Bixby Center for Global Reproductive Health

&

CENTER on SOCIAL DISPARITIES in HEALTH

Latina Voices: Findings from a Study of Latina Teen Childbearing in the Fresno and Los Angeles Areas

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Latina Voices: Findings from a Study of Latina Teen Childbearing in the Fresno and Los Angeles Areas

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I. EXECUTIVE SUMMARY

In California and the U.S., teen birth rates have decreased dramatically, yet the pace of decrease has been slower among Latina teens than among any other racial/ethnic group. In 2007, 73 percent of all teen births in California were to Latinas. There has been no clear consensus regarding the reasons for the higher Latina teen birth rates. This study was conducted in response to the desire of California's Maternal, Child and Adolescent Health Program (MCAH) and Office of Family Planning (OFP) for information to guide actions to decrease the high Latina teen birth rate.

Policy implications

This study of teen and adult Latinas who were about to become mothers for the first time makes important contributions to knowledge about teen childbearing among Latina women in California, which can guide *policies in the health sector*. Family planning and health programs and providers serving youth need to:

- Do a better job of educating Latina teen contraceptive users about proper contraceptive use, including expected side effects, and helping teens select a method that works for them.
- Adequately reach out to Latino families and communities so that they will be effective in supporting both male and female Latino teens in deferring childbearing; while probably important for all teens, involvement of families and communities may be especially important for Latino teens.
- Promote strategies that involve adolescent and young adult Latino men; this also will require reaching out to communities and schools.
- Be supported fiscally. Funding for effective teen pregnancy prevention and youth-friendly family planning programs should be sustained and expanded, so that financial barriers do not compound the socioeconomic and cultural barriers revealed in this study.

This study also confirmed findings in previous literature on other racial/ethnic groups, indicating that the health sector alone will not be successful in significantly reducing Latina teen childbearing, without *coordination and collaboration with other sectors*.

- Nearly half of Latina teen pregnancies are intended, and hence cannot be prevented by access to contraceptive services alone. Often at the heart of intended teen pregnancies, particularly among low-income youth, is a lack of hope for a better socioeconomic future, with perceived limited

options other than early motherhood. The only effective solution will be realistic educational and career opportunities that present teens with an accessible and attractive alternative to teen motherhood.

- While the health sector does not control education or employment, it can collaborate with education, commerce/labor, and other sectors responsible for policies affecting educational and job opportunities. The health sector can advocate on behalf of educational and employment opportunities for Latino youth, by speaking to the adverse health consequences, as well as the dramatically negative social and economic consequences of teen childbearing.

Methods

The following report presents the findings from 65 in-depth interviews with 31 teen and 34 adult Latinas in Fresno and Los Angeles who were about to become mothers for the first time. Women were interviewed regarding their feelings about pregnancy and motherhood; their experiences, aspirations, and expectations for school and work; their attitudes toward and access to birth control; and the influences of family, friends, partners and neighborhoods on their reproductive behaviors. Adult women were included in this study to explore the strengths and protective factors that may have enabled them to avoid becoming teen mothers.

Highlighted findings

❖ **Many participants - both teens and adults but especially teens - were misinformed about fertility and birth control, and used birth control ineffectively.**

- Misinformation about contraception and fertility often resulted in contraceptive misuse and discontinuation; this was a common reason for pregnancy among both teens and adults.
- Most teens did not receive adequate sex education in school and did not discuss sex or birth control with their parents.
- Many teens in the study had access to reproductive health services through the Family Planning Access Care and Treatment (PACT) Program and other sources of care. Health care providers at times missed opportunities to increase Latina teens' knowledge of contraception, as well as reinforce messages about contraceptive use.

❖ **Many Latina teen pregnancies were *intended.* Knowledge about, and access to, contraception, while essential to prevent *un*intended pregnancy, will not affect pregnancy intention.**

- Consistent with national studies, about half of teens in this study described their pregnancies as intended.
- Early childbearing was a relatively common goal for Latinas, particularly for foreign-born Latinas.

- **Parents and other family members played an important role in the lives of Latino youth.**
  - Relationships with engaged and communicative parents during their teen years helped many adult Latinas defer childbearing until adulthood.
  - Many teens felt that while their family members generally supported their educational and career goals, they lacked the knowledge and skills to help them achieve these goals.
  - Teens were more likely than adults to describe living in unstable homes or experiencing severe distress or upheaval within their family, including extreme financial instability, divorce, violence, substance abuse, and health problems. Teens also lacked role models or mentors in their lives that could provide support, guidance, and practical advice.

- **Male partners played an influential role in the childbearing decisions of Latina teens.**
  - Male partners' attitudes towards pregnancy and fatherhood often influenced birth control and pregnancy decisions.
  - Regardless of young men's attitudes towards pregnancy, they often lacked information about birth control and were ambivalent towards its use. Teen pregnancy prevention efforts should continue to involve men.

- **Many Latina teens have –and perceive themselves to have-- few socioeconomic opportunities; for some, pregnancy represents an opportunity for a brighter future.**
  - Most teens and their partners came from families with low incomes and low educational attainment. Many lived in dangerous neighborhoods that lacked community resources and limited their mobility. Lack of success at school and lack of family and community resources made it difficult for many teens to envision themselves graduating from high school and going onto college and/or following a career path.
  - Many teens felt that pregnancy offered them a tangible opportunity and a meaningful pathway in their lives, in the absence of other opportunities and in the face of other hardship.
  - Many adult respondents commented that having had a baby as a teen would have interfered with their future plans, primarily educational goals.

Key recommendations

- **Support and expand existing teen pregnancy prevention programs and clinical family planning services (i.e. Family PACT)** that are based on sound evidence. A number of effective state-funded teen pregnancy prevention efforts that use knowledge-based approaches to reduce teen pregnancy—including youth development, male involvement, and outreach - have been eliminated in recent budget cuts. We recommend renewed and expanded funding for each, including support for evaluation and encouragement to incorporate this report's recommendations to better serve Latino youth. Evaluation is a valuable tool that can help improve program implementation, performance, and outcomes by providing continuous feedback on whether the programs are appropriately targeted and tailored to meet the needs of the community and achieving expected

outcomes.

- **Improve contraceptive knowledge and effective use and work to dispel common myths.** New contraceptive users – particularly teens - need information beyond that routinely provided, on proper contraceptive use, expected side effects and what to do in the event of contraceptive failure or desired discontinuation. Increasing the availability of dual or back-up methods, including condoms and emergency contraception, to sexually active teens receiving user-dependent methods could help to prevent some unintended pregnancies.

- **Expand strategies to address *intended,* as well as *unintended* teen pregnancy.** Because many Latina teen births are *intended*, strategies to prevent *un*intended pregnancy are essential but are likely to have limited success among all Latina teens. Approaches are needed to increase a teen's ability to identify life goals beyond childbearing and to assist them in achieving those goals. This requires working with parents, young men, extended families, schools, and communities to provide better sex education; improve parent-teen and partner communication; and enlist families and communities in encouraging teens to have a broader range of educational and occupational expectations and aspirations. It also requires ensuring that the mother's health is optimal before conceiving, and that there is adequate spacing between pregnancies. Comprehensive contraceptive care can play a role in helping teens delay childbearing until they are physically and mentally able to have the best perinatal birth outcomes.

- **Recognize that although cultural issues are important, teen childbearing among Latinas is largely a socioeconomic problem characterized by lack of hope for educational and career opportunities. Latina teen childbearing prevention efforts should be placed within broader strategies that:**

    a. Help male and female Latino youth develop the cognitive, social, and emotional skills and abilities required not only to make responsible reproductive decisions but also to obtain a solid education or training and thus have access to good, rewarding careers,

    b. Strengthen the ability and resources of Latino families to support youth to set and reach higher educational and career goals, and

    c. Strengthen local communities so that they can further support Latino youth and families by supporting neighborhood organizations, groups and agencies serving low-income populations.

- **Address the role of men**. Young men should be included in efforts addressing aspirations and expectations, sex education and effective birth control use, gender roles, partnership dynamics, and improving communication skills with partners and later with their own children.

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II. INTRODUCTION

The past decade has seen a dramatic decrease in adolescent birth rates both nationally and in California. The decrease has been slower, however, among Latina teens than among any other racial/ethnic group. The Latina teen birth rate is now the highest of any major ethnic/racial group in the United States[1] as well as in California.[1] Although California's Latina teen birth rate (61.9 per 1000 girls aged 15 to 19) in 2006 was below the national average (83.0),[2] it was nearly twice the average teen birth rate for the state (37.1).[3] In 2007, 73 percent of all teen births in California were to Latina adolescents.[4]

Teen pregnancy is associated with serious adverse consequences for both mother and child. These include poor birth outcomes,[5, 6] lower educational attainment,[7] repeat teen pregnancies,[8] and persistent poverty.[9] Latina teens also experience disproportionately high rates of sexually transmitted infections relative to non-Latina white teens,[10] consistent with higher rates of unprotected sexual activity.[11]

The large majority (82%) of pregnancies to teens in general (considering all racial/ethnic groups) are considered ***unintended,*** meaning that around the time of conception, the pregnancy was not wanted (at all or at that time).[12] Latina teens, particularly foreign-born teens, are more likely than teens of other racial/ethnic groups to describe their pregnancies as ***intended***.[13] National surveys reveal that Latino teens are less likely than their peers in other groups to use effective contraception and to use it consistently.[14] Latina teens, and teens in general, face multiple barriers to accessing and using contraception, including financial and geographic barriers to health care and family planning services, and concerns about parental involvement and confidentiality.[15,16,17] For Latina teens in particular, additional barriers related to knowledge, attitudes, and beliefs about fertility and childbearing, as influenced by their families, partners, peers, and communities, play a large part in their sexual decision-making.[18] Religion has been found to be associated with sexual activity and contraceptive behaviors among adolescents in general. [19, 20] The relationship has been less clear among Latinos. [21] In a study of sexually active Latina teens who participated in the National Survey of Family Growth (NSFG) in 1982, poorer contraceptive behavior was associated with lower frequency of church attendance.[22] In contrast, Vexler's 2006 telephone survey of a random national sample that included 221 Latino young people (aged 12-19) noted that only 2% of Latino teens felt that religious beliefs were the main reason for not using contraception.[23]

In quantitative studies, poverty has consistently emerged as a significant predictor of pregnancy among adolescents.[24, 25, 26] Some studies also have linked structural factors, including limited educational expectations, lower educational achievement, and more traditional gender-role expectations for women,

with teen pregnancy and/or childbearing among teens overall, including Latinas.[27, 28, 29] Driscoll, et al., 2001 specifically suggested that distinct traditional roles for men and women and the strong cultural value placed on becoming a mother or fathering a child can make it difficult for Latina teens to consider educational and career goals beyond parenthood.[30] Cultural and social norms promoting an earlier age at marriage and motherhood, exposure to teen pregnancy in the family, and a lack of neighborhood cohesion, social capital, or sense of community also have been demonstrated to influence teen pregnancy among Latinas. [31, 32, 33, 34] In addition, parents play a key role in the sexual decision making of Latino adolescents. Latino teens whose parents openly and comfortably discuss sex are more likely to delay sexual activity and use condoms.[35] These quantitative studies have identified important factors associated with Latina teen childbearing, but their designs have not permitted deeper exploration of the underlying and nuanced reasons for teen pregnancy, nor confirmation of factors as yet only studied among other ethnic groups.

