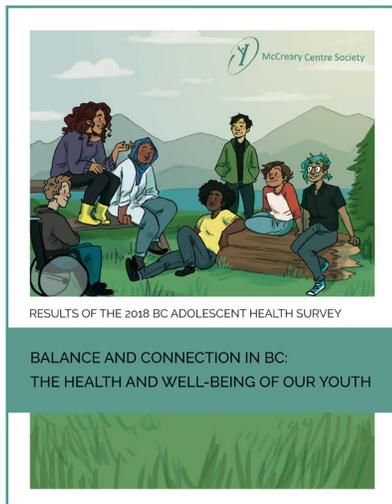


PARENTING YOUTH IN BC

A 2018 BC ADOLESCENT HEALTH SURVEY FACT SHEET



This fact sheet uses data from McCreary Centre Society's BC Adolescent Health Survey (BC AHS). The most recent BC AHS was completed in 2018 by over 38,000 youth aged 12–19. To learn more about the survey and view other fact sheets and reports, please visit mcs.bc.ca.

Any percentage that is marked with an asterisk (*) should be interpreted with caution, as the standard error was higher than others but is still within the releasable range.

Quotes from parenting youth who completed the 2018 BC AHS are included throughout the fact sheet.

Parenting while still in school can be challenging, and previous studies have found that young parents are at increased risk of experiencing interpersonal violence, abuse, and trauma; as well as educational, employment, financial, mental health, and substance use challenges (Costello, 2014; Hodgkinson et al., 2014; Thompson, 2016). However, strong support networks and connections can help young parents successfully navigate their parental responsibilities and can contribute to more positive parenting experiences and well-being outcomes (Brand et al., 2014; Bunting & McAuley, 2004; Thompson, 2016).

Background

"I want to learn more about proper parenting: how to raise and develop kids."

In 2018, 1% of BC youth reported they were currently a parent and either lived with their own child (or children) or took care of them on an average school day.

Almost half of parenting youth lived in the Fraser region (47%), 21% lived in Vancouver Coastal, 16% on Vancouver Island, 11% in the Interior, and 6% in the North.

Most young parents were aged 15 or older (57%) and lived with at least one of their parents (84%). However, parenting youth were more likely to live alone compared to non-parenting youth (5% vs. <1%). Over half (56%) had been in a dating relationship within the past year.

Youth more likely to be parenting included:

- Youth born outside of Canada (3% vs. 1% of youth born in Canada).
- Sexual minority youth (2% vs. 1% of straight youth).
- Youth who had been in government care (3% vs. 1% who had never been in care).

Physical and mental health

“Schools need to involve themselves more with the mental health of students.”

Most parenting youth rated their health and mental health as good or excellent. However, female parents were less likely than male parents to rate their mental health positively (68% vs. 83%). Also, parenting youth were more likely than non-parenting youth to report they had post-traumatic stress disorder (PTSD; 8% vs. 3%), FASD (5% vs. <1%), ADHD (12% vs. 7%), and a substance use addiction (8% vs. 3%).

Adequate sleep and nutrition can support physical and mental health. Less than half of parenting youth (47%) had slept for at least eight hours on the night before they completed the BC AHS, and just over half (53%) woke up feeling rested. Two thirds (66%) ate at least two meals a day during the school week.

Parenting youth were less likely to report they had the right amount of time on their own to do the things they wanted (57% vs. 66% of non-parenting youth). They were also less likely to have exercised on at least three days in the past week (57% vs. 71%) and to have participated in extracurricular activities (73% vs. 84%), including informal sports (40% vs. 52%) and organized sports (45% vs. 53%).

Access to health care and mental health services

In the past year, parenting youth most commonly got their health care from a family doctor and a walk-in clinic. However, they were less likely to access these services than other youth, as 47% saw their family doctor (vs. 61% of non-parenting youth) and 25% went to a walk-in clinic (vs. 35%). Parenting youth were more likely than their peers to access health care at a school wellness centre (5% vs. 2%) and to visit a traditional healer (4% vs. 1%).

