I did by myself. When I was sixteen, I went for subsidy, and people were like, ‘Where’s your mom?’ That’s the biggest question they asked when I was doing stuff by myself ... I got turned down from Legal Aid, three times for child support. Lawyers would look at me funny and ask ... ‘Oh, did you date him?’ Just mostly because I look young, people will just look and*

*stare ... I lived at home, but my mom worked twelve hour daily. So going to school and getting subsidy and everything was up to me.”*



*“When I tried to go on assistance, that’s what motivated me to go get a job because they [social assistance case workers] just gave me a really hard time. Like, ‘How do I not know your not lying?’ Like me, I honestly, I talk with my baby’s dad maybe once every five to six months we have a conversation. And they’re giving me a hard time, saying I was living with him. I’m going to live with him. You know? How come it’s so hard for me to get child support if, you know, stuff like that. They’re on their own.”*

Perhaps one of the most difficult experiences faced by some of the women in their role as mother involved coming into conflict with child protection agencies.

*“I probably would have raised them all. But I’ve raised them for the past four years ... It’s been tough ... I got the five boys. But I have two that live over here ... They’re polite as you could ever think of. ‘Thank you, mom.’ ‘You’re welcome, mom.’ Everything is the way that you’re raised. They got manners and they’re very respectful because the woman they live with has never drank or did drugs in her life. And I see a big difference ... But I don’t think it’s fair for me just to satisfy myself and bring my family together after they have been living in the same house for all their life. They went to the same school ... I don’t think it’s fair to take them out of the home. So I said, ‘No, no, no.’ I said, ‘They are better off there.’ But I got the option of going there anytime. I get them tomorrow all day for my mom’s wedding, but it’s not fair to pull them out of the stability they have, the school. So that’s why I just choose to just leave them there.”*



*“I knew it was going to be hard ... My mom came and helped me lots. My sisters came. Right now, it’s good. I got my two boys, but I’m still fighting the court and CFS to get my daughter back.”*



*“Well now, all my kids are taken away from me. I’ve got four kids by the way. They’re all taken away from me, and I’m working on getting them back ... I was drinking way too much, every day. And I had unstable living conditions. And I had a very violent partner. I wish that I would have had her at a later age. Not when I was so young. (And why is that?) Because I wasn’t ready. I was pretty much forced to be ready.”*



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“It’s good now ‘cause I have my daughter and I’m going to be getting my other kids back ... After I had my son, it just, I don’t know. I started drinking and then I got pregnant again. But CFS let me keep my other daughters. Then I lost them. (Because of the drinking?) The drugs.”

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*“Well, I was good for him, but I couldn’t handle it in court, so I just signed him over. (Oh, you mean the court; you had to fight for the baby?) Yeah. It was hard ... I just did it ‘cause I couldn’t handle the courts.”*

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“Well, CFS came in. So after that, I wasn’t no good no more. (How come CFS came in?) Because my mom’s history. And I was in foster care when I was younger. My dad has a bad background. And I lost my baby. He’s adopted now ... I wasn’t happy, but I am now ‘cause I see him now. No. I had him for four months. ... I met him already. He knows I’m his mom ... I only met him once. (Okay. And you’re still with his father.) Yeah. (And CFS didn’t have to worry about those children?) Well, I’m gonna be getting them back.”

Despite their good intentions to maintain a healthy environment for their baby, some women reported unexpected difficulties which affected their lifestyle.

“At first it was really good. It was easy to take him to daycare and things like that. I knew everything that I was doing. He was healthy. I was healthy. He was well taken care of ... And then when I got on my own, it was it was different. I went on independent living. I was seventeen at the time when I went on it. And I had my first house. And then people started coming around and stuff like that ... They kept constantly coming over and sleeping and stuff like that. And it was getting out of hand, where it was like a hostel. It wasn’t cool. (Did you find it was difficult to take proper care of your baby with this?) It wasn’t hard to take care of him, but it was hard to like get to school and do what we had to do. It was hard because we had extracurricular activities too. Like, he had play dates; I had things like that going for him, things for his development. And I couldn’t get there if there was constantly people in my house. I couldn’t leave. I had to constantly clean up. It was getting really, really hard to even just live our lives. His basic care and everything was good, but I think he seen a lot. He’s seen so many faces for being so young. It probably confused him a lot.”

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*“I started seeing him when I was sixteen. And he went to jail for three years. And then when he got out of jail, we had kids right after another. And so everything happened so fast. But I actually had a pretty normal life. He was an ex gang member. He went back to school. He was in his third year of engineering. He used to work. We had a stable family life. And it was normal. But then, we started doing drugs together. And an obstacle came, and then reacting, fell apart, and then we broke up. And then after that, I went, I guess, depressed, kind of crazy a little bit. And started doing things. But now, I recently, I quit doing the drugs and trying to get my life back in order.”*

Although the women were not asked about specific information regarding their current relationship with their partners, some women disclosed that they were no longer involved with their intimate partners. As such, these women were faced with the added stresses of having to parent on their own.

*“You can’t hardly do what you wanted to do then. Freedom. To do anything without your children being there. You have to travel with your kids. When I had my four by myself, and all of my four kids were from the same dad. And their dad was in and out of the picture all the time. So I had it hard on my own self so.”*

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“I didn’t think I’d have all my family with me and that, but I do. I knew I was going to take care of my baby. That ended up happening. But also, I knew my baby’s father was going to try to get back with me. And that’s what’s happening now. But I won’t take him back ... He left me two months pregnant. He can’t just keep coming in and out of her life. (What is your life like now?) Complicated.”

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*“You have all these young guys that are going around making the babies and don’t really play a part in the lives of the babies and stuff. So there’s lots of kids growing up without dads. And I wish I would have had a kid with somebody that was going to stick to the contract. ‘Cause I always say I probably wouldn’t have had a kid if, no, not that. I probably wouldn’t have another one, if I wasn’t going to be with the person that. I didn’t sign up for it by myself you know ... I didn’t have a dad; now my son doesn’t have a dad.”*

Even without their partner in their lives, several women reported that they were determined to make a good life for themselves and their baby.

*“I knew that I was gonna have responsibilities and I never wanted my kid to go through anything that I went through, so I was going to work hard to try and do it on my own, but that didn’t work out, so I went back to my mom’s. I just wanted to be good. I wanted to finish school. I wanted to get a job right away, start working right away, get our own place right away, so he could go to daycare and he could start school, and like everything. And this whole time, I was thinking there’s just gonna be just me and him, and it was just gonna be just fabulous. So my expectation was it’s gonna be hard, but it’s gonna get done. That’s what I was thinking. (And did things work out the way you expected?) No. Not really. At first they did. And then it just got really hard.”*



*“I have responsibilities every day. I have to wake up. I have to feed my baby. I have to go to school while doing that. It just changed totally ... When I grew up, my mom did the best she could. But you always say you want your child to have everything that you don’t. I just look around me and people I see, like even from Adolescent Parent Centre ... half those girls couldn’t take their babies home. Their babies were in CFS. Like, they just went to school with their babies. Half of them couldn’t leave with their babies. I guess that, and I wanted to prove to my baby’s dad that I could do this all without him.”*

Taking into consideration the good with the not-so-good, several women expressed some degree of appreciation in becoming a young mother, simply because the experience had forced them to grow up and become more responsible. While some women claimed to have turned their lives around completely, other women maintained that their relationships with their parents had improved. With this, they appeared pleased.

