



Pimotisiwin:

*A Good Path for Pregnant and
Parenting Aboriginal Teens*

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Introduction

***Pimotisiwin* is an Ojibwe word that means following a good way or a good path.**

This resource will help you support Aboriginal children and youth, to live a good life on a good path.

This resource was developed in response to the high rate of Aboriginal youth who are pregnant and parenting, and the disparities in income and health in Aboriginal children and families in Ontario.

This resource will help service providers in supporting Aboriginal teens who are pregnant and parenting, as well as their children. To provide continuity, the resource also includes brief information about preventing teen pregnancies. The information will assist in strengthening programs and services in a culturally appropriate manner.

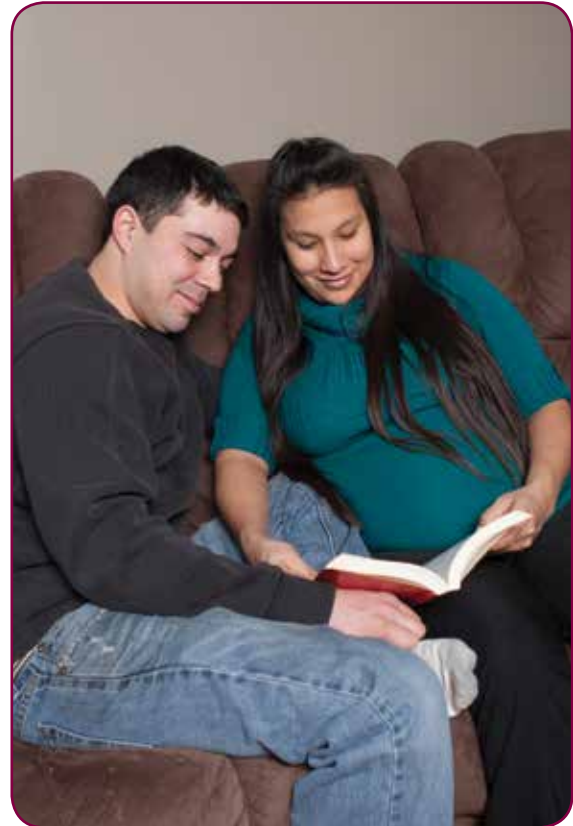
The content is relevant to health care providers, early childhood educators, teachers, prenatal service providers, parenting program staff, and others who come into contact with Aboriginal teens who are pregnant or parenting. The resource may be most useful to non-Aboriginal service providers who want to strengthen their services for Aboriginal youth. The content may also be useful for new Aboriginal staff, providing an orientation to the prenatal and parenting needs of Aboriginal youth.

This resource is not intended to replace resources that fully explore cultural teachings during pregnancy and/or parenting, or resources that provide complete information about prenatal and child health and development. Instead, it highlights issues of importance to pregnant and parenting Aboriginal teens.

In considering the content of this resource, keep in mind that practices and beliefs vary by nation, community, family and individual. In addition to learning from this resource, is helpful to talk to tradition keepers in your community, and to ask individuals about their own practices and beliefs. It can also be helpful to consider the relevance of your knowledge and practices to the Nation, community, family or individual you are working with.

"I have seen some amazing young mothers and fathers. It is important to let them know you do have the confidence in them to become wonderful parents who want the very best for their children and can provide the best for their children. It is also important to help them easily connect to the resources they need. Sometimes all these parents need is for someone to come alongside them and tell them they are doing a good job. Sometimes they need practical step by step direction in parenting."

Bonnie Lindberg, Nurse Practitioner,
Anishnawbe Mushkiki





Original Inhabitants

This section provides statistical information about Aboriginal populations and parenting.

Definitions

The following terms are used in this resource to describe original inhabitants in Ontario:

- **Aboriginal People:** The term Aboriginal includes all original inhabitants of this country. There are three distinct and legally defined groups of Aboriginal Peoples: First Nation (status and non-status), Métis and Inuit (Borrows, 1994; Posluns, 2007; Smith, 1999). The term Aboriginal is used when referring to all three groups together as this is the terminology used in the Constitution Act of 1982, the Charter of Rights and Freedoms and by many federal government departments (Borrows, 1994; Posluns, 2007).
- **First Nations:** The term First Nations is used to refer to people who identify as North American Indian. First Nation is a term that came into common use in the 1970s to replace the word Indian, which some people find offensive (Indian and Northern Affairs Canada, 2002). The terms Status or Treaty are used for First Nations people who are registered with Aboriginal Affairs and Northern Development Canada.
- **Inuit:** Most Inuit live in the Inuvialuit region of Northwest Territories, Nunavut, Nunavik in Northern Quebec and Nunatsiavut in Labrador (Indian and Northern Affairs Canada, 2002). In Ontario, there is a small population, mainly located in the Ottawa area.
- **Métis:** The Métis are people of mixed First Nations or Inuit and European ancestry who identify themselves as Métis, as distinct from First Nations, Inuit or non-Aboriginal people. The Métis has a unique culture based on their diverse ancestral origins (Indian and Northern Affairs Canada, 2002).

Profile of the Aboriginal Population

In Ontario, more than 65% of Aboriginal people are First Nations, 30.4% are Métis, and less than 1% are Inuit people (Ontario Trillium Foundation, 2011). There are 133 First Nations communities (reserves) in Ontario (Ministry of Aboriginal Affairs, 2012).

In 2006, there were 296,495 Aboriginal people in Ontario, which is 21% of all Aboriginal people in Canada. The majority live in cities with:

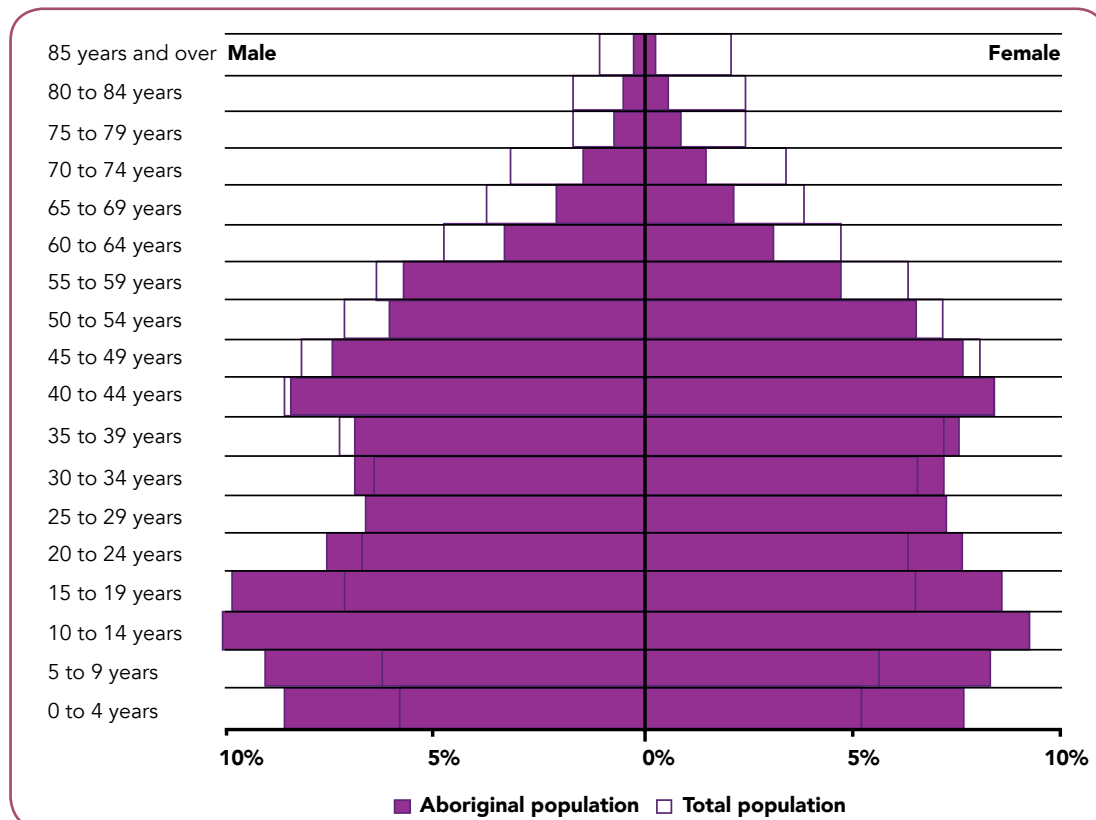
- 41.7% of Aboriginal people living in urban cities
- 20% living in urban towns
- 18.3% living in rural off reserve locations
- 19.6% living on reserves

(Ministry of Aboriginal Affairs, 2012)

Figure 1 shows the age and sex of the Aboriginal and non-Aboriginal populations in Canada. There is a larger proportion of Aboriginal youth (0 to 19 years old) than non-Aboriginal youth. The Aboriginal population is growing faster than the general population in Canada. Culturally relevant information about prenatal health and parenting is important in responding to this trend.



Figure 1: Age Pyramid for Ontario



Adapted from Statistics Canada, Census of Population, 2006

Profile of Pregnant and Parenting Aboriginal Teens

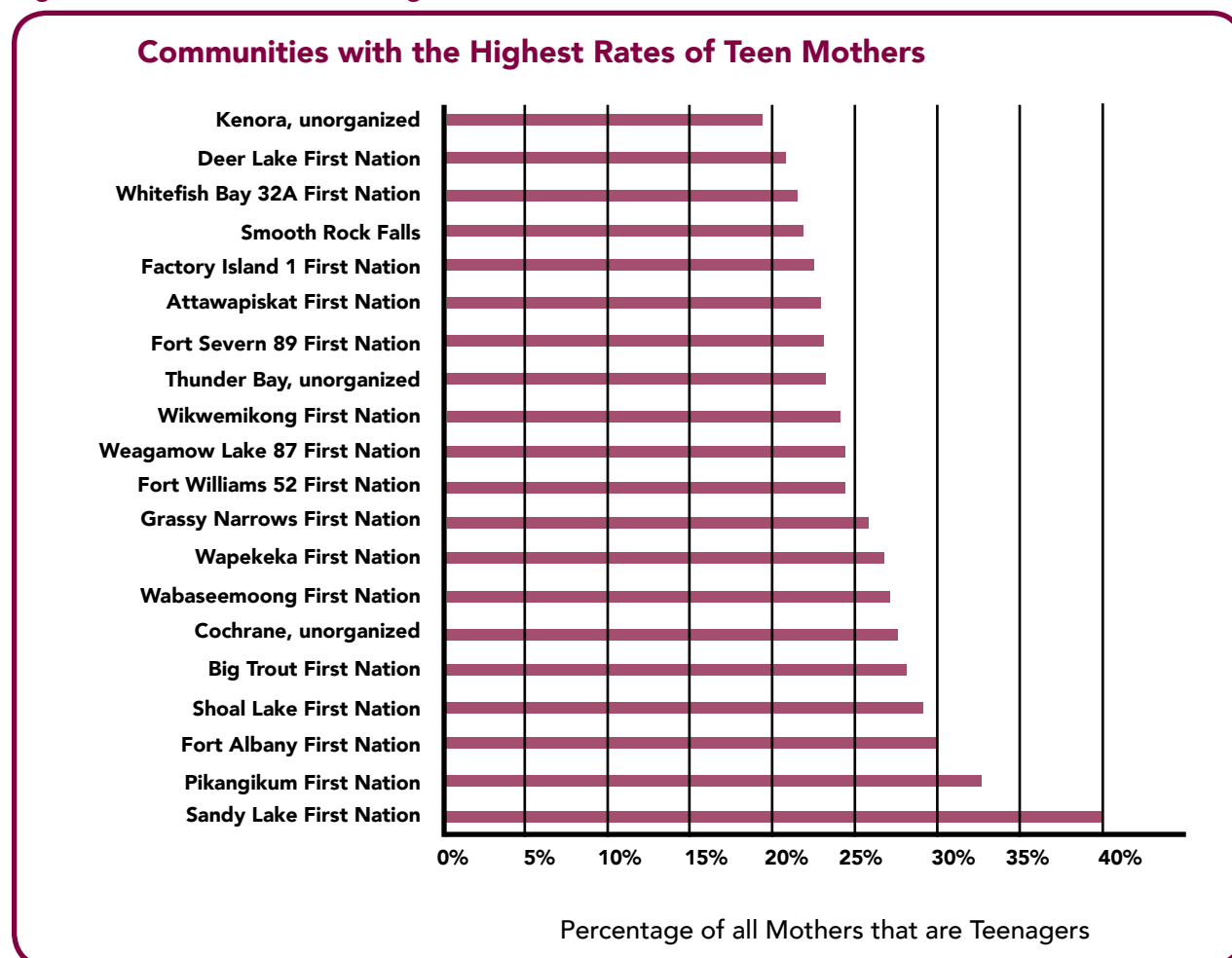
In Canada, Aboriginal teens are more likely to be parents than teens in the general population. In 2006 8% of Aboriginal teenage girls aged 15 to 19 were parents in Canada, compared to 1.3% of their non-Aboriginal counterparts (O'Donnell and Wallace, 2012). Almost one in ten (9%) of First Nations and Inuit teenage girls were parents, as were about 4% of Métis teen girls. This proportion was higher for First Nations teenage girls living on reserve (12%) (O'Donnell & Wallace, 2012). The fertility rate (live births per 1,000 people) of Status Indian teenagers aged 15 to 19, from 1986 to 2004, was six times higher than that of other Canadian teens (Aboriginal Nurses Association of Canada, 2002; Pecoski & Buist, 2011).

Figure 2 shows the 20 Ontario communities with the highest percentage of teen mothers as a proportion of all mothers in the community. Most of the Ontario communities with high percentages of teen mothers were in northern Ontario, and 17 were First Nations communities (Pecoski and Buist, 2011). Some First Nations communities had rates that were 11 times higher than the provincial average of 3.7% (Pecoski & Buist, 2011). The highest percentages of teen mothers were in the Kenora district and in fly-in only communities. Six Nations, the most populated First Nation community in Ontario, had 17% teen mothers, ranking 27th of Ontario's 420 communities (Pecoski & Buist, 2011).

To learn more about Aboriginal populations in Ontario, refer to the following report:

- Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html

Figure 2: Communities with Highest Rates of Teen Mothers



Adapted from data presented by Pecoski and Buist (2011) in the Hamilton Spectator on November 16, 2011.



