"LIVING THE LIFE IN BETWEEN"

LATINA TEENS SPEAK ABOUT SEX, RELATIONSHIPS AND TEEN PREGNANCY

In 2007, 19,615 teens became pregnant in North Carolina. This constitutes a pregnancy rate of 63 per 1,000. This rate is higher than the national average. Considerable disparities among racial minorities exist. Among minority populations, Latina teens have the highest rate of teen pregnancy and birth, both in North Carolina and the nation. The Latina pregnancy rate in North Carolina was 167.4 per 1,000 teens. This means that 3,166 Latina teens 15-19 years old became pregnant**.** For comparison, African American teens in the state had a 2007 pregnancy rate of 87 per 1,000 and white teens had a rate of 52.3 per 1,000 (NC State Center for Health Statistics).

During the same time period in North Carolina, 2,823 Latinas age 15-19 gave birth, representing a birth rate of 149 per 1,000. For comparison, the birth rate for African-American teens was 64.9, and for white teens it was 32.9 (NC State Center for Health Statistics).

While most teens have experienced a decline in rates of teen pregnancy, Latinas have experienced the smallest decline in teen pregnancy rates since 1990. Currently, it is estimated that half of all Latina teens in the U.S. become pregnant at least once by the age of 20. These statistics, coupled with population growth estimates that suggest that 1 in 5 teens will be Latino by the year 2020 indicate that it is critical to understand factors contributing to pregnancy susceptibility among Latina teens (National Campaign to Prevent Teen Pregnancy, 2007).

LATINA TEEN PREGNANCY – LESSONS FROM THE LITERATURE

The relatively high rate of teen pregnancy among Latinas has concerned researchers for some time, and a number of contributing factors have been identified and examined. Latina teens report being sexually active at rates slightly higher than that of white teens (52% compared to 43.7%) and lower than that of African American teens (66.5%) (Youth Risk Behavior Survey, 2007), and are more likely than either white or African American teens to become pregnant. Differences in contraceptive use can account for some elevation in pregnancy rates, with Latina teens generally less likely to use contraception than white or African American teens. Additionally, considerable differences in contraceptive use are evident among Latina teens of different generations. A recent study found that approximately 6 in 10 first generation Latino teens used contraception the first time they had sex compared to 7 in 10 second generation Latino teens and nearly 8 in 10 third generation Latino teens (McDonald et al, 2009). Contraceptive nonuse is clearly related to pregnancy risk, but research on Latina teen pregnancy also points to other risk factors including culturally specific reasons, socioeconomic factors, insufficient sex education and health care access issues.

Cultural factors frequently identified as contributing to high rates of Latina teen pregnancy include traditional gender roles, beliefs about motherhood and the family, religiosity and perceptions of limited life options. Numerous studies have examined the role of each of these factors, and many researchers and policy makers believe that the underlying causes of high rates of pregnancy among Latinas arise from these factors. Some policy makers and researchers also hold that a solution to reducing teen pregnancy among Latinas lies in understanding and using these cultural elements for positive cultural change. Some of the most commonly examined facets of Latino culture are discussed below.

Traditional Gender Roles: Much research on Latina teen pregnancy has identified traditional gender roles as a contributing factor in teen pregnancy among Latinas. The archetypal Latino male is often perceived as masculine, "macho" and virile, while women are admired for their care and devotion to family. Men and women are held to different standards of sexual behavior, with men permitted, or even expected, to be sexually experienced and women to be chaste. Traditional gender roles have been used to account for low condom usage and poor contraceptive negation. Other findings such as the fact that Latina teens are more than twice as likely as other teens to have a boyfriend who is four or more years older (which is associated with an increased risk for teen pregnancy and contraction of STIs) have also been linked to traditional gender roles (Driscoll et al., 2001).

Religiosity: Religion has been identified in studies as both a possible protective and a risk factor in studies of Latina pregnancy, depending on whether teens, their partners and their families adhere to religious views about abstinence, contraception and abortion. Most Latinos in the world, and in North Carolina, are Catholic, and the Catholic Church prescribes abstinence until marriage, complex and changing views on contraceptive use, and bans abortion as a mortal sin (Driscoll et al., 2001).

Beliefs about Motherhood: Research suggests that young Latinas may choose to get pregnant due to beliefs about motherhood. Mothers are frequently central and revered in Latino families, and the role is an honored and respected one. In practical terms, research suggests teens' ideas about mothers and motherhood may influence contraceptive use or nonuse. One study, for example, found that Latino teens are more likely to report that they would be "a little pleased" or "very pleased" (24.7% and 26.7%) if they or their partner got pregnant than white teens (12.7% and 14.7%)(Vexner and Suellentrop, 2006).

Limited Life Options: Perceptions of limited life options have been identified as reasons why Latinas assume pregnancy risk or plan teen pregnancies. Research suggests that limited educational or career opportunities drive young Latinas to become mothers in order to attain positive status in their families and in their communities.

