


The Sex Educator

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A MAGAZINE FOR INTERVENERS AND EDUCATORS
WHO ARE OFFERING SEX-EDUCATION ACTIVITIES
FOR YOUNG PEOPLE OF SECONDARY-SCHOOL AGE

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Wanting or having a child during adolescence: GAINING A BETTER UNDERSTANDING OF WHAT IT MEANS AND OF THE ISSUES INVOLVED

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Québec 



Audrey is 15 years old. She has had a boyfriend for about six months. The relationship with her boyfriend is the only enjoyable aspect of her life. Audrey is having problems at school, and her grades are falling. In fact, she would rather spend time with her boyfriend than study or do her homework. This nonetheless makes her sad because she would like to be a veterinarian and to accomplish this goal, she must have a good average. The fact that her grades are constantly falling does not help her turbulent relationship with her parents, who worry about her future and scold her because her attitude is jeopardising her future studies. For the past few weeks, Audrey has caught herself forgetting to take her birth control pill from time to time though she continues to have unprotected sex with her boyfriend.

Audrey talks it over with a friend in the school yard. “You’re playing with fire,” replies her friend. “Do you know you could get pregnant because you’re not taking the pill everyday? Do you and your boyfriend use condoms at least?” “Condoms? We don’t need that: we love each other more than anything and also, we’re a stable couple,” Audrey says. “Really, I don’t think I could get pregnant. But if it happens, it’s because it’s meant to be, a sign that I’m ready to deal with a challenge. And if I think about it, this new life would be much better for me and my boyfriend, wouldn’t it? We’d have our own little family, and we’d be happy! Of course I wouldn’t yell at my child like my parents do with me. I’m gonna love my child and he will love me...” The bell rings, indicating the beginning of classes. “We can talk again after school,” concludes Audrey, who rushes off. Her friend quickly adds, “Did you talk about it with your boyfriend? Does he feel the same?” Audrey shouts back, “I know he wants kids too! He’s really serious for a 17-year-old guy!” To be continued.



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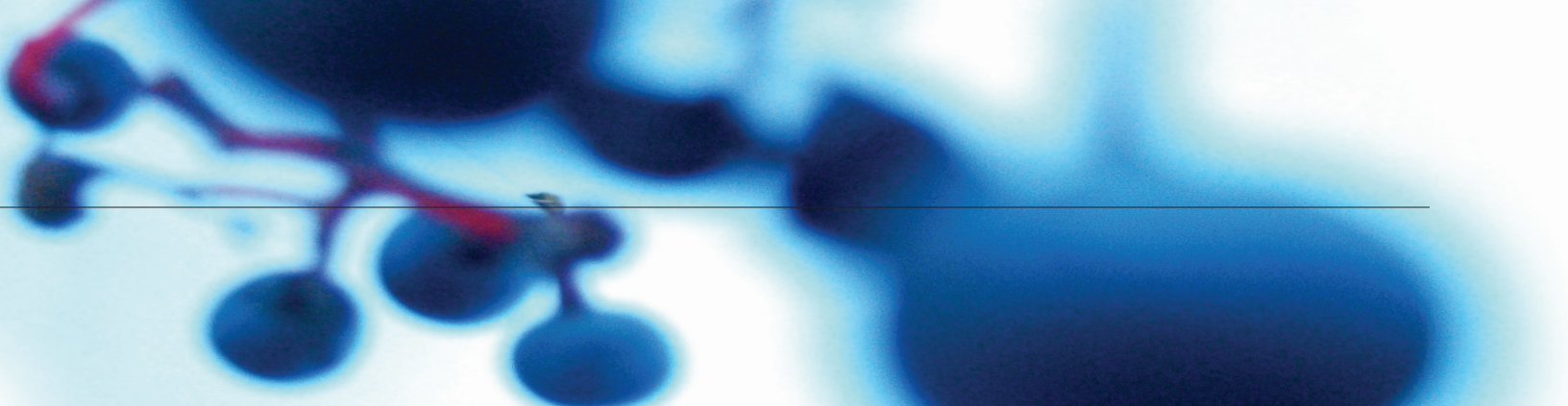
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And what about you? What do you think? How would you intervene with an adolescent girl who tells you, either clearly or implicitly, that she wants to have a baby? How would you react if you were dealing with a pregnant girl who tells you she has decided to continue her pregnancy? How do you perceive the young man's role in relation to teen pregnancy?

Adolescent pregnancy is a topic that inevitably causes us to look at our personal values and opinions. They can greatly influence our interventions with young people, which can be moralising, neutral or helpful. Since this topic raises questions about ethics and morals, it is important that educators accurately understand an adolescent's desire to have a child so they can delve into what it means and the issues involved. The educator can then be in a better position to help students think about what pregnancy and parenthood signifies for them and will require of them. To accomplish this, we suggest that when you conduct sexuality education interventions, you take the time to "understand the true nature of the facts in question so that they can see it in a more realistic and human context."¹

Parents, teachers, and professionals in schools, in community groups and in health and social services centres can all become involved in providing sexuality education within adolescents' principal environments. Schools aim to help students construct their world-views, construct their identities and become empowered², and are therefore great places to raise young people's awareness about the consequences of teen pregnancy. Dropping out of school is one of these consequences. Indeed, in Québec teen pregnancy is "the main cause of school dropout for 50% to 67% of girls, which represents about 1 000 adolescents a year"³ [translation]. In an era when education is THE key to opening doors to employment opportunities and the road to a more valued social status, dropping out of secondary school is a precursor to difficult living conditions. In addition, adolescent parents are at high risk of being confronted with issues such as low income, economic dependency (on their parents or the state) and single-parenting. Feelings of exclusion can also be added to these living conditions⁴.

We cannot dismiss the possible consequences; however, some adolescents perceive the birth of a child to be THE solution to their problems. Adolescents have to be made more aware so they can be conscious not only of their own *motivations*, but also of the realities of parenthood—two conditions in the process of making an informed choice. Young people should know about challenges that teen pregnancy represents; but the fact that some of them may choose parenthood as a life plan must also be taken into account. The situation can be made easier if adolescents invest in their parental roles and receive support from their families, other significant individuals and community organisations.

This issue of the magazine provides tools that offer reference points to guide your interventions and feed your thoughts on teen pregnancy and the desire to have a child. Suggestions for pedagogic activities are also presented to help you foster frank discussions among adolescents about this sex education theme, "while encouraging them to develop their judgment, sense of responsibility, critical faculties and capacity for discernment"⁵ with regard to teen pregnancy. The activities will provide an opportunity to talk with your students, notably about the issues they associate with pregnancy and being adolescent parents.⁶

SOCIAL REPRESENTATION OF TEEN PREGNANCY

Access to contraceptive methods and valuing postsecondary education that leads to a professional career are certainly factors that have contributed to "postponing the socially acceptable age for first pregnancy"⁷ [translation]. Indeed, at this time, does our society implicitly declare a minimum age at which one becomes a parent? Whatever the case, 'early' pregnancies sometimes result in stigmatisation and blame. Don't we often hear that young parents are irresponsible, immature, or careless?

