

Te Hapūtanga o te Taitamawahine

Teenage Pregnancy Module







Te Hapūtanga o te Taitamawahine

Module 1b

Teenage Pregnancy

Tirohanga Whānui – Overview	3
Ngā Tatauranga – Demographics	7
Ngā ratonga mō te taitamariki – Teen Specific Services	22
Rārangi Tohutoro – References	31



Teenage Pregnancy

Teenage pregnancy refers to pregnancy and parenting among 15–19 year olds.* Although New Zealand has the second highest rate of teenage pregnancies in the developed world, rates have been declining following a global trend.

Teenage pregnancy and early parenthood are widely recognised to be associated with a range of adverse outcomes such as social exclusion, educational underachievement, poverty and poor health.¹ Young people can face isolation, negative social attitudes, stress, anxiety and low self-esteem.¹ Many also live on a small budget that does not allow for extras, and they can miss out on education and employment opportunities.¹ Though some pregnant teens may have lots of family and social support, others may be fearful about telling their parents and thus conceal their pregnancy. Feeling overwhelmed and scared about bringing a new baby into the world, they might be unsure about their decision. Knowing how to access health services and support groups that are offered during pregnancy is important.

However, it is important to note that not all teenage pregnancies are unplanned or unwanted. Although the initial stages of pregnancy can be daunting and stressful, teen parents may have strong support from their families and acceptance of the pregnancy that leads to a positive experience for parents and families. Health workers can play a huge role in facilitating parents and families' access to relevant information and support services by having knowledge of local agencies and a strong understanding of the realities of teenagers. More importantly, having a sincere attitude towards young people that is devoid of value judgements will increase the likelihood of gaining their trust, which is essential to further engagement with teenagers.

^{*}While the terms adolescent and young person may be used loosely and interchangeably, the World Health Organization (WHO) defines young people as aged between 10 and 24 years. This age bracket includes the overlapping categories of adolescents, aged 10–19 years, and youth aged 15–24 years. For the purpose of this module, teenagers will be referred to as those aged 15–19 years of age, which is consistent with the Social Policy Evaluation and Research Unit (SUPERU), who have released multiple reports and publications relating to teenage pregnancy in NZ within this age bracket.

Tirohanga Whānui - Overview

This module focuses on teenage parents. It presents demographics relating to teenage parents, explains the varying needs and issues teen parents may face and offers considerations for when working with teen parents. It concludes with a list of support services that will assist individuals working with teen parents. It is important that this module is read together with the Mokopuna Ora Pregnancy and Parenting Education Curriculum.

Ngā Huanga Ako - Learning Outcomes

By the end of this module, participants will be able to:

- develop peer pregnancy and parenting support with other teen parents
- navigate entitlements and support services for teen parents
- understand their rights as a teen parent.

Kia whai mahara ka mahi ana ki ngā Mātua Taitamariki – Considerations When Working with Teen Parents

Health professionals and maternity services have an essential role in navigating young people through the web of health, education and social services during pregnancy. All maternity services should proactively and positively encourage young mothers to book early and to use these services throughout their pregnancy. Understanding and knowing how to work with young people is important as teen parents need assistance when seeking financial support, legal advice, secure and affordable housing, health services, child care, employment, and education or training opportunities.² Strong communal support and support from social services, health professionals and educators are most effective when they treat young people with respect and build trust through a caring relationship³ as teen parents face stressors that are not experienced to the same extent by other parents, such as the social stigma of being a young parent.

The principles of healthy youth development present a unique approach to working alongside young people.⁴ The principles of youth development are part of a strategy of how government and society can support young women and men aged 12–24 years. It's about how they develop the skills and attitudes they need to take a positive part in society, now and in the future. The following six principles can be used as a checklist and a tool for developing youth policies and programmes and in working alongside young people:

- 1. It is shaped by the 'big picture'.
- 2. It is about young people being connected.
- **3.** It is based on a consistent strengths-based approach.
- 4. It happens through quality relationships.
- 5. It is triggered when young people fully participate.
- 6. It needs good information.

It is important to involve, acknowledge and consider key issues for specific groups of young people, as each young parent will present with individual needs arising from their personal history and current life context. These groups include rangatahi (young Māori); Pacific young people; young people from minority ethnic communities; young people with physical, intellectual and learning disabilities; and isolated rural young people.⁵

Working and organising services that meet the needs of teenage parents requires sensitivity as there are many unique factors that may influence their ability or willingness to participate in programmes. The Families Commission⁶ has created a framework (Figure 1) using a family and whānau lens. The framework uses an ecological systems theory to illustrate the significant people and settings that may influence teenage parents, including the importance of family.



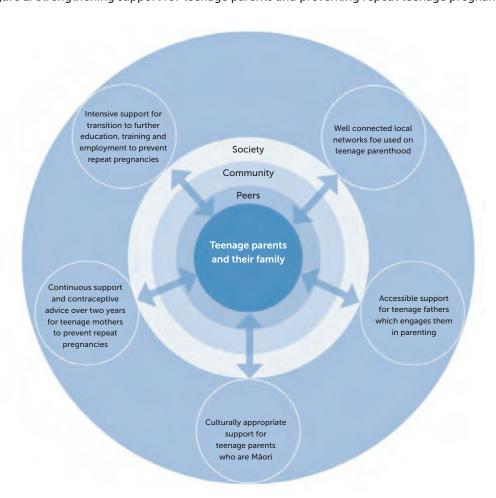


Figure 1. Strengthening support for teenage parents and preventing repeat teenage pregnancies.

Within the framework, key areas that are able to support teenage parents to achieve improved health outcomes are shown in the circles. In order for these interventions to work, they need to work seamlessly across any current influences in the teenage parents' lives (peers, community and society), including whānau.