*“I know I just straightened out. I stopped doing bad things ... I was into stealing cars, like, riding around and stuff ... She changed me around.”*



*“I was so out on the streets ... I was stealing cars and stuff and drinking with all these guys and trying to fit in. I was always getting beat up by these other girls ... That’s why I can see the point of why girls are getting pregnant these days. ‘Cause they’re going down the path that I went down ... It actually changed my life. It changed everything ... I didn’t want to lose anything by what I was doing with that baby. A baby doesn’t deserve*

*anything like that. When I see a baby, I don't know how any mother can do drugs when she's pregnant."*



*"I don't know my dad. I can't tell my dad's feelings. Me and my dad have a whole different relationship. 'Cause when I used to be bad, me and my dad never used to talk. Then when I started being good, I started connecting with him ... Right now, it's like, the relationship with my parents, especially my dad, are like, so good."*



*"I had a responsibility. I had to stay in school. I couldn't skip. I lost, well, not lost, but I had fewer friends. Yeah, stuff like, responsibility-wise and the fact that I had to grow up."*

## Wants and Wishes

The women were asked to reflect upon their lives and identify anything that they wished they could have done, but did not do, either because they became pregnant as a teen or had become a young mother.

*"Well, everything. I wish I could have gone to regular high school. I wish I had plenty of boyfriends. I wish I had had more friends, time to myself. Just there's so much."*

Overall, the women's first and foremost response was that they had wished they had finished their high schooling; for many women, this was their only response.

*"I didn't finish my schooling. That was something I really wanted to do, finish school."*



*"Maybe go back to school again. (And why do you think that you can't really do that right now?) 'Cause I'm pregnant right now. And I don't want to go back to school and do a ton of work, with two kids on top of that. So, I'm waiting. (So this is your third child now?) Yeah. They're all three years apart."*

Several of the younger women mentioned their plans to eventually further their education.

*“I’m going to finish school, work full time, then probably go back to school to upgrade. Well, I’m gonna see if I like what I’m doing now as in a legal assistant. And then see, if I like it, to become a paralegal or I want to become a police officer.”*



*“I want to finish my Grade 12 ... I find that I need to do it ... I wouldn’t mind to do something with myself. You know, I wouldn’t mind to take a training program. I wouldn’t mind to do social work.”*

Some women expressed a desire to secure a job and gain some work experience.

*“I was pregnant in school. And I didn’t tell them. But then, I was just popping out kids one after another. I never got time to get a job, ever.”*



*“I regret not having a job. My foster parents tried so hard to get me to go apply to different places, and I was too stubborn. No, virtually impossible.”*

Another wish that some of the women had expressed was their desire to “be a kid again,” without having to deal with the daily pressures of motherhood.

*“Yeah. It was hard. It’s hard carrying a baby, because you gotta change your whole lifestyle. Like, friends don’t really help them, that’s for sure. You can’t drink, you know. And you can’t do some of the stuff you can do when you’re not. For instance, go on rides. Like, you can’t go on rides anymore.”*



*“It was okay. But I did miss being a teen and going out and having fun and being with my friends. But it was okay. I was fine with it.”*



*“Because I was so young and I got pregnant right after that. I didn’t get to be a kid. I got pregnant when I was sixteen, but that’s still young to get pregnant and I could have finished school and stuff.”*

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“I wish I could have just had my last three years to be a teenager, instead of being pregnant and playing house, I guess you can call it. Now, that’s what I look at it as. He was so much older. It’s like I should have been having fun. I was still going to school and I graduated. But I should have been doing extra curricular activities. I should have been just like having fun.”

Much along these lines, several women expressed their desire for “*personal freedom*,” either for some alone-time to themselves or to “*hang out*” with their friends again, just like they had in the past.

“Well, I think when you have kids, you realize who your friends truly are, because you have those friends, you know, that just like going out and, you know, going out in the evening and stuff like that. And then when you’re pregnant, you can’t do all of those things anymore. And so you kind of find out who your true friends are, I guess.

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*“When you see your friends running around, going here and there, and you can’t do what, you know, they’re over there doing. You want to join in, but you got a baby.”*

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“You know how you get the time, how you like to go out by yourself? And you can’t because you have a baby now or once your friends call you to go out, you can’t because you have a baby now? Stuff like that.”

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*“I sometimes maybe wished I would have waited because all my friends are out and about and having fun and I’m at home watching kids. That’s about the only thing. But otherwise, all is good.”*

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“I’ve kept the same friends. It’s just I didn’t go out with them when they would go drink or whatever. I wouldn’t go, because I was pregnant. I felt like, ‘Here goes my freedom.’”

Identifying the Needs of Young Aboriginal Mothers

The stories that follow reflect the women's own awareness and utilization of the programs and resources available to assist Aboriginal women who become pregnant and subsequently take on the role of parenting as a teen. Based on their own experiences with being a young mother, the women offer suggestions for program priorities, development and improvement.

Program Awareness and Utilization

When asked about their awareness of current programs that are available to assist pregnant Aboriginal teens and young Aboriginal mothers, several of the women were quick to name off many different organizations that regularly offer a variety of community programming. Generally, the organizations mentioned included those that were well-advertised and widely known and that had been in operation for a good number of years. According to many of the women, there does not appear to be a shortage of programming to assist young Aboriginal mothers. In fact, all of the older women acknowledged how unfortunate it was for them that the programs available today were not around when they first started parenting as a teen.

“There’s like Healthy Baby now; there’s Head Start program; there’s Mom’s and Tots. You know, there’s Nobody’s Perfect program. Like, even the cultural programs. You know, there’s spiritual healing; there’s bonding with your family and children. God, I wish we had all of that when I was growing up. You know, it would have helped me out so much. My mom and dad used to help me out a lot. Like, you know, buying him clothing; I just found it very, very hard.”



“I think like parenting groups and stuff like that, young mothers, they have a lot more for kids today than they did when I was having my first baby. It’s not right. They have a lot more. They have groups to help the person cope with it you know. I use some of them. I use stress management groups, like parenting groups, like how to deal with the chaos is what I call it in my house. I don’t have one kid talking at a time. I got five, six kids talking at once. And people wonder why I’m yelling. They got to understand, okay, that one kid has to hear over the other kids talking at the same time, right? I call it chaos. I’ve learned to deal with it though. I

just tell them, 'Okay. Enough chaos!' And then it goes really quiet. And then when I'd start talking to them, then they talk one at a time. And it's like you gotta constantly do the same thing over and over. I'm used to it now though."

While the women generally acknowledged that there does not appear to be a shortage of resources for young Aboriginal mothers, several women maintained that there is a definite lack of awareness about many of the programs. Thus, unless they are “*at the right place, at the right time*”, they stand a good chance of not finding out about the programs and resources that are currently available. The most obvious reason for this was because these services usually are not well-advertised.

"I'm not too sure of any. Not really. I know there's been a few I've heard about, but I'm not too sure where they are. I could probably find out, but I don't know a whole lot about it."



"If I was in school, I would have been able to have more resources, able for people to point me in the direction of the resources."



"I got held back from a lot of things being a mom under age. (Like what?) Like school-wise. And I couldn't afford to pay for the daycare and college, working in a job in a restaurant. Just a lot, right? Because that baby was there, I couldn't do a lot ... Knowing where to turn when things are like that. Like, who to ask for the help and where to go for it. (Oh, so you didn't have enough information.) No."



"It's hard, especially if you're alone ... Just finding those different supports, I guess."

With an apparent lack of program awareness, some women acknowledged that they are forced to rely on word-of mouth for information about current programs and resources. A couple of women maintained that the programs they currently utilize were happened upon.

"I go to a mom's group. It's actually not called mom's group. I forget what it's called, but I attend it every second Thursday. (And what does that do?) They provide childcare and we sit around and talk and it's kind of like, I wouldn't say it's a religious group, but it's run through a church."