Sometimes fingers are pointed at young people. According to Poissant (2002), it is the fear of being judged or criticised that causes young people to put off asking for help concerning pregnancy. Therefore, it is important to become aware of our own prejudices, no matter how subtle, to establish relationships with adolescents and to offer them guidance.

As Manseau (1997) said, it is imperative to take adolescents' perspectives into account and to minimise attitudes that induce feelings of guilt. Overall, young people need to be heard and to feel we have confidence in them; they especially expect to be told about the realities of a parent's role. Besides, "[t]he effectiveness of an activity is directly related to the presentation of simple, frank information, devoid of sensationalism and delivered with an attitude of respect and openness."⁸

1. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC and MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, 2003, p. 7.

2. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC, 2004.

3. TREMBLAY, 2001, p. 44.

4. LÉGARÉ, GAGNON and MAILLOUX, 1999, p. 72.

5. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC and MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, 2003, p. 7.

6. DUFORT, GUILBERT and SAINT-LAURENT, 2000, p. 6.

7. Id., p. 1.

8. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC and MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, 2003, p. 25.

PREGNANCY IN YOUNG WOMEN UNDER 20 YEARS OF AGE: A STATISTICAL PROFILE

Young people start having sexual relations at about age 15⁹. Obviously, the earlier adolescents start having sex with a person of the opposite sex, the earlier the possibility of conceiving a child (wanted or not). In Québec, from 1992 to 1998, “the pregnancy rate among girls aged 14 to 17 remained stable – between 19 and 20 per thousand girls.”¹⁰ Although the figure dropped quickly starting in 2002, the pregnancy rate in this population was still 14.7 per 1 000 in 2004¹¹. The rate of pregnancy among slightly older Québec women is also decreasing, but is by no means insignificant. Indeed, the pregnancy rate for young women aged 18 to 19 years was 70.5 per 1000 in 1994, and 58.2 per 1000 in 2004¹².

In 2004, there were 2330 live births among Quebecers under 20 years old¹³. We should note, however, that most young women under 20 who get pregnant—about two-thirds—choose to terminate the pregnancy¹⁴. These data indicate that pregnancy among women in Québec under age 20 is significant and requires action to highlight awareness and prevention options.

In brief, pregnant teens can make one of two choices: to continue the pregnancy or to terminate it. In the first case, they must also choose whether to become a parent or give up the child for adoption. The various options should therefore be explored during prevention and awareness activities so, on the one hand, more young people can become aware that pregnancy and subsequent decision-making are a possible consequence of having sexual relations with someone of the opposite sex and, on the other hand, they are equipped to make an informed decision should pregnancy occur.

HAVING A CHILD DURING ADOLESCENCE: A WANT OR A NEED?

Most teen pregnancies are unexpected rather than intentional¹⁵. Similarly, Charbonneau (1999) states it is after pregnancy is confirmed, when the time has come to make a decision, that the desire arises to bring a child into the world who could fill an emotional emptiness. We know very little about adolescent girls who want children even before conception,¹⁶ but we can gain some insights from what we do know.

Why dwell on the desire for pregnancy among adolescents? Because many teens see the coming of a child as an event that brings hope of change, or associate it with the solution to multiple problems¹⁷. When the desire to have a child is more closely related to a ‘need’ to have a child, that is, when a child appears to be a way of filling a void, there is no doubt that the realities of parenthood will increase the risks for disappointment. Hence the need to intervene quickly with an adolescent like Audrey, who assigns to a future pregnancy the power to be THE solution to her problems.

Before passing judgement on anyone concerning this situation, we should note that Manseau (1997) proposes considering teen pregnancy as an ‘adaptation strategy’ which, in a number of young girls, can manifest itself as an intention to “change their lives, therefore a way of facing the future with some optimism”¹⁸ [translation]. Prevention approaches consist of building greater awareness of the responsibilities involved in parenting; however, this does not guarantee that difficulties will be resolved, even though there may be certain positive aspects. Therefore, during interventions, it is advisable to propose other strategies to fill the voids and meet the needs.

A study of 46 young pregnant Quebecers aged 13 to 19 conducted by Hamann in 2002 revealed 3 categories related to the desire to have a child that resemble ‘adaptation strategies’.

In the ‘planning pregnancy’ category, we could add previous experience of elective abortion that, for some adolescents, can be a motivation to bring a second pregnancy to term. Indeed, the desire for a second pregnancy can manifest itself shortly after undergoing elective abortion, before the girl has come to terms with the end of the first pregnancy¹⁹. Feelings of guilt, grief and a deeply felt void combined with denial of the abortion can cause an adolescent to want a child quickly to replace the one that was ‘lost’.

The feeling that the pregnancy must be continued (‘acceptance of becoming pregnant’ category) can result from an adolescent’s perception of elective abortion (considered to be murder) or from the fact that the pregnancy is too advanced to be terminated²⁰. Moreover, adolescents who do not want to believe they are pregnant will postpone asking for help until the physical signs of pregnancy are undeniable²¹. These are some factors that can limit an adolescent’s decision-making powers; in these cases, it is legitimate to question if the decision to continue a pregnancy is due to actual choice.

Finally, in the ‘wanted accident’ category, we can add the findings of Rosengard et al. (2004) on some teens’ ambivalence about getting pregnant, which, according to the authors, is concretely reflected in irregular use of contraceptives, among other markers. Doesn’t Audrey display such ambivalence in the scenario described above?

Given that the desire to get pregnant during adolescence can take different forms, prevention among teens should involve “constant investigation of what pregnancy means to them”²² [translation]. It is reasonable to believe that letting adolescents reflect on the motivations that underlie their desire to have a child or their choice to continue a pregnancy can bring them to distinguish between realistic expectations and their harboured illusions concerning an unborn child.

TABLE 1 CATEGORIES RELATED TO THE DESIRE TO HAVE A CHILD (HAMANN, 2002)

Planning pregnancy	Acceptance of becoming pregnant	Wanted accident
Takes on a sense of urgency and suggests a need to fill a void rather than a desire to have a child per se (15% of the study sample).	Continuing the pregnancy is perceived as inevitable (46% of the study sample). The aspect of ‘inevitability’ can ensue from late confirmation of the pregnancy. The adolescent has waited before having a pregnancy test or consulting with a professional, which can be explained by: <ul style="list-style-type: none"> - fear of the reaction of people around her; - determination to avoid pressure from people around her who would opt for elective abortion; - incorrect interpretation of the physical signs of pregnancy, or lack thereof. 	Ambivalent desire to have a child is transformed into genuine desire when the pregnancy is confirmed. A sort of subconscious deliberate mistake... that has succeeded (39% of the study sample).

Generally speaking, they have an idealised image of the unborn child. This future being is often perceived as the key to the happiness they crave. Indeed, for many girls, the baby will be someone to love, someone they can take care of, an object of adoration²³. Consequently, the hope for a better future rests on the newborn. Manseau (1997) sees this hope as a desire to find a 'paradise lost'.