Among parenting youth who needed these services in the past year, 27% did not get the medical care they needed and 16% did not access mental health care. Common reasons for not accessing needed mental health services included not wanting their parents to know (46%*), thinking or hoping the problem would go away (44%* vs. 63% of non-parenting youth), and not knowing know where to go (40%*).

Sexual Health

“There should be more resources to bring sexual education to our schools? I only had a “conservative” sex ed class for 30 mins in grade 7.”

Compared to their peers who were not parenting, parenting youth were more likely to have engaged in sexual intercourse (27% vs. 20%), and to have had non-consensual sex. For example, among youth who had ever had sex, 13% of parenting youth had sex for the first time when they were younger than 12 years old, compared to 3% of non-parenting youth.

Substance use

In their lifetime, 45% of youth who were parenting had tried alcohol and 26% had tried cannabis. These rates were similar to the rates among non-parenting youth. However, parenting youth were more likely to have tried tobacco (26% vs. 18% of non-parenting youth), and to have used alcohol, cannabis and tobacco recently and frequently. For example, among youth who had tried cannabis, 20% of parenting youth used it every day in the past month, compared to 6% of non-parenting youth.

Parenting youth were more likely than their peers to report needing help for their alcohol use (9% vs. 3% of non-parenting youth), cannabis use (7% vs. 3%), and other substance use (5% vs. 1%).

Victimization

"I think it would have helped me a lot to have a program where a person comes in class to talk about dealing with past traumas and how to get over them/accept them."

Parenting youth experienced physical abuse and intimate partner violence at similar rates to non-parenting youth. However, they were more likely to have experienced sexual abuse (17% vs. 11% of non-parenting youth).

Poverty and deprivation

Parenting youth were more likely than non-parenting youth to go to bed hungry at least some of the time because there was not enough money for food at home (23% vs. 10%), including 4% who often or always went to bed hungry (vs. 1%). They were also more likely to experience material deprivation, including being twice as likely to report wanting but not having a space of their own to hang out in and four times as likely to be deprived of a quiet place to sleep.

In the past year, 17% of parenting youth had been discriminated against or treated unfairly because of how much money they or their family had (vs. 8% of non-parenting youth).

In addition to attending school, 32% of parenting youth worked at a paid job during the school year – a rate similar to non-parenting youth. However, among youth who were employed, parenting youth were more likely to work at least 21 hours a week (23% vs. 8% of non-parenting youth).

YOUTH WHO FELT DEPRIVED OF ...		
	Parenting youth	Non-parenting youth
Space of their own to hang out in	12%	6%
Money to spend on themselves	10%	10%
Lunch for school/money for lunch	10%	4%
Money for school supplies, trips, and extracurricular activities	10%	4%
Access to transportation	9%	3%
Equipment/clothes for extracurricular activities	9%	3%
Smartphone	8%	6%
A quiet place to sleep	8%	2%
Clothes to fit in	5%	2%
Access to Internet	3%	1%

Note: The difference between parenting youth and non-parenting youth who felt deprived of a smartphone was not statistically significant.

Home environment

Parenting youth were less likely than their peers to feel safe inside their home (83% often or always felt safe there vs. 94% of non-parenting youth).

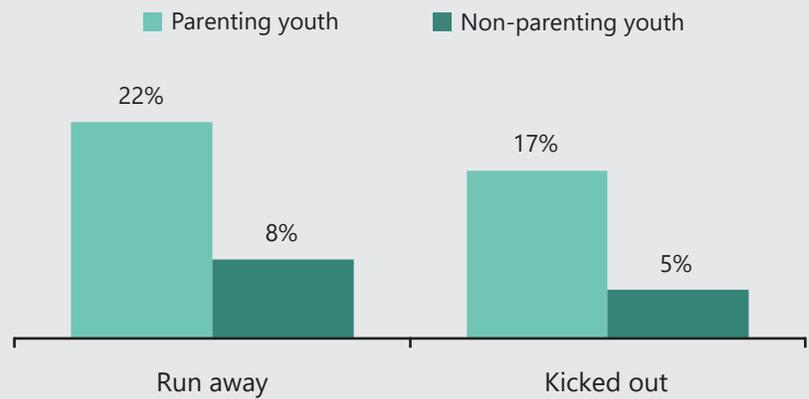
Parenting youth also experienced greater housing instability including being more likely to have moved (50% vs. 24% of non-parenting youth), run away, or been kicked out of home in the past year.