While research has worked to examine cultural factors contributing to Latina teen pregnancy in an effort, at least in part, to better identify culturally specific intervention strategies targeted toward Latinos, some critics have raised concern that understandings of "culture" are too frequently simplistic and that exclusive attention to culture places all responsibility on teens and their families, on their "culture," and "leads to inaction on the part of health and human service providers and local policy makers" (Driscoll et al., 2001). More nuanced understandings of culture highlight the malleability of culture and recognize that culture is dynamic ever changing in response to new knowledge, skills and technologies.

ACCULTURATION, BICULTURALISM AND "THE LIFE IN BETWEEN"

At its most basic, acculturation is a shift in norms and values from one set to another, such as what happens when teens emigrate from Mexico to the U.S. Many current studies have moved from scrutiny of "traditional cultural values" and their role in teen pregnancy to examining the intersection of norms and values and what happens when, as one of our focus group participants stated, "worlds come together and you are living the life in between." The findings of such studies have been provocative. Consistently, they find that more acculturated Latinos are more likely to engage in high-risk sexual behavior than less acculturated Latinos (Afable-Munsuz and Brindis, 2006). Studies find that greater acculturation is correlated with younger age at fist intercourse, a

greater number of lifetime partners, elevated rates of potentially risky behavior such as oral sex and more teenage pregnancies (Afable-Munsuz and Brindis, 2006). Studies also find that more acculturated teens tend to have higher rates of contraceptive use, although that use may be inconsistent (Marin et al., 1993). Reasons behind the relationship between acculturations and sexual risk have been posited, although there is considerable debate. Some researchers point toward the stress of acculturation, and posit that this stress leads teens to engage in risky behaviors, while others point toward the effects of new cultural influences present in the new environments in which Latino teens find themselves (Afable-Munsuz and Brindis, 2006). According to this scheme, less acculturated teens may hold values such as maintaining virginity and respect for family that lead them to avoid engaging in behaviors that violate these norms. In addition, studies have shown that Latino teens growing up bi-culturally may hold views and opinions that conflict with their parents' values, strain the parent-child relationship and impede effective communication.

PROJECT DESIGN

The North Carolina Healthy Start Foundation conducted a series of focus groups with Latina teens throughout the state in an effort to better understand factors influencing Latina teen pregnancy and to understand the social context in which pregnancy prevention and risk occur. In the Spring of 2009, five focus groups were conducted with Latina teens between the ages of 12 and 18 in 5 counties in North Carolina (Buncombe, Union, Lee, Pitt and Forsyth). Special attention was paid to mother-daughter communication, and the project design included two focus groups with mothers of teens (Forsyth and Lee counties). Effort was made to target immigrant teens, and focus group participants were recruited with the assistance of English as a Second Language instructors, Migrant Education staff, non-profit organizations, and churches. Specifically, our goals were to:

- ground our understanding of Latina teen pregnancies in North Carolina within the social context in which they occur.
- identify factors providing support for pregnancy prevention among Latina adolescents.
- identify factors increasing pregnancy susceptibility among Latina adolescents.

The focus group guide was developed based on current theoretical and empirical research on adolescent pregnancy among Latinas and consisted of 9 open-ended questions and specified probes. Questions focused on teens' perceived challenges, relationships and expectations, pregnancy and sexually transmitted disease risk and protective knowledge and practice, information channels and life goals and aspirations. While we did probe for information about experiences of acculturation and perceived differences or similarities between cultures, and include specific questions about language preference and length of residency in the U.S. on the demographic survey (both of which are proxy variables frequently used to measure acculturation), we did not explicitly measure acculturation in this study. Rather, we sought to understand the complex web of forces and experiences that shape teens' decisions and worldviews.

A parallel focus group guide was used with the mothers of teens. The content was nearly the same, but the questions were directed at the mothers.

All teens were required to get an informed consent form signed by a parent or guardian, and to sign it themselves. Participant mothers also signed an informed consent form. All participants received a

$20 Wal-Mart gift card. All focus groups were conducted in Spanish, or in the case of several teen groups, in "Spanglish," a mixture of Spanish and English.

DEMOGRAPHIC PROFILE OF PARTICIPANTS

A total of 46 Latina teens were sampled. Participants ranged in age from 12 to 18. One focus group was conducted at a middle school and participants were between the ages of 12 to14, one focus group was conducted at a church and participants were both middle and high school age students, and three focus groups were comprised entirely of high school age students. The average age for teen participants was 15. Twenty-two of 46 teens were born outside of the United States. Most of the immigrant teens were born in Mexico. For immigrant teens, length of time in the United States ranged from 3 to 18 years, with an average of 9 years. Most teens reported that Spanish was the primary language spoken at home. Participants varied greatly in their self reported speaking and reading English language proficiency, as might be expected given the variation in length of time in the U.S. Additionally, participants who reported living in the U.S. for most of their lives frequently reported that they could read "OK" or "very little" Spanish.

