

Teenage pregnancy and parenting

AN OVERVIEW

families commission
kōmihana ā **whānau**



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SUMMARY OF FINDINGS

REGIONAL TRENDS OF TEENAGE CHILDBIRTH AND MOTHERHOOD IN NEW ZEALAND

- > Trends for teenage motherhood in New Zealand.
To March 2011, 4,374 women under 20 years gave birth; of these, two-thirds were 18 and 19 years. Although the total teenage birth rate increased between 2002 and 2008, fertility rates and births have fallen slightly since 2009.
- > There are some differences between and within regions in the rate of teenage motherhood.
The five highest rate regions: Gisborne (6.8 percent), Northland (6.5 percent), Bay of Plenty (5.6 percent), Hawkes Bay (5.5 percent) and Manawatu-Wanganui (5.4 percent). There are quite large differences in rates within many regions. For example, within the Bay of Plenty region one territorial authority has a rate of teenage motherhood of 7.8 percent, whilst another territorial authority has a rate of 3.9 percent.
- > Although the rates in these regions are high, actual numbers are sometimes quite low because they have low populations.
Approximately 30 percent of births to teenage mothers in New Zealand occur in the Auckland region. It is important to consider numbers as well as rates when analysing by region. This has implications for funding and service provision.
- > The rate of teenage childbirth and motherhood for high-rate regions strongly correlates with socio-economic conditions and the ethnic composition of the region.
Both ethnicity and socio-economic (SES) circumstances appear to influence region rates; Māori teenage women have higher rates of fertility even after controlling for socio-economic factors. Nationally, teenage fertility rates are significantly higher in areas of high socio-economic deprivation, and these regions contain communities with relatively high levels of deprivation.

PRIORITY AREAS FOR PREVENTING REPEAT TEENAGE PREGNANCIES AND IMPROVING SUPPORT FOR TEENAGE PARENTS

Teenage parents may be particularly vulnerable for a range of reasons

Teenage parenthood can be a positive, maturing experience for young women and young men, generating a greater sense of responsibility, providing stability and giving them the motivation to change their lives.

However, early parenthood can also have far-reaching physical, social and emotional consequences for both teenage parents and their children. Teenage mothers are more likely than older mothers to live in socio-economic deprivation, depend on a benefit, and have a low level of education and literacy. They are also less likely to be surrounded by supportive social networks. Very early parenting (before age 18) is associated with the greatest risk of poor outcomes for children.

Furthermore, young mothers who have a second pregnancy during their teenage years have an increased chance of experiencing further social inequality.

Providing continuous support for contraceptive use can reduce repeat pregnancy and understanding teenagers' motivations and intentions

We know that teenage mothers often do make a concerted effort to avoid a repeat pregnancy in the early months after the birth of their baby, but they can have difficulty maintaining this preventative behaviour. Efforts to prevent repeat pregnancy amongst teenage mothers need to focus on providing contraceptive services immediately after birth, followed by individualised support and monitoring for at least two years. Long-acting contraceptives (such as Jadelle) have been proven to reduce the risk of rapid repeat pregnancy.

Teenagers' motivations to use contraception and intentions for their future have a significant impact on if, and when, they have a second child.

Removing barriers to the 'right' contraception reduces repeat teenage pregnancy

There are considerable challenges to ensuring that young people can access and use contraception effectively and consistently. Barriers which prevent teenagers from accessing family planning advice and contraception include: a lack of awareness of the options available; a lack of access to information about contraception; the need for youth-friendly support and information; cost; partner resistance; and religious or cultural beliefs. Even once these barriers are overcome, the contraceptive is only effective when used consistently and correctly.

Quality sexuality and relationship education helps lower teenage pregnancy rates

The current delivery of sexuality education in New Zealand schools focuses too exclusively on the mechanics of sex and not enough on the emotional side of relationships. There needs to be a consistent approach to the implementation of the school health curriculum with greater focus on ongoing relationship education. We also need to provide peer learning opportunities, including exploring the use of mentoring and social media.

Supported pathways into further education, training and employment help prevent repeat pregnancies

Teenage girls who drop out of education before having their first child are more likely to have a second teenage pregnancy. Teenage parents need easy access to a range of differing educational opportunities that link to post-secondary school courses, employment or apprenticeship. Affordable and accessible childcare, either on-site or near places of learning, is critical for enabling young parents to return to education or training. Access to second-chance learning opportunities is also important.

Teenage parents need access to coordinated social services that respond to their complex needs

Young parents often find it difficult to access legal advice, benefits, secure and affordable housing, health services, education or training opportunities, childcare and employment. Research strongly supports having dedicated services for young parents and offering support via a specific person (case worker), mentor or network.

Connected local networks focused on teenage pregnancy and parenthood have proven benefits

Learnings from local service networks can be shared more widely. The Hawke's Bay Teenage Parenting Network provides a local example of a successful operating network. It has strengthened links between existing services, developed interagency relationships and joint case planning to meet the needs of teenage parents and their families and whānau, and provided teenage parents with referrals to services and support.

Valuing and understanding cultural needs is vital for Māori teenage parents

Very little research has been undertaken on Māori cultural views or Māori approaches to what is now defined as 'teenage pregnancy', and there is no research that relates directly to the concept of 'repeat' pregnancies. Mainstream providers will work more effectively with young Māori parents if they understand and respect te ao Māori, involve Māori and particularly young Māori in initiating, developing and delivering services, include whānau, are community-based and offer services that are comprehensive, welcoming and accessible, and are tailored to each young family's needs.

The release of the Families Commission's supporting review of literature on Māori teenage pregnancy offers an understanding of Māori teenage parenting and will help to spark discussion and debate on this topic.

Teenage fathers need to be engaged as parents

Many young men have serious intentions about being a father, including their intention to provide effective care and financial and material support, but they often face challenges in their relationship with the child's mother and in maintaining contact with their children. Regardless of whether the parents are together, the relationship between the father and the mother needs to be managed well to facilitate a healthier relationship between the father and child. Teenage fathers need accessible information and support that engages them in their parenting role. This can be provided through avenues such as early childhood education and support groups. Service providers need to continue removing barriers to services that prevent teenage fathers from accessing them.

INTRODUCTION

This overview report responds to a Ministerial request that the Families Commission undertake research on two distinct questions:

- > What are the reasons behind high rates of teenage parenthood amongst young teenagers in specific regions of New Zealand?
- > What would discourage second or repeat teenage pregnancies?

This overview answers these questions and draws on the key findings from our full reports on regional statistics on teenage parenthood; Māori teenage pregnancy and parenthood; and a literature review on repeat teenage pregnancy.

WHAT WE DID

Our approach was to:

1. Conduct new research on the first question through a statistical analysis of teenage parenthood by region. This research also considers the impact of demographic and socio-economic variables on teenage parenthood.
2. Undertake hui, focus groups and interviews with service providers, teenage parents (16 years or older) and whānau to explore their experiences and the supports they use. This included exploring behaviours, influences and attitudes that affect decision-making.
3. Conduct a review of literature related to Māori teenage pregnancy.
4. Review the international literature on teenage pregnancy, including repeat pregnancy and indigenous issues.
5. Interview key stakeholders.

We took a mainstream and a whānau approach to the research. The family and whānau stream considered Māori knowledge and ways of being, with respect to the diversity of whānau.

This report is divided into two sections to answer the two questions above. The first section examines regional statistics in teenage childbirth and parenthood. The second section looks at what would prevent subsequent teenage births, by analysing the implications and motivations of first and subsequent pregnancies and by considering ways to strengthen support for teenage parents and prevent teenage pregnancies.

PART 1: WHAT ARE THE REASONS BEHIND HIGH RATES OF TEENAGE PARENTHOOD AMONGST YOUNG TEENAGERS IN SPECIFIC REGIONS OF NEW ZEALAND?

To address this question the project explored regional statistics for teenage childbirth between 2005 and 2009, and teenage motherhood data from the 2006 census.

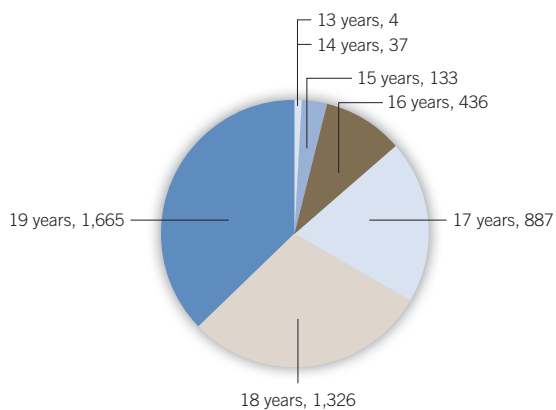
Context

Fertility trends show that throughout Western developed countries, including New Zealand, teenage childbirth was far more common prior to the 1970s than it is today. Teenage fertility rates have dropped significantly since the 1960s and early 1970s. This drop coincides with significant enhancements in contraceptive technology and its increased availability and use by younger women, and increased accessibility to abortion.