1. A stronger focus on relationship education and ongoing contraceptive advice for two years after the birth

While young people need to understand the different contraceptive options available to them, they also need to understand that the correct and consistent use of contraception plays an important role in reducing teenage pregnancy and repeat teenage pregnancy. Many barriers exist, however, including lack of awareness, religious beliefs, lack of support for young people, cost and partner resistance. Understanding a teenager's motivation and intentions, and providing continuous support for contraceptive use can also reduce repeat pregnancy. These discussions can only be achieved when good non-judgemental relationships are established between health professionals and the teenage parent.

2. Support for transitions to education, training or sustainable employment

Many school-aged teenage mothers do not finish school. Although education is important for a young mother's socioeconomic wellbeing, teenage pregnancy interrupts this. Support systems that enable teenage mothers to access educational opportunities are important, and need to include flexible study options, affordable and accessible child care, and assistance with transport or opportunities for part-time work.

- 3. Connected local networks focused on teenage pregnancy and parenthood that can be replicated throughout New Zealand
 - Many young parents experience significant barriers to accessing support. This includes support for health issues, information about benefits, suitable housing, understanding their children's health needs, education and employment. Some young parents experience negative judgements and have expressed the need for health professionals and counsellors to receive training in teenage pregnancy health issues in order for them to be supportive¹⁰ while prioritising youth-specific services. When well-developed interagency relationships, support referral pathways and joint-case planning are established, the needs of at-risk teenage parents in the region, and their families can be better met.¹¹
- 4. Valuing and understanding the cultural needs of teenage parents who are Māori Little research has been conducted on Māori cultural views or approaches to teenage pregnancy. This has resulted in policy documents being grounded in a western worldview of family structure and constructs of the nuclear family.¹² Young Māori parents need support systems that help them cope with pregnancy, birth and motherhood and enable them to access educational opportunities. As stated by the Families Commission,¹³ "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" p.3.
- 5. Inclusive and responsive services aimed at the needs of teenage fathers as parents Many programmes for pregnancy and parenting are aimed at mothers and fathers are often invisible. It is known that engaged fathers improve outcomes for their children; however, many teenage fathers are not engaged, depending on the relationship circumstances between the teenage mother and father. Support to manage these relationships is important in order for the teenage father to build a positive relationship with his child.¹⁴ When teenage fathers were asked about activities that could respond to their needs, examples included physical activities, overnight camps, building identity, being able to learn from others and knowing you weren't alone.¹⁵ Being responsive to the teenage father's needs is just as important as responding to the teenage mother's needs.

Ngā Tatauranga – Demographics

NZ's teenage pregnancy rates are second highest internationally (after the United States in 2010) in the developed world. These rates have reduced significantly over the years: 2013 reflected the lowest recorded percentage (5.9%) of teenage births in NZ since 2001 (Figure 2), a trend that is also seen worldwide. While the Māori teen birth rate is also decreasing, it still remains higher than the national average. Factors that have been reported to impact on teenage birth rates are multifaceted, operating both directly and indirectly at different levels – individual, family, community and society. Other reasons include increased contraception use and postponement of sexual activity. Sexual activity.

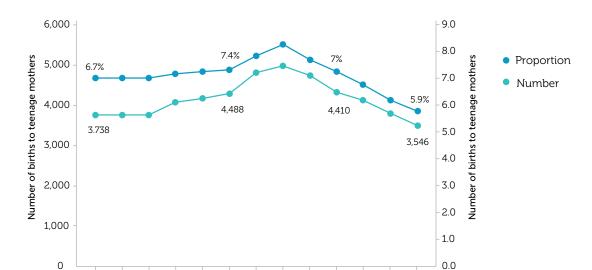


Figure 2. Number and proportion of registered births to teenagers (2001-2013)

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Maternal Age and Ethnicity

Births to teenage mothers are increasingly occurring during the older teenage years (18–19 year olds) (Figure 3). Almost three-quarters (71.6%) of all teenage births in 2013 were to 18 and 19 year olds, up from two-thirds (66.6%) in 2006. Births to younger teens (17 and under) reduced the most in 2013 (28.4%) compared with 2006 (33.4%).¹⁹

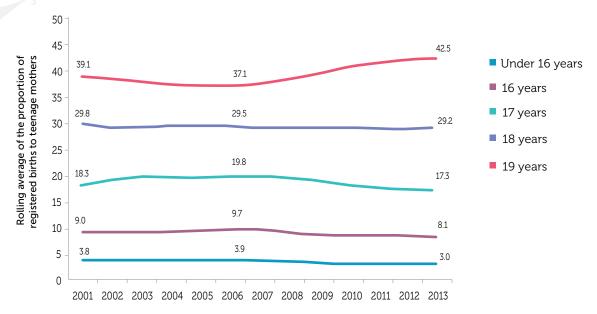


Figure 3. Proportion of all births to teenage mothers by single year of age, 2001–2013

An examination of live births in NZ in 2012 (Figure 4) shows that Māori and Pacific women had higher overall fertility rates during this period. During 2008–2012, 16% of Māori and 9% of Pacific women gave birth prior to 20 years of age, compared with 4% of European and 1% of Asian women.²⁰

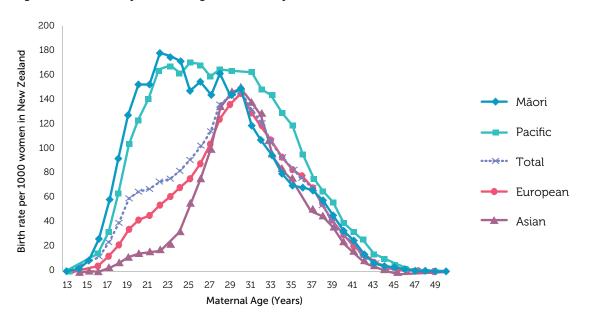


Figure 4. Birth Rate by Maternal Age and Ethnicity in NZ, 2008-2012

Source: Numerator-Birth Registration Dataset: Denominator-Census: Ethnicity is Level 1 Prioritised

With respect to teenage birth rates by maternal prioritised ethnicity in NZ during 1996-2012 (Figure 5), rates for Māori remained higher than for Pacific, European or Asian women. The decline in teenage births in NZ is also evident in the declining termination rate across all ethnic groups. In 2007, there was a peak of 27 per 1,000 - in 2013, it was around 14 - in 2000.