FINDINGS

We began our conversation by asking teens: What are the most important challenges facing Latino teens in your communities? Latina teens confront a variety of challenges, many of which are similar to what one might expect when interviewing just about any typical 14-year-old student in the U.S. (getting good grades, getting along with my family, peer pressure), and many of which were more specific to our particular groups (*migra* [immigration officials], getting deported, having my parents deported, caring for my family). Documentation status and the fears associated with being undocumented ("without papers") and socioeconomic disadvantage were clearly on the minds of many of our participants, and in many cases, they were mentioned far earlier in our conversation than concerns such as "doing well in school." Gangs, violence, drugs, drinking and abuse were also frequently mentioned. Teen pregnancy and sexually transmitted infections were mentioned by every group, but their placement in the "scheme" of challenges facing youth was frequently near the end of the lists.

Perceptions of Teen Pregnancy

The general consensus among participants was that teen pregnancy was indeed a "big problem" among Latina teens. While it did not appear that any of our participants were teen mothers, most participants knew a teen mother. Many participants thought that having a baby at a young age (often judged as "before you finish high school") could "ruin your life," "make things much harder," "force you to grow up" and "make you change your plans."

I have things to do in my life. I definitely do not want to get pregnant now. When you have a baby, you do not dream for yourself anymore. It is survival. You have to protect yourself. I would be so ashamed.

We also heard, however, that becoming pregnant and having a baby was more of a "disruption" and that you could still get "on track" and "make something of yourself." Teens frequently mentioned that their parents would be "very angry," "disappointed," "furious," or "so sad" to find out that their teen daughter was pregnant, yet most also thought that their families would help to support them emotionally and financially. Many reported that they would feel "scared," "embarrassed,"

"ashamed," or "like a failure" if they became pregnant. They thought that their boyfriends would leave them, unless they were in a "serious relationship" and thinking about marrying or being together after high school anyway, in which case the pair might "try to make it work for the baby." One participant stated that "you don't have to get married anymore … like they used to [meaning older generations].

We did not hear any participants express positive feelings about teen pregnancy, but many knew or had heard about Latina teens who "got pregnant on purpose." When questioned why some teens might do this, participants offered that perhaps they were "looking for someone to love," "wanted attention," "didn't want to be in school" or "messed up but don't want anyone to know how they really feel."

You hear about these girls who were trying to get pregnant and then show up one day with a belly and everyone is like, that's so cute.

Teens, Relationships and Sexuality

In an effort to view teen pregnancy within the context in which it occurs, we spent time in each group talking about the different types of relationships teens form with one another and what is expected or normative in different kinds of relationships. The relationships teens form with their peers are very important to them. We found that Latina teens tend to form relationships of most kinds with other Latinos, males and females, and prefer to share a common language and cultural background, particularly the most recent immigrants in our groups. For recent immigrants, their peers constitute their point of reference and an important support network. For several, the experience of coming to the United States as elementary or middle school age students was very disorienting and stressful. Same sex peers provided an important resource for many participants.

When I first came here, I didn't know what to expect. How I should dress or talk or what you do in school. I had to learn from my friends …without them, I would have been completely lost.

In addition to same sex friendships, teens also recognized relationships with young men as normal and healthy. Young men could be "just friends," "guys you hang out with, but who are not your boyfriends yet," "boyfriends" or "amigos con derecho" (friends with benefits). Sex was largely viewed as a "personal decision" and was considered normal in some relationships. While many teens stated that "abstinence is the only way to not get pregnant, not get a disease like AIDS, and not be hurt or embarrassed by what you do," teens largely viewed sexuality, and female sexuality in particular, as positive and "natural." Teens did not express strong views about the virtues of virginity or sexual purity, nor did they discuss sex in moralistic terms.

Boyfriends: Participants understood boyfriends as a "guy you are in a relationship with, he knows he's your boyfriend and you're his girlfriend, and you don't look around." It should be noted that for teens in our groups, the term boyfriend was used interchangeably with the Spanish word "novio," which is sometimes understood as meaning fiancé. Teens in our groups did not imply an intention to wed when speaking about "novios" or boyfriends. For teens, having a boyfriend did, however, entail some sense of commitment and exclusivity to one another. With such a relationship, sex was viewed as acceptable but not required, and as something about which you "come to a decision as a

couple." Teens also recognized that not having sex with your "boyfriend" might mean that "you could lose him, because there is always someone else out there."

Teens made a distinction between healthy and unhealthy boyfriend/girlfriend relationships, and they offered that many Latina teens they know have relationships with their partners that they consider "unhealthy." Unhealthy relationships were understood as those involving pressure (for sex), physical or emotional abuse (being mean, threatening violence, grabbing, hitting, slapping) jealousy, and "too much drama."

Amigos con derecho (friends with benefits): This type of relationship was mentioned without prompting in three of the five teen focus groups, the term was familiar in 1 other group, and teens in another had heard and understood the term, but had never heard it used in their social circles. An amigo con derecho was understood as a type of casual sexual relationship. Teens explained amigos con derecho in the following ways:

He's a friend, but also someone you could do things with, but he's not your boyfriend.

With an amigo con derecho, there are no strings attached. He can't say anything to you about you talking to anyone else.

It is like this, it is "sin compromiso," (without obligation). You don't have to be with him, you don't owe him anything, and the same for him."