Youth who felt they had a supportive family were more likely to report positive health and well-being. For example, 87% of parenting youth who felt their family understood them at least quite a bit rated their health as good or excellent, compared to 65% who did not feel their family understood them.

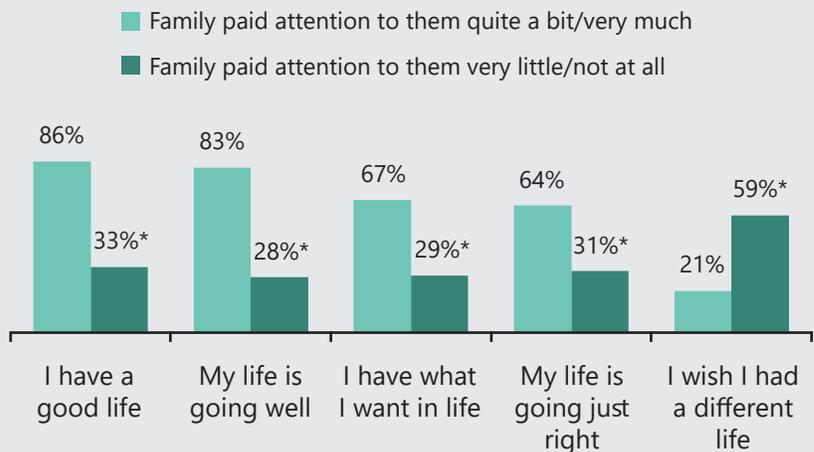
Youth with a supportive family were also more likely to report getting medical care when they needed it and to plan to continue their education after high school. For example, 86% whose family understood them got the medical help they needed when they were sick or hurt (vs. 53%* who did not feel their family understood them).

Similarly, youth who felt their family paid attention to them, respected them, and understood them reported a better quality of life. For example, 83% of parenting youth who felt their family respected them reported they had a good life, compared to 42%* of those who did not feel their family respected them.

YOUTH WHO HAD RUN AWAY FROM HOME AND/OR BEEN KICKED OUT IN THE PAST YEAR



QUALITY OF LIFE (among parenting youth)



Note: Any percentage that is marked with an asterisk (*) should be interpreted with caution, as the standard error was higher than others but is still within the releasable range.