According to Charbonneau (1999), significant lack of affection combined with academic and family problems is a predisposing factor for the desire to have a child during adolescence. Girls who have the following characteristics are more likely to choose to continue a pregnancy:

- dysfunctional family;
- lack of interest and ambition in matters of education;
- emotional deprivation;
- low self-esteem and poor self-image²⁴.

Adolescents from family environments that are more stable, better structured, more at ease financially, where communication and support is encouraged, and who make plans for their education and professional lives are more inclined to choose to interrupt a pregnancy²⁵. Therefore, "having specific projects for the future that are based on belief in one's possibility of reaching a goal is a protective factor" and in the absence of the latter, "choosing to give birth and to create a family can give life meaning and a place in society."²⁶

Moreover, having been a victim of sexual assault could also have an influence, albeit an unconscious one, on teen pregnancy²⁷. This situation can be explained by repressed emotions related to a traumatic experience that can later turn into '*wanting to have a child*', and therefore into an unconscious desire to compensate for the affective trauma by having a child of one's own.

Finally, without deliberately planning a pregnancy, young girls (like Audrey) entertain magical thinking, which then increases the possibility of conceiving a child. Indeed, a number of teens who believe that love and a stable relationship are protective factors against sexually transmitted infections (STI) do not use or stop using condoms. Even when irregular contraceptive use is combined with absence of protection, many young people truly believe that, "It can happen to other people but not to us, and especially not to ME!". This magical thinking is dependent on various factors such as lack of information, denial of reality, feelings of invulnerability, false notions, lack of awareness of what can happen to others and to oneself, etc.²⁸ In Audrey's case, magical thinking and irregular contraceptive and condom use also coincide with a qualified desire to get pregnant rather than a feeling of ambivalence or a wanted accident ("If it happens, it's because it's meant to be...").

Even though, due to social, economic and psychoemotional factors, some young girls are more inclined to want and thus to continue a pregnancy, the challenge for education and prevention is to ensure that all adolescents feel concerned. To this end, professionals must be sensitive to young people's concerns, which can vary depending on their distinctive experiences.

DESIRE TO HAVE A CHILD VS. ROLE OF THE PARENT: WHEN REALITY CATCHES UP WITH YOUNG PEOPLE

As we mentioned earlier, parenthood is often idealised. Consequently, the desire to have a child of one's own prevails over anticipating the role and responsibilities of a parent; it should be noted that this concept of parenthood is also shared by many adults. Therefore, it is not about displaying pessimism in front of adolescents who might or will choose parenthood. Rather, it is about providing guidance for future 'young informed parents'. What is important is to consider the role of parent as a reality that is neither black or white. This new role will bring its share of joys and enriching experiences as well as difficulties and sacrifices. It is precisely the difficulties and sacrifices that will affect adolescents the most.

FOR TEENAGERS

becoming a mother can mean the following:

- a change in social status (the roles of adult and mother both enjoy social recognition);
- conversations with their own mothers, as equals²⁹;
- becoming independent (for example, due to leaving the family home) and feeling useful (because the child will be dependent on her)³⁰.

Many young mothers, however, must realise that the status of mother does not automatically confer adult status³¹. The young mother is, first and foremost, an adolescent and she often still lives with her parents and depends on them economically. In addition to taking care of a child, she also has to deal with her own adolescence, that is, affirming an identity while adapting to her role as mother, keeping up her friendships, trying to become independent of the family unit and finishing her studies³². In this regard, Marion and Home (2000) note that numerous young mothers give priority to their roles of mothers and students since they perceive studies as beneficial for themselves and for their children, and as ensuring social recognition and financial independence. The findings of these authors should not, however, allow us to forget that many young mothers drop out of school.

9. BOURQUE, 2002.

10. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, [online]. [www.msss.gouv.qc.ca] (go to English, then Social problems/Teenage pregnancy) (10 July 2005).

11. According to data provided by the Direction des études et des analyses du Ministère de la Santé et des Services sociaux.

12. According to data provided by the Direction des études et des analyses du Ministère de la Santé et des Services sociaux.

13. Registre des événements démographiques du Québec (2006).

14. According to data provided by the Direction des études et des analyses du Ministère de la Santé et des Services sociaux.

15. DUFORT, GUILBERT and SAINT-LAURENT, 2000, p. 127.

16. ROSENGARD et al., 2004.

17. HAMANN, 2002, p. 202.

18. MANSEAU, 1997, p. 161.

19. CÔTÉ, 1995.

20. POISSANT, 2002.

21. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1997, p. 2.

22. MANSEAU, 1997, p. 164.

23. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1997, p. 5.

24. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, 1989; cited in ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1997, p. 3.

25. Id.

26. DIRECTION DE LA SANTÉ PUBLIQUE DE MONTRÉAL-CENTRE, 2003, p. 4.

27. MANSEAU, 1997, and CHAMPAGNE, 1997.

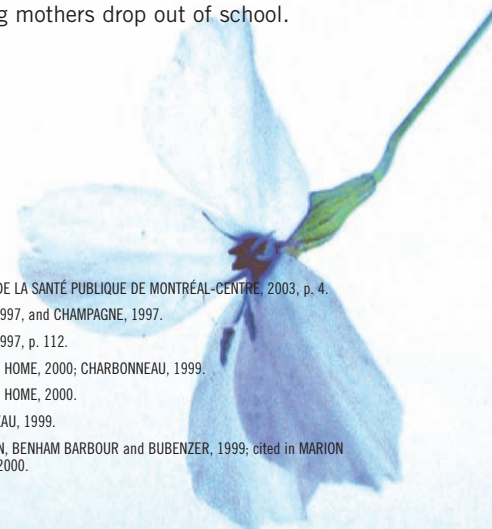
28. MANSEAU, 1997, p. 112.

29. MARION and HOME, 2000; CHARBONNEAU, 1999.

30. MARION and HOME, 2000.

31. CHARBONNEAU, 1999.

32. RICHARDSON, BENHAM BARBOUR and BUBENZER, 1999; cited in MARION and HOME, 2000.



Finally, the higher the expectations for baby and parenthood, the greater the risks for disappointment after the child is born; “dealing with the baby’s problems (crying, sickness), a difficult relationship with one’s partner and a lack of energy are a serious reality check”³³ [translation]. Young mothers frequently end up being single parents, a reality that contradicts the idea entertained by adolescent girls that having a child would guarantee her relationship with the baby’s father will last.

What about a **boy** whose girlfriend is pregnant? First we should clarify that on average, he is two to three years older than the girl³⁴ and that most of the time, for him, the pregnancy is a glitch rather than a desire to become a father³⁵. Unfortunately, a shortage of studies on male adolescents’ desire to become fathers prevents us from delving deeper into this theme. Hence, in the context of your interventions, it is especially important that girls and boys be equally able to express themselves so as to highlight various possible reactions. However, we can cite a recent study by Josée Blais (published in 2006) as an example³⁶. Boys who were interviewed perceived elective abortion as the only possibility if their girlfriends got pregnant; they did not even contemplate that a girl could decide to keep the child.