Participants understood this type of relationship as potentially satisfying for both young men and women. Young women recognized their own sexuality as positive and believed that they, as young women, could have strong sexual urges, desires and curiosity. This type of relationship was viewed by young women as a way they could explore their sexuality without the entanglements of a more formal boyfriend-girlfriend relationship. Having this type of relationship also freed teens from the danger of having "too many" sexual partners (which teens viewed as risky from an STI perspective) and being perceived by their peers as a "slut." Teens did, however, recognize that any sexual relationship comes with risks, including pregnancy and sexually transmitted infections and one, such as this type, in which there are no expectations of exclusivity, was viewed as particularly risky:

He might be your amigo con derecho, but he can also be that for lots of other girls. You never know.

Perceptions of Risk

If you are having sex, you are always taking a chance. You could get pregnant. Even if you use protection. You have to think about that, always have that in your head.

While sex was considered positive, normal and natural, teens largely viewed it as a risky endeavor. Among the risks mentioned were pregnancy, "diseases" (sexually transmitted infections) and emotional injury (jealousy, embarrassment, regret). Teens largely agreed that every type of sexual encounter carries risk including oral sex, vaginal sex, anal sex, and "touching" but that some types might be riskier than others, although there was not consensus on the risks associated with each. Condoms were frequently mentioned as a way to reduce the risk of pregnancy and STIs, but participants varied in their knowledge of actual risk reduction and shared some dangerous misperceptions ("doesn't the pill protect you from some diseases?"/ "you can't get anything from touching"). Teens thought that "good judgment" and "being smart" by choosing partners wisely and

using condoms could go a long way in protecting against pregnancy and STIs, but that there is "always a risk."

Contraception Knowledge, Practice and Access

Teens varied greatly in their general knowledge of contraceptive methods. Many could name only "condoms" and "pills," and participants reported that teens frequently rely on condoms over other methods such as the pill (and less frequently mentioned "patch" and "shots") because condoms are available at the drugstore and do not require a prescription or visit to the doctor. Many teens expressed concern about hormonal birth control methods (pills, patch, shots) and the possible side effects like "weight gain, acne, mood swings, heavier periods, no periods, and infertility or trouble getting pregnant" in the future. Teens reported that they learned about contraceptive methods from their mothers (in a few cases), friends and other family members like sisters or cousins (in most cases), television and the internet. Very few of the teens we spoke with reported using hormonal contraception, and very few knew how or where they might speak with or visit a healthcare provider to receive more information about these methods.

I don't have a doctor I go to. I think the last time I went I was 11 or something for an ear infection. So I couldn't go even if I wanted to, not to mention how I would get there – ask my mom? I think there is some clinic you can go to and get the shots, but I don't know about that. You always hear, talk to your doctor, but what if you don't have one?

Condom Negotiation and Decision Making Strategies

Among participants there was a general consensus that girls "have more to lose" in sexual encounters because they are the ones who can become pregnant, and so they bear a certain responsibility to "take care of themselves" by insisting on condom use (or less frequently, other forms of birth control).

Because you are the girl, you have more to lose. It is not like he would get pregnant, or have the baby and raise it. That is why you have to be the one thinking, OK, where is the condom? They [guys] don't think about it.

Participants expressed that decisions about contraception should be mutual and made by the pair. Despite this idealized decision-making process, in practice, many teens reported that it is the young men who make the ultimate decisions about condom use. Participants reported that they know, hear or understand that "boys don't like condoms" because it "feels not natural," "takes too much away from the moment to stop and put it on" and they "just don't usually have them with them."

It is funny, well, not really funny. You know that you have to use condoms if you don't want to get pregnant, but when it comes down to it, you're too scared to say something like, where's the condom? It's like girls trust too much that he'll take care of everything.

Condom use was also, although infrequently, talked about as a trust issue in the sense that if young men trust that their partners are faithful, there is little need to use a condom (as a means to protect himself against sexually transmitted infections).

Guys think that doing it without a condom is more macho, it makes them more of a man or something. Like, he knows you're the only one, so why should he?

Information Channels—Mother-Daughter Communication

Numerous studies have examined the protective effects of effective adolescent-mother communication on delaying of sexual initiation and promoting contraceptive use. Among African American and Latino adolescents, for example, a study has shown that speaking with a parent before sexual debut increases both condom use at first coitus and condom use at most recent coitus (Miller et al. 1998). Open communication styles between parents and adolescents have been linked to increased condom use (Whitaker et al. 1999), less sexual activity and fewer sexual partners (Miller et al. 2000). Among Latinas, in particular, parent-adolescent communication has been shown to be inversely related to pregnancy risk, with those adolescents experiencing high levels of open communication with their mothers less likely to become pregnant (Adolf et al. 1999).

The vast majority of mothers expressed to us that they want to be able to communicate openly with their daughters, but that doing so is often uncomfortable for them (and they perceive it as uncomfortable for their daughters) because they (the mothers) have no experience in speaking about sexuality and contraception ("we did not talk about these things in my family") and because they feel they that do not know enough about contraceptive methods, sexually transmitted infections and reproductive health in general ("I don't even know what the right words are for body parts!") to share their knowledge comfortably and confidently with their daughters.