Qualitative studies permit more in-depth exploration of the issues related to childbearing among adolescents. We identified a few qualitative studies of adolescent pregnancy and childbearing specifically focusing on Latina teen childbearing; however, most did not conduct interviews with teens themselves, and only one provided results separately by place of birth. A 2002 report that conducted focus groups with Latino parents, teachers, and community leaders, concluded that although Latino parents preferred that their children defer childbearing to have greater educational opportunities, the value placed on the role of motherhood and the attention showered on teen mothers sent mixed messages; it also concluded that the Catholic Church had less influence over Latinos' attitudes toward contraception than widely assumed.[36] Frost and Oslak interviewed 187 low-income, primiparous adolescents including 120 Latinas (about half US-born) attending urban and rural prenatal care clinics in California during 1996. That study found foreign-born Latina teens, compared with U.S.-born Latinas and African Americans, more likely to report the pregnancy was intended; the young women also reported more support for childbearing by the baby's father, and were more likely to lack long-term life plans or to have modest educational/career plans.[37] Several U.S.-born Latina teens in that study viewed childbearing as a way to transition into adult family and societal roles and to separate themselves from risky social contexts including substance use and partying. The notion noted by Frost and Oslak that motherhood is a way to protect oneself and realize self-potential in a context of limited perceived opportunity is consistent with the findings of another qualitative study of 20 Latina and 25 African American teen mothers attending high school in Denver. That study's findings, however, are reported generally for a diverse sample of urban youth, and differences based on ethnicity and nativity are not explored.[38] In an ethnographic study of urban high school students (one third Latino, one third African American, and one third Asian American) in Northern California, researchers interviewed many students and teachers, as well as 10 women of color in depth over a four year period. In that study, young women without children felt that teen pregnancy must be avoided in order to achieve their notions of educational and career "success." In contrast, students who had given birth partly attributed

their academic success or motivation to their children.[39]

Purpose of the study

This study was conducted in response to concern from the Maternal, Child and Adolescent Health Program (MCAH) and the Office of Family Planning (OFP) of the California Department of Public Health about the persistently high rate of teen births among Latinas in California, and a desire for information to guide actions to decrease the Latina teen birth rate. Despite a growing body of research on Latina adolescent pregnancy, there were important knowledge gaps not addressed by previous studies, including limited information on differences based on nativity, few qualitative studies that permitted deeper exploration of the influence of neighborhoods, family, partners and peers, a lack of research on the protective role that educational aspirations and socioeconomic opportunities play in preventing teen childbearing among Latinas, and limited information from adults who had not become teen parents. We used a primarily qualitative approach because we believed the most important gaps in knowledge required the in-depth exploration and probing that only qualitative examination could accomplish. We identified not only risks but also protective factors that helped young Latina women delay childbearing with its consequences for their subsequent life opportunities.

The goal of this study was to inform efforts to reduce the high rate of adolescent childbearing among foreign- and U.S.-born Latinas in California. Among a population of teen and adult Latina women expecting a baby for the first time, we aimed to explore:

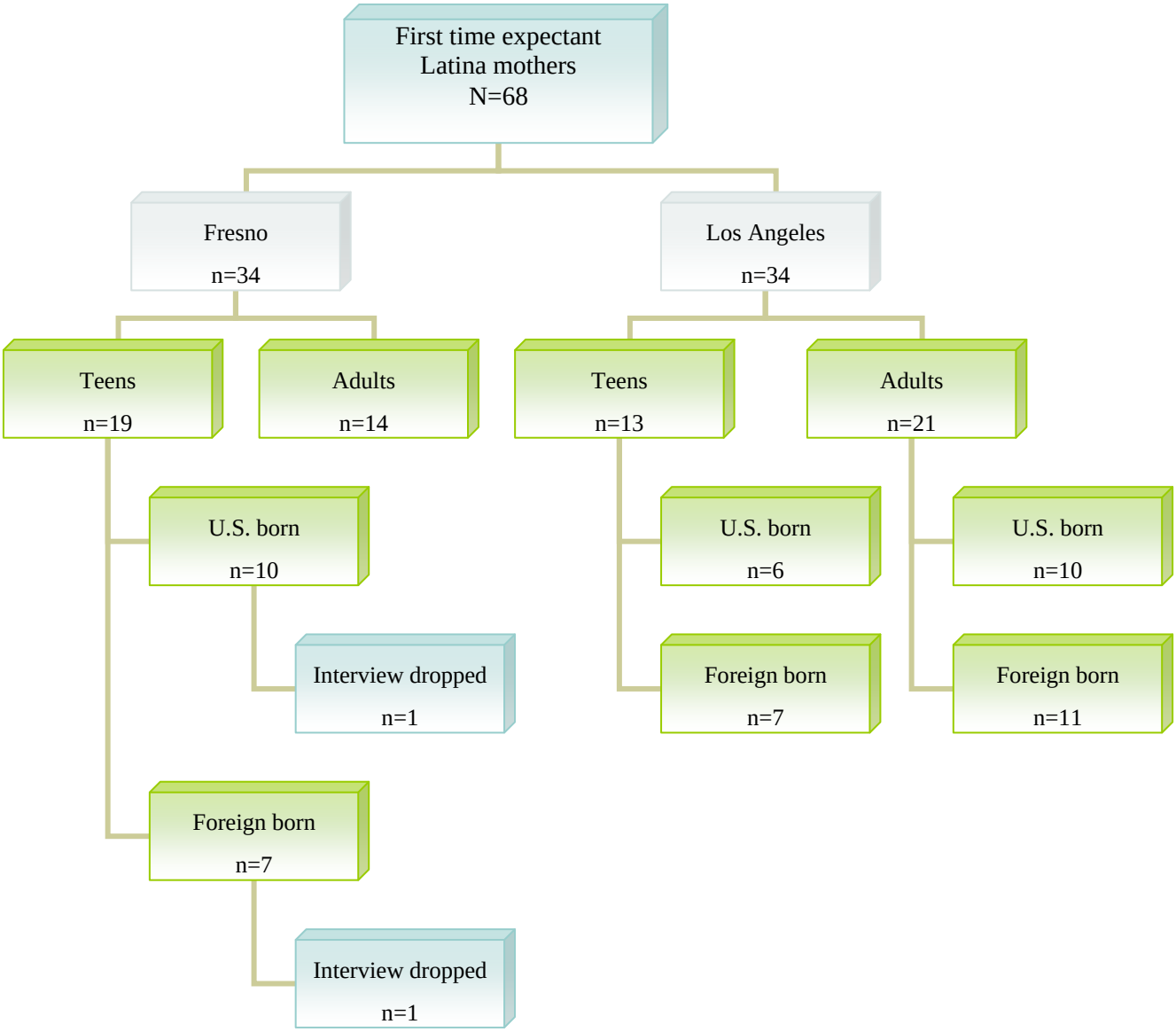
a) Their attitudes about birth control, experiences using birth control methods, and access to birth control services;
b) Their feelings and attitudes about childbearing and reasons for becoming pregnant;
c) The perception and characterization of their current and future educational and career opportunities, aspirations and expectations;
d) The influence of neighborhood environments, family, partners, and mentors on Latina teen childbearing.

III. METHODS

Sampling and eligibility

The study protocol was approved by the California Committee for the Protection of Human Subjects and the University of California, San Francisco Committee on Human Research. A woman was eligible to participate if she was a Latina teen (15 to 19 years old) or Latina adult (22 to 35 years old) in her second or third trimester of pregnancy, expecting her first child and planning to raise the baby, and living in Fresno or Los Angeles County. To more distinctly divide the teen and adult age groups, women ages 20 and 21 years were excluded. A total of 68 semi-structured 2-hour face-to-face interviews were conducted; three of these were subsequently dropped due to poor data quality (two interview tapes were inaudible and one participant, who identified herself as schizophrenic, provided confusing and inconsistent responses), leaving a final sample of 65 interviews. Close to half of interviewed women were teens (31), and half were adults (34). The first-time-expectant-mother adults constituted a comparison group for the first-time-expectant teens, in that the adults had completed adolescence without becoming teen mothers. Our study included both U.S.-born and immigrant women, as the issues could be different for different nativity groups and limited previous research had included such as sample. We selected Latinas living in Los Angeles and Fresno, because these areas have large numbers of teen births among Latinas and are representative of California's geographic, economic, and demographic diversity. One-third (34%) of teen births to Latinas in California occur in Los Angeles County alone;[40] another 5% occur in Fresno County.[41] Roughly half of the interviews were conducted in each of the two counties (34 in Los Angeles and 31 in Fresno) (see Figure 1).