So we pray, or we cook, or we go somewhere for coffee, or we can go see a movie. They do stuff like that. They give us information on parenting. It's good. It's a good program."



"I found a resource ... they're able to get somebody to come into your home while you go out and do grocery shopping and come back. And they'll even sometimes, if they have a vehicle of their own, they can drive you around with your kids, too."



"I'm gonna take this program, actually. The health care worker that's seeing my baby, the health nurse, she's got a program where somebody will come in once a week for an hour for the first year. And then the second year, it's every two weeks. And then the third year, it's once a month. To help you bond with your baby and do a bunch of different things."



"I found out a lot of resources ... There's this place there, I know of here in the city. They can get you in a home. They can get you your own place. They'll get you the furniture. They'll get you everything you need to have your own home and get you started from there."

In addition to there being a lack of program awareness, some women identified particular concerns with the current resources available. The Adolescent Parent Program, for instance, was recognized by almost all of the women as an extremely valuable resource for pregnant girls and young mothers. Nevertheless, it was said to be not reaching its full potential because it does not address women's mental health needs.

"APC was a good school. But they didn't have counsellors there, people to talk to. They would say if you need someone to talk to, go talk to the nurse. I don't know. I know there were times when I wanted to call somebody, and when I'm at home crying. I always wanted to phone somebody and be like, 'Hey, this is how I feel. I'm so frustrated or I'm so mad.'"

Villa Rosa, a residential program that provides assistance to young, pregnant women, was criticized for neglecting to include men, and hence the notion of family, in their programming. While it was noted that Villa Rosa was specifically designed to serve only

women, it was also mentioned that this is just one of several examples of programs that exclude men in their community programming.

“Well, same like the Villa Rosa thing. Why can’t they have it where both parents are involved, living in? Like a family. Yeah. I think that’s really where the issue is. If you come from a broken family, there’s more of a chance that you’re going to have a broken family. I knew my father. Actually, my father did have a little bit, when my mom was doing drugs and stuff, he did take us and stuff like that, and then gave us back and my mom ended up losing us. He tried to be near us. So I had a good father like that, but yeah.”

Another program, while open to both men and women, was mentioned as being available only to single-parents who are registered with social assistance. Thus, individuals who are still living at home or who do not rely on social assistance were said to be unable to benefit from the program.

“There’s another school called Taking Charge, which is good for fathers too, but you have to be on assistance. That’s the only program I know that helps fathers. ‘Cause you have to be a single parent and on assistance, but you can be a man or a woman to go there.”

While the women were very vague in their critique of the current resources and services available to assist pregnant teens and young mothers, they did express specific concerns around the services offered by child protection agencies. Primarily on the basis of their own experiences, some women claimed that “CFS” has developed a habit of apprehending children without justification. That is, rather than take children away from their mothers, some women asserted that CFS should first try to provide more support to the families involved.

“A lot of girls don’t know their rights when it comes to CFS and things like that. A lot of girls get stereotyped and get their kids taken away for nothing, when there should be a little more support there. Yeah. I think that would really prevent the ongoing having kids and the ongoing like kids going into CFS and things like that.”



“I wanted to keep my baby, but after I had my baby, they took my baby from the hospital. After I had my baby, I just gave my baby to the grandma, my partner’s mother because they said I couldn’t parent and stuff. Like, I never got a chance. (Why was that, do you think?) I don’t know. It was just because family history or something. But I parented my baby through the grandma, ‘cause I got the grandma to take her. And then

I just stayed with them ... I stayed with them for three years with my baby. But I didn't have to do as much stuff. When I wanted to sleep and when I wanted them to change her bum or give her a bottle and that, they'd do that for me. (I was wondering how CFS even knew. Did you have to tell them?) No. They just found out."

The women also criticized child protection agencies for their supposed practice of ending their services rather abruptly, despite several years of involvement by program constituents.

"I was in CFS until I was eighteen. I went from CFS at eighteen then they put me just right on welfare."



"CFS, they had me right 'til my eighteenth birthday. Yeah, right 'til I was seventeen. I was on independent living. They paid for everything. And as soon as I turned eighteen, they just switched my file to welfare."



"It's hard when you're young and in CFS. You know? It's hard, very hard. I was left in CFS 'til I was eighteen. It's just, 'There you go. You're on your way.' You know? That's all they do to you. 'Have a nice life.' They give you one last cheque and that's about it."

Some women reported that their dealings with CFS were the result of becoming pregnant as a teen.

"My worker. Like, when I got pregnant, I started dealing with a social worker. And then I asked why, and said she, 'Well, 'cause you're under age. You're under age and you're pregnant, you're gonna have a baby, so I have to deal with you until you're eighteen.'"



"Well, I got him on CFS because, I guess when people under eighteen, when they have babies or get pregnant, they get a worker or something."



"I had to be involved with CFS. So they'd sent down somebody, a support worker, to come sit with me, you know, watch me with my little baby. If I did something wrong, they'd let me know."

Despite their overall grievances with child protection agencies, many women did have positive things to report with regard to the multiple avenues of support that they had received from these agencies over the years. For some women, CFS was their first avenue of support in times of trouble.

“I wasn’t even grown up, but I did phone CFS and they came and talked to me. And I made a decision when the dad was at work to give my baby to CFS. I was hysterical myself. And I just wanted the best, like you know, my baby to be ... He got him back two days later, or maybe the next day ... I had everything. Materially and financial, I was fine. From the dad. He just bought a house ... I just kept on taking off on him. I always had a place to go to though. But he was a single father from then on. But my opportunity were always open to go see the baby anytime I wanted. But I didn’t, because I started drinking lots and then I got into the drugs.”



“I moved myself to a Moms and Babes home through CFS ‘cause I called CFS and I moved myself. So, that was awesome. That was great too because if my baby was sick and I couldn’t go to school, they could watch my baby for me and then I could still go to school. So it made it a lot easier.”

Still, it was apparent that some women held a grave misunderstanding with regard to the manner in which some child protection agencies operate. Because of their own fears that their children will get apprehended, some women disclosed that they will refrain from seeking and using any kind of resources that provide assistance with parenting. Evidently, the danger here lies with the risky and stressful situations in which the women inadvertently place themselves and their children by not asking for help.

“(Have you ever used any kind of programs for young mothers?) No. (And why is that?) I didn’t want to get involved with nothing. I just like to do it on my own.”



“He started hitting me. And then, I don’t know, I didn’t want to tell the school because I learned about CFS and young parents and stuff, and I seen kids getting taken or heard about it and stuff. So then I got worried. And then I just, I don’t know. I couldn’t take it no more. I was like, ‘Oh my God. He’s going to hurt my baby.’ So then, I called my mom and asked her if I could go move back home with her.”



“I seen my older sister. She had her babies, and then she got them taken away. And other people in my family. I was scared for that to happen to me ... But that’s why I didn’t go out and get support because I thought that would lead back to CFS or something. I didn’t want it to lead back to them, for me, thinking that I can’t do it by myself ... I just didn’t want to seem dependent.”

Suggestions for Improvement

When asked about what could be done to better meet the needs of young Aboriginal mothers and Aboriginal teens that are pregnant or at risk of becoming pregnant, the women offered a wide range of ideas. Much of what they suggested, which was based on their own experiences and the challenges they encountered while parenting as a teen, began with prevention. One of the more widespread suggestions was the need to develop more programming around building communication skills within the family, and in particular, between parents and teens. Results from both the discussions with the women and from the questionnaire revealed that the majority of women believed that teaching parents and children how to talk to each other could prevent minor concerns from developing into major dilemmas. Several women recognized that the lack of communication within the family is a source of many problems among Aboriginal teens.

