

# Engaging Pregnant and Parenting Teens through a strength-based service delivery model.

Jessie's – The June Callwood Centre for Young Women

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# Workshop - Agenda

1. Introductions
2. About Jessie's
3. Small group activity - Picture of a pregnant teen/young parent
4. Micaela's presentation
5. Q&A
6. What does the research say?
7. An Alternative Framing BREAK
8. Social Determinants of Health - video
9. Social Determinants of Health framework – An strength based approached to service delivery
10. Small group activity
11. Wrap Up

# About Jessie's Centre

- Jessie's – The June Callwood Centre for Young Women was established in 1982, under the founding name of "Jessie's Centre for Teenagers", the main founder was June Callwood.
- The Centre is a comprehensive resource centre for pregnant young women, young parents and their children
- Our services were designed exclusively for young parents in order to be supportive of them through the crucial early years of their child's life
- We provide services for women 19 years old and under at intake. We offer our services till their 21th birthday

# Mission & Vision

Our mission is to nurture the healthy development of pregnant young women, young parents and their children.

To enhance positive long term outcomes for pregnant teenagers, young parents and their children

# Small group - Activity

1. Introduce yourselves
2. Picture of a pregnant teen/young parent

What does a pregnant teen/young parent look like: demographics- Race, age, ethnicity, level of income, reason for getting pregnant, issues that she may deal with, concerns that she may have, circumstances, etc.

Micaela



# What does the research Say?

- **CONSEQUENCES OF EARLY MOTHERHOOD (1): Studies on teens who carry their pregnancies to term document a host of adverse maternal and child outcomes associated with early childbearing.**
- Compared to adult women, expectant teens face greater jeopardy of obstetric complications (e.g., anaemia, hypertension, eclampsia) due to their greater likelihood to smoke, drink alcohol and use substances, and because they are less likely to initiate early prenatal care and take folic acid (Al-Sahab et al. 2012; Ontario Ministry of Health and Long-Term Care 2012).
- They also experience pregnancy complications because they lack access to health care providers (Sarri and Philips 2004; Brubaker 2007). Kingston et al. (2012) found that fewer teens intend to exclusively breastfeed than do expectant adult women, which translates into lower breastfeeding initiation and duration rates post-birth. This study also found that young mothers experience more stressful life events and postpartum depression symptoms than average-aged mothers, and that they are also more likely to rate their own and their infants' health as suboptimal.
- Because they engage in poor prenatal health behaviours more often, babies born to teens are more often premature and of low birth weight, which elevates their risk of perinatal mortality and a number of adverse health conditions in later childhood (e.g., chronic respiratory problems, hearing and visual impairments, developmental and learning problems) (Al Sahab et al. 2012; Ontario Ministry of Health and Long-Term Care 2012). Lastly, since teens are more likely to engage in high-risk sexual behavior than adults, they face a higher likelihood of repeat pregnancy and contracting sexually transmitted diseases (Sarri and Philips 2004).

# What Does the Research Say?

- In an effort to reduce the number of pregnant teens who might become under-educated, or under-employed, poor, single, and socially isolated mothers, **much scholarly focus has been on pregnancy prevention, and not significant research on the needs of young women who are already pregnant or parenting** (Spear 2001; Kingston et al. 2012)
- From this deficit focused research/studies coupled with popular culture representations like the MTV series “16 and Pregnant” and “Teen Mom”, as well as public health campaigns geared at preventing teen pregnancy, we get the sense that young mothers are deviant, immature, and incapable of successful parenting.



# An Alternative Framing

- **The above research discounts the fact that not all teen pregnancies are unwanted and that young mothers and their children can and do thrive.**
- **Studies that report positive findings tend to employ qualitative methods in an effort to elicit direct, lived experience of pregnant and parenting teens.** Indeed, becoming pregnant has been found to provide teens with strong motivation to make better life choices for themselves and their children. (Best Start 2007; 2008; Bissel 2000; McKay 2012), (Al Sahib et al. 2012; McMahon 1995). (Spear and Locke 2003)
- Spear (2001), for example, used conversational interviewing over a 16-week period with eight students who attended an alternative school program for pregnant teens. Participants expressed a sense of optimism and confidence in their ability to manage single parenthood, achieve educational goals, and maintain supportive relationships with the fathers of their babies.
- These findings along with a few other ones like this one suggest that teens may become more academically motivated, goal-oriented, and responsible as they contemplate motherhood.