The Past Connects to the Present

This section provides information about the impact of historical factors, poverty and isolation on Aboriginal families and youth.

Historical Impacts

Historical factors continue to have an impact on Aboriginal communities, families, children and youth, including choices and consequences around reproductive health and parenting. It is helpful if service providers have an understanding of and respect for the ongoing influence of these historical factors. It is also important to recognise that history and consequences differ by nation, community and individual.

Here are some of the policies that have negatively impacted Aboriginal families over time:

- Formal assimilation of Aboriginal peoples in Canada started in 1857 with *An Act of Gradual Civilization* legislation. Governments described Aboriginal people as, “child-like creatures in constant need of the paternal care of the government. With guidance, they would gradually abandon their superstitious beliefs and barbaric behaviour and adopt civilization” (Titley, 1992, p.36).
- Starting in the 1860s, Aboriginal children attended day schools or residential schools (Stonechild, 2006) to further the government priority of assimilating Aboriginal children (see page 11 for more information on residential schools).
- In the 1960s unusually high numbers of children were apprehended from Aboriginal families and fostered or adopted out (see page 12 to learn more about the Sixties Scoop).

“It is important for service providers who work with Aboriginal people to know why most of my people don’t have trust in government agencies. We had many traumas caused by the government, i.e. Residential school, 60’s scoop, CAS, Jail, War, fooling our ancestors into signing treaties a long time ago and taking our land. The majority happened hundreds of years ago and now we are just getting back our land...”

Camille McCue, Community Health Worker/
Band Representative, Curve Lake First
Nation Health Centre

These government policies, especially the residential school system and the Sixties Scoop, had a strong impact on Aboriginal families and communities that continues to be felt today. The policies resulted in loss of cultural knowledge, insecure parent child attachments, families being alienated from their children, and children growing up in unloving and harmful environments. The policies have a profound and ongoing impact on the the physical, mental, emotional and spiritual health of Aboriginal people today. Historical impacts and ongoing discrimination are felt to be the prime causes of the high rates of physical and mental illness, drug and alcohol problems, unemployment, violence, incarceration and suicide among Aboriginal people.

Recommendation:

Service providers must be aware of the history of assimilation and colonization practices, in order to assist Aboriginal youth who are dealing with the continuing legacy of these policies. Service providers should encourage teens to tell their stories, work towards gaining a positive sense of identity and create healthy relationships to promote healing (Gunn, Pomahac, Good Striker, & Tailfeathers, 2010; Smylie, Williams, & Cooper, 2006).



Residential Schools

One of the policies that clearly had an effect on Aboriginal children, parents, families and communities, was the residential school system. Residential schools began in the 1860s with the last one closing in 1996. There were 80 residential schools across Canada (Stonechild, 2006). Using the Indian Act, the federal government forced Aboriginal children aged 5 and 16 to attend these schools (Stonechild, 2006). Inuit and First Nations communities were affected by the residential schools, and some Métis families.

Many Aboriginal people have spoken out about the physical, spiritual, sexual and emotional violence endured while they were in these schools. The traditional nurturing environment in Aboriginal communities was disrupted. Children who attended the residential schools were denied the love, care, teachings, and home environment provided in their own Aboriginal communities. Children were separated from their brothers and sisters, even if they attended the same school. These children were punished for speaking their native language and practicing traditional ceremonies. They were subjected to physical, verbal, emotional and sexual abuse (Aboriginal Healing Foundation, 2008; Gray, 2011).

The federal government intended to civilize and assimilate Aboriginal children into the Canadian society quickly and efficiently by ensuring that the children did not learn their native language, culture or traditions (Stonechild, 2006). Many children did not survive the residential school system. When surviving children returned to their home communities, they felt alienated from their family, community and culture. They had not received the positive attention that children need to develop a positive sense of identity and self-esteem. Their sense of Aboriginal identity had not been nurtured or developed, and there was a significant loss of traditional knowledge and practice. Survivors had been denied their traditional coping methods such as natural medicines and ceremonies. Many suffered from mental health issues such as post-traumatic stress disorder and depression. These mental health issues have gone largely untreated.

"We now recognize that, in separating children from their families, we undermined the ability of many to adequately parent their own children and sowed the seeds for generations to follow, and we apologize for having done this."

Prime Minister Stephen Harper, 2008



Recommendation:

Think about what it would be like, if someone came into your home and took away your children for 10 years, teaching them in a language, religion and culture that was foreign to you. How would it feel knowing that, while away, your children were cared for in an inhumane manner, through insufficient food, physical and sexual abuse etc.? Would you ever be the same again? Would your children ever be the same again? How would this affect subsequent generations in your family?

Sixties Scoop and Millennium Scoop

During the 1950s, when it had become apparent that the residential schools were not working effectively, the federal government looked for new policies to address what they perceived as the Indian problem (Miller, 1991). Large numbers of Aboriginal children were removed from their families and communities and fostered/adopted by non-Aboriginal families (Aboriginal Nurses Association of Canada, 2002). This was known as the Sixties Scoop. From the 1960s to the 1990s, children were removed from Aboriginal families for a wide variety of reasons. This disruption in Aboriginal communities had an effect on the future of these children, affecting their cultural identity, parenting skills, and ability to cope in a positive manner. It also had a profound impact on the families and communities that lost their children.

Disparities still occur in this century, referred to as the Millennium Scoop. Aboriginal families are pressured to send their children off reserve to receive better care, due to insufficient funding on reserve for a range of important services. There is also a very high proportion of children in government care who are Aboriginal (Beaucage, 2011).

"The number of Aboriginal children in Canada today involved with Child Welfare outweighs the number of Aboriginal children that were in residential school. That is sad. Makes my heart hurt."

Camille McCue, Community Health Worker/
Band Representative, Curve Lake First
Nation Health Centre

Recommendation:

Including traditional methods of health and healing with mainstream health services can be an effective way to assist Aboriginal parenting teens with their healthcare concerns (Gunn, Pomahac, Good Striker, & Tailfeathers, 2010; Smylie, Williams, & Cooper, 2006).

Intergenerational Impacts on Parenting

Multiple generations were affected by colonial policies such as the residential school system and the Sixties Scoop. These weakened Aboriginal traditions, communities and families. Today, we find many Aboriginal individuals, families and communities, trying to reunite and heal.

The forced separation of children from their families created grief, anger, silence and a cycle of dysfunction that continues in some communities and families today. Parents found their children had changed after attending residential schools. Their children didn't understand the community, culture, language and traditions when they returned for the summers or after they completed school. This affected their connection with their family and ability to learn traditional customs. Some children felt they didn't belong in their home community or in Canadian society. The loss of their sense of belonging, the disconnection from their families and culture, and the traumas they experienced, had intergenerational consequences for Aboriginal communities.

"In many cases there was a communication barrier between the returning person and their community. Many students lost their traditional first language in residential school, or came out of school too shamed to use it. Because of that many young people lost out on the important teachings that should have been passed down to them from their Elders. Important relationships had been severed."

Rebecca Doreen, Family Programs Manager,
Niwasa Aboriginal Education Programs

"...most never recovered from their experience, rather, they grew up to have children of their own and passed on some of the negative behaviours to them."
(Gray, 2011)

Over time, these children grew up and began families of their own. However, they had not experienced how to be a loving parent, sister, brother, aunt, uncle, or grandparent. They did not have the knowledge necessary to be a caregiver for the next generation of children.

"If you haven't experienced love, it's very difficult to know how to love."
Mary Gordon, Roots of Empathy Founder



Residential school survivors are speaking out about their experiences and the impact it had on their lives, including the impact on their children and grandchildren. Many Aboriginal teens today have family members who attended residential schools and this upbringing may have negatively impacted the parenting or nurturing they received growing up. For example, a young parent may have a parent or grandparent in their family home who was in the residential school system. The young parent may not have a role model for positive parenting skills or traditional parenting practices. They may not have family members or mentors they can go to for the skills and guidance in managing their life, and for parenting supports. Service providers need to understand that the impact of policies such as the residential school system, continue to this day, for Aboriginal teens, families and communities.

Recommendation:

In addressing intergenerational effects of historical factors, consider the need for and interest in:

- Healing through traditional practices and /or counselling
- Re-uniting with community, traditional practices and teachings
- Participation in Aboriginal specific services such as Aboriginal Healthy Babies Healthy Children, Aboriginal Head Start and Friendship Centre services
- Opportunities to learn parenting skills
- Services that address trauma, mental health concerns and substance use issues

To learn more about the supports that Aboriginal families may like, refer to the following report:

- Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families, Best Start Resource Centre

www.beststart.org/resources/aboriginal_health.html

"All Canadians, especially those working with Aboriginal peoples, must be educated so they are able to empathize and understand the impact colonialism and assimilation practices had and continues to have on us."

Lynda Kirby, Mohawk, RN, IBCLC, Toronto

Poverty and Parenting

Aboriginal children are more likely to live in poverty than children in the general population. More than half (52%) of Aboriginal children in Canada live in poverty compared to non-Aboriginal children (18.5%) (Letourneau, Hungler & Fisher, 2005). Aboriginal people living in urban areas are twice as likely to live in poverty compared to their non-Aboriginal counterparts (CCSD, 2000).

Aboriginal children are more likely to live in a single parent family than children in the general population. In 1996 there were twice as many single mother families among Aboriginal peoples than in the non-Aboriginal population in Canada (Hull, 1996). One quarter of Aboriginal children lived in a family headed by a single mother compared to 14% of non-Aboriginal children (Hull, 1996). All single mothers in Canada experience disadvantages, including low income and problems in the labour market; however, Aboriginal single mothers in Canada experienced these problems to a greater degree (Hull, 1996).

Youth who are poor are more likely to become pregnant than youth in middle or upper income families. Teen pregnancy is most common among the lowest compared to the highest income neighbourhoods (Health Canada, 2004). A high teen pregnancy rate can be seen as a sign of deeper problems in the community, such as high levels of poverty and unemployment.

"What it really boils down to, in many respects, is that teenage girls who feel optimistic about their career and educational opportunities tend to be less likely to become pregnant, versus girls who are feeling discouraged about their economic future."
Alexander McKay, Sex Information and Education Council of Canada

Teen parents often leave school and work to give birth and raise their children, which can reduce their education, work and income earning opportunities during that time. With low income and poverty, there is an increased likelihood that the children will suffer from physical, social and emotional concerns (Letourneau et al, 2005). Teens who cannot provide stable living conditions are at high risk of having their baby apprehended by child protection services.

"I think that the lack of parenting skills can sometimes be a trickling effect in families. Parenting really is a learned skill. It is not uncommon for families to have a few generations of CAS involvement. It can be the same with teenage pregnancy. The grandmother was a teen mother, the mother was a teen mother and the teenager is a teen mother."

Camille McCue, Community Health Worker/
Band Representative, Curve Lake First
Nation Health Centre

Recommendation:

To reduce the impact of poverty in pregnant and parenting Aboriginal teens, it is important to:

- Ensure that prenatal care and supports are available to pregnant teens, as early as possible in pregnancy.
- Provide opportunities for social support.
- Help teen parents build parenting skills.
- Support teens in completing their education.
- Assist teens in securing adequate, meaningful and rewarding employment that will help them and their children to thrive.
- Meet basic needs such as food, safety and housing.
- Link pregnant and parenting teens to health care, parenting programs, and other key services.

To further understand First Nations child poverty, refer to the following report:

- Why Am I Poor? First Nations Child Poverty in Ontario, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html



Impacts of Isolation

Many pregnant and parenting teens are isolated from their family and peers by distance and other factors. They may feel isolated in a large urban centre where they do not know other young Aboriginal parents, and may not have access to extended family and traditional practices. Youth living in a larger community to access education or medical services, can feel very isolated from their traditions, family and community. Teens can also feel isolated in a small community that lacks the services, anonymity and support they need. Issues such as addiction and trauma can also isolate youth from their families and community – whether the issues are their own, or in immediate or extended family.

“Many of our communities do not have high schools on reserve, and the students are flown out to attend off-reserve high schools. The main issue with this is that pregnancy and the birth of a baby is often seen as a ticket home. The boarding homes and on-site houses that the students live in are not set up for a student and an infant, so the mother often returns to the reserve after the delivery of the baby, and remains there.”
Candi Edwards, Aboriginal Healthy Babies, Healthy Children, Sioux Lookout

“In my practice I see students who don’t want to seek guidance within their community due to the closeness of the community and the students concern of confidentiality. Therefore they seek guidance from other resources and I support them in their option of seeking support from appropriate services.”
Angela Campbell, RN BScN CCHN(C), Public Health Nurse, Haldimand Norfolk Health Unit

To learn more about engaging isolated families in services, refer to the following reports:

- How to Engage Families in Services, Best Start Resource Centre
www.beststart.org/resources/howto/index.html
- Populations at Higher Risk: When Mainstream Approaches Don’t Work, Best Start Resource Centre
www.beststart.org/resources/howto/index.html
- How to Reach Rural Populations, Best Start Resource Centre
www.beststart.org/resources/howto/index.html



Recommendation:

In addressing isolation, it can be helpful to connect teens to social support (if available) for example:

- Youth drop in centres
- Prenatal classes
- Programs for pregnant women or new parents, such as Ontario Early Years Centres, Community Action Programs for Children or Canada Prenatal Nutrition Programs
- Culturally relevant services such as those offered through Friendship Centres



Aboriginal Cultural Practices and Beliefs

This section provides information about cultural practices and values, as they relate to Aboriginal teen pregnancy and parenting.

Aboriginal Cultures

Knowledge from the Past

In the past, First Nations communities were inclusive and created space for everyone. Regardless of gender, physical, mental or emotional abilities, sexual orientation or age, First Nations communities assisted their members to become an integral part of their community (Gray, 2011). Some people were groomed for certain roles, like Chief or medicine person, while others were watched to determine how their natural abilities and gifts could be integrated to assist their community. Elders and traditional healers understood that the Creator gave individuals specific gifts in a wide variety of areas from hunting, storytelling, leadership, medicine, midwifery, art or spirituality. Each individual was encouraged to develop their gifts (Gray, 2011).

Aboriginal Cultures

Outside influences have affected Aboriginal cultures, traditions, knowledge and language. Despite this, Aboriginal people still retain teachings that are specific to their own culture, for example the Seven Grandfather Teachings, the Circle of Life, the Medicine Wheel, Longhouse Ceremonies, Clan Mothers etc. While Aboriginal cultures vary greatly, there are common strengths across Aboriginal cultures including the importance of children, the significance of extended family, Elders and community in childrearing, and the sense of connectedness with the land, plants, animals, community, a sense of humour, resiliency, etc.

