A Qualitative Study on the Impact of Spirituality on the Health Concerns of Young Parents

Prepared for DOCH II in association with the University of Toronto, Sunnybrook Health Sciences Centre, and Rosalie Hall

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Abstract

Rationale and Objectives:

Young adolescent parents have many issues which influence their health, including histories of abuse, neglect, low socioeconomic status, lack of positive self-image and depression. Over the past decades, more and more interest has been generated in determining how these issues can be addressed, and how addressing these issues can lead to more positive health outcomes for this particular group. One factor that has been relatively unexplored is the area of spirituality.

This project will address three objectives: 1) To determine how the youth at Rosalie Hall define the term 'spirituality', 2) To determine whether a relationship exists between spirituality and health as it relates to the youth at Rosalie Hall, and 3) To determine the mechanism by which spirituality impacts the health concerns of the clients of Rosalie Hall.

Methodology:

Two focus groups were run with the staff of the pastoral program and with clients of Rosalie Hall who stated that spirituality plays a role in their lives. A comparable set of questions were asked of both groups regarding their definition of spirituality, and what they felt the connection was between spirituality and health. Themes were derived and compared to those already present in the literature.

Results:

The ideas proposed in literature focus more on the clinical effects of spirituality on health: increased resilience, increased self-care activities, and decreased risk-taking behaviours. The ideas put forth by the focus group augment this existing relationship by focusing on the personal aspect of how health and spirituality are related: positive attitude, motivation, a sense of security and empowerment.

Discussion:

From the results, a preliminary logic model was generated which can be used by Rosalie Hall as a template to evaluate the pastoral program. Additional research is needed to fully develop the themes connecting spirituality and health in the young adolescent parent population.

MeSH Headings: Spirituality, Adolescent, Program Evaluation

The Agency and Target Population

Rosalie Hall is a community agency whose vision is to empower young single men and women and their families to lead healthy lives. Inspired by the service of the Misericordia Sisters to young single pregnant women and their children, Rosalie Hall has served the communities in Toronto for over 90 years. Although the history of Rosalie Hall is steeped in Catholicism, their resources are open to all who are in need. Through a wide variety of community and educational resources, Rosalie Hall hopes that young parents and their children will realize their potential. Their services to adolescent parents include community counselling, a young parent employment program, a residential program for pregnant youth and young mothers requiring intensive support, and pastoral care. In addition to these services offered in house, Rosalie Hall serves as a resource hub to connect and redirect young parents towards the proper health care services. The programs of Rosalie Hall are mainly funded through the Province of Ontario and the City of Toronto. However, a substantial chunk of the funding is covered through fundraising, donations and Catholic Charities.

The population which Rosalie Hall services have many underlying health risk factors including past histories of abuse, poverty, and abandonment. All of these risk factors predispose adolescent youth to higher rates of smoking, alcoholism, depression and teenage pregnancies (Diaz *et al.*, 2002; Simantov *et al.*, 2000; Males, 1993). In fact, a recent study found that socioeconomic status was inversely associated with self-rated health (Laaksonen *et al.*, 2005). Lastly,

depression and negative self-image are major contributors to poor health and poor health decisions in this target population.

One of the programs offered by Rosalie Hall which serves to address these psychosocial risk factors is the pastoral program. The pastoral program at Rosalie Hall is dedicated to providing a non-denominational and multi-faith environment for spiritual support to the young parents. The program's main goal is to assist clients in exploring opportunities for spiritual and personal growth through addressing questions regarding self-esteem, self-identity, and the role of religion in one's life. Other services provided include spiritual counselling, liturgical celebrations, and connection to local interfaith parishes.

Determinant of Health in the Target Population.

Based on the Medical Outcomes Study 36-Item (SF-36) survey, health can be split into two components: the physical and mental component of health (Coons *et al.,* 2000). The physical component addresses issues including physical function, bodily pain, and role limitations due to physical health. The mental component addresses issues of role limitations due to emotional problems and mental health. Vitality, social functioning and general health perception falls under both categories.

