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## Teenage Pregnancy and Parenthood Perspectives of First Nation Women

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# Teenage Pregnancy and Parenthood Perspectives of First Nation Women

## **Abstract**

This paper summarizes a study that explored perspectives of Manitoba First Nation women on teenage pregnancy and parenthood. Data was derived through a qualitative methodology focusing on a life storytelling approach within a culturally informed framework and setting. The two main objectives of the study were to: (a) elucidate community perspectives on teenage pregnancy and parenting, and (b) understand their psychological, cultural, and socioeconomic causes and implications. The study was designed in consultation with staff and participants of the Manitoba First Nation Strengthening Families Maternal Child Health Program (SF-MCH). Through the storytelling technique, the women were able to practice or "work out" the unfolding of their personal relationships, past and present. Themes arose from the data that shed light upon women's personal relationship experiences, meanings they ascribe to them, values, and aspirations for the future. The study included a participant engagement in policy development activity that had the women consider types of policies and programs to better support youth in First Nation communities.

## **French Abstract**

LES POINTS DE VUE DES FEMMES DES PREMIÈRES NATIONS SUR LA GROSSESSE A L'ADOLESCENCE ET LA MATERNITÉ

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## Résumé

Le présent article résume une étude qui a examiné les points de vue des femmes des Premières Nations du Manitoba sur la grossesse chez à l'adolescentes et la maternité. Les données ont été obtenues à l'aide d'une méthodologie qualitative axée sur une approche narrative personnelle au sein d'un cadre et d'un contexte culturels. Les deux principaux objectifs de l'étude consistaient à élucider les perspectives communautaires relatives à la grossesse à l'adolescence et à l'éducation des enfants, de même qu'à en comprendre les causes et les répercussions psychologiques, culturelles et socioéconomiques. L'étude a été conçue en collaboration avec le personnel et les participants du Manitoba First Nation Strengthening Families Maternal Child Health Program (programme de santé maternelle et infantile sur le renforcement des familles des Premières Nations du Manitoba). Grâce à notre technique narrative, les femmes étaient en mesure de pratiquer ou d'élaborer le dévoilement de leurs relations personnelles, passées et présentes. Des thèmes se sont dégagés des données qui ont permis de jeter de la lumière sur les expériences vécues par les femmes dans leurs relations personnelles, sur le sens qu'elles leur attribuent, ainsi que sur leurs valeurs et leurs aspirations pour l'avenir. L'étude comportait un volet de participation à une activité d'élaboration de politiques qui a amené les femmes à examiner les types de politiques et de programmes qui permettraient de mieux soutenir les jeunes dans les collectivités des Premières Nations.

## **Spanish Abstract**

EMBARAZOS DE ADOLESCENTES Y PERSPECTIVAS PARENTALES DE LAS MUJERES DE LAS PRIMERAS NACIONES

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## Resumen

Este artículo resume un estudio de las perspectivas de las mujeres de las Primeras Naciones de Manitoba sobre los embarazos y los padres adolescentes. Los datos se obtuvieron mediante una metodología cualitativa que se centraba en un enfoque basado en narraciones de vidas en un entorno y en unas condiciones adaptadas culturalmente. Los dos principales objetivos del estudio eran aclarar las perspectivas de la comunidad sobre los embarazos y los padres adolescentes y comprender sus causas e implicaciones psicológicas, culturales y socioeconómicas. El estudio se preparó en colaboración con personal y participantes del programa Strengthening Families Maternal Child Health (SF-MCH) de las Primeras Naciones de Manitoba. Nuestra técnica narrativa permitió a las mujeres revelar sus relaciones personales pasadas y actuales. Los temas surgen de los datos que aclaran las experiencias de las mujeres en el ámbito de las relaciones personales, de los significados que les atribuyen y de los valores y aspiraciones para el futuro. El estudio permitió a las mujeres participar en una actividad de elaboración de políticas en la que pudieron estudiar políticas y programas para apoyar mejor a las comunidades de las Primeras Naciones.

## Keywords

teenage pregnancy, early parenting, qualitative research, life storytelling, community perspectives

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## Teenage Pregnancy and Parenthood Perspectives of First Nation Women

Among First Nations in Manitoba, 1 in 8 teenage girls has had a child (Guimond & Robitaille, 2008). Across the country, rates are consistently higher for First Nation teenagers as compared to other Canadian populations. Research and discussion about teen pregnancy and parenthood in Canada is scarce and, understandably, far fewer publications exist that pertain specifically to First Nation populations. Moreover, there is little understanding about what pregnancy and parenting means to youth and to their families.

Epidemiological research on teen pregnancy and parenthood expands the knowledge base on issues of cause and effect, prevalence, trend analysis, differences between diverse populations, and socioeconomic risk assessment. Insight into how experiences of youth pregnancy and parenthood unfold within personal life histories requires in-depth qualitative analyses (Olsen, 2005). Teenage pregnancy and parenthood in First Nation communities happens within ongoing (post)-colonization, socio-ecological inequalities, marginalization, and poverty. A standpoint and institutional ethnographic approach to research on teen sexuality pregnancy and parenthood can be informative on various person-in-the-world issues, for example: interpretations of pregnancy and parenting among First Nation teenagers and their families and the perceived role of fathers. It is an approach that allows insight into questions such as: Is pregnancy a reaction to life circumstances? Is pregnancy considered a sensible or debilitating solution to personal and socioeconomic predicaments? Does youth pregnancy or parenting allow for a deeper sense of meaning, engagement, contribution, and belonging in the world than later parenting or not parenting at all?

