Decreasing Inequity in Child Outcomes (PATHS Equity for Children): The Effect of In-School Clinics on Teen Pregnancy & STI Rates

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Background

The rates of teen births appear to be decreasing across Manitoba, yet Manitoba has one of the highest rates in the country. Even more troubling is the large variation in the rate of teen births in mothers age 15-19 years by Winnipeg community area and Manitoba region (2.0-101.1/1000). Adolescents age 15-19 years also have the second highest rate of chlamydia and gonorrhea infections (STIs).

Adolescents require sexual and reproductive health care services that are tailored to their developmental stage. A variety of in-school programs began in Manitoba in 2001 as a part of a number of provincial initiatives. As a result, we are focusing our project on in-school programs as they have the potential for reducing adolescent sexual risk-taking and limiting adverse outcomes.

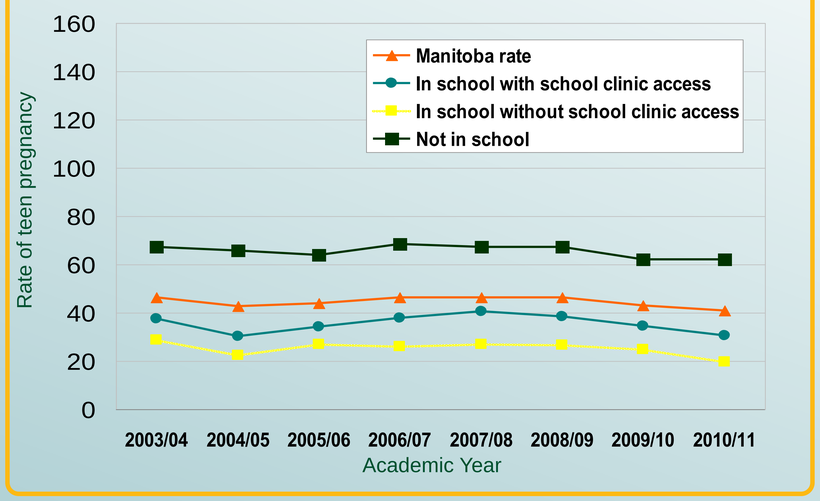
Objectives

To examine whether the presence or not of in-school clinics affects teen pregnancy and STI rates of students in Grades 9 to 12 and, if clinics reduce the SES inequities in teen pregnancy and STI rates.

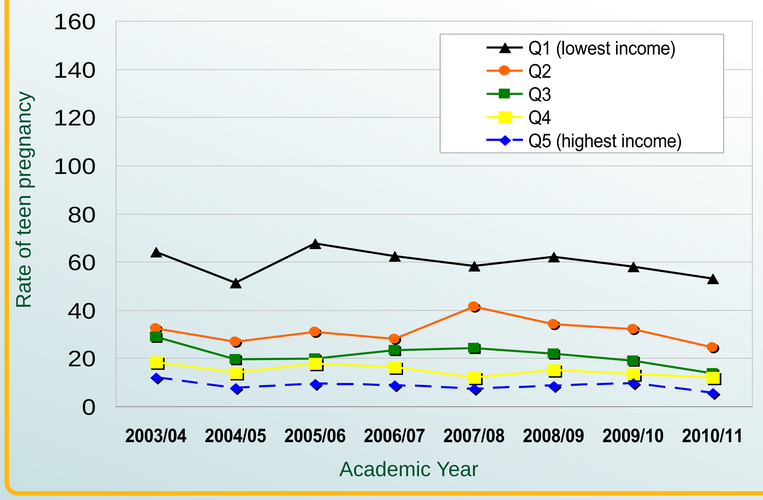
Methods

- Uses the world-class data housed at the Manitoba Centre for Health Policy to enable identification of all children who reside in provincially owned social housing
- Uses a pre-/post-test analysis of secular trends in teen pregnancy and STIs.
- Uses a stepped-wedge design to examine those in-school clinics programs offered since 2006 to your clustered in Winnipeg community areas and other regional health authorities.
- Uses multi-level modeling to test individual effects

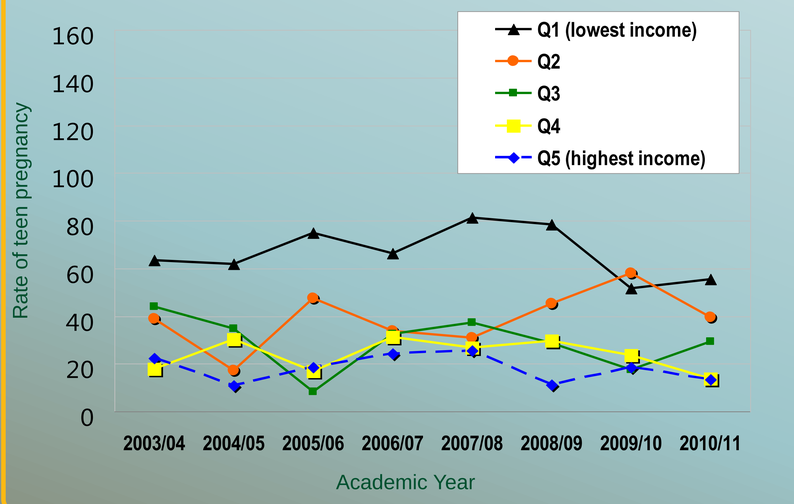
Teenage Pregnancy for Manitoba Population, Academic Years 2003/04 - 2010/11
Crude rate of females aged 15-19 years per 1,000



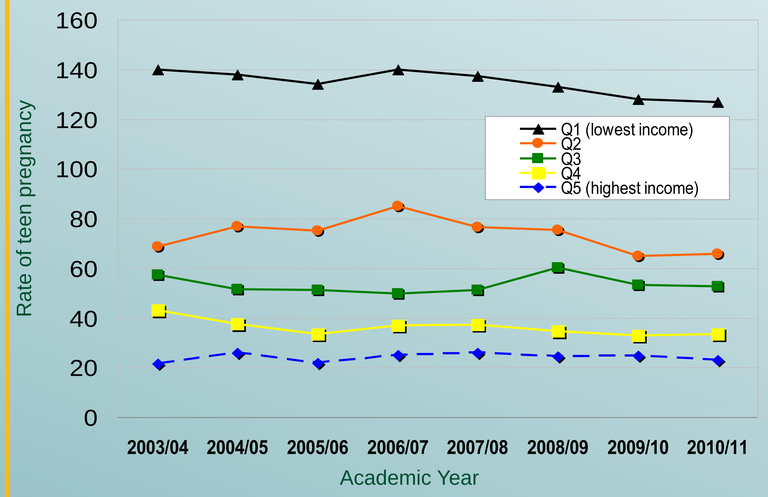
Teenage Pregnancy for Students W/OUT In-School Clinic Access by Income Quintiles, Academic Year 2003/04 - 2010/11
Crude rate of females aged 15-19 years per 1,000



Teenage Pregnancy for Students WITH In-School Clinic Access by Income Quintiles, Academic Year 2003/04 - 2010/11
Crude rate of females aged 15-19 years per 1,000



Teenage Pregnancy for Students NOT IN SCHOOL by Income Quintiles, Academic Year 2003/04 - 2010/11
Crude rate of females aged 15-19 years per 1,000



Conclusion

In-school clinics appear to have been systematically assigned and supported in schools with higher needs (higher rates of teenage pregnancy and STIs). This "confounding by indication (lower SES)" affects our ability to comment on any equity gap. However, we have been able to calculate possible contact hours per student available and future analyses examine the effect of pregnancy on graduation.

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CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

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