Because of the major role the social determinant of health plays in determining the health of young teenage parents, the goal of the programs run by Rosalie Hall is to get involved in the lives of these youth and ultimately help them increase their strengths, skills and resources for successful parenting and optimal child development. This intervention is achieved through the use of evidence-

based methods including parenting groups which increase social support, programs to address parenting attributions, resiliency training and standardized risk and determinants of health assessments. It is the hope of Rosalie Hall that by addressing these risk factors, a decrease in the level of risk behaviours, an increase in self-perception, an improvement in the future ability to parent and the ability to remain financially stable and employed can be achieved.

In the past, much emphasis has been placed on addressing and defining the role social environment plays in the health for young parents. This project will deal with a less quantifiable factor of the social determinant of health: spiritual support and the role spirituality plays in one's life, and its relationship with the health concerns in the young teenage parent population. In light of the resources and connections available at Rosalie Hall, my project will focus on generating conversation about the role of spirituality in the main health concerns in the young parent clients at Rosalie Hall.

What is 'Spirituality'?

Spirituality has been defined in the literature as consisting of four collectively necessary characteristics: faith or a willingness to accept a belief system, personal search for meaning and purpose, inter-connectedness, and self-transcendence (Delgado, 2005). Other studies have attempted to describe spirituality with words such as life, principle, animator, transcendent and relationship (Emblen, 1992). From these and other studies, it is apparent that spirituality is a subjectively defined entity, coloured by each individual's experience and belief system. However, this concept has been too easily and far

too often mistaken for the concept of religiosity. In contrast, literature has defined religiosity as consisting of two categories: extrinsic and intrinsic. Extrinsic religiosity consists of social convention, doctrine and rituals, while intrinsic religiosity is an individual's framework of meaning that allows interpretation of life (Allport and Ross, 1967). Similarly, some words that are used to describe religiosity include system, beliefs, organized, worship and practices (Emblen, 1992). It would therefore seem that religiosity is more objective, more easily quantified and measured. It is important to distinguish between these two concepts, however it is a fine line that is tread. On one hand, to say that spirituality is synonymous with religion is to adopt a narrow and exclusive outlook; on the other, to view spirituality as mutually exclusive from religion is to ignore that they are closely connected. Therefore, for the remainder of this report, the term 'spirituality' is to be understood within the context of its definition outlined above.

Spirituality and Health

Illness affects an individual not only physically, but also emotionally and psychologically. In fact, illness poses a challenge to a person's worldview by challenging them to redefine their supports, as well as how they subsequently interact with others and their attitude towards those who are sick. As a result, an increasing amount of attention placed on the spirituality and health in the past couple of years. A recent focus group study in the UK reported that spirituality was in fact important to health related quality of life (O'Connell and Skevington, 2005). To further support this study, published empirical data has pointed to a

positive association between religious commitment and better physical and emotional outcomes (Aukst-Margetic and Margetic, 2005; Anandarajah and Hight, 2001). Studies involving chronic pain patients and end stage renal disease patients showed that spirituality helped these particular individuals deal with their unfavourable prognosis, as well as improve their quality of life in the presence of their disease (Rippentrop *et al.*, 2005; Kimmel *et al.*, 2003). Other studies have focused on meditation, relaxation, religious commitment and prayer and how they relate to health outcomes. Lastly, studies have shown that spirituality contributes to the 'placebo effect' in patients suffering from angina, asthma and duodenal ulcers (Kimmel, 2003).

More focused studies involving adolescents have reported that increased spirituality is related to an increase in self-care activities as well as decreased depressive symptoms and fewer risk taking behaviours (Callaghan, 2005; Cotton *et al.*, 2005; Brown, 2001). Perhaps most relevant to the young parent client population served by Rosalie Hall, is a study done in 2000 looking at the association between increased spirituality and a decrease in voluntary sexual activity in adolescents. In this case, the most important aspect of spirituality, as it pertained to decreasing voluntary sexual activity, was spiritual interconnectedness (Holder *et al.*, 2000).

Methods

Objectives

There are three main objectives in this project: 1) To determine how the youth at Rosalie Hall define the term 'spirituality', 2) To determine whether a

relationship exists between spirituality and health as it relates to the youth at Rosalie Hall, and 3) To determine the mechanism by which spirituality impacts the health concerns of the clients of Rosalie Hall.

Inclusion Criteria

Any single female teenage parent, regardless of current sexual orientation, cultural background, socio-economic class, current marital status, or education was included. The only exclusion criterion was that the participant had to be a client of Rosalie Hall.