Views about teenage pregnancy and childbirth are influenced by social mores and culture. For example, teenage pregnancy is sometimes not considered an issue within developing countries, where marriage and childrearing under 20 years is not uncommon. It may also not be seen in the same way by Māori whānau. Although teenage childbirth is less common today than 40 years ago, the circumstances of teenage childbirth have changed. Since the 1970s there has been a significant increase in ex-nuptial (outside marriage) childbirth in New Zealand.¹

About two thirds (66.7 percent – annual average 2005–2007) of births to teenagers in New Zealand are to 18 and 19 year olds who are legal adults. As Figure 1² shows, the numbers of births drop off significantly below age 17.

FIGURE 1: AGE OF TEENAGE MOTHER AT BIRTH OF CHILD: AVERAGE BIRTHS 2005–2007



New Zealand rates of teenage childbirth are high by international standards and have remained stable since the 1980s

Internationally, New Zealand has a high rate of teenage childbirth, second in the OECD behind the United States. In the year to March 2011 the 15- to 19-year-old³ birth rate (provisional) was 2.8 births per 100 teenage women, with 4,374 births. The rate has been relatively stable since 1980 after declining significantly in the 1970s. In 1971 there were 9,150 births to teenage women and a teenage fertility rate of seven births per 100 teenage women. Recently the number of births to teenage mothers has dropped from a peak of 5,085 in 2009 to 4,374 to March 2011.

¹ United Nations. 1988. *First Marriage: Patterns and Determinants*. United Nations, New York.

² Data is the average annual births between 2005–2007.

³ Nationally, there were 26 births to women under 15.

The Māori rate of teenage childbirth is significantly higher than the overall rate

Māori have a significantly higher rate of teenage childbirth and parenthood than New Zealand’s other major ethnic groups. In 2006, according to census data, 9.3 percent of Māori teenage women were mothers, compared to lower rates for Pacific (5.4 percent), European (3.2 percent) and Asian (1 percent).

Māori are a young population. In the year ended 31 December 2010, Māori were estimated to make up 15.1 percent of New Zealand’s population; however, the estimate for the 15- to 19-year-old age group was 21.1 percent. The table below shows the different age demographic profile of Māori to the general population in 2006.

FIGURE 2: MĀORI POPULATION, NEW ZEALAND 2006 CENSUS

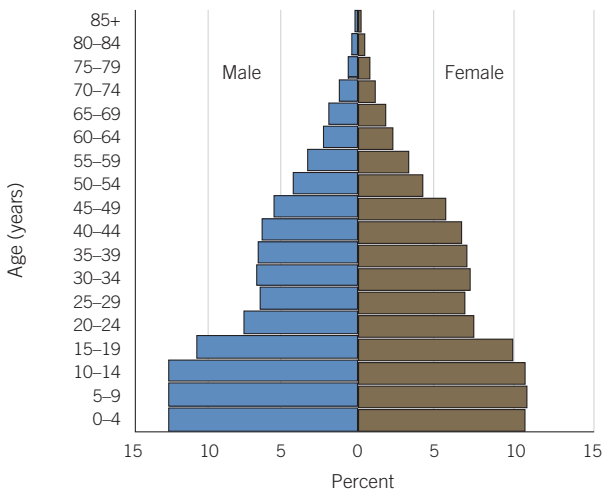
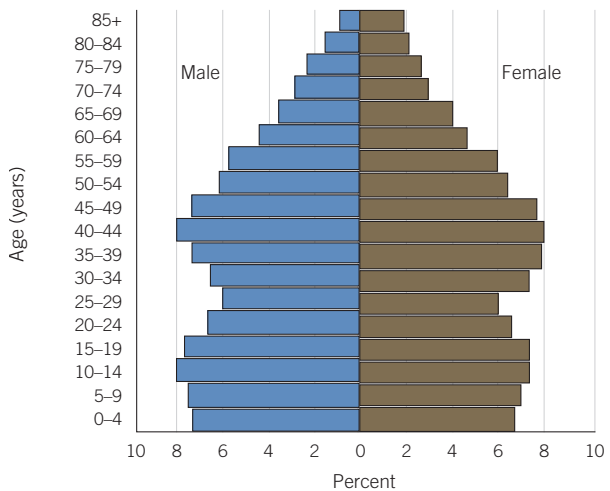
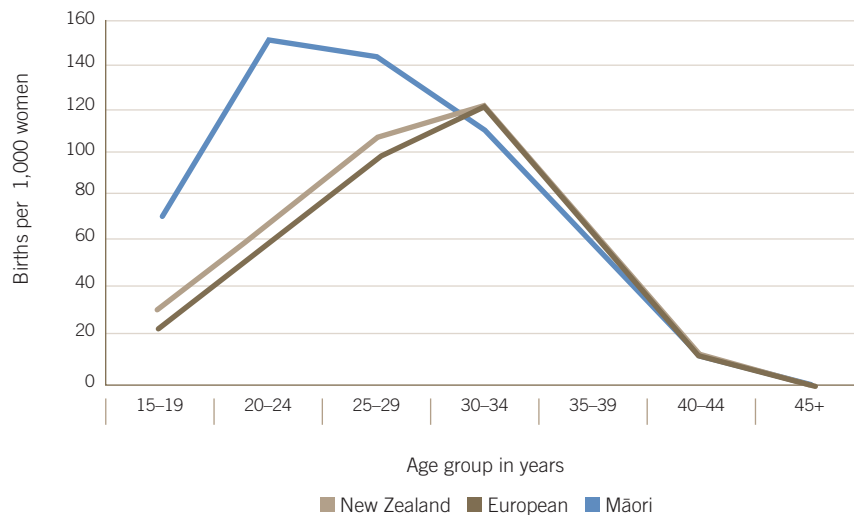


FIGURE 3: TOTAL POPULATION, NEW ZEALAND 2006 CENSUS



Māori also have a higher overall fertility rate than the total New Zealand population and this difference is greatest in the younger age ranges. Māori fertility peaks between ages 20 and 24 whereas for European New Zealanders the peak is 10 years later, between 30 and 34 as Figure 4 shows:

FIGURE 4: AGE-SPECIFIC FERTILITY RATES BY ETHNICITY (2006)



There are some differences by region in the rate of teenage childbirths and motherhood

In New Zealand certain regions have relatively high rates of births to teenagers, and high percentages of teenage mothers. In 2006, according to the census, 4,893 teenage females were mothers, 3.5 percent of the total teenage female population.⁴ The New Zealand regions with the highest rates of teenage motherhood in 2006 were Gisborne (6.8 percent), Northland (6.5 percent), Bay of Plenty (5.6 percent), Hawkes Bay (5.5 percent) and Manawatu-Whanganui (5.4 percent).

These high-rate regions do not have unusually high rates of young teenage mothers or teenage mothers with more than one child

Nationally two-thirds of teenage mothers are 18 or 19 at the child's birth. High-rate regions follow this pattern. Data for teenage mothers with more than one child is not reliable due to low numbers by region, but there do not appear to be significant regional differences in this aspect of teenage parenthood.

There are significant differences in rates of teenage motherhood within regions

In these high-rate regions, and elsewhere, there is a lot of variation in teenage motherhood rates within the region. The next table⁵ shows the highest and lowest territorial authority rates for select regions and the average region rate.

	NORTHLAND %	BOP %	HAWKE'S BAY %	MANAWATU – WHANGANUI %	AUCKLAND %	WAIKATO %	CANTERBURY %	WELLINGTON %
Highest rate TA	7.8	7.8	8.4	9.6	7.2	6.4	3.4	5.8
Region rate	6.5	5.6	5.5	5.4	3.1	4.3	2.9	2.8
Lowest rate TA	6.0	3.9	4.9	4.0	2.1	3.3	0.0	0.0

Although rates are high in these regions, numbers are sometimes quite low because of low populations

The Auckland region has the highest number of live births to teenage women with 7,031 live births or 30.4 percent of the national live births to teenage women between 2005 and 2009. In contrast, Gisborne which had the highest regional rate of teenage motherhood, according to Census 2006, was 12th out of 16 regions for its number of teenage births (521).

The rate of teenage childbirth and motherhood for high-rate regions strongly correlates with socio-economic deprivation

Nationally there is a very strong correlation between the deprivation index score (NZDEP) and the percentage of teenage births in these areas. The percentage is 6.5 times higher in the highest deprivation areas (NZDEP 9–10) than the lowest areas (NZDEP 1–2). These differences are also apparent in New Zealand regions with relatively higher rates. In these areas, a relatively large percentage of the teenage population live in high deprivation communities.