Social scientists have referred to high teen pregnancy rates in First Nation communities as “a public health crisis” (Rich-Edwards, 2002) and “a health matter” that increases the vulnerability of individuals and whole communities already disadvantaged socioeconomically by limited access to education, employment, and formal childcare (Anderson, 2002; Hull, 2004; Luong, 2008; Ordolis, 2007; Robitaille, Kouaouci, & Guimond, 2004). It has been demonstrated that factors such as sexual maturity, emotional instability, belief systems, personal values, expectations favorable to premarital sexual activity and teen parenthood, lower educational levels, a dislike of school, and less involvement in religious activities are associated with a greater vulnerability to teenage pregnancy (Pedrosa, Pires, Carvalho, Canavarro, & Dattilio, 2011). Indeed, increased rates of low birth weight, infant mortality, childhood illness, welfare dependence, academic failure, less supportive home environments, juvenile crime, and teen parenthood in successive generations are associated with teen parenthood (Brownell et al, 2010; Committee on Adolescence, American Academy of Pediatrics, 1999; Langille, 2007; Maynard, 1996). Issues of sexual health are a main concern (Hampton, McKay-McNabb, Jeffery, & McWatters, 2007; Ship & Norton, 2001); sexual abuse in childhood is also associated (Kenney, Reinholtz, & Angelini, 1997; Rainey, Stevens-Simon, & Kaplan, 1995). Importantly, however, statistical modeling exercises reveal that the causal factor for the public health discrepancy is income imbalance and not maternal age. These studies implicate “poverty” and not maternal age as the real threat to maternal and infant wellness. Moreover, there is the argument that it isn’t disadvantaged teenagers who are getting pregnant, but the “discouraged of the disadvantaged” who become so (Rich-Edwards, 2002, p. 555). Accordingly, Rich-Edwards (2002) maintains that it is, “(p)overty (that) causes teen pregnancy.” “Simply put,” she writes, “girls with prospects do not have babies” (p. 555).

Understanding long-term implications of teen pregnancy is central to the problematizing discourse. North American researchers have ruminated quite extensively on the issues involved:

But does premature parenthood cause future poverty? Remarkably, with appropriate (statistical) control for economic background and educational attainment prior to pregnancy, it appears that the life trajectories of teen mothers are little altered by becoming mothers in their teens. Circumstances were not about to improve for these young women, even if they had postponed pregnancy into their twenties. In the words of one Boston teen, “Why should you wait? Who’s coming?” Under these circumstances, it would make little, if any, difference to US public health if teen mothers were to wait a few years. Indeed, where cumulative exposure to poverty and stress degrades maternal health capital, risks of poor pregnancy outcome may actually rise with maternal age. Arline Geronimus has argued that in the face of such powerful weathering forces; it makes sense for disadvantaged women to bear their children in their teens. (Rich-Edwards, 2002, p. 555)

Negative causes and consequences of teen pregnancy are common themes in the literature (Brubaker, 2007), and some researchers have focused on women’s interpretations of the conditions of their lives. For example, Ordolis (2007) studied the consequences and interpretations of pregnancy and motherhood among Aboriginal adolescents, acknowledging the circumstances within which the young mothers managed to build satisfactory lives for themselves and their children. She also points to relationships between early parenting and stigmatization (or a lack of stigmatization) owing to cultural values that place children at the centre of community and as gifts from the Creator, on the one hand, and to colonial interferences with parenting and the removal of children from families and communities, on the other.

It is difficult to separate youth pregnancy and parenthood from the social situations within which these occur. Miller (1993) questioned the whole authoritative perspective itself, explaining the risk that concern for teen pregnancy in general may be more a matter of professional and personal stance than being a matter in-and-of-itself, stating that, historically, “perceptions have changed, not because overall teen birth rates have risen dramatically, but because these births are occurring, relatively more than before, among those who are younger, white and unmarried” (p. 11). The topic, in other words, is one fraught with moral undertones and the difficulties of establishing a meaningful cultural, and intercultural discourse, within a powerfully imbalanced and, moreover, racist society.

With regards to intention to become pregnant, the jury is still out. Benson (2004) claimed that most teens do not consciously decide to become pregnant, though others maintain that there are motivating factors behind an adolescent’s choice to become pregnant (Ordolis, 2007). Such contradiction is a critical outcome of the scarcity of research on the perceptions of teenage pregnancy and parenthood and of the near absent Indigenous voice on the topic.

Brubaker (2007) raised a concern regarding the impact of negative official discourse surrounding teen pregnancies in African American populations, writing that:

The social problems discourse of teen pregnancy resonated through teens accounts of every stage and aspect of their experiences, becoming pregnant, to dissolving pregnancy, to seeking prenatal care and giving birth. The discourse clearly limited teens' access to formal medical knowledge and care when it might have enabled them to prevent pregnancy or seek prenatal care earlier. (p. 547)

Engagement in the discourse itself has impacts on the wellbeing of teen mothers and their families, a problem that speaks to the necessity of a nonjudgmental and culturally respectful scientific engagement (Fuery, Smith, Rae, Burgess, & Fuery, 2009; Hart, 2007). Brubaker (2007) addressed the impacts of context as it pertains to a sample of African American women by designing a methodology that allowed her to connect with the women and their stories directly. Similarly, in Canada, Anderson (2002) provides insight into the personal perspectives on being pregnant and parenting by Aboriginal teens. Individuals engaging in the process of expounding on their own life experiences are unlikely to depict themselves as social problems, as an objectifying research methodology would do. As such, problematization of individuals and communities is a byproduct of exclusion.

It is due to these many aspects of teen pregnancy and parenthood in First Nation communities and because of the issues involved in simply discoursing about teen pregnancy and parenthood between cultural, socioeconomic, and political boundaries that meaningful research on the standpoints of First Nation women is required. This need for more contextual and conceptual research on the topic was the impetus for the current study.

### **Study Design**

There were two main objectives of the study. The first was to elucidate First Nation community perspectives of teenage pregnancy and parenting. The second was to understand its psychological, cultural, and socioeconomic causes and implications. This study was developed in consultation and cooperation with staff and participants of the Manitoba First Nation Strengthening Families Maternal Child Health Program (SF-MCH). The Manitoba regional nurse program advisor with the SF-MCH program (Phillips-Beck) at the Assembly of Manitoba Chiefs initiated consultations regionally in the summer of 2008. Initiation was in response to data derived through program administration and qualitative studies revealing high rates of teen pregnancies in the communities, involvement of young moms and grandmothers in the programs, and a desire to understand individual and community needs surrounding young pregnancies and parenthood. Consultation meetings between regional and community-based program staff in each of the 14 SF-MCH program communities were held in-person in the communities, via email, and over the telephone to discuss issues of teen pregnancy and parenting, and existing and possible supportive policy and practice.

In January 2009, the communities and regional SF-MCH office began the design and implementation of an intensive exploratory workshop on the topic of First Nation teen pregnancy and parenthood. There was such a great interest from the communities to participate in the workshop (greater than the space and funds could support) that the workshop coordinators decided that the fairest approach would be for each community to select two representatives to attend the workshop.