Focus Group

Two focus groups were run in order to investigate my research question. Each focus group was asked a comparable set of questions in order to facilitate thematic analysis and comparison at the end of the data collection. These questions were: **1)** How would you define the term 'spirituality'? **2)** Some people feel that inner peace and spiritual interconnectedness are important determinants of spirituality. Do you agree with their opinion? **3)** What do you feel are your major health concerns? **4)** Do you believe there is a relationship between spirituality and your health? **5)** How do you think spirituality impacts your own health concerns? **6)** In what ways are you exposed to spirituality at Rosalie Hall?

The first of the focus groups will involve the pastoral care staff at Rosalie Hall (n=2 participants), while the second consisted of the clients at Rosalie Hall who felt that spirituality played a role in their lives (n=4 participants). The discussion proper lasted 45 min. In total, including briefing (issues of privacy,

confidentiality, and withdrawal), introduction, and debriefing, the length of the focus group lasted one hour. All focus group discussions were audio-taped and each discussion was transcribed in its entirety.

Consent and Ethics

Ethics approval was obtained through the University of Toronto Ethics Board. All participants of the focus groups in this study were informed about the nature and methods of the project, and were assured of confidentiality and open access to the information upon completion of the project. Before consent was obtained, participants were informed that they had the right to withdraw of the study at any time and have their words removed from all focus group transcripts.

Thematic Analysis

Thematic analysis of the focus group was carried out on the transcripts individually to identify specific themes. Themes from the different focus groups were compiled and then compared to those already reported in literature.

Results

Demographics

The four client participants came from multiple ethnic backgrounds; however, they all have been exposed to, or are currently actively participating in the Catholic/Christian tradition. The clients participating were recruited from different programs at Rosalie Hall including the day school program, the residential program, and also from the individual counselling program. For the purposes of this study, no other demographic information was collected.

Spirituality and Adolescence – Literary Reports

King and Boyatzis defined adolescence as a time of defining one's identity; a time to ask 'Who am I?" It is a time for exploring different purposes and different callings with respect to occupations, as well as the role a person will have in society. To them, adolescence is a time when supportive relationships are forged, and when participating in harmful relationships can leave lasting repercussions on the social and mental health of an individual. Most importantly, they stated that adolescence is a time when the values and beliefs by which one ascribes to and lives are decided (King and Boyatzis, 2004). Together, these concepts are consistent with the idea that adolescence is in fact a time of defining one's spirituality, in addition to a period of physical and psychological development.

In fact, if one looks at how spirituality is defined in the literature, some interesting parallels can be made with the definition of adolescence given above. Spirituality has been equated with a sense of existential well-being (Cotton _et al._, 2005). In this particular study, existential well-being is a subscale of spiritual well-being, and deals with ideas such as life meaning and direction. As well, another study reported that spirituality is associated with determining one's ideological construct and a period of spiritual growth (Callaghan, 2005). Another group defined spirituality as encompassing the idea of relational consciousness; an understanding of oneself in the context of one's relationships (King and Boyatzis, 2004). In essence, an adolescent begins to understand that they exist within a three-dimensional relationship; horizontally with their peers and others

they interact with on a daily basis and also vertically with either a higher power, God, or a higher social cause. This realization ultimately leads the adolescent to understand that their actions not only affect themselves, but it affects others on a much broader level. Thus, embedded in relational consciousness is the idea of spiritual interconnectedness; there exists something which connects different individuals together. Lastly, related to this idea of relational consciousness is the belief in transcendence (Dowling *et al.*, 2004); the belief that one has the potential to become something greater (Holder *et al.*, 2000).

Multiple theories have been put forward as methods of assessing spiritual growth. These include the Erikson stages, Piaget's theory, and the Fowler stages. The first looks at the continuum on which an adolescent is at in their stage of spiritual development. This theory asks whether adolescents are in a stage of confusion about their beliefs or they are in a stage of identity (Erikson, 1968). Similarly, Piaget's theory holds that adolescence is a stage of 'formal operations' where the world is viewed and experienced from different perspectives. Ultimately, the adolescent acquires knowledge that helps them to move beyond their childhood impressions to more 'adult' ideas. The last theory documents progressive stages where an adolescent becomes more sceptical, asks more questions and searches for answers; they personalize their faith and begin to possess a set of self-determined beliefs and values (Fowler 1981).