In Aboriginal communities, there is a sense of urgency to share cultural knowledge. So much was lost as a result of colonial practices, and the Elders who have the remaining knowledge are passing. Youth may not know their traditional language, making it difficult to learn from some Elders.

Recommendation:

It is important to remember that beliefs and practices vary by Nation, community, family and individual. In addition to learning from this resource, it is helpful to talk to knowledge keepers in your community.

Personal Belief Systems

When working with an Aboriginal teen, consider their level of interest in traditional culture. Some Aboriginal teens are very traditional and behave according to their cultural value system. Other Aboriginal teens have taken on the value system of mainstream society. Many teens have values from both their cultural traditions and mainstream society. It is helpful to ask teens about their belief system.

Recommendation:

Ensure that you have a clear understanding of the youth in your services. Show a genuine interest in their well-being as well as their family origins. Ask questions about their beliefs and practices.

Connecting with Culture

Knowledge from the Past

Historically, important teachings were passed on through practice (doing and being involved) and through story-telling. Young ones were introduced to Mother Earth and all Creation through ceremonies, songs and dance. Often, decision-making was based on the laws of nature, using approaches that are very different from mainstream processes and current laws.

Aboriginal teens may or may not be aware of their history, traditional knowledge or teachings. In addition, Aboriginal traditional languages are on a decline, and teens may not have knowledge of their heritage and traditional methods of health and healing due to a long history of colonization. Offering ways to connect with this history may be of importance to these teens (i.e. providing information on how to contact an Elder, or about a workshop on traditional parenting etc.).

Depending on the location of the teen (i.e. on reserve, off reserve, isolated area, city centre), different resources are available. Friendship Centres are generally located in city centres and can provide traditional knowledge. Health centres, Aboriginal Health Access Centres, Band Offices and Nursing Stations, may also have programming, information and social support.

Recommendation:

Ask teens about their interest in learning more about their culture. If they are interested, connect them with Elders, knowledge keepers, Aboriginal programs and services.

Sexuality

Knowledge from the Past

Traditionally sex was seen as sacred and an enjoyable part of life. Sexuality is part of who we are, part of our health and wellness.

The experience of residential schools and sexual abuse had a profound effect on how sexuality has been viewed since that time. In terms of the holistic health of youth, and in order to address unintended teen pregnancies, it is important to ensure that teens have comprehensive sexual health education and services, including relevant teachings.

"This may or may not be a comfortable topic for the teens and/or Elders. We need to be more open to discussing sexual behaviour, even when the teens feel uncomfortable asking questions. A possibility is to provide websites, books, learning forums etc."

Ebony Rempel, Health Promotion, Health & Rehabilitation Sciences, The University of Western Ontario

Recommendation:

Sexual health education should start with young children, in an age-appropriate way. Young children can learn about friends and families, safe touching etc. Over time, as they mature into adolescence, information can be provided about healthy relationships, sexually transmitted infections, HIV/AIDS, birth control, healthy sexual behaviour, pregnancy etc. Teens also need access to birth control, as well as confidential, respectful services related to sexual health. It is important to build in traditional teachings.

To learn more about healthy sexuality in Aboriginal youth see:

- The Next Seven Generations: Reclaiming Healthy Sexuality for Native Youth, Jessica Yee
www.ontheissuesmagazine.com/cafe2/article/79
- Finding Our Way: Sexual and Reproductive Health Sourcebook for Aboriginal Communities
www.anac.on.ca/sourcebook/toc.htm

Importance of Pregnancy and Children

Knowledge from the Past

Some teachings say that the baby's spirit enters the woman's body at the time of conception. The spirit chooses the mother and father it needs to learn from in the physical world. The spirit selects parents who will assist the spirit in fulfilling its purpose in the world. During pregnancy the unborn baby is seen as being in both the spiritual and physical world. Women were treated with special care during pregnancy.

"Most Aboriginal people strongly believe that every child is born for a reason and is a gift from the Creator. It is the parent's responsibility to take care of that gift. Every child comes with a gift and all parents are tasked with helping their child find out about their gift and role in the community. Many feel there is no such thing as an unwanted pregnancy, since all children come from the Creator. The majority of Aboriginal leadership were born from teen mothers. Young mothers (in their late teens) are physically in their prime, but don't have the appropriate teachings to help their unborn child succeed."

Sherry Lewis, Manager, Community Programs, Brantford Native Housing

Recommendation:

Over time, service providers can develop compassion fatigue as they see overwhelming numbers of families struggling with deep underlying issues that are beyond their control, such as abuse, poverty, discrimination etc. In order to provide good care to families and children, service providers need to take care of themselves. It is important not to lose sight of the fact that you can make a significant difference in the lives of young Aboriginal families. Remember that parents are generally doing the best that they can, and have profound love and concern for their children.

Youth – the Wandering Stage

Knowledge from the Past

Youth are considered by some to be in the wandering stage, in the southern direction of the Medicine Wheel. Youth are in between being a child and an adult and are seen as searching for a better understanding of themselves. When children grow up without direction, they are at risk as youth, because their spirits have not been nurtured. Youth is a time when it is important to be in balance and to look after and listen to your spirit. As youth grow, learn, are nurtured, and find balance, they begin to change and become more accountable for their lives. They begin to plan for their future as a parent, and to think about the type of work they would like to do in their lives (Pitawanakwat, 2006).

Recommendation:

Take time to learn more about how Aboriginal people in your community view developmental stages and goals, and about the role of traditional child development tools and teachings.

To learn more about Ojibwe teachings about stages of life, and about youth, see:

- Four Directions Teachings
Elder: Lillian Pitawanakwat
www.fourdirectionsteachings.com/transcripts/ojibwe.pdf



Parenting at an Early Age

Knowledge from the Past

Traditionally, Aboriginal youth were not ostracized, shamed, or punished for becoming pregnant early in life. The community would assist the youth with the pregnancy, birth and parenting of their children. Some families encouraged younger parenthood to ensure that the youth had a large support system to raise the child. Being a young parent was widely accepted.

Now, individuals, families, communities and service providers hold a range of viewpoints on pregnancy and parenting in youth. Some see it as positive, and some as negative. In some Aboriginal communities, teen pregnancy is encouraged. It can be seen as the only life choice, or a positive life choice by youth, their family and/or community. Teen parents often say that their baby turned their life around. Those working with teen parents often say that the baby brought confidence, pride and responsibility to a teen whose life had lacked direction. In other communities or settings, teen pregnancy can be considered to be very negative and harmful for a teen and her children. Pregnant teens and teen parents can be judged harshly by some for having children at a young age.

“Motherhood is so celebrated that the teens have little reason to prevent pregnancy. It is FAR more socially acceptable to have a baby young in the Aboriginal community as the non-Aboriginal communities. We often see 30 year olds so excited to become Kokums for the first time!”

Candi Edwards, Aboriginal Healthy Babies, Healthy Children, Sioux Lookout

Recommendation:

Regardless of beliefs and values about early parenting, once a teen is pregnant or parenting, it is time for non-judgemental support, to help the youth and her children to follow a good path in life.

Aboriginal Worldview

Knowledge from the Past

All things – living and not living – are considered a part of the circle of life. When providing ceremonies, Elders often thank or acknowledge the two-legged and four-legged, as well as other animate and inanimate aspects of life. These acknowledgements are intended to connect all aspects/factors of life in the blessing as each is important to life.

Cultural differences are important and need to be taken into account when working with Aboriginal people. While there are many Aboriginal cultures, there are similarities that can assist service providers as they work with Aboriginal clients, and can be incorporated into programming, such as the Aboriginal worldview. In addition, it is very important to learn about local beliefs and practices, and to ask about individual beliefs and practices, as these vary by Nation, community, family and individual.

Aboriginal worldviews are holistic. They focus the perception of interconnectedness and interdependence of all things (living and non-living), and the relationship to the Creator. These views are seen to promote personal and social harmony rather than control over the universe. Culture, values, beliefs, language, traditions, ceremonies, spirituality, and connection to traditional lands are all a part of the Aboriginal worldview. As young Aboriginal parents help their children with their identity, they may learn about how all of Creation is connected and interdependent.

Recommendation:

Service providers can play a role in restoring knowledge transmission practices for cultural information, e.g. story telling, Elder involvement, involving knowledge keepers, and youth group discussions. They can learn about Aboriginal worldview, the importance of holistic approaches, and the interconnectedness of life.

Healing

Health and development is viewed in a holistic manner. Aboriginal methods of health and healing include connecting people to their culture and traditions (i.e. spiritual ceremonies of song, shaking tent ceremonies, dance and/or drumming), consulting Elders for advice and healing, accessing sweat lodge ceremonies, and herbalism (i.e. the use of plant material to treat illness). The methods take into account physical, mental, emotional and spiritual health.

Recommendation:

Consider all aspects of health (physical, mental, emotional and spiritual), when providing support to Aboriginal children and youth. Consider ways to incorporate traditional healing in programming, and/or ways to link Aboriginal youth to traditional healing.



Family and Community

Many Aboriginal people view the world as interconnected. They may believe that all individuals are equal, and that the family or community is more important than the individual. By seeing the world as interconnected, there is a high value placed on the family, extended family, community and Nation. Each individual belongs and is considered an important member of the family, extended family, community and Nation.

Aboriginal people value people and services over goods. It is not important what a person owns or possesses, but rather how they live their life and interact within their community.

Aboriginal people also value cooperation as it benefits their family and community. Cooperation is a core value, believed to have greater importance than competition and individualism.

Aboriginal people value observing family and community members as they perform the skills and tasks of daily life in order to gain knowledge. Each person is encouraged and guided as he/she attempts these new tasks.

Recommendation:

Think about ways that your services and programs can respect values of interconnection, cooperation, family and community.

To learn more about parenting in Aboriginal families, refer to the following reports:

- Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html
- A Child Becomes Strong: Journeying through each Stage of the Life Cycle, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html

Non-Interference Beliefs

Many Aboriginal communities follow non-interference beliefs in parenting (Lane et al, 1984). Non-interference beliefs rely on the fact that children learn skills through hands-on experiences. Parents do not prevent children or youth from attempting tasks. They may allow children and youth to experience hunting, fishing, ceremonies, singing, dancing and arts. They recognise that children will make mistakes and learn from them. Non-interference is important to Aboriginal communities as it allows children and youth to learn without being scolded and builds self-confidence. It is a strength-based approach to parenting, focussing on the skills and interests of children and youth.

Non-interference beliefs support the learning style of kinesthetic learners (tactile learners). They learn best by doing and by being involved in what is being taught. They enjoy being a part of their learning experience.

Recommendation:

The concept of non-interference is important in working with Aboriginal teen parents. For example, as long as it is safe:

- Show respect for the choices and directions that teen parents want to take in life.
- Show respect for the way that teen parents and extended family care for their children.



Sense of Humour

Aboriginal people tend to cope with challenges with a strong sense of humour (Aboriginal Nurses Association of Canada, 2002). This is especially true for Aboriginal teen parents who must face many obstacles as they begin their journey as a parent. Through coping with struggles, Aboriginal teen parents learn resilience.

Humour in Aboriginal culture is often a vital part of social situations. Humour helps ensure group cohesiveness and equality and helps in coping with the hardships in life. Sometimes teasing between Aboriginal people is misunderstood. Teasing is often used to affirm values and remind children and peers of appropriate behaviour. Parents, extended family members and other adults in the community may use gentle teasing as a behaviour management strategy with children.

Recommendation:

Think about how you can build humour into your program, and model positive responses to the big and small challenges in life. Think about how you handled the last time you had a problem with AV equipment, misplaced an important resource, etc., while working with teen parents.



Including Culture in Programming

Learning styles and the environment influence the learners' comfort and ability to learn. Cultural factors such as patterns of communication and human interaction play an important role in learning as well. Individuals learn more effectively when teaching methods fit with the participants' learning patterns. For many Aboriginal people, it is also important to have a spiritual connection to all aspects of life, including learning.

Key cultural programming factors for pregnant and parenting teens:

- Incorporate & value Aboriginal traditions and culture by recognizing and including ceremony.
- Value and involve Elders in the programs.
- Build on community connections.
- Make connections among issues, people and the world.
- Honour and nurture relationships by accepting and respecting the youth as a whole person.
- Provide frequent, positive feedback.
- Create a space of equality with youth through genuine caring.
- Use informal settings with varied seating patterns.
- Allow for social interactions.
- Honour the four aspects of an individual, family and community (physical, spiritual, emotional and mental dimensions).
- Incorporate different types of activities that allow for visual, audio and tactile learning.
- Incorporate group activities so that peers work with and learn from each other.
- Continue to ask what Aboriginal teens need or want.



Preventing Aboriginal Teen Pregnancies

While this report focusses mainly on teens who are pregnant and parenting, this section provides brief information about prevention of Aboriginal teen pregnancies, to provide a continuum.

Beliefs about Teen Pregnancy Prevention

Knowledge from the Past

Cultural teachings do not recommend sexual behaviour for youth in their early teens. Many of the teachings discuss beginning families when there is ample social support. This generally occurs in young adulthood.

There are different beliefs about the right age to have children. In the general population, there is a trend towards delaying pregnancy until post-secondary education is complete and careers and finances are well established. In this context teen pregnancy can be seen as undesirable. Some Aboriginal people are also concerned about the high rates of teen pregnancy in their communities, and want to work to reduce the rates.

In contrast, many Aboriginal communities and organizations see pregnancy in older teens as normal. They feel that having children at a young age (i.e. late teens and early twenties) is healthy and culturally appropriate. They believe that all children are a gift from the Creator, and are never unwanted by the community. Non-interference practices also create an atmosphere of support for early parenting.

"Noting that early onset of parenting was common in traditional Aboriginal societies, participants agreed it is the breakdown in traditional support structures and values rather than teenage parenting per se which is responsible for the health and social problems teenage parents and their families face."

Aboriginal Nurses Association, in Pro-Action, Postpoinement, and Preparation/Support (2000)

There is a widely held belief in the general population that teen pregnancy should be prevented because teen parents are more likely to live in poverty, not finish school, and are a burden to tax payers. It is true that teen parents are more likely to live in poverty compared to all other teens, however, studies that compare teen parents with teens who come from families with similar socio-economic backgrounds, demonstrate that teen pregnancy does not lead to an increased risk of poverty (Best Start Resource Centre, 2007). It is most accurate to say that growing up in a poor family puts teens at a higher risk of teen pregnancy.