“Before it even gets into a problem ... help figure out a way to talk to them.”



“I’d say prevention first. Like, the whole talking to the guardian, like the parents and the guardian thing. Like teaching them how to talk to their kids, that’d be good. And a class how to talk to your parents might even help too because kids are really cocky these days. They’re trying to be independent, but that’s not the case. I think that would help. A class on how to connect with each other would be good.”



“There’s a lack of talking. There’s peer pressure. You can’t protect your kid all the time, but at least put some effort into it. And there isn’t really any classes or anything like that for parents to go and, not that I’ve heard of anyways, to go and talk, like how to talk to your child about sex, your teenager. I’ve never heard of anything out here. ‘Cause I’m sure there is, but it’s not something that just thrown out there for you.”

The women also suggested that teaching our youth how to talk to each other could prove helpful, as will “*talking to boys on how to treat women*” and “*talking to women on treating themselves right.*” Clearly, several women were of the opinion that communication is the key to prevention. With this in mind, the women suggested getting different groups together in which discussions about sex education and familial issues take place. Some women suggested groups involving teens with their parents; other women suggested groups for just teens.

“Talk to them about safe sex, offer birth control.”



“Have more groups with teens so they can learn that it’s hard to raise a kid when you’re young.”

Some of the women asserted that sex education classes should be made mandatory in school, as part of the curriculum. Based on their own experience, the women maintained that when sex education was offered in school, the information taught tended to be limited and non-descript, leaving the women with more questions than answers. Several women also explained that sex education should include “*intense programming*” and be offered earlier in school, perhaps as early as grades five or six.

“Maybe kids can get taught a little bit more in school. I’d say they’d have to teach them in grade seven, maybe even grade six about sexual education and stuff. ‘Cause I remember when I was going to school, we had to take sex ed and everything, but that was late in how they give it to you. They should be showing them probably grade six and grade seven now because everyone is getting more sexually active at a younger age. So if they bring that into grade six, grade seven, I think that’s an appropriate age because by grade six, twelve years old, a lot of kids know about sex at that age right now.”



“Just we just need to educate our youth a lot more about pregnancy. In the schools. (At what grade do you think they should start the education?) I think grade six, seven, because that’s, a lot of the ages that the youth today are getting pregnant. (Grade seven is when they’re starting to become sexually active?) Yeah.”



“I would say the first step would be making it mandatory for, you know, when you’re in grade six, five, you start to want to go with boys. You

know. I see that. It might sound crazy, but five, six years old, you start to like boys already. And if you make a more awareness, it's like, I remember things from grade six. And have speakers come in. And people that been there. 'Cause I'm sure there's thousands of young mothers that would love to speak to young people about their experience as single moms, single dads. Not just women, but men too. There's young men that raise their kids on there own, and then stuff."

Another widespread suggestion was to incorporate “*real-experience speakers*” into the sex education teachings that are currently being offered in high schools. Both through the discussions with the women and from the questionnaires, just about all of the women recognized the need to have individuals, both men and women who have gone through the experience of teen pregnancy, visit with high schools and talk with students about the issues around teen pregnancy and being young parents.

“Speaking really helps you go forward in your life. I noticed that. I've been sober for eighteen months. Just going around listening to people speak about their experiences on drugs and alcohol, I've learned a lot. People who've lived through it and been sober, I find that's what keeps me going ... He's an Aboriginal man. He came in and he spoke about drinking and driving. And I always remember that because he told us about his life. And he's from next door to where I come from ... When they do get sent to a little bit of reality, then they're on their feet again, you know. Then they're listening and crying. That's why, once again, it goes back to real life reality. And when you have somebody who shows us how hard it is, and shows their emotions and tells them, it sticks with them. Oh yeah, it doesn't just go away.”



“I think to have people to go to their school to have a talk with them how it could be hard sometimes.”



“You don't need a degree to go sit and share your personal life experience with a hundred teenaged women, young girls that are just experiencing sex. For somebody just to go sit and talk to them, you don't need a degree for that. And you know what? I bet you, you will touch at least a couple of their lives. And what you say to them will have impact and stick with them forever. Like, out of a group, you'll always help one person. And to help one person is a big difference than helping none. That's the way I look at it.

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*“Have speaker kids so they can hear about it. Have speakers go to schools and stuff and tell people, tell the students.”*

A couple of women agreed that there should be more education and awareness campaigns directed at the issue of teen pregnancy and parenting as a teen.

*“I think there should be like more information. You know, like how they got posters up on smoking and stuff; they should have posters up on that, right? One or two posters every thirty blocks isn’t good. Do it in the schools. (What should the posters say?) What you can lose. The downfalls to being pregnant at an early age, you know. There’s a lot of things they lose.”*

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“More education, condom hand-outs, awareness, have videos, show this is life. Like, do a little documentary of a pregnant teenage girl whose living in a house, which is probably because she’s in Manitoba housing, and probably no guy with her. Or if they are, it’s probably an abusive situation if they don’t have money. I mean, just awareness; a lot of awareness of it. And it’s not a jolly life. It’s not, it’s just not.”

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*“I just think if there was more knowledge. Like, if I had more knowledge about it, I don’t think I would have made the choices I made ... I think it would mostly be on pregnancy and what to expect. ‘Cause if I knew that I was going to be expecting all that, I would have waited.”*

Several women suggested that there should be more drop-in centres and support groups developed where young parents could go to talk to other young parents with shared experiences. As well, they maintained that these services need to be offered outside of regular business hours, when parents generally need the most assistance. In addition to being helpful with regard to pregnancy prevention, some of the women thought that the groups might provide coping strategies to help prevent children from being taken away.

*“Help them keep their kids. Provide support and parenting, so they know what to do ... I should have went somewhere.”*

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“Community programs are not open in the evening.”


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*“I think there has to be more resources ... Maybe more drop-in centres for teen moms. Just to provide them with the knowledge. You know, because some people don’t really have their family’s support or they’re in it on their own.”*

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“I’m thinking prevention programs; prevention not only to not get pregnant, but also to help them keep their children. Yeah. Keep their children and maybe prevent them from having more kids. ‘Cause once you have one, it kind of opens up the gateway to have more. (Why do you think that happens like that?) I think it just becomes life. That’s how it is. You become a mother and you’re kind of on your own, especially when you’re a single mother. Its like, ‘Oh wow; this is crazy. My baby’s growing up without a dad’ and things like that. And then you’re into real issues and you get into relationships with somebody that you trust, or that you think that you trust, and then it goes on from there.”

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*“I think there should be more groups, like support groups. Because I think the highest death thing is from young moms, right? You know, can’t handle the baby screaming. You know, throw the baby over here; leave the baby there. You know, coping strategies. There’s a lot of different things. ‘Cause I know how I felt and what I went through. If that would have been there for me, it would have made things a lot easier on my mentality.”*

Bringing mentors into community programming was also mentioned by the women as something that would be helpful to young Aboriginal mothers, especially those young women who are raising their children on their own.

*“If I was to have a friend like that, then I’d probably try my best to do things with them, like go out places or something, walk around and go out for coffee or go eat someplace or go to the movies. Stuff like that. (Oh, you mean pregnant girls? Do something positive with them like that?) That’s what they need. They need more positive things in their lives ‘cause all they have is negative things.”*

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“You can’t really plant it all over, ‘There’s houses going up for young moms,’ because then everyone’s going to want to get pregnant. But there’s

gotta be some sort of resources for young moms. We used to have mentors that would spend three days a week at your house and at night and help you, live-in mentors. Sometimes there was full, twenty-four-hour mentors that you lived with. So I don't know what happened to all those they used to have. (So we should get those back?) Oh yeah."