However, ethnicity is also a factor even after taking socio-economic deprivation into account

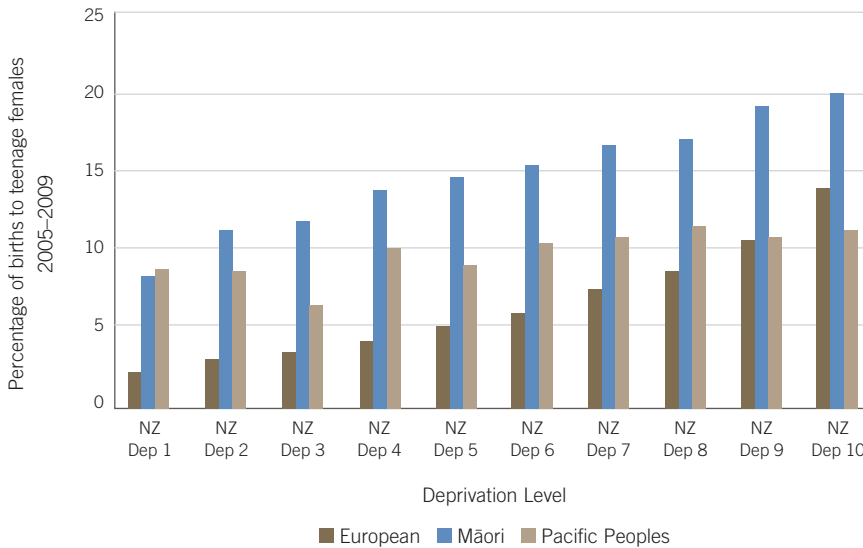
As noted above, nationally the rate of teenage parenthood differs strongly by ethnicity. In each of New Zealand's high-rate regions a significant percentage of the teenage population in 2006 was Māori: Gisborne 48.8 percent; Northland 36.2 percent; Bay of Plenty 32 percent; Hawke's Bay 30 percent; Manawatu-Whanganui 22 percent; national rate 17.5 percent. In New Zealand's high-rate regions the rate of teenage motherhood for Māori is relatively consistent with the national rate (between 9.3 percent and 10.9 percent), whereas in these regions the European rate is noticeably higher.

⁴ National figures vary. IRD family tax credit data in March 2009 showed an estimated 6,000 mothers aged 16 to 19 years with primary caregiving responsibility, with 5,000 of these being 18 or 19.

⁵ Gisborne is excluded as it contains only one territorial authority.

Figure 5 shows the percentage of births to teenage females⁶ by ethnicity across the NZDEP deciles (noting that 1 is least deprived area and 10 is most deprived area). For instance, in NZDEP 5 areas 14 out of 100 births to Māori mothers are to teenagers increasing to about 20 in 100 in NZDEP 10 areas.

FIGURE 5: PERCENTAGE OF TOTAL BIRTHS TO TEENAGE MOTHERS 2005–2009 BY ETHNICITY AND NZDEP DECILE



For Māori and European, percentages steadily increase across the NZDEP deciles but the Māori percentage is higher at every decile. For Europeans, the impact of SES appears to be stronger. Interestingly, Pacific teenagers show a relatively stable percentage across the NZDEP deciles.

The teenage birth and motherhood rate in regions with relatively higher rates may be influenced by an overall pattern of younger motherhood in these regions

High-rate regions have a younger fertility profile than the national average with relatively more births to young women and relatively less to older women.

6 Census 2006 data.

PART 2: WHAT WOULD DISCOURAGE SECOND OR REPEAT TEENAGE PREGNANCIES?

IMPLICATIONS OF FIRST AND SUBSEQUENT CHILDREN

Teenage parents may be particularly vulnerable for a range of reasons

Becoming a parent brings unique and often unforeseen joys and stresses for parents of any age. The age of teenage parents may add additional stresses to their lives. Teenage mothers are more likely than older mothers to live in socio-economic deprivation, to depend on a benefit, and to have low education and literacy. They are also less likely to receive support from friends, family or their children's fathers, and more likely to have mental health and substance abuse problems.⁷ An analysis of data from the Christchurch Health and Development Study found that compared to women who did not become pregnant prior to age 21, those who did:⁸

- > had lower than expected levels of educational achievement
- > were more likely to be welfare dependent
- > had substantially lower personal and family income.

Teenage parents stay longer on benefits than those who become parents at an older age.⁹

Teenage mothers who have a repeat pregnancy have an increased chance of experiencing further social inequality

Repeat pregnancy compounds the social inequality already experienced by teenage mothers and fathers who live in socio-economic deprivation. A second child to a teenager can significantly delay a young woman's engagement in education, work or training.

From a health perspective, a short interval between pregnancies is viewed as a risk factor for poor birth outcomes. An interval of 18 to 23 months between births is recommended, to restore the mother's nutritional resources.

Research identifies some reasons why some teenage women choose to have a subsequent child:

- > To compensate for loss following a miscarriage, stillbirth, abortion or neonatal death. Research suggests that teenage mothers who have had a miscarriage may have unresolved issues of loss and grief that heighten their desire to be pregnant again.
- > After having had an unplanned first pregnancy, some women quickly rationalise that it would make sense to have another to complete their childbearing role at an early age and create a sense of family. This is known as "reverse life course rationalisation".
- > They are experiencing intimate partner violence and may have little or no choice in relation to consensual sexual activity or ability to negotiate contraceptive use with their partner.¹⁰ New Zealand research has found that some teenage women who are in violent relationships are in this situation.

Although teenage parenthood can carry risks it also opens up positive opportunities

For most young parents having a child is a turning point in their lives. Pregnancy can be a positive event for both young men and young women, leading to more responsibility, stability, motivation, maturation and determination.

Reports from New Zealand, the United States and the United Kingdom have found that teenage motherhood can heal family breaches and bring estranged family members together, and can reduce young people's risk-taking and self-destructive behaviour.¹¹

7 Collins, 2009.

8 Note: this research was even after controlling for confounding factors.

9 Ministry of Social Development, 2010.

10 Rareri et al, 2003.

11 Banks 2008; Davies et al 2001; Department of Social Policy and Social Work 2009; Haight et al 2008; King et al 2009; Seamark & Lings 2004.

Studies have found that many young women are well supported and their parenting status is accepted by their families, particularly by their mothers and female relatives.¹² A study of young Māori mothers, for example, found that support was strongest from immediate family and from friends and midwives. While the mothers valued support from partners and friends this support could be irregular.¹³

Some authors challenge the extent to which young women regard teenage pregnancy as a risk. For instance in these studies, teenage mothers speak optimistically about their lives and the incentive to do well for their baby's sake. In 2001, Barbara Collins interviewed 18 New Zealand teenage mothers on their views and experiences of teenage parenting. In 2008 she located 13 of these young women and re-interviewed them with a focus on resilience. The interviews found that, in contrast to public perceptions of teenage motherhood and in spite of the challenges some faced, most participants did not regard their circumstances as risky. In fact, some saw teenage birth as protective, as it resulted in what they regarded as positive changes to their lives. Becoming a teenage parent was perceived as a 'turning point' experience that offered new prospects and opportunities to break away from the past. Participants described how the birth of their child had required them to grow up quickly, abandon destructive lifestyles, and focus on providing their children with a healthy environment. Awareness of the stigma associated with teenage motherhood, and wanting to disprove negative stereotypes of teenage mothers, most young mothers were strongly motivated to demonstrate responsibility and competence.

Like young parents from minority ethnic groups in Britain, Canada and the United States, young Māori parents also construct early parenthood in much more positive terms than those used in current policy. They see parenthood as a way to make positive life changes, to reconnect with their whānau, improve their self-esteem and gain a sense of direction and purpose.¹⁴

Teenage fathers face particular challenges in their role as a parent

While many young fathers are positive about being a parent and want to be actively involved in child-raising, they often struggle to develop as a father and do not always feel confident in that role. They appear to find it harder than young mothers to balance their adult responsibility as a parent with their identity as a young person.¹⁵ As with young mothers, the prospect of becoming a parent can reinforce a trend away from a negative lifestyle for young fathers.¹⁶

Many young men have serious intentions about being a father, including their intention to provide effective care and financial and material support, but they often face challenges in their relationship with the child's mother and in maintaining contact with their children.¹⁷ An American study found that fathers were more frequently engaged in caregiving activities when they were romantically involved with the mother, and when mothers perceived the parenting alliance as strong.¹⁸ Financial pressures are a major barrier to young men's engagement with their children, with most being poorly equipped to provide for themselves, let alone for a young family.¹⁹

PREVENTING REPEAT TEENAGE PREGNANCIES AND IMPROVING SUPPORT FOR TEENAGE PARENTS

The previous section illustrates how protective factors in young people's lives can turn challenges into 'turning-point experiences'.²⁰ Warm cohesive families, high self-esteem and a positive social orientation are all important protective factors, but if they are missing from young people's lives they are difficult to replace.