120 100 Māori 80 Pacific 60 ··⊶ Total 40 European Asian 20 96-97 98-99 00-01 02-03 04-05 06-07 08-09 10-11 12 Year

Figure 5. Teenage Birth Rates by Maternal Prioritised Ethnicity in New Zealand, 1996–2012

Source: Numerator-Birth Registration Dataset: Denominator-Census: Ethnicity is Level 1 Prioritised

Maternal Deprivation

Quintile 1

Quintile 2

For babies born to mothers under 20 years, the rates of births increased with increasing NZ deprivation index quintile; 50% of this age group were living in the most deprived quintile, compared with 19% of women aged 35–39 years (Figure 6). Births to women of a younger age are associated with higher levels of socioeconomic deprivation. When categorised by ethnicity from the period of 2008–2012, each level of deprivation remained higher for Māori followed by Pacific, European and then Asian women (Figure 7).²³

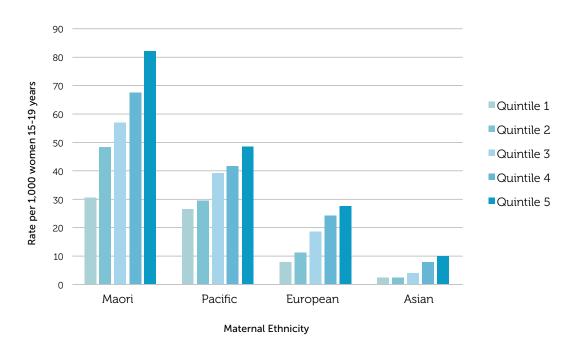
Figure 6. Birth Rate by Maternal Age Group and New Zealand Deprivation Index Quintile, 2013.

Figure 7. Teenage Births by Maternal Ethnic Group and New Zealand Deprivation Index Quintile, 2008–2012

Quintile 4

Quintile 5

Quintile 3



Registered with a Lead Maternity Carer (LMC)

In 2013, women under 20 years were less likely (41%) than any other age group to register with a lead maternity carer (LMC) in their first trimester of pregnancy (Figure 8); 38% registered in their second trimester.²⁴

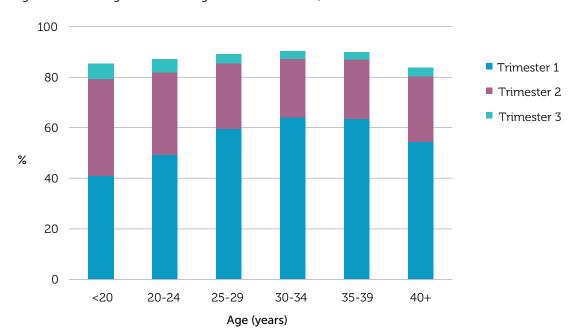


Figure 8. Percentage of women registered with an LMC, 2013

A study that reviewed 81,821 records of NZ women who registered with an LMC found that those groups least likely to register in the first trimester of pregnancy were women under 20 years, and/or of Māori and Pacific ethnicity.²⁵ A report that looked at the barriers to accessing antenatal care in the Counties Manukau District Health Board (CMDHB) found that many women commented about difficulties finding an LMC – not knowing the LMCs in their area, wanting to feel comfortable with an LMC, and many problems and delays procuring an LMC.²⁶

A separate comprehensive review titled "Maternity Care Experiences of Teen, Young, Māori, Pacific and Vulnerable Mothers at Counties Manukau Health" undertaken in 2013²⁷ found that many of the teen parents had not engaged with any LMCs as they didn't want to be judged for being a young parent, as was mentioned by these two participants:

I never had a midwife, due to when I did have a midwife she was very judgemental because of my age being pregnant young...so I felt uncomfortable so I just basically looked after myself through the whole nine months and gave birth in my own bath tub. I didn't go to the hospital... I just did it on my own.

When you get someone that's like I know that you're hating on me, I'm not going to tell you anything!

Difficulties with the method of finding and contacting your own midwife were also mentioned by one participant:

I got asked if I had a midwife and I was six months then I said no and they just gave me a list of names. I was like yeah whatever and I didn't call any of them.



This sheds light on the importance of providing accessible information to mothers so they are able to find LMCs. It also highlights the need for health professionals to not judge young pregnant mothers as this impacts on engagement (or lack of engagement) during the antenatal period.

With respect to deprivation levels and registering with an LMC, women living in the most deprived areas (42%) were least likely to register with an LMC in their first trimester (Figure 9). As discussed earlier (under Maternal Deprivation), women aged under 20 years are associated with higher socioeconomic deprivation.²⁸

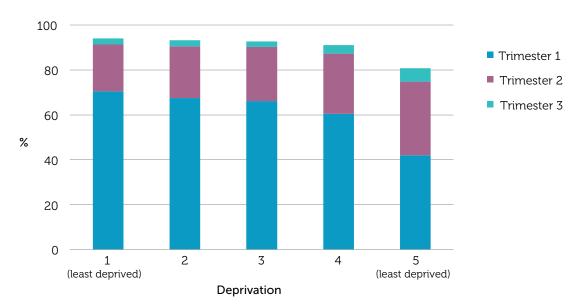


Figure 9. Percentage of women registered with an LMC, 2013

Type of Birth

A larger proportion of women under 20 years have a spontaneous vaginal birth and are less likely to have an elective caesarean (Figure 10).²⁹ Women under 20 also have the lowest total percentage of emergency caesarean sections.