I don't know anything about the different kinds of [contraceptive] methods. I have started to pay attention, because I see that girls are curious, and that is natural. I don't want her to have a baby while she is still a baby.

Very few mothers reported that they did not want to communicate about issues of risk and protection with their daughters, but among the few who felt this way, they also believed that their daughters would "learn what they needed to know in school." It was not that they did not want their daughters to know about contraception and reproductive health, but rather that they did not want to be the ones to initiate the conversation. The issue was one of discomfort with the subject matter, rather than moral opposition.

Maternal Strategies to Pregnancy Prevention—Mothers employed several methods to delay daughters from entering sexual relationships and/or to promote contraceptive use. These included communication of morals and values (being a "good girl," maintaining "dignity," the importance of education before starting a family), "scare tactics," which were frequently used by mothers to highlight the negative consequences of teen pregnancy, and less frequently, although certainly present among our sample, direct communication about contraception. These findings are consistent with results of a recent study involving Latina mothers and adolescents (Gilliam, 2007), and this study provided a readily available framework with which to interpret our data.

Morals and Values

Mothers frequently mentioned that they tried to share some of their own morals and values with their daughters through "conversation and example." Several times we heard mothers mention the value of being a "good girl" which entailed abstinence and also other virtues like "being a good daughter, helping at home, being respectful to your family, friends and teachers." The concept of "dignity" was also mentioned by mothers, and this entailed respecting oneself by not entering sexual relationships "too soon." All mothers we spoke with valued education, despite the fact that few of them graduated from high school themselves. Mothers viewed education as a way to "better yourself" and felt that it was very important for their daughter to do well in school and to finish

school. Mothers frequently mentioned that their children's education was a motivating factor for coming to the U.S. In our groups, not a single mother wanted their daughter to have a baby before she finished school.

Scare Tactics

Mothers frequently reported that they use negative examples to discourage their daughters from having sexual relationships or in some cases, to convince their daughter to use contraception. Negative examples are intended to frighten. Both mothers and daughters shared some of these messages with us.

My mom told me that when young girls have a baby it can ruin their body, it can really tear you up, because you are not physically ready for that (Teen).

I told her [daughter] that having a baby is hard work, and it never ends. (Mother)

She [mother] is always saying things like look at so and so, she had a baby and had to stop going to school and take care of the baby all the time, in the middle of the night, can't go with her friends anywhere. (Teen)

Direct Communication

Less frequently, mothers reported that they had very frank and open discussion with their daughters about sex, relationships and contraception. Many of the mothers were motivated to have these types of conversations with their daughters because of their own teenage pregnancy experiences. Mothers who were teen mothers themselves felt it very important to communicate directly and openly with their daughters.

My mom had me when she was 16. That's younger than me! I know she doesn't want that to happen to me. I don't want that to happen to me either. She tells me that all the time, all the time! She's like, if you are going to have sex, you need to take care of yourself and be smart, use condoms, go to the doctor. (Teen)

Information Channels—School Classes and Special Programs

Teens reported that they did learn about reproductive health in school. At least one group of teens we spoke with had also been involved in an education program other than their regular class offering in which they learned about "things like diseases, how to respect yourself and make good decisions." While we did not ask directly about what teens leaned in their programs (and rather asked general questions about their knowledge), teens frequently mentioned that they learned that "condoms are not 100% effective," that in fact, "no birth control is 100% effective" and that the best way to protect yourself is not to have sex. Some teens, particular older teens, expressed frustration at what they perceived as a lack of information provided by their classes.

We have a class called 'Sex Education.' Well, there is no sex in that class. I don't know what they are thinking.

Information Channels—Friends

Most frequently, teens reported that they learn about sex and contraception from their friends. They "hear things around," and "learn what they need to know from their friends." While many participants expressed concern that their friends' knowledge is questionable, in the absence of other formal channels of information, most of the messages teens receive come from their peers. This

creates a dangerous chasm of (mis)information. Teens frequently called attention to common "myths" (douching after sex, "doing it from behind," showering after sex) they have heard, although they themselves do not believe.

Information Channels—Television and the Internet

While most teens expressed skepticism about the information their peers share, information they accessed via television and the internet were considered by many participants to be more reliable. In most groups, teens reported using the internet to "find answers to questions" that they have about sex and health. Students most frequently reported that they used internet at school.

Information and Language Preferences

Teens expressed frustration at having to "try so hard" to find information that many considered to be vitally important to their health and well being. When asked how they liked to receive health information, participants said that they would like special programs in school that provide reliable information about sexuality and reproductive health including contraception. Participants expressed concern that "many teens do not like to read" and so written material might not be the most effective way to reach teens. Interestingly, while most teens were most comfortable speaking Spanish, and reported that they spoke primarily Spanish at home, several teens (immigrant teens reporting living in the US for 10 or more years and US born Latinas) preferred to complete an English demographic survey. In two cases, site organizers requested we bring English-language demographic surveys for participants because they knew that their teens preferred to read in English (and speak in Spanish). While this is largely anecdotal at this scale, further investigation is needed to fully understand the best practice for written materials targeting Latina teens.