"Having a support person to talk to or somebody once or twice a week to see how their week has been, and you know, if there's anything that can be done. Like, just kind of touching base with somebody 'cause sometimes their partners aren't there for them or they don't have any family supports. Like just to see if everything's alright or if they need any help or referrals anywhere."

Several women stressed the need for more respite services.

"Have more resources or something like if they need to go shopping. Have somebody that could take them or go with them or watch their baby for them while they go shopping, so they don't feel so overwhelmed doing it. It's hard to be a parent."



"Maybe with respite to give the girls the opportunity to relax or have some quiet time to themselves for a little while, there would not be so many problems that usually result from stress."

Besides having someone to talk to as a means of coping, several women explained that young parents need to be taught how to cope. The women acknowledged that they lack some very important life skills, such as those around budgeting, shopping, cooking and home-hunting, which are all essential to surviving on a limited income.

"I wish that I knew a lot more than I do now. I wish I knew how to budget my time. I wish I knew how to apartment search. I wish I knew how to budget. Just basic things, I wish I knew how to do, but I have to learn everything on my own. And I seemed too scared to ask for help and things like that because I figured that they would hold it against me. It had a lot to do with it. There's lots of things that I'd do different. I wouldn't even be here if I did things different."



“I’m trying to think because the situations that I’ve been through, I’ve always wanted to talk to somebody about the resources that could help and stuff. I wish there was a place where you could learn about what kind of living situation’s good for you. Like the whole living on a social assistance budget, it’s always behind. You’ll never get ahead. So it’s kind of hard to even get up there in the first place. I just wish, make it like a basic life skills class, mandatory in high school, before they turn eighteen or whatever, while they’re a parent or whatever, while they’re pregnant and things like that. Even before they get pregnant. Like a basic life skills, just to know what you’re getting into before you actually get thrown into it. Because it’s completely different from what you think and then what really happens. Like, I wasn’t expecting to be running around like a chicken with my head cut off.”



“I know how to budget. It’s just I don’t know how to food shop anymore. ‘Cause I want to try different foods. I don’t want to eat the same things all the time. And I know how to cook and everything ... Well, I know how to cook ribs and chicken. And I know how to make a lot of things, but I’m a plain girl. So I don’t eat onions, mushrooms or peppers and everything else that is being made with peppers and mushrooms and green peppers and everything. I’m a very plain girl. So, even when I make lasagne, it’s just hamburger, the sauce and the noodles. I actually taught myself how to cook a lot of things.”

It was obvious that education was very important to many of the women; for some women, it was their “*number one priority*.” While the women did acknowledge that there are numerous institutions and organizations offering a wide range of academic upgrading and specialized education courses, they maintained that their difficulties pertained to their ability to access these programs. In addition to being deterred by transportation issues, the women explained that the shortage of childcare was their biggest deterrent to not continuing with their education. As such, the women suggested that childcare services and daycare spots need to be expanded to better meet the needs of young Aboriginal mothers who wish to work or continue their education.

“I have my girls, my two toddlers in daycare. I have my baby with me all the time. I’m waiting for a spot to be opened up, and I’m going back to school. I’m so excited. I can’t wait for an opening. They told me hopefully by the end of January. I’m really hoping that will go through.”



“(You want to go to school; what’s stopping you?) What’s stopping me is that there’s no child care for babies. And once I have that, I’m covered. There should be no road-blockers ... They’re full right now. Like, being September, October, all, like, everybody’s going back to school. They’re taking up all the facilities, you know, childcare spots. It’s limited. There’s only so much daycares that are, like, infants. And we need more infant centres, or else wait ‘til you baby’s two years old to go to school.”



“I would say having daycares right in the school. Or even right in the work places. A lot of these young girls, they want to go out there. They want to get a job. A lot of them, you’re supposed to be like over eighteen. Probably if they did have something, especially if they wanted to go back to school or if they wanted to do a training program. And actually have on-site daycares. So this way, at lunch time, they can go sit with their babies. You know, it’s not like, ‘Okay, I got to go take her to daycare across town.’ And then they gotta get to their program or work or whatever. So this way, you know, everything’s right there. It’s a lot more easier.”



“I think they should have more upgrading classes. That they should have a child-minder or something. You know, try make it easier for a parent, especially single parents that don’t have family or friends, close. But I think that would be good. If they had a few programs at a centre or something, where a woman can meet with people to teach them to get their education and have someone to sit with the kids. You know, like a few children. Not have one person watch like ten or twenty kids. Maybe a few kids. Just some upgrading classes. I think there should be more schooling for not only young people, I guess for people in general, with kids. And it’s hard to get around and do things when you have kids around all the time. And to go to school and stuff, and even to get into daycare is hard.”



“I think that there could be more daycares and stuff because that’s why a lot of kids are not finishing school and stuff like that because the daycares are so full. Even right now, I couldn’t get a daycare spot ... And say they want to finish school. It’s hard for them to get their kids into daycare or to find somebody that they can actually trust. There needs to be way more in school. There’s too many kids in the city that don’t have even a chance to get into daycare because the lists are so long.”

Others suggestions for improvement included developing more community resources to help young families who are struggling with addictions, especially addictions to crack. Through the discussions with the women, it quickly became apparent that a crack addiction had touched the lives of almost all of the women, at one time or another, either directly by the women themselves abusing crack, or indirectly by someone personally connected to the women abusing the drug.

“Before I used to think of how, if I could ever do anything to help girls like that. Some girls who are out on the streets like that, that are really, really deadly into it ... I don’t know how you can help those girls. But some girls can be saved because they’re just into weed and, I don’t know, I guess cocaine. Like, some girls I know now, they never used to do that, but now they are doing it. (Oh, you mean working on the streets.) No, doing drugs. I think that’s like the lead thing. Some girls I know around [the area] are doing it. I used to go around my moms place, and she used to have pregnant girls going there and smoking crack.”

A couple of the women advised that more needs to be done to assist young mothers in securing safe, affordable housing. The women suggested possibly developing more transitional homes for pregnant teens and young mothers who are leaving home and moving on their own. Here, the women could learn about proper parenting and develop their life skills, prior to moving into their own place for themselves and their children. In this regard, the women would be better prepared for parenting on their own.

“I lived with my baby’s father, the guy I was pregnant from. My mom left the province. I didn’t know where to go, so I lived with him. (Was it good living with him?) At first, yeah. But then, once I got bigger, I think I was six, seven months, he got abusive. “



“They should have more live-in programs.”



“Just have more support workers or something or have more places where they could live on their own and be taught stuff ... Where they could live on their own, but they’re not on their own. Like, there’s still an office in the building, but a bunch of apartments. Help them.”

Several women argued that more resources should be developed to assist young fathers. Suggested resources ranged from groups and drop-in centres where young men can talk about the issues around parenting and being young fathers to specialized programs where

they can learn to bond with their children and become responsible fathers, rather than remain absent and neglectful in the lives of their children.

“Maybe we should have programs for the fathers. Like, I don’t know. Like, teach fathers, like, for instance, if they don’t know how to take care of the baby, like, have programs to learn to take care of, and how to teach them. You know?”



“Well, I would say giving the teen fathers an education on parenting. You know, how to be strong young men and care for their child. (Do you think that we have programs out there or enough programs for fathers?) No. Not even close. I think we need a lot more ... Resources, parental advice, and also, going in daycare. Because there’s a lot of young single fathers.