Recommendation:

When working with an Aboriginal community, find out about their interest in preventing teen pregnancy. They may or may not consider this to be a concern.

Reasons for Teen Pregnancies

There are many reasons for working in the area of teen pregnancy prevention that are unrelated to judgemental attitudes about early parenting. Some examples include:

- Some teens do not want to be pregnant until they are adults, but do not have the knowledge and skill to prevent an early pregnancy.
- Some teens want to be pregnant to escape from a difficult life situation, or to try to improve their life.
- Some teens do not see any life options beyond parenting.
- Teens may become pregnant due to coercion, assault or violence.

High teen pregnancy rates are often a sign of deeper community issues that need to be addressed. Reducing teen pregnancy rates may ultimately be about addressing bigger concerns, such as violence, poverty, lack of hope, etc. Recognising common underlying factors in the community that lead to teen pregnancy, can help in developing effective prevention approaches.

"I believe that the very high incidence of sexual abuse contributes to the teen pregnancy rates. I have seen a culture of male dominance in which young girls feel like they do not have the right to say no when a man (often much older than them) requests sex. This sexual abuse epidemic in the Aboriginal communities/culture may be important to investigate. How can providers help young girls develop the self-esteem and self-worth to choose not to have sex when pressured?"

Maranda Henry, Nurse Practitioner Clinic Lead, Anishnawbe Mushkiki

Recommendation:

We don't try to fix a car before we know what is wrong with it. Similarly, learn from leadership, families and teens before deciding on teen pregnancy prevention strategies.

Strategies to Prevent Teen Pregnancies

Sexual health education can be challenging. Parents and teachers are often uncomfortable talking about sexual health. Information on the internet can be incorrect or misleading – or too much information. In addition, prevention of teen pregnancies goes well beyond providing basic information about reproductive health and birth control. Teen pregnancy prevention needs to address real issues in the lives of Aboriginal teens, in a culturally relevant manner.

Strategies to prevent teen pregnancy should reflect the underlying causes for teen pregnancies, for example:

- **Teens need knowledge** about sexual health and parenting. This information should be provided in an age appropriate way, from childhood through young adulthood. It should include information about healthy and unhealthy relationships, sexually transmitted infections, HIV/AIDS, birth control, healthy sexual behaviour, pregnancy, parenting etc. Discussions should include an Elder with knowledge of traditional teachings, culture and community.
- **Teens need access** to birth control, health information and services, in a confidential, safe and positive environment.
- **Teens need a sense of hope and belonging**, reinforcing ties to their community and a sense of identity. This can come from traditional practices, family, recreation, employment opportunities, and/or other community supports.
- **Teens need a healthy family.** Teens who grow up in an unhealthy family may be insecure and want someone to love, and someone who loves them unconditionally. They may believe that having a baby will provide them with this special person. A range of supports can help families be as healthy as possible through healing, treatment for substance use, and basic supports such as access to safe housing and healthy food, etc.
- **Teens need opportunities and choices.** These can be provided through youth education and training programs, youth employment programs, programs that address poverty etc.
- **Teens need a safe community.** There should be strategies at the individual and community level to address issues such as control, coercion, abuse, rape and incest.

"In my interactions with teens, I talk about how wonderful it is to have a baby. How wonderful it is to look forward to it, to plan for it, to prepare ourselves and our homes for it. We talk also about what a big responsibility it is to have a baby and what the realities and challenges are. We talk about what babies need and how parents need to have certain things in place before they get pregnant, or at least, before the baby arrives. This is everything from good nutrition (not feeding their pregnant body junk food), regular health care (to monitor the mother's health to make sure her body can support a healthy pregnancy and then to monitor the progress of the baby), adequate sleep (not staying up late on Facebook), etc."

Melody McGregor, Follow Up/Outreach Nurse, Sexual Assault/Domestic Violence Treatment Centre, Thunder Bay

Recommendation:

In addressing teen pregnancy prevention, build in strategies that address both motivation and means:

- **Motivation:** In order to avoid early pregnancy, teens need to be motivated. This means they have plans for their future such as schooling and/or work. It means they have a sense of hope, choices, goals, etc.
- **Means:** In order to prevent an early pregnancy, teens need to have the means. This may be access to birth control, information about sexual health, etc.



Framework for Prevention

In one teen pregnancy prevention model, there are three spheres of action to reduce rates of teen pregnancy (Ottawa-Carleton, Centre, & Health, 2000):

- **Pro-action** – To reduce the percentage of youth who become pregnant because they see a baby as a source of love, belonging and opportunity. Pro-action seeks to provide youth with options, motivation and support, in order to delay having a baby until they have the teachings and support that will help them be a good parent.
- **Postponement** – To reduce the percentage of youth who become pregnant because they do not have the knowledge to prevent pregnancy. Postponement focusses on communication skills, access to contraceptives and information, and ensuring youth have a realistic understanding of the implications of having a baby at a young age.
- **Preparation and Support** – To support teen parents in practical (food, shelter, etc.) and other ways (support, building self-esteem, caring, etc.). These assist in setting the stage for good outcomes for teen families, and help youth prevent or postpone subsequent pregnancies until they are ready.

The overall goal of this framework is to maximize the number of youth who are thriving and able to enjoy their adolescence. Figure 3 shows an Aboriginal adaptation of this model. Traditional teachings often speak about how each quadrant of life works to assist other aspects of their life in order to maintain balance.

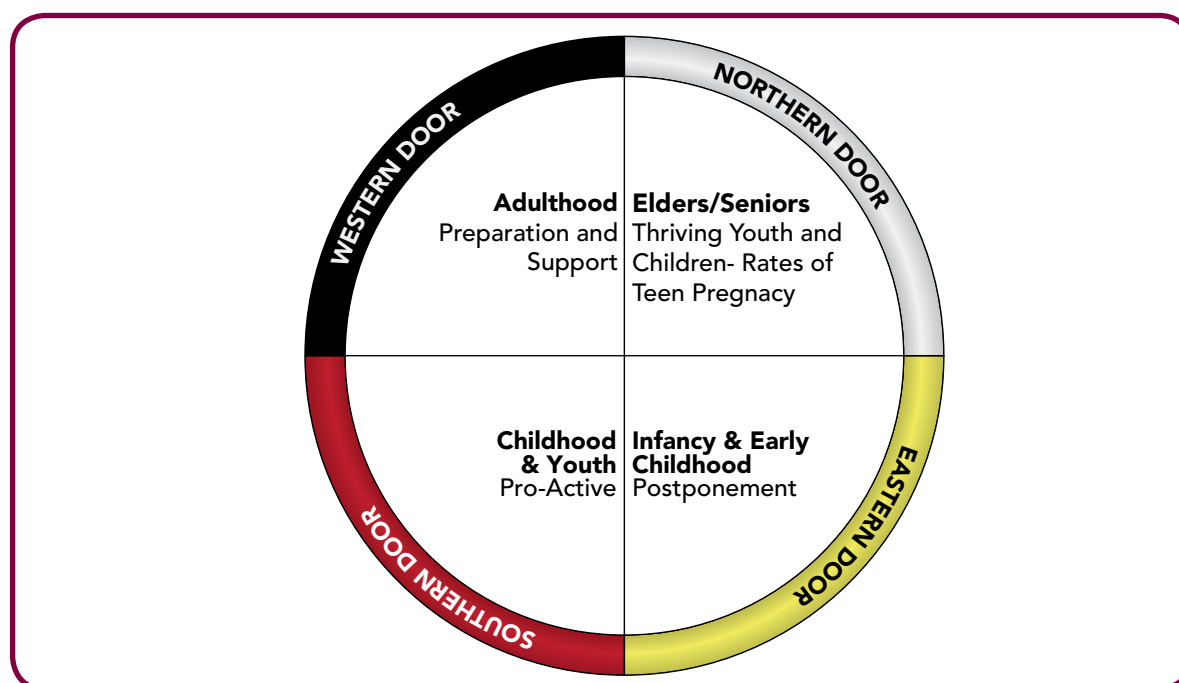
Recommendation:

Create a community plan that reflects the health of children and youth, postponing pregnancy, supporting teens who are pregnant or parenting, and providing youth with options in life.

To learn about effective ways to prevent teen pregnancies, see the following reports:

- Update Report on Teen Pregnancy Prevention, Best Start Resource Centre
www.beststart.org/resources/rep_health/index.html
- Teen Pregnancy Prevention: Exploring Out-of-school Approaches, Best Start Resource Centre
www.beststart.org/resources/rep_health/index.html
- Subsequent Teen Pregnancies: Exploring the Issues, Impact and Effectiveness of Prevention Strategies, Best Start Resource Centre
www.beststart.org/resources/rep_health/index.html
- Finding Our Way: Sexual and Reproductive Health Sourcebook for Aboriginal Communities
www.anac.on.ca/sourcebook/toc.htm

Figure 3: Aboriginal Teen Pregnancy Framework



Adapted from Health Canada (2007). On the Move. P. 21



Supporting Aboriginal Pregnant Teens

This section focuses on meeting the needs and concerns of Aboriginal teens who are pregnant.

Types of Support

Aboriginal teens become pregnant for many different reasons. It is helpful to consider the underlying factors associated with teen pregnancy, as this may help you understand the needs of pregnant teens.

Think about the needs of a teen who became pregnant in each of the following situations:

- When a teen moved to an urban area, she was lonely away from her family and community. She got pregnant to create a sense of family and belonging.
Needs of pregnant teen: _____
- A teen got pregnant in order to move out of her home where she was being abused.
Needs of pregnant teen: _____
- A teen thought she wouldn't likely get pregnant if she occasionally had sex without a condom. But she did.
Needs of pregnant teen: _____
- A teen was forced to have sex by her boyfriend. She ended up pregnant.
Needs of pregnant teen: _____
- A teen thought if she said no to sex, her boyfriend would find another girl. Soon she was pregnant.
Needs of pregnant teen: _____
- A teen got pregnant because she was drinking at a party and had unplanned, unprotected sex.
Needs of pregnant teen: _____
- A teen with FASD got pregnant because she had difficulty thinking things through and understanding consequences.
Needs of pregnant teen: _____
- A teen did not think she would go to college or university. She got pregnant at an early age – there seemed to be no reason to wait. Her mother and grandmother were also pregnant in their teens.
Needs of pregnant teen: _____

Concerns with Services

The following concerns with prenatal and postpartum services were identified by Aboriginal populations:

- Need for in-home and in-community birthing options.
 - Need for culturally trained staff.
 - Need for continuity in services.
 - Need for mental and emotional supports.
 - Need for increased opportunities to make informed choices.
 - Need for supports for parents and families.
 - Need for traditional practices integrated into maternity care.
 - Need for services to alleviate the effects of poverty.
 - Need for supports for young mothers.
- (NAHO, 2006)

Choices in Pregnancy

Pregnant teens may need to weigh difficult options. They may be making decisions about their relationship – whether to get married, live with their partner, share parenting with their partner, to parent on their own etc. They may be thinking about where they will live as a new parent – in their family home, setting up a new apartment etc. They may be thinking through options in relation to their unborn child, for example, parenting their child, adoption etc.

Service providers can assist with unbiased information about options. Teens may not be aware of the range of adoption options available to them, such as formal and informal kinship agreements. Abortion is an option that is not discussed in traditional teachings. Service providers may want to consult with Elders about how to approach this subject in their programs.

Teens can feel pulled by differences between their own values and cultural beliefs, those of their family, and those of their teachers and other service providers. This can make it difficult for them to make a decision that is right for them, at the time, and for their future. Unbiased, respectful, non-judgemental support is critical. This is a time when teens need key information and support in a timely fashion.

Recommendation:

Provide or refer Aboriginal teen parents to unbiased counselling as needed. Offer information about culturally appropriate services. Understand that necessities and realities impact options for pregnant and parenting teens, for example there is insufficient housing and limited services in some First Nation communities.



Supports for a Healthy Pregnancy

Frontline workers play a crucial role in assisting Aboriginal teens who are pregnant in achieving positive outcomes. Prenatal education and care should be offered to Aboriginal teens as early as possible in their pregnancy, ideally through holistic and culture-based services.

When possible, the format and content should be geared specifically for Aboriginal teens. Additional prenatal supports, based on more immediate needs, can include services related to alcohol, drug and tobacco use, access to healthy food, safe and affordable housing etc.

Recommendation:

Of primary concern is prenatal care, and assistance in meeting basic needs.

Preparation for Parenting

Aboriginal teens who are pregnant need a community of support to help them through their transition from childhood to parenthood. They are not yet adults, but youth who are becoming parents. Regardless of how or why the pregnancy occurred, Aboriginal teens need a wide range of services, coordinated to meet their needs as they transition their new role as parents.

Recommendation:

It is important to help pregnant teens in their life transition, bridging youth and adulthood, supporting their journey to parenthood. Preparing teens for parenting can include practical issues such as baby clothes, baby equipment, housing etc. It is also important to address issues such as budgeting, parenting skills, food preparation, decision making, worries, hopes and dreams for themselves and their children. Pregnant teens can also be provided with information about the emotional impact of parenting, the fatigue of caring for a new baby, and the benefits of having people they can trust for advice and support.

Life Plan and Well Being of Teens

Services for pregnant teens should go beyond healthy practices in pregnancy and the future of the child. Services should also support the well-being of the teen, in terms of her own needs and future.

Teens may have limited autonomy, and often live with parents who manage the money, prepare the meals, and make decisions about the home and family. When a teen recognises that she is pregnant, there is a need to make serious decisions about the course of her life, and that of her child. It is important to help pregnant teens to develop the skills and independence needed in their new role as a parent, to raise and support their children and themselves. They need supportive, non-judgemental services that can help them plan for the future, including thinking through education and employment options.

The frontline worker can support the young person in developing a life plan, driven and owned by the youth in question. This will help her transition to independent living as a teen parent, and to consider a range of options for her future. Frontline workers need to be flexible, nurturing, provide guidance through positive role modeling and show genuine interest in pregnant teens (see Section 7 to learn more about engaging teens). It is most helpful if the same frontline worker engages the pregnant teen on a continuing basis, is knowledgeable about options and services, provides information without judgement, and shows respect for the teen's choices.