Dreams, Goals and the Future

Research suggests that perceptions of limited life opportunities influence rates of teen pregnancy among Latinas. In an effort to try to understand how this might play out for teens in our groups, we asked them about their own life goals, aspirations and ambitions. Some teens expressed very high hopes for their futures, much along the lines of what one might expect to hear given any group of 15- to 18-year-olds. More frequently, however, we heard teens temper their aspirations because realities of socioeconomic disadvantage, immigration status, family obligations and language difficulties were all too palpable.

I want a house, not an apartment. I mean a house of my own with a fence. And a car. I want a job. That is not asking too much, right?

I want to go to college, but I don't know if I will be able to. I don't have any papers, and I heard that you need a social security number. I don't know. I don't know why I do all this [school] when I will not be able to do anything with it.

And finally, while teens we spoke with viewed teen pregnancy as negative, teens expressed positive feelings about being a mother and having a family, someday.

I want to be a mother, someday … when I am ready.

CONCLUSIONS AND FUTURE DIRECTIONS

Data suggest that pregnancy prevention efforts need to be targeted to achieve significant reductions in teen pregnancy rates among Latinas. Pregnancy prevention programs targeting Latinos tend to be most effective if they provide clear and consistent age-appropriate information, reinforce cultural values, educate parents, involve the community, include young males as well as females, and take into account teens' place of origin, generational status, and language preference. Easy access to confidential, free or low-cost reproductive health care and contraceptives is also important.

Since the 1990s, North Carolina has been experiencing a demographic shift characterized by rapid Latino population growth, and state public health policy makers, among others, are increasingly called to reexamine best practices for reaching a new and diverse audience. We should keep in mind, however, that states in other parts of the country have been working toward reducing Latina teen pregnancy rates for a considerably longer period of time, and frequently for larger populations. Research on best practices and interventions implemented in other states (particularly those outside of the southeast, which tend to have a similar demographic pattern to North Carolina) might yield important information on best practices that could be effective in North Carolina.

As with any study, ours has several limitations. Future research might include, for example, Latina teen mothers or pregnant Latina teens, and focused effort might be needed to include teens who are not in school (teen mothers, drop-outs, very recent immigrants). The perspectives of these groups of teens might be significantly different from those of our sample. Future research would also benefit from including the perspectives of young men, as clearly the decisions and motivations of young women reflect only one side of the story.

Based on the current research project, several recommendations are offered.

1. Provide school-based, comprehensive "sex" education (education that includes information about sex and contraception as well as information about healthy relationships, self-esteem and interpersonal communication skills).

2. Research the effectiveness of culture-specific curriculums for Latino teens, such as those that address relevant cultural values, and utilize proven curriculum in prevention efforts.

3. Involve parents, particularly mothers, in prevention efforts. Recognize that mothers need and want information in order to effectively communicate with their daughters.

4. Involve peer educators. We found the relationships Latina teens forge with other Latinas to be very significant for them, and prevention efforts should take advantage of this important channel of information, communication and trust.

5. Provide and improve student access to school-based clinics and school-linked clinics.

6. Educate Latinos of all age about where and how to access confidential, low-cost health care in communities.

7. Develop and provide culturally competent materials for teens on topics of contraception, sexually transmitted diseases, interpersonal violence and healthy relationships.

8. Address the role of young men in teen pregnancy prevention.

9. Research best methods for communicating health messages to Latino teens. Our research suggests that teens prefer television over other media sources, so we might focus on televised Public Service Announcements using a widely recognized Latino spokesperson.

10. Provide bilingual materials, and further investigate language preferences among Latino teens.

11. Develop lay health training materials in Spanish on contraception, sexually transmitted diseases, self-esteem and healthy relationships.

12. Support Latino community based organizations serving Latino teens. Involving community partners in prevention efforts can help to reinforce prevention messages and involve more young people, including teens not in school.

WORKS CITED

Adolf, C. Ramos, D.E, Linton, K.L. and Grimes, D.A. (1995). Pregnancy among Hispanic teenagers: Is good parental communication a deterrent? Contraception, 51(5), 303-306.

Afable-Munsuz, A., Brindis, C.D. (2006). Acculturation and the sexual and reproductive health of Latino youth in the United States: a literature review. Perspectives on Sexual and Reproductive Health 38(4), 208-219.

Driscoll A.K. et al. (2001). Adolescent Latino reproductive health: a review of the literature. Hispanic Journal of Behavioral Sciences, 23(3), 255-326.

Gilliam, M.L. (2007). The role of parent's and partners in the pregnancy behaviors of young Latinas. Hispanic Journal of Behavioral Sciences, 29(1), 50-67.

Kotchick, B.A., Shaffer, A., and Forehand, R. (2001) Adolescent sexual risk behavior: A multi-system perspective. Clinical Psychology Review, 21(4), 493-519.

