
“It’s Not Something You Have to Be Scared About”: Attitudes towards Pregnancy and Fertility among Canadian Aboriginal Young People

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ABSTRACT

Using data from a qualitative study on sexual health and condom use among Aboriginal young people in British Columbia, we explore young people’s views on pregnancy, fertility, and how these relate to sexually transmitted infection (STI) vulnerability. During 2004–2005, in-depth individual interviews were conducted with 15 young men and 15 young women who self-identified as Aboriginal. A descriptive thematic analysis is presented here. Aboriginal young people reported that there was some stigma attached to adolescent childbearing in their communities, but also acceptance and some positive norms around adolescent pregnancy. Most young people wanted to delay pregnancy until they were ready; for some, a serious relationship was an acceptable context for pregnancy. In this context, young people’s ambivalence toward pregnancy and concerns about hormonal contraception created a situation where unprotected sex was likely to occur. Families of origin played an important but complex role in shaping behaviour. Interventions that focus solely on condom use are unlikely to reduce rates of STIs among Aboriginal young people, especially those who are ambivalent about pregnancy. Efforts must focus on contextual elements that shape desire for pregnancy to maximize success.

KEYWORDS

Aboriginal, fertility, adolescent pregnancy, condom, STI

BACKGROUND

A boriginal young people in Canada are more likely to contract HIV and other sexually transmitted infections (STIs) relative to other young Canadians (Kaufman et al., 2007; Public Health Agency of Canada, 2004a, 2004b; U.S. Centers for Disease Control, 2005, 2006), and young First Nations women are more likely to give birth as adolescents (Health Canada, 2002). Unprotected sex is the proximal cause of pregnancy and

a large proportion of STI transmission, and Aboriginal young men and women report experiencing coerced and/or forced sex, having more lifetime sexual partners and condom non-use during last sex at higher rates than their non-Aboriginal counterparts (Devries, Free, Morison, & Saewyc, 2009a, 2009b; Devries, Free, & Jategaonker, 2007; van der Woerd et al., 2005).



Reasons for these differences in sexual experiences and behaviour are less clear. Walters and Simoni (2002) have stressed the importance of considering context when describing behavioural and health outcomes, and highlights that failure to do so can lead to the pathologizing of Indigenous Peoples. Indigenous young people must contend with the destructive effects of colonialism on the structure of communities and interpersonal relationships (Kelm, 1998; Walters & Simoni, 2002), socioeconomic disadvantage (BC Ministry of Education, 2005; Statistics Canada, 1998), and internalized racism and negative stigma (Larkin et al., 2007), all of which likely contribute to individual HIV risk by influencing factors in the microenvironment. Recent Canadian research has outlined links between individual experience of sexual abuse, substance use, and living on a reserve with increased likelihood of pregnancy, STI, and potentially risky sexual behaviours such as condom non-use (Devries et al., 2009a, 2009b). There have also been several U.S. studies linking sexual orientation (Saewyc, Skay, Bearinger, Blum, & Resnick, 1998), peer norms regarding pregnancy (Mitchell & Kaufman, 2002), and knowledge of cultural traditions (Mitchell & Kaufman, 2002) to increased risk of pregnancy in young American Indian women.

The role of norms around pregnancy and fertility in shaping sexual behaviour, particularly in relation to condom non-use, has not been fully explored among young Aboriginal Canadians or American Indians. In Ontario, a focus group and survey study suggested that some service providers for Aboriginal young people viewed Aboriginal communities (particularly in Northern areas) as more accepting of adolescent pregnancy, although young people themselves did not cite this as a reason for pregnancy (Anderson, 2002). Among Northern Plains young people in the USA, early sex and HIV risk perception, alcohol use, and teenage pregnancy (Kaufman et al., 2007) are seen as contributors to HIV risk. Some small-scale quantitative and qualitative studies of pregnant American Indian adolescents (Liu, Slap, Kinsman, & Khalid, 1994; Saewyc, 2003) have also emphasized the potential contribution of pregnancy-related norms to higher rates of adolescent pregnancy.

Using data from a larger qualitative study of sexual health and condom use among Aboriginal young people in British Columbia (Devries & Free, 2011), we explore young men's and women's attitudes and expectations around having children, planning for pregnancy, and how this relates to condom and contraceptive use behaviour.

METHODS

Our qualitative study consisted of 30 in-depth individual, lightly structured interviews (where a brief topic guide was used but conversation also explored topics brought up by participants) (Wengraf, 2001). Participants were young men and women aged 15 to 19 years who self identified as Aboriginal. Interviews were conducted in one urban and two neighbouring rural communities, from 2004–2005.