Other studies, conducted among young fathers, have suggested that the majority of these teenagers felt they had a strong responsibility towards their girlfriend and child³⁷. For some young men, the child is even perceived as *continuity*, “concrete accomplishment”³⁸ or even motivation for being more involved than their own fathers were³⁹.

However, as Charbonneau (1999) noted, a young father often leaves his girlfriend in the first few years following the birth of the child. The fact that the final decision on the outcome of the pregnancy remains with the future mother contributes, among other things, to the young father’s disengagement. Feelings of isolation and confusion linked to his exclusion from the decision-making process leads the young man to withdraw even more from his parental responsibilities⁴⁰.

Bunting and McAuley (2004)⁴¹ assert that mothers and fathers have different views on the level of involvement expected from fathers. Young men will say that they feel the mother is resistant to their involvement while girls cite paternal disinterest as the reason for a lack of the fathers’ involvement. What looks like paternal disinterest may result from difficulty in expressing feelings⁴² or perhaps because the young man’s concept of fatherhood and family is unclear⁴³. Moreover, some boys are unaware that they are fathers or are kept away from a child once the relationship with the mother is over. These situations can be interpreted as a young father’s disengagement from his partner and their child.

For a number of adolescents, fatherhood mostly means being responsible for their children, both financially and emotionally⁴⁴. When they decide to be financially committed, young fathers quit school and get jobs⁴⁵. In this regard, while girls and boys should both be made aware of the importance of paternal involvement, their attention should also be drawn to gender stereotypes, according to which the ‘emotional’ role falls to the mother while practical aspects, especially financial matters, are assigned to the father. Not only do these divisions not guarantee true parental partnership but they can also dampen adolescents’ motivations toward their relationships with partners and children.

These new family responsibilities are a significant source of stress for a boy, and can even cause him to abandon his role of father. His anxiety is mainly linked to “fatherhood, financial responsibilities, pursuit of education for both himself and the mother, and to place of residence”⁴⁶ [translation]. According to Miller (1997; cited in Bunting and McAuley, 2004), young fathers decide to end their parental involvement because of conflicts with their in-laws. Therefore, paternal involvement depends not only on the father’s relationship with his partner but also with his and his girlfriend’s families, his capacity to contend with his role as a parent and, as an adolescent⁴⁷, his level of education, his work conditions and his financial situation⁴⁸.

ADOLESCENCE AND PARENTHOOD: WHEN THESE TWO STAGES OF LIFE MEET

Becoming a parent is a crucial step that requires adaptation on several levels. Adolescence also constitutes, in and of itself, a major period of transition, the phase between the world of childhood and that of adulthood.

On the one hand, we can imagine the repercussions of the physical changes that occur during pregnancy on teenage girls’ perceptions of body image since adolescent girls are greatly influenced by definitions of beauty conveyed by society and the media, which attach much more importance to how one *looks* than the sort of person one *is*. This idealised look corresponds neither to the physical changes that take place during adolescence nor to those that come with pregnancy. Consequently, young mothers have difficulty keeping an interest in student life, given that the physical and psychological changes they are undergoing set them apart from the group⁴⁹.

On the other hand, adolescence is the period during which there is a first quest for identity. Young parents are not only adolescents who have to assume some adult responsibilities and obligations, but they are also in the process of becoming women and men required to rapidly invest considerable effort into their roles as spouse, mother and father. In addition, they will surely have to reconcile studies and

33. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1997, p. 5.

34. ROBINSON, 1988; cited in ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1998, p. 2.

35. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1998.

36. Because of the small sample size of this study, composed of six boys aged 16 or 17 from a school in the city of Québec, the results obtained cannot be generalised to all Québec boys.

37. BARRET and ROBINSON, 1982; cited in ASSOCIATION DES CENTRES JEUNESSE and UNIVERSITÉ LAVAL, 1998, and LETENDRE and DORAY, 1999.

38. ROBINSON, 1988; cited in ASSOCIATION DES CENTRES JEUNESSE and UNIVERSITÉ LAVAL, 1998.

39. BUNTING and McAULEY, 2004.

40. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1998.

41. These authors refer to the study by L.M. Rhein et al., 1997.

42. ALLEN-MEARES, 1984; cited in DESLAURIERS and RONDEAU, 2004, p. 107.

43. DESLAURIERS and RONDEAU, 2004, p. 101.

44. BUNTING and McAULEY, 2004.

45. DESLAURIERS and RONDEAU, 2004, p. 103.

46. ASSOCIATION DES CENTRES JEUNESSE DU QUÉBEC and UNIVERSITÉ LAVAL, 1998, p. 4.

47. *Id.*, p. 14.

48. DESLAURIERS and RONDEAU, 2004, p. 102.

49. LÉGARÉ, GAGNON and MAILLOUX, 1999, p. 72.

50. MARION and HOME, 2000, p. 40.

51. This Table is based in large part on one developed by DUROCHER and FORTIER (1999). We have classified the comments of various authors into one of the two columns in the Table.

work, or have to choose one of the two. Therefore, it is important to inform young people of the possible consequences of teenage pregnancy and parenthood.

For both girls and boys, the role of parent can cause them to be torn between “their need for independence and their sense of responsibility”⁵⁰ [translation]. Nevertheless, the biggest challenge young parents face is to carry out, in parallel with meeting their own adolescent needs, their various responsibilities, the main one being to take care of a child’s needs. Since children totally depend on their parents during the first years of life, parents have the task of getting involved and devoting themselves to their baby’s psychoemotional and physical development. Young parents have to set aside egocentric tendencies (typical of adolescence) and make way for altruism (typical of the parental role). It then becomes difficult for them to define their identities since they are no longer totally in the adolescent world but are not yet fully integrated into the adult world either. According to Poissant (2002), adapting to this new life depends on the balance young parents will be able to establish between their parental obligations and their needs as adolescents.

THE CHALLENGES OF YOUNG PARENTS

In short, there are elements in the period of adolescence that can both facilitate and complicate the role of parent, as can be seen in the Table below.

All these potential complications mean that teen parenthood presents a big challenge; but we should not forget that some young people pull through very well. While we should not present only the positive sides of reality, preventive interventions for young people should not focus only on the high number of complicating elements either. Nor should adolescents be led to believe that the experiences of all young parents correspond to each element presented in the preceding Table.