Young Aboriginal women are at higher risk for a range of health concerns, including mental health issues, diabetes, and other chronic health concerns etc. It is important to encourage Aboriginal teens to be aware of and attend to their own health issues, in addition to providing supports related to parenting.

Recommendation:

While your immediate concern may be a healthy pregnancy, and/or healthy children, instilling a sense of hope and linking youth to life options, are also important to health and well-being.

Abusive Relationships

Abuse often starts or gets worse during pregnancy. The pregnancy itself may have occurred as a result of a controlling, coercive or abusive relationship. Service providers have to be ready to deal with a youth's disclosure of abuse by a partner, parent, family member, or community member, as a regular part of programs designed for pregnant teens. Service providers should be ready to attend to documenting, reporting and referrals, in addition to supporting teens who disclose abuse.

As a result of past abuse or trauma, vaginal exams during prenatal care and/or labour may be traumatic, and teens may have flashbacks in labour and delivery. It is best for the caregiver and teen to have awareness in advance and a strategy for managing fears. Caregivers can let the teen know that she can stop a procedure if needed. In addition, the teen can decide whether she prefers privacy, or the support of a family member or a friend during any procedures that may cause her discomfort.

"Many families have been involved multi generationally in child welfare. Most families have been subjected to violence within their own family circles. This often means that there is hidden partner violence in pregnancy and this can escalate."

Ellen Blais, Aboriginal Midwife, High Risk Prenatal and Postnatal Worker, Native Child and Family Services of Toronto

Recommendation:

Talk to teens about what a healthy relationship looks like, and about the signs of an abusive relationship. Share information about the effects of abuse, about staying as safe as possible if in an abusive relationship, and about services that can provide support when leaving an abusive situation. Ask about potential abuse in privacy, away from the partner, family and friends. Know how to document and report abuse, and about key services in your community.

Mental Health and Substance Use

Many Aboriginal teens struggle with their own mental health concerns and/or substance use issues, or these may be problems of their partner or close family members. These concerns can result from traumas that may be recent (for example child abuse or sexual abuse), or in the past (for example as a result of residential schools).

Young Aboriginal women have higher rates of mental health issues and suicide rates than the general population (Chandler & Lalonde, 1998; Kirmayer, Brass, Tait, 2000). Mental health concerns can be related to the pregnancy as well, i.e. prenatal or postpartum depression.

Substance use can be seen as a way to cope with past and present traumas, self-medicate for undiagnosed mental health concerns, or cope with serious ongoing stresses such as poverty or abuse. Substance use can include alcohol, solvents such as glue and gas, street drugs, misuse of prescription drugs, etc.

To learn more about how to prevent and address prescription drug misuse in First Nations women who are pregnant or parenting young children see the following report:

Prescription Drug Misuse in Pregnancy and Parenting
www.beststart.org/resources/aboriginal_health.html

"These have an effect on pregnancy outcomes, children lost to the foster system, attachments, etc. and the health of the child and teen."

Maranda Henry, Nurse Practitioner Clinic Lead, Anishnawbe Mushkiki

Recommendation:

Facilitators need to be aware of the signs of depression, suicidal thoughts and symptoms of post traumatic stress syndrome, as many of the teens will have experienced traumas that are unresolved, unreported and untreated. In addition, facilitators need to be aware of the supports and services available for mental health and substance use issues, including healing, detox, treatment, methadone maintenance therapies, etc. Keep a current list of related services.

Expectant Fathers

Aboriginal teen fathers may or may not be involved during the pregnancy. This can be their choice, or it may be the choice of the pregnant teen. Prenatal programs and services should be inclusive of teen fathers where appropriate, and understanding of their needs. This may mean including teen fathers in existing services, providing a separate program, or providing information to teen fathers on an individual basis.

Information for expecting teen fathers can include healthy sexuality, pregnancy and birth. There are many traditional teachings for expectant partners, for example fathers are often thought to be pregnant as well, and are expected to abstain from alcohol and not to go hunting.

Recommendation:

Think about how you can adapt existing services to meet the needs of expectant Aboriginal teen fathers. This may mean involving young fathers in existing services or adding separate services for young fathers.

To learn more about traditional teachings and about fathering, see:

- ...with Dad: Strengthening the Circle of Care
www.nccah-ccnsa.ca/286/With_Dad__Strengthening_the_Circle_of_Care.nccah
- Kizhaay Anishnaabe Niin (I am a Kind Man)
www.iamakindman.ca/IAKM/
- Resources for Indigenous Fathers
www.fira.ca/cms/documents/39/Fathers_Resources_List.pdf
- Step by Step: Engaging Fathers in Programs for Families, Best Start Resource Centre
www.beststart.org/resources/howto/index.html

Traditional and Western Medicine

Service providers can benefit from information about care that is inclusive of traditional medicines and practices, in addition to what may be seen as standard prenatal medical care.

Recommendation:

Involve an Elder in sharing information about traditional medicines and practices. Learn about the traditional medicines and practices that are recommended and safe in pregnancy. Ask pregnant teens about the traditional medicines that they use.

The following resources can be very helpful in considering and sharing traditional knowledge and medical needs of Aboriginal pregnant women:

- A Guide for Health Professionals Working with Aboriginal Peoples, Society of Obstetricians and Gynaecologists of Canada
www.aboriginalsexualhealth.ca/members-healthcare-professionals_e.aspx
- Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada
www.aboriginalsexualhealth.ca/documents/PolicyStatement-Aboriginal%20SexualHealthandRights-eng.pdf
- The Sacred Journey from Preconception to Parenting for First Nations Families in Ontario, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html
- Beginning Journey: First Nations Prenatal Resource, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html



Giving Birth

Teens are often very fearful about the pain of birth. They may be unfamiliar with the process of childbirth and with traditional birthing practices. There may be interest in information about supports and care available for birth, such as Doulas, Aboriginal midwives etc.

Recommendation:

If teens need to travel to another community to give birth, they may have questions such as when they need to leave their community, how they will travel, where they will stay, the costs and how they will be covered, as well as cultural supports in the community where they will give birth.

Program Outcomes and Design

If you are working with an on reserve community, it is appropriate to contact the Chief and collectively come together to create a program that meets the needs of all involved. In an urban area, connect with Aboriginal organizations such as Friendship Centres to determine community priorities and concerns.

When planning program outcomes for Aboriginal teens who are pregnant, or have a partner who is pregnant, consider the outcomes and strategies in Figure 4. The outcomes in the table also apply to Aboriginal teens who are parenting.

The topics in Figure 5 can be useful in designing workshops for teens. The topics can be adjusted for groups of teens who are not pregnant, or groups of teens who are pregnant.



Figure 4: Outcomes and Support Strategies

Program Outcomes for Pregnant and Parenting Teens & Their Young Children	Core Elements of a Comprehensive Service Strategy
<p><i>Self-Sufficiency Outcomes for Pregnant and Parenting Teens:</i></p> <ul style="list-style-type: none"> • Increased school attendance (this could be in person, online or correspondence) • Increased progression toward completing schooling • More successful movement from school to further education, training or employment • Increased length of time between first birth and subsequent pregnancy • Reduced risk of STIs including HIV/AIDS 	<p><i>Services for Pregnant and Parenting Teens:</i></p> <ul style="list-style-type: none"> • Flexible, quality educational options • Quality child care and child development programs • Access to prenatal care and family planning services • Case management services • Family support services that include the teen's own family and potentially the child's father and/or his family • Parenting, child development and nutrition education • Support services, including transportation assistance • Transition support to post-secondary education, training or employment services
<p><i>Developmental Outcomes for Children of Teen Parents:</i></p> <ul style="list-style-type: none"> • Increased healthy births (healthy birth weights, full term pregnancies, healthy mothers) • Increased age-appropriate physical, emotional, cognitive, social and spiritual development for a positive sense of identity and school readiness • Increased on-time receipt of appropriate health and child development services 	<p><i>Services for Children:</i></p> <ul style="list-style-type: none"> • Regular prenatal care • Quality child care • Well-child care, including immunizations and physical examinations • Developmental and other screens (including lead screens) with appropriate follow-up services • Access to health care services • Programs at the Ontario Early Years Centres, Friendship Centres, Community Action Program for Children, and Aboriginal Health Access Centres as well as services such as Aboriginal Healthy Babies Healthy Children
<p><i>Outcomes for Families:</i></p> <ul style="list-style-type: none"> • Increased practice of good parenting skills, including the ability to obtain needed services for one's children and to provide developmentally appropriate nurturing and stimulation • Reduced use of inappropriate discipline • Increased use of effective discipline methods • Reduced incidence of child neglect, abuse and partner abuse 	<p><i>Culturally Sensitive Services for Aboriginal Teens:</i></p> <ul style="list-style-type: none"> • Teaching circles about the roles and responsibilities of parenting including information life stages • Traditional teachings of pregnancy, child rearing and developmental milestones

Figure 5: Discussion Topics

Topics to be discussed	Possible Strategies
<i>Pressures to Have Sex</i>	Have an Elder or other cultural resource people, and/or older teens talk about how peer or partner pressure can lead to risky early sexual behaviour. One possibility is to provide websites, books, and learning forums.
<i>Attitudes, Myths and Realities of Sex</i>	Incorporate cultural teachings. Have a nurse discuss the medical and emotional issues associated with sexual behaviour.
<i>Abuse – Physical, Sexual and Emotional</i>	An Elder or other cultural resource people can begin with a healing ceremony before the group discusses their knowledge and experience with abuse, including incest and being forced to have sex. The group can support each other with their own experiences and knowledge. It is important not to force the teens to discuss sexual violence, but rather use supportive listening and provide alternative venues and/or times to discuss their personal sexual past. Speak to the realities of being an Aboriginal woman and acknowledge that young Aboriginal women are at specific risk for racialized, sexualized violence. Safety planning is critical.
<i>Substance use – Impacts on Sex, Pregnancy and Parenting</i>	Incorporate cultural teachings about misusing traditional medicines (like tobacco) and about the effects of alcohol and other drugs on the individual's health, the fetus and child development.
<i>Pregnancy</i>	Offer a frank and thorough discussion of all aspects of pregnancy. If possible, have first-hand accounts from young parents. An Elder or other cultural resource people can provide traditional teachings about pregnancy.
<i>Parenting</i>	Ask young parents and an Elder or other cultural resource people to speak about the challenges and successes of parenting. It may be beneficial to discuss traditional ceremonies that children may be a part of and to assist the parents with accessing cultural events.
<i>Access to Health Information</i>	Talk about ways to access health information regarding pregnancy, parenting and general health. Have an Elder or other cultural resource people talk about traditional healing and health. Provide information on how to navigate the health system.
<i>Feast/End of Program</i>	If there are Elders or other special guests in the program, they should be invited to the feast (a hot meal) that supports social interaction and assists in developing support among teens.

Adapted from Batten and Stowell (1996) School-Based Programs for Adolescent Parents and Their Children: Guidelines for Quality and Best Practice. www.capd.org/pubfiles/pub-1996-10-12.pdf



Supporting Aboriginal Teen Parents

This section focuses on meeting the needs and concerns of Aboriginal teen parents and their children.

Meeting Basic Needs

There are a lot of similarities in the supports that Aboriginal teens need during pregnancy and parenting. Of primary importance is meeting basic needs. Teen parents often live on a very low-income. Most are in need of highly supportive social networks with an array of resources (housing, child care, etc.) to assist them with parenting and in becoming self-sufficient young adults. Aboriginal teen parents often come from families that have limited resources to assist them in raising their child – making community services even more important.

“By saving money on food, milk, diapers, clothing and transportation I was able to stretch my own cheque much further.”

Chrystal Desilets – Teen Mother

Recommendation:

Make it a priority to assist in meeting the basic needs of Aboriginal teen parents. As a result they will see your service as understanding, welcoming and valuable, and they will return.

Non-Judgemental Approach

Parenting, at any age, is linked to sense of purpose, direction and opportunity. Aboriginal teen parents need positive feedback and support. With this support, they have an improved chance of finding direction in their lives and becoming competent parents. Unfortunately, many people, from service providers to community members, have negative feelings about teen parents.

Service providers have an ethical and moral obligation to provide services in a non-judgmental manner. In many roles, such as nursing, failure to do so can result in suspension of their licence to practice.

Recommendation:

Service providers should focus on providing needed supports and should not stigmatize, shame, blame or punish teen parents in any direct or indirect way.

Parenting Skills

Teens may know very little about the basics of parenting. They may need to learn how to bathe and feed their baby, how to make their home as safe as possible etc. Key parenting skills include responding to the cues of their infant, an understanding of infant growth and learning, and of the importance of secure parent child attachment.

"Because Aboriginal culture was traditionally based in oral language and story-telling, and much of that culture was lost due to residential schools and foster care system, I find that many of the teen moms don't know how to talk to their babies. I have found it very helpful to provide books for babies whenever funding allows, or making booklets of nursery rhymes for them can help when the mothers don't know what to say. Once the mothers learn the rhymes (being careful not to make assumptions regarding literacy!), they can discontinue using the booklets, and engage babies with the oral language and story-telling that was the tradition."

Candi Edwards, Aboriginal Healthy Babies, Healthy Children, Sioux Lookout

Recommendation:

It can be helpful to incorporate role models who have overcome the challenges of teen pregnancy and teen parenting, when teaching teen parents.

For a helpful tool in providing parenting information to Aboriginal Parents:

- Raising the Children: A Training Program for Aboriginal Parents
<http://raisingthechildren.knet.ca/manual>

Breastfeeding

Breastfeeding is the healthiest choice for babies. It provides nutritional and emotional benefits, and helps to protect babies from sickness and infections. Breastfeeding is also an economical choice, especially in areas where infant formula is expensive or where water is not potable.

Teens may be reluctant to breastfeed because:

- They do not have family members or role models who breastfeed.
- They are uncomfortable with their bodies.
- They feel it will conflict with their social life, schooling, work, child care arrangements etc.

"Helping young moms through breastfeeding issues needs a family approach. The entire family needs to understand and show support to the new mom in her decision to breastfeed. Traditionally, it was the only way to feed babies. Support includes finding good breastfeeding help (lactation consultants, home visitors, midwives) and encouraging her to continue feeding through any rough spots. Remember, breastfeeding should never hurt. Research shows that First Nations women, if they feel supported at home, will breastfeed longer, which leads to healthier families in the generations to come."
Stephanie MacDonald, Mohawk, IBCLC, Aboriginal Midwife

Recommendation:

In order to consider breastfeeding, and to maintain breastfeeding, Aboriginal teens may need additional information and support.