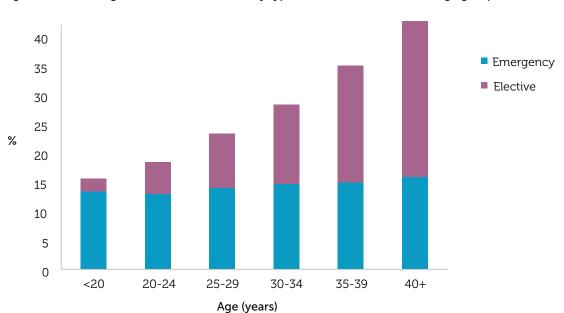
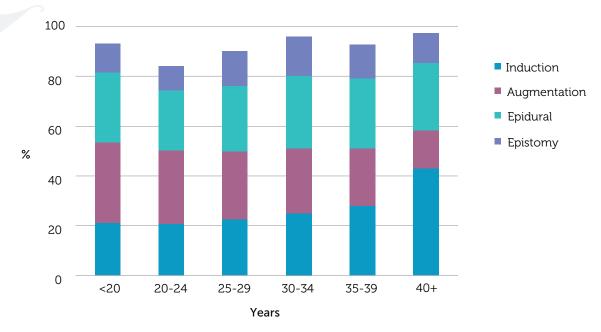


Figure 10. Percentage of caesarean sections, by type of caesarean section and age group, 2013

Interventions at Birth

A third of women under 20 years of age were more likely to have their labour augmented with an epidural following (Figure 11). The trend for augmentation decreases as women grow older, whereas the need for an induction increases.³⁰

Figure 11. Percentage of obstetric interventions during labour and birth, by type of intervention and age group, 2013



Findings from the interviews with mothers¹ suggested that at the time of labour information was poorly provided to them, particularly about pain relief, interventions needed when a baby becomes distressed (e.g. the need for an emergency caesarean section) and the stages of labour. Many of the young women felt that if their LMC had provided them with more information and options related to the birth of their babies, they would have felt empowered and had a more positive experience. Some of their responses are below:

I want a better experience. I want to be in more control, like be in more control of the situation than I was then...nature was just against me that day...I mean I didn't even want to go hospital, but I ended up staying in there for a whole week.

Teach them what you should do during pregnancy and in the hospital. Because when I went in, I didn't know what I was going to go through. Like I thought it was a piece of cake, but then my labour took five days.

One young mother talked about how a midwife didn't introduce herself and continued to check how she was progressing with labour:

I felt they didn't talk to me because I was young and they were like, well she won't know anything anyway so what's the point. I never got introduced to the random nurse that came in and told me to start pushing...she like checked to see if I was dilated enough. I didn't even know her name.

While the rates of water births aren't available via the Ministry of Health Maternity Tables (2013), there is an increasing trend for women to use water when birthing. Below is a response from one young mother who used water to assist with her labour:

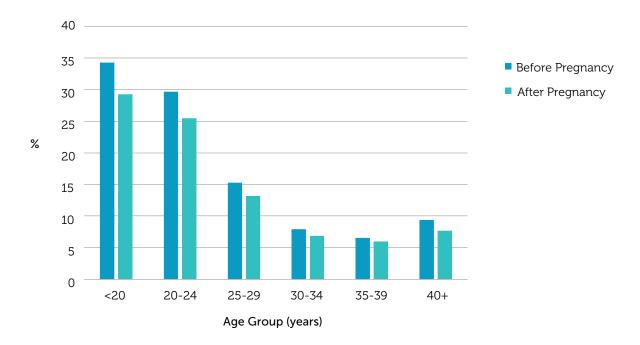
PPE Consultation interviews and focus groups with Māori and young mothers, 2015.

Friends of mine all had a water birth and it just became a natural progression for me. It just became one of those things where when I got pregnant and when I was going to have my children, they were going to be born in water...and so that's what I did.

Tobacco Smoking

A large number of women under 20 years old were smoking at the time of registration with an LMC (around 34%) and this reduced to around 29% two weeks after the baby was born (Figure 12). The next largest group to smoke at LMC registration was 20–24 year olds.

Figure 12. Percentage of women identified as smokers at time of registration with an LMC and 2 weeks after the baby was born by age group, 2013

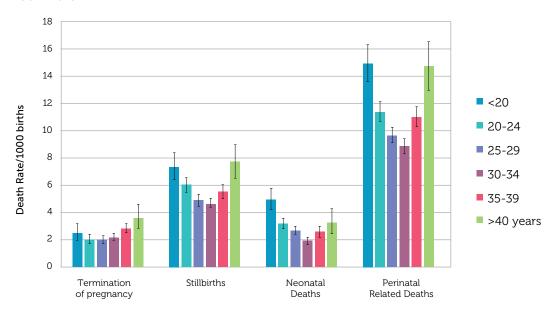




Perinatal-Related Deaths

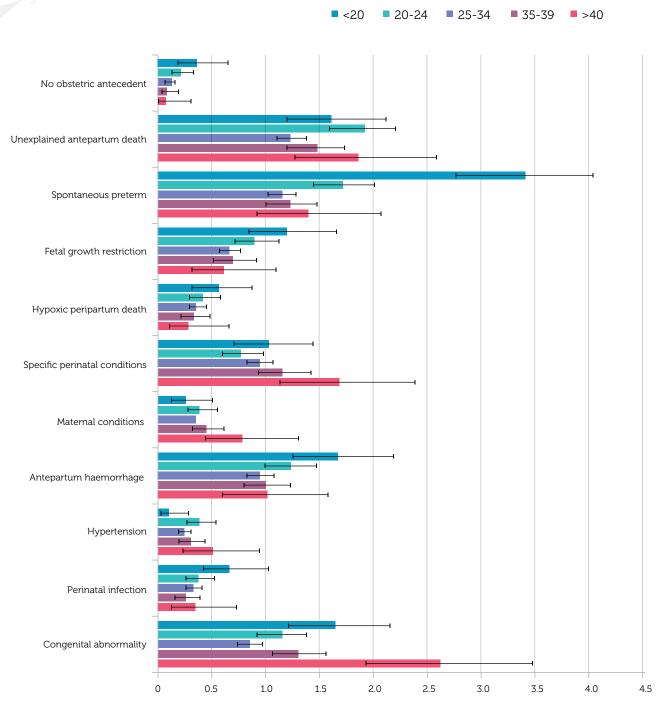
With respect to maternal age and perinatal-related mortality, the highest mortality rates were among mothers under the age of 20 years and mothers aged 40 years and older (Figure 13). The highest risk of late terminations and stillbirths was among women over 40 years. The mothers with the lowest risk of perinatal mortality were those aged 30–34 years.³¹