TABLE 2 ELEMENTS LIKELY TO INFLUENCE THE LIVES OF YOUNG PARENTS⁵¹

Facilitating and enriching elements	Complicating elements
<p>The energy and vitality characteristic of youth.</p> <p>Emergence of a meaning to life: pride or joy of giving life, projects for the future, arrival of a stable presence and permanent emotional connection with the child.⁵²</p> <p>Development of autonomy and maturity due to the numerous responsibilities⁵³.</p> <p>Right moment to adopt better lifestyle habits⁵⁵; for example: become aware of health status, of the effects of diet or drug⁵⁶ or alcohol consumption on oneself and on the unborn baby.</p> <p>Feeling of attainment of a socially recognised status.</p>	<p>Balancing work/studies/children or studies/children (higher risk of absenteeism or dropping out).</p> <p>Financial insecurity (higher risk of single-parenthood and dependence on social security benefits).</p> <p>Several stress factors: crying baby, interrupted sleep, accumulated fatigue, loss of personal freedom, difficulties connecting with the child, difficulties adapting to living in a couple, adjustments in the relationship with own parents,⁵⁴ psychological changes, physical changes (for the girl), need to prepare a budget and make healthy meals every day, etc.</p> <p>Higher risk of depression (linked to the stress factors listed above or to disillusionings regarding the role of parent, for example).</p> <p>Lack of knowledge about parental practices, and of a child’s development and needs in the first years of life. In this regard, it should be noted that the parents’ young age is one of the factors that increases the child’s risk of having behavioural problems and developmental delays⁵⁷.</p> <p>Feeling of discomfort or rejection caused by prejudices and discrimination expressed by friends, family and society in general. Possible withdrawal by the partner⁵⁸.</p> <p>Greater risks of complications during the pregnancy and child birth for adolescents under 15 years of age and for girls with no medical follow-up.</p> <p>Greater risks of having a preterm or low-weight baby.</p>

52. DUFORT, GUILBERT and SAINT-LAURENT (2000).
53. Id.
54. DESLAURIERS and RONDEAU, 2004, p. 109.
55. DUFORT, GUILBERT and SAINT-LAURENT (2000).
56. Id.
57. BONNEAU et al. (2001).
58. DUFORT, GUILBERT and SAINT-LAURENT (2000).



AWARENESS, PREVENTION AND INTERVENTION: THE CONTRIBUTION OF VARIOUS STAKEHOLDERS

As guides and coaches, we parents, nurses, teachers, community workers, sexologists, psychologists, psycho-educators, etc. can feel powerless when faced with an adolescent's desire or decision to become a parent. However, our role is not to get them to agree with our personal opinions. Rather, it is to listen to them, respect them, and give them accurate, honest information free from prejudice, and to help them develop decision-making habits that will enable them to make informed choices that they themselves agree with.

It may seem more difficult for parents of teenagers to take on this role, especially because of the emotional connection that links them to their children and also because they are inevitably faced with having to think about their future roles as grandparents. Nonetheless, they should discuss teen parenthood with their children to give their opinions and share their experiences, knowledge and goodwill, as well as to express their own limitations regarding the situation. For example, parents and teens should ask themselves who would be the 'real parents'⁵⁹ should the adolescent become pregnant. The possibility of having such discussions obviously depends on the quality of the parent-adolescent relationship and the ability to communicate as well as on the values and representations of sexuality, which vary depending on the family, ethnic origin, socio-economic environment, etc. For example, in a particular family, is parenthood at a relatively young age considered a positive thing? In another family, are parents in denial when it comes to sexual relationships? Are they considered taboo by the parents⁶⁰?

PREVENTING PREGNANCY THROUGH GLOBAL CONCERTED ACTION

We can assume, from the facts we have touched on, that promotion of health and well being, pregnancy prevention among adolescents, and support and intervention for young parents should be conducted not only on **globally** but also in an **integrated** fashion. A global level⁶¹ implies that awareness-raising, prevention of teen pregnancy, intervention, and support for young parents must rest on individual factors (self-esteem, healthy and safe behaviours, etc.) as well as environmental factors (school, family, community and services available). An integrated approach⁶² refers to collaboration, coherence and coordination of actions implemented by schools, the health and social services network, and their partners.

IN CONCLUSION

Many feelings, emotions, opinions and judgements, as well as values and questions of morality are associated with wanting a child. Consequently, in our prevention activities, we must first let young people express themselves to bring to light the hopes for change, solutions to problems or accomplishments that are linked to the desire for pregnancy⁶³. Our role also includes raising young people's awareness of the different motivations concealed in the desire to have a child during adolescence and the possible choices open to pregnant teens. Prevention interventions aim to help adolescents become aware that a pregnancy can result in painful dilemmas for the partners involved and that parenthood should not be perceived as THE solution to problems. Some reflection is then essential and should focus on how young people's values, needs, expectations, resources and means at their disposal, contraceptive behaviours, and life projects relate to facilitating or complicating aspects that can be associated with the realities of teenage parenthood. Demonstrating that there is coherence among these various aspects could help adolescents understand the notion of 'informed' choice when it comes to making a decision about whether or not to have a child. Prevention interventions also present opportunities for discussions, and we should take advantage of these exchanges to ask boys about their points of view on teen pregnancy and parenthood. After all, boys also have to be aware that from the moment they engage in an active heterosexual relationship, they too have control over whether or not to become a parent. This is why there is a need to pay equal attention to adolescents of both sexes during pregnancy awareness-raising and prevention activities.

59. DESLAURIERS and RONDEAU, 2004, p. 105.

60. DIRECTION DE SANTÉ PUBLIQUE DE MONTRÉAL-CENTRE, 2003, p. 5.

61. MARTIN and ARCAND (2005).

62. Id.

63. HAMANN (2002).



For education professionals

Awareness-raising and prevention activities related to desires to have a child and adolescent pregnancy can be conducted within the framework of the Québec Education Program. The following Table lists links we have established between various areas of the program and the topic of adolescent pregnancy.

BROAD AREAS OF LEARNING

Health and Well-Being

In addition to encouraging students to take responsibility for their sexual behaviour, issues raised through the theme of teen pregnancy will allow adolescents to:

- **become aware of their basic physical, emotional and intellectual needs** (needs that can motivate their desires to have a child, influence their choices when faced with pregnancy, encourage them to opt for life projects other than parenthood, etc.);
- **become aware of the consequences of their personal health and well-being choices** (having an active sex life, using or not using contraceptives and protective methods, continuing or terminating a pregnancy, choosing parenthood or putting the child up for adoption, etc.);
- **consider adopting safer sexual behaviours.**

Personal and Career Planning

In addition to encouraging students to undertake and achieve projects based on self-realisation and social integration, the topic of teen pregnancy will allow them to:

- **acquire an awareness of themselves, of the potential they have and how to realise this potential** (personal and professional aspirations, motivations, interests, etc.) **in relation to the reality of being young parents** (visualising themselves in a parental role).

Citizenship and Community Life

In addition to helping students develop attitudes of openness and respect for diversity, the theme of teen pregnancy will allow them to:

- **reflect on their relationships with others** (including their dating partners) **and to become aware of what each person brings to an intimate relationship as well as the expectations of such a relationship**, such as responsibilities in areas of communication, personal involvement, contraception and protection, parental responsibilities of young parents, etc.
- **take part in the decision-making process and debates** concerning the outcome of a pregnancy (e.g. Am I ready to become a parent right now? What are the possible choices when faced with a pregnancy? What is the father's place in the context of a pregnancy?).