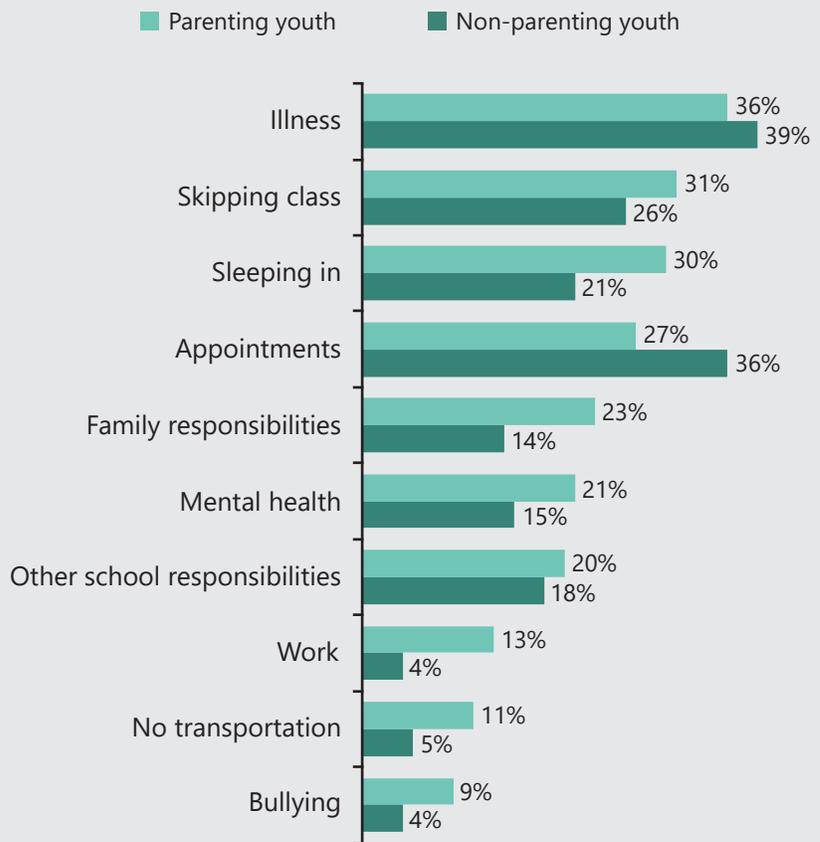
School environment

Parenting youth were less likely than non-parenting youth to feel connected to their school (53% vs. 60%), and were specifically less likely to feel safe at school (63% vs. 73%), that school staff treated them fairly (57% vs. 71%), and that teachers cared about them (58% vs. 66%). They were also less likely to expect to finish high school (78% vs. 88% of non-parenting youth), and to plan to continue on to post-secondary (71% vs. 83%).

Around three quarters of parenting youth (73%) missed school at least once in the past month – most commonly because of illness or because they were skipping class. Also, almost 1 in 4 missed school because they had family responsibilities.

Parenting youth reported more positive health and well-being when they felt their teachers cared about them, including feeling they had a good life, their life was going well, and connected to school. For example, parenting youth who felt their teachers cared about them were more likely to feel like they were a part of their school (72% vs. 21% of parenting youth who did not feel teachers cared about them), to feel safe at school (85% vs. 15%), and to plan to continue their education after high school (76% vs. 61%*). They were less likely to have skipped classes in the past month (23% vs. 58%*).

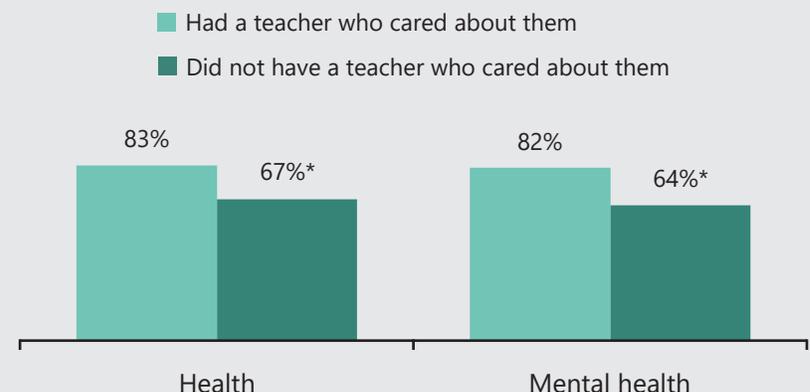
REASONS FOR MISSING CLASS IN THE PAST MONTH



Note: The differences between parenting and non-parenting youth who missed class because of 'illness', 'skipping class', 'mental health', and 'other school responsibilities' were not statistically significant.

Note: Youth could choose more than one response.

YOUTH WHO RATED THEIR HEALTH AND MENTAL HEALTH AS GOOD OR EXCELLENT (among parenting youth)