A three-day workshop was held at the Windy Hill Community Learning and Wellness Centre at Hillside Beach, near Brokenhead and Sagkeeng First Nations. The space was welcoming for both a retreat and

for learning. Ma Mawi WiChi Itata Family Support Centre owns Windy Hill. The Centre is located on the east shore of Lake with a mission to focus on Aboriginal cultural teachings and traditions and to provide and accommodate customized learning forums. The space created a distraction-free ambience that promoted a relaxed, freedom of expression and contemplation about the personal issues that affect day-to-day living on the reserve. The serenity and natural surroundings were ideal for productive collaboration, healing, and creative thinking.

The intention of the workshop was to create a space for open and non-judgmental discussion about very sensitive issues. It would require personal reflection and possible examination of the long neglected, dark places where secrets are guarded and from which, possibly unconsciously, decisions are made. Whether such an environment allows for a presentation of the “true” causes and consequences of teen pregnancy and parenting is unclear. But what is certain is that within such an environment of acceptance of self, and a sense of the “traditional,” “natural,” and “healthy,” women were able to draw connections between aspects of their lives that were previously unrevealed.

The workshop was intended mainly, from one perspective, as an opportunity to collect information about the topic under study, as well as being a forum from which teachers could share their knowledge with the participants. Participants gained from the sharing by learning about traditional family practices, women’s ceremonies for coming into adulthood, pregnancy, childbirth, the significance of the moon and our natural rhythms. Many stories were shared that allowed the women access into deeper and more intimate reflections of themselves. Some were also able to see glimpses into some of their choices, obstacles, temptations, and supports that have influenced them over the duration of their lifetimes (and perhaps through generations). Certainly, the teachings influenced the stories shared about pregnancies and parenting, and offered a basis for the women to compare what could have been, or should have been, with what was available to them.

The home visitors of each of the fourteen community-based SF-MCH program sites recruited the participants. Youth from each of the communities were invited to participate, as were men and women of all ages who have experience and interest in teen pregnancy and/or parenting. The recruiters were seeking individuals who have been or currently are pregnant or mothers in their teen years (18 years of age or younger). In total, 26 women from 14 Manitoba First Nation communities participated in the study. All of the community participants had become pregnant and were mothers in their teenage years. Some were now mothers of pregnant teenage daughters or grandmothers with daughters who were also teenage moms. The youngest participant was a 15-year-old mom of two children.

An adaptation of the traditional “sharing circle” was implemented as the primary data collection method in the study. A sharing circle is typically a small group discussion process that allows participants and facilitators to share experiences, feelings, thoughts, and beliefs in response to specific topics. Sharing circles are semi- to loosely-structured, and participants are expected to adhere to rules promoting several process goals (i.e., assuring cooperation, effective communication, trust, and confidentiality).<sup>1</sup> The sharing circles during this workshop were referred to as “bannock-and-tea meetings.” In total, there were three sharing circles with all of the study participants, the researchers, and SF-MCH program staff.

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<sup>1</sup><http://www.innerchoicepublishing.com/aboutUs.html#ourCopyright>

Essentially, all of the sharing circle participants came to the circle able to share some area of expertise, whether it was a lived experience with the topic, experience and understanding of practical programming, policy issues, and/or knowledge of an effective research methodology for delving meaningfully, respectfully, as well as empirically, into the study.

Each sharing circle was approximately 2.5 hours in duration. Semi-structured questions were developed in order to stimulate a free flowing conversation about various aspects of the topic. Question guides for each circle built upon knowledge from the previous discussions.

All of the sharing circles were audio-recorded and then transcribed verbatim. The transcripts were then reviewed in working groups, which included many of the study participants and SF-MCH program staff. The groups reviewed the information to consider the findings on: experiences and perceptions of teen pregnancy and parenthood in the communities; the influences and impacts of high prevalence rates on community capacities and available resources (including formal and informal supports); and the types of supports required to better support young parents and their families.

## **Findings**

Several themes emerged from the participant stories and are discussed below. The themes described factors associated with becoming pregnant in one's teen years and the struggles and supports of adolescent parenthood.

### **Traditions, Religion, Values and Norms**

Participants described degrees of association with First Nation traditions and Christianity. Speakers felt, almost unanimously, that in spite of the persistent effects of colonization and cultural and geographic marginalization, a sense of the traditional has endured. In spite of great threats against their families, and perceived attacks against their very identities, a central value for children and family has remained. The most resounding of these values was the sentiment that children were considered a "gift from the Creator"; as such, it is not for human beings to question what is given to us and even more unfathomable that we question the details surrounding their births:

Gisthi Muntoo gi-meenigonan awasisek (God gives us children). We always say back home, every time someone becomes a grandmother. I didn't know what that really meant until I saw my first grandchild.

Once I got pregnant... it wasn't even an option, until my own selfishness, my own fear took over and then thought holy heck... All the values my grandparents, my mom instilled in me I am (thinking of) throwing all away because of my own selfishness, and I decided to have my daughter.

Another common value was the perception of the child's rightful place is at the centre of the family and community. Children were seen to provide the family and community with meaning, purpose, goals, and destiny. The depth of the impact of more than 100 years of child apprehensions was emphasized in their stories.



Pregnancy, motherhood, and parenthood were seen as honorable and valued in and of themselves. Although the traditional ceremonies were not practiced by the majority of women participants, after the teachings included in the current workshop, many expressed their interest in learning more about their traditions and felt that they do adhere to the values behind the teachings, at least in the way they perceive the world to be or how it “ought” to be.

And I’m just glad I have my daughter and I hope to have another child someday, and I want to finish school. I’m trying to change.

I don’t regret anything. It’s made me who I am and it’s made my life. And life is precious.

Parenting was also seen as a shared responsibility between members of the family.

And a lot of the times the girls will say, well if I really don’t want to raise my baby, I will give it to my auntie – she really wants a baby.

Traditions were believed to provide order and sensibility to their lives. The stages of life allow for an unfolding of human development, expressions of identity, obligations, and interconnections between individuals and ecologies. Connection to tradition was revealed through the personal stories:

There’s norms, there’s values, there’s beliefs and that guides me in my relationships.

All the love and support and the good stuff that I didn’t have when I was growing up, I wanted to show them...

My mom... took over and she taught my son the values and traditions. She taught my son a lot of respect. I am thankful for my son and people tell me he is so kind and respectful.

