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FOLDER TITLE:
Hispanic Convening-Teen Pregnancy

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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To: Shirley
From: Nicole

Files on Hispanic convening - substance.
We are expecting more info from HHS. -Ruby

2. Characteristics of the Latino Population

The Latino population is the fastest growing minority in the United States. Growth rates among the Latino population not only exceed other minority groups, but also exceed the growth rate of the U.S. population as a whole.[1] If the projected growth trends continue, the Latino population will be the largest minority group in the United States, reaching a projected 96.5 million people—24.5% of the total population—by the year 2005.[2]

Several factors contribute to the fast growth rate of the Latino population:

- the abatement of immigration policies that had previously made it difficult for Latinos to enter the United States,
- high fertility rates among Latinos, and
- the large proportion of young people in the Latino population.

Changes in immigration policies since the 1960s have had a dramatic impact on the growth rate of the Latino population.[3] In the Immigration Act of 1965, restrictive quotas based on national origins for immigrants from non-European countries were abolished, opening the door for Caribbean, Mexican, and Central and South American immigrants. The 1986 Immigration Reform and Control Act contributed to an additional increase in documented Latino

immigrants by allowing a large number of immigrants to be legalized. By 1997, Latinos who were foreign born accounted for 38% of the Latino population residing in the United States.[4]

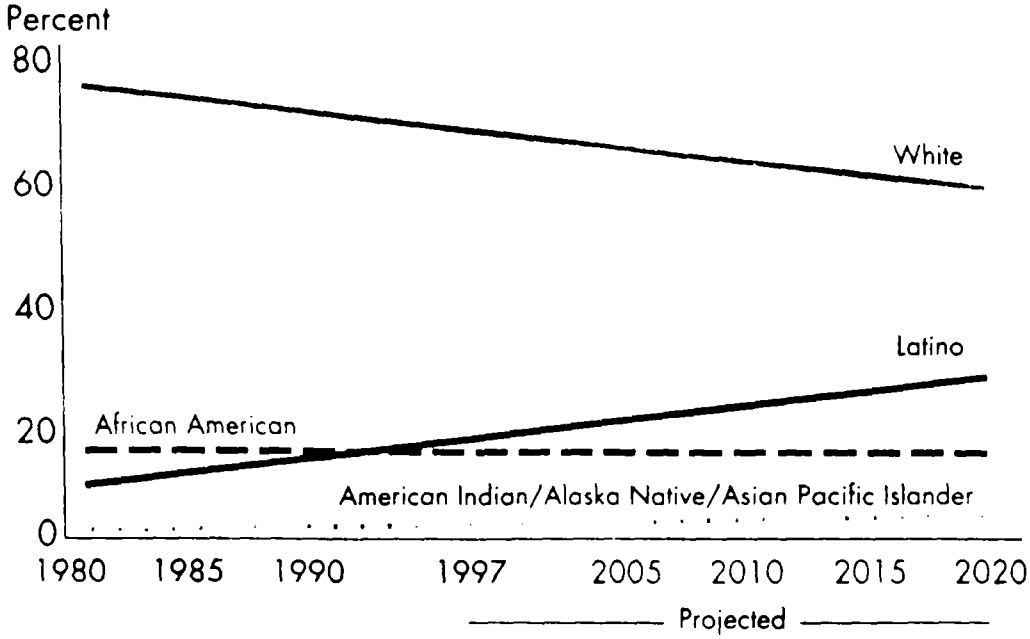
Birth rates among Latinos play another important role in the increases in the population. Latinas age 15-44 have higher numbers of children than other racial and ethnic groups and are more likely to carry a birth to term. Foreign-born Latina women from all subgroups are much more likely to have a fourth or higher order birth. Additionally, surveys reveal that Latina women both desire and have larger numbers of children than African American or white women.[5]

Compared to whites and African Americans, Latinos are a young population. Approximately 35% of Latinos are under the age of 18, while only 24% of whites and 30% of African Americans are under the age of 18.[6] The number of Latino children in the United States has already surpassed that of other minority groups. Latinos have increased more rapidly than any other racial and ethnic group, growing from 9% of the child population in 1980 to 15% in 1997. In 1998, the number of Latino children was estimated to be 10.5 million—35,000 more than the number of African American children.[7] By the year 2020, an estimated 1 in 5 children living in the United States will be Latino.[8] The growth rates only further emphasize the need for organizations that serve youth to be more responsive and better prepared to meet the needs of the diverse Latino youth population in the coming century. (See Figure 1.)