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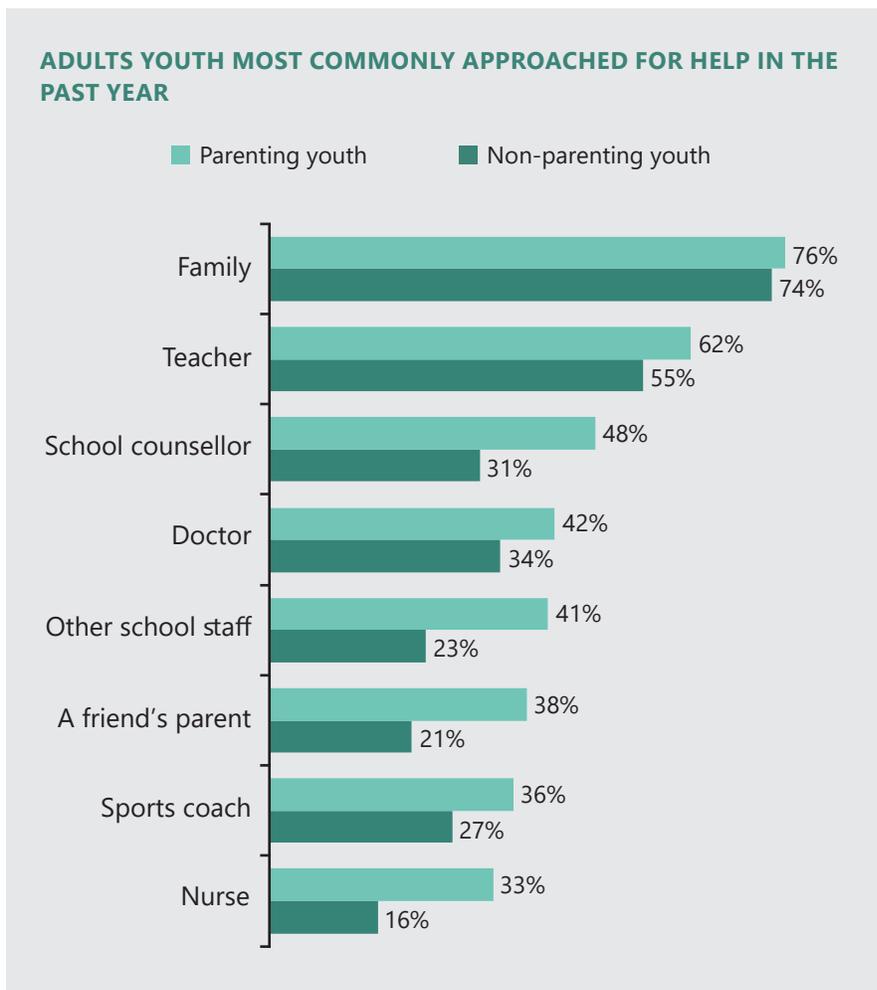
Supportive adults

"I am good at connecting/relating to others."

Parenting youth were less likely than other youth to have an adult who really cared about them in their community (49% vs. 65% of non-parenting youth). However, those who did have such an adult in their life were more likely to feel connected to their community (56% vs. 26% who did not have an adult in their community who cared), to feel good about themselves (65% vs. 48%), to rate their health as good or excellent (84% vs. 75%), and to participate in weekly extracurricular activities (79% vs. 67%).

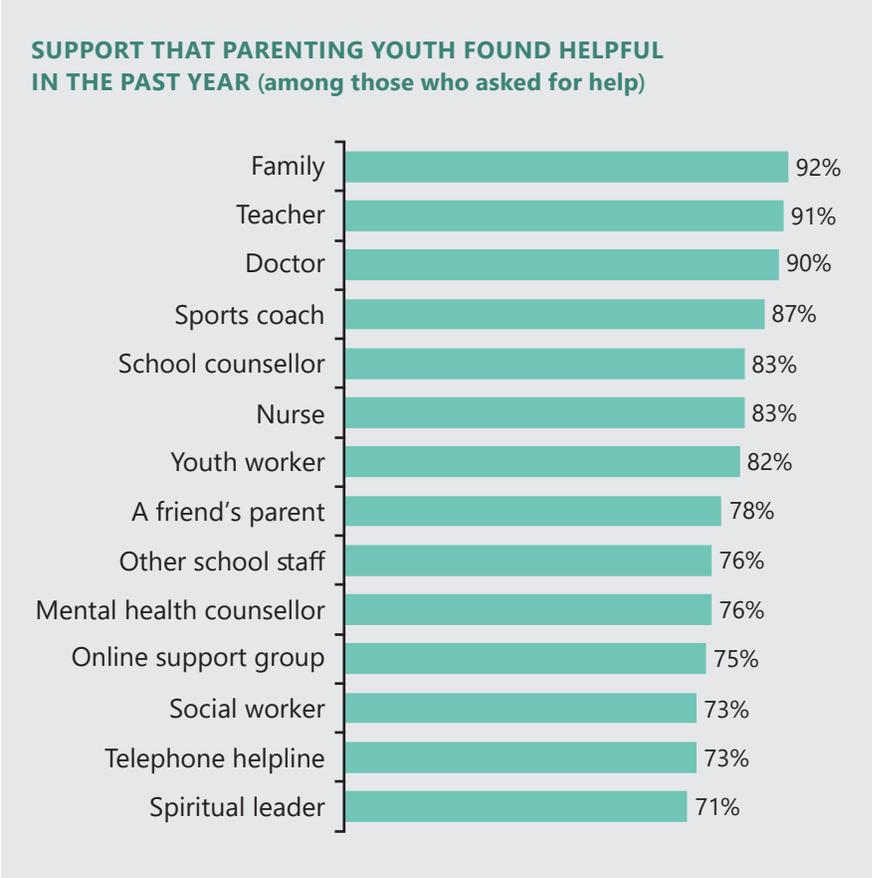
Having an adult to talk to if they were having a serious problem also increased the likelihood that parenting youth reported more positive mental health. For example, compared to parenting youth who did not have an adult to talk to, those who did were less likely to experience extreme stress (33% vs. 47%) and extreme despair (22% vs. 44%) in the past month.