Spirituality and Adolescence – Themes from the Focus Groups

In light of what has already been reported in the literature regarding the issues of adolescents and adolescent parents, the focus groups generated some additional themes which provide insight into this particular target population. The picture they painted revealed that adolescent female parents are a group of young women mistreated by society based on stereotypes perpetuated by the media. They are branded as rebellious and out of control:

> "…the young women at Rosalie Hall have been told bad things…
> it is hard for them to conceptualize and believe that they have
> a purpose…"

> "You know there are people, like on the bus, and they're like,
> 'If I ever see my daughter pregnant, and they're so young, oh
> my God, I will kick her out of this house…"

> "…it was last week…when the bus came, I had trouble getting
> the carriage on the bus…there was a woman…who said
> 'you ***** just get on the bus'… so I just said 'Thank you so
> much', but at the same time, I just wanted to like curse her so
> bad."

As reported above, there are many issues and risk factors which come into determining the health of the adolescent population. There are some issues which seem to be particularly important in understanding and determining the health of adolescent parents. The pertinent issues generated by the focus group discussion dealt with grief, loss, disappointment and abandonment:

> "…a lot of grief and a lot of problems I've been having through-
> out my life from before and now. I have a lot of losses in my
> life, since I was a baby, I lost my mom…my grandparents
> raised me for 13 years, and that has impacted my life quite
> a lot, with anger and other issues.

> "I was in a relationship that was very violent and when I was

pregnant it was very hard to get out of it because I was like
'How could I leave him? How could I leave him because my
child needed a family?'…"

"…I've been my own person since I was sixteen, I've been on
my own since I was sixteen. I've been raising myself and
providing for myself, you know, from then, I did everything
myself..."

When asked how they would define spirituality, the focus group came up with similar themes as what was already present in the literature.   However, they were able to come up with some additional ideas which may be unique to this group of teens.   These thoughts can be useful in understanding the connection between their spirituality and their health.   They defined spirituality as having a passion for something, thus helping them feel empowered to be better people:

"…spirituality is bigger than religion…it is what drives us to
get up in the morning…we need to identify our passions and
then work backwards to determine what our core beliefs are…"

"…spirituality is our deepest core value and passion…"

"…to me spirituality is the way you feel, the way you feel about
yourself and your energy like all of that is connected….if you
are feeling good about yourself….you feel confident about yourself,
you feel sure about what you are, and what your place in this world is.
I don't know, somehow you just feel so alive."

"…I believe in what I believe…I believe in myself.   I believe that
whatever we want to achieve, I just set my mind to it..."

"…my spirit was alive…you feel pure, less empty…there is just
a feeling, there is a feeling of stillness, pureness, peace, that
you're a good person…You feel like a new person."

As well, the pastoral program described spirituality as a process; whose "…the outcome and impact of our work can not be measured until they leave Rosalie

Hall…" The youth elaborated more on this, and unanimously agreed that spirituality, when mature, manifests itself in how one acts:

> "Giving my life, my soul and my heart to God…has totally changed my views and attitudes…The way I act, the way I talk, the way I treat people, it has just made me a better person...it's made me look at life in a whole new way."

> "…I think you can kind of tell. I think personally, people who have belief…they are happier. There is something about them that sets them apart from the others. I don't know what it is, but it is just something that you see. Its just something about how you act, the way you talk, everything about you …"

> "…she just sometimes just make your day. Not by giving you anything, but just the way she acts to you…sometimes you're down and depressed and you think no one cares, and *[she]* comes along and brightens up your day…She's one of them that I know came from God…if she wasn't spiritual, she wouldn't have done that. Some people can still be friendly, like with or without God, its just different, you can just see the difference – in appearance, in the way someone, I don't know, the whole presentation of themselves."

Lastly, the idea that spirituality is about having the desire to help others and to do things for others was very prominent in the focus groups.