Community participation and ethical approval

Our ethical approval process involved four sets of permissions. First, Aboriginal community members working with young people in both rural and urban settings were approached to discuss community interest in the project. In the urban setting, there was nobody available to grant formal community ethical approval for the project, so community interest and collaboration was taken as community approval. Second, in the rural setting, we received formal ethical approval from the local tribal council. Third, institutional ethical approval was granted from the University of British Columbia Institutional Review Board, and fourth, from the London School of Hygiene and Tropical Medicine Ethical Review Committee.

Procedure

Young people were purposively sampled to include males and females, and urban and rural residents. The urban setting, located in Vancouver, BC, is one of the poorest neighbourhoods in Canada and has one of the largest urban Aboriginal populations in the country (Ma, 2006). Because they were recruited from this area, the young people in the urban setting interviewed likely represent a subset of Aboriginal young people at increased risk. In the urban setting, young people were recruited by youth worker contacts. Interviews were conducted in private offices/tables in a pool hall and an after-school drop-in centre for Aboriginal young people.

The rural setting, located on Vancouver Island, BC, is relatively remote and consists of neighbouring reserve communities. Young people were recruited by the local STI nurse and the local youth worker. Interviews were conducted in private offices in on-reserve health clinics, one of which doubled as the reserve Internet access point (and was therefore a gathering place for young people).

Consent procedures were outlined verbally and in writing. Parental consent was not required. All participants were invited to sign a consent form, guaranteeing anonymity.



Interviews lasted from about 0.5 to 1.5 hours, and each participant was reimbursed for their time with \$20.

Interview content

The purpose of the interview was explained as “seeking young peoples” views on sexual health and condom use to make better sex education programs. Participants were asked about condom use and non-use and the sexual encounters in which these occurred; as rapport was established, many young people began to discuss a wide range of sexual health issues and other topics that were important to them. Pregnancy and use of contraceptives were important issues for many young women and men, and many spoke at length about these topics during the interviews.

Analysis

Interviews were tape-recorded and transcribed by Karen Devries. QSR NUDIST software (QSR International, 2006) was used to organize data. A descriptive, thematic analysis was conducted, drawing on some of the techniques from Grounded Theory, including constant comparison and searching for deviant cases (Charmaz, 2000; Glaser & Strauss, 1967). Transcripts were read and re-read, and initially coded thematically using a framework developed based on the first seven interviews. Themes were refined and new ones were added to reflect emerging information (Charmaz, 2000). We initially identified categories of discussion about community norms around pregnancy, young people’s desire for pregnancy, and views on contraceptive use. During the interview process, it became apparent that young people’s views on contraceptive use were somewhat dependent on the type of sexual relationship in which it was occurring. Upon further exploration, it emerged that a subset of young people could view pregnancy as desirable. Here, we present data on these themes with quotes to illustrate our findings.

RESULTS

Perceived community norms

Participant characteristics are described in Table 1. Adolescent pregnancy was somewhat socially normative and occurred among friends, siblings, and cousins in the social circles of young men and women. Participants reported that there was still some negative stigma attached to adolescent childbearing, but some perceived that their parents or grandparents actively desired children or grandchildren.

Perceptions of positive attitudes were especially apparent in the rural setting, although urban participants also reported this:

Participant (P): Like every month she has to ask me, are you pregnant, [Interviewer (I): Yep] I don’t know, I think she just, she just wants another, another nephew, [I: She does?] A niece or nephew. (Rural female)

Others thought their family would be more ambivalent: P: They wouldn’t be mad or sad or anything, they’d be alright with it. (Rural male)

Regardless of whether or not a pregnancy was viewed as stigmatizing, or if young people perceived that their families would be upset if they were to become pregnant or cause a pregnancy, young people universally reported that their families or caregivers would welcome and help care for new children.

TABLE 1. PARTICIPANT CHARACTERISTICS (TOTAL NUMBER OF PARTICIPANTS = 30)

Characteristic	Number of Participants	Percent (%)
Average Age	17 years	
Female	15	50
Urban	19	63
Ever Had Sex	22	73
Ever Been Pregnant or Caused a Pregnancy	6	20
Attending School	18	60

Desire for a pregnancy

Most male and female participants reported that it was desirable to delay pregnancy until they were ready to cope with the responsibility:

P:...when I’m like 20 or something, so I can actually take care of it. Right now it would be too hard, cause I don’t have a job or anything, so that’d be harsh. (Rural male)

Some participants described an ideal time near the end of adolescence or in their early twenties and finishing high school/having an income as prerequisite, but for others, having a stable emotional environment was the most



important determinant of readiness.