SUBJECT AREAS

Personal Development

The topic of teen pregnancy invokes a number of values and attitudes characteristic of self-questioning and interpersonal relationships, such as commitment, assertiveness, equality, dignity, a sense of responsibility, openness, respect for others' differences and choices, and, of course, concern for oneself and for others. Therefore, in the moral education course, students will:

- **construct a moral frame of reference** where they will situate the desire to have a child and the reality of teen pregnancy/parenthood within various pertinent moral markers (obligations, values, motivations, consequences, etc.), so they can then debate issues associated with this reality (explanation and definition of various moral markers involved) and identify the consequences;
- **take an enlightened position** regarding, among other things, a desire to get pregnant during adolescence, the possible choices when faced with pregnancy (parenthood, adoption or termination), the consequences of making certain choices related to life projects, and the responsibilities of individuals of both sexes within a shared sexuality;
- **engage in moral dialogue** through debate, team work, oral or other types of presentations, vis-à-vis moral issues that can be raised within the theme of teen pregnancy. Students will have to show a certain sensitivity towards themselves and others, demonstrate critical and creative thinking skills, actively participate in group discussions and intervene in a pertinent, coherent and respectful manner.

Science and Technology

Students will enrich their scientific and technological knowledge through explanations of the roles and procedures involved with contraceptive methods, condoms, elective abortion, etc.

English, language of instruction

Students will be asked to write different types of texts on teen pregnancy and to communicate orally on this topic.

Mathematics

Students will apply mathematical reasoning (interpret statistics on teen pregnancy), solve problems related to adolescent pregnancy (e.g. prepare a budget) and communicate their conclusions using mathematical language.

ARTS EDUCATION

Drama

Students will be asked to create plays based on a situation involving adolescent pregnancy.

Visual Arts

Students will be called upon to create personal representations (collages) that illustrate life projects from different points of view – social, emotional, professional, financial, recreational or other; then they will create links with the desire to have a child and realities of teen parenthood.

Pedagogical activities

The proposed activities correspond to the following cross-curricular competencies:

Intellectual competencies

- Competency no. 1: Using information
- Competency no. 3: Exercising critical judgment

Personal and social competencies

- Competency no. 7: Achieving one's potential

Communication-related competencies

- Competency no. 9: Communicating appropriately

Finally, by consulting with each other, educators from various disciplines will be able to determine, once the theme has been chosen, the degree to which they will contribute to the prevention of teen pregnancy.

PEDAGOGICAL ACTIVITIES PROPOSED FOR YOUNG PEOPLE IN SECONDARY 4 AND 5

Here are a few awareness-raising and prevention activities you can do with students related to the desire to get pregnant and become a parent during adolescence. Of course, you can choose the ones that correspond best to the needs and characteristics of each of your classes as well as to your pedagogical objectives, given the time you have at your disposal. You can modify the order in which you conduct the activities, select the ones you deem most appropriate based on the learning objectives, or conduct the same activity as part of two distinct but complementary areas. To initiate a session on sexuality education, we strongly suggest you refer to the "Ten Ground Rules for Providing Sex Education" in the document entitled *Sex Education in the Context of Education Reform*⁶⁴.

1

Read Audrey's case to the group.

2

Ask students to form mixed teams (boys and girls) of three or four.

SUGGESTED QUESTIONS

A

In your opinion, why does Audrey think it would be a good idea for her to have a child at age 15 (circumstances, needs, expectations)?

Notes to the session leader for the plenary discussion

Audrey's reasons:

- problems at school;
- problems with her parents;
- need to be loved and to love (having a child to love and who will love her in return);
- have a challenging experience;
- anticipation of a better life without conflict in a happy nuclear family that includes her boyfriend and their child.

Other reasons adolescent girls generally may have for wanting to have a child⁶⁵:

- they are convinced that having a child will strengthen her relationship with her partner;
- they believe that having a child will fill an emotional emptiness;
- they have had a prior abortion (guilt feeds the desire to replace the baby that was 'lost'); or they have been sexually mistreated (the unborn child is perceived as a type of compensation for the trauma)⁶⁶.

Also, in some cases, continuing a pregnancy seems to be the only acceptable or possible option: when an adolescent has a very negative opinion of abortion or when the pregnancy is too advanced to be terminated (in Québec, a pregnancy can be terminated up to the 22nd week).

64. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC and MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, 2003, p. 39-40.

65. The session leader is not asked to emphasize the 'other reasons'. They can be introduced if the subject is raised spontaneously by a student. The educator can also assess the pertinence of raising these subjects based on the maturity of the group and/or on his or her own level of comfort with the topic.

66. Specify that it is important to seek professional help following sexual assault or after a difficult abortion since these events can have several consequences, including a predisposition to becoming pregnant during adolescence (wanting a better future). However, wanting a better future is not necessarily synonymous with wanting the 'become a parent'."

Wanting a child during adolescence: What does it mean? What is involved?

ACTIVITY 1

DURATION
75 minutes

OBJECTIVES

Think about the desire to have a child during adolescence and being an adolescent parent.

- Determine the predisposing factors for adolescent pregnancy (motivations/behaviours/attitudes/events/circumstances).
- Compare the demands of parenthood with adolescents' expectations of this reality.

3

Give a copy of Audrey's story to each student. NOTE: An outline of the session could be given as a PowerPoint™ presentation, for example.

4

Introduce the three activity questions one by one, in the suggested order.

5

Teams have a maximum of 10 minutes to discuss and answer each question.

6

Bring the teams together for a 10-minute plenary discussion of each question.

7

Conclude by going over the points to remember from this session (10 minutes).

B

In your opinion, which behaviours and attitudes makes Audrey more likely to become pregnant?

Notes to the session leader for the plenary discussion

Audrey's behaviours and attitudes that make her more inclined to get pregnant: having sexual relations with her partner, irregular use of a contraceptive, absence of protection and magical thinking.

Given these elements, explain how Audrey's attitudes and behaviours regarding contraception become part of a **plan**, even though she does not say outright that she is planning to get pregnant. The goal is to introduce the students to the notion of 'ambivalent' desire, where Audrey is not protecting herself even though she is not planning a pregnancy and perceives herself as a victim of fate ("If it happens, it's because it was meant to be..."). In this regard, refer to the section "Having a child during adolescence: a want or a need?", specifically to the category 'wanted accident' in Hamann's study (2002).

Although the scenario does not tell us about Audrey's boyfriend's behaviours and attitudes, do not hesitate to sound out the boys by asking the questions below (some answers are proposed in the conclusion of the current activity).

Questions for boys:

- Should Audrey's boyfriend be made aware of her intentions? How should he be told?
- Should he take an interest in his girlfriend's regular use of oral contraceptives? What about protection (condom)? Is it the boy's business or the responsibility of both sexes?
- Do you think he feels like Audrey does, that he would like to have a child now? If not, how can he make sure he doesn't become a father at this time?

C

Give participants a Table similar to the one below and ask them to complete it.

Audrey' sources of motivation	Realities of adolescent pregnancy and parenthood	
	Facilitating factors	Complicating factors
Needs and expectations related to pregnancy		

Notes to the session leader for the plenary discussion

To explain the 'realities of adolescent pregnancy and parenthood', use the Table on page 2 which presents **facilitating and enriching** factors, on the one hand, and **complicating** factors, on the other. As for Audrey's sources of motivation, you can make a connection between her project for a career (becoming a veterinarian) and the high risk of dropping out of school that accompanies adolescent pregnancy. Moreover, you can make an association between Audrey's wish to have a better life and the fact that young parents risk becoming single parents or having conflicts with family and friends.