> "…it is in these times that the community comes together to help… the girls come together and…offer mutual support…they see the hurt in each other and they go and help…"

> "…I have a few of friends who are here because of me…in 10-15 years…and I'm in my field…working with youth and young women on the street and stuff, and this is one of the places I'm going to bring them…"

> "…it is interesting to see how spirituality manifests…some of them…volunteer to speak at the Share Life talks and to large groups of people…"

Spirituality and Adolescent Health –Literary Reports

Previous studies have investigated the relationship between spirituality and adolescent health. Some themes that have been put forward include that spirituality plays a role in increasing the resilience of an adolescent (Cotton *et al.*, 2005). This study found that those adolescents who are more spiritual, as defined by having a higher level of existential well-being, was associated with fewer depressive symptoms. In the end they reported that existential well-being was correlated with a stronger relationship with health than other traditional religious concepts (Cotton *et al.*, 2005). In a more quantitative study, Callaghan reported that spirituality correlated significantly with adolescent initiative and responsibility for self-care (Callaghan, 2005). This study stated that spiritual growth was in fact a health promoting self-care behaviour, and was related to self-care capacity and an adolescent's belief about their ability to control outcomes. Other health promoting self care behaviours include health responsibility, physical activity, nutrition, interpersonal relations and stress management (Callaghan, 2005). The final conclusion in the report stated that helping an adolescent to pursue their own spirituality can influence whether an adolescent begins to take ownership of his/her care, and also provides a life-long model for health in life. Lastly, and most important, multiple studies have shown that spirituality is associated with decreased risk-taking behaviours (Cotton et al, 2005; Brown et al., 2001; Holder et al., 2000). In the Holder study, they reported that those youth that placed greater emphasis on religion and those with higher levels of spiritual interconnectedness was associated with less voluntary sexual

activity. Their conclusion was that those youth that placed value in spirituality and social integration would naturally seek out these types of nurturing and supportive relationships that would naturally deter an adolescent from partaking in more risky behaviours.

Spirituality and Adolescent Health – The Focus Groups

In order to understand the connection between spirituality and health, as it pertains to the target population I worked with at Rosalie Hall, it is important to understand their main health concerns. Interesting, each client placed their children as their first priority. This was followed second by their relationship with God, and only one client mentioned her own physical health as being a major concern for her at the moment:

> "My daughter…the way she is going to grow up in life."
>
> "…I'm not going to jeopardize my child's health, or my health because they say that when you're stressed out when you're pregnant, you always have an impact on the baby."
>
> "…I want to serve God more, and that is one thing that I really want to do. That is a health concern to me, because God is a major part in my life…"
>
> "… I have a lot of health issues in my family that happen genetically …Those are the main issues that I'm concerned with, 'cause I don't want to end up six feet under at a young age, because I have two little ones to care for as well."

With this in mind, a better understanding of how the clients connected their spirituality and health can be determined. The relationship between spirituality and health as defined by the focus groups was similar themes to what had already been established in the literature. However, some additional connections

between spirituality and health are worth noting. The first is that spirituality for this set of young parents hinged on staying positive, as well as having a positive attitude towards themselves and their own health:

> "…it is not like 'my spirit and health are two different things'. Spirituality for me is the energy that connects both of them together. So if your energy is good, then I guess your spirit is good, then your health is good…"

> "…if you think negative, if you have negative thoughts…you're going to kill yourself in 6 months because you're thinking about it…so I just think, stay positive, and even if you have something that's bad, your willingness and your will power will get you through to morning."

> "I would…look at it positive…let it be to God and hope for the best… not so much forget about it, but try to take care of yourself, and leave it God's hands…"

> "… a spiritual person tend to think about good things, tend to do the right things, and this and that, you know?….'cause a spiritual person tends to smile a lot, and that is good for your health."

In addition, another prominent connection lay in the idea that their spirituality was their motivation for healthy behaviours. Because one aspect of spirituality revolves the idea of purpose and meaning, the focus group made it very clear that their main purpose, at this point in their life, is their children. As a result, it was clear from talking with the youth that their children, in essence, their spirituality, were the main motivation behind the changes in the attitudes and choices they made in their lives:

> "If she sees me smiling…and being positive about everything, then she is going to grow up being positive…"

> "I was in a relationship that was very violent…when it comes to being physical to my daughter, that was it….anything could have happened to her you know…she would be staying in a violent environment, and I don't want her to be like "Oh this is fine" and so when a guy hit her, she won't be like "Oh, that is how daddy used

to treat mommy, so that is fine"