Figure 13. Perinatal-related death rates (per 1,000 births) by maternal age (with 95% CIs), $2007-2013^{32}$



Spontaneous preterm birth is twice as often the cause of perinatal-related death among babies of teenage mothers than it is among those of mothers of any other age category (Figure 14). There is also a significant trend of increasing stillbirth/neonatal death from specific perinatal conditions and maternal conditions with increasing maternal age.

Figure 14. Perinatal death classification (PSANZ-PDC) specific perinatal-related death rates (excluding termination of pregnancy) by maternal age (with 95% CIs), 2007–2013.



Personal Experiences

The women who were interviewed to support the development of this curriculum were asked to share their experiences of being pregnant at a young age. While most described their personal experiences of care during labour and birth, some claimed the biggest challenge during their pregnancy was telling their parents and being judged by others.

My fear was disappointing my parents...being a disappointment to everyone, especially because I'm the youngest of my siblings.

My culture is Cook Islands Tahitian. In my culture you are not supposed to have a child before your 21st. It was really hard for me to have a child at 18 because it's against my culture...you get talked about a lot.

For me when I found out I was pregnant, the first thing that came to my mind was I'm going to get judged from the school...from all the teenagers. You know, she's young and she's pregnant and she's at school. That's the first thing they do is judge.

While the need for more support and advice on how to tell parents about their pregnancy was identified by the young women, much of the fear they had anticipated changed because parents eventually accepted the pregnancy news:

My dad didn't talk to me. My mum, she was about to cry and that, saying I'm too young. But eventually they got over it and then they were supportive...then my baby came out. Everything changed...they love her.

Actually when I found out I cried but I was happy, but I wasn't. There were so many things going through my head like, is my dad going to be upset, my families going to be upset? But when I rang my mum, she was happy as.

Although telling parents and the fear of being judged for being a young parent was one challenging aspect for young mothers, another challenge was added when they became single during pregnancy:

I was scared of raising a baby by myself, because at the time I found out, I wasn't with his dad, so I was scared as. I'll see how things are going to go bringing him up by myself.

I wanted to be absolutely dedicated to making sure that nothing interfered with me and my pregnancy. I actually left baby's dad...I just really wanted to experience it and have no interruptions, worries, stress nothing.

Despite being single, whānau were important support structures for the young women during their pregnancy and parenting journey. Men who also stayed with their partners also provided important support:

Every time I'd go to the doctors, she (sister) was always coming with me. I'm very shy...she'd ask all the questions. She asked the doctors all the information that we needed...so yeah. She was the one that found me a midwife and that. She was practically my partner, you know.

He was actually really good...he's actually been good throughout the whole thing...just supportive. The main one that I like is when I feel insecure and he's always there to upraise my feelings and saying babe you're beautiful and all of that.

[¶]PPE Consultation interviews and focus groups with Māori and young mothers, 2015.

Paternal Characteristics

For fathers of babies of teenage mothers, young age was common: 36.5% of births were to fathers aged <20 years, and a further 35.5% were to fathers aged 20–24 years (Table 1). Of the men who fathered the babies of teenage mothers, 39.4% were Māori, 14.3% Pacific, 23.7% European/Other and 1.9% Asian. Interestingly, in over a fifth (20.7%) of births, the father's ethnicity was not stated.³³

Table 1: Characteristics of fathers in NZ, 2008-2012.

	Total births 2008– 2012	Rate per 1,000 population	Percentage of all teenage births		Total births 2008– 2012	Rate per 1,000 population	Percentage of all teenage births
Paternal Age Grou	ıp			Paternal Prioritised Ethnicity			
<20 years	8,263	9.3	36.5	Māori	8,670	5.6	39.4
20-24 years	8,090	3.1	35.5	Pacific	3,144	4.6	14.3
25-29 years	1,857	2.9	7.8	Asian	4,07	0.4	1.9
30-34 years	495	0.7	2.0	European	5,225	0.9	23.7
35–39 years	183	0.2	0.7	Details missing	4,562		20.7
40+ years	118	0.0	0.4				
Missing	4,172		17.2				

While much of the services, support and research is largely directed at mothers, it is important to remember the significant role father's play. Within NZ, recognition of the fundamental roles of men and fathering in family function and health has received increased nationwide attention through studies carried out by the Ministry of Health^{34,35} and the Families Commission.³⁶

A comprehensive research report involving consultation with fathers, agencies and families in West Auckland, NZ, highlighted increasing recognition of fatherhood as an important factor in successful health outcomes for their children.³⁷ The report emphasised that fathers are different in their approach to parenting, and this difference needs to be valued and respected. Many fathers spoke of feeling somewhat excluded in terms of support from services, and having lost some confidence in their mandate to parent with assurance.³⁸ Another report from the Families Commission³⁹ found that when there were relationship problems between the teenage mother and father, teenage fathers needed to have continued support with accessible information that engages them in their parenting role. This is now changing and fathers are more aware about partnership and parenting of their children. This also highlights the importance of continued support for fathers and their transition into the role as a young parent.