Figure 1: Distribution of final study sample



Participant recruitment

Eleven sites participated in recruitment activities and provided a confidential place to conduct the interviews (seven in Los Angeles and four in Fresno). These sites were identified through their relationships with UCSF or members of the research team and were ultimately selected because their clients were likely to be pregnant Latina adolescents, as well as adult women aged 22-35 years. These sites served primarily low-income individuals; thus, most of the women recruited were low-income Latina women. We aimed for as much socioeconomic diversity as possible, within the constraints imposed by the concentration of teen births among lower socioeconomic groups. Most of the sites were community clinics or health education programs. Recruitment flyers were posted at the sites, staff made announcements during prenatal and health education classes, and eligible patients were informed about the study during their interviews with a Comprehensive Perinatal Services Program health worker. Site staff also contacted colleagues who worked with pregnant Latina women outside of the clinical setting - including a program coordinator at a teen parenting program, a teacher at a continuing education high school, and a local community college professor - to identify and recruit eligible participants.

Interview protocol

Interviews were conducted in the participants' language of choice (Spanish or English) by one of three trained bilingual Latina interviewers who had experience working with Latina women. Participation was voluntary and anonymous, and each participant received a $50 Target gift card upon completing the interview. Each interview included both a *quantitative* and a *qualitative* component. The *quantitative* section included several screening questions designed to verify participant eligibility, followed by 44 close-ended questions designed to collect demographic information about the participant, her parents or caregivers, and the father of the baby, as well as information about her access to reproductive health services and birth control use. The interviewer read the quantitative questions aloud and recorded the respondent's answers on a survey form. The quantitative portion of the interview was followed by an audio-taped *qualitative* portion designed to explore the study topics in more depth. This part of the interview followed a structured interview guide including approximately 40 open-ended questions that explored the respondent's feelings about pregnancy, marriage, and sexual behavior; her relationship with her parents and the father of the baby; her educational and career goals and expectations; the characteristics of her neighborhood of residence when she was an adolescent; her mentors and role models; and her advice for teenagers today.

Adherence to study protocols was monitored throughout the project in several ways. After completing an interview, each interviewer filled out a debriefing form and recorded memos of impressions and observations. Based on reviews of these forms and of the interview audio-tapes and transcripts, members of the research team gave oral and written feedback to interviewers; subsequent interview

tapes were reviewed to ensure that interviewing techniques were modified as needed.

Data analysis

Data from the quantitative section of the interviews were entered into Excel spreadsheet and analyzed using Stata Version 9.0. The audio-recorded open-ended interviews were transcribed and entered into QSR NVivo qualitative software to facilitate data management, coding and analysis; all Spanish language interviews were translated into English before coding by one of three certified translators. Interviews were transcribed and coded as they were received, allowing the researcher team to initiate data analysis on a subset of the transcripts prior to completing data collection and provide feedback to interviewers about data quality. For quality assurance purposes, each transcript was reviewed by at least two members of the research team. A summary memo was prepared for each interview to highlight key themes such as educational attainment and aspirations, family involvement, neighborhood characteristics, pregnancy intention, partner involvement, birth control utilization and access, and role models and mentors. The analytic work was organized by assigning structural codes that corresponded to questions in the qualitative interview guide; responses for each structural code were reviewed and summarized by two members of the research team. Formal synthesis of the qualitative findings was conducted through discussions during regular research team meetings and through written summaries and memos shared with all members of the research team.

Defining pregnancy intention is complex. Four researchers reviewed each interview to categorize each pregnancy as intended, ambivalent or unintended according to criteria developed by Barrett et al.[42] *Intended* pregnancies were those described by women as planned and wanted prior to conception. *Ambivalent* pregnancies were those of women who prior to conception, had mixed feelings about having a baby or no particular desire to get pregnant or to prevent pregnancy. *Unintended* pregnancies were those among women who, prior to conception, did not plan to get pregnant and may have felt they didn't want a baby at this time. When there was inter-judge disagreement, the classifications were discussed until there was perfect agreement.

IV. RESULTS

The results presented are primarily qualitative, with quantitative information provided to complement qualitative findings, when appropriate, and to provide a demographic overview of the study sample.

Description of the sample

The women were relatively evenly distributed between Fresno and Los Angeles, and between foreign-born versus U.S.-born (Table 1). We also obtained roughly equal numbers of younger teens (ages 15-17 years) and older teens (ages 18-19 years), and of younger adults (ages 22-25 years) and older adults (ages 26-35 years). Most of the foreign-born women were from Mexico. Five out of the 14 foreign-born teens and nine of the 20 foreign-born adults had been living in the United States for more than 10 years. Five foreign-born teens and 7 foreign-born adults felt they spoke English "very well." While most teens had not yet graduated from high school, four out of the 34 adults also had not graduated from high school, despite being older than the teens. Five adults were college graduates. All 31 teens and 26 of 34 adults received some sort of public financial assistance, such as Medi-Cal (California's Medicaid) or Women, Infant, and Children Program (WIC) nutritional assistance. Three teens and 15 adults were married when they became pregnant. While most respondents claimed some sort of religious affiliation, church attendance was infrequent for many. Most respondents' – teens and adults-- reported that their parents were born outside of the U.S., and had not graduated from college when the respondent was 13-14 years old. Most teens reported that the father of the baby was between the ages of 18 and 25 years. While most teens reported that their male partner was no more than two years older than they were, 10 teens indicated that their partners were five years older or more. Many teens (19 of 31) and half of the (10 of 20) foreign-born adults reported that their male partners had not graduated from high school.

Table 1. Descriptive information on the study sample (of Latina women expecting their first child) (N=65)

Characteristics of respondents	Adolescents ages 15-19 years		Adults ages 22-35 years	
	Foreign-born (n=14) No.	**U.S.-Born** (n=17) No.	**Foreign-born** (n=20) No.	**U.S.-Born** (n=14) No.
Location of interview				
Fresno, California	7	10	9	5
Los Angeles, California	7	7	11	8
Age, years				
15-17	6	8	--	--
18-19	8	9	--	--
22-25	--	--	8	8
26-35	--	--	12	6
Birthplace				
United States	--	17	--	14
Mexico	13	--	17	--
El Salvador	0	--	2	--
Guatemala	1	--	1	--
Years in United States				
<2	5		7	
3-10	4		3	
≥11	5		9	
English proficiency				
Speaks it very well	4	11	7	14
Speaks it "OK"	1	6	2	0
Speaks it poorly or not at all	9	0	11	0
Education				
Less than high school or none	11	16	3	1
High school graduate	2	0	6	5
Some college/vocational	1	1	8	6
College graduate or more	0	0	3	2
Receipt of public assistance in the past year				
No	0	0	4	4
Yes, any	14	17	16	10
Yes, Medi-Cal	*14*	*16*	*15*	*8*
Yes, WIC	*13*	*17*	*15*	*9*

Continued on next page

Table 1. *(Continued from previous page)*

Characteristics of respondents	Adolescents ages 15-19 years		Adults ages 22-35 years	
	Foreign-born (n=14) No.	**U.S.-Born** (n=17) No.	**Foreign-born** (n=20) No.	**U.S.-Born** (n=14) No.
Marital status when became pregnant				
Unmarried	12	16	12	7
Married	2	1	8	7
Religious denomination				
Catholic	9	12	14	9
Protestant/Other	4	4	5	3
None	1	1	1	2
Frequency of attendance at religious services				
Often (at least 1 time per week)	7	3	6	5
Sometimes (1-3 times per month)	1	3	2	3
Rarely (less than 1 time per month)	5	10	11	4
Birthplace of respondent's parents				
United States	1	8	0	5
Outside of the United States	13	9	20	9
Education of respondent's mother when respondent was 13-14 years old				
Less than high school or none	7	8	15	7
High school graduate	2	6	2	4
Some college/vocational	2	1	2	0
College graduate or more	0	0	0	3
Education of respondent's father when respondent was 13-14 years old				
Less than high school or none	11	8	15	9
High school graduate	0	5	2	4
Some college/vocational	0	2	1	0
College graduate or more	2	0	1	1
Characteristics of the father of the baby				
Age of the father of the baby, years				
15-17	1	4	0	0
18-19	4	6	0	0
20-25	6	6	7	3
26-35	2	1	13	11
Age difference between respondent and father of baby, years				
0-2	7	10	9	7
3-5	1	2	7	4
> 5	5	5	4	3
Education of the father of the baby				
Less than high school or none	10	9	10	2
High school graduate	3	6	4	7
Some college/vocational	1	2	4	3
College graduate or more	0	0	2	2

Comparison of the study sample to statewide survey data

While the value of the results of qualitative research does not necessarily depend upon the generalizability of the findings, we wanted to assess the extent to which our study sample was representative of low-income Latinas in California. Therefore, we compared our sample with that of a population-based, statewide-representative survey, the Maternal and Infant Health Assessment (MIHA). MIHA is an annual survey of mothers delivering live infants in California; it is a collaborative effort of the California Department of Public Health, Maternal, Child, and Adolescent Health Program and researchers at the University of California, San Francisco, Department of Family and Community Medicine. The MIHA survey collects data on maternal demographic characteristics, physical and mental health, health behaviors, access to medical services, and oral health symptoms and access to oral health services. A random sample of women who give birth during February through May is drawn from birth certificate data each year, stratified by region of residence, race/ethnicity, and maternal education. Surveys are completed by mail, with telephone follow-up to non-respondents. Response rates have been 70% or greater each year. The final survey sample is linked back to birth certificate data and weighted to adjust for the stratified random sampling frame and non-response bias. Demographic characteristics of MIHA respondents are similar to those of all women delivering a live birth in California

During 2003 to 2006, there were 1,812 Latina women in MIHA who were delivering their first child and were of the same ages as the women in our qualitative study. Our qualitative sample of teens was less educated and less likely to be married than the MIHA comparison group, but otherwise the sample overall appeared fairly similar to Latina first-time mothers of the same ages who participated in MIHA during 2003-2006 based on comparisons of maternal age, education, country of birth, years in the United States, receipt of Medi-Cal or WIC, marital status, and of age and education of the baby's father. Thus, we do feel that the findings for Latinas in our study may be generalizable to many Latinas in California.

Key study findings

We now present the major findings from the qualitative portion of the study, with quantitative results when appropriate. The sections are organized into similar topics which may or may not follow the order in which the topics were discussed with the study participant. Please see the qualitative interview guide in the appendix for the exact order of questions.