Values were often apparent through actions or taught in passing down practical skills:

Having to watch my younger sisters have babies (first), especially my baby sister. My mom was really hard on her... all the time, because she wanted her to know that (it) is a big responsibility to provide for your own children. She didn’t want my sister to depend on handouts or to not be able to give her child what he needed. So she taught her how to beadwork... and that’s how she got money for milk and diapers. My mom didn’t help her with that, we occasionally...

With the beading, mothers prepare (their daughters) to be patient and kind and understanding to... children. And that’s a beautiful story what your mom gave to your sisters, that gift... that’s the kindness you can give to your child, regardless of how she got pregnant, or what decisions were made, or what she did.

(In the programs) we reinforce the responsibilities of motherhood through the making of blankets. We make the baby blankets in the program with the mothers for their babies. We provide the fabric and we see mothers and grandmothers coming in, cooperating with each other to make the baby blankets.

## Mixed Emotions

The birth of a child was unanimously observed as a positive and welcoming event, regardless of circumstance. However, the birth of a child to a teenager also brought about sadness. Though participants emphasized the sacredness of life, they also shared their turmoil and confusion about things like security or responsibility, and feelings that they, themselves, receive adequate care. Older participants thought that teenagers were still too young to care for their children. In summary, the stories about teenagers having babies included a mixture of varying emotions.

I was the first to know that my big sister (teenager) was having a baby. I was so happy! I could just imagine if I had a kid of my own. I would be so loving of my baby and for the whole nine months of her pregnancy I couldn't wait. Every morning I would get up and say, "I will be an auntie in x months time."

We couldn't tell my dad that my little brother was going to be a dad. My mom was the only one who told my dad. And my dad was so mad. (But that was temporary). Next thing I know, he's asking, "where are you going to live? Are you going to come stay with us?" But, he was just mad (in the beginning).

When my daughter first told me, I was so upset. I couldn't believe it. What about school? I thought. So, I said, I am going to take a drive. So I (was) crying and I ended up at the graveyard and I was looking around and I saw all these little babies. That's when it hit me. Why am I crying? We're getting a new life ... God has given us life through our daughter. The people who lost their babies, and I (told) my husband about her being pregnant and what a gift it really is.

My daughter is pregnant at 15 (said through lots of tears). But I always told her about birth control. I really wanted her to have her education. My husband wasn't talking to our daughter. Anyway, he got mad at her, but after, like he started talking to her again.

My daughter is pregnant ... she's due next month ... It was really hard on us, even my husband ... It hurt you know. (Crying), I told him. The first person I called was my auntie because I'm closest with (her). I'm not really close with my mom, because I grew up with my grandparents (this is the third generation of teen moms). So I was raised with my aunties, we were like sisters. I remember this auntie; she phoned me when her 14-year-old daughter was pregnant. She was crying so hard, I couldn't even understand her. I was so worried thinking, "oh no! Who died?" But then she said her daughter is pregnant and I thought, "Is that all?" so when I found out about my daughter I phoned her right away. And oh, now I was so upset.

## Intention: The Choice to Become Pregnant

In speaking about "getting pregnant," the women used language that revealed either an active choice to become pregnant or a circumstance of pregnancy that just happened to them. Participants in the sharing circles repeated the term "got pregnant" more than 30 times in different contexts. Discussions about getting pregnant focused on being "pregnant" and momentary feelings for a boyfriend, and sometimes

on having a baby, more so than they did on raising a child over the course of a lifespan or on the responsibilities of ongoing parenting.

Um, the changes, like I liked to party and drink a lot. I was into the drugs, cocaine, and crack and I partied a lot and I met my boyfriend and I guess it was alright I guess and we tried to get pregnant.

We were in love and wanting to be together forever. I got pregnant and I found out and I was really excited. And I was scared, I guess.

I wanted a baby.

### **Becoming Pregnant, Love, and Intimacy**

Perhaps the greatest indication from the stories of a conscious motivation to become pregnant, and to have babies in adolescence, was a desire for love and the normalcy of family. All of the participants agreed that “above all else” this was what they longed for.

Most of the women present were separated for an extended period of time in childhood from family and/or community. The older women who were present were placed in residential schools, as were many of the parents and grandparents of the younger women. Some were raised in foster homes or had parents who were raised in foster homes and, as a consequence, described themselves as being “not very good” at “showing their children love or affection.”

Being neglected by parents and other adults was a common theme in the stories. Though child physical abuse was not a common experience, some of the women said they were often physically punished by their mothers or the men their mothers brought home. Others said that, as children, men in the family or community sexually abused them.

I never knew love. There was no one around who took the time to notice me when I was a kid.

And my life wasn't wonderful. I've been in foster care. I've been abused, everything you can imagine happened to me ... but that's the hurt I carry.

... I was still angry with (my mom) ... I was sexually abused as a child with one of her men and I came forward to her and the reaction I got wasn't what I expected. So right there I shut myself out of her life. I guess because of the way things happened to me, I wanted to make them better.

... My mother was a teenage single mother and brought me and my brother up until we were six and seven. And she met this man and he started getting really mean. He took us to the park once and we were playing and he said, “come,” to my brother, “I'll push you on the swing,” and he pushed and he swung him so high, he fell. And I went home and I told my mother and she never believed me. And it started to get really bad. And it started getting worse and I started running away from home. I ran off with my boyfriend and we started doing drugs and alcohol, well I thought it was fun back then ... and then, I got pregnant ... but then (boyfriend) started getting really abusive.

Most of the women explained that to them the opportunity to become a parent was “like having a second chance ... to become a part of a normal family.” It was said, “it felt so good being loved for the first time” in their lives, “getting pregnant was a way to hold onto that love,” “to keep him forever,” “to hold onto him,” and “I thought maybe then he wouldn’t leave me.”

I thought by having his baby he would stay with me.

Some of the older women reflected on past relationships saying that they later came to realize that their insecurities and feelings of “worthlessness, dependency, and desperation” were magnets to “predators,” men who would take advantage of them. In their own words:

I realized all those men who noticed me, I was attracting guys who knew I was desperate and they could take advantage of me and the only way I could stop them was to heal myself. So to think of myself, and my children for once.

### **Intergenerational Abuses**

Young relationships between teen boys and girls commonly included a lot of “partying,” “drugs, alcohol,” and violence. Physical violence typically began or was intensified in pregnancy. In some cases, the young women escaped abusive relationships, and then “got pregnant again” with another man who also became abusive. The women were far more likely to have tumultuous home environments in their teens. With age and maturity, many of the women said they were able to make significant changes for themselves, and in some cases, also for their children.