"As soon as I found out I was pregnant, I was like 'You know what,
 its not about me anymore'…I wasn't doing anything with my life,
nothing that I was proud of, something that was worth something,
nothing that I could feel good about. But once I had him, I was
smoking for 6 years, and it took me a week to quit, and that was
the first thing I've done that I could say I've been successful in my
life. I knew I was no longer living for myself, that if I had bring a
child into this world, there are certain that I would need for my child
to have. And there are certain expectations, like I don't want my
child watching me smoke a cigarette. That's not something I ever
want my child to see…"

"…now that I'm having a child, I want to give my child a good life.
 I want my child to have a good education, I want my child to have
things that I never had, you know. That motivates me a lot, to go
on and keep on going, just my child…"

"There is a time, a point in your life, where you know you stop and
you turn around…I have kids, and I want a career, so that they can
have a good role model and I can provide for them, so they can have
good food, shelter, anything that they want…so that when I die, my
kids will have something to fall back on…if I was going along the path
I was going…I would get ill and sick, and CAS would come and take
my kids away from me and God knows what would have happened to
them, probably they would live a crappy life like I was living. So I
stopped and thought about it and had a change of mind..."

The focus participants also felt that spirituality provided a sense of security, not

just regarding their future, but also with the security of knowing that they will raise

their children correctly and that their children will be protected from participating

in risky-health behaviours in the future. Because of this new-found security, their

self-esteem is boosted as they derive a feeling that they are good parents when

they do what is best for their children:

"God…will pull you through the worst things…you have to give him
your worries, your problems, if you give everything to Him, He'll take
care of it...He's part of all these things."

"For me, I feel secure when I pray, and I pray for God to keep

[my child] safe…I'll be like 'Father just keep him safe from all harm and evil'…I feel peace when I do those things…"I have to read the bible every single night. That makes me feel secure, that makes me feel like I'm on the path to being a better person, you know?..."

"I'm going to try my best to raise my child up in the church…that's gonna make me feel safe…when my child goes out, I'm just going to be like my kid isn't going to go out alone and do drugs and stuff. My kid is going to have God with him. Even if he does go out there later on in life and does that stuff, I feel like He is still with him. I'm going to feel that he's going to do the right thing because of the way I raised him."

Discussion

Summary of Results

The barriers to health in adolescent parents include the burden of supporting one's family, caring for a newborn child, dealing with social stigma, and maintaining financial stability. Because most studies look at the role of spirituality in teenagers who are not parents, the themes generated regarding spirituality and health will help refine the definition of spirituality as it applies to Rosalie Hall.

The ideas proposed from past studies focus more on the clinical effects of spirituality on health; increased resilience, increased self-care activities, and decreased risk taking behaviours. In contrast, but not in disagreement with what was already proposed, the ideas put forth by the focus group discussions provide a more personal look at how health and spirituality are related. The ideas generated point more towards having a positive attitude towards oneself and one's health, defining a source of personal motivation to pursue healthy

behaviours, and embracing the sense of security and empowerment which spirituality can offer.

Interpretation of the Results

It would seem that spirituality affects the health of young adolescent parents in three ways. The first is that spirituality is reflected in the way an adolescent parent prioritizes their health concerns. As stated above, their primary health concern is their children, and not their own health. In fact, their health benefits secondary to their attempt to make sure that their children are healthy. This prioritizing of health concerns reflect what the main motivation in the lives of these adolescent parents is, their children.

This ties in very well with the second point that spirituality seems to alter how an adolescent parent perceives and approaches their health. Generally, one views their health as a means to increase one's own quality of life so that one can do what they would like. However, it appears that adolescent parent do not necessarily approach their health with the intention of improving their own situation. They view their health as a means to ensure that their children can have a high quality of life; that their children will grow up healthy in the future. For example, these individuals do not stop risky behaviours such as smoking and drinking for their own sake, they stop because they do not want their children to see them smoking or drinking and feel that it is alright for them to act the same way. It was interesting to note that each participant felt that having their children was the turning point in their life, a chance at redemption and to live a healthy and positive life. They feel that they have been given a second chance to make

things right, and the young parents go out of their way to ensure that they do not lose this opportunity to make up for their bad choices in the past. Of note, the participants also reported that if they hadn't gotten pregnant, they probably would not have changed their original behaviours, despite knowing the consequences.