Birth control attitudes and use

Birth control use

Respondents were asked a series of questions in the quantitative survey about their past and present birth control use, and history of access to reproductive health services. A sizable number of teens (14 of 31) reported that they never or rarely used contraception in the year before their pregnancy; in some cases, this can be attributed to their desire to become pregnant or ambivalence towards pregnancy. Among those teens that did use a contraceptive method, the most common method used was condoms, reported by over three-quarters of the sample, followed by the birth control pill, patch, and Depo Provera injectable. Two teens reported using emergency contraception (EC) in the last year.

Many teens mentioned that they had been using birth control at some point in the year prior to their pregnancy but had stopped. Among the teens, many stopped because they experienced side effects, they believed they could not get pregnant, they were in the process of switching contraceptive methods based on a physician's counseling, or other reasons that were not articulated clearly (e.g., "I just didn't want to use it anymore"). A few teens noted that the seriousness of the relationship influenced their birth control decisions, e.g., once the relationship was serious, neither person *"cared about using condoms."* Compared to teens, a larger proportion of adults gave wanting to get pregnant as the reason for not using contraception in the year before they became pregnant. However, many adults who were not trying to become pregnant also reported inconsistent contraceptive use. Thinking that they might be infertile and dissatisfaction with certain contraceptive methods were common reasons for inconsistent contraceptive use. One U.S.-born adult from Fresno gave the following response when asked about her birth control use in the past year:

> *Respondent: I stopped using the patch because there's [sic] been a lot of commercials on TV saying that it's bad for you -- that a lot of girls have side effects. So I got scared and I took it off.*
> *Interviewer: Did you talk to the nurse about it?*
> *R: No.*
> *I: Have you ever thought about going back to where you received the patch and maybe get other methods of birth control or --*

R: Yeah, I did think about it, but I never went back.
I: What were some of the reasons why you didn't go back?
R: I guess just laziness.

A few adults also mentioned experiencing contraceptive failures, for example, condom breakage.

Experience using birth control services

Fifteen of the 31 teen respondents and 23 of the 34 adults reported that they had accessed birth control services at some point in their lives. Many of those who had accessed services currently possessed a Family PACT Health Access Program (HAP) card indicating they were enrolled in California's publicly-funded family planning program. Teens were the most likely to report having a HAP card.

Adults and teens alike reported mostly positive experiences when accessing birth control services. A few adults and some teens mentioned that there was a time they wanted birth control services as a teen but did not receive them. Teens were slightly more likely to cite negative experiences, mostly due to interactions with providers who were insensitive to their needs, violated their confidentiality, or gave them misinformation about birth control methods or reproductive health services. For the most part, teen respondents indicated that these negative experiences discouraged them from returning to get services or continuing with a birth control method.

Teens mentioned a variety of barriers to accessing and using birth control services, including transportation barriers, fear of method side-effects, fear that the birth control method would cause infertility, presumed current infertility, attitudinal barriers, such as lack of motivation or procrastination, and concerns about confidentiality. For example, a U.S.-born teen from Los Angeles reported: *"I wanted to get the patch and I never went to the clinic…Because I never had a ride and I wasn't going to tell my mom or my sister 'cause they would know I would be having sex."*

Role of partner and family in birth control decisions

Respondents were asked about the participation of their male partners in their decisions about birth control use. In general, respondents reported that their male partners were supportive of birth control use and involved in birth control decisions. Adults were more likely than teens to report mutual decision making regarding the use of birth control based on significant life events – for example, agreeing to use a method until school was complete. Several foreign-born teens and adults expressed hesitance to discuss or use birth control with their partner, because doing so would suggest that they did not want to have children or were "sleeping around." When male partners were not involved in birth control decision-making, respondents indicated that it was due to poor communication with her partner, ambivalence (on the part of both individuals), or general lack of interest by their male partners. Teens were more likely than adults to report that their partners were not involved in, or were ambivalent

toward, birth control decision-making.

We asked participants, "With whom did you feel comfortable talking about birth control [before you got pregnant]?"[a] Overall, respondents mentioned being comfortable talking with friends, partners, doctors, and, less often, parents. Teens were slightly more likely than adults to say that they were not comfortable talking with anyone about birth control. Foreign-born teens were the most likely to say that there was no one with whom they were comfortable discussing birth control.

Fears about infertility

Many adults and about one-third of teens expressed concerns about infertility. The most common reason for this concern among both teen and adult respondents was the "inability" to get pregnant in the past (prior to this pregnancy) while not using birth control, whether the respondent was intentionally trying to conceive or not. It is unclear how long those periods without birth control use lasted. The respondents who answered mentioned a range of two months to two years. Several adults and a few teens had fertility concerns due to various health problems, ranging from diabetes to irregular menstrual cycles. Others reported receiving inaccurate information from health care providers that had led them to believe they were infertile. Some adults and teens worried about infertility because they knew friends or family members who had fertility problems. Adults were more likely than teens to mention fertility concerns related to birth control methods and prior abortions. Misinformation about fertility and reproductive health, including menstrual cycles, natural family planning methods, and the effects of birth control and abortion on fertility, was prevalent.

The widespread concerns about fertility among both adults and teens reinforces the significance of the role that childbearing plays in the lives of Latina women.

> *A lot of times you don't know whether you can have children or not. And I was wondering. I said, 'No, maybe I can't have children, but I want children.' Or I'd be afraid that if I couldn't have children my partner might leave me because I couldn't give him a child.* [Foreign-born adult, Fresno]

Feelings about pregnancy, marriage and sexual behavior

Pregnancy intention

The women in this study expressed a wide range of responses regarding the timing and "wantedness" of their current pregnancies. Based on our classification of pregnancy intention, a majority of adult respondents (20 of 34) and one-third of teen respondents (11 of 30) considered their pregnancies as

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[a] This question was not directly comparable across age groups, because it asked both teen and adult respondents "before you became pregnant" referring to different points in time (teen years for teens and adult years for adults).

intended or planned. As one foreign-born adult from Fresno describes, *"It was something that I had planned. It was something that – way before I met my boyfriend--I wanted at this age, at this time."* Similar proportions of foreign- and U.S.-born adults noted that their pregnancies were intended. However, a larger proportion of foreign-born teens described their pregnancies as intended compared to U.S.-born teens.

Among both adult and teen respondents there was a wide spectrum of "intendedness." Often, a respondent's feelings about pregnancy intention did not fit clearly into a predefined category, such as "wanted," "mistimed," or "unwanted." In other cases, the respondent's feelings had changed and evolved as the pregnancy progressed. Many respondents also expressed feelings of ambivalence with respect to the timing and wantedness of their pregnancies.

> *I think that it was my time, even though at the same time I think, like, no this is not my time. [God's] putting me through this for a reason, because later on – even though this is a struggle, and I messed up, and it was a bad decision, I guess, not a bad decision to keep the baby, but a bad decision to not be more careful, that at the end, it's going to be positive.* [U.S.-born teen, Los Angeles]

<u>Reasons for becoming pregnant</u>

Teens who described their pregnancies as intended often did not articulate any reason for becoming pregnant other than they or their partners wanted a baby right now. In contrast, adults discussed various reasons for becoming pregnant, such as the ideal timing of this pregnancy in their lives, their readiness to have a baby, being married and having stability in their lives, and being the "right age" to become a mother. Some adults also mentioned concerns about their own fertility as the primary reason that they tried to become pregnant at this point in their lives. Adults and teens who described their pregnancies as unintended or unplanned often mentioned lack of contraceptive use or contraceptive failure as the main reason for becoming pregnant. Respondents of all ages often described their pregnancy as fated or meant to happen, regardless of whether they were trying to get pregnant or even considering childbearing. One foreign-born adult respondent from Fresno describes the reason for her pregnancy– *"Well, partly because I didn't take precautions, and for some reason, fate, or life, wanted me to be a mother."*

Many teens saw the pregnancy as an opportunity to create meaning or direction in their life, in the absence of other opportunities. Many looked forward to having a baby at this time because it was an opportunity for them to mature, to become motivated to reach their goals, to take better care of themselves, and to give someone else the opportunities they did not have. One U.S.-born teen from Fresno noted, "*This is kind of an awakening to me. And I just have to do the best that I can and be a little more responsible and change my friends and things like that."* A U.S.-born teen from Los Angeles spoke to the opportunities her baby represented. "*Maybe my baby will become more successful, or be*

the opposite of me, or, not mess up like I did. Or maybe it's going to be me who does get through college and has the career."

Ideal age for marriage and reaction to the pregnancy

Given that pregnancy intention is not static, and that an individual's feelings about pregnancy are likely to change over time, we asked respondents a series of questions about the ideal age for childbearing and their initial reactions to finding out that they were pregnant. These responses revealed that many respondents, particularly the teen respondents, were pregnant prior to what they considered to be the ideal age for childbearing. For most teens, their ideal age for marriage and childbearing was the early twenties. Few teens linked marriage and childbearing decisions to the attainment of educational goals and career goals, and instead felt that older age (early to mid 20s) was an appropriate time because it allowed people to *"enjoy [their] youth"* and bring maturity to their decision-making and parenting. Most respondents considered marriage and childbearing to be tightly coupled activities, although U.S.-born women tended to indicate that some period of time (sometimes as little as one year) should elapse between marriage and childbearing.