Demographics

The growth rates in the Latino population will have a greater impact on some states than on others. In 1997, more than half of the Latinos in the United States lived in either California or Texas. Six states had Latino populations of more than 1 million: California, 9.9

Figure 1. Percentage Distribution of U.S. Children Under Age 18 by Race and Latino Origin, 1980-97, and Projected 1998-2020



Source: U.S. Bureau of the Census, Population Estimates and Projects.

million; Texas, 5.7 million; New York, 2.6 million; Florida, 2.1 million; Illinois, 1.2 million; and Arizona, 1.0 million. California in particular has four of the ten counties in the country with the highest Latino populations: Los Angeles, Orange, San Diego, and San Bernadino. By 2025, it is estimated that the Latino population in California will grow to 43% of the total population of the state, making it the largest ethnic or racial group in California.[9] These demographic changes and fertility rates among Latino adolescents and Latina women, when coupled with the steady immigration rates, will have a profound effect on service providers and policymakers in the 21st century as they work to meet the needs of the expanding Latino community.

Racial and Ethnic Diversity

The Latino population in the United States is ethnically and racially diverse. The term *Latino* is often used in the research to include people of Mexican, Puerto Rican, Central or South American, Cuban, or other Spanish descent. In 1997, the U.S. Latino population was 63% Mexican American, 11% Puerto Rican, 4% Cuban, 14% Central and South American, and 7% other Latino origin.[10] Differences among subgroups may be more dramatic than differences between other racial groups; however, the subgroups also share many similarities. Each country's immigrants and additionally, each generation of immigrants, have come from a different level of education and economic conditions, have a different level of English proficiency, have different cultural values and traditions, and have different reasons for migration, whether political, social, or economic. Patterns of relocation in the United States, whether urban to rural, southwest to northeast, may also account for some differences in subgroups' experiences with the U.S. culture. Because of this diversity, information in this report is presented according to subgroup wherever possible. Statistical information is not often available in subgroups for Latinos, however.

Latino Culture

Latino subgroups experience a wide variety of social, political, and economic conditions that make their culture unique. Though the Latino culture is rich and distinct among the different groups, there appear to be several overarching cultural attitudes and beliefs that influence Latinos' experiences in the United States, as well as Latino adolescent development. It is important to note, however, that culture acts as an influence on behavior, not as a determinant of behavior: "Each person interacts with his or her culture in a unique

way and is a complex blend of individual and cultural characteristics."[11] Although the cultural context of Latino adolescent development is crucial in understanding the conflicts and decisions that a teen may make, the cultural values discussed in this report should not be used to generalize or stereotype the Latino population as a whole.

One of the major cultural values is *familism*, which places strong emphasis on the family and children and values the traditional role of women as caretakers and mothers. Familism is commonly cited as a critical influence on Latino families and adolescent sexuality and early childbearing. Familism, however, even with the importance of the role of the woman in the family, has been shown to be a protective factor against the early initiation of sexual intercourse: "Daughters who are less acculturated are more compliant with parental traditional value systems, which act as a strong deterrent to premarital sexual behavior."[12] In addition, Flores et al. found that, among Mexican American female adolescents, those who are second generation and more acculturated engage in sexual activity early and have more sexual partners than those who are less acculturated.[13] Latinas who remain closely tied to traditional values, such as familism, may be less likely to engage in risk-taking behavior, including early or unsafe sexual activity.[14]

Another Latino cultural value that has an impact on Latino adolescent sexual relationships is the emphasis on *respeto* (respect): revering the traditional gender roles, deferring to elders (including parents and community members), and behaving in a manner that will not bring shame to the family. Marcell found that, among three generations of Mexican American males, those adolescents who adhered to traditional cultural values were more insulated from delinquent or risk-taking behavior.[15]

Latino males may also be influenced by the cultural value of *machismo*, emphasizing the traditional male role of being the family breadwinner and the traditional female role of being submissive to men.