When asked who they had approached for help in the past year and whether they found the experience helpful, parenting youth were more likely than other youth to have approached a range of adults outside their family for help but were generally less likely to find them helpful. For example, 78% of parenting youth found a friend's parent helpful when approached, compared to 89% of youth who were not parenting.



Note: The difference between parenting and non-parenting youth who approached their family for help in the past year was not statistically significant.

Parenting youth were more likely to reach out to a telephone helpline (22% vs. 5% of non-parenting youth) and an online support group for help (23% vs. 6% of non-parenting youth). Among youth who contacted a telephone helpline, parenting youth were more likely to find the experience helpful (73% vs. 58% of non-parenting youth).



Supportive Peers

Most parenting youth (90%) had at least one close friend in their school or neighbourhood. However, this was lower than the percentage for non-parenting youth (96%). They were also less likely to have at least three close in-person friends (73% vs. 81%). Parenting youth were more likely to have at least one close friend online who they had never met in person (46% vs. 34% of non-parenting youth); and about a quarter (26%) had three or more online friends.

Parenting youth were less likely to have friends with healthy attitudes towards potentially risky behaviours. For example, 55% of parenting youth had friends who would be upset with them if they dropped out of school, compared to 83% of non-parenting youth.

Almost 8 in 10 parenting youth (79%) had asked an in-person friend for help in the past year and 4 in 10 had asked an online friend for help. Parenting youth generally found their in-person friends more helpful than their online friends. Parenting youth who had a supportive friend were more likely to rate their mental health positively (79% vs. 54%* of those who did not have a supportive friend).

Summary

Parenting youth in BC experience a range of challenges to their healthy development. However, findings from the BC AHS show the important role that family, friends, and other supportive connections can play for these young people.

Resources

Young Parent Program

The BC government offers funding for parents under the age of 25 who are trying to complete high school. For more information, visit gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/young-parent-program.

BC Council for Families

For resources, training, and support for families and professionals supporting families, visit bccf.ca/program/program-3/.

Family Smart

Peer support and resources for youth and parents available at familysmart.ca/.

Youth in BC

Find youth resources and online crisis support from noon to 1am at youthinbc.com/.

Foundry

Connect with online and in-person health and wellness support for youth ages 12–24 at foundrybc.ca/.

REFERENCES

- Brand, G., Morrison, P., & Down, B. (2014). How do health professionals support pregnant and young mothers in the community? A selective review of the research literature. *Women and Birth: Journal of the Australian College of Midwives*, 27(3), 174–178. <https://doi.org/10.1016/j.wombi.2014.05.004>
- Bunting, L., & McAuley, C. (2004). Research Review: Teenage pregnancy and motherhood: The contribution of support. *Child & Family Social Work*, 9(2), 207–215. <https://doi.org/10.1111/j.1365-2206.2004.00328.x>

- Costello, C. (2014). Pathways to postsecondary education for pregnant and parenting teens. Washington, DC: Institute for Women's Policy Research. <https://eric.ed.gov/?id=ED556724>
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114–122. <https://doi.org/10.1542/peds.2013-0927>
- Thompson, G. (2016). Meeting the needs of adolescent parents and their children. *Paediatrics & child health*, 27(5), 1. <https://doi.org/10.1093/pch/21.5.273>

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