# Social Determinants of Health

YOUTube Video

# THE SOCIAL DETERMINANTS OF HEALTH: A FEMINIST APPROACH TO TEEN PREGNANCY

- In contrast to societal preoccupation with teen pregnancy as a social problem, Jessie's puts energy toward making motherhood viable, if not empowering, to teens who choose to parent by focusing on addressing the adverse social conditions that negatively impact them.
- **"It is now well recognized that biologic and genetic endowment, although very important in determining health, are not the [sole] determinants in the health of individuals, families, communities, and nations ... Rather, social determinants of health (SDH) play the major role in shaping health outcomes ... A SDH perspective takes aim at the structural causes-of-the-causes of social and material deprivation that lead to ill-health"** (McGibbon and McPherson).
- The SDH are the economic and social conditions that shape the health of individuals and communities, and determine the extent to which a person possesses the physical, social, and personal resources to satisfy their basic needs and cope with their environment ...
- **In adopting a SDH framework, Jessie's recognizes that the social and material disadvantage most pregnant and parenting teens face limits their reproductive choices and, in turn, degrades their overall health.** The agency views health in a holistic way—as more than biomedical and as a result of social relationships.

# Jessie's Service Delivery Model

While there are a variety of models that outline the determinants of health concept the one adopted at Jessie's was developed at York University conference in Toronto in 2002 (Mikkonen & Raphael 2010). This particular framework has been influential internationally, in that it identifies 14 social determinants of health, which include:

- GENDER
- INCOME AND INCOME DISTRIBUTION
- **EDUCATION**
- UNEMPLOYMENT AND JOB SECURITY
- EMPLOYMENT AND WORKING CONDITIONS:
- **EARLY CHILD DEVELOPMENT:**
- FOOD INSECURITY:

# Social Determinants of Health Factors

- **HOUSING**
- **SOCIAL EXCLUSION**
- SOCIAL SAFETY NET:
- **HEALTH SERVICES**
- ABORIGINAL STATUS:
- RACE
- DISABILITY

# Jessie's Service Delivery Model

**Jessie's Centre supports participants in making their own decisions by making participation voluntary, and offering counselling and programs that are pro-choice.**

**Rationale:** Participants have often had considerable negative involvement with other service organizations throughout their lives, including schools, children's aid societies, and sometimes the police. Making the programs voluntary helps build their trust level with Jessie's Centre because attendance is not judged. The drop-in format responds to the significant complexity in the lives of participants and the competing priorities for their time and effort.

The pro-choice culture is important because the participants at Jessie's Centre are making decisions that will affect the rest of their lives. Through education and advocacy Jessie's Centre strongly support families to develop a critical analysis of the facts to enable them to make informed life choices for themselves and their children. Learning how to make responsible decisions by thinking through impacts and developing a plan for action is a key skill staff encourage development of youth.

# Jessie's Service Delivery Model

**Jessie's Centre supports our participants in addressing discrimination based on social location (gender, age, race, sexual orientation, etc.).**

**through advocacy. Participants are educated on effective responses using such legislation as the *Human Rights Code* and *Tenant Protection Act* and are informed about systemic discrimination and some effective responses. The major types of discrimination addressed are as follows: Jessie's Centre supports and teaches participants in understanding and exercising their rights. Jessie's Centre staff is committed to challenging discrimination**

- Age-Based
- Gender-Based
- Income-Based
- Race or Culture-Based
- Family Status

# Jessie's Service Delivery Model

**Jessie's Centre models a respectful, supportive environment for young parents.**

Jessie's Centre recognizes that adolescents are capable individuals with unique challenges. Jessie's Centre creates an environment that allows youth to have a voice in decision-making as well as respect their rights as individuals. We adopt a strength based approach to service delivery. We believe in a young parents' ability to be good parents and be successful in other goals in areas such as education and career. Rules are kept to a minimum and only include common sense rules to ensure safety and equal access.



# Jessie's Service Delivery Model

**Jessie's Centre takes an integrated view of participants' needs.**

Jessie's Centre encourages the establishment of trusting relationships between our staff and participants and seeks to create an assumption among participants that the Centre is a helpful place. Jessie's Centre provides service in an informal environment where participants have opportunities to seek support from any staff member, whether they are in the nursery playing with their baby, in the kitchen getting a snack, in the school program earning a credit, or in the health office having a well-baby visit and creates opportunities for participants to seek support and social connections to their peers. In order to have this level of responsiveness, Jessie's Centre staff share responsibility for providing service on an ad hoc basis and Jessie's Centre staff training is designed to establish a core competence in key areas to ensure their ability to respond to the family's needs. This requires significant information sharing among staff.

## Jessie's Service Delivery Model

It is important to provide young parents the service they need when they need it. The times when youth feel connected enough with a staff member to share a concern or focused enough to be receptive to information, advice, or referral are key moments for immediate attention and action. The cost of not responding in the moment can be a lost opportunity to facilitate an important change in the family's life.

# Small Group – Activity

## Scenario

I am 17 years old, just found out that I am 3.5 months pregnant was not feeling well went to the doctor but did not suspect pregnancy, as I was getting my period, and had started the birth control pill four months ago. I told my teacher who then told the principal and I was asked to withdraw from school.

# Questions to Consider

- How do I feel? What do I need? What is my main concern? Who can I turn to?

## Questions to Consider

- You are now accessing services:

Public Health, doctor's office, social service agencies, etc.

What do I need to experience to feel comfortable, safe, and motivated to engage in services?

# Learnings

- Identify one thing/ strategy that you will be able to implement in your role and/or work place.