The acculturation process is a powerful influence on the Latino population. As each individual comes into contact with the mainstream American culture, it impacts in different degrees on his or her customs, values, identity, and patterns of living: "Acculturation is a process by which people of one culture learn to adjust their behavior to accommodate the rules and expectations of another culture. The individual does not give up his or her culture in the process, but retains the identity, custom, and most everyday behaviors of his or her culture of origin."[16] Culture is dynamic and for Latino communities, cultural changes between generations can be quite extensive.[17] Latino youth are expected to learn and accept the prevailing norms from their parents, as well as the norms of the larger community that surrounds them. Many Latino youth experience the mainstream American culture more so than their parents as they progress in school. This can create a clash as they experience one culture and value set at school and a very different one at home.

The cultural norms for gender roles in Latino communities are often a powerful influence in a young person's educational attainment. Young Latinas must struggle with the pressure to fulfill the cultural expectation of becoming a mother and the desire to obtain an education. Many value the role of motherhood more than higher education, though this varies intergenerationally: "As a group, a larger percentage of foreign-born Latina teens reported their intention to be housewives and mothers as compared to U.S.-born teens."[18] Compared to African American and white adolescents,

pregnant Latina adolescents reported more often that they intended to become pregnant, or that they had not been concerned about whether or not they become pregnant.[19] Latina adolescents who value both being a mother and furthering their education often end up conflicted when they become pregnant: "The more acculturated teens did not want to give up school to be full time mothers."[20]

The pregnancy rate among second and third generation American Latino teens is higher than that of first generation teens. It is believed that "foreign-born Latinas, as compared to U.S.-born Latinas, were more likely to be sexually conservative regarding the number of sexual partners and age at first intercourse. They were also more likely to have planned their pregnancies and to be married or living with a partner."[21] Researchers agree that it is important to understand the intergenerational differences in adolescent pregnancy for intervention purposes: "Fertility studies regarding Latinos have shown that fertility decreases as women become more acculturated, that is, as they increase their levels of education and speak less Spanish."[22]

Early childbearing remains an impediment to women's educational, social, and economic status in all parts of the world. Motherhood at an early age entails a risk of maternal death much greater than average, and the children of young mothers have higher levels of morbidity and mortality. For Latina young women, early motherhood can severely curtail their educational and employment opportunities with long-term adverse impacts on their, and their children's, quality of life.

With the increasing growth rates for Latinos into the next century, there is a significant need for culturally appropriate services and programs that provide Latino youth with information to empower them to have safe and healthy relationships and to lead productive lives.

Notes

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3. Factors Contributing to Latino Adolescent Pregnancy

A number of factors have been documented in the research as antecedents to or risk factors associated with adolescent pregnancy and premature parenthood: poverty, family dysfunction, low educational achievement, and risk-taking behaviors. For the Latino population, however, many of these risk factors impact on Latino youth in unique ways often not addressed or perhaps not even recognized by prevention programs and policymakers. This chapter will explore socioeconomic status, health care accessibility, educational attainment, religiousness, and milestones of adolescent development as they impact on adolescent pregnancy in the Latino community.

Socioeconomic Status

Research shows a direct relationship between the poverty level, education level of parents, and adolescent pregnancy rates: young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than youth in middle- to high-income families.[1] In fact, 80% of young women who give birth are poor.[2] Therefore, information regarding the socioeconomic status of Latino families is critical in the discussion of adolescent childbearing.