Lastly, spirituality confers a sense of security that ultimately allows the parents to feel that they have the chance to become better, to transcend the image that they originally had of themselves. This security manifests in their aspirations for themselves in the future, their role as parents, but most importantly in inner peace and interconnectedness. This sense of self-esteem will help them in the future break through the negative stereotypes society has placed on them, and empower them to become successful and enjoy that quality of life that they lacked as a child. Last of all, this sense of security has already manifested itself in the desire to help others, and to allow others to learn from their decisions and their experiences; by acting as a speaker to teach other youth about the consequences of their actions, or aspiring to be in a profession that devotes itself to helping others. Ultimately this is what health is about, to be able to live one's life to its fullest potential physically, emotionally, and psychologically.

Logic Model for Rosalie Hall

Currently, all other programs at Rosalie Hall operate under logic models which provide the administration an objective method of evaluating the effectiveness and relevance of each program. The Pastoral program lacks a logic model because defining strict outcomes by which to measure success in the realm of spirituality is not consistent with the subjective nature of spirituality.

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Although the outcomes of the work the Pastoral program does with the youth may not be truly visible until after the youth leave Rosalie Hall, the ideas and themes generated by this focus group study can be used to form a tentative set of outcome measures which can be more easily observed and altogether, define what spirituality means to the youth of Rosalie Hall (Figure 1). The outcome measures revolve around positive self-image, empowerment, motivation, and a desire to help others. It is hoped that this preliminary logic model can be further modified and eventually implemented as an evaluation tool for the Pastoral care program in the future.

Limitations and Future Directions

The main limitations of my project and to the results I have generated revolve around the small sample size with respect to the number of focus group participants as well as the number of focus groups performed. Because of this, it is hard to make any definitive conclusions regarding how spirituality affects the health of adolescent parents. Thus, further work and focus groups need to be carried out in order to fully develop the relationship between health and spirituality.

As well, because the recruitment process took place only within Rosalie Hall, there are many selection biases which may skew the findings. For example, it may be perhaps that the positive relationship found at Rosalie Hall is due purely to the fact that adolescent parents that choose to keep their children are more spiritual to begin with. As well, all the participants in my focus group have either been exposed to, or are currently practicing the Catholic/Christian tradition.

As a result, the findings may not be reflective of those that belong to other religious traditions. A lot of the discussion revolved around God and the church; this speaks of the inherent connectedness of spirituality and religion, and how it is almost impossible to separate one from the other. Because of these biases, it will be hard to generalize and apply the findings in this study to the general adolescent female parent population on the whole.

Another limitation is the inherent subjective nature of spirituality. This project gave the youth the opportunity to define what spirituality meant to them. As a result, each youth had a slightly different way of looking at how spirituality is defined in their own life. Because of this, there was no clear cut consensus on what exactly spirituality is, and so, the manifestations of spirituality on their health was varied as well. With a larger number of participants, some ideas will undoubtedly be common amongst adolescent parents regardless of value and religious background.

Lastly, my inability to recruit participants who feel that spirituality does not play a role in their lives also limits the interpretation of the results. Because of this, I am not able to determine which themes are common and distinct to each group of adolescent parents. In the end, there may turn out to be no difference in the two with respect to how spirituality has affected their health, or the distinction between spirituality and non-spirituality may be a false one. In the latter case, this is due to the subjective nature of spirituality. For example, one adolescent may define having a purpose as being spiritual, while another equates spirituality

solely as religion, and purpose has nothing to do with spirituality. However, both may feel that having a purpose in life is a contributor to positive health and living.

There is much potential for study in looking at the spirituality and health of adolescent parents. Some themes which warrant additional research include a more in-depth investigation of how spirituality is defined in adolescent parents, as well as designing a quantitative study which deals more directly with how spirituality affects health priorities and motivating factors for healthy behaviours. It would also be interesting to do a more long term study to look at how the Rosalie Hall Pastoral Program has impacted on the health behaviours of the clients that make use of this program, versus those that chose not to. Lastly, more work can be done to refine the preliminary logic model proposed for the Pastoral Program so that it can be better evaluated in the future.

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