

Street Involved Youth and Pregnancy
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The Youth Pathways Project examined pathways into homelessness for young women and men. This group is vulnerable to victimization, and youth report frequent drug use and mental health problems. Educational attainment is low. Street involved adolescents and youth are more likely to engage in risky sexual practices, and have higher rates of pregnancy. Pregnancy is of interest to service providers, but little information is available on the rates of pregnancy in street involved youth. Recent data from the YPP study are presented here, with a review of trends in adolescent pregnancy for both domiciled and homeless youth.

Adolescent Pregnancy, an overview

Teen pregnancy has steadily declined in industrialized countries since the 1970s (Singh & Darroch, 2000). In Canada the teenage pregnancy rate decreased from 48.8 pregnancies per 1000 in 1994, to 27.1 per 1000 population in 2003. The pregnancy rate is highest among 18-19 year olds; some of these are planned pregnancies. The rate among 15-17 year olds is lower, with a higher proportion of unplanned pregnancies. Pregnancies among girls younger than 15 years represent a small proportion overall (Adolescent Health Committee, 2006). There has also been a decline in repeat pregnancies among Canadian teenagers, from 4.8 per 1000 in 1993 to 2.4 per 1000 in 2003 (Rotterman, 2007).

Where teen pregnancy has declined, researchers attribute this trend to several factors. Factors include the greater importance ascribed to women's educational

achievement, increased motivation among young people to delay childbearing in order to achieve higher education and gain job skills, as well as improvements in knowledge of and access to the means of preventing unplanned pregnancy (Singh & Darroch, 2000). Nonetheless, considerable variation is seen in rates of teen pregnancy. Adolescent pregnancy varies within communities and by province. In Toronto, for the years 1995-1996, Hardwick and Patychuk (1999) found a birth rate for those aged 15 to 19 four times higher in the lowest income quintile compared with the highest income quintile.

Langille et al (2004) suggest that even within a broad context of declining teenage pregnancy, communities are distinct places that may vary in relation to important factors related to pregnancy. Community contextual factors include overall level of education within the community, as well as religiosity and ethnic make-up. Prevailing socioeconomic conditions, as well as social support and community norms may promote or prevent teenage pregnancy within particular communities and this helps to explain why the widespread availability of contraception and legal abortion do not always lower the teen pregnancy rate.

Youth attitudes toward pregnancy are also significant. Jaccard, Dodge, and Dittus (2003) found evidence that adolescents may not be motivated to avoid pregnancy because they have ambivalent feelings about, or even feel positively towards, becoming pregnant. In their longitudinal study favorable attitudes towards pregnancy were predictive of the occurrence of a pregnancy one year later.

Adolescent pregnancy is related to poor educational attainment, low economic status, lack of employment and dependence on social services (Rotermann, 2007). Teen mothers are more likely to face barriers to attaining financial independence and their

health and wellbeing may suffer as a result of their economic disadvantage.

Homelessness is also more likely for single teenage mothers raising children (Health Canada, 2000). In addition to these risks, adolescent mothers face a ‘double crisis’ socially and psychologically. They have yet to adjust to adult life, but are responsible for providing for the needs of a child (Gallant and Terrisse, 2000).

Pregnancy among Street Involved Adolescents

Research on street youth and pregnancy encompasses a larger age range, up to 25 years. Pregnancy among street youth is higher than the general population of domiciled youth, and the outcomes are poor. History of abuse in street involved youth is frequent, rates of drug use are high and educational attainment is low. High rates of substance abuse, mental health problems, victimization and risky sexual behaviors lead to health problems in this population of youth.

In the United States, Greene et al (1998) compared pregnancy histories of three groups of female youth aged 14-17 years and found that girls living on the street had the highest lifetime occurrence of pregnancy, followed by those residing in shelters, and then those in households. Twenty per cent of the street youth, 12.6% of the shelter youth, and 1.5% of the household youth reported two or more pregnancies. Anecdotal reports also suggest that pregnancy is common among street youth in Canada (Frankish et al, 2005). A cross-sectional study in Montreal in 1999 among street youth aged 14-25 reported a 44% rate of lifetime pregnancy among the 78 female participants (Haley et al, 2002). A study by the Hospital for Sick Children (Toronto) found a pregnancy rate of 57% among

young females who identify themselves as street youth, with an average age at first pregnancy of 16.7 years. Fewer than 1/3 had custody of for their children (Findlay, 1998).

Early sexual activity, low socioeconomic status, high prevalence of substance use, and a history of sexual or physical abuse are all prevalent among street involved youth of both sexes and all are risk factors for pregnancy. Findlay (1998) found that risk of pregnancy was associated with greater length of time on the street, and entering street life at a younger age. Haley et al (2004) found that street involved adolescents who had been pregnant were more likely to report a history of sexual abuse. Pregnant adolescents in that study had also been on the street longer, and began injection drug use earlier.

The Youth Pathways Study found that 60% of street involved young women (N = 75) reported having been pregnant at least once. Twenty-nine per cent of those who had been pregnant had children, 33% had abortions, and 75% of those who had been pregnant reported at least one miscarriage. Drug use was higher in this group overall than in the domiciled youth population, although there was no significant difference found in relation to pregnancy. Higher rates of childhood maltreatment were found however, in young women who had been pregnant.

Forty-four per cent (N = 75) of males in the study reported that they were responsible for at least one pregnancy, and 56% of those were fathers. These figures are a unique contribution by the YP study to this field.

Qualitative data on the meaning of pregnancy for street involved adolescents

There is a gap in the research on adolescent pregnancy generally, on the meaning of pregnancy to youth themselves. Cherrington & Beheny note, “The most worrying lack

of attention is to the *meanings* choosing to engage in unprotected sex or to be pregnant at a young age may hold about being an adult” (2005: 107). Graham & McDermott suggest that despite the risks and barriers associated with early pregnancy, many young women who become pregnant see motherhood as a valued identity. By including the voices of young mothers in research it is possible to document and appreciate these young women’s resilience:

Qualitative studies capture how socioeconomic disadvantage mediates the lives and life plans of young working-class women but they also highlight the active and purposeful ways in which young women strive against these disadvantages to secure valued adult identities (2005, p. 26).

Qualitative interviews provide insight into the lived experience of pregnancy and parenting for street involved young women. YPP conducted qualitative interviews (N=33) 12 months after first contact. Young women often reported positive feelings about pregnancy, and noted pregnancy and parenting as marking a life turning point. Pregnant young women also reported anxiety about pregnancy and parenting.

- I want to be a better parent than my parents were and I don’t want to make the same mistakes. And both me and my boyfriend have talked about how we don’t want our child to turn out like we did and run away and all that.
- I got pregnant and I was just determined. I’m in school now. I go to school full-time every day. My son’s in daycare. All my charges got dropped so I’m good. I don’t have a criminal record. I’m on track and in school and it was all because I got pregnant and I had to be determined.
- I think if I wouldn’t have gotten pregnant I would still be in the exact same position now that I would have been a year ago.
- I’m worried but at the same time really, really happy. I kind of feel like this is the answer to like - I guess I always questioned what destination I would have in life and what direction to go.

Suggested Citation:

King, Katharine (September, 2007). The Youth Pathways Project (YPP): Street Involved Youth and Pregnancy. Download available at: www.tyss.org/temp/KatherineKing.pdf

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