Latinos have the highest poverty rate of any major racial or ethnic group in the United States.[3] Between 1995 and 1996, the pov-

erty rate for Latinos remained at 29.4%, higher than the poverty rate for either African Americans (28.4%) or whites (11.0%).[4] Median family income for Latinos was $26,179 in 1996, compared to $44,756 for white families, and $26,522 for African American families.[5] In 1995, 39.3% of Latino families with children under age 18 lived below the poverty level, and 57.3% of Latino families headed by a single mother with children under the age of 18 lived below the poverty level.[6] Latinos and whites have the largest numbers of children living in poverty. When the proportions are examined, however, 40% of Latino children and 40% of African American children were living in poverty, compared to only 10% of white children in 1996.[7] The decrease in socioeconomic status for the Latino population is attributed to the large numbers of Latino immigrants who often have less education and lower incomes than the Latino population as a whole.

Health Care

Latinos were more than twice as likely to lack health insurance as whites in 1995 (32% of Latinos were uninsured, compared to 13% of whites).[8] Overall, the Latino population is the most likely of all racial and ethnic groups to be uninsured or underinsured. Even though the percent of the population that is uninsured does decrease as income level increases, Latinos are most likely to have higher rates of being uninsured in all income levels when compared to whites and African Americans.[9]

As compared to white or African American children, Latino children under the age of 18 are the least likely to have health insurance.[10] For Latino adolescents, approximately 34% are uninsured, as compared to 13% of white adolescents. Subgroup data reveal that a larger percent of Mexican adolescents do not have health insur-

ance as compared to Puerto Rican adolescents (37% to 11%, respectively).[11] This issue is of particular concern to programs that provide adolescent pregnancy prevention efforts and prenatal services for pregnant adolescents.

Another group falling through the cracks in the nation's health care system are children in undocumented Latino families. Illegal immigrants face great medical risks, for they are most likely to be living in poverty, have little access to health care and family planning services, and are most likely to have health problems.[12] Efforts to provide health care for undocumented Latino families often prove difficult, as many undocumented Latinos are wary of coming into contact with figures of authority, for fear of being reported.

Education

Latino youth make up approximately 14% of the school-age population, and by the year 2020, the census estimates that Latino youth will make up 22% of the school-age population. However, according to administrative officials, Latino advocates, and academic experts, "Those children are falling behind in school in a manner that could have a serious economic effect on the whole nation."[13]

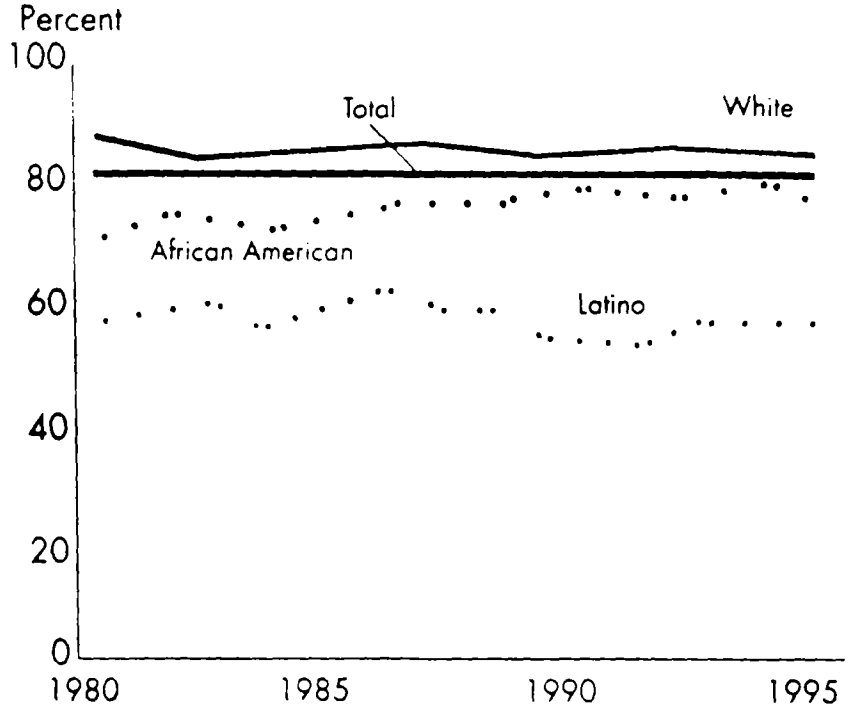
The proportion of high school dropouts in the Latino population is significantly higher than any other major ethnic group.[14] In 1994, the dropout rate for Latinos between the ages of 16 and 24 was between 30 and 35%, compared to 12.6% among African Americans and 10.5% among whites.[15] Latinos have lower high school completion rates than either African Americans and whites, fluctuating between a low of 57% in 1980 and a high of 67% in 1985 during the 1980-1996 period.[16] The Latino high school completion rate was approximately 62% in 1996.[17] Dropout rates and low educational achievement are closely associated with rates of adolescent preg-