“I think they need more out there for fathers. That’s what I think. ‘Cause we don’t have a lot of fathers’ groups out there. What if the mother leaves and it’s just the father, and he’s a teen? They don’t have anything out there for them. They put their kid in childcare, daycare, and then they go to school, and then they have to go and pick them up. They don’t have programs like that for men or boys, and I think they should. They don’t have anything out there for men. It’s all mothers. They’re leaving out the fathers. We should have more of those.”



“Maybe that fathers want to be part of their baby’s lives. You know. And I think it’s important. Yeah. There should also should be some programs for them too. It is important for them to know how to take care of a baby and what to do, like if his mom goes out or whatever. You know? ... For young moms, we have pretty much everything we they need. But more for the fathers, I think we need.”



“There’s hardly anything out there for young dads these days. I think there’s only one program ... Educate the boys about what their getting into and how to take responsibility, before they have to take responsibility. ‘Cause there’s a lot of girls out there that the fathers are not even existing at all, not even taking a part. So, responsibility for the boys, how to take care of a baby, for the boys that are fathers already ... I know a lot of guys

out there that their babies' moms are really, like they're lost souls. And they want to take their kids, but they don't really have credibility for that because they're men. It's always the mothers first, but the mother is doing this and that. And the father is not. Like, maybe he's a clean, good person. But I guess, maybe he doesn't have enough information on how to take care of the baby or whatever. So like I say, like legal wise, how to take care of the baby, patience, and how to help them cope with children's behaviour."

Several women acknowledged that there are numerous community programs currently available for young mothers. Sadly, many of these programs are offered through child protection agencies and are open only agency constituents. As such, the women advised that more programs need to be developed for young mothers who do not fall under the ward of child protection agencies.

"They should have more resources for teen parents or teen mothers or whatever or fathers who aren't in CFS because [a young mother] can't get no help because she's not in care. They ask her, 'Who's your social worker?' She's like, 'I don't have a social worker.' 'Okay, so your seventeen years old. Your baby's five, and you've been on your own?' She's like, 'No. I have my mom.' And they're like, 'Well, where's your mom?' And she's like, 'Does it matter where my mom is?' ... Well, 'You need a referral from a CFS worker.' You know? So I think there should be more help for kids who aren't in CFS"

Another area suggested for improvement pertained to the notion of cultural awareness. Regardless of the resource, some of the women maintained that a cultural component around the seven teachings, for example, needs to be included in the programs and services being offered. Further, it was recommended that, where applicable, these resources should be designed to include the whole family. Again, communication within the family was considered.

"I think more Aboriginal baby programs, like on the cultural awareness and the seven teachings and stuff with the parents and the kids. I just heard about this one program. That's the first one I've heard of that you can actually take your kid in there with you. And they teach them games and stuff like that ... It's like a bunch of program combined in one. But those ones only run through CFS and people are scared of them. (What do you think would benefit toward the mother and the child to take these programs?) Well, they get to spend time with each other and then if the mom's learning how to deal with certain things, then she's learning with her kid, then she's happy and into her kid. I have ten programs where kids can get all different kinds of programs. And I see that I don't use the tools when I need them, but I know they're there. I just don't use them. 'Cause

it's easier for me to just do my quick old thing. I think if maybe my son was there when those teachers were demonstrating those things, then he would learn with me."

On a final note, some of women asserted that the services offered need to be administered by front-line workers who not only possess cultural sensitivity and an understanding and appreciation for Aboriginal peoples and their history, but also a non-judgmental attitude and approach to providing services to young Aboriginal mothers.

"There are still rude, ignorant people that look down on young parents."



"I just think it's hard and more non-judgmental people should be hired ... people if they want to work with teen mothers or if they want to work in social work, they should be less judgmental ... I don't know. People just looking and making these girls feel bad about themselves. If you're going to be a social worker, just don't say, 'Okay, so why were you having sex when you were twelve years old?' It doesn't matter. I think they should just help them with what they're asking to help."

Summary of Suggestions

- Develop more programming around building communication skills within the family, in particular, between parents and teens.
- Develop more programs to teach our youth how to talk to each other and be respectful to each other.
- Develop more groups in which discussions about sex education and familial issues take place.
- Offer sex education in schools, perhaps as early as grades five or six, and include intense and thorough subject coverage in the programming.
- Incorporate real-experience speakers into the sex education teachings that are currently being offered in high schools and have individuals, both men and women who have gone through the experience of teen pregnancy, talk with students about their experiences and the challenges they faced as young parents.
- Implement more education and awareness campaigns directed at the issue of teen pregnancy and parenting as a teen.
- Develop more after-hours drop-in centres and support groups where young parents could talk about their shared experiences.
- Incorporate more mentoring and respite services into community programming.
- Develop programs where young parents are taught coping and life skills, including budgeting, shopping, cooking and home-hunting.
- Expand childcare services and daycare spots to better meet the needs of young Aboriginal mothers who wish to work or continue their education.
- Develop more community resources to help young families struggling with addictions.
- Provide more assistance to women who are looking for safe, affordable housing.
- Develop more transitional homes for pregnant teens and young mothers, and ensure that these residential units offer programming directed at developing parenting and life skills.
- Develop more resources to assist young men in learning to bond with their children and become responsible fathers.
- Develop more parenting support programs for young parents who do not fall under the ward of child protection agencies.
- Ensure that resources being offered to assist young parents include a cultural component specific to Aboriginal peoples.
- Ensure that services offered to young parents are administered by front-line workers who possess cultural sensitivity toward Aboriginal peoples, as well as a non-judgmental attitude toward young parents.

Discussion

Perhaps the subject of Aboriginal women's reproductive health has received little attention because of the sensitive nature of reproductive rights and the right to parent among Aboriginal peoples. Certainly, the level of interference experienced by Aboriginal peoples over the last century has been profound. As a group, they have experienced forced sterilization, the removal of generations of children through the residential school system, and the loss of uncountable numbers of children to child protection agencies [12].

Cultural values may also play into the debate about reproductive rights, pregnancy and child-rearing. Traditionally, Aboriginal peoples considered children to be gifts from the Creator. Therefore, it is understandable that any critical response to pregnancy may be frowned upon by Aboriginal peoples. Since many Aboriginal adults also had children at a young age, teen pregnancy may be the norm that Aboriginal peoples, for whatever reason, are reluctant to address [12]. In any case, this study comes in response to the limited amount of literature on teen pregnancy and sexuality among Aboriginal women.

The intent of this research was to provide a better understanding of the reality of teen pregnancy among Aboriginal women by talking with young Aboriginal mothers about their current sexual practices and their perceptions on motherhood. Specifically, the study aimed to identify possible reasons for teen pregnancy among Aboriginal women; acknowledge the parental challenges faced by young Aboriginal mothers; determine if there are adequate supports available to assist young Aboriginal women with parenting their children and see whether more could be done in this regard; and use this information to inform policies, programs and practices of possible ways with which to better meet the needs of young Aboriginal mothers in Winnipeg. The research also aimed to raise awareness to the fact that teen pregnancy among Aboriginal women is not an issue that can simply be labeled the easy route in life.

From this study, we have learned that, for several Aboriginal women in Winnipeg, their first experiences with sex began at a very young age, with some women engaging in sexual intercourse when they were merely 11 years old. We have learned that the majority of these women continued to engage in subsequent sexual activities soon after their first sexual experience, and in most cases, protection was not used to guard against unplanned pregnancies and sexually transmitted infections. While most of the women's teen pregnancies were unplanned, we learned from some of the women that they did plan to become pregnant during adolescence, sometimes more than once.