For more information for Aboriginal teens who wish to breastfeed:

- Breastfeeding for the Health of Our Nations
www.beststart.org/resources/aboriginal_health.html

Stress

The lives of teen parents can be stressful. They may be parenting while learning to take on adult responsibilities such as caring for a home and managing a small budget. They may be dealing with changing relationships with family members, friends and their partner. A new baby can mean lack of sleep and worries about their health and well-being. Teen parents may need help to deal with their life stress.

Recommendation:

Developing a list of coping skills and strategies can be really important. Suggest that teens make a list of what they can do if they feel stressed, overwhelmed, sad or angry. Suggest that teens think of the support people in their lives, and how they may be able to help. Normalize the fact that new parents can be tired and stressed, and can benefit from information and support.

Education

Service providers can also support Aboriginal teen parents in staying in school or in finding alternative high school diploma programs. Some Friendship Centres and other Aboriginal organizations have developed alternative high school programs for teen parents.

Recommendation:

Service providers may be able to partner with other organizations to offer parenting programs while teens are in a learning environment. Service providers may also be able to support educational opportunities for teen parents.

Legal System

Teens may need help navigate the legal system in dealing with police, the court system, or child protection services. They may have contacted the police to seek protection from an abusive situation or may be working to formalize custody of their child, etc. In providing care that respects the full needs of pregnant and parenting teens, it is important to be aware of supports and services available for legal issues.

Recommendation:

Provide referrals for legal issues such as Legal Aid or the Landlord and Tenant Board.

Aboriginal Teen Fathers

Aboriginal teen fathers may or may not be a part of the mother's life or the child's life. Aboriginal teen fathers who choose to be involved face many of the same issues encountered by Aboriginal teen mothers. Talk to young fathers about their interests and needs – the environment and programming for teen fathers needs to reflect their lives. It is important to include teen fathers in existing parenting programs and services in order for them to feel a sense of belonging in their child's life, to access parenting support and to build their parenting skills.

Recommendation:

Service providers may wish to have a separate and independent Aboriginal Teen Fathers group to assist Aboriginal teen fathers to learn about their role in their child's lives. This program could deal with the pressures and enjoyment of fatherhood, including traditional teachings about the role of the father. It can be offered in a space that is comfortable for young fathers.

For information on involving fathers see:

- Father Involvement Initiative
www.cfii.ca
- Step by Step: Engaging Fathers in Programs for Families, Best Start Resource Centre
www.beststart.org/resources/howto/pdf/BSRC_Engaging_Fathers.pdf



Traditional Parenting

Knowledge from the Past

Children are considered gifts from the Creator. It has always been important to mentor children and youth to learn about traditional teachings, cultural practices, language and the ways of their community. It was believed that this education would assist children and youth in taking on increasing responsibilities and to teach what they had learned to younger generations.

Service providers can assist teen parents by providing information about the successes and challenges of parenthood, with culturally relevant context. Incorporate culture, language and an Aboriginal worldview as much as possible, and be cognizant of the needs of individuals in the group.

The outline in Figure 6 shares ideas for a half day (3 hour) culturally relevant parenting program. Timing and content can be adjusted according to needs. Providing food will help teens feel relaxed and comfortable during the workshop.

"I recommend opening with a smudge using Sweetgrass or Sage if it's all women participating. As some of the topics may be tough and if emotions are high, stopping and doing another smudge to cleanse the group is appropriate as well. End with a smudge to cleanse every one of any emotions that might have been triggered during the discussion. Have follow-up referral sources available in case a disclosure takes place."
Sherry Lewis, Manager, Community Programs, Brantford Native Housing



Role of the Extended Family

Knowledge from the Past

In many Aboriginal cultures, parenting was not confined to a nuclear family as it is in the general population. Rather, parenting was shared by biological family members (mother, father, sisters, brothers, aunts, uncles, grandparents and cousins) and the acquired family, which could be Elders, other cultural resource people, extended family and even those not biologically related to the child. Many people were involved in parenting or teaching children to ensure that they developed their gifts, enhanced their skills and increased their responsibilities.

The extended family plays an important role in assisting teen parents in their child-rearing journey. Social support networks, such as support from family and friends, are a key determinant of health. Support networks are associated with better health outcomes and the ability to solve problems and deal with hardships (Albrecht & Goldsmith, 2003; Public Health Agency of Canada, 2012; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Aboriginal health beliefs are not individually determined but instead based on the social, spiritual, and cultural beliefs of the community (Iseke-Barnes & Sakai, 2003; Lewis, 2011; Vass, Mitchell, & Dhurrkay, 2011). Including family in supports for youth is an important cultural practice that gives strength and support to the teen parent.

Service providers can engage extended family members by providing workshops on how they can support young parents and assist with the well-being of their children. Cultural activities are one way to engage extended families (i.e., making moss bags or moccasins).

Social support is important in the ever-changing world that Aboriginal teens encounter in the present day. If Aboriginal youth move away from their home communities, they may not be in as close contact with their extended family. The relationships may not be as strong and the teens may need support people in their new community.

Recommendation:

Help teens to understand that they don't need to parent alone, and that their parents/grandparents can't take on all of the responsibility. Have teens identify who and what supports they have, including friends, family, agencies, specific programs etc. This starts the process of developing a support network, and gives teens ideas of people and services who can help. Let teen parents know that:

- It's ok to ask for help.
- A wise parent asks for help.
- It's not a sign of weakness to ask for help.

Figure 6: Outcomes and Support Strategies

Agenda	Time
<p><i>Welcome</i> (with an Elder, if possible)</p> <ul style="list-style-type: none"> • Traditional opening ceremony* • Welcome participants • Introduction to the session 	15 minutes
<p><i>Exercise: Icebreaker</i></p> <ul style="list-style-type: none"> • Ask participants to break off, preferably with someone they do not know well. • Ask them to get to know the person, so that they can introduce them to the group. • Suggest that they ask their partners' name, number of children, and what they like best about being a parent. • Return to the larger group and ask participants to introduce their partner. 	15 minutes
<p><i>Traditional Parenting – Lecture</i></p> <ul style="list-style-type: none"> • Introduction – Why talk about traditional child rearing? • Teachings about the 7 stages of life, and the rites of passage • Tips <ul style="list-style-type: none"> o Examples from different Aboriginal cultures o Spiritual beliefs and children o Extended family o Patience, nurturing, kindness, guidance and discipline o Storytelling o Recognition of child development 	30 minutes
<p><i>Discussion of Traditional Parenting</i></p> <p>Encourage parents to share what they know of child rearing ways. Try to draw out the teachings from their area (where they live). Some discussion questions that may be helpful:</p> <ul style="list-style-type: none"> • Are there any lessons from the past that helped us become strong and proud today? • Does anyone recall hearing teachings about traditional ways of child rearing? • What ways are still taught today? • Why did our ancestors use these ways? Why were they important? • What do these old ways teach us about how to treat children today? 	30 minutes
<p><i>Wrap up discussion</i></p> <p>Suggest that these issues will be talked about in more detail in future sessions. Take a break and come back to talk about the world our children face today.</p>	15 minutes
<p><i>Break</i></p>	15 minutes
<p><i>Discussion – Where We Learned to Parent</i></p> <p>Talk about the loss of the old ways (spiritual, residential schools, relocation and loss of dignity). Encourage parents to talk about how they learned to parent. Try to draw out where their parents and grandparents learned these skills as well. The following questions may be helpful:</p> <ul style="list-style-type: none"> • How are traditional ways being handed down in your community or family? • Where did you learn to parent? Where did your parents and grandparents learn? What made it hard for them and for you? • How has Aboriginal history changed the way children are raised in your family? • What does history teach us about parenting? What choices do we have? 	45 minutes
<p><i>Conclusion</i></p> <ul style="list-style-type: none"> • Talk about preparing our children to be a new generation of strong people. • Traditional closing with an Elder, if possible* 	15 minutes

*Note: Some teens may not be aware of their traditions, and some teens may not want to participate in traditions such as smudging. Share information about traditional elements as required. Make it clear that participation is voluntary.

Involving Elders and Clan Mothers

Knowledge from the Past

Traditionally, Aboriginal families had a clear connection to land, culture, language and traditions. Every child comes to a family with lessons that the Creator believes those around the child are intended to learn. In order to do this, adults are exposed to how children learn while they provide them with the love and attention they need to grow. Generations of Aboriginal children and youth have been taught to maintain balance by following a good path. Elders and teens traditionally spent time together in order to pass on the culture, language and knowledge. Aboriginal teens provided Elders with an infusion of spirit and new knowledge. Aboriginal people value the counsel of the Elders and the grandmother as the first teachers of children. The community as a whole pays special attention to Elders by recognizing them at special events. Community organizations often have a designated position on committees for Elder representatives. Community members, including teens, provide for the Elders by bringing gifts such as wild meat, wild rice, syrup, blankets, cloth and fish. Children imitate this behaviour. Many communities continue to teach young people to respect Elders with high regard and to listen to their stories.

"Elders provided guidance to teens on boundaries within relationships and respect for one's body. They were the ones who kept track and noticed when children 12 and 13 years old stopped playing with toys and started playing with each other. Often, most teens that got pregnant did not plan to get pregnant. In the past, when the use of Clan mothers was more predominant, they did the teachings to young women. Today, young women lack education from aunts, mothers and grandmothers as the traditional nuclear family does not exist and young women are often not in the same geographical area as their family members (due to education, work, placement in the foster care system, etc.)."

Gerry Martin, Elder, Mettagami First Nation, now lives and works in Thunder Bay.

Elders may be able to give a presentation to a group. It can also be effective to have Elders in the group as resource people, to participate in discussion and to offer the benefit of their experience. Asking participants to bring Elders from their own extended family is another way to include this viewpoint. Extended family participation can also add to the comfort level of the teen parents. Service providers can also contact a local Aboriginal organization to find an Elder or cultural resource person suitable for the group and topic.

Recommendation:

Identify the strengths and roles of Elders in the community. Encourage Elders to come and help. Invite an Elder to provide opening and closing ceremonies for programs or workshops, including a prayer and smudge. Elders and cultural resource people can be encouraged to provide their input on historical or traditional practices. Provide something in exchange for their service.

Group Exercise for Teen Parents:

Suppose you are the Elder:

- Ask participants to pretend that they are Elders.
- Their job is to develop a class for their grandchildren on parenting.
- Have them list ways they would like their grandchildren to treat their own children.
- Have the teens discuss the hopes and goals they have for their own children.



Non-interference

Aboriginal adults in some communities will go to great lengths to respect the choices of their children without interference, and to behave in a way that does not interfere in the choices of others. Parenting styles are often a result of the high value placed on non-interference (see page 21) which can be mistaken for over permissiveness or lack of discipline, since children are allowed to make mistakes and learn from those mistakes without scolding.

Recommendation:

Reflect on how your personal beliefs align or conflict with non-interference beliefs. Think about the benefits of non-interference beliefs and how you can be supportive of these practices, while continuing to provide practical and helpful information about child health, development and safety.

For more information on supporting Aboriginal parents and on traditional parenting, see:

- A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html
- A Child Becomes Strong: Journeying through each stage of the life cycle, Best Start Resource Centre
www.beststart.org/resources/aboriginal_health.html





Engaging Aboriginal Teens

This section provides information about how to engage pregnant and parenting Aboriginal teens in services.

Determining Needs

In considering programing options, or when working to improve programs, it is helpful to learn from teens. Ask pregnant and parenting Aboriginal teens regularly about their needs, and about how the program can better meet these needs. Connect with teens who use the program, and those who do not. Be open to new ideas, and try not to take the criticisms or suggestions personally. Information can be gathered through surveys, comment boxes, focus groups, sharing circles, conversations with individual teens etc.

Recommendation:

Ask yourself regularly, “How can we adjust our services to better meet the needs of pregnant and parenting Aboriginal teens?”

Factors Associated with Program Effectiveness

When families – parents and children – have the opportunity to grow and flourish, there are many benefits. Teen parents need to develop skills, find supports, take on responsibilities and feel a positive sense of identity and pride as individuals and as parents. By supporting teen parents in their new role as primary educators and care providers for their children, front line workers can assist teens in helping their families move forward. Parental involvement is successful when there is a relationship of trust between parents and staff (Sones, 2002).

Kelly (2011) found a number of key factors in successful Aboriginal teen programs. Food, housing, and transportation are significant issues that Aboriginal teen parents face daily and can prevent them from attending training programs. If programs acknowledge and address these challenges, they meet basic needs and build trust and positive connections with youth. The strategies in Figure 7 improve the likelihood that Aboriginal teen parents will not only attend, but also stay in programs.

Incentives for Participation

Participation can be increased through the use of incentives. Some service providers are uncomfortable with the concept of incentives, but keep in mind that effective incentives meet basic needs of pregnant and parenting teens, for example food.

Some incentives include:

- Diapers
- Snacks or hot meals
- Gift certificates for grocery stores
- Draws for baby supplies
- Good quality used baby clothes
- Used maternity clothes
- Opportunities to learn how to knit, quilt etc. including supplies and patterns
- Cradle weaving circles
- Workshops to make traditional parenting tools such as moss bags
- Opportunities to make natural baby products
- Materials to sew re-usable breast pads

"We often have a craft or activity for parents to do while talking. It's similar to the old quilting work where the participants would work on the quilt and talk about the challenges of the day. Have a craft that takes a couple of days to finish and you will increase the odds of your Aboriginal parent returning to complete the craft. Baby moccasins are a good craft to start with. Like any good marketing campaign, you need a hook to get them in the door and coming back. The hook sometimes is food. Try to have food available for those that might not have food at home and containers for participants to take food home with them. You could also have a draw for participants attending and someone wins a \$30 gift card for the local grocery store."

Sherry Lewis, Manager, Community Programs, Brantford Native Housing

Recommendation:

Keep in mind that while incentives strengthen participation, they are not bribes. They work well when they are skills or tangible items that teens need when pregnant or parenting.

A Learner-Centred Approach

There are many different learning styles. Many Aboriginal youth learn best by doing. They may prefer learning through being involved in activities, rather than listening to lectures (Letourneau et al, 2005). Aboriginal parents tend to observe their children's behaviours rather than intervene (Letourneau et al, 2005), allowing their children to initiate learning experiences rather than putting in place structured teaching opportunities.