nancy, making the high incidence of leaving high school among young Latinos a paramount concern.

Other troubling problems persist. Not only do Latino youth drop out of high school at twice the rate of other groups, they are also dropping out at a younger age. The percentage of Latino youth who drop out before finishing the tenth grade is 55%, compared to approximately 30% for white youth and 25% for African American youth.[18] In fact, one study from 1988 showed that, among Latino youth ages 16-24 who had not completed a high school education, at least half of the group had never even begun high school: 32% had ended their education at the sixth grade or earlier and another 34% had dropped out between the seventh and ninth grade.[19] An additional challenge for the education community is that Latino youth who drop out of high school are less likely to return to school or complete a GED.[20] (See Figure 2.)

Causes for high school dropout rates vary. Latino males frequently reported leaving school for economic reasons and the need to work. Discrimination and cultural and language barriers often precipitate Latino students leaving school, because they feel pushed out or alienated from the educational system. The majority of Latino youth attend segregated schools, with inadequate resources, fewer high-quality teachers, less rigorous classes, and lower teacher expectations for their performance than their white counterparts.[21] For Latina adolescents, low educational aspirations among peers was found to be particularly influential when reporting reasons for leaving school. Latinas were more likely than African Americans or whites to have left school before they were pregnant. Latinas are less likely to return to school after having a child, placing them at greater risk for future economic hardships. Further understanding the reasons that lead Latinas to leave school may be particularly useful in early pregnancy prevention efforts.

Figure 2. Percentage of Adults Ages 18 to 24 Who Have Completed High School by Race and Latino Origin, 1980-96



Note: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing four or more years of high school.
Source: U.S. Bureau of the Census, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

School connectedness, defined by adolescents in grades 7-12 as feeling close to people at school, feeling a part of the school, getting along with teachers and peers, and feeling that the teachers treat the students fairly, has been shown to be a protective factor in delaying initiation of sexual intercourse.[22] With Latino youth dropping out of school in large numbers prior to the ninth grade, the American school system is clearly failing to help Latino youth feel a sense of connectedness to their school, further placing them at greater risk for early sexual activity, unintended pregnancy, and limited life options.

Religion

Religion and spirituality play a strong role in the traditional Latino culture. Religious affiliations differ somewhat, depending on ethnicity. For instance, 96% of Mexicans are Roman Catholics, while the predominant religions among Puerto Ricans are Catholicism and Protestantism (Evangelical and Pentecostal). The folk religions of "santería and espiritismo are accepted, if not followed, by a substantial part of the [Puerto Rican] population."[23] Dominicans primarily affiliate with the Catholic church, though some Dominicans do adhere to some of the Protestant denominations. Among Dominicans, there are also some who follow and practice folk religions, such as santería and voodoo.

While there are some Protestant denominations that are popular in some areas, Roman Catholicism remains the predominant religion for most Latinos. The conservative positions of the Catholic church (i.e., abstinence until marriage, no contraceptives except for natural family planning, and the lack of openness about sexuality) have possibly contributed to the higher fertility rate among Latina women.

Religious identity, however, seems to serve as a protective factor against many risks during adolescence. Youth who feel connected to their religion and who make a vow of abstinence are more likely to delay the onset of sexual intercourse until their later adolescent years.[24] A number of studies found that adolescent females, 15-19 years of age, who felt religion was not of great significance in their lives and did not regularly attend church, were more likely to be sexually active.[25] Moreover, it does not appear that any particular denomination has any greater likelihood of predicting sexual activity.[26] The extent to which second, third, or fourth generation Latino youth embrace their religion and feel a strong religious identity is

an area that needs considerably more research to determine what steps could be taken to support Latino youth's religious identity in hopes of protecting them from adolescent pregnancy and sexually transmitted diseases.