Given that this research was merely exploratory, it did not delve deeply into the women's histories by any means. As such, the factors around the women's first experiences with sex and their reasons for becoming pregnant during adolescence could not be absolutely linked to the women's past histories or particular circumstances entailed in these histories. Nevertheless, from the several different reasons that the women gave for

becoming sexually active and subsequently becoming pregnant, it is safe to say that, for the most part, teen pregnancy among these Aboriginal women was rooted in familial problems that were occurring in the home around the time of their first pregnancy, including a lack of communication between parents and teens, limited parental guidance and minimal parental supervision.

Research has implied that the high rates of teen pregnancy among Aboriginal women could be the result of Aboriginal youth not effectively using contraception, and it has been shown that high rates of Aboriginal youth do engage in unprotected sex and risky sexual practices. Findings from this study appear to support these assertions. Still, it is evident that further research will be necessary to fully understand this behaviour. While the women did mention several different reasons for engaging in unprotected sex, one reason of striking interest was the notion of not using protection within committed relationships. With this finding, there remain far more questions than answers.

Specifically, what are the women's perceptions on long-term relationships? What is the usual time span for a relationship to be considered long-term? On what basis is this perception founded and does it hold true for both parties involved? Is this perception specific to Aboriginal culture or do non-Aboriginal peoples also maintain this belief? Some women reported wanting to ask their partners to use protection, but neglected to do so because they were afraid. What are the risks involved by asking their partners to use protection, and do these risks outweigh those associated with having unprotected sex? These are all questions that should be explored further in order to gain a more complete picture of sexual activity and teen pregnancy among Aboriginal women.

Research has revealed that many young mothers live very complicated lives [19, 20]. In accordance with previous findings, the women told numerous stories about how they struggled to stay in school, find employment and secure reliable childcare. Some women disclosed tidbits of information about domestic violence, alcohol and drug addictions, and lifelong poverty that were all very much a part of their everyday lives. Still, in spite of these unpleasant challenges, we have learned that almost all of these young Aboriginal mothers did find happiness through their teen pregnancy experience. With this in mind, it is reasonable to confirm that, for many of these Aboriginal women, teen pregnancy was not all doom and gloom.

Findings from the study revealed that, for many women, their children brought great happiness into their lives, and it was evident that these women's babies were a welcomed addition to their families. Quite possibly, this acceptance is merely a reflection of the cultural notion that children truly are gifts from the Creator. The revelation that teen pregnancy was a common experience among different women from within the same immediate and extended families adds support to this notion, but also raises questions around Aboriginal peoples' cultural perceptions on pregnancy. In particular, as a group, what are Aboriginal peoples' perceptions on teen pregnancy? Are teen mothers and their babies more readily accepted and fully supported by their families and their communities

than their non-Aboriginal counterparts? What does this support entail and are their limits to this support? Again, this is an area that requires further exploration before a more complete understanding of teen pregnancy among Aboriginal women can be developed.

In addition to paving the way for further exploration into the issue, this study did reveal some notable findings. For instance, while it could not be determined whether Aboriginal teens are engaging in sex at an earlier age and behaving differently than their non-Aboriginal counterparts, it is evident that some Aboriginal youth are having sex at very young ages. The simple fact that many of these women maintain that these sexual encounters were consensual requires some thought, and quite possibly, added investigation.

With regard to the women's sexual practices, it was dreadful to hear some women readily confess that they engage in unprotected sexual activities with different partners, while knowing full-well that they were carriers of untreatable diseases such as Herpes and Hepatitis C. Likewise, a couple of women did admit that they had engaged in unprotected sexual activities with men who were known to carry long-term sexually transmitted diseases. As mentioned earlier, situations such as these raise concerns that our youth are not being properly and fully informed around the issues relevant to their safe-sex education. As maintained by the women, it cannot be stressed enough that sex education must be delivered to our youth at just the right time, in the appropriate manner and to the greatest extent possible.

Another issue of concern that came out of this study was with regard to the women's perceptions around smoking, doing drugs and drinking alcohol while pregnant. While most of the women did eventually learn that these habit-forming activities were harmful to their unborn baby, some women appeared to hold the belief that since smoking cigarettes or marijuana is not as widely discouraged as drinking alcohol, it must not be that bad. Again, the need for more exhaustive information in this regard is evident.

The allowable age difference between some of the women and their first sexual partners was another area of grave concern. At the forefront of this realization is the question, how can this happen? Although the women eventually did acknowledge that their relationship with their older partners was wrong, there are questions that remain: Who allowed these relationships to continue, and why were they allowed to continue? Quite possibly, the women's caregivers may not have been aware of these ongoing relationships. But what does this say for the men who are involved in these relationships? Who are these men and how do these relationships begin? Is this behaviour something that is unique to Aboriginal culture? Did the women experience any physical or psychological effects as a result of being actively involved in intimate relationships with men who were much older than them? Just how were they affected, if at all? Indeed, this may be an area that should be considered for inclusion in future teachings around sex education. If anything at all, the concept of older-partner relationships must be explored further.

One other area of concern was the disclosure by several women that, out of fear of child protection agencies, they are reluctant to seek assistance with parenting their children or managing their role as mother. At the opposite end of the spectrum, other women reported being hastily released from protective service guardianship, thus being left to fend for themselves without guidance and structure. While this may have been fine for some women, other women reported being thrown into a downward spiral which, in some cases, resulted in the apprehension of their children. Clearly, both intervention and follow-up would prove beneficial in this regard, but again, further information is needed.

Being exploratory in nature, this study was limited in that it did not dig deep enough into particular areas where further information could have proved beneficial to the study's intent, areas such as those relevant to the women's family histories, their relationships with their partners, their coping strategies and the daily activities they carried out in managing their families. Still, the study did accomplish what it set out to do by creating a better understanding of the issues around teen pregnancy among Aboriginal women, the challenges they face while parenting as a teen, and the areas where assistance is needed.

The benefit to having talked with both young and older Aboriginal women who had experienced teen pregnancy was being able to confirm that not much has changed over the years with regard to the reasons for teen pregnancy among Aboriginal women or the issues and challenges faced while parenting as a teen. However, it is apparent that the perceptions and attitude around teen pregnancy have become more widely accepted, both socially and personally.

While the older women reported experiencing social shame and ridicule in response to being pregnant, the younger women maintained that being pregnant, for the most part, was socially accepted. Other than one woman who reported being questioned on the bus about her age, for instance, none of the younger women reported experiencing any kind of backlash in response to being pregnant. As well, the simple fact that there are many more programs and resources being offered today to assist pregnant teens and young mothers is a clear indication that teen pregnancy is more socially acceptable than a decade earlier.

Still, it was evident from the women's lack of program awareness that there is much more work to be done to assist young Aboriginal mothers. Perhaps some of the women were able to turn only to those resources which were close at hand, and for whatever reason, they were not able to see those opportunities which lay around the corner. As was intended from this research, we are better aware of some of the challenges to being a young Aboriginal mother in Winnipeg, and we do have a better indication of the ways in which we can better support Aboriginal teens and young Aboriginal parents, beginning by addressing the contributing factors within their own environment. While this research does not provide all the answers around teen pregnancy among Aboriginal women, at the very least, it does offer some ideas for our next steps toward effectively addressing the issue.