My mom ... when we first started out, you would never guess she was the same person as when she passed away. She never hugged us. She never touched us. She only touched us when she was intoxicated. And then, finally, within the last, when I turned about 14, she decided she was going to stop drinking. And she was going to go onto that road and life ... I said I was not ready for that. I was only 14 but already I was partying and doing a lot of drugs and drinking. Like, it wasn’t an option for me to take that road with her because now my past started me on a path where I would one day need to heal ... and I’m ... sorry I didn’t take it with her. Because, I think how humble she was and how she was with other people. And she never got to see me the one I am ... I’m not sure I can ever fill her shoes, be the woman my mother was.

My daughter was 4 and he hit me in front of her. She was just standing there and she was crying for him to stop. And I thought she’d forgotten (all that) after I left him. But one time, I was standing in the kitchen and she said, “Remember that time dad hit you and he made you bleed when he put that knife on your neck?” But she was only 4 and I didn’t think that she would remember and that shocked me.

The very final abuse that he, when my youngest child was two months, he came over and while we weren’t together he just wanted to see the baby, he said. He was trying to get back with me. And we started ... an argument ... and I saw him running towards me and I turned (to move) my baby (out of the way) when he was running towards me. Next thing I remember I was knocked

out. I was on the floor and he was standing over me and he was crying really loud and he never cried in his life. Then I saw all that blood, I had the baby right next to me and there he was with all that blood everywhere ...

The women shared many stories expressing ongoing hopes for a secure relationship. Perhaps one can say that they were easily impressed, jumping too quickly into relationships and pregnancy. What is evident, however, from the stories is the good feeling that attention from the men gave them, by way of complimenting their beauty or promising small amounts of support. The woman in the following excerpt had four children before the age of 20:

After leaving that relationship (severely abusive father of two of her children), I started building myself up after I got off the drugs. Then I met someone. We started fooling around and he called me beautiful. I got pregnant and I was on welfare. I didn't want him to think that I got pregnant because I wanted to be with him and take his money. But he said, "Are you going to keep it?" I said, "I don't know." But he said, "I'll help you out if you keep it to buy pampers and milk" and so I said okay and he started coming over often. He came over during the pregnancy, telling me I'm beautiful and rubbing my tummy ... I got pregnant again and then he asked me to marry him and I said, "Why you gotta ask me when I'm in bed?"

The young woman's excitement, quoted below, was supported with applause from the group:

After three of those abusive relationships and after three children, I still dream of being married and in love. And my waiting paid off! My boyfriend asked me to marry him!

Relationship struggles and the struggle to lead a healthy lifestyle were ongoing challenges for the women. Much of the turmoil in their lives was attributed to alcohol abuse.

It's one thing ... I'd like to do is just to stop drinking ... I don't enjoy it anymore. I don't need to drink to enjoy myself and have fun and be with my friends. I can still go out and have fun and ... remember everything ... I am still trying to change ... still trying to forgive because he stopped abusing me ... I charged him because he abused me and beat me ... he had conditions (put on him) where we're not to see each other and not be around each other. I left him for 8 weeks and ever since we got back together and ever since he hasn't beat me or anything like that ... Before, he always used to beat me and I never used to charge him ... he used to say, "Don't charge me, I love you," and you know that cycle.

You know how hard it is? I don't drink anymore, to find a man who can appreciate that? And I don't want to fall back into that lifestyle ...

Participants recognized and expressed a desire to escape cycles of abuse. Grandmothers, or expectant grandmothers of teen daughters who they had during their own teen years, spoke of the changes they were making to protect their children and grandchildren from the kinds of abuses they suffered in their own lives. Beyond protection, the grandmothers wanted to help their daughters to stay in school, keep working on themselves, and develop careers.

My oldest daughter, like when we talk about what we went through in the past, we've talked about it a lot and like she's got a lot of confidence in herself. She's already talking about going to college. She'll put in an application before she even turns 16.

My daughter and her boyfriend, it was their choice (to keep the baby). I gave them the option you know. Like my daughter I was 17 when I had my first baby. When she had her first relationship and seeing what I went through, none of my kids wanted to have kids, because they seen what I went through. And now here she is, she's at home with my first grandchild and I'm the whole support system. I take care of them. And so is (nurse supervisor of SF-MCH), she's a good support system too ... I'm not going to let them be me. I am going to change it. Just like that cycle of violence, I am going to change that with my grandbaby.

### **Relationships, Sex and Sexuality**

Sex, sexual development, and healthy sexuality topics brought about great interest and discussion among the participants. Sex often happened at parties, with other teens present ("partying") in the house. Participants explained that they thought perhaps if they were not "under the influence," they might not have had sex. Many said they felt they were not ready or had sex because it was expected of them. The group said that most teens were beginning to have sex as early as 13 to 14 years of age, and sometimes earlier.

I felt like that I was expected to have sex.

Sexual preparedness, whether in the form of formal or informal education, was often lacking for the young women or influenced by the spiritual beliefs of family members. An excerpt from one of the women's stories serves as an example:

My grandmother ... she was more of a Christian ... she used to say, "Oh, the only time I ever laid in bed with your grandpa was to have kids ..." You know, I found it strange that my grandpa had his own room and I went to stay with my mom and my mom would have her boyfriend in the room.

Like with birth control, we weren't allowed to use birth control. Like my grandma said, "If you don't want to have children you don't have sex." That's just how she used to put it ... the only reason why the Creator gave you that action was to make life.

Missed opportunities for an unfolding of healthy relationships was a common theme expressed:

Relationships weren't something that came naturally for me because of my upbringing. Healthy relationships weren't modeled. I knew what a healthy relationship didn't look like and I knew what I was not going to do. So I fought really hard to not be my parents and not be the models that I grew up with and so it took a while to get away from that negative and just to accept what a relationship is and focus on the positive.

... I realize(d) there (was) something missing. We need to ... figure out what exactly is it that's missing and my interpretation was it's the relationship that we have and the relationship that we build from when ... an infant, even prenatally and the relationship we carry on from our childhood and early relationships that we bring into the course of our lives, into our becoming mothers early and raising our kids, ready or not ready ... but the most fundamental piece to bring health back to our families is in healing the relationships.