A learner-centred approach involves Aboriginal teens in the decision making process. In this way, Aboriginal teens can decide what they would like to learn and how to approach the program topics. Some examples may be group discussions, videos, handouts, guest speakers, peer teaching etc. Programming can provide information, but it should also help Aboriginal teens to understand their role and expectations as new parents and as members of their community. By engaging Aboriginal teens, service providers can assist them by working on real issues in their lives.

Figure 7: Aboriginal Teen Engagement Strategies

Strategy	Ways to Use the Strategy
<i>Trust</i>	<ul style="list-style-type: none"> • Build a trusting, warm, welcoming relationship with parent participants.
<i>Food</i>	<ul style="list-style-type: none"> • Have snacks and meals available at the program. Some programs find that having a full healthy meal for teens improves attendance and learning. • Refer teens to food banks and other food sources. Some programs have created partnerships with food banks or community kitchens. Having some traditional foods is also helpful. • Provide food for teens to take home. Provide gift certificates for grocery stores, distribute food boxes, or ask a local food bank to bring in food. • If a kitchen is available, have the teens work together to make a meal during the program that they can sit down and enjoy. This will assist with providing the teens with cooking skills. The teens can then take the rest of the meal home to share with other family members. • Show teens how to plant and care for a vegetable garden and how to freeze and can fruits and vegetables that are in season.
<i>Housing</i>	<ul style="list-style-type: none"> • Have a list of Aboriginal housing organizations, maternity homes, shelters, transitional housing and long term housing with current contacts. • Be aware of age restrictions and waiting lists at shelters. • Offer help to fill out applications for subsidized housing.
<i>Transportation</i>	<ul style="list-style-type: none"> • Provide free transportation to and from programs, such as bus tickets. • Arrange carpools or alternate transportation that does not involve waiting with young children in the elements. • Consider home visits as new mothers may be overwhelmed trying to get to programming. Kelly (2011) found that Aboriginal teens benefited from home visits for the first few weeks. These can be used for holistic well baby and well mother appointments, breastfeeding support, teaching baby care skills and parental coping skills. When conducting a home visit, service providers must be cautious about questioning the living arrangements or environment unless it is a safety or health risk. Aboriginal teen parents may be conscious of the conditions and refuse in home supports if they believe they will be judged or reported to child protection services.
<i>Location and Timing of Program</i>	<ul style="list-style-type: none"> • Provide the program after school hours, evenings or weekends to encourage Aboriginal teens to attend the program and school. • Work with LEAP (Learning Earning and Parenting) and the local high school to have the hours with the program count as credit for school or LEAP. • Ensure that the program location is accessible by public transportation or on foot. The facility must feel inviting and not feel like an institution, which many Aboriginal people associate with negative experiences.

Tips for connecting with Aboriginal youth:

- Some Aboriginal people prefer to use minimal eye contact during conversations.
- Aboriginal communities can have different conventions around touching.
- Some Aboriginal people are comfortable with periods of silence during conversations. Service providers can encourage participation, and should also respect Aboriginal teen parents who decide that they want to listen, rather than participating. An individual may prefer to listen if the topic is important or new to them.
- Some Aboriginal people tend to be less open during a brief conversation, especially when talking about sensitive topics like sexuality.
- Many Aboriginal communities make decisions once all members agree, instead of going with the majority. In communities that follow consensus processes of agreement, make sure there is enough time for discussion.
- Some Aboriginal individuals and communities are less concerned about deadlines – meetings might not start on time and may go until everyone's had a chance to have their say.
- Seating participants in a circle shows that everyone is of equal value and importance.
- Many Aboriginal people are accustomed to having one person speak at a time and waiting until everyone is done speaking before they will speak. Introducing a Talking Feather can ensure that all participants have a chance or are encouraged to speak.
- The beginning of the session can be used to build trust and group cohesion. It is also a time to find out what participants expect or hope to learn.
- Have a check-in to encourage teens to share if they are interested and comfortable.
- Have medicines such as sweetgrass, tobacco, sage or cedar available.

"If you meet with an Aboriginal mother, facilitate a connection to a service provider with a cultural element. These young women need to connect, identify and build a support system. You will not lose them to this service provider but earn their respect by identifying that need – even if they don't recognize it themselves. They may choose not to access this service provider, but at least they are aware! The nature of teen pregnancy and parenting is poverty, isolation and a sense of abandonment by peers and (eventually or subsequently) by their partner. This abandonment has been especially engrained in our families by the Residential School legacy and adoptions."

Chrystal Desilets – Teen Mother

Recommendation:

In your first session, set the tone for the rest of the sessions. Discussions can be enhanced if you are thoroughly prepared. Participants will find it easier to participate if:

- The facilitator uses first names and remembers those names from the beginning
- The chairs are arranged in a circle
- Coffee and snacks are available before the session begins

Teaching Strategies

Providing programs for pregnant and parenting Aboriginal teens can be challenging and rewarding – and the potential benefits are huge. Here are a few strategies that can be used to engage teens in learning, or to promote programs:

- Social Media, to learn more see:
www.cdc.gov/TeenPregnancy/SocialMedia/index.htm
- Written materials (visually appealing with respectful, empowering messages)
- Cultural teaching
- Use of music
- Role playing
- Group work
- Games or activities

Some programming ideas include:

- Breastfeeding support groups
- Play groups
- Exercise classes for new mothers
- Nutrition classes and group meal preparation
- Community gardens
- Parenting classes that use traditional knowledge and teachings
- Personal wellness programs to ensure that Aboriginal teen parents are healthy for their children, mentally, physically, spiritually, and emotionally
- Programs or workshops that discuss healthy child development
- Role Model Programs/Mentoring, for example:
 - o Gen7 – Motivate Canada,
www.motivatecanada.ca/en/gen7
 - o Seventh Generation,
www.seventhgenerationclub.com

Recommendation:

Try to have fun – these topics (sexuality, pregnancy and parenting) are not always easy for teens.

"It's important to note that any training module or template can be implemented that has proven successful with other groups. However, you will need to weave cultural teachings relevant to the predominant First Nation, Métis or Inuit community."

Sherry Lewis, Manager, Community Programs, Brantford Native Housing

Creating a Positive Learning Environment

Whether you are working with one teen or a group of teens, it is important to create a relaxed and a positive atmosphere for learning. When the facilitator and Aboriginal teens are in a supportive and respectful environment, both will be more comfortable and eager to learn from each other.

Tips for group discussions:

- Start with a needs assessment – ask teens what they would like to learn in the session.
- Keep the goals of the discussion in mind.
- Identify the important issues as they are brought out.
- Encourage participation and respect silence.
- Use active listening.
- Share feelings and experiences.
- Summarize points, restate group consensus and move on.
- Keep the group on task.
- Close with a positive summary.

Figure 8 shares specific suggestions that are useful in providing an interactive, warm and supportive atmosphere for Aboriginal teens.

Timing

Timing is a skill that develops with experience. It is the way the facilitator moves things along quickly enough to maintain interest, but not so quickly that participants become lost or confused.

The facilitator's job is to:

- Highlight the importance and usefulness of the information or skill being taught.
- Apply the information to the experiences of young parents.
- Make sure the young parents know how to use the skills being taught.
- Give the parents opportunities to experience new skills.
- Make sure that the young parents have realistic expectations in applying new knowledge.

It is easy to get off topic in a program, and the facilitator needs to keep everyone on track. However, Aboriginal teen parents may bring up important issues that may not be related to the topic at hand. Service providers should not dismiss these issues. Think about how you can find time to discuss these important issues with the individual or group depending on how many teens may need the information.

"Issues will arise and the facilitator may need to speak privately with a participant after the group or advise the entire group that certain topics are beyond the scope of the group and offer to help them connect with a social worker or counsellor that can provide the services needed."

Melody McGregor, Follow Up/Outreach Nurse, Sexual Assault/Domestic Violence Treatment Centre, Thunder Bay

Recommendation:

Try to avoid:

- Becoming a therapist or personal problem solver.
- Preaching your own opinion.

Values and Beliefs about Parenting

By encouraging participants to talk about their beliefs about parenting, you can help them to make links between their values, the outside forces that affect their ability to make choices, and how they can follow through in their intended actions.

Recommendation:

You can start a discussion about parenting values and beliefs by asking about:

- The values that they experienced while growing up
- The values they want to use as parents
- The values they do not want to use as parents

The following questions can be used to start a discussion about values related to disciplining their child.

- How did you learn about discipline while you were growing up? Who taught you? How did they do it?
- What did you learn?
- What did you learn that you also want to teach your children?
- What did you learn that you do not want to teach your children? Why?
- What is the most important value or belief about guiding your children that you want your children to learn?
- What may affect your ability to put this value into action?

Figure 8: Creating the Environment

Approach	Ways to Use the Approach
<i>Help Aboriginal teens to be relaxed</i>	<ul style="list-style-type: none"> • Greet each teen as they come in and ask them to help with the room set up. • Share your own experiences when appropriate. • When you speak one-on-one, be relaxed and informal.
<i>Listen to what Aboriginal teens have to say</i>	<ul style="list-style-type: none"> • Listen to what the teens have to say even if you have your session planned. • It is essential that the teens see and feel that you are listening actively to them. One of the signs that you are listening well is if you are not thinking of an answer before they have finished speaking.
<i>Look at the teens when you speak to them and when they speak to you</i>	<ul style="list-style-type: none"> • When you are speaking to the group, try to look at each member of the group so everyone feels included. • Watch body language. Respond to how teens are acting and what they are saying.
<i>Take time to acknowledge the teens</i>	<ul style="list-style-type: none"> • Everyone needs positive reinforcement. • Be prepared to say, "I don't know." Recommend other resources if the questions or concerns are beyond your knowledge.
<i>Remember learning can be fun!</i>	<ul style="list-style-type: none"> • In many Aboriginal cultures, humour is seen as a part of everyday life. Include humour into your sessions as it helps to relax the mood and may help when talking about sensitive topics.
<i>Be an advocate</i>	<ul style="list-style-type: none"> • Service providers may be the only supports available to an Aboriginal teen parent (i.e. family supports may not be available). If this is the case, it is important to assist or advocate on these their behalf.



Sources of Information

Before and after programming, it is helpful to provide access to reliable resources and sources of information. This may help Aboriginal teens to access information that they may have been uncomfortable asking about during the program. When selecting or developing resources, remember that literacy may be an issue for some teen parents.

Teens are the most frequent users of the internet. Accessing health information online is one of the top five reasons why people use the internet (Statistics Canada, 2010). Teens may feel overwhelmed by the amount and complexity of the information available online (Viswanath & Kreuter, 2007). Aboriginal teens can benefit from skills to navigate online health information, and to find reliable online information. Creating easy-to-understand and easy-to-navigate online information may also be a way to overcome this issue.

Recommendation:

Social media is a good way for teen parents to connect with other young mothers and parents, family members and friends for social support. It is also a way for service providers to connect with teen parents.



Trust, Confidentiality and Reporting

Most people like to learn in situations where they can share information without being concerned that others in the group will repeat it elsewhere. It is a good idea to address the issues of confidentiality when you are setting ground rules in the first session, stating clearly that you expect all discussions that take place in the group to stay within the group.

Teens need to understand from the beginning that you have a legal responsibility to report information related to child abuse and neglect. Help the teens to understand that this obligation is necessary to protect and help children in abusive situations and to assist parents in getting the help they need. Try to help parents see child protection services as a support rather than a threat. Let the teens know that you want them to feel comfortable raising issues of concern while at the same time recognizing your duty to report actual or suspected abuse and neglect.

If a teen raises an issue indicating a problem that needs to be explored further (e.g. possible emotional neglect or physical abuse) an appropriate approach would be to meet with the teen at the end of the session. At that time, review what you said at the beginning of the program regarding your obligation to report child abuse and if appropriate, make a referral to a community organization.

It can be empowering to have the parent make a needed call to child protection services. They can describe their situation and request assistance so that they can demonstrate that they are engaged in protecting and providing for their children. This avoids teens feeling powerless and dreading an expected phone call from child protection services.

Recommendation:

The key point in dealing with issues about trust and confidentiality is to work out your response with your organization ahead of time, so that you are prepared to deal with most situations as they arise in a session, in a calm, factual and supportive manner. If you are unsure about what to do in a certain situation, go back to your organization for more specific information.

Working with Young Parents

While some young parents are legally adults (18 years of age or older), and others are not, their responsibilities as parents mean they need to act in an adult role. It is important to remember that the needs of teen parents may be quite different from mothers in their twenties or thirties. This can provide a significant challenge to facilitators of teen programs. There is a need to meet their needs as youth, and as parents.

Facilitators need to be realistic in working with teen parents for the following reasons:

- Teenage parents are learning to be parents and adults at the same time. The adjustment to parenthood can be stressful. Many feel tied down and miss participating in activities enjoyed by others their own age.
- Adolescents can benefit from being with their own age group. A 16 year old mother may feel isolated in a group of mothers in their 30s.
- Youth tend to think in the moment. The demands of parenting make planning ahead even more difficult for teen parents. As a result, teen parents' attendance at workshops and meetings can be irregular and appointments may be missed. Provide clear expectations about the benefits of the programs and the incentives for attendance. Follow up with teens who have missed programs and appointments. Understand that teens may at times have things to address that are a higher priority than your services – such as housing.
- Teen parents may have difficulty understanding the practicalities of their dreams or plans. For example, a young mother may imagine life away from her parents to be exciting, without thinking through the realities of child care, budgeting, going to school and finding a job.
- Young mothers who live at home are daughters and parents at the same time. Other family members may not support the decisions they make as parents. In addition, the parent-daughter role can come into conflict. For example, if a young mother wanted to go out for the evening, she might have to arrange for babysitting and also deal with her parents expecting her home at a certain time.

Figure 9 provides suggestions for facilitating programs with young Aboriginal parents.