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Appendices

Appendix A: Focus Group Discussion Guide

Perceptions regarding sex:

1. What is the difference between sex and intimacy?
2. With regard to sex, how are girls and boys different? (cultural difference)
3. What does it mean to be sexually active?
4. When is it okay for girls to be sexually active? (age, conditions; what about boys)
5. When are girls starting to have sex? (age, why, how does it happen, frequency, different from past)
6. What's the difference between protected and unprotected sex? (consequences, why, safest form, 100% safe)
7. Who is responsible for using protection?
8. How, when and what do girls learn about sex? (parents, school, menstruation, pregnancy, told what)
9. When can a girl get pregnancy? (can't)

Parenting as a teen:

10. Recent statistics report that Aboriginal girls are 18 times more likely than non-Aboriginal girls to have a baby by the time they are 15 years old. Why do you think that is?
11. How do you think people look at young Aboriginal girls who are pregnant or who have children? (what's the real story, same for non-Aboriginal)
12. What are some of the issues or problems that Aboriginal girls face when they are pregnant as a teen?
13. What are some of the issues or problems that Aboriginal girls face as teenaged parents?

Community resources and supports:

14. What services or programs are available to help young girls who are pregnant or think they might be pregnant? (decision, parental consent)
15. What services or programs are available to help young mothers after their babies are born? (limitations, culture, teenaged parents, dads)
16. What more can we do to help young Aboriginal girls who are teenaged moms or are at risk of becoming teenaged moms?

Appendix B: Self-Administered Questionnaire

1. How old are you now?
2. What is your Aboriginal identity? First Nation Status / First Nation non-Status / Métis / Inuit
3. What is the highest grade you completed in school?
4. Are you currently working in paid job? No / Yes, full-time / Yes, part-time/casual
5. How much is your monthly income?
6. Where does your monthly income come from?
7. How many children do you have?
8. How many children do you have living under your care?
9. How old were you when you had your first child?
10. How old were you when you had your other children? Only had one child / ___ Age with 2nd child / ___ Age with 3rd child / ___ Age with 4th child / ___ Age with 5th child / ___ Age with 6th child / ___ Age with 7th child / ___ Age with 8th child / ___ Age with 9th child
11. How would you describe your overall health?
12. Have you ever had any physical or mental health concerns? (*Please explain.*)
13. How often do you use protection when you have sex? Never / Rarely / Usually / Always
14. When you have safe or protected sex, what **kind of protection** do you use? (*Please explain.*)
15. When you did have unsafe or unprotected sex, what were your **reasons for not using protection**? (*Please explain.*)
16. Have you ever had any **worries or concerns** after you had unsafe or unprotected sex? (*Please explain.*)
17. Did you ever look for **help to deal with a teen pregnancy or suspicion of teen pregnancy**? (*Please explain.*)
18. Did you ever look for **help with caring for your child/children**? (*Please explain.*)
19. Did you ever look for **any other kind of help with parenting as a teen mom**? (*Please explain.*)
20. Did anything ever **stop you from getting help** to deal with your teen pregnancy or teen parenting? (*Please explain.*)
21. What are some of the things you **like most** about the programs and services that are currently available to help young Aboriginal parents?
22. What are some of the things you **like least** about the services that are currently available to help young Aboriginal parents?
23. What can we do to help young Aboriginal girls who are **at risk of becoming pregnant**?
24. What can we do to help young Aboriginal girls who **are pregnant** or who suspect they **may be pregnant**?
25. What can we do to help **young Aboriginal parents**?

Appendix C: Individual Interview Guide

Demographic information:

1. How old are you?
2. What is your Aboriginal identity?
3. What is the highest grade you completed in school?
4. Are you currently working in a paid job? Doing what? Is that full- or part-time employment?
5. How much is your monthly income?
6. Where does your monthly income come from?
7. How many children do you have living under your care?

Perceptions regarding sex:

8. What does sex mean to you?
9. What does intimacy mean to you?
10. What is the difference between sex and intimacy? Or is there even a difference?
11. In what ways do girls and boys act differently when it comes to sex? How do they act the same regarding sex?
12. What about intimacy? In what ways do girls and boys act differently when it comes to intimacy? Do they act the same in any way regarding intimacy?
13. What does being sexually active mean to you?
14. Why do you think girls become sexually active?
15. What about boys? Why do you think they become sexually active?
16. At what age and under what conditions do you think its okay for girls to become sexually active? And for boys?

Personal experiences with sex:

17. How old were you when you first had sex?
18. Looking back to this first sexual experience, do you think you were ready to have sex when you did it for the first time? Do you think your partner was ready?
19. Can you tell me a bit about how it happened? Like, how did you decide that you were going to have sex with your partner? Or did you even have a choice in the matter?
20. Did you tell anyone about this first experience with sex? (If no, why not?) Who did you tell? When did you tell?
21. How soon after this first sexual experience did you have sex again? Why?
22. When you had sex again, did anything change from the first time you had sex? Like how you felt about it?
23. Thinking about your sexual relationships now, when would you say you know that you are going to have sex with someone? How do you decide who you are going to have sex with? Do you always have a choice in the matter?

Perceptions regarding unprotected sex:

24. What does unprotected or unsafe sex mean to you?

25. What do you think happens when you have unprotected or unsafe sex?
26. Have you ever had unprotected sex? Why do you think that happened?
27. Did you ever feel worried or concerned after you had unprotected sex? Why?
28. How would you describe protected or safe sex? Like, what does it mean to have safe sex?
29. Do you think there's any form of protection that is safer than other forms of protection? Like, what is the safest way to have sex?
30. Is there any form of protection that is 100% safe?
31. How did you learn about using protection when you have sex?
32. Who do you think is responsible for using protection when having sex? Boys or girls? Do you think they take responsibility like they should? Why?

Perceptions regarding pregnancy:

33. How and when do you think a girl can get pregnant? Is there any time when she can't get pregnant?
34. Before you first got pregnant, did anyone tell you about pregnancy and what it means to be pregnant? How much did you know about having a baby before you got pregnant?
35. After you got pregnant the first time, did your thoughts about anything on pregnancy and what it means to be pregnant change?
36. What do you think happens when a girl smokes while she is pregnant? What about if she drinks alcohol or uses drugs?
37. Recent statistics indicate that Aboriginal girls are 18 times more likely than other girls to become pregnant by the time they reach 15 years of age. Why do you think that is? Like, why do you think there are so many young Aboriginal girls having babies?

Personal experiences with pregnancy:

38. How old were you when you first got pregnant? How did you know you were pregnant?
39. What did you decide to do with your baby after you found out you were pregnant? Did anyone help you with making this decision? How did you feel about this decision at the time? How do you feel about it now?
40. Who was the first person you told when you became pregnant? What was his/her reaction when you told him/her?
41. How did the father of your baby react when you told him you were pregnant?
42. What about others around you, like your friends or other family members? How did they act toward you when they found out you were pregnant?
43. Can you tell me a bit about what your pregnancy was like? Like, what were your living arrangements? Did you experience any violence, smoke, drink or use drugs while pregnant? What about support? Did anyone help you out while you were pregnant?
44. What changed in your life, after you got pregnant?

45. Can you tell me about your experience of giving birth for the first time? How did you feel? Was anyone there to help you through the delivery of your baby?

Parenting as a teen:

46. After your baby was born? What kind of help did you have? Do you have any supports now?

47. How do you decide what is good for your baby or not? Does anyone give you parenting advice or help you make these decisions?

48. Before you had your baby, what did you expect your life would be like after the baby was born? Did things turn out the way you expected them to?

49. What changed in your life, after you had a baby?

50. What is your life like now? Is there anything you wish you could do, but can't? Why?

Supports:

51. Do you know of any programs and services available to help young mothers? What are they? Do you find them helpful?

52. What about for young fathers? Do you know of any programs available to help young fathers?

53. What do you think we need to help young mothers?

54. Do you think we need anything to help young fathers?