

Institute of Population and Public Health Applied Public Health Chair Impact Case Study



Dr. Jean Shoveller: Mapping the Inequities that Contribute to Teen Pregnancy in BC



Research Focus

Social factors — from education and income to culture and ethnicity— shape the places where we live and influence our individual experiences and health outcomes within those places. Variations in social factors from one area to the next can affect everything from heart disease to teen pregnancy rates.

As an Applied Public Health Chair, Dr. Jean Shoveller’s particular interest in young people’s sexual and reproductive health outcomes led her to spearhead an innovative effort to map the social factors that influence the sexual health of British Columbia’s youth.

The Youth Sexual Health Team (YSHT) provides a novel perspective on the forces associated with differences in youth sexual health outcomes in communities throughout BC. The team leads the Youth Sexual Health Mapping Initiative, which has produced a series of maps that provide unique insights into the ways in which underlying population-level conditions influence contraception use across the province.

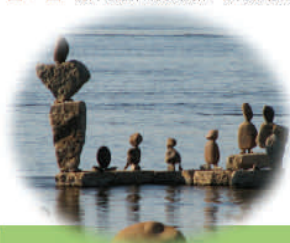
The objective of the Initiative is to enable researchers, policy makers, and service providers to address teen pregnancies in the province more effectively by addressing the social and structural inequalities that contribute to negative sexual health outcomes and improving access to contraceptives and other sexual health services.

Research Impact: Making a Difference

Maps are simple, yet powerful, tools. In the hands of the YSHT, maps are illustrating how variances in the distribution of social, economic, and environmental conditions across geographic, cultural and socio-political boundaries can create inequalities.

With funding from the Chair, the YSHT used input from several unique databases and geographic information system technologies to prepare maps of contraceptive use from 1996 to 2003 among youth aged 10 to 24 years.

The maps are a graphic illustration of the relationship between patterns of contraception use and a variety of social variables, including lone-parent families, low income, household composition, number of moves during past year, and proportion of 18 year olds in the area who have not graduated. As well, they demonstrate how hormonal contraceptive use and teen pregnancy have changed over time, within and across geographies and by age groups. Two related CIHR-funded studies carried out at the same time as the mapping initiative have also been



completed, both focused on youth contraception use in the Northern Health Authority. With the collaboration of local stakeholders, these additional studies have yielded valuable information that is being used to interpret general patterns revealed through the maps and craft intervention responses that are sensitive to local context.

For example, the maps and ethnographic fieldwork (e.g., interviews with youth; systematic observations) provided detailed data on structural barriers (e.g., lack of transportation; limited clinic operation hours) to accessing contraception. These insights have been useful to illustrate both matches and mismatches between the places where young people spend their time and where sexual health services are provided. Using these data, the YSHT and local decision makers are working together to more closely align the location of clinical services in areas of town where youth normally hang out (e.g., near their school). Furthermore, clinic hours have been adjusted to better coincide with youth's everyday lives (e.g., open at lunch time; after school) and significant alterations have been made to clinic décor (e.g., privacy enhancements; youth-oriented posters). In addition, the team is working in partnership with community pharmacists to develop youth-friendly pharmacies. Pharmacists dispense birth control prescriptions and are the primary vendors for condoms in many communities, making them an important intervention site.

The maps will be released publicly in early 2011 and the Chair is working with multiple partners, including the BC Centre for Disease Control, OPTions for Sexual Health, and BC's Chief Medical Health Officer, to interpret and apply the evidence highlighted in the YSHT's maps. The YSHT is also working with the BC Centre for Disease Control to illustrate geographical patterns of other youth sexual health indicators, such as sexually transmitted infections, and to launch a new on-line sexual health program in British Columbia. In addition, the YSHT is providing a unique and important opportunity to characterize the service-delivery side of youth sexual health in BC and to connect with key players to better meet the needs of youth and achieve outcomes.

Want to Know More?

To learn more, please visit: <http://sexualhealth.ubc.ca/> or <http://www.youthsexualhealth.ubc.ca/>

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