Strong social support, including support from social services, can help compensate for a lack of other protective factors in a young person's life. Services, ranging from health professionals to educators, are most effective where they treat young people with respect and build trust through a caring relationship.²¹

This section outlines areas for prevention of repeat teenage pregnancies and improving support for teenage parents.

12 Arai 2010; Brubaker and Wright 2006; Department of Social Policy and Social Work 2009; Rawiri 2007.

13 Rawiri 2007.

14 Rawiri 2007.

15 Rouch 2005; Shannon and Abrams 2007; Tyrer et al 2005.

16 Ross et al 2009; Rouch 2005.

17 Shannon & Abrams 2007; Tyrer et al 2005.

18 Futris & Schoppe-Sullivan 2007; Parra-Cardona et al 2008.

19 Rouch 2005; Wiemann et al 2006.

20 Collins, 2009.

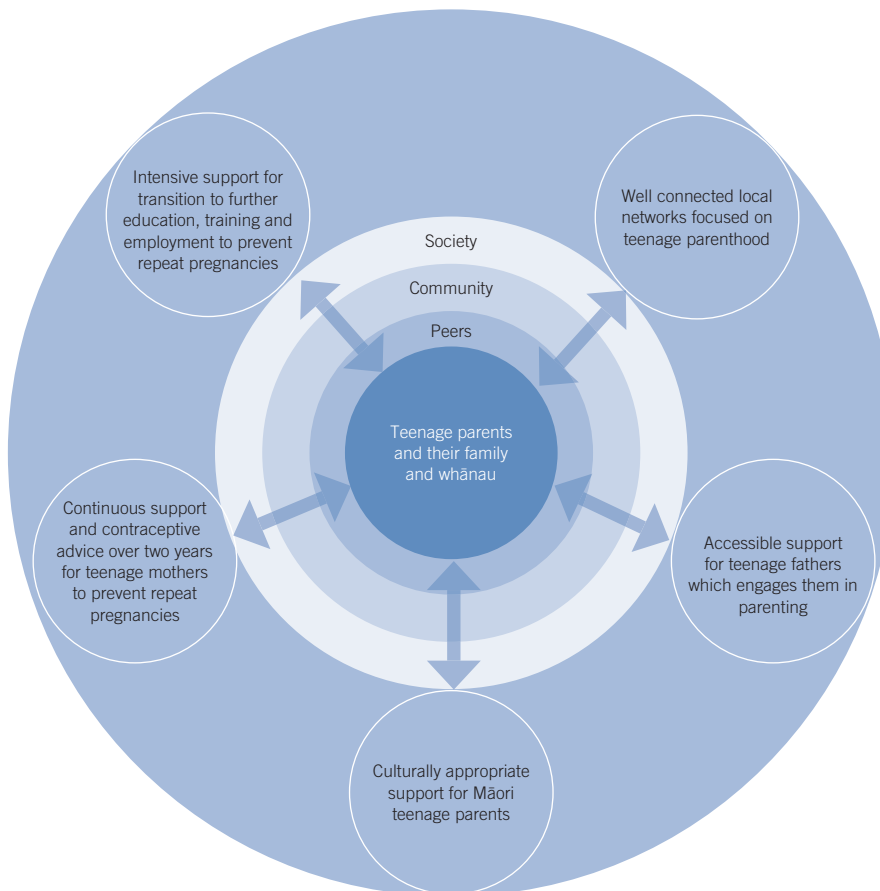
21 Collins, 2009.

FRAMING THE ISSUES THROUGH A FAMILY AND WHĀNAU LENS

Teenage parents are unable to be viewed in isolation from their family and whānau. Tailored and responsive support from social services becomes particularly important when there is a lack of other protective factors in a young person's life, such as a lack of support from a loving family. Access to appropriate support that builds resilience through the current influences in their lives can help teenage parents overcome disadvantage.

The following diagram uses ecological systems theory to illustrate the significant people and settings that influence teenage parents. It identifies key areas where the current system could better support teenage parents, and prevent repeat teenage pregnancies. These are discussed in more detail in the following sections. The arrows show that these interventions need to work across all these influences to achieve better outcomes for teenage parents and their families.

Strengthening support for teenage parents and preventing repeat teenage pregnancies



REMOVING BARRIERS TO FINDING THE 'RIGHT' CONTRACEPTION AND ACCESSING RELATIONSHIP EDUCATION

The correct and consistent use of contraception plays an important role in reducing teenage pregnancy and repeat teenage pregnancy, and this is well supported by research.

Young people need to understand their fertility and the range of contraceptive methods available to them. This information must be provided in an environment which is accessible, responsive and 'friendly' to them.

There are considerable challenges in ensuring that young people can access and use contraception effectively and consistently. The barriers to teenagers accessing family planning advice and using contraception include:

- > a lack of awareness of the options available
- > a lack of access to information about contraception (eg, knowledge of the free *Jadelle*²² implants) or contraceptive supplies (eg, in rural areas)
- > the support and information being provided in an environment which is not 'friendly' to young people

²² A *Jadelle* implant is two small, soft plastic rods containing a progestogen reservoir. They are inserted by a doctor under the skin of the upper arm. The progestogen is released in tiny doses and the implant is effective for five years. The implant can be removed at any time.

- > cost
- > partner resistance
- > religious or cultural beliefs.

Once the barriers to accessing contraception are overcome, the method itself is only effective when used correctly and consistently. There is no 'one size fits all' contraceptive solution for teenage girls. A myriad of options are available²³ and any solution needs to be individually tailored to the young person's body, intentions, relationships, culture and lifestyle. We know that concerns about side-effects are a significant barrier to young women using more effective hormonal methods of contraception.²⁴

Teenage mothers often make a concerted effort to avoid a repeat pregnancy during the early months after the birth of their baby, but then they can have difficulty maintaining high levels of preventative behaviour over time. Long-acting contraceptives have been proven to reduce the risk of rapid repeat pregnancy and are seen by many researchers in this field as holding the most promise for reducing rapid repeat pregnancy in the teenage population.²⁵

The failure to initiate a long-acting contraceptive method within three months of delivery is a strong predictor of rapid repeat pregnancy.²⁶ However, even when long-acting contraceptives are used a significant percentage of teenagers request removal of the implant within 18 months and become pregnant afterwards.²⁷

A significant investment in reducing teenage pregnancy has recently been made in New Zealand through the free provision of *Jadelle* implants (available since August 2010). Previously the cost of receiving an implant at \$250 or more prevented many New Zealand women from accessing them (Family Planning, 26 July 2010).

Jadelle is an example of a long-acting contraceptive method with proven success in reducing unintended pregnancy. When used correctly the chance of a woman becoming pregnant after a *Jadelle* implant is very low. The average annual pregnancy rate for *Jadelle* during a five-year period is one percent.²⁸ However, it is crucial that *Jadelle* is accompanied by information and a discussion with young women about their social and emotional needs; for example, their experience and concerns about side effects and their plans for the five years that they have the implant.

Understanding teenager's motivations and intentions, and providing continuous support for contraceptive use can reduce repeat pregnancy

Efforts to prevent repeat pregnancy amongst teenage mothers need to focus on providing contraceptive services immediately after birth, followed by individualised support and monitoring for at least two years.²⁹

Some teenagers are highly motivated to postpone additional pregnancies, whereas others can feel conflicted and confused about whether they want to become pregnant again quickly or not. Research indicates that one of the reasons why young people decide not to use more effective hormonal methods of contraception after the birth of their first child is that they lack the motivation to postpone having further children.³⁰ Fathers also need to take an active role and responsibility for using contraception.

We know that teenagers who live with their partners resume sex earlier than their peers and are less likely to use contraception when they do. A recent study of Australian teenagers³¹ found that most resumed sex within three months of giving birth and that contraceptive counselling and free access to contraception immediately after birth did not guarantee contraceptive use. Teenagers' motivations to use contraception and intentions for their future also exerted a powerful influence. Young people's intentions about having further children predicted whether they resumed sexual intercourse and experienced a second pregnancy soon after the birth of their first child.

Some researchers argue that if teenage mothers are unmotivated or ambivalent about preventing further pregnancies, the effectiveness of access to contraception, medical care and counselling will be significantly reduced.³² In order to provide teenage mothers with appropriate advice and support, healthcare and social service providers need to gain a clear understanding of the teenager's intentions and motivations regarding

23 Contraceptive choices include: the combined pill or the progesterone-only pill ('mini pill'), condoms, diaphragms and caps, and long-acting contraceptives such as intrauterine devices or implants.