Marin, B.V. et al. (1993). Acculturation and gender differences in sexual attitudes and behaviors: Hispanic vs. non-Hispanic white unmarried adults. American Journal of Public Health, 83(12), 1759-1761.

McDonald J.A., Manlove, J. and Ikramullah, B.A. (2009). Immigration measures and reproductive health among Hispanic youth: Findings from the National Longitudinal Survey of Youth, 1997-2003. Adolescent Health, 44(1), 14-24.

Miller, K.S.., Levin, M.L., Whitaker, D.J., and Xu, X. (1998). Patterns of condom use among adolescents: the impact of mother-adolescent communication. American Journal of Public Health, 88(10), 1542-1544.

National Campaign to Prevent Teen Pregnancy (2007). An Overview of Latina Teen Pregnancy. Washington, DC: National Campaign

North Carolina State Center for Health Statistics. (2007). www.schs.state.nc.us/SCHS/

Vexler, E. and Suellentrop, K. (2006). Bridging two worlds: How teen pregnancy prevention programs can better serve Latino youth. Washington, D.C.: National Campaign to Prevent Teen Pregnancy.

Whitaker, D.J., Miller, K.S., May, D.C., and Levin, M.L. (1999). Teenage partner's communication about sexual risk and condom use: The importance of parent-teenager discussions. Family Planning Perspectives, 31(3), 117-132.

Youth Risk Behavior Surveillance System (2007). www.cdc.gov/HealthyYouth/yrbs/index.htm

LAC Focus Group Guide

1. What do you think are the most challenging issues facing Latino teenagers, like you, in your community today?

2. Let's talk about relationships. What kinds of relationships do teenagers have with one another? What is expected in the different kinds of relationships teenagers form with one another? (Probe for normative behaviors/expectations in relationships, language, social networks)

3. What influences whether or not teens become sexually active? (Probe for definitions of sexual activity, decision making strategies, sources of social pressure/ protection)

4. What is the attitude of teens like you about birth control methods like condoms, birth control pills, injections, the patch or others? Do teens you know use them? (Probe for language, knowledge, use, acceptability, perceptions of danger/ health risk, perception of promiscuity. Whose responsibility is birth control? Access issues?)

5. What is the attitude of teens about teen pregnancy? What are family/ friend/ partner reactions to teen pregnancy? For those of you who have lived somewhere other than the U.S., are attitudes toward teen pregnancy the same or different here?

6. What is the attitude of teens about protecting themselves against sexually transmitted diseases? Are teens concerned about sexually transmitted diseases? (Probe for knowledge, language)

7. Who (mother, relative, friend, nurse…) or what (internet, magazines…) do you turn to for information about your health, and for information about things like pregnancy prevention and sexually transmitted diseases? Do you trust these sources?

8. How do teens like you like to receive health information?

9. What goals or dreams do you have for your own life? How will you work to achieve them?

Guía de Grupo de Discusión de LAC

1. ¿Cuáles piensan ustedes que son los desafíos que enfrentan las/los adolescentes latinas/os, como ustedes, hoy en día en su comunidad?

2. Vamos a hablar de relaciones. ¿Qué clases de relaciones tienen los adolescentes entre el uno y el otro? (¿Cómo se relacionan los adolescentes entre el uno y el otro?) ¿Qué se espera en las diferentes clases de relaciones entre el uno y el otro? (Sondee por conductas normativas/expectativas en relaciones, el idioma y redes sociales)

3. **¿Qué influencia a que las/los jóvenes llegan o no a ser sexualmente activos?** (Sondee para definiciones de actividad sexual, estrategias de toma de decisiones, las fuentes de presión social/ protección)

4. **¿Qué actitud tienen jóvenes como ustedes, acerca de métodos de control natal (anticonceptivos) como condones, las píldoras anticonceptivas, las inyecciones, el parche u otros?** ¿Las jóvenes que ustedes conocen usan estos métodos? (Sondee por el vocabulario, el conocimiento, el uso, la aceptabilidad, las percepciones de peligro/riesgo para la salud, la percepción de la promiscuidad. ¿De quien es la responsabilidad de usar anticonceptivos? ¿Existe problemas de acceso?)

5. **¿Qué actitud tienen las/los jóvenes acerca del embarazo en adolescentes? ¿Qué reacciones tienen familiares/amigos/parejas acerca del embarazo en adolescentes? Para los que han vivido en algún lugar diferente que Estados Unidos, ¿Estas actitudes hacia el embarazo en adolescentes son las mismas o diferentes que aquí?**

6. **¿Qué actitud tienen las/los jóvenes acerca de protegerse contra enfermedades de transmisión sexual? ¿Las/los jóvenes se preocupan de las enfermedades de transmisión sexual?** (Sondee por el conocimiento, el vocabulario)

7. ¿A quién (madre, pariente, amigo, enfermera…) o a que (Internet, revistas…) acuden ustedes para buscar información sobre su salud, y recibir información sobre cosas como prevención del embarazo y enfermedades de transmisión sexual? ¿Confía usted en estas fuentes?