Ngā ratonga mō te taitamariki – Teen Specific Services

Community Pregnancy Support

Name	Description and Activities	Contact Details
B4Baby (Turuki Health Care) & Midwifery	Provides LMC midwifery care and breastfeeding education and support • Antenatal classes with a focus on tikanga birthing practices • Birthing choices • Antenatal and postnatal support and information • Parenting advice and support	0800 242 229
Barnardos	Ensures all children receive the very best start to life Free kids helpline (up to 18 years) Kidstart Family support Counselling Parents as first teachers (PAFT)	0800 4 parent (0800 472 7368) (free) 0800whatsup? 0800 227 627 (free)
Find Your Midwife	Find a midwife anywhere in NZ	http://www.findyourmidwife.co.nz/
Granger Grove	Residential, family care programme that enables mothers to make a fresh start in a secure, supportive environment Social workers, counsellors, child psychotherapists and caregivers Parenting and home-making skills including cooking, budgeting Accessing community resources, relationships and goal setting	Otahuhu (09) 276 3729 Fax (09) 276 9761 0800 901 000 (free)
Health Line	A free 24-hour health service Not teen specific but used by teens	0800 611 116
Living and Learning Family Centre	Young mums 16-week support programme Caring for baby Caring for self Positive relationships Finding support networks Money and budgeting Making healthy choices	212 Universal Drive Henderson (09) 837 7992

Name	Description and Activities	Contact Details
North Shore Women's Centre	Celebrating and strengthening women Free legal clinic Clothes exchange Social worker Drop in Counselling Holiday programme for teenage girls	5 Mayfield Rd Glenfield (09) 444 4618
Pacific Island Women's Health Project		Crisis line 0800 474 947 (free) (09) 828 4317 or info@falelalaga.org.nz
Parent Aid	Extra pair of hands needed during stressful times • Practical home/child care assistance around the home when sickness, accident or the unexpected happens	(09) 836 4122
Parent Support	Offers immediate, short-term support in the home • Free service providing short-term practical help	Co-ordinator (09) 486 4666 info@parentsupport.org.nz
Plunket Line	A free 24-hour health service • Help and advice with parenting babies and children under five	0800 933 922
Pregnancy Counselling Services Inc.	A free 24-hour counselling service Face-to-face counselling Support in pregnancy Recovery after abortion Considering an adoption Transport to appointments Help to find accommodation	0800 633 328 (free) (09) 307 6745
Pregnancy Help Inc.	Provides free support and information Pregnancy testing Counselling Drop in centres Information Help with referrals Telephone support line Clothing and baby equipment	(09) 373 2599
Shine	For women and children experiencing violence in their home Information and options Secret safe houses	Free phone 0508 384 357 (0508 DV HELP)

Community Pregnancy Support Continued

Name	Description and Activities	Contact Details
Te Kaha o te Rangatahi Trust	A Māori community based youth provider delivering sexual health and teenage pregnancy services to young Māori and Pacific Island rangatahi (youth) & their whānau within the Counties Manukau (South Auckland), Central, North and West Auckland areas Provides a safe and confidential service for rangatahi (youth) aged 9–19 years	Transport & Pregnancy Support 021 283 8374 www.tekaha.co.nz
Te Puna Hauora	Confident capable and healthy whānau Mana Mātua Parenting (free) Wrap around free health services (GP, Tamariki Ora, Nurse, physio, dental Transport Social worker, youth worker Drug and alcohol counselling	58a Akoranga Dr Northcote (09) 489 3049 Fax (09) 486 0750 166 Birkdale Rd Birkdale (09) 483 5724 Fax (09) 483 5723
Thrive Teen Parent Support Trust	Empowers young parents (teen to 24 years) to build thriving families and lead fulfilling lives Parenting – antenatal education Parenting education Social workers for case work Young mums support group Young dads	773 New North Road Mt Albert 1025 & 34 Lincoln Rd Henderson Central Hub (09) 551 4367 West Hub (09) 213 9658 Referrals Line (09) 551 4368 admin@thrive.org.nz
U Choose	A free help and support service for women facing crisis pregnancies and/or difficult circumstances • Pregnancy support – going to appointments • A place to stay – either homestay or a neighbouring flat (free of charge)	0800 U CHOOSE (0800 824 6673) (free) Text 021 293 6687
Young mums group Gracegate (coming)	Free young mums group and free young dads group (Living and Learning) Parenting toolbox How to cope, making friends Free child care	Charisa (09) 914 2999 charisa@gracegate.org.nz
Youthline Pregnancy Centre (Preferred by PFC)	Individual and family counselling and support services Three free counselling sessions by female counsellors for decision making, i.e. abortion, adoption or keeping baby	Free TXT 234 Free phone 0800 376633 FREE talk@youthline.co.nz Centres in Auckland and Aotearoa http://www.youthline.co.nz/ about-us/find-us/

Financial Assistance

Name	Description and Activities	Contact Details
Work and Income NZ	Young Parent Payment The Young Parent Payment is a weekly payment for 16- to 18-year-old parents who have a dependent child or children, and are in need of financial assistance and will not be supported by their parents. For more information visit http://www.youthservice.govt.nz/ways-we-can-help/financial-assistance/young-parent-payment.html Guaranteed Childcare Assistance Payment The Guaranteed Childcare Assistance Payment (GCAP) is used to help pay for child care for children under five years old. It can only be used for the child care young people need while they are in education, training, work-based learning or doing part-time work, or when they are undertaking their youth activity obligation (e.g. a parenting or budgeting course).	Appointments are made through the 0800 line 0800 559 009. For more information visit www.workandincome.govt.nz
	For more information visit http://www.youthservice.govt.nz/ways-we-can-help/financial-assistance/childcare-help.html	

Teen Parent Schools

Name	Description and Activities	Contact Details
Tangaroa Connected Learning Centre, Tangaroa College	ATPENZ is a professional association of New Zealand Teen Parent Schools and attached Early Childhood Centres, established to promote the provision of ongoing education for young parents and to support the efforts of the schools and teachers who provide these opportunities and to provide professional support, advocacy and co-ordination to Teen Parent Units in New Zealand.	Haumia Way East Tamaki (09) 272 2871
Taonga Education Centre		28 Palmers Road Manurewa (09) 269 2863
Eden Campus		16 Ngauruhoe Street Mt Eden (09) 638 3413
He Wero o ngā Wāhine		22B Smythe Road PO Box 21-141 Henderson (09) 837 7570 Email: he.wero@xtra.co.nz

