

## PULSE

## Teen pregnancy rate down, abortion rate up

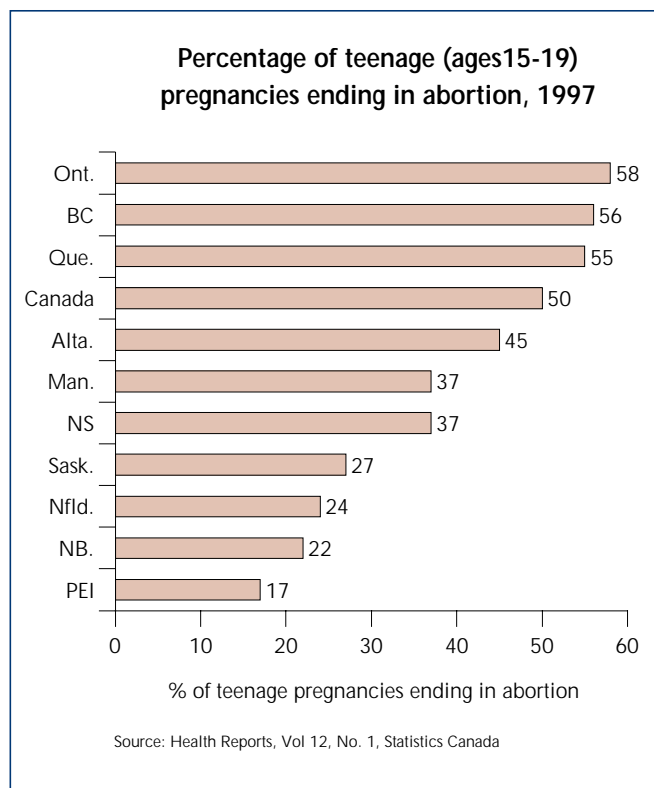
The rate of pregnancy among Canadian teenagers aged 15 to 19 has declined by about 20% since 1974, and a Statistics Canada report suggests this may be due to the availability of condoms and increased awareness of health risks associated with unprotected sex.

However, the proportion of live births resulting from these pregnancies has decreased relative to the proportion of teenagers receiving abortions. Abortions among teenagers aged 15 to 19 had increased from 14 per 1000 teenage women in 1974 to 22 per 1000 by 1997. For ages 18–19 only, the numbers increased from 17 to 33 per 1000 women during the same period.

Abortion accounted for slightly more than half (50.3%) of pregnancy outcomes among Canadian teenagers in 1997, but as with the pregnancy rate there are strong regional differences.

For instance, in New Brunswick only 22% of teenage pregnancies were terminated by abortion, compared with 58% in Ontario. Of the teenagers who obtained abortions in a hospital, 18% had at least one previous abortion. That proportion is higher (24%) at clinics that provide abortions.

For those who choose to give birth, Statistics Canada data show that both mother and child are disadvantaged from a health and an economic perspective. Teen mothers are more likely to suffer higher rates of anemia, hypertension, renal disease, eclampsia and depressive disorders, and their babies are more likely to have a low birth weight. — *Lynda Buske, buskel@cma.ca*



## Manitoba increases med school enrolment in attempt to fight doctor deficit

Manitoba hopes to bolster its physician supply by training an additional 15 students a year at the University of Manitoba medical school and introducing new measures to recruit and retain doctors for service in rural and northern parts of the province.

Manitoba has been plagued by a shortage of physicians, particularly in rural areas, and the fact that it cut enrolment at its medical school in the early 1990s didn't help matters. Health Minister Dave Chomiak said the province will restore enrolment to 85 first-year medical students, the pre-cutback level; first-year enrolment currently stands at 70 students.

To address shortages in rural and Northern areas, 15 new residency slots will be added this July, 9 of which will be dedicated to training family physicians for rural practice. As well, 5 residency positions will be created to pro-

vide rural physicians with advanced skills training.

Chomiak said the Manitoba Rural Physician Action Plan will result in 53 new residency positions being filled by 2006. "We are cautiously optimistic that this plan, with its rural focus, is a promising step in the right direction," said Manitoba Medical Association President Lorraine Hilderman. "At the same time, we hope it's not the full extent of the government's strategy for ensuring there are enough physicians wherever they are needed.

"Retention is the key," she cautioned. "Once these new physicians are ready to practise, the challenge is to keep them here." (Up to two-thirds of Manitoba-trained physicians now leave the province after residency.)

The rural recruitment and retention plan also includes an increase in the

number of medical students from rural areas and expanded rural training programs for residents in family medicine and medical specialties.

The announcements came as the Ministry of Health and Manitoba College of Family Physicians were wrangling about the need for more family physicians in Winnipeg. In December, the college said that only 9 of the city's 545 family doctors were accepting new patients, while Manitoba Health put the number at 169. A spokesperson for Manitoba Health said the figures differ because "the college does not represent all the doctors in Winnipeg or Manitoba."

Dr. Peter Kirk, medical director of family medicine at the Winnipeg Regional Health Authority, said at least 100 new family physicians are needed in Winnipeg to ensure adequate access for all residents.— *David Square, Winnipeg*