Partner's role in the pregnancy

Partners played a prominent role in childbearing decisions, and for the most part were a continued source of support for the women throughout their pregnancies. Adults were more likely than teens to report that their partners agreed with them with respect to either wanting or not wanting the pregnancy at this time. Just over one-third of teens reported that the baby's father did not want or did not encourage the pregnancy at this time. A small subset of teens and one adult reported that their partner convinced them to get pregnant when they were uncertain or did not want to. As one U.S.-born teen from Fresno notes, *"I just felt like he got what he wanted. Like he really wanted a baby and I got pregnant. And I was just happy, not just for him, but I was happy, too."*

Respondents gave many reasons for their partners' wanting or encouraging the pregnancy, including wanting to establish a family, wanting to experience fatherhood, feeling that it was the right time financially, and considering it as the logical next step after marriage. Many partners of both teens and adults expressed a desire to have children because they were getting old, even though in most cases they were under age 25. Teens were less articulate in their responses than adults, often mentioning that their partners simply wanted a child because they were ready or had *"always wanted a kid."* Common reasons given by partners who were not ready to be a father or who did not encourage the pregnancy included wanting to be more established financially or to be older. Having a child from a previous relationship had varied influences on current pregnancy intentions for males – in some cases, men wanted to have another child because they rarely saw their other children. In other cases, men did not feel the need to have additional children because *"[they] already knew what it was like to be a father."*

Family members' reactions to the pregnancy

Not surprisingly, teen respondents reported very different family reactions to the pregnancy than the generally positive reactions described by the pregnant adults. This was often related to the respondent's young age, but also perhaps to the complex and difficult family situations that many teens reported (See *Quality of parental interaction*). Many teens felt uncomfortable telling their families, in particular their parents or parent-figures, about the pregnancy, and many expected and received a negative reaction from these individuals. The parents of foreign-born teens were more often angry and upset, while the parents of U.S.-born teens were more likely to express disappointment rather than anger. Despite their parent's initial reaction, many teens still reported receiving support from their families during their pregnancies, and there were a number of parents who were passively accepting of their teens' pregnancy, even to the extent of seeming happy. Only a small subset of teens expected a positive reaction from their families; a few of those teens were surprised when their parents were disappointed or upset.

Friends' influence on the pregnancy

Both teens and adults claimed that the peers they had as teens had little influence on whether they themselves became pregnant as teens. A small subset of teens noted that peers had actively discouraged them from having children. The influence of friends and other peers may have been more through example, as a larger proportion of teens, specifically U.S.-born teens, had friends who had had children as teenagers (see below).

Exposure to teen pregnancy

The quantitative survey revealed that a larger proportion of teens had a mother who had also had a teen birth (17 of 31) as compared to adults (11 of 34). Although knowing a teen mom was relatively common overall, teens were more likely than adults to report knowing a friend or family member who had had a baby as a teenager. All but one U.S.-born teen reported that at least one friend or family member had had a baby as a teen, compared to approximately one-third of U.S.-born adults. A less striking difference was observed between foreign-born teens and adults, with similar proportions reporting that they had a friend or family member that had been a teen parent.

When asked to describe the effects of teen childbearing on their friends and family, teens often personalized their responses to reflect the anticipated effects of their own pregnancies on themselves. Common positive effects noted by teens included establishing a family and experiencing motherhood. Negative effects commonly included hindering educational achievement, limiting their participation in normal teenage activities, and having to raise the child alone. Many U.S.-born teens and some foreign-born teens also mentioned that pregnancy would prompt them to change negative behaviors and *"grow up."*

Adult respondents mentioned similar issues when discussing the effects of teen pregnancy on their friends and families. Many noted how the teen pregnancy interfered with the individual's career and educational goals or forced her to mature and take on responsibilities before she was ready. Most noted that the negative effects were more substantial than the positive, although several described "success stories" where a teen mom had faced difficulties but had attained educational or career goals.

Reasons adults stated they did not become pregnant as teens

A series of questions was asked only of adult respondents in order to explore what factors they felt may have helped them avoid teen childbearing. Parental influence was cited most frequently as *the* reason for not becoming pregnant as a teen among adult respondents. The vast majority described their parents' involvement in their lives as central to their decision to delay sex, to use contraception and/or to otherwise avoid pregnancy. The role of parents was often indirect - although parents did not openly discuss birth control or sex, they did talk about the importance of achieving other life goals before childbearing. As a result, many adult respondents also commented that having a baby as a teen would have interfered with their future plans, primarily their educational goals.

> *Interviewer: Why did you not become pregnant as a teen?*
> *Respondent: A couple of reasons. Mostly because my father threatened to disown me and my sister if we ever became pregnant. But mostly because I knew I wasn't ready to be a mother. If I had become pregnant, I would not have kept the baby, if I was a teenager. I did not want to have a baby and have to go through life without an education. Education was very important to me.* [Foreign-born adult, Los Angeles]

One foreign-born adult from Fresno stated "*I wanted my baby…to come when I had already lived certain stages of my life or done certain things in my life – continue school, [gain] financial and emotional independence."* Adult respondents were also influenced by seeing family members, particularly mothers, sisters and cousins, who became pregnant as teens struggle with raising their children. Several women described their mothers' experiences raising children at a young age and how this prompted them to believe that marriage and childbearing should wait. Others indicated that a teen pregnancy would have interfered with having a typical teenage life, including having fun and playing sports. Five of the adult respondents stated that religion was a reason for not becoming pregnant as teens.

Fifteen of the 34 adults stated they avoided a teen pregnancy because they were not sexually active as a teen. Several respondents recognized that they had been *"lucky"* to have avoided teen pregnancy as they had had unprotected sex regularly during their teenage years.

Parent involvement

Discussions with parents about sex

Many respondents saw their parents and other parent-figures as examples and valued their opinions. However, discussions with parents about sex, pregnancy, or childbearing were not common for either teens or adults. Many teens and adults reported that, as teens, they never spoke with their parents about sex. For those who did discuss sex with their parents, the discussions often lacked important information about birth control and relationships. Communication about sex often was described by adult and teen respondents as ambiguous or limited to statements such as *"Don't get pregnant"* or *"Use precautions"* rather than in-depth discussions about birth control and sex. Parents were described as too uncomfortable to have more complete discussions about sex with their teens. According to a foreign-born adult from Fresno, as a teen, her mom "*would say 'be careful' but never explicitly said don't have sex, and use birth control."* In a limited number of cases, primarily adults, respondents described very open discussions with their parents about sex.

> *[My parents] never tried to talk to us about sex hurriedly. Instead, they tried to educate us by sharing books and their own knowledge. And they told us that sex could cause certain problems in life, and that it should be planned in advance and only after you had reached a certain level of responsibility and maturity…. They said we should trust them and if something was happening they could give us guidance and tell us what to do, or when to say no.* [Foreign-born adult, Los Angeles]

Parental monitoring

High parental monitoring emerged as an important factor associated with delayed childbearing. A greater number of adult, in particular foreign-born adult, respondents described being monitored intensively by caregivers when they were teens, usually to protect them from neighborhood violence and "boys," and to help them focus on school work. Many teens and adults indicated that their parents required them to come straight home after school, did not allow them to participate in after-school activities, and strictly monitored with whom they could spend time.

> *We were not allowed to go out to people's houses so our friends had to come to our house to do homework or whatever it was. After school, we had to come straight home…. And then, in school, we had to quit the sports team because… the area where we used to play started becoming a shooting target for drivers or for gangsters.* [U.S.-born adult, Los Angeles]

In contrast, one foreign-born teen from Fresno attributed her pregnancy to excessive strictness from her caregivers. "*I got pregnant probably because I didn't want to be with my grandparents."*

Quality of parental relationship

When describing the quality of their relationships with their parents as teens, adults were much more likely to describe open, communicative, supportive and caring relationships than the teen respondents. Adult respondents often pointed to their parents as their most significant role models when they were teens.

> *Personally, I think our family was the nicest… because they always raised us to be a close family, and they were always concerned about giving us a good upbringing. They didn't want us just hanging out or playing all the time. They did let us go out, but I think that, compared to what was around us, they gave us a lot of love, a lot of attention, understanding… My parents respected us as human beings.* [Foreign-born adult, Los Angeles]

Teens' relationships with their parents generally did not seem as close and supportive as those described by adult respondents. Some teens felt that the pregnancy had helped improve the quality of their relationship with their parents. Other teens described a tenuous relationship with one or both parents. One U.S.-born teen from Fresno describes her mother who is not invested in her future:

> *Respondent: I feel that my mother doesn't care what happens in the future for me.*
> *Interviewer: Why?*
> *R: She won't talk about it. It's more like, "Well, either you're lazy and you don't want to do it or whatever." That's the way it is with her. I don't feel that she cares.*
> *I: How does that make you feel?*
> *R: It makes me feel sad, a little upset that she doesn't seem to care…she says she cares, but --*

Strained familial relationships during the teenage years were often associated with extremely volatile and unstable family situations characterized by violence, drug and alcohol abuse, crime (e.g., father or brother in prison), illness, and changes in caregivers (e.g., living in various foster homes, being taken care of by various family members). While some adult respondents described living in these types of unstable family situations as an adolescent, teen respondents were much more likely to experience this type of chaotic family life.

> *Well, my dad was -- he used drugs a lot. He's in prison. He's in there for life. My mom -- well, I don't know. We never got fed and she always had different guys over. And just -- she wasn't really a good mother. And like she has kids by like different fathers and apparently I have like 11 brothers and sisters now. I don't know. They're just not good parents. Well, in a way, she kind of gave me up 'cause my aunt -- well, my mom, she told me that in court, they asked her to get rid of the guy she was with or get rid of me and my brother. And she chose the guy over us so she signed papers to*

give us to my grandfather and my aunt. [US-born teen, Fresno]

Marriage or childbearing served as a way to escape difficult situations for some teens. The absence of positive parental involvement, coupled with limited educational or career opportunities, made pregnancy seem desirable, even if it was not necessarily planned or wanted. The teen quoted above chose to get married in order to get away from her family, even though she felt she was too young to do so.

Educational and career opportunities

A primary aim of the study was to explore the pathways through which educational and career opportunities influence teen childbearing among Latinas.

Educational goals

Many adult and teens in this study had aspired to go to college when they were 13 or 14 years old, but by the time of the interview, these educational goals had been lowered. Some teens had already dropped out of high school prior to becoming pregnant and several of the other teen respondents were not currently in school. The reasons mentioned by teens for lowering their educational goals included moving to the U.S., problems at home, and becoming involved with the "wrong crowd." Many of the teens who had dropped out of school indicated that they were still planning to go back to high school and graduate after the baby is born. Some mentioned that they now wanted to go farther in school than they had planned before, for the benefit of their baby.

Almost all of the adult respondents had graduated from high school. A few had no further educational plans, while others had college degrees; many others intended to go back to school at some point to finish or continue college. Adults were more likely to mention lowering or delaying their college aspirations because of financial constraints, a desire or need to work, and family obligations.