24 Coard et al, 2000.

25 Lewis et al, 2010.

26 Rareri et al, 2003.

27 Quinlivan et al, 2003.

28 New Zealand Consumer Medicine on *Jadelle*. www.medsafe.govt.nz. Accessed 20 June 2011.

29 Coard et al, 2000; Kershaw et al, 2003.

30 Coard et al, 2000.

31 Lewis et al, 2010.

32 Barnett et al, 2009.

second pregnancy. The findings from recent research recommend that clinicians and practitioners ask young people directly about their plans for a second pregnancy and if they are planning another baby directly after their first, to outline the advantages to both mother and baby of delaying a second child for at least two years.³³

For several of the young women interviewed in our research, their intention to have further children was a significant influence on whether they experienced a repeat pregnancy in their teenage years.

Marie (not her real name) desperately wanted another child, to have a 'family'. So following the birth of her son she decided not to use any contraception.

I begged my partner to have another baby. I cried and I said, 'I want another baby', and then – I never got any contraceptive after my son because I thought, you know, 'I won't get pregnant'. But then I decided, 'yeah, I got money, a little money, little bit'. I had everything that we need, we had like a room that we can stay in and yeah, just as long as we were alright and my son was alright and he was bit older to understand, but now he knows that, or I think he knows, that he's going to be a brother. (Teenage parent)

Jessica (not her real name) was adamant that her baby was not going to be an only child, as single children irritated her.

I've just always liked babies. I've always had a hate for only children. They always seem to irritate me. And I never wanted my daughter to be like that and I noticed that coming out in her and I was, 'oh, we've got to have another one'. I don't want her to be like that. (Teenage parent)

International evaluations highlight some programmes that work to reduce repeat teenage pregnancy. Often this effectiveness has a limited time span and succeeds only in delaying subsequent childbirth for one or two years rather than preventing it for a significant length of time. A United States study (Barnet et al, 2009) found that partaking in motivational sessions (using a computer-assisted motivational programme) was successful in reducing rapid repeat pregnancy for low-income African-American mothers.

Evaluations of the following programme indicate some success in reducing repeat teenage pregnancy:

The three-generation study

This is a 19-lesson, home-based programme that aims to equip young mothers with what to expect in their infant's first year of life, to interpret their infant's cries and bids for interaction, and to provide developmentally enriching activities. The programme is founded on a mentorship model and focuses on personal values and decision-making about subsequent pregnancies, access to birth control, and goal setting, but does not deliver an overt message advising participants to avoid a second birth. Condoms were provided at every contact.

The intervention was delivered by two college-educated African-American women in their 20s who were single mothers, raising one pre-school-aged child, and living independently. They presented themselves as 'big sisters' who had been through the experience of raising a child but were not authority figures. After extensive training, the mentors participated in weekly supervisory sessions. They each worked 20-30 hours per week, with a caseload of 15 mothers who were seen twice a month. Participants were low-income African American adolescent mothers.

This programme was effective in preventing rapid repeat births amongst low-income African-American teenage mothers. The effectiveness of the programme was only evident after two visits and it increased with more contact over time. Young women who received two or more visits were more than three times LESS likely to have a second child than those on the programme who did not or those not on the programme at all.

Quality sexuality and relationship education helps lower teenage pregnancy rates

There is no research that shows that sexuality education increases the risk of early sexual activity.³⁴

A significant difference between developed countries with low rates of teenage pregnancy and those with higher rates is that the lower-rate countries have balanced and comprehensive early sexuality education.³⁵

The content of effective school-based sexuality education programmes should:³⁶

- > focus on clear health goals, for example, the prevention of pregnancy
- > provide clear messages about specific types of behaviour which contribute to these health goals, for example, abstaining from sex or using contraceptives
- > address sexual psychological risk and protective factors that affect sexual behaviour and change them using activities and teaching methodologies, for example, tackling the values, attitudes and perceived norms around teenage sex.

It is also crucial that school-based sexuality education programmes place an understanding of sex in the context of *relationships*. A consistent criticism of the current delivery of sexuality education in New Zealand schools is that it focuses too exclusively on the mechanics of sex and not enough on the emotional side of relationships.³⁷

For relationship education to be effective it needs to:³⁸

- > be comprehensive and good quality
- > start well before young people become sexually active
- > focus on building relationship skills, personal development, life skills and self-esteem as integral components
- > be accompanied by information about confidential support services for young people.

Sexuality education is one of seven key areas of learning in the health education curriculum, which is compulsory for years one to 10 in New Zealand schools.³⁹ Beyond year 10 schools may choose to offer sexuality education as part of a senior health education programme designed to meet the requirements of NCEA.

A recent Education Review Office (ERO) report found that the majority of sexuality education programmes delivered in New Zealand schools were not effectively meeting students' learning needs. In many schools, sexuality education was taught in isolation to other subjects, with little or no meaningful assessment of students' needs, using inadequate and/or inappropriate resources and by teachers who were not well prepared to teach the subject.⁴⁰

In contrast, ERO found that in schools where the teaching of sexuality education was working well, governance and management supported community consultation about the development of sexuality education programmes; resources, planning and content were relevant; teachers and students had strong rapport; and support networks were actively promoted.⁴¹ We need to ensure the consistent implementation of the school health curriculum with a focus on relationship education. There is also merit in exploring the use of peer mentoring and social media to provide clear messages about positive relationships and describe the realities of teenage parenting.

SUPPORTED PATHWAYS INTO FURTHER EDUCATION, TRAINING AND EMPLOYMENT

Evidence indicates that access to education can reduce the possibility of a second pregnancy and is important for improving the lives of young mothers and their children. Pregnant teenage women who drop out of education before having their first child are more likely to have a subsequent teenage pregnancy. Furthermore, continuous connection to the education system after the birth of a first child has been shown to reduce the risk of a second teenage pregnancy.⁴²

34 Bagshaw, 2011.

35 Ibid.

36 Ibid.

37 Families Commission, 2010.

38 New Zealand Parliamentarians' Group on Population and Development, 2006.

39 Parents do retain the right to withdraw their child from attending sexuality education lessons.

40 ERO, 2007.

41 ERO, 2007.

42 Manlove et al, 2000.

Many school-age teenage mothers do not complete secondary school. Inflexible school policies and procedures, a lack of adequate childcare and other practical difficulties make continuing education in mainstream schools very difficult. Young parents who have access to teenage parent units value these highly and have aspirations and goals that they otherwise might not have had:

Me, next year I won't be here. I'll be leaving, and I'm looking into doing a course for travel and tourism, 'cos I'd like to work in an airport. (Teenage parent)

However, the transition from teenage parent units or young parents' support programmes to independence can be difficult for vulnerable young families. An American study stressed the importance of allocating staff time and resources to follow-up services so that young parents can access support when they need it.⁴³ Policies need to support young parents who are working towards financial independence, including further ongoing support on a case management basis.⁴⁴ Better use of social media and peer mentors should also be explored in this context.

Teenage parents need easy access to multiple avenues of education that link to post-secondary school courses, employment or apprenticeship opportunities and provide them with the support they need. Research suggests that affordable and accessible childcare, either on-site or nearby, is the most important factor in enabling young parents to return to education or training.⁴⁵ They also need flexible study and employment options, which could include access to apprenticeships, post-secondary school courses or opportunities for part-time work rather than formal education. Many also need help with transport, either through reduced fares or through help with gaining a full driver's license.

Access to second-chance learning opportunities is important

Teenage pregnancy often interrupts education, training and employment pathways and pursuing education opportunities is identified as important to young mother's socio-economic wellbeing.

*Education was identified as the key to improving the lives of young mothers and their children ... Easy access to multiple avenues of education, like apprenticeships and post-secondary school courses, allowed participants to pursue their education when mainstream school did not work for them.*⁴⁶

Further research is needed to examine whether the disadvantages faced by women who become mothers earlier in life carry on throughout their life. For example, it may be that when their children are older, these women have more opportunity and flexibility to make gains in education and to participate in the paid workforce.

Māori women tend to have births at a younger age than other ethnic groups, with relatively fewer after the age of 20 to 24. This provides opportunities for second-chance education and training. Young Māori parents need support systems that enable them to access educational opportunities as their children grow older.⁴⁷ Māori women have a high rate of uptake of second-chance education. Many of these are women who have had children at a young age and return to education after spending several years raising them.