CONCLUSION

Summarize the learning objectives of this activity by specifying that between wanting to have a child and becoming a parent, the risks for disappointment are great, not because adolescent pregnancy is bad in and of itself, but because it can be perceived as a way to solve problems. Like some adolescents and adults, Audrey feels the 'need to have a child': she sees having a child in her life as THE solution to her problems, as a way of gaining access to a better future. Pregnancy is not perceived as it really is, that is, an event that brings joy and pain, and especially that requires a person to meet the needs of the child before their own. Consequently, it is important to make adolescents aware of the true nature of pregnancy and parenthood since they are real challenges for young parents.

- Highlight the importance for two people in a relationship to communicate since a girl's pregnancy means that the boy could become a father. Although one person may want to become a parent, the other may not.
- Insist on the fact that contraception as protection is the responsibility of both people who are having a sexual relationship. Remind students that the only way for a young man to ensure he does not become a father is to use a condom and to take an interest in his partner's contraceptive choice. In this manner, each person exercises his or her power in the decision to become a parent or not.

ACTIVITY 2

What about my own life goals?

DURATION

2 sessions lasting
75 minutes each

OBJECTIVES

Make students aware of the repercussions of adolescent parenthood through a discussion on specific life goals. (Having specific goals in one's life can be a protective factor against teen pregnancy.)

- Ask them to set short-, medium- and long-term goals (1st session).
- Help them determine that having a child will have repercussions on their life objectives (2nd session).

In a school setting, these sessions can take the form of lunchtime activities (outside class), an exhibition at school, or even a contest for each targeted class (secondary 4 and 5).

FIRST SESSION

1

Give each participant a large piece of cardboard, on which they will make their own unique collage (of a self-representation). To this end, provide materials they will need, including magazines from which students can cut out images and words.

2

Explain to the young people that their cardboard (self-image) should have a section for each sphere of their lives: family, financial, emotional, professional (studies and future career), leisure activities, etc.

3

Ask students to portray their projects for each sphere of their lives using images, words or drawings.

4

Tell them they have 30 minutes to do the collage. If needed, offer them the possibility of finishing the collage afterwards, outside the time scheduled for this session.

5

Oral presentations of each person's life projects (35 minutes in all). Projects can be presented during English or French (second language) class.

6

Finally, give instructions for the next session (5 minutes): ask the teens to think about the changes they would have to make to their life projects if they had a child.

SECOND SESSION

1

Form teams composed of boys or girls (i.e. not mixed). Ask each participant to take turns discussing the changes they would have to make to their life projects should they have a child (25 minutes).

2

Plenary discussion: boys speak first followed by girls, or vice versa, to reveal differences in perceptions between boys and girls (40 minutes).

Plenary question:**What has emerged from your discussions?****Additional questions for the plenary discussion**

- *With the arrival of a child in your life at this time:*
 - *What concession would be the easiest for you to make?*
 - *What concession would be the most difficult for you to make?*
- *Do you feel ready to have a child right now? Explain.*
- *In light of this discussion, do you find there are differences between boys' and girls' perceptions? Which ones? Why do you think that is?*
- *What have you learnt from this activity (both sessions)?*

Notes to the session leader

Suggest to the youth that they continue this discussion with their friends and partners so they can discover differences of opinions, ideas, life goals, etc., as they relate to adolescent parenthood. Insist on the importance that these discussions take place in a respectful manner.

3

Conclusion (10 minutes)

In addition to the joys of parenthood, there are also significant compromises to make, which often mean making the child's needs a priority while putting one's own needs on the back burner. This is the main challenge for young parents, that is, to balance their needs as adolescents with their roles as parents. Indeed, adolescence is a period situated between the worlds of childhood and adulthood and during which young people start to become aware of their needs, which they want to satisfy by giving themselves life goals. Being a parent during adolescence thus requires taking on adult responsibilities and obligations while also putting a lot of effort into the roles of spouse and parent. This new reality forces many young people to reconcile studies with work, or to quit school to get a job. Young parents thus set aside or even give up some of their life projects so they can take care of a child, who will be completely dependent on them for several years. Finally, young mothers run a high risk of becoming single parents, even though a number of them believe that having a child will bind the couple together for life.

What if it happened to me?

Inspired by the group S.O.S. Grossesse

DURATION
65 minutes

OBJECTIVES

- Make adolescents aware of the emotional experiences and notions of responsibility related to teen pregnancy.
- Bring out the emotions provoked in the event of a pregnancy.
 - Get boys and girls to acknowledge their responsibilities.

ACTIVITY 3

1

Introduction (10 minutes). Read aloud Audrey's story and then add, "After talking with her friend, Audrey decides to talk to her boyfriend, on the way home from school, about her having forgotten to take her oral contraceptives and her desire to have a child. He tells her he would like to have children one day but he doesn't want to become a father right now. He asks Audrey to have a pregnancy test as quickly as possible. That evening, Audrey and her boyfriend buy a pregnancy test kit at the pharmacy. To be continued."

2

Read the instructions for the activity: "Imagine that, like Audrey and her boyfriend, you are sexually active and sometimes you don't protect yourself properly (no contraceptive method or condom). Girls: you decide to take a pregnancy test. Boys: you stay with your girlfriend when she takes the test."

3

After putting positive or negative test results for a fictitious pregnancy into sealed envelopes, **give each participant an envelope**. Ask the girls to imagine the result is their own, and boys to imagine it is their girlfriend's result.

4

Before participants open their envelopes, ask them to **think about the two possibilities** by asking the group, "What are you thinking about and how do you feel as you are about to find out the result?"

5

Reading the result and writing about it (15 minutes). Before students read their fictitious results, explain that from this moment on, each person has to continue the activity on her or his own, and in silence. Writing in the first person, they have to describe their feelings and thoughts about the pregnancy test result. You can create an introspective mood by putting on some soothing background music and giving each person a list of different emotions. Tell them the session leader will collect the texts and that anything they write will be kept confidential. In addition, after reading the texts, the session leader can refer a student to other professionals (psychologist, nurse, sexologist, etc.) if the student expresses a desire to see someone.

6

Plenary discussion (30 minutes). Using the questions below, ask participants to talk to the group about the feelings and thoughts that surfaced during this exercise.

Question 1

How did you feel when you found out your result (happy, disappointed, nervous, sad, surprised, relieved, etc.)? Explain.

Question 2

What were you thinking about before and during the time you found out your result: Your partner's reaction? Your parents' reaction? Terminating the pregnancy? Continuing the pregnancy? The repercussions of having a child (on your school, family or social life)? The support you may or may not have from the people around you? etc.

Note: Students do not have to read their texts in front of the group.

Question 3

What is Audrey's share of the responsibility in this situation? What is her boyfriend's? Explain.

Notes to the session leader for question 3

The most significant element of Audrey's relationship with her boyfriend is the lack of communication related to contraception, protection and the desire, or lack thereof, to have a child now. We should point out that it is also a young man's responsibility to take an interest in contraception for the couple. The goal of this activity, however, is not to find the guilty party but to raise awareness about the idea of a shared responsibility in matters of sexuality between two people.