Youth Health and Sexual Health Services

Name	Description and Activities	Contact Details
Auckland Sexual Health Service	Free and confidential sexual health care Sexually transmitted infections Contraceptive advice Sexual abuse service Assistance with pregnancy decision making if an existing client	0800 739 432 (free)
Community Alcohol and Drugs Services (CADS)	Free counselling for people who have alcohol or other drug related problems	(09) 488 2701
Family Planning Association (FPC)	Promotes a positive view of sexuality, enabling people to make informed choices about their sexual and reproductive health • Emergency contraceptive pill (ECP) • Sexually transmissible infection (STI) checks and treatment • Pregnancy testing and counselling • Produce booklet 'ABORTION — what you need to know'	0800 4636 5463 (free)
HELP	Support for survivors of sexual abuse Therapy Justice Community Adult, youth, parents and caregivers	(09) 623 1700
Kidz First Centre for Youth Health (Counties Manukau)	Offers a range of support and treatments, including: Comprehensive health assessments to ensure we fully understand young people's health needs Accurate information allowing young people to make decisions about their health Acknowledging importance of support from family, whānau, school and community Links to other services Supports young people with gender identity issues	95 Wiri Station Rd Wiri, Auckland 2104 Private Bag 93311, Otahuhu, Auckland 1640 (09) 261 2272 Fax (09) 261 2273 cfyh@middlemore.co.nz www.countiesmanukau.health.nz
Starship Paediatric Community Child Health & Disability Service – Child & Youth Health Team	Assessment, advocacy and referral for children and young people with health issues including students attending alternative education centres	14 Green Lane West One Tree Hill, Auckland 1051 Private Bag 92189, Auckland Mail Centre, Auckland 1142 (09) 639 0200 (09) 639 0237 SAskwith@adhb.govt.nz

Youth Health and Sexual Health Services Continued

Name	Description and Activities	Contact Details
Youth Health Hub	Services for under 24s who might be difficult to reach with a focus on mental health Free health services 10–24 years Youth worker and counselling Young dads Youth health clinics	(09) 836 2329, TXT 021 824 500 youthhub@healthwest.co.nz Drop in: 18 Lincoln Road, Henderson during office hours (8:30am-5:00pm)

Youth Mental Health

Name	Description and Activities	Contact Details
Counties Manukau DHB Whirinaki Child, Family and Youth Mental Health	Whirinaki (meaning to support) is a specialist mental health service for children and young people living in the Counties Manukau region.	3rd Floor, 7 Springs Road East Tamaki, Auckland PO Box 217198, Botany Junction, Auckland 2164 (09) 265 4199 (09) 265 4017 (for referrals)
Kari Centre Community Teams – Auckland DHB	Kari Centre Community Teams provide assessment and treatment for children and adolescents with a known or suspected serious mental health disorder. The Kari Centre also provides a Youth Early Intervention Service (YEIS) that specialises in seeing young people with a first episode of Psychosis or Bipolar Affective Disorder from the age of 14 to their 18th birthday.	Ground Floor, Building 13, Greenlane Clinical Centre 214 Greenlane Rd, Auckland (09) 623 4646 Reception: (09) 623 4611 Duty: (09) 623 4612 www.adhb.govt.nz General number for Greenlane Clinical Centre (09) 367 0000 Extension/pager number known – (09) 307 4949 Patient enquiries (09) 375 4300 Outpatient appointments and surgical bookings (09) 638 0400 GP/ External Specialist Help Desk (09) 307 2800 Mental Health Services 24 Hour Crisis helpline 0800 800 717.

Name	Description	n and Activities	Contact Details
Waitemata DHB Marinoto and Youth Mental Health S	mental heal therapy for people fron	orth and West provide Ith assessment and children and young n 0 to 19 years who live emata District Health	Marinoto North Child Team 124a Shakespeare Road, Takapuna Private Bag 93503, Takapuna North Shore City 0740 0800 489 555 Fax (09) 486 8999 Marinoto North Youth Team Shakespeare Road, Pupuke Building
			North Shore Hospital, Takapuna Private Bag 93503, Takapuna North Shore City 0740 0800 489 555 Fax (09) 441 8939
			Marinoto West Child Team Child Health Unit, Waitakere Hospital 55-75 Lincoln Road, Henderson Private Bag 93115, Waitakere City 0650
			Duty Team and Youth Team: (09) 822 8666
			Child Team (09) 837 6624 Fax (09) 838 1818
			Marinoto West Youth Team Waimarino Building 33-37 Paramount Dr, Henderson Private Bag 93115, Waitakere City 0650
			Duty Team and Youth Team: (09) 822 8666 Fax (09) 822 8672
			If URGENT help is required after hours (09) 822 8600
			Mental Health 24-hour crisis West/North (Youth/Adult service) 0800 800 717