> *I mean a lot of people have been telling me that, you know, once you get money – see what money really is and that's when like school gets away from you. So, maybe that's what happened. I don't know. I'm still thinking of going back [to college] though.* [Foreign-born adult, Fresno]

For some foreign-born respondents, college was viewed as an unattainable goal, because of ineligibility for financial aid or language barriers. Among the undocumented, respondents felt that even if they were fortunate enough to finish college, their prospects for finding rewarding work after graduation was low. Most respondents recognized that it was important to obtain a high school diploma. While many respondents also aspired to go to college, this was often viewed as a luxury, with family responsibilities regularly taking precedence. A small number of teens described a college degree as having little value.

Educational experiences

Both teens and adults indicated that their parents or other family members seemed generally supportive of their schooling, but adult participants appeared to have received more tangible help, such as having parents read to them regularly, help them with their schoolwork, attend school meetings, and voice concrete reasons why they should stay in school. When asked what had helped her get as far as she had in school, one foreign-born adult from Fresno responded: "*My parents,…because when I was a teenager, my parents took me to the fields to see how you earn money…to work in the fields. I didn't like it, and that kind of encouraged me more to go to school and have a better future*." The teens were more likely than the adult respondents to indicate that their parents or other family members told them they should go to school without offering specific assistance.

Teen respondents were much more likely than adults to report having had negative experiences as teens that influenced their educational performances and aspirations, including disciplinary problems, difficulties at home, or feeling a lack of interest in or motivation for school. The minority of teens who had positive educational experiences cited support and encouragement from family members, assistance with homework, and in-depth discussions about college with school staff and parents. A few adults had had negative educational experiences as teens which contributed to their not having achieved their educational goals. Others had simply been stalled in reaching their educational goals, due to financial constraints, namely balancing work and school commitments. Parents played a key role for those adults who had had positive educational experiences and achieved high educational goals– "*[my parents] always encouraged me to keep moving forward*." [U.S.-born adult, Los Angeles]

Employment goals and expectations

Adults were asked about their employment or career goals during their teenage years. Teens were asked to describe what they would like to be doing in five years. Adults and teens gave many similar responses, including teaching, cosmetology, health care (medical assistant, doctor, nurse, therapist or caring for the elderly) and law enforcement (police officer or working in a prison). Foreign-born respondents gave slightly different responses, more often citing professional jobs including doctor, nurse, teacher, lawyer, psychologist, journalist and veterinarian. Most of the adults and many of the teens indicated that they had a plan as a teenager for accomplishing their goals. However, the teens were not as able to clearly articulate that plan as the adults. All adults indicated that they had a general idea as a teen that an education beyond high school was required to reach their goals, whereas some teens did not know what was required.

Neighborhood environment

Characteristics of respondents' neighborhoods as teens

The neighborhood environment can influence educational and career goals, and provide examples of future options for teens. Most adult and teen respondents reported that they had lived in predominantly Latino neighborhoods as teens. About one-half of U.S.-born adults reported having lived in mixed or non-Latino neighborhoods as teens. Many teen respondents described experiencing instability and upheaval during their teenage years, including frequent moves, placement in foster care or juvenile justice systems, and unsafe neighborhoods. Among both teens and adults, the unsafe neighborhoods were characterized by gang and drug activity, prostitution, shootings, graffiti, fighting, and general crime. As one U.S.-born teen described:

> *[My neighborhood] was a ghetto…[with] tagging on the houses, like garage doors, on sidewalks. Even a car was put on fire across the street from my apartment… There were about two or three gangs… they shot a cop… and we would always hear gunshots. My foster mom would always tell us to lay [sic] on the floor, on our beds, because we lived upstairs. I don't think that would really make a difference, because easily [a bullet] could go through the wall, how thin them [sic] walls were.* [U.S.-born teen, Los Angeles]

Foreign-born women of all ages more often gave positive descriptions of the neighborhoods where they had lived as teens, whereas U.S.-born women were more likely to describe their neighborhoods unfavorably. Some teens and adults described their neighborhoods as safe despite the presence of gang or criminal activity, appearing somewhat desensitized to their surroundings. Others described their immediate block or street as "safe," despite describing nearby blocks or streets as unsafe. Tightly knit communities or the presence of police contributed to feelings of greater neighborhood safety. Adults, in particular foreign-born adults, were more likely than teens to describe their neighborhood during their teen years as a close-knit community where neighbors helped each other out.

Free time activities

How respondents spent their free time during their teenage years

Most teens and adults reported that they spent a substantial amount of free time at home, often because of strict parents (and their concerns about neighborhood safety) or household responsibilities. Unlike foreign-born respondents, U.S.-born teens and adults also mentioned participating in social activities such as hanging out with friends during their free time. Respondents noted that community centers, parks, and recreational centers were available in their community but very few used these resources. Many respondents expressed a lack of interest in these resources or were not allowed by their

parents/guardians to visit them because of a lack of neighborhood safety.

Extramural activities

Approximately two-thirds of study respondents participated in at least one activity outside the home, including church groups, volunteerism, sports teams, paid employment, and school activities. A striking difference between adults and teens was the duration or intensity of the activity. Many more adults, in particular U.S.-born adults, reported juggling multiple activities or participating in one activity over an extended period of time, such as several years, than the teens. Among those who did not report outside activities, U.S.-born teens often cited delinquency problems (such as "partying" or "drinking") as the reason for their lack of participation in outside activities. Foreign-born adults who reported that they did not participate in outside activities often mentioned that such activities were not available in their communities when they were adolescents.

Mentoring and role models

Teens were more likely than adults to have role models and mentors who were relatives, such as their mother, or someone who was close to their own age, such as a sister, a cousin, or a friend. For teens, their mothers were often role models because they were able to raise their children on their own. Other single mothers, aunts, sisters, or older friends were also role models or mentors for teens.

> *Well, I think my aunt. She got married, and she had five kids. And then she had to take care of me, too… my uncle has cheated on her, and they're separated…But she has shown me that you don't need a man. She pays the house. She pays most of the bills …she's shown me that you can do it. She still takes college classes. And yeah, her kids are older, but you know, they're all off to college. And she has shown me that if she can do it, I can do it.* [U.S.-born teen, Los Angeles]

In contrast, adults described a wider variety of individuals who were mentors to them as teens. Although many named relatives, including mothers and sisters, they also mentioned teachers, counselors or older friends. Adults felt that they could talk to their mentors about many topics, including advice on education and career paths, whereas teens noted that their mentors were mainly there to help them through their pregnancy or with family problems. Teens often described their mentors as being generally supportive, without mentioning specific examples of support. The help that mentors gave adults often (but not always) appeared to be more concrete or tangible than that described by the teens, such as help with homework during of after school, active engagement in school or extracurricular activities, and financial support to finish school.

> *I remember my father always showing interest in my schoolwork. He always wanted to read my writing assignments. He always wanted to get an oral report as to what it was that I read, if I had*

read a book … he looked so forward to when it was time to do projects because it got his creative mind going. I turned in the best projects all through school because that was a time where he'd sit down with me and we'd come up with incredible ideas. [Foreign-born adult, Los Angeles]

More adults than teens named teachers as mentors. These mentors were important because they served as confidants and helped them with their own personal development and their educational achievement.

Well, school teachers because they were totally different from our family. They were more -- They wanted you to pursue school…They were somebody that would hang [out with] us also. They would make us feel like we were adults, not necessarily kids… They actually made us feel like we were something important in this world. [U.S.-born adult, Los Angeles]

Respondents' recommendations to teen girls

At the conclusion of the interview, participants were asked if they had any recommendations for teenage girls today. The teen respondents commonly encouraged their peers to seek information about birth control and to use it consistently. They also advised their peers to stay in school, even if they became pregnant. Several also suggested that young women should wait until they had found the right partner before having children– "*...Make sure that the person [you]'re with is the kind of person [you] would want to have a child with. [Don't] have a child if you're not ready."* [U.S.-born teen, Fresno] There was clearly a sense of distrust and frustration towards men among some teens. One respondent described how a young woman has to be strong, because *"there's times when they [men] decide to just leave. Girls always lose."* [U.S.-born teen, Fresno]

Adult respondents had more detailed and concrete suggestions. Almost all encouraged teens to delay childbearing until they were established in life, had achieved their educational goals, and were ready to take care of a child. One simply suggested to *"wait…being a little bit older and wiser is a lot better decision."* [U.S.-born adult, Fresno] Many adults, recognizing that most teens will become sexually active, emphasized the importance of using birth control to protect against both pregnancy and STIs. Similar to teens, many adults advised young women to be cautious about men – *"Wait if possible. If you cannot wait, protect yourself… Any guy will tell you anything. It doesn't mean that they are telling you the truth."* [Foreign-born adult, Los Angeles] Several adults noted that parents and other adults have the responsibility to inform their teens about sex, and referred to the need for programs that encourage better communication between teens and their parents and programs that teach teens about sex.

We should be able to talk about [sex] more openly with [teenage girls], about prevention of sex, about anything related to having children at an early age . .. [we need to establish] good programs or mentorships with girls. [U.S. born adult, Los Angeles]

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Latina teen childbearing is a significant social and economic issue for the state and nation, and births to Latinas in California are anticipated to increase in the coming decade. Over their lifetimes, children of teen mothers are more likely to face serious adverse outcomes such as low birthweight, higher rates of abuse and neglect, lower educational attainment, and a greater likelihood of going to prison.[45,46]

Our study design permitted us to identify potential strengths and assets among adolescent women that should be nurtured as well as risk factors to avoid. Findings from this study highlight the many challenges faced by primarily low-income, pregnant Latina teens living in the Los Angeles and Fresno areas, the regions in our State where the highest numbers of Latina teen births occur. As a group, these teens faced difficulty in school, often along with limited parental capacity to provide support, unstable family situations, unsafe neighborhoods, linguistic and cultural barriers and, perceived or actual, limited career options. The findings also highlight important assets experienced by many adult study participants when they were teenagers that appear to have helped protect them from teen childbearing: engaged and supportive parents, information about and access to family planning services and a belief that they had important life goals in addition to motherhood. As teens, many of these primarily low-income adult women had had more empowering experiences at school, more supportive and diverse role models, and more stable and involved families than the teens who were about to become mothers. Still, many also avoided teen childbearing despite inconsistent birth control use. Overall, our results, interpreted in conjunction with existing research, strongly support efforts to prevent teen childbearing among Latinas that emphasize youth development, the important roles of family and partners, sex education, and better understanding and use of contraceptives.