REMOVING BARRIERS AND CONNECTING LOCAL NETWORKS

Many young parents experience significant barriers to accessing support

Many young parents have health-related issues, including issues managing their own mental and physical health, dealing with family violence, needing information on sexual and reproductive health and understanding their children's health needs.⁴⁸ Some have poor experiences in dealing with health professionals, citing prejudice, judgment and negative attitudes. They want dedicated youth services and suggest that hospital and community-based health professionals, including counsellors, should receive training in teenage parenting issues so that they can be more supportive.⁴⁹

In some situations policies designed to provide practical help can make young parents' lives more difficult. For example, teenage parents can receive the Emergency Maintenance Allowance if they are 16 or 17 (and their parents cannot support them) or the Domestic Purposes Benefit (DPB) once they turn 18, but only if they are

43 Collins, M. E., Lemon, C., & Street, E. (2000).

44 Rawiri, C. (2007); SmithBattle, L. (2007); Harden A, Brunton G, Fletcher A, Oakley A, Burchett H, Backhans M (2006).

45 Manlove et al, 2000.

46 Rawiri, 2007, p. 136.

47 Rawiri 2007, Gray 2006, Waetford 2008, Ware 2009, Wilson & Huntington 2005, Whitley and Kirkmayer 2008.

48 Berrington, A., Diamond, I., Ingham, R., Stevenson, J., Borgoni, R., Cobos Hernández, M. I. & Smith, P. (2005).

49 Hirst, J., & Formby, E. (2006).

not living with the other parent. Many young mothers and fathers would like to live together to build a family but the financial cost of doing so is a disincentive.

Access to suitable housing can also be a challenge.⁵⁰ In a British study⁵¹, young parents wanted a range of accommodation and support models, which gave them choices and a flexible transition to independence. They preferred a tenancy with support from a visiting key worker, followed by a move to self-contained flat or house with ongoing access to support staff. Young New Zealand parents also wanted a place where they could stay after they had their baby so that they could get emotional and practical support.^{52 53}

Teenage parents need access to co-ordinated social services that respond to their complex needs

Research strongly supports the need for support and services to take a holistic, strengths-based approach to supporting young parents.⁵⁴ Young parents often find it difficult to negotiate public systems to access legal advice, benefits, secure and affordable housing, health services, education or training opportunities, childcare and employment.⁵⁵ Research strongly supports having dedicated services for young parents, using a case worker, mentor or a network of individuals to support them.⁵⁶ The following example illustrates this kind of integrated support:

AN INTEGRATED UNIT: TAONGA TEENAGE PARENT UNIT AT JAMES COOK HIGH SCHOOL

I love this place. Like if I won the Lotto I'd donate money to them. It's so great. It's a big relief [having access to the social workers, health co-ordinator and a nurse] The parenting courses that we do every Friday (and we do Plunket and PORSE here) [have been] really helpful. (Teenage parent)

You can come in and you can be having the crappiest day ever and you'll just sit there and you'll give them crap, as you do, it can be anything, that your kid's been in hospital, anything, and they just say, 'look, you know,' they're there and you can talk to them. (Teenage parent)

The Taonga Teenage Parent Unit at James Cook High School draws students from the wider South Auckland area. It provides opportunities for teenage parents to continue their education while their young children access high-quality early childhood education. Taonga is unique in that the unit also provides social support services to the students and their family (Whānau Ora Roopu) on site, meeting students' current needs and building the skills and knowledge for further learning and employment.

Staff at Taonga believe the unit is effective because it provides a 'one-stop shop' for students, built on a co-ordinated response that contributes to a collaborative and holistic approach to students' wellbeing; and promotes security, stability and safety for students, staff and children.

All of the services here are obviously collaborating, working in sync with each other, you all complement each other – you have to, don't you? It's like a wheel with spokes and if one spoke is broken, that wheel doesn't work. So that's what we're like here. (Staff member)

It's not black and white, so we look at the holistic side of it. We have issues on issues on issues and you're just not going to get one. (Staff member)

They are able to match the services they provide with the wider needs of the teenage parents because they have a range of staff education, social work, health and early childhood professionals working for them. They are also connected with other services, which in turn connects the teenage mothers and their families to such services.

The onsite support means that they can help the teenage parents with basic matters, such as housing, that need to be dealt with before their education and parenting skills can be effectively addressed.

⁵⁰ Budget 2010 included an investment of \$6.2 million over four years for up to seven supported houses for teenage parents and their children in high-needs areas.

⁵¹ Cooke, J., & Owen, J. (2007).

⁵² Levin Early Years Hub (2010).

⁵³ For example, the Bethany Centre in Auckland provides antenatal and postnatal accommodation for young women and their families. Accommodation at Bethany is accompanied by a comprehensive parenting and life skills course, childbirth education and health care.

⁵⁴ Coltart, Laura (2007).

⁵⁵ Levin Early Years Hub (2010); Martin, D., Sweeney, J., & Cooke, J. (2005).

⁵⁶ Graham, H., & McDermott, E. (2006); Higginbottom, G., Mathers, N., Marsh, P., Kirkham, M., & Owen, J. (2005); Hirst, J., & Formby, E. (2006); Billings, J., Macvarish, J., & Appleton, S. (2007); Coltart, L. (2007); Malin, N., & Morrow, G. (2009).

Building on the benefits of connected local networks focused on teenage pregnancy and parenthood

Networked services for teenage parents are operating successfully internationally and in New Zealand. Evidence suggests that the key factors for a successful network include:

- > Building the network through:
 - semi-formal and responsive structures
 - getting all partners actively involved: education, health, social services, youth support services and the voluntary sector
 - having a strong, high-level ‘champion’ accountable for and driving the network forward.
- > Maintaining interest through:
 - activity that engages network members
 - respect for difference and diversity
 - regular fluid communications
 - connections with other networks.
- > Creating valued outcomes through:
 - being able to deliver multiple goals simultaneously
 - adopting a solution-focused approach
 - staying with a practical, on-the-ground focus.
- > Connecting with young parents through:
 - building on young parents’ own networks
 - valuing and responding to young parents’ voices.⁵⁷

Networks can also be cost effective. A recent economic analysis has found that meeting people’s needs with a preventative and integrated approach to health and social care can create efficiencies and savings. In particular, integrated services that focus on early intervention, such as local networks focusing on teenage pregnancy and parenthood, can prevent needs escalating in years to come.⁵⁸

Rural and provincial areas in New Zealand are not always able to supply young people with direct access to family planning and other support services. Many providers find it difficult to connect teenagers with a clear education or employment pathway.

The Hawkes Bay Teenage Parenting Network, described below, provides an excellent model of support. The network has strengthened links between existing services, developed interagency relationships and joint case planning to meet the needs of at-risk teenage parents and their families and whānau.

CONNECTION THROUGH A LOCAL NETWORK: HAWKES BAY TEEN PARENT AGENCY NETWORK

Where you have education naturally you’ll have better health, better employment, more opportunities economically and more opportunities to own your own home, so whatever we can do in that way.”
 (Network member)

But [Network member] quite often will bring some girls that are her clients into the antenatal classes as well, which is fabulous for me because any that I can’t pick up and any that she’s already linked in with, because what [Network member] and I are finding is that sometimes girls fall through the cracks as well, and I’m just in the process of actually [contacting them], and I know all the midwives really well ‘cos I worked in ... before I ... but actually contacting them and just seeing why. I mean There’s a really high rate of teenage pregnancies but not all of them are coming through the service. (Network member)

⁵⁷ Communities and Families Clearinghouse Australia (2008); Sandwell Primary Care Trust (2006).

⁵⁸ Turning Point (2010).



Linking into other services mostly, because I can't do it by myself. Drives me a bit batty. So I just go in and meet them and I'm really pretty honest and upfront about what I do; I'm just there to really support them in what their needs are. They might not even know what their needs are. So just talking to them about options and what the best thing is for baby. Talking about their aspirations for themselves and for their babies, to see: what do they want to do; where do they want to be? And to show them where the doors are and they can just push them open if they really want to. (Network member)

The network was formed after a Vodafone Foundation grant recipient visited a similar service network in Auckland. She shared the idea of forming a local network with the teenage parent unit co-ordinator. Her role is to support the development of young women as mothers, and as students. This puts her in daily contact with various service providers, who also assist the women and their children.

The network provides support and advocacy among health professionals, educationalists, social agencies and community services, and provides a forum for discussion and regular communication between these groups. The network identifies the strengths and weaknesses of services in Hawkes Bay, so that all agencies and organisations have clear guidelines to ensure that the needs of young women and men are met.

The network values and responds to young parents' voices; the agencies adopt a solution-focused approach and are able to deliver multiple goals simultaneously. They are also able to identify successful programmes that work in other areas, and share resources, literature and information about current trends and research.

The network meetings are held quarterly or by special decree, with interim focus groups where required. The members are health professionals, individuals and groups interested and committed to working with teenage parents. Representatives from all agencies involved in service delivery for teenagers attend.⁵⁹

The network aims to work collaboratively to support teenage parents in Hawkes Bay. It enables providers to connect with the community, and develop relationships with, and understand, other agencies.

This network of professionals is making a difference, with their common purpose and a focus on helping to connect these young mums and dads with other agencies.

The approach in Hawkes Bay has resulted in services working more effectively and cohesively to meet the needs of teenage parents and their families. Well-developed interagency relationships support referral pathways and joint-case planning, to better meet the needs of at-risk teenage parents in the region, and their families and whānau.

