



HASTINGS PRINCE EDWARD
Public Health

Teenage Pregnancy Report Hastings and Prince Edward Counties



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Background

Teenage pregnancy rates across Canada have been generally declining over the past decade.¹ Meanwhile in Hastings and Prince Edward Counties (HPEC), the pregnancy rate among teenagers continues to be consistently higher than that of Ontario and demonstrates less of a steady decline. This report provides a snapshot of the trends related to teenage pregnancy in HPEC between 2005 and 2014 and presents comparisons to Ontario and other health unit jurisdictions where applicable.

For the purposes of this report
“teenage pregnancy” refers to
pregnancy in females
15 to 19 years old

The social determinants of health

The social determinants of health are the socio-economic, environmental and cultural conditions that influence the health of individuals and communities.² While there are many determinants of health, the list of accepted social determinants commonly includes the following:

- Income and social status
- Social support network
- Education and literacy
- Employment/working conditions
- Social and physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture
- Language³

Literature indicates that certain social determinants such as poor education, unemployment, low income and neighbourhood disadvantages are associated with higher teenage pregnancy rates.⁴

Why does teenage pregnancy matter?

Being pregnant as an adolescent or teenager places both the mother and the baby at greater risk for health issues. Teenage mothers have a higher risk of developing anemia, hypertension, eclampsia and depressive disorders.^{5, 6} Babies born to teenage mothers are at increased risk for preterm birth and low birth weight. These adverse birth outcomes will also increase the risk of perinatal mortality and childhood morbidities.

Teenage mothers also have higher rates of smoking during pregnancy, lower rates of intention to breastfeed and lower rates of prenatal class attendance compared with

other mothers.⁷ These behaviours impose a negative impact on the health of their infants.

Despite these adverse birth outcomes among teens, Fleming et al. found in their study that teenage mothers had a significantly lower risk of gestational hypertension, gestational diabetes, and placental abruption.⁷ Moreover, they also found that teenage mothers were less likely to have a caesarean section.⁷

Local demographics

Table 1. Females 15 years and older by level of education, HPEC and Ontario, 2011

Level of education	HPEC	Ontario
Less than high school	22%	18.4%
High school diploma	30.6%	27.1%
College or apprenticeship diploma	32.6%	26.4%
University degree	14.6%	28.1%

Source: Statistics Canada (2011). Canadian Census data.

Figures may not sum to 100% due to rounding of figures to the nearest tenth of a percent.

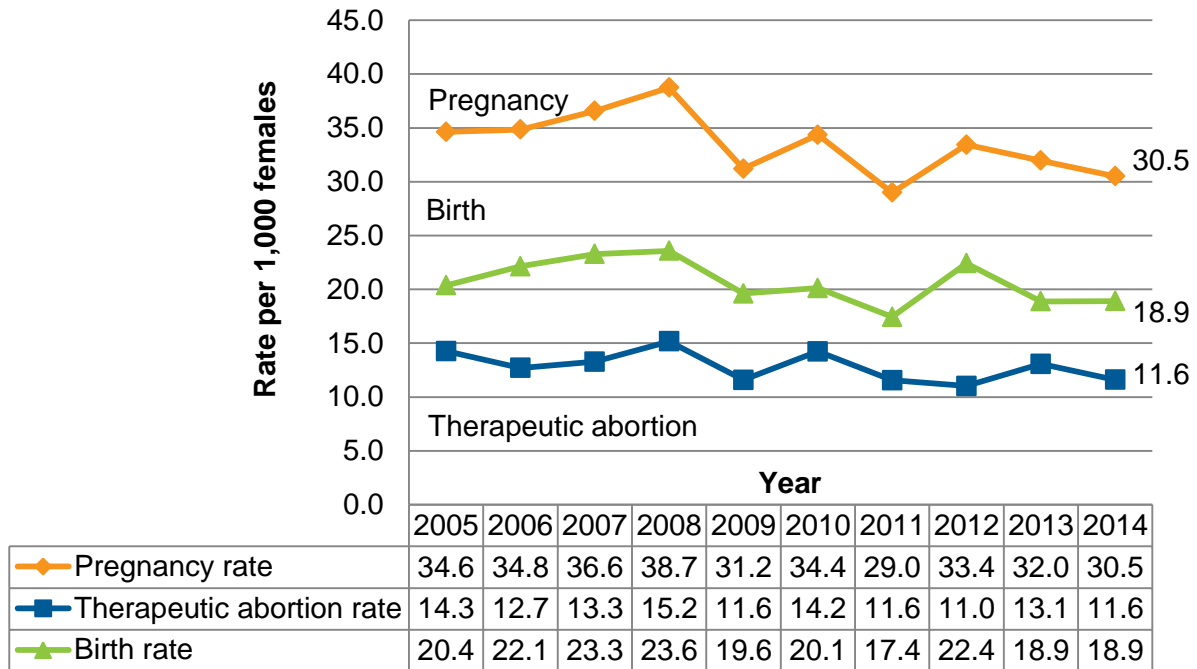
Table 1 shows the proportion of females aged 15 years and older for HPEC and Ontario in 2011 by level of education. Approximately two in ten females (22%) from HPEC had less than high school education and 30.6% had a high school diploma. The sum of these two levels indicates that more than half of the females 15 years and older in HPEC did not have post-secondary education in 2011. Only 14.6% of females had a university degree, which is approximately half of the provincial proportion (28.1%).