The biggest impact on the youth is that they are searching for relationships and they get into the adult world too quickly. The biggest loss of residential school was the loss of relationship that was the biggest loss. It wasn't all the abuse, it wasn't all the other shit that happened. But it was the loss of healthy, strong relationships.

Older women in the circle said that the intergenerational relationships between women and their daughters needed to be repaired so that mothers can more effectively prepare their daughters for the responsibilities of adulthood:

The idea is that if we can create relationships with these young people in the community then there's a better chance for us to be able to talk with them. But there's also that better chance that they're going to listen. See if we have that relationship with them then we can start to influence them in a good way, because they will listen.

... What kind of relationships do we value? What kind do we need to create so that children can live out their young lives and then come to be parents in a healthy way?

### **Social Circumstances and Emotional Unavailability**

Social and emotional circumstances affecting adolescent parents were described, such as a lack of social supports (including formal and informal), poverty (most notably a lack of housing or poor quality of housing), and emotional unavailability of parents, who were either brought up at residential schools or in foster homes and, therefore, lacked experiences of being parented themselves.

I look around my community and there's overcrowded housing and all these issues and I just don't know. It's okay for them to give up, why, cause their parents are drinking. They're scared, I guess. I know I don't feel supported. My mom has dreams when someone in our family is pregnant and she had a dream about me, before I told her she knew I was pregnant. I said, "I'm scared and I don't know if I am ready to have a baby." And she wants to help, but she can't. She doesn't even have a room in the house.

There's overcrowded housing ...

I put my name in for housing 6 years ago and now, 6 years later, my name is second from the top.

You know I never had that support from my parents, if you just need something come and see us. I never did. You know, my dad, he shouldn't be like that, but ...

My mom asks, “How come my grandchildren don’t come and see me?” but then they do come and see her, it’s like, “Don’t touch that, don’t sit there ...” Any my dad, he’s got like one little favorite one and the other ones are like, “F\*in grandpa always ignores me.” And we were talking the day about residential school. You know, that’s what happened there, the love that he shows when he got his residential (financial compensation). Yah, like really shovels it out, only Christmas time, once a year! That’s when he shows it, and it shouldn’t be like that.

### **The Isolation that Comes with Becoming a Young Mom**

Importantly, notwithstanding expressions of great joy that a new little baby is coming and the promises to help care for the baby, teen friends who are not pregnant or parenting themselves eventually pull away from those who are having babies, causing the latter group of women to feel estranged from their peers and from all the things they used to do. Participants described feeling isolated at times during their pregnancies and in parenting:

There wasn’t anybody there for me besides my mom. I don’t know, I just think when you become a mom, it’s expected that you shut yourself off from the world ... it’s scary.

For the first four years, it was awful ... just felt so alone.

One of the participants, a mother of a 15-year-old pregnant daughter, described her daughter’s experience as follows:

For the first five months, she wasn’t really showing, so it was okay for her to go to hockey games and be with her friends ... She just recently started getting really big and now she’s staying home and she doesn’t go to sports events anymore. But I take her out, we go to the store, go shopping ...

Another grandmother described her daughter’s sadness:

... Her friends changed and she’s made a lot of good choices since she’s had the baby, better choices than she was making before. The boyfriend has kind of come and gone and that’s been a tough thing too you know. Like ... he’s seen the baby three times in his life and so she had all these ... ideas of now they’re going to be a nice little family and everything and it’s not there ... Valentine’s Day came and she was thinking it was just going to be a wonderful ... day ... and it never happened ... he was with another woman and she was just totally crushed.

Women talked about the things they had to miss out on now that they had become pregnant or were parenting:

... We got pregnant with the second one and then the third and then the fourth one, and I’m a single parent ... It made me grow faster than I wanted to. I never had no time to go out and party and things that my sister got to do when she was a teenager and I had my first child. Maybe, well, it happened the way it happened. You know, as time went on, I always made sure we had what we needed, food, diapers, clothes.



Though many of the women described the difficulties that came with being a young mom with few resources, and oftentimes inadequate support, some of the stories emphasized the protective aspects of the reserve, as opposed to trying to make it on one's own in the city. For example, one mother shared her story about leaving the reserve to find work in the city. Though the city provided her with various opportunities for employment, education, childcare, and children's programming, she said that living in the city in general was not affordable to her. Being away from the reserve and her family increased her feelings of isolation. Other women said they felt the city was a far more dangerous place to raise children. The trap of living on reserve in order to stay close to whatever support a family could give, but away from the opportunities that the city promises, was a situation with which most of the participants tried to cope.

For some women, getting pregnant and becoming a mother was the impetus for positive changes in their lives.

I figured, okay, I'm not going to do this anymore. Either I have to get an education or I have to sit on welfare for the rest of my life.

She doesn't have a job ... she lives on welfare, and she maintains ... in a way, you know, she maintains her goals. She reevaluates and puts everything in perspective. And she gave up some things for the baby to come.

She's ... doing the best she can. I give her a lot of credit.

I think (her baby) saved her. Having (him) saved her brain because she was really destructive, so some of the changes were about her lifestyle.

Many sacrifices were also made.

She had to leave school to support him, she works nights and (baby) stays with me on Wednesday and Thursday nights. The boyfriend quit work when she was pregnant and he hasn't worked a day since.

Mixed emotions, sadness for lost opportunities with a deep love for one's children were main themes in the stories:

Well your whole life changes, first of all. The way you see things because you're not only looking at yourself anymore, you're looking after someone else. I mean, it's scary. When I had my son, I sat in my room, and I don't know how many times I just sat there looking at him thinking, this is my son, this is my son ... it was in awe to me because I had been anticipating and waiting for him for almost nine months.

I think there were some positive and some negatives because there were some doors out there that did close for me because there were opportunities that I could have taken, to finish my schooling, but the thing was I didn't want to leave him at home.

## Youth Opportunities On Reserve

Overall, there are few employment, education, and recreation opportunities for youth on reserve. It is often repeated that young people on reserve have “nothing to do.” Concern that options are not effectively communicated to the youth was raised:

In this community, so many girls had their babies and none of them finished school.

I think we don't talk enough about what the options are. That the young girls don't hear, maybe they never hear what their options are. And maybe we don't talk about it enough.

I think we need to make young women feel that they can accomplish anything in their life and that there are options other than becoming pregnant. And we just don't talk enough about what they are.