CULTURALLY APPROPRIATE SUPPORT FOR MĀORI TEENAGE PARENTS

In New Zealand, an effective policy, programme, or intervention is one that leads to a positive change for individuals and collectives, who must also feel that their cultural (and other) needs have been valued. (Gluckman, 2011)

The influence of culture is a significant gap in our knowledge base

Very little research has been undertaken regarding Māori cultural views or Māori approaches to what is now defined as teenage pregnancy and there is no research or literature that relates directly to the notion of 'repeat' pregnancies.⁶⁰ The recently released report on adolescent health led by Sir Peter Gluckman states that: "One of the major gaps in research in New Zealand is the effect of culture on youth sexual health as different from the effect of low socio-economic status".⁶¹ A consequence of the lack of in-depth research in this area has been that policy developments in relation to Māori teenage pregnancy have been grounded on a Western notion of family and the construct of the nuclear family unit within Pākehā social, political, and economic determinations.⁶²

59 Barnardos, Birthright, EIT, HB DHB, Directions, Ministry of Education, Salvation Army, Family Planning, Te Kupenga Hauora – Ahuriri, Te Taiwhenua o Heretaunga, MSD, Kohanga Reo, Plunket, Napier Kindergarten, Birthright, Dove Hawkes Bay, Parents As First Teachers (PAFT), Napier Family Centre (budgeting, counsellors), Alternative Education (Alt Ed), Non-Enrolment Truancy Services (NETs), Te Puni Kokiri.

60 Pihama, 2011.

61 Bagshaw, 2011.

62 Morehu, 2005.

Modern views of teenage pregnancy take a negative approach, seeing youth pregnancy as a problem. Notions of being 'young', 'poor', 'unemployed', and of 'bad character' sit alongside ethnicity as 'risk factors' for teenage pregnancy. Māori ethnicity is cited as a 'deficit' variable along with adolescent conduct problems, poor school achievement and family adversity. However, linking adverse economic and social variables with ethnicity, then inferring that 'being Māori' is a risk factor or likely 'cause' of teenage pregnancy is questionable.⁶³ Research examining pregnancy outcomes for Māori women found that teenage pregnancy is not a risk factor for adverse outcomes once socio-economic status is taken into account.⁶⁴

The value of whānau relationships for supporting Māori teenage parents

Māori cultural views of whakapapa, whānau and tamariki as practiced within tikanga Māori provide a contextual view of Māori teenage pregnancy.

*The continuation of whakapapa to continue the lineage of whānau and hence the continuation of hapu and iwi is central not only to Māori way of life, but is central to the continuation of life itself.*⁶⁵

The place of whakapapa, whānau and tamariki may clarify some of the underpinning reasons why teenage parenting has not historically been a point of issue within te ao Māori, the Māori world. Whakapapa and whānau are grounded in notions of relationship, responsibilities and obligations that enable all adults to take a 'parenting' role for Māori children. Whānau was traditionally the site for socialisation and passing on hapū and iwi cultural world views and provided a support mechanism for parenting children within a collective environment, with the grandparent generation contributing significantly to nurturing children. This was possible in environments where at least three generations lived together.⁶⁶

Within societal structures the term whānau refers not only to an extended family structure, but also to 'the act of birth'. The term hapū refers directly to subtribal groupings, as well as referring to 'being pregnant'. Historically, children had a central place within tikanga Māori.⁶⁷

Unplanned pregnancies are not always viewed as a negative among Māori; young Māori parents often view early parenthood in positive terms.

...my wider whānau; no problem at all for them...It was just like, 'oh great, another moko', you know. No problem. So if I'd had another baby the next year they would have been happy as well. (Teenage parent)

Often parenthood is seen as a way to make positive life changes, to reconnect with whānau, improve self-esteem and gain a sense of direction and purpose.⁶⁸ Three teenage mothers were asked what they hope to achieve for themselves and their children. Their responses were:

- > *I want a job.*
- > *Go back to school.*
- > *I want to study for a career.*

Young Māori parents need support systems that help them cope with pregnancy, birth and motherhood and enable them to access educational opportunities.⁶⁹

I've got heaps of support from my family, my partner's family. Everybody. Family Start. (Teenage parent)

A Māori support worker, who had been a teenage parent herself, acknowledged the value of good whānau relationships for young parents:

They need good whānau support. If you are starting education you have to have really good teachers and educational support. Everybody has to be fully behind what you're doing. They need wider whānau support and friends. I would have been reasonably open to older people like my Nan. I think that younger ones would probably tolerate advice more from someone they had a really good relationship with. If young parents want [to keep] their child they need to be supported to do that, and [the same] if they want to live in a relationship while learning how to parent and support that child. (Māori support worker)

63 Breheny and Stephens 2008, 2010; Nash 2001.

64 Mantell, Craig, Stewart, Ekeroma & Mitchell (2004).

65 Rimene, Hassan & Broughton (1998).

66 Pihama, 2011.

67 Te Kahui Mana Ririki, 2011.

68 Rawiri, 2007.

69 Rawiri 2007, Gray 2006, Waetford 2008, Ware 2009, Wilson & Huntington 2005, Whitley & Kirkmayer 2008.

Most of the focus of whānau support is on the young mother, but young fathers also need support. They are less likely to have had previous caring experience and may need help in coping with the demands of a baby, as well as with finishing their education or finding work that will enable them to manage their new responsibility. A support worker noted that:

A lot of fathers want to see their child, but there are a lot of barriers for fathers. More support needs to be put in place so that they can form a bond and develop a relationship [with the baby] from a young age. And more needs to be done to develop skills for fathers. (Former teenage parent)

Understanding and respect for te ao Māori is essential for providing appropriate support to Māori teenage parents

Some young Māori parents are not well connected to their whānau. Some may be connected to their own whānau but have poor relationships with their partner's family or vice versa. A culturally sensitive service will seek to heal rifts and strengthen whānau and community networks so that the young family can be well supported. Services that work well for Māori teenage parents are committed to providing support based in tikanga. Examples of the success of Māori-developed and led education systems include kōhanga reo and kura kaupapa Māori. Both kōhanga reo and kura kaupapa Māori often operate as metaphorical or 'kaupapa whānau' in this way.

Mainstream providers will work effectively with young Māori parents if they understand and respect te ao Māori, involve Māori and particularly young Māori in initiating, developing and delivering services, include whānau, are community-based and offer services that are comprehensive, welcoming and accessible, and are tailored to each young family's needs. They will be well linked into community networks, encourage young parents to access health, education, childcare, financial support and housing services, help them to develop good social support networks, and have workers who understand a young parent's situation and can establish a trusting, supportive relationship with both parents.

ENGAGING FATHERS IN THEIR PARENTING ROLE

There is little information and support available for teenage fathers. Most is aimed at and accessed by teenage mothers. For example, the teenage parents units, while not gender-specific, are rarely attended by teenage fathers.⁷⁰ Teenage mothers are a specific target group for programmes such as Family Start and Early Start.⁷¹

Some studies show that teenage fathers are often invisible to service providers. Fathers report being "ignored, marginalised and made to feel uncomfortable" by the service providers. Health and antenatal professionals often focus their attention on the mother and baby.⁷²

This is reinforced by our data. Several prominent themes emerged on the circumstances and role of teenage fathers, the relationship between a teenage father and the mother of the baby, and services and support.

Engaged fathers improve outcomes for their children; many teenage fathers are not engaged

A number of providers spoke strongly about the importance of engaging fathers in their children's lives, regardless of the father's age. However, research participants tended to report cases where teenage fathers were in challenging situations and were not providing a significant fathering role. They described teenage fathers as 'peeling off', drifting away, confused about their role and rights, and not the focus of support. These situations were sometimes related to the circumstances of the pregnancy and subsequent relationship with the mother and mother's family, as well as to the personal circumstances and qualities of the father. Teenage fathers often lacked some basic hallmarks of the 'father as provider', such as accommodation and income. Some teenage fathers struggled with their new identify and responsibilities as a father and their overall readiness to be a parent:

But actually when you say, 'what have you got to offer?' 'Oh, I don't know. Haven't got anything.' Like 'well, I don't know ... boyfriend'. It's really hard for them to see that they have got something to offer and they need to feel good about that. But, you know, to find those things is pretty hard for them. Really hard for them to see. (Network member)

⁷⁰ July 2004 figures note that of 330 students enrolled in the units, only four were male.

⁷¹ Ministry of Social Development. (2010).

⁷² Pollock (2002), Ferguson & Hogan (2004) and Coleman (2005) reported in the Families Commission draft report on *Supporting Fathers*; also, refer to the father and child study 2003.

Relationships with the mother and her family have a major impact on the involvement of fathers

The quality of the relationship between the teenage father and mother can strongly mediate the engagement of the father with the child. A father's regular, quality access to their child was difficult in situations of conflict between the parents and their wider families.