The unemployment rate in HPEC is an estimated 5.9%, which is similar to the provincial rate of 6.3%.¹¹ The unemployment rate for 15-25 year olds in HPEC is 16%.⁸

The average household income after tax in Hastings and Prince Edward Counties is \$58,508; this is substantially below the provincial average of \$71,523.⁸ Prince Edward County's median income is approximately 13.5% less than the provincial average, while Hastings County's is approximately 21% less.⁹ According to the results of the 2011 National Household Survey, 14.8% of HPEC residents fell below the [after-tax low-income measure](#), while 13.9% of Ontarians did the same.⁸ What's more, according to Healthy Babies Healthy Children 2015 Snapshot, 5.2% of mothers in HPEC stated they were concerned about their finances, while only 3.4% of mothers across Ontario had the same concerns.¹⁰

Trends over Time

Figure 1. Teenage* pregnancy, therapeutic abortion, and birth rates, HPEC, 2005 to 2014



* refers to females aged 15 to 19 years

Source: Inpatient Discharges and Hospital and Medical Services Data. 2005-2014; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: May 28, 2016.

Figure 1 shows the number of pregnancies, therapeutic abortions and births per 1,000 females aged 15 to 19 years for HPEC between 2005 and 2014.

The teenage pregnancy rate is defined as the number of pregnancies experienced by females 15 to 19 years old per 1,000 females in this age range. While females 10 to 14 years old can and do experience pregnancy, the number of pregnancies in this age group is minimal and thus too small to report in order to protect the privacy of individuals.

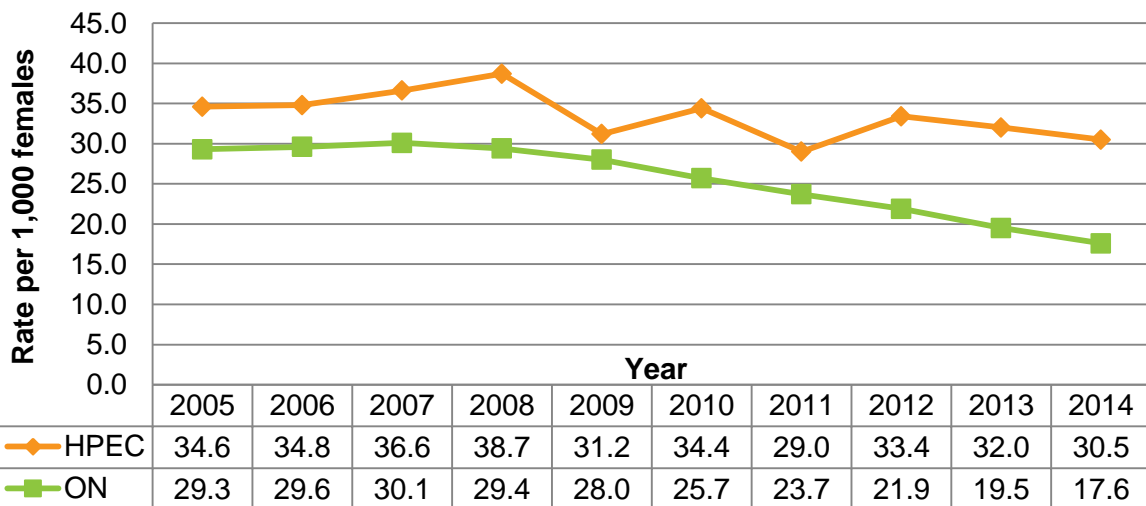
From 2005 to 2014, the teenage pregnancy rate fluctuated between 29.0 and 38.7. In 2014, there were 30.5 pregnancies, including total births and therapeutic abortions, per 1,000 females age 15 to 19 in HPEC.