Let them know they can make choices, they don't have to be comfortable with the way things are and that there are alternatives to having babies.

... We say to the girls, have the baby, and we will be right behind you. We have that baby, we love that baby, but I don't think there's anyone there standing behind them saying, “OK, you want to go to school, this is what we will do.” And that is the piece that is truly missing.

Opportunities for advancement seemed even slimmer once the young women became moms:

I already asked the school for support for young moms, there's nothing at the school.

I wanted to go back to school but I couldn't, because on the reserve there was no daycare, well we had a daycare but the kids had to be at least 8 months ... to get in ...

## Extended Family Support

Many of the participants discussed the pressures that they felt they were putting on family members. Some older women end up caring for the children of more than one, and sometimes several, young women. Notwithstanding such pressure, familial support had measureable positive impacts over the lifespan of the young mothers and their babies as well.

I have a lot of nieces that have children. Sometimes that's kinda hard on me ... my sisters sort of depend on me to be there to (raise) my nieces.

I have two younger sisters that got pregnant too. My mom wasn't really happy about the news at first. She had high expectations for us.

When I was growing up, in my teens, my mom had a lot of foster children, since I could remember. This one girl my mom had her when she was young, and her brother came to stay at our house too. Cause their dad, there was lots of drinking and there was no one to look after them, so they came and stayed with us. I guess she got pregnant when she was 16 ... I guess she was scared to tell my mom she was pregnant. So this one time, my mom was sitting in the

washroom... and the door was closed and she opened the door and said, "Jean, I'm pregnant." And she closed the door and she ran... I guess she was scared... She wanted to have an abortion, but there was no one to do that for her... she had the baby in Winnipeg and brought the baby back home. I think she was 19 when she left (the community), the baby was 3 years old. She moved to Winnipeg. Her son is 21-years-old now and he's graduated high school and she too went back to school and graduated and now she's a teacher. So I guess, that's why she wanted to have an abortion, because she thought no one would help her... but (my family) didn't let that happen...

Family support is a finite resource, however, and mothers of teen mothers, though they want to help their children, often found they were limited in either energy, resources, or both.

My daughter now is 19 and as many of you know she has a 7-and-a-half-month-old (baby boy). But when she came to us when she was 18 and she said she was pregnant it was really hard because... we had all these hopes and dreams for her to, you know, go to school and get this education and she had her own dreams, and she really does well with music and she was going to go and shock the world with her talent. And all these hopes and dreams and now where is that going to put her... opportunities and that. But we chose to support her, and we talked about adoptions at some point and but that was hard for us to think about and was hard for her. And so she had the baby and they are at home and he's just an absolute doll and we love him. But for her, just seeing some of the missed opportunities. She's not in school right now and she's on social assistance and we help her the best that we can... but... by the end... I'm exhausted...

### **Young Women's Perceptions of the Father's Role**

Traditionally, women assumed a central role within families, as well as within government and spiritual ceremonies. Both men and women enjoyed considerable personal autonomy and performed functions vital to family and community wellbeing. Men provided food, shelter, and clothing. Women were custodians of nurturing and care in the home environment, responsible for the early socialization of children. Life unfolded within the balance of responsibilities between men and women (Aboriginal Justice Implementation Commission (AJIC), 1999). "Since the coming of the Anglo-Europeans beginning in the fifteenth century, the fragile web of identity that long held tribal people secure has gradually been weakened and torn" (Paula Gunn Allen cited in AJIC, 1999, Women in traditional Aboriginal society, para. 8). There was an overwhelming absence of fathers in the lives of the participants that spanned at least two generations. Though some of the women shared stories of grandfather involvement in their lives, many were raised away from their fathers and none remained in a relationship with the fathers of their children.

Non-involvement of fathers in relationships with the mothers and their children was a complicated matter that included premature intimacy and parenting roles. Relationship stories of the young women typically included one of two themes with the fathers of their children: either they remained together, "partied" a lot and suffered, sometimes extreme, domestic violence until they left the relationship, or they separated from the fathers prior to having the baby. The stories revealed a lack of attention to long-term co-parenting and typically focused on immediate feelings of love or desire to "be with him forever." Once the feelings faded, women said little about ongoing sharing of child rearing responsibilities.

My son, he didn't have any relationships at all with his father, nothing at all. And ... our relationship was more like attraction, just attraction. But then, I know, I knew what I wanted when I was with a child, I wanted a son ... I never told him, never said who his father was. And I guess as he got older, him and his cousins, my nephews, got wondering who was his dad.

In the following quotation, it seemed the young father was given little choice about the role he would have in his child's life:

We were together three months and I got pregnant and every time he would pick me up at my mom's I would cry because it wasn't fair to him you know I wasn't in love with him, I was still in love with my other boyfriend and this isn't fair to him to have to stay with him and just because I got pregnant didn't mean I had to stay with him. There are lots of single mothers who do it all the time and who was to say I couldn't do it too? And so I decided to break it off with him. I decided to be a single mother. I decided that he wasn't for me and it wasn't fair to the baby, and it wasn't fair to him. And it didn't bother me, what bothered me was that he said he would be a part of this child's life and he hasn't stepped up to the plate. And it isn't about money with me, it's about the relationship with this child and I see her long for her daddy and want her dad and now she's trying to build her ideas about her dad and who he is and asking who he is to me and about our relationship, and I'm glad I made the decision I did.

The older participants considered the fact that many young men are still unsure about what it is they are supposed to be doing as fathers because they are still trying to figure themselves out. One grandmother said of the teen father of her grandchild:

Maybe his biological dad loves him. But he doesn't know how to fit him into his life at this time.

### **Participant Consideration of Policy**

It was overwhelmingly apparent through the discussion and dialogue that the values attached to pregnancy and the sanctity of the child were deeply rooted in both cultural and spiritual beliefs. One hundred years ago, marriage and early pregnancies were not only accepted as the norm, but also often necessary for the perpetuation and survival of the community. This history and the values attached to pregnancy resonate very strongly through the voices of the women to the present day, influencing many to decide to carry through with their pregnancies, regardless of age. This policy discussion does not question this belief system, but will focus on the other factors and behaviours that lie outside of the cultural and value system. Pregnancy and childbirth are essentially laden with these beliefs and values, but what we did not hear through the women's voices was any value attached to becoming pregnant too early. As a matter of fact, we heard quite the opposite. Fear, sadness, and uncertainty about the future were many of the sentiments that were discussed, and we heard many reasons why this may have occurred. Policy discussion must focus on many of these factors and behaviours that contribute to high rates of teen pregnancy and not on the values attached to these significant life events. This is where the discussion will focus, both from the perspectives of the women, and through the authors interpretations, experience, and knowledge of health and social systems.