Figure 9: Facilitation Suggestions

Facilitation Strategy	Ways to Use the Strategy
<i>Encourage mutual support</i>	<ul style="list-style-type: none"> • Organize informal activities so that the teens can talk with others their own age (i.e. toy exchange or meal preparation). • Stop intakes after a couple of weeks to allow the group to bond. • Give each teen a chance to express their needs and expectations. • Encourage teens to answer one another's questions. • Point out similarities and differences in group members' information, experiences and feelings. • Encourage teen parents to share their feelings and experiences. Sometimes one person's experience will assist another in making decisions or understanding the issues at hand.
<i>Pay attention to body language</i>	<ul style="list-style-type: none"> • Teen parents may have short attention spans. • Have frequent breaks and move at a slower pace when dealing with new information.
<i>Use repetition</i>	<ul style="list-style-type: none"> • Teen parents may need repeated opportunities to discuss issues that are important to them. • For example, if stress is an issue for teens in the group, this topic can be discussed on its own and then reintroduced in sessions on child discipline and planning.
<i>Be specific and clear</i>	<ul style="list-style-type: none"> • Keep discussion questions focussed.
<i>Focus on their roles first</i>	<ul style="list-style-type: none"> • Before providing parenting or prenatal education, focus on the teen's role as parents and their relationships with others. • Topics that could be discussed include: living with parents and changing from a daughter to a mother; dealing with unwanted criticism and advice; reducing personal stress; relationships with partners and peers.
<i>Be flexible</i>	<ul style="list-style-type: none"> • Be prepared to change your agenda if the teens seem interested in a specific issue.

"It is important to keep the momentum and provide support to young people who are in the situation of now trying to raise a child with limited support. Given the increase in substance abuse in our area, there are often limited supports available for youth and limits to their ability to be financially independent or to further their education. Their social circle also becomes somewhat limited as well. A program for teen parents could certainly increase the morale, self-esteem and confidence of these youth and reconnect them to members of their family, especially the Elders."

Selina Conn, Assistant Zone Nursing Officer, First Nation and Inuit Health, Sioux Lookout Zone



Additional Reading

All service providers can strengthen their work with Aboriginal teens who are pregnant or parenting. The following resources will help service providers working with this client group.

Aboriginal Beliefs, Practices and Health

Aboriginal Women's Health

Society of Obstetricians and Gynaecologists of Canada (2011)
www.aboriginalsexualhealth.ca/aboriginal-womens-health_e.aspx

Health, Education, Language, Dialect and Culture in First Nations, Inuit, and Métis Communities in Canada: An Overview

Kay-Raining Bird, Elizabeth (2011)
www.caslp.ca/english/resources/database/files/2011_CJSLPA_Vol_35/No_02_103-213/Kay-Raining_Bird_CJSLPA_2011.pdf

The Indian Act & Aboriginal Women's Empowerment: What Front Line Workers Need to Know

Battered Women's Support Services (2009)
www.bwss.org/wp-content/uploads/2009/01/theindianactaboriginalwomensempowerment.pdf

Child Health

A Child Becomes Strong: Journeying Through Each Stage of the Life Cycle

Best Start Resource Centre (2010)

www.beststart.org/resources/aboriginal_health.html

Holistic Support Wheel

Best Start Resource Centre (2007)

www.beststart.org/resources/aboriginal_health.html

Sense of Belonging: Supporting Healthy Child

Development in Aboriginal Families

Best Start Resource Centre (2006)

www.beststart.org/resources/aboriginal_health.html

Why am I Poor? First Nations Child Poverty in Ontario

Best Start Resource Centre (2012)

www.beststart.org/resources/aboriginal_health.html

Pregnancy

A Guide for Health Professionals Working with Aboriginal Peoples

Society of Obstetricians and Gynaecologists of Canada

www.aboriginalsexualhealth.ca/members-healthcare-professionals_e.aspx

Beginning Journey: First Nations Prenatal Resource

Best Start Resource Centre (2013)

www.beststart.org/resources/aboriginal_health.html

CYC Teen Pregnancy Film on Video

Cherokee Youth Council (2010)

<http://vimeo.com/12861528>

Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment: Final Report on Findings

National Aboriginal Health Organization (2006)

www.naho.ca/documents/naho/english/midwifery/Models-Quality-Maternity-Care.pdf

Finding Our Way: Sexual and Reproductive Health Sourcebook for Aboriginal Communities

Aboriginal Nurses Association of Canada (2002)

www.anac.on.ca/sourcebook/toc.htm

Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada

Society of Obstetricians and Gynaecologists of Canada (2011)

www.aboriginalsexualhealth.ca/documents/PolicyStatement-Aboriginal%20SexualHealthandRights-eng.pdf

Subsequent Teen Pregnancies: Exploring the Issues, Impact and Effectiveness of Prevention Strategies

Best Start Resource Centre (2009)

www.beststart.org/resources/rep_health/index.html

Teen Pregnancy Prevention: Exploring Out-of-school Approaches

Best Start Resource Centre (2008)

www.beststart.org/resources/rep_health/index.html

The Sacred Journey from Preconception to Parenting for First Nations Families in Ontario

Best Start Resource Centre (2012)

www.beststart.org/resources/aboriginal_health.html

Update Report on Teen Pregnancy Prevention

Best Start Resource Centre (2007)

www.beststart.org/resources/rep_health/index.html

Parenting

...with Dad: Strengthening the Circle of Care

National Collaborating Centre on Aboriginal Health (2011)

www.nccah-ccnsa.ca/286/With_Dad__Strengthening_the_Circle_of_Care.nccah

Aboriginal Child Friendly Communities Toolkit:

Inclusion of the Early Years

Society for Children and Youth of BC (2010)

www.apcfnc.ca/en/health/resources/SCY-Aboriginal-Child-Friendly-Communities-Toolkit-2010.pdf

Breastfeeding for the Health of Our Nations

Best Start Resource Centre (2013)

www.beststart.org/resources/aboriginal_health.html

Four Directions Teachings

Elder: Lillian Pitawanakwat (2006)

www.fourdirectionsteachings.com/transcripts/ojibwe.pdf

Kizhaay Anishnaabe Niin (I am a Kind Man)

Ontario Federation of Indian Friendship Centres (2008)

www.iamakindman.ca/IAKM/

Raising the Children: A Training Program for Aboriginal Parents

<http://raisingthechildren.knet.ca/manual>

Resources for Indigenous Fathers

www.fira.ca/cms/documents/39/Fathers_Resources_List.pdf

References

- Aboriginal Healing Foundation. (2008). From Truth to Reconciliation: Transforming the Legacy of Residential Schools. In A. H. Foundation (Ed.), (pp. 430). Ottawa, Ontario: Aboriginal Healing Foundation.
- Aboriginal Nurses Association of Canada. (2002). *Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities*. Aboriginal Nurses Association of Canada.
- Albrecht, T.L.; Goldsmith, D.J. (2003). Social support, social networks, and health. In T. Thompson (Ed.), *The Routledge Handbook of Health Communication* (pp. 263-284). Taylor & Francis e-book: Lawrence Erlbaum Associates.
- Batten, S.; Stowell, B. (1996). *What Outcomes Should Programs for Adolescent Parents and Their Young Children Seek to Achieve?* Accessed at www.capd.org/pubfiles/pub-1996-10-12.pdf on November 7, 2012
- Beaucage, J. (2011). *Children First: The Aboriginal Advisor's Report on the status of Aboriginal child welfare in Ontario*. Retrieved from http://www.children.gov.on.ca/htdocs/English/topics/aboriginal/reports/child_welfare-2011.aspx
- Best Start Resource Centre. (2007). *Update Report on Teen Pregnancy Prevention*. Retrieved from www.beststart.org/resources/rep_health/index.html
- Best Start Resource Centre. (2011). *Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families*. Retrieved from www.beststart.org/resources/aboriginal_health.html
- Borrows, J. (1994). Constitutional Law From a First Nation Perspective: Self-government and the Royal Proclamation. *University British Columbia Law Review*(Journal Article), 1-47.
- Chandler, M.; Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, Vol. 35 , No. 2, pp. 191-219.
- Canadian Council on Social Development. (2000). *Populations Vulnerable to Poverty: Urban Poverty in Canada*.
- Gray, L. (2011). *First Nations 101: Tons of Stuff You Need to Know About First Nations People.*: Adaawx Publishing.
- Gunn, T.; Pomahac, G.; Good Striker, E.; Tailfeathers, J. (2010). The Alberta Initiative for School Improvement (AISI): A Critical First Step to Improving First Nations, Métis, and Inuit Education. In *Congress 2010-Canadian Society for the Study of Education*.
- Health Canada. (2004, 2003). *A National Dialogue on the Delivery of Federal Early Childhood Development Programs and Services for Aboriginal Children: A Participants Guide*.
- Hesse, B.; Nelson, D.; Kreps, G.; Croyle, R.; Arora, N.; Rimer, B.; Viswanath, K. (2005). Trust and sources of health information: the impact of the internet and its implications for health care providers: findings from the first health information nation trends survey. *Archives of Internal Medicine*, Vol. 165, No. 22, pp. 2618.
- Hull, J. (1996). *Aboriginal single mothers in Canada, 1996: A statistical profile*. Winnipeg, MB. Minister of Indian Affairs and Northern Development.
- Indian and Northern Affairs Canada. (2002). *Words First: An Evolving Terminology Relating to Aboriginal Peoples in Canada*. Ottawa, Ontario: Communications Branch, Indian and Northern Affairs Canada.
- Iseke-Barnes, J. ; Sakai, C. (2003). Indigenous knowledges, representations of Indigenous peoples on the internet, and pedagogies in a case study in education: quesitoning using the web to teach about Indigenous peoples. *Journal of Educational Thought*, Vol. 37, No. 2, pp. 197-232.
- Kelly, Miranda. (2011). Toward a New Era of Policy: Health Care Service Delivery to First Nations. *International Indigenous Policy Journal*, Vol. 2, Issue 1, p. 14.

- Kirmayer, L.; Brass, G.; Tait, C. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, Vol. 45, No. 7, pp. 607-616.
- Lane, Phil; Bopp, Judie; Bopp, Michael; Brown, Lee. (1984). *The Sacred Tree: Reflections on Native American Spirituality*. Lethbridge, AB: Four Worlds International Institute.
- Letourneau, N; Hungler, K; Fisher, K. (2005). Low-income Canadian Aboriginal and non-Aboriginal parent-child interactions. *Child Care, Health and Development*. Vol. 31, # 5, pp. 545-554.
- Lewis, T. (2011). Can cultural differences affect access of families to health care? Nuritinga, *Electronic Journal of Nursing*, Vol. 1, No. 10, pp. 1-18.
- Miller, J. (1991). *Skyscrapers Hide the Heavens: A History of Indian-White Relations in Canada* (Revised Ed.) (Vol. Revised). Toronto, Ontario: University of Toronto Press.
- Ministry of Aboriginal Affairs. (2012, May 30, 2012). *Aboriginal People in Ontario*. Retrieved November 8, 2012, 2012, from <http://www.aboriginalaffairs.gov.on.ca/english/services/datasheets/aboriginal.asp>
- NAHO. (2006). *Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment*. Retrieved from: www.naho.ca/documents/naho/english/midwifery/Models-Quality-Maternity-Care.pdf
- O'Donnell, V., & Wallace, S. (2012). *First Nations, Métis and Inuit Women*. Ottawa, Ontario: Statistics Canada.
- Ontario Trillium Foundation. (2011). *Aboriginal Communities in Profile: Ontario; Building healthy and vibrant communities*. Toronto, Ontario: Ontario Trillium Foundation.
- Ottawa-Carleton, Y. S. P. S. N. o., Centre, T. N. F., & Health, C. I. o. C. (2000). *Pro-Action, Postponement, and Preparation/Support: A Framework for Action to Reduce the Rate of Teen Pregnancy in Canada*. Ottawa, Ontario.
- Pecoski, T., & Buist, S. (2011). Mothers too soon: Groundbeaking analysis exposes relationship between poverty and teenage pregnancy., *The Hamilton Spectator*. Retrieved from <http://www.sogc.org/journalismawards/BORN2.pdf>
- Pitawanakwat, L. (2006). *Four Directions Teachings*. Retrieved from www.fourdirectionsteachings.com/transcripts/ojibwe.pdf
- Posluns, M. (2007). Some First Nations Policy Developments in Canada: Several Recent Developments Beyond the Grasp of Government. *Indigenous Policy*, 18(1).
- Public Health Agency of Canada. (2012). *What makes Canadians healthy or unhealthy?* Ottawa, ON: Public Health Agency of Canada. Retrieved from <http://www.phac-aspc.gc.ca>
- Smith, L. T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. Dunedin, New Zealand: University of Otago Press.
- Sones, Rose. (2002). *Parents in Aboriginal Head Start*. Vancouver, BC: Health Canada.
- Stonechild, B. (2006). *The New Buffalo: The Struggle for Aboriginal Post-Secondary Education in Canada*. Winnipeg, Manitoba: University of Manitoba Press.
- Smylie, J., Williams, L., & Cooper, N. (2006). Culture-based Literacy and Aboriginal Health. *Canadian Journal of Public Health*, 97(2), S21-S25. Retrieved from http://www.usask.ca/healthsci/che/chep/summer2007/day1/aboriginal_health.pdf
- Statistics Canada. (2010). *Canadian internet use survey (CIUS)*. Retrieved from <http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=4432&lang=en&db=imdb&adm=8&dis=2>


- Titley, E. B. (1992). *A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada*. Vancouver: University of British Columbia Press.
- Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological bulletin*, 119(3), 488-531. doi: 10.1037/0033-2909.119.3.488
- Vass, A., Mitchell, A., & Dhurrkay, Y. (2011). Health literacy and Australian Indigenous peoples: an analysis of the role of language and worldview. *Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals*, 22(1), 33-37. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21717835>
- Viswanath, K., & Kreuter, M. W. (2007). Health disparities, communication inequalities, and e-health: A commentary. *American journal of preventive medicine*, 32(5), S131-S133. doi: 10.1016/j.amepre.2007.02.012
- Young, T. K., Reading, J., Elias, B., & O'Neil, J. D. (2000). Type 2 diabetes mellitus in Canada's First Nations: Status of an epidemic in progress. *Canadian Medical Association Journal*, 163(5), 561-566.

NOTES:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES:

[illegible]

A pregnant woman with long dark hair, wearing a white button-down shirt, is shown from the chest down to the waist. She is gently holding her pregnant belly with both hands. The background is a blurred green outdoor setting. The image is framed by a dark red border with a subtle pattern.

“If we are to truly impact the lives of pregnant and parenting Aboriginal teens, we need to understand and respect their history, culture, language, traditions and perspectives on the world. Take the time to engage and listen to them - they all have inherent strengths which are vital to their self-care. Health and social service providers need to remember that we are there to support, advise and care for our patients, not walk along the paths chosen for them.”

Shelly Archibald, Special Projects -
Public Health, Sioux Lookout Zone,
Ontario Region, First Nations &
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