Teenage birth rate is defined as the number of hospital deliveries (both live births and stillbirths) by females 15 to 19 years old per 1,000 females in this age range. From 2005 to 2014, the teenage birth rate fluctuated between 11.0 and 15.2. In 2014, there were 18.9 total births (including live births and stillbirths), per 1,000 females age 15 to 19 in HPEC. Teenage pregnancy rate and birth rate shared very similar fluctuations over the ten-year period.

Teenage therapeutic abortion rate is defined as the number of therapeutic abortions experienced by females 15 to 19 years old per 1,000 females in this age range. From 2005 to 2014, the therapeutic abortion rate fluctuated between 17.4 and 23.6. In 2014, there were 11.6 therapeutic abortions, per 1,000 females age 15 to 19 in HPEC.

Figure 2. Teenage* pregnancy rate, HPEC and Ontario, 2005 to 2014



* refers to females aged 15 to 19 years

Source: Inpatient Discharges and Hospital and Medical Services Data. 2005-2014; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: May 28, 2016.



Figure 2 shows teenage pregnancy rates in both HPEC and Ontario between 2005 and 2014. In Ontario, teenage pregnancy rates decreased from 29.3 per 1,000 females aged 15 to 19 in 2005 to 17.6 per 1,000 in 2014. Compared to Ontario, HPEC demonstrates a different trend with more fluctuation; what's more, the teenage pregnancy rates in HPEC remained above that of Ontario during this ten year period.

Provincial Comparisons

Table 2. Teenage* pregnancy, therapeutic abortion and birth rates, select regions in Ontario, 2014

Region	Pregnancy	Therapeutic abortion	Live births and still births
Highest rate	46.1 [†]	16.6	36.9 [†]
HPEC	30.5	11.6	18.9
Ontario	17.6 [†]	9.7	7.8 [†]
Lowest rate	7.8 [†]	3.2 [†]	1.7 [†]

* refers to females aged 15 to 19 years

[†] refers to significant differences, estimated using overlapping confidence intervals.

Source: Inpatient Discharges and Hospital and Medical Services Data. 2005-2014; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: May 28, 2016.

Table 2 shows the number of pregnancies, therapeutic abortions and births per 1,000 females aged 15 to 19 for HPEC in 2014, compared to Ontario, and Ontario's public health unit (PHU) jurisdictions with the highest and lowest teenage pregnancy rates. HPEC has the seventh highest teenage pregnancy rate in PHU jurisdictions – there are thirty-six PHU jurisdictions. HPEC also has the sixth highest teenage birth rate and the eighth highest teenage therapeutic abortion rate compared to other PHU jurisdictions.

The HPEC teenage pregnancy rate was significantly higher than the jurisdiction with the lowest teenage pregnancy rate and with that of Ontario. The HPEC rate was also significantly lower than the jurisdiction with the highest teenage pregnancy rate.

The HPEC teenage therapeutic abortion rate was significantly higher than that of the jurisdiction with the lowest teenage pregnancy rate, but not significantly different from that of the jurisdiction with the highest teenage pregnancy rate, or with that of Ontario.

The HPEC teenage birth rate was significantly higher than that of the jurisdiction with the lowest teenage pregnancy rate and with that of Ontario. The HPEC teenage birth rate was significantly lower than that of the jurisdiction with the highest teenage pregnancy rate.

Overall, both HPEC teenage pregnancy rate and birth rate were in the top quarter of public health unit (PHU) rates in 2014.