Participants suggested that regardless of whether the parents are together the relationship between the father and the mother needs to be managed well to facilitate a healthier relationship between the father and child. This management includes how services support fathers and mothers and the ways that teenage parents are supported by family and whānau. For instance, grandparents, particularly maternal grandparents, may assume a strong role in decisions about the child and this can be a barrier or enabler to positive engagement by fathers.

More investment in services that include and respond to fathers' needs

Services and support for teenage fathers to engage in parenting was a strong theme in our research. Services need to be dad friendly and, importantly, *young* dad friendly. Current services for teenage parents sometimes have structural or more subtle barriers to fathers. Services, including antenatal services, should be clearly aimed at teenage mothers and teenage fathers.

Services specifically aimed at teenage fathers can be effective if they appeal to their interests. Some examples were having physical activities and overnight camps. Some services have attempted to engage dads with limited success. Participants recognised that it was an ongoing issue that they had failed to crack.

Teenage fathers who had participated in support groups regarded them as effective because they enabled fathers to learn from each other, build their identity and confidence as a father, and realise that they were not the only ones going through a particular challenging situation:

Simon became a father as a teenager and is now working towards a future with his children.

Meet Simon

Simon is of Māori and European descent and lives in a large city. He discovered that he was going to become a father at the age of 19. He has three children: two boys and one girl to the same mother. He is no longer in an intimate relationship with the children's mother, but he looks after the children every second weekend and would like to have increased access to the children. He is currently enrolled in tertiary study, and is also aiming to get paid employment and his own house.

Simon is involved with a support group for teenage dads and has a lot of help from his mother and a fathering support network.

His story

A strong deciding point for Simon to stay involved in the life of his children was the lack of having an involved father himself and, although he initially struggled emotionally with the prospect of having children, he wanted to be a part of their lives in a way that he himself had not experienced.

Simon spoke of his excitement in getting to know his children, after an initial number of months without contact, and them beginning to see him as their father:

They're starting to call me daddy – just hearing those words is so warming. I'm dad. I know I'm a father but hearing it from my kids, like 'dad', it's just like tingling down my spine.

However, despite his positive feelings about his personal connection with the children, Simon reported a public stigma about teenage fathers and low expectations of them as parents:

People who have kids at 30 are just as new [to parenting] as people who have kids in their teenages but people in their 30s, when they have kids, they don't get looked down on by society. They don't get fingers pointed at them, they don't get stereo[typical] ... views put onto them, but I did. And that's what stopped me from going to antenatal and parenting classes. It was like 'oh, I don't want to be another label.' Yeah, I may be young; I have kids and I may not have a job or anything but what's that got to do with anything? I'm sticking around with them and giving them my love and my time. If I had money I'd give it to them, but it's not as important as what I'm doing at the moment.



Becoming a teenage parent was a major positive turning point in Simon's life and he became strongly engaged with his children.

Being a parent at 19 is an experience, but it was an experience I needed: to have my eyes opened and realise that the path I was going down would only have hurt myself and my family: my mum, brothers and sisters. It's kind of God's way of saying, 'I'm going to do something to you, and your weakness is not having a father, so I'm going to make you a father and you're going to be everything you can for those kids.' I want to be the best father; I'm going to be the greatest father in the world. I think things may have been different if I had a father, so I didn't have a father, so that happened for a reason. It's funny how things work like that.

Simon identified the quality of his relationship with the mother of his child as a critical factor in his role. He noted that a breakdown in that relationship could leave him with limited quality access and this dynamic could perpetuate negative behaviours that further affected access:

It's not just about the kids either; it's just about the relationship with the kids' mum and communication and trying to avoid conflict and little things like that which help the relationship you have with your children.

The encouragement of Simon's mother and a fathers' support organisation helped him connect with his children. A teenage fathers' group that he was involved in was beneficial as this support allowed him and other dads to share their experiences and learn about parenting from each other.

I saw that I wasn't the only one struggling. Meeting up with other teenage dads, it was just really encouraging for me to admit that I was having trouble and ask for help. I went into the group and saw that there were others having the same difficulties, if not ones that I had already faced and overcome, which I was able to help them with. They had a few that I was struggling with and they gave me advice, so it was a sharing circle in a way.

He felt that this group, that specifically supported teenages, was more beneficial than other services that he had experienced:

When I was trying to look for support out there, even antenatal classes were older parents and I felt out of place. I reckon they should have some specific antenatal classes for teenages and just more teenage stuff.

Through the development of these two themes: disengagement by teenage fathers in their parenting role, and service gaps, it is clear that any reform of support for teenage fathers needs to focus on inclusive, family-centred approaches and encourage fathers' practical engagement in parenting. This support also needs to address fathers' access to their child. A recent government investment⁷³ in the development of guidelines and training for providers of parenting support for teenage fathers is a positive step in this direction. Wherever possible, existing services for teenage mothers need to broaden their focus to include fathers and fathering.

Two Christchurch organisations working together is an example of this approach: the Father & Child Trust and the Waipuna Youth and Community Trust, which use Ministry of Social Development funding for teenage fathers to develop support including fathering, mothering and father-mother relationships. They have engaged a part-time youth worker to directly support teenage fathers through mentoring and help with personal and structural issues, and to provide parenting and relationship education and joint support for the two parents. This family-centred focus recognises that better parenting and ultimately better child development outcomes will occur where there are two engaged parents in a co-operative relationship. Encouraging fathers to be more actively involved with their children may also reduce the likelihood of them fathering more children in their teenage years.

Existing services can evolve more towards this inclusive parenting focus once they apply a family-centred lens to their work. For example, the early childhood centres attached to teenage parent units could be an ideal context for quality engagement by fathers in an environment of positive child development practice. These centres could build stronger relationships with fathers as well as supporting teenage mothers and children.

⁷³ Budget 2010 invested \$730,000 over four years in the development of guidelines and training for providers of parenting support to teenage fathers. This initiative will support the development and delivery of parenting support programmes specifically designed for teenage fathers in up to nine high-needs communities.

CONCLUDING COMMENTS

For many young parents, having a child is a turning point in their lives and can lead to them taking more responsibility in their lives. They need the support to build on these aspirations – this means helping young parents to thrive rather than simply survive. This report answered two distinct questions:

- > What are the reasons behind high rates of teenage parenthood amongst young teenagers in specific regions of New Zealand?
- > What would discourage second or repeat teenage pregnancies?

To answer the first question, we analysed regional variation in teenage parenthood rates in New Zealand. The analysis we presented can provide some useful insights into the phenomenon of teenage parenting in New Zealand.

In high-rate regions, the rates of teenage motherhood can be explained by the socio-economic and demographic characteristics of the region. This finding was supported through fieldwork interviews and background literature. These regions have areas of relatively high socio-economic deprivation. They also have large Māori teenage populations. Māori have a higher rate of fertility than the general population and this holds for Māori teenagers. The high rates of births and parenthood for Māori teenage women is mostly but not fully explained through socio-economic circumstance.

This supports recent research that there is a different cultural paradigm at play for Māori. Systems of support to prevent repeat teenage pregnancy and support teenage parents need to be cognisant of this.

There is much variation of rates within regions and targeting interventions by region rather than focusing on communities within these regions may lead to inefficient use of limited resources.

There was no evidence that high-rate regions have unusually high rates of repeat childbirth to teenagers (although numbers are quite low) or a higher incidence of younger teenagers (up to 17 years of age) having children. This suggests that there is not an especially high community tolerance towards these features of teenage parenthood.

Some high-rate regions have low populations and therefore low numbers of teenage mothers: this should be considered when thinking about systems of support in these regions, particularly in regions with large rural and isolated areas such as Northland.

These statistical results tell part of the story but we should not lose sight of the people behind the figures. Understanding the motivations and intentions of teenage parents will get us to the most effective solutions. The challenge is to create a range of supports that respond to the needs of both teenage parents, their children and their family and whānau. If this is achieved, then teenage parenthood need not perpetuate a cycle of disadvantage, it can become a catalyst for growth and positive life outcomes.

In answer to the second question, this research has found that New Zealand has many elements of an effective system of support for preventing repeat teenage pregnancies, but there are gaps. We need a sharper focus on the following areas:

- > a stronger focus on relationship education and ongoing contraceptive advice for two years after the birth
- > support for transitions to education, training or sustainable employment
- > access to coordinated social services that respond to their complex needs
- > connected local networks focused on teenage pregnancy and parenthood that can be replicated throughout New Zealand
- > valuing and understanding cultural needs of Māori teenage parents
- > inclusive and responsive services aimed at the needs of teenage fathers as parents.

In summary, we need to build more deliberate connections to make better use of current resources and to provide teenage parents with supported alternatives that build on their aspirations. For any interventions to be effective, they need work across the current influences in their lives, including with family and whānau.



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