Young Fathers Support Group

Name	Description and Activities	Contact Details
Otara Health Charitable Trust: Teen Fathers Programme	The programme is designed to address a range of needs commonly faced by young fathers, such as how to manage the new role of being a father, how to be positively involved in their baby's life and the financial, legal, employment and educational issues they are often faced with.	Main Office Shop 3 Fair Mall Otara Town Centre (09) 274 4340 Julia@otarahealth.org.nz
Iosis Family Solutions: Young Fathers Programme	This strengths-based programme is a combination of one-on-one mentoring sessions with a youth worker, as well as group sessions with other young dads. http://www.iosis.org.nz/wp-content/uploads/losisDLE-YoungFathers_prf2.pdf	112c Russell Road, Manurewa Manukau City 2102 (09) 269 0050 Fax (09) 267 9431 enquiries@losis.org.nz
THRIVE Teen Parent Support: Young Dads Group	The focus of the Young Dads Group is to provide opportunities for young dads to gain confidence, build knowledge and skills within their role as a father, to connect with their peers and support networks within their communities.	Jonathan at jonathan@thrive.org.nz or text or call on 021833672 Auckland Central and Glen Innes
Change Works & Teen Dads Plus	Personal development course for fathers under 24 years • Free 10-week course followed by ongoing fathers group for networking	18 Lincoln Rd, Henderson (09) 836 3777 or 021 488 142 (Ryan) (09) 839 7482 (Junior)
Young Dads North **	For fathers under 24 • Free 10-week course followed by ongoing fathers group for networking	Te Puna 58a Akoranga Dr Northcote (09) 489 0192 Junior 021 272 2249

Youth Health Workshops for Health Professionals

Name	Description and Activities	Contact Details
HEEADSSS Assessment	HEEADSSS (Home, Education/ Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) is an acronym for a youth-led assessment. HEEADSSS assessment is core to the work of all professionals working with young people. HEEADSSS assessment is used widely across the youth health and development sectors.	See website for workshop schedule http://www.werrycentre.org.nz/pro- fessionals/training-and-events
Brainwave Trust Adolescence Workshops	Workshop topics include: The implosive emotional decision making of the teenage years Risk taking from a different perspective How decisions are made differently when peers are involved Why teenagers sleep patterns change Impact of technology on teenagers Understanding how alcohol and drugs affect the adolescent brain	See website for workshop schedule www.brainwave.org.nz

Rārangi Tohutoro - References

- 1. Gibb, S. J., Fergusson, D. M., Horwood, L. J. & Boden, J. M. (2014). Early motherhood and long term economic outcomes: Findings from a 30-year longitudinal study. *Journal of Research on Adolescence*, 25(1), 164–172. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/jora.12122/pdf
- 2 Families Commission. (2011). *Teenage pregnancy and parenting: An overview.* Retrieved from http://www.superu.govt.nz/sites/default/files/teenage-pregnancy.pdf
- 3 Ibid.
- 4. Ministry of Youth. (2002). *Youth Development Strategy Aotearoa*. Retrieved from http://www.myd.govt.nz/documents/resources-and-reports/publications/ydsa-leaflet-04.pdf
- 5 Ibid.
- 6 Families Commission. (2011). *Teenage pregnancy and parenting: An overview*. Retrieved from http://www.superu.govt.nz/sites/default/files/teenage-pregnancy.pdf
- 7 Ibid.
- 8 Ibid.
- 9 Ibid.
- 10 Ibid.
- 11 Ibid.
- 12 Ibid.
- 13 Ibid.
- 14 Ibid.
- 15 Ibid.
- 16 Social Policy Evaluation and Research Unit. (2015). *Teen births: Current trends in New Zealand*. Research summary. Retrieved from http://www.superu.govt.nz/sites/default/files/Teen_births_summary_report.pdf
- 17 Social Policy Evaluation and Research Unit. (2015). *Teen births: Current trends in New Zealand*. Fact sheet. Retrieved from https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Teen%20births%20fact%20 sheet%20FINAL_0.pdf
- 18 Ibid.
- 19 Ibid.
- 20 Taufa, S. (2015). A mother's hope: Pacific teenage pregnancy in New Zealand (PhD thesis). University of Auckland.
- 21 Ibid.
- 22 National Institute of Demographic and Economic Analysis. (2013). *Current trends for teenage births in New Zealand*. University of Waikato.
- 23 Ibid.
- 24 Ministry of Health. (2015). *Maternity tables 2013*. Wellington: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/maternity-tables-2013
- 25 Dixon, L., Andrews, A., Eddy, A., Guilliland, K., Hendry, C. & Houston, J. (2014). Changing trends in pregnancy registration for New Zealand women. *Journal of Primary Health Care*, *6*(4), 279–285.
- 26 Corbett, S. & Okesene-Gafa, K. (2012). *Identifying barriers to initiation of antenatal care among pregnant women at CMDHB.* Counties Manukau District Health Board.

- 27 Pacific Perspectives. (2013). Maternity care experiences of teen, young, Maori, Pacific and vulnerable mothers at Counties Manukau Health.
- 28 Ministry of Health. (2015). *Maternity tables 2013*. Wellington: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/maternity-tables-2013
- 29 Ibid.
- 30 Ibid.
- 31 Perinatal and Maternal Mortality Review Committee. (2015). Ninth annual report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2013. Wellington: Health Quality & Safety Commission.
- 32 Ihid
- 33 Ministry of Health. (2015). *Maternity tables 2013.* Wellington: Ministry of Health Retrieved from http://www.health.govt.nz/publication/maternity-tables-2013
- 34 Ministry of Health. (1998). Child health strategy. Wellington: Ministry of Health.
- 35 Ministry of Health. (2008). *Pacific child health: A paper for the Pacific Health and Disability Action Plan Review.* Wellington: Ministry of Health.
- Families Commission. (2008). *Statement of intent 2010—2013*. Retrieved from http://www.nzfamilies.org.nz./publications-resources/strategic-documents
- 37 Pudney, W. (2006). Fathering our city: A scoping report on fathering our children in Waitakere City 2005/2006. Auckland: Te Korowai Manaaki Great Start Waitakere and Violence Free Waitakere.
- 38 Tautolo, D. (2013). Fatherhood literature review for TAHA Well Pacific Mother and Infant Service.
- 39 Families Commission. (2011). *Teenage pregnancy and parenting: An overview.*Retrieved from http://www.superu.govt.nz/sites/default/files/teenage-pregnancy.pdf.







Conectus

School of Population Health Faculty of Medical and Health Sciences The University of Auckland

Street

Building 734, 261 Morrin Road Glen Innes, 1072

Postal

Private Bag 92019, Auckland 1142