Pregnancy Outcomes

Table 3. Teenage* pregnancy outcomes, HPEC and Ontario, 2014

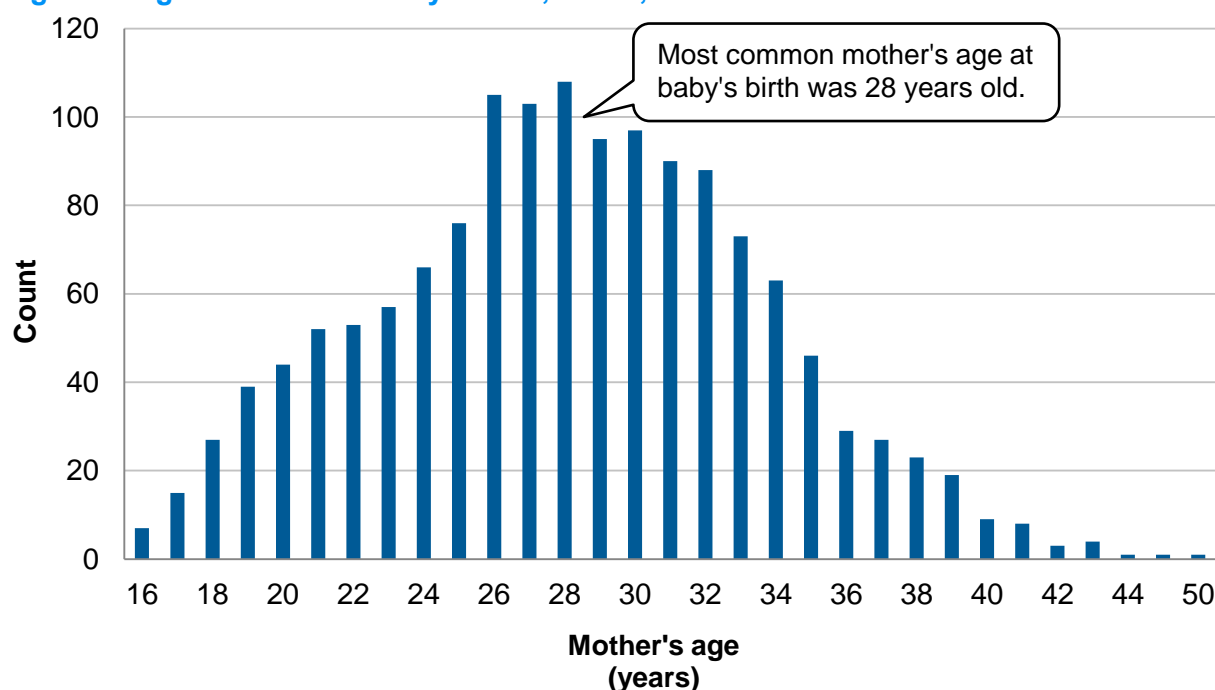
Pregnancy Outcome	Number of HPEC teen pregnancies	Percent of HPEC teen pregnancies	Percent of Ontario teen pregnancies
Therapeutic abortion	54	38.0%	56.9%
Live and still birth	88	62.0%	43.1%
Total pregnancies	142	100.0%	100.0%

* refers to females aged 15 to 19 years

Source: Inpatient Discharges and Hospital and Medical Services Data. 2005-2014; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: May 28, 2016.

Table 3 shows the teenage pregnancy outcomes for HPEC and Ontario in 2014. The majority (62%) of teenage mothers in HPEC gave birth. By comparison, more than half (56.9%) of the teenage pregnancies across Ontario ended in abortions.

Figure 3. Age of mother at baby's birth, HPEC, 2014



Source: Inpatient Discharges and Hospital and Medical Services Data. 2005-2014; Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: May 28, 2016.

Figure 3 shows mother's age at baby's birth (live birth and stillbirth) in HPEC in 2014. The most common mother's age at baby's birth in HPEC was 28 years old in 2014. Mother's age at birth ranged up to 50 years.

More than half of all babies were born to younger mothers aged 20-29 years in HPEC, as this age group comprised 53.1% of all births.

The 2008 Canadian Perinatal Health Report identified that the percentage of births to older mothers (especially mothers aged 35-39 years) has notably increased over the past decade.¹² In contrast, a lower percentage (40.7%) of babies were born to older mothers (those aged 30 years and older) in HPEC. Approximately 6.2% of babies were born to teenage mothers aged 15 to 19 years. A statistically small number of pregnancies also occur in young teens.

The overall age demographics for HPEC mothers indicate that women in HPEC still generally give birth at a younger age compared to mothers across Canada.



Conclusion

Being pregnant as a teenager places both the mother and the baby at greater risk for health issues. Teenage pregnancy remains a complex issue influenced by many social determinants of health. Addressing the determinants of health may provide some insight into identifying and working with our local priority populations to improve teenage health and well-being. Hastings and Prince Edward Counties remain among the top ten (out of thirty-six) health unit jurisdictions for teenage pregnancy rate, teenage birth rate and teenage therapeutic abortion rate.

Hastings Prince Edward Public Health Sexual Health Clinics offer:

- Healthy sexuality education and counselling
- Free STI testing and treatment
- Free condoms, low cost birth control and emergency contraception (i.e. Plan B)
- Pregnancy testing, options counselling and referrals

Public health supports the overall goal of reducing teen pregnancies through the provision of healthy sexuality education and counselling, access to low cost and/or free birth control supplies and the provision of confidential, youth-friendly sexual health clinical services throughout HPEC. It is recognized that various individual and societal factors contribute to increasing or decreasing the vulnerability of teens to pregnancy. As a community, therefore, it becomes everyone's role to help build supports to influence protective factors and reduce risks for our youth.

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