Although not specific to Latinas, Kirby's 1997[47] review of teen pregnancy prevention programs nationwide stressed the complexity and multi-dimensionality of the issue of teen pregnancy in general, and the need for correspondingly complex and multi-dimensional approaches to address it. Kirby noted that: "… reducing teen pregnancy clearly requires attention to broad social and environmental factors, such as poverty and social disorganization, as well as to the individual characteristics of particular teens. In short, teen pregnancy is a complex problem that often calls for complex interventions."

Some of the main findings from this study are highlighted below, followed by recommendations -- many of which correspond to multiple findings. The recommendations reflect our interpretation of this study's findings in light of published research. While this study did not reveal many factors of teen births never mentioned in previous literature, it contributed both by confirming previously reported findings about teens in general, and by adding the application of these findings to low-income *Latina* teens in particular, specifically for California.

- **Many California Latinas are misinformed about birth control and fertility and use it ineffectively**
  - Misinformation about contraception, which often results in contraceptive misuse and discontinuation, were common reasons for pregnancy.
  - Many – close to half of teens and adults alike - reported that they never or rarely used contraception in the year before their pregnancy
  - Among those teens who did use birth control in the year before pregnancy, many stopped because they experienced or feared side effects, were dissatisfied with their birth control method in some other way, believed they could not get pregnant, or were taken off the pill by a clinician.
- **Financial and geographic access to birth control was not uncommon among Latina teens, largely due to the Family Planning Access Care and Treatment (PACT) Program, yet significant barriers still existed.**
  - Nearly half of teen respondents and two-thirds of adult respondents reported that they had accessed birth control services at some point in their lives. Many of those who had accessed services reported being enrolled in the Family PACT Program (California's publicly funded family planning program). Teens were the most likely to report being enrolled in Family PACT.
  - While the adults and teens who reported accessing birth control services mostly reported positive encounters with those services, teens were more likely to cite negative experiences.
  - Transportation barriers, concerns about confidentiality, fear of method side-effects, fear of infertility, presumed infertility, and attitudinal barriers (lack of motivation) prevented many teens from accessing services.
- **Fear of infertility was common among both teens and adults.**
  - Fear of infertility seemed to be an important reason for inconsistent birth control use. Many adults and teens expressed fears that they were infertile.
  - The presence of these fears seemed to reinforce the central role of childbearing in this population.
- **Many Latina teens' pregnancies were intended.**

- Early family formation was a relatively common, stated goal of respondents. The majority of adult and nearly half of teen respondents described their pregnancy as intended or planned.

- **Exposure to teen childbearing was common among Latinas.**
  - Both teens and adults commonly knew teen mothers, although a higher proportion of teens than adults had mothers who had given birth as teens.

- **Parents and other family members play an important role in guiding the lives of Latino youth, but some have limited resources.**
  - Relationships with engaged and communicative parents helped some Latinas defer childbearing until after adolescence. Parental influence was frequently cited as *the* reason for not becoming pregnant as a teen. The vast majority of adults described their parents' role as central to their decision to delay sex, to use contraception, and/or to avoid pregnancy.
  - Many teen respondents felt that their family members generally supported their goals, yet lacked the knowledge and skills to help them access educational and job opportunities.

- **Compared with teen respondents, the adult women described having had more positive relationships with their parents, greater parental monitoring, and more stable family environments when they were teens.**
  - Adults were more likely than teens to describe the quality of their relationships as teens with their parents as open, communicative, supportive, and caring.
  - Both teen and adult respondents, but particularly adults, described being heavily monitored by caregivers in order to protect them from neighborhood violence and/or teen childbearing, and to help them focus on school work.
  - Many teens experienced extremely volatile and unstable family situations, characterized by violence, drug and alcohol abuse, crime, family illness and shifting caregivers. Fewer adults had experienced these situations when they were teens.

- **Latinas lack informative and meaningful discussions about sex with their parents.**
  - Many teens and adults reported that, as teens, they never spoke about sex with their parents. The discussions among those who did talk about sex with their parents often lacked detailed information about birth control and relationships.

- **Male partners play an influential role in childbearing decisions among Latino youth.**
  - Male partners' attitudes towards pregnancy and fatherhood often influence birth control and pregnancy decisions. When compared to adults, the partners of teens more often did not want the pregnancy at all or at this time. However, partners of foreign-born teens were more likely to encourage the pregnancy.

- Regardless of young men's attitudes towards pregnancy, they often lack information about birth control and are ambivalent towards birth control use. Teens' partners were more likely to be disengaged from or ambivalent towards birth control decision-making, in comparison to the partners of adults. Most women reported that their partners were supportive of birth control use if requested by them.

- **Many of the Latina teens experienced limited support and large barriers to setting and achieving higher educational goals.**
  - Teens and adults both indicated that they felt their parents and other family members were generally supportive of their going to school, but the adult respondents appeared to have received more tangible help, such as parents attending school meetings, reading to them, and providing concrete reasons why they should stay in school.
  - Teens were much more likely than adults to report a negative educational experience, including lack of interest in or motivation for school, disciplinary problems, or difficulties at home that influenced their educational performance and aspirations.
  - While both adult and teen respondents had a range of career goals as teens, adults appeared to have had a better idea, as teens, of the education and training needed to reach their goals.
  - Many adult respondents commented that having had a baby as a teen would have interfered with their future plans, primarily their educational goals.

- **Many Latinas have—and perceive themselves to have—few socioeconomic opportunities; for some, pregnancy represents an opportunity for a brighter future.**
  - Most pregnant Latina teens in this study came from families with low incomes and low educational attainment. Many were living in dangerous neighborhoods that lack community resources and limit their mobility. Lack of success at school and lack of family and community resources make it difficult for these teens to finish high school, go on to college, and fulfill their career goals. Many of these teens perceived pregnancy as offering a tangible opportunity, a meaningful pathway to adulthood, and therefore had pregnancies that are intended.

- **The Latina teens had a limited range of role models or mentors who could help them avoid teen childbearing.**
  - Teens and adults both mentioned the presence of role models or mentors in their lives. For teens, mentors often provided personal and practical advice, and many spoke from their own experience with teen pregnancy.
  - In addition to family members, adults identified a broad range of mentors including teachers, school counselors, and community leaders, most of whom had completed high school or college.

- **Latinas' recommendations to teen girls**
  - When asked what they would recommend to other teen girls, teen respondents commonly encouraged their peers to seek information about birth control and use it consistently, and to stay in school, even if they became pregnant. Adult respondents placed greater emphasis on waiting to have sex and/or waiting to become pregnant.

This study had a number of limitations. The final sample size of 65 overall was not small by qualitative standards; however, numbers in subgroups (teens and adults; US-born and immigrants) were limited. It was conducted in two locations in the State with the greatest concentrations of Latina teen births, and had similar characteristics compared to Latinas in an annual, statewide representative survey, but may not represent all Latinas in California. Latina teens and adults recruited for this study were connected to local community health clinics or health education programs; it is possible that these women were different from Latinas who did not access those, or any, health care services. Funding constraints limited us to studying women only; it would have been ideal to capture the perspectives of men as well. Using first-time-expectant-mother adults as the comparison group for first-time expectant teens meant that there was a different recall period for adults and teens and perhaps a different perspective due to age; but, we believe this design was better than one using non-pregnant teens as the comparison group, because some of them may have subsequently become pregnant while still teens. In spite of its limitations, we believe this study adds substantially to practical knowledge that can guide efforts to reduce Latina teen pregnancy in California. Contrasting these teens to adults who delayed pregnancy offered greater insight into the unique world of teens at risk for early childbearing.

Recommendations

We believe that this study's findings should give policymakers practical guidance to address broader social and economic problems that are not traditionally within the direct scope of 'health' policies. For example, this study confirmed the importance of raising the socioeconomic aspirations and expectations of Latina youth. Similarly, a recent 2007 telephone survey by the National Campaign to Prevent Teen Pregnancy found that Latino youth and their parents were significantly less likely than teens and parents of other racial/ethnic groups to perceive childbearing as a barrier to achieving their goals for the future. The teens in the study were also more likely to report that becoming a teen parent would help them reach their future goals.[48] Another recent study found that a substantial proportion of the increased risk of teen childbearing among Latinas compared to non-Hispanic Whites was associated with the fact that Latinas' parents had lower levels of education.[49] These results along with the findings of this study suggest that more needs to be done to increase the socioeconomic opportunities for low-income Latino families and help them understand the long term disadvantages of teen childbearing.

To address socioeconomic issues relevant to health, policymakers need not take on other sectors'

functions or dictate actions. Instead, they should seek ways for health-sector actions to complement promising initiatives of other sectors, such as a youth development model which addresses socioeconomic aspirations, expectations, and opportunities, as well as overall community development initiatives to strengthen parents, families and whole communities in ways that will support Latina teens' chances to lead fulfilling lives and to postpone childbearing until adulthood.