8. ¿Cómo les gusta a jóvenes como ustedes recibir información de salud?

9. ¿Qué objetivos o sueños tienen para su propia vida? ¿Cómo trabajarán para lograrlos?

LAC Focus Group Guide (Mothers)

1. What do you think are the most important challenges Latino teenagers face in their communities today? Are these similar to or different from the challenges young women in your generation faced?

2. Do you have any special concerns about raising your daughters in the U.S.?

3. Are teenagers' ideas and attitudes towards relationships and sexuality similar to or different from those that women of your generation had when you were teenagers? Why do you think there are differences or similarities? (Probe for time and place differences/similarities)

4. What do you tell your daughters about relationships and sex?

5. What do you tell your daughters about birth control? About sexually transmitted diseases?

6. What do you tell your daughters about pregnancy and having a family?

7. Where do teens turn to when they have questions or concerns about their health? How do you feel about these sources? Where do you want your daughters to turn to for information or help?

8. What types of information or services could mothers like you use to communicate better with your daughters about important issues affecting their health and wellbeing?

9. What are your hopes and dreams for your daughters' futures?

Guía de Grupo de Discusión de LAC (Madres)

1. ¿Cuáles piensan ustedes que son los desafíos que enfrentan las adolescentes latinas en sus comunidades? ¿Son éstos semejantes o diferentes a los desafíos que enfrentaron las mujeres jóvenes de su generación?

2. ¿Tienen alguna preocupación especial sobre que sus hijas crezcan en los Estados Unidos?

3. ¿Las ideas y actitudes de las adolescentes sobre relaciones y sexualidad son semejantes o diferentes a las que mujeres jóvenes de su generación tenían cuando ustedes fueron adolescentes? ¿Por qué piensan que hay diferencias o similitudes? (Sondee: diferencias/similitudes de tiempo y lugar)

4. ¿Qué le dicen a sus hijas sobre relaciones y sexo?

5. ¿Qué le dicen a sus hijas sobre el control natal (anticonceptivos)? ¿Acerca de enfermedades de transmisión sexual?

6. ¿Qué le dicen a sus hijas acerca del embarazo y tener una familia?

7. ¿Dónde van las adolescentes cuando tienen preguntas o preocupaciones sobre su salud? ¿Cómo se siente usted acerca de esas fuentes de información? ¿Dónde desea usted que sus hijas acudan por información o ayuda?

8. ¿Qué tipos de información o servicios podrían utilizar madres como ustedes para comunicarse mejor con sus hijas acerca de asuntos importantes que afectan su salud y su bienestar?

9. ¿Cuáles son las esperanzas y sueños que tienen para sus hijas?

Participant Survey

How old are you? _____

For Students: What grade are you in? _____

Where were you born? Country _____ City or Town _____

If you were born outside the U.S., how long have you lived in the U.S.? _____

What language is spoken the most in your home?

- ❑ English
- ❑ Spanish
- ❑ Spanish and English
- ❑ Other

How would you describe your ability to SPEAK in English?

- ❑ Not at all
- ❑ Very little
- ❑ OK
- ❑ Good
- ❑ Very good

How would you describe your ability to READ in English?

- ❑ Not at all
- ❑ Very little
- ❑ OK
- ❑ Good
- ❑ Very good

Which of the following best describes your ability to READ in Spanish

- ❑ Not at all
- ❑ Very little
- ❑ OK
- ❑ Good
- ❑ Very good

For Mothers: What is your highest level of education?

- ❑ No formal education
- ❑ Elementary school
- ❑ Middle school
- ❑ Some high school
- ❑ High school diploma or GED
- ❑ Some university
- ❑ University diploma

Encuesta al participante

¿Cuántos años tiene? _____

Para Estudiantes: ¿En qué grado esta? _____

¿Dónde nació? País_____ Ciudad o Pueblo_____

Si usted nació fuera de los Estados Unidos, ¿hace cuánto tiempo vive en los Estados Unidos?_____

¿Qué idioma hablan más en su casa?

- ❑ Inglés
- ❑ Español
- ❑ Español e inglés
- ❑ Otro

¿ Qué tan bien HABLA en inglés?

- ❑ Nada en absoluto
- ❑ Muy poco
- ❑ Más o menos
- ❑ Bien
- ❑ Muy Bien

¿Qué tan bien LEE en inglés?

- ❑ Nada en absoluto
- ❑ Muy poco
- ❑ Más o menos
- ❑ Bien

- ❑ Muy Bien

¿ Qué tan bien LEE en español?

- ❑ Nada en absoluto
- ❑ Muy poco
- ❑ Más o menos
- ❑ Bien
- ❑ Muy Bien

Para Madres: ¿Cuál es su nivel más alto de la educación?

- ❑ Nada de educación formal
- ❑ Escuela primaria
- ❑ Escuela secundaria
- ❑ Alguna preparatoria
- ❑ Diploma de preparatoria o GED
- ❑ Algunos estudios universitarios
- ❑ Diploma universitario