In contexts where stable emotional environments were achieved, such as serious relationships (Devries & Free, 2011), both young men and women reported somewhat ambivalent attitudes toward pregnancy:

[I: Well, you are very knowledgeable. Ya, and so, what does she think about getting pregnant, like she's?]

P: I think she wants one, I think she's...ready to be responsible, [I: Ya?] sometimes my answers switch sometimes, it's like ok, I guess I am ready, then next couple days it's like no. [I: Ya?] Oh ya I'm ready, I'm responsible. (Urban male)

Only one young woman desired a baby without mentioning a partner or relationship context.

Views on condom and contraceptive use

Views on condom use were highly dependent on relationship type. In shorter-term "booty calls" and one-night stand relationships, most young people reported consistent condom use to prevent STIs (Devries & Free, accepted August 2010). In the context of longer-term and more serious relationships, several young men reported always using condoms to prevent pregnancy, and several young women also reported consistent use of some method (either condoms or "the pill"). However, other young people described a decision to stop using condoms with their partners, without a switch to other contraception.

This subset of young men and women voiced concerns about hormonal contraception. Young men's comments related to concerns for their partner's health; young women's comments covered health concerns and also suggested fatalistic beliefs about pregnancy. One young woman who had been pregnant was considering birth control but was concerned about side effects:

P: Yeah. I'm thinking about birth control too but it kind of messes up your whole system and stuff. [I: Ya. Which kind were you thinking of?] I don't know. [pause] I don't know. It's kind of risky, but it's good. It's very risky like if you miss one day it's like, whoa. (Urban female)

Other young women described their mothers wanting them to "go on the pill" or doctors wanting them to have "the shot" (Depo-Provera), but were dubious about their efficacy and side effects. In some cases, young women made their objections apparent by not taking pills, taking them

irregularly, or not attending clinic appointments for repeat injections. Young women's descriptions hinted at underlying beliefs about pregnancy as natural, desirable, and inevitable:

P: It's not something you have to be scared about, but it's just whether or not you want lots of children or you don't want a lot of children. (Urban female)

This young woman sees contraceptive failure as an issue influencing how many children to have, versus something scary. Among this subset of young women, discussions were about spacing of pregnancy and number of children, versus timing of the first pregnancy and prevention of pregnancy, again reinforcing that having children is expected:

P: Oh, I guess in a way we knew we were probably going to have a baby together but it wasn't planned or anything. [I: So it was like the timing...] It's like the saying, you know, everything happens for a reason.

Earlier in the interview:

P: I think the Creator put a baby in our lives just to change our lives. (Female, with child)

Thus, for some young men and women in serious relationships, agreeing to cease condom use appears to signify agreeing to the possibility of a pregnancy, although young people did not often report actively desiring a pregnancy.

Role of family

Families played an important role in shaping ideas of what was desirable and normal/acceptable behaviour in relationships among participants. Very few participants lived with both parents; many lived with mothers, grandmothers, or other relatives. Several participants mentioned wanting to correct mistakes they thought their parents had made, when they did become pregnant or have a child:

P: . . . and she was in and out of my life, she's an alcoholic, and my father, too, he's a drug addict right now; he's been in and out of my life. I just want to make sure I'm able to be there for my child when I have one. (Urban male)

This young man (and several others) had experienced disrupted family relationships, but had clear aspirations to accomplish various goals and clear intentions to delay



interactions shape information given in interviews and how it is interpreted. Ms. Devries is a Caucasian female, and at the time of the interviews, was 25 years old. Most young people appear to relate to the interviewer as a same-age peer but a cultural outsider, and several took the opportunity to educate her about their culture. Interviewees may have presented themselves differently to Aboriginal and male interviewers, and may have disclosed different information. Data collected by different interviewers and methods would be useful to gain different perspectives on sexual health and triangulate these results. Future studies should examine consistency and diversity in attitudes toward pregnancy and fertility among diverse groups of indigenous young people in other locations, since this study focused on one urban and one rural setting. Finally, this analysis focused on one thematic area from a larger study, and was exploratory in nature. Although we reached theoretical saturation with respect to the aims of our larger study, additional qualitative work on the themes presented in this paper would be useful to further explore variation.

IMPLICATIONS AND CONCLUSIONS

Attitudes favouring pregnancy and childbearing mean that condom use interventions are unlikely to be fully adopted among a subset of Aboriginal young people, since condoms prevent pregnancy. Interventions to change individual behaviour must address reasons to delay pregnancy and/or provide improved support to young people who are expecting children. Research into new interventions are needed that focus on the structural elements that shape the development of sexual behaviour and address beliefs around pregnancy, fertility, relationship patterns, and patterns of family interaction.

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