This study of teen and adult Latinas who were about to become mothers for the first time makes important contributions to knowledge about teen childbearing among Latina women in California, which can guide *policies in the health sector*:

- **Renew, continue and expand funding for teen pregnancy prevention programs that have been proven to be effective .** Simultaneous and diverse efforts are needed to address the array of issues leading to Latina teen childbearing. A number of current state-funded teen pregnancy prevention efforts use varied approaches to reduce teen pregnancies. In 2008, funding for two of California's five major Teen Pregnancy Prevention Programs, including the Male Involvement Program and the Teen SMART Outreach Program, was totally eliminated from the state budget. In addition, funding for one of the three remaining programs, the Information & Education Program, was reduced by approximately forty percent. These budget cuts impacted over 60 local programs, and approximately 250,000 adolescents served by these programs. The current budget crisis in California will likely exacerbate this problem. We recommend renewed, continued and expanded funding for each of these programs, including support for evaluation to ensure that outcomes are documented to guide future decision-making.
- **Provide access to and improve knowledge about contraception and fertility.** Access to culturally appropriate reproductive health care should complement other pregnancy prevention strategies. New contraceptive users who are teens need additional information –over and above that routinely provided-- on proper contraceptive use, expected side effects, and what to do in the event of contraceptive failure or desired discontinuation. Providing initial instruction and a single contraceptive method –especially a hormonal method-- is not sufficient for teens; follow-up is needed. Follow-up support, possibly via telephone or email for some teens, could help ensure understanding, acceptability, and consequent method adherence and/or use of alternative methods when needed. Provision of condoms to all sexually active teens, and advance provision of emergency contraception to all teens receiving user-dependent methods (condoms, diaphragm, patch, pills, etc.), could help prevent pregnancy due to contraceptive failure through the availability of back-up protection.
- **Integrate families and communities into teen pregnancy prevention efforts.** Teen pregnancy prevention programs will be more successful if they understand and respect the important role of the

family and communities in shaping young Latinas' goals, values and behaviors. It is important to work with parents and extended families and communities to provide better sex and relationship education to teens, improve parent-teen communication related to sex, relationships, contraceptive use, and fertility, and to encourage teens to have higher educational and occupational expectations and aspirations. In addition, such programs could educate parents about birth control methods, side effects, and access to care, and provide guidance about ways to discuss these and relationship and life-goal issues with their teens. Young teens may not be cognitively ready to make some of the life decisions they are making. Increasing parents' knowledge of the resources available to teens will allow parents to better provide the help youth need in defining their goals and in setting limits

- **Improve sex and relationship education prior to the start of sexual activity.** Sex education at an early age can help youth make decisions about sex, learn how to discuss sex and contraceptive use with partners, and learn how to access birth control services if needed.
- **Involve schools in education about sex, relationships, and birth control**: Educational settings provide opportunities to increase knowledge about contraception and contraceptive services, to dispel prevailing birth control myths, and to assuage fears about birth control, side effects, infertility, and birth control services.
- **Address the role of men**. Because partners play a large role in decision-making about sex and contraception, efforts need to include young men as well their partners with respect to aspirations and expectation, sex education and effective birth control use, gender roles, improving communication skills with their partners and later with their own children.
- **Address the role of partners in contraceptive use**. Findings from our study demonstrated that many Latina teens felt their partners were supportive of birth control use. Still, discussions about birth control use were not common, and many lacked the skills needed to negotiate birth control use with their partners. Contraceptive counseling should take into account partner attitudes and characteristics and relationship dynamics. Programs should directly outreach to males, offering them contraceptive counseling, information about birth control, effective communication strategies, and promoting the importance of being respectful to their partners.

This study also confirmed findings in previous literature on other racial/ethnic groups, indicating that the health sector alone will not be successful in significantly reducing Latina teen childbearing, without *coordination and collaboration with other sectors*.

- **Address *intended* as well as *unintended* teen pregnancy.** Nearly half of Latina teen pregnancies are intended, and hence cannot be prevented by contraceptive services. Often at the heart of intended teen pregnancies is a lack of hope for a better socioeconomic future, with options other than early motherhood. The only effective solution will be realistic educational and career opportunities that present an accessible and attractive alternative to teen motherhood. It will also be

important to develop approaches aimed at preventing first pregnancies that educate teens about how teen parenting will affect their futures—for example making it more difficult to return to school and obtain meaningful work. Such approaches need to include increasing teen's ability to identify life goals (including parenting at an appropriate time in their lives) that will be gratifying, and ways for them to achieve those goals. For women intending to become pregnant, information on pre-conceptual care is also important, potentially encouraging women to delay childbearing until they are in optimal health.

- **Give Latino youth tangible alternatives to early childbearing by providing them with more future opportunities and encouraging the development of educational and career goals, by integrating teen pregnancy prevention efforts within broader strategies addressing social and economic issues.** While the health sector does not control education or employment, it can collaborate with education, commerce/labor, and other sectors responsible for policies affecting educational and job opportunities. The health sector can advocate on behalf of educational and employment opportunities for Latino youth, by speaking to the adverse health consequences, as well as the tragic social and economic consequences, of teen childbearing. There is a vital need to strengthen education at all levels, by providing Latino youth with access to a variety of resources needed to handle the hardships they face to achieve future goals. This includes offering financial aid and practical assistance with college and financial aid applications. Improving the quality of education and the educational experience for Latino youth is an investment in the next generation of parents who will be more able to help their children. In addition, youth development approaches should be encouraged, particularly those focusing on educational and career development so that Latino youth have tangible future opportunities other than childbearing. Effective programs must also address the social and psychological factors associated with sexual risk-taking. Efforts in these areas are needed to make it realistic for teens to have higher expectations and aspirations. This means that the health sector should plan strategically with other sectors so that their combined and coordinated efforts will have maximal impact. It does *not* mean that the health sector should attempt to take on or direct the functions of other sectors. Potential youth development strategies may include providing access to:

- Vocational and job skills training, including job placement
- Educational opportunities, including tutoring and access to higher education
- Mentoring programs for youth to develop close relationships with adults. Children need positive relationships with caring adults. While parents generally fill this central need, many children benefit from additional relationships with other adults to supplement —or in some cases, substitute for— relationships with their parents.
- Recreational activities such as sports, drama, and social clubs may be important vehicles for exposure to positive role models and mentoring, life skills building, and social support within a

youth development strategy.

- Coordinated physical and mental health services. Pervasive problems for youth in low-income communities require increased availability of psychosocial counseling and treatment for mental illness, sexual abuse, drug and alcohol use, and/or family distress. Increased coordination is needed between physical and mental health services, as well as increased resources for them.

❖ **Build awareness among all service agencies both of the special barriers faced by immigrant youth and of ways to overcome those barriers.** Programs that strive to serve immigrant Latino youth must be cognizant of the effects of their immigration experiences and take into account the range of issues faced by immigrant families. Cultural and language barriers and lack of citizenship bar many Latino youth from access to a range of resources including employment, health services, after-school programs and activities, and educational opportunities (including financial aid). Where programs do exist or services are available, some immigrant youth may be reluctant to use them due to fears of discrimination and/or legal consequences. Health leaders should support initiatives in any sector that remove barriers to the use of needed services, based on the health implications for both the individual, as well as the greater community.

Key programs in health and other sectors that support the needs of Latino youth:

The following programs directly address one or more of the highlighted findings of this study:

- The Office of Family Planning's Teen Pregnancy Prevention programs: California's Community Challenge Grants (CCG) and Information and Education (I&E) programs, as well as two recently eliminated programs, the Male Involvement (MIP), and TeenSMART Outreach (TSO) Programs all emphasize community-based *youth development* approaches, in conjunction with reproductive health care access, to prevent teenage pregnancy. Over half of program participants are Latino teens.
- California's School-Age Families Education program (Cal-SAFE) is designed to increase support services for expectant or parenting students to *improve academic achievement* and provide *quality child care* programs for their children.
- Cal-Learn program helps pregnant and parenting teens receiving CalWORKS to *attend and graduate from high school*. *The CalWORKS program faces drastic cuts in the FY 2009-10 budget.*
- The Governor's Mentoring Partnership (GMP) is designed to improve youth's academic performance and decrease their involvement in gangs, violence, teen pregnancy, and alcohol and drug use.

- Adolescent Family Life Program (AFLP) provides comprehensive case management for high-risk pregnant and parenting teens. AFLP participants have been more likely to remain in school, obtain a high-school diploma or GED, and to use contraceptives than comparable teens not in the program. AFLP case management includes vocational counseling and support to maintain an academic or vocational program, child care, and other services within a youth development model; it thus addresses socioeconomic opportunity as well as aspirations and expectations. *AFLP faced drastic budget cuts in FY 2008-09.*

The following programs address the issue of financial, geographic, cultural, and linguistic access to family planning services for Latina teens. Although the issue of access to services did not emerge directly as a salient issue in this study, many of the teen participants had received Family PACT services and none of this study's findings contradicts the large body of evidence demonstrating the crucial role played by access to family planning services. We also recommend renewed, continued and expanded support for the following programs:

- Teen SMART Outreach (TSO) program, which works with schools, community based organizations, county social service departments and other groups serving high-risk teens to increase their use of reproductive health services. This program was completely eliminated from the state budget in 2008.
- Family PACT Program, which provides clinical services at no cost to low-income adolescents and adults, and serves over 150,000 Latino teens, and the Medi-Cal Minor Consent Program, providing confidential sexual health, drug and alcohol, and mental health services to young people under age 21. The status of this program is currently being negotiated between the state and federal governments which may lead to more limited eligibility requirements, particularly affecting immigrants and teens. Potential health reform efforts at the federal level may also impact the availability of the Medicaid 1115 waiver program which supports this effort.
    - Family PACT reimburses providers for special counseling services to teens, making it possible for providers to be reimbursed for spending extra time to educate and counsel teens. This study found many teens to be misinformed about contraception. Providers should be educated about this feature of Family PACT and the need for additional explanation and discussion about contraceptive methods with teens as well as the need for closer follow up and reinforcement of effective contraceptive use, including method change if side effects are experienced.

Summary

Young, low-income Latinas living in Los Angeles and in Fresno –and likely throughout California--face many challenges - difficulty in school, challenging family situations, unsafe neighborhoods, linguistic and cultural barriers and few career options. Overcoming these challenges should be an important component of pregnancy prevention efforts, and will require working with multiple sectors including public and private schools and community groups as well as health programs. This study's results point to the need to improve Latina teens' knowledge about birth control and their ability to communicate with their partners and parents about sex and relationships, and to provide the skills and resources to fulfill their educational and career goals. Teen pregnancy prevention efforts should be integrated within broader youth and community development efforts; these are essential if Latina youth are to have the educational and job aspirations –and real opportunities-- that are the prime reasons to avoid teen childbearing. Although this study supports the important role that culture plays in Latina teen childbearing, it reveals that lack of resources to reach educational and job opportunities must be addressed. The health sector may not be able to assume the functions of other sectors (education, employment, and social welfare), but it can collaborate with these natural partners in designing effective teen pregnancy prevention approaches.

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