7

Conclusion (10 minutes). After telling the group that Audrey is pregnant, the session leader gives a brief overview by going over the following points.

- *Having a sexual relationship with someone of the other sex means that both the boy and the girl should take on new responsibilities in matters of contraception and protection.*
- *In Québec, it is estimated that 1 out of 13 adolescent girls will get pregnant before the age of 18 and, nearly 1 out of 5 before age 20⁶⁷.*
- *Combined use of a condom—still the best way, after abstinence, to avoid contracting an STI—and a contraceptive method such as the pill provides double protection and enables both partners to have control over the time they decide to have a child.*
- *Although the onus for preventing unwanted pregnancies is on both individuals, it belongs to the girl to make the final decision about continuing or terminating a pregnancy. That given, when two people share their sexuality, it is important that they discuss their life projects together (including whether or not to have a child). Each partner will then be aware of the other person's needs within the relationship. It is all the more important since one person's desire to have a child is not necessarily shared by her or his partner.*

67. Data provided by the Direction des études et des analyses of the Ministère de la Santé et des Services sociaux.

ACTIVITY 4

DURATION
65 minutes

OBJECTIVES

- Make students aware of the possible choices surrounding a pregnancy and the consequences of these choices.
- Clarify what is involved in adolescent parenthood, adoption and termination of a pregnancy.
 - Inform the students of the resources that are available for the three possible options.

The choices surrounding pregnancy and their consequences

1

Invite one, two or three resource persons who can explain the various possibilities related to pregnancy during adolescence. For example: a doctor, nurse, sexologist, or individual from a community group.

2

Beforehand

Before the session, ask the young people to put their questions about adolescent parenthood, adoption and termination of pregnancy in a box (without signing them). The questions will be submitted to the invited professionals before the session so they can assess the students' level of knowledge and main concerns about the three options discussed.

3

Professionals' presentations.

The characteristics of adolescent parenthood, adoption and elective abortion are presented one after the other. Raise the topics of procedures, psychological, social and financial repercussions, and resources for girls and boys, etc. A 15-minute period is allotted to each option.

4

Plenary discussion (15 minutes).

Participants are invited to ask the guests questions.

Notes to the session leader for the plenary discussion

Encourage both girls and boys to participate in the discussion. We know that elective abortion is a highly emotional subject for some people and, for this reason, it can easily lead to a 'pro-life vs. pro-choice' debate. Therefore, it is advisable that the guests be somewhat cautious when presenting the possible options.

5

Conclusion

Go over the three possible options available when a young girl becomes pregnant: termination, parenthood or adoption. The choice can prove to be heart-rending (if a pregnancy is unplanned), but this ordeal can be avoided by using contraceptives (including emergency oral contraception), protection (condom), or preferably both. The fact remains that when dealing with a pregnancy, it is important that the final decision is truly a 'choice', that the person make an informed decision. Consequently, it is imperative to be aware of the three possible options and their consequences, to assess the pros and cons, and then to choose the solution that one can live with best. However, since the girl is the one to make the final decision, the two partners may not agree. In this case, the boy and the girl should not hesitate to ask resource-persons and organisations about the three possible choices related to pregnancy, and the rights and obligations they entail. The goals is to have a better understanding, to get help to make a decision, or to live more comfortably with the decision that has been made. To this end, hand out flyers from various organisations that provide help to young parents, and from pregnancy termination or adoption services (see the section "Teen Pregnancy Resources").



TEEN PREGNANCY RESOURCES

Health and social services centres (CSSS) have set up youth clinics and abortion clinics, as well as support services for young parents.

Support services for young parents implemented in CSSS are offered starting from the 12th week of pregnancy and continue on an intensive basis until the child is 5 years old. Support is given in the form of home visits by an 'assigned professional' from a CSSS.

Initiatives issuing from the collaboration of central players in the community also provide effective support for young parents and their children. The goals of these services are:

- to reduce intergenerational transmission of health and social problems including abuse, negligence and violence towards children;
- to provide the necessary support to young families to foster their children's optimal development and improve their living conditions;
- to prevent and reduce social adjustment problems and development delays among children;
- to encourage adoption of safe sexual behaviours and family planning.⁶⁸

An access program that also includes **emergency oral contraception** has been put in place. It allows women to get the pills directly from a pharmacist without a prescription. Consultations with a pharmacist are covered by the Régie de l'assurance maladie du Québec (RAMQ); therefore, this service is free for all women who have a Health Insurance Card. Moreover, school nurses can now prescribe emergency oral contraceptives. For more information:

[\[msss.gouv.qc.ca\]](http://msss.gouv.qc.ca) (English, Social problems/Teenage pregnancy)

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC and UNIVERSITÉ DU QUÉBEC À MONTRÉAL (2004), "La contraception orale d'urgence", *Le Petit Magazine de la formation personnelle et sociale*, winter 2004, [on line]. [\[msss.gouv.qc.ca/itss\]](http://msss.gouv.qc.ca/itss) (in French only: Problème de santé/ITS-VIH-Hépatite C/ Documentation/Professionnels de l'éducation/Le petit Magazine/La pilule contraceptive d'urgence)



For telephone help or information lines, information about meetings (individuals, couples or with parents) or free pregnancy tests, or referrals to appropriate resources (abortion clinics, prenatal courses, food or clothing banks, shelters, etc.), consult the organisations listed below.

Tel-Jeunes: Telephone help line and Internet

1-800-263-2266

www.teljeunes.com

S.O.S. Grossesse Québec:

418-682-6222 (region of Québec)

1-877-662-9666 (toll free)

www.sosgrossesse.ca

Grossesse Secours:

514-271-0554 (region of Montréal)

www.grossesse-secours.org

S.O.S Grossesse Estrie:

819-822-1181 (Sherbrooke and region)

1-877-822-1181 (toll free)

www.sosgrossesseestrie.qc.ca

Fédération du Québec pour le planning des naissances:

514-866-3721

www.fqpn.qc.ca

Parent's line: telephone help and support line for parents

1-800-361-5085

For more information, do not hesitate to ask your health and social services centre (CLSC) or resource persons at your school (nurses, sexologists, social workers, psychologists, psycho-educators, etc.) or community organisations.

WEB SITES ON SEXUALITY

msss.gouv.qc.ca/itss - Ministère de la Santé et des Services sociaux du Québec

jcapote.com – Ministère de la Santé et des Services sociaux du Québec

teljeunes.com – Tel-Jeune, community organisation

elysa.uqam.ca – Elysa, department of sexology, UQAM

santepub-mtl.qc.ca/relationsamoureuses - Agence de la santé et des services sociaux de Montréal

sexualityandu.ca – Society of Obstetricians and Gynaecologists of Canada

not-2-late.com – Office of Population Research and Association of Reproductive Professionals

For other articles from *The SexEducator*, go to msss.gouv.qc.ca/itss (English, Health problems/STI-HIV-Hepatitis C/Documentation/Professionals/Education/The SexEducator)

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