Clearly, there are numerous policy implications, some of which require more discussion and thought due to the sensitive nature of topic areas: healthy sexuality, sexual self image, and self-esteem, for instance, which the participants suggested may be strongly related to, and damaged by, both childhood experiences of sexual abuse, neglect, withholding of affection, and colonization, along with larger societal inequities that are slanted against Aboriginal women. These are conversations that are generally avoided, but must be brought to the forefront in every sector, whether health or social programming:

That all the young women need a voice ... needs healing to get this voice from our own life experiences knowing they are not alone. Healing is the key. There is a reason why our young girls are having sex! Lost, looking for love. We need lots of support systems for teens having babies.

Fortunately, part of the workshop discussions engaged the participants thoughtfully in the policy discussion. Participants broke into small groups, which included teens, older women, and staff from the SF-MCH Program, to consider and write down policy directions for their communities. The following are excerpts from their work, with only brief commentary from the authors.

**Policy must focus on an adequate support system.** Programs, like SF-MCH as an example of a community-based, peer support home visiting program, offers one-to-one family support, including building healthy relationships within families and fostering healthy attachment between parents and children. Unfortunately, the SF-MCH program is not a universally available program; it is only available in 14 of the 63 First Nation communities in Manitoba. Even within the 14 communities, the support is limited to those who are in greatest need (Eni & Rowe, 2010). Families First, the provincial counterpart to the on reserve SF-MCH, is accessible to all targeted families living off reserve. This is one example of inequitable access to formal social supports for on reserve First Nation women and families.

Teen pregnancy is not a problem or a burden as long as the teen has a good support system and is accepted they will be fine. They just need time, understanding, and support in finding resources and guidance with the decisions they make for their new family.

I strongly believe we need to educate our people to prevent teen pregnancies: prevent, promote, educate the teenagers. Maybe, just maybe if they hear the stories I have heard during the workshop this past week, life stories, just maybe this would have a big impact on young teenagers and think twice and life's choice ... life stories on other teens having babies and listening ...

The ... workshop on teen pregnancy is very important because our communities need to really support ... teenagers. They need a strong and committed support system in which teens will feel and be comfortable with their options and goals.

We need programs to support our community members so they can accomplish their goals and dreams.

We all need to encourage safe sex and family planning goals.

Policy must also address the issue of teen pregnancy early, prior to the reproductive years, in order to make a difference; as many of the participants indicated, sexual activity was beginning much earlier than anticipated. Educational efforts must consider the belief and values of the communities and would gain added value if messages were delivered within a cultural framework that involved Elders and youth, including those slightly beyond the teen years sharing their experiences, both positive and negative: those who delayed parenthood and those with different experiences from which the young could learn. On this note, the participants made suggestions to offer several programs, including those focusing on: sex education, parenting, first aid/CPR, better and more inclusive schools, daycare, breastfeeding, babysitting classes and certification, and balanced involvement from men and women in reproductive, parenting, and family matters.

We need centers for young men and women to come and learn about the responsibilities of parenthood.

I believe that there needs to be more support services provided to teens who are pregnant. There needs to be more opportunities available for young parents. They should have the opportunity to continue their education. There should be more traditional teachings from Elders to pass onto the young people.

More fathers need to be included in some programs or in their own program on fathering children.

There is a definite need for the voice of the community to be heard when it comes to teen pregnancy ... there needs to be greater effort made in ensuring that the male perspectives be heard also ... this would allow for greater balance and would also be of benefit for both sides, male and female ... teen pregnancy is an important issue that needs to be addressed through the development of programs and supports that will address the needs that arise from this area.

Many of the participants spoke about the use of drugs and alcohol preceding sexual involvement and using at the time of conception. Many said that they most likely would not have engaged in sex without alcohol or drugs. Healthy discussions with youth about sexuality must include blunt discussions about alcohol and drugs. Conversations about youth exploration with alcohol and drugs and youth addictions need to take place both within families and formally within programs. Alternative activities for youth must also be available in the communities (e.g., recreation, artistic, and cultural programs that engage youth in positive self and social expression).

Policy intervention calls for multi-sectoral, multi-level support, and involvement from families, communities, and government to address the issues. Preventing teen pregnancy and early parenting requires holistic approaches that consider the social determinants of health, including economic opportunity for youth and their living conditions (Kenny, 2004; Little Bear, 2000). Keeping youth busy with recreation, creative educational approaches, and employment will provide them with a sense of purpose and options for meaningful futures. This would address the need, to some degree, of “breaking the cycle” of abuse, unhealthy relationships, both lateral and intergenerational, and the family violence of which the participants spoke. These are not easy tasks, but ones that must clearly begin from the bottom

up with communities defining their own approaches and priorities. One solution would be to provide communities with the necessary skills to begin organizing, mobilizing, and connecting themselves to funding opportunities outside of governments, which have often narrowly defined mandates and objectives. Communities within SF-MCH, with the introduction of the peer support program and regional peer support worker, have worked earnestly to boost intercommunity collaborations. This type of approach to health and social programming is working to decrease isolation, scarce resourcing, and dependence upon the federal government. Communities are learning from the experiences of one another and providing their youth with greater opportunities inherent within larger populations. Modern communication technologies are also being used and facilitate more engaged networks.

Engagement of the research participants in policy discussion is typical of the kind of programming offered through the Manitoba First Nation SF-MCH Program. This is a program that emphasizes peer support within maternal, infant, and family health matters. Though expertise in health or health related matters is not as easy to come by on reserve as it is in the larger cities, the program allows for on-going training and skill attainment as it is being implemented. This on-the-job skill acquisition should be supported because it not only provides a higher caliber of on reserve health programming, but also aids in building a self-esteem and confidence in women to engage in healthy parenting and family processes, and to build up their own opportunities for education and employment. The program focuses on engagement of participants, listening to the voice of the community, open communication, and, most importantly, incorporating cultural beliefs, practices, and traditions while employing a strength-based approach. Such an approach to programming is part of the solution to the puzzle of whether or not women come into their pregnancies and parenting prepared and ready to benefit from what life has to offer.

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