Adolescent Development

Adolescence begins with a biological event, the onset of puberty, and ends with entrance into the adult world, an unspecified event that cannot be pinpointed in time but usually coincides with commitments to marriage, work, or career. The chronological benchmarks vary, although adolescence generally begins around age 12 and is generally recognized to end at age 20. The emphasis of adolescence is on sexual development, as well as the integration of societal and family values into the identity of the individual. This stage of development facilitates the adolescent's ability to plan for the future and move away from the need for immediate gratification.

During adolescence, youth must adjust to their changing bodies, form their identities, and develop adult thinking skills. All three are directly related to teen sexuality. The dramatic biological changes that occur during the adolescent growth spurt are usually spread over a two- or three-year period. There are obvious increases in height and weight and changes in body proportion, including the appearance of sexual characteristics and the capacity to reproduce. A critical aspect of adolescents' understanding of selfhood involves coming to terms with their changing bodies. Adolescents must adapt to their own body changes in appearance and function, as well as to the responses of other persons to those changes.

The dramatic physiological changes occur in tandem with a major psychological event: the adolescent quest for personal identity. In the Latino culture, children are taught at an early age that the

needs of the family are more important than the needs of the individual. This value may lead to increased stress upon Latino youth as they begin to become acculturated in the wider culture.

During adolescence, teens begin to switch from identification with their parents to increased identification with their peers. Research suggests that adolescents often seek out peers whose beliefs, values, and even behaviors are similar to those of their families. While peer and other social influences often reinforce familial values, some influences may expose the adolescent to values that differ significantly from the family's. Thus, the need to balance peer pressure and family expectations creates both new challenges and family tensions as adolescents begin to make independent decisions. These challenges are exacerbated for Latino teens who are placed in the position of accepting traditional family values *and* integrating into the wider society.

Adolescence is a time for trying out new behaviors. Although experimentation is essential for development, it may also lead to an increase in risky behaviors—and adolescents are likely to underestimate the potential for negative consequences.

Notes

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4. Sexual Activity, Contraceptive Use, and Sexually Transmitted Diseases

Latina adolescents are twice as likely as whites to give birth, were less likely to be informed about human sexuality and birth control, and were less likely to have used contraceptives during intercourse. This chapter offers an in-depth examination of these concerns.

Sexual Activity

Recent research compares the sexual activity of African American, Latino, and white adolescents by race. For example, according to the Urban Institute, the age of onset of sexual intercourse for Latino youth falls between that of African Americans and whites: by the age of 17, 50% of Latino teens report having intercourse, compared to age 16 for African Americans and age 18 for whites.[1] The age of initiation of sexual intercourse varies for Latino adolescent males and females. Males tend to initiate sex at 13.9 years of age, two years earlier than females, at 15.9 years of age. However, significant interethnic and intergroup differences exist that are not often addressed. Day[2] emphasizes that it is inaccurate to characterize *all* Latino males as being between African Americans and whites when comparing age at first intercourse. Day's research found that Mexican American men are not significantly different from white men for age of sexual debut.

The age of initiation of sexual intercourse for Latinas also varies with ethnicity. Latinas overall report an average age of 15 for initiating sexual intercourse, with Mexican American Latinas starting slightly older, at 16. Additionally, studies have looked at the impact of the acculturation process on Latinas' age of initiation of sexual intercourse and rates of sexual activity. Among Mexican American adolescent females, generational differences exist: Mexican-born adolescent females report having a later age of onset of sexual activity (between age 17-19), while U.S.-born Mexican American females report having initiated sexual intercourse between the ages of 15-17. Additionally, Mexican-born adolescent females report having fewer partners than U.S.-born adolescent females.[3]

A current study that examined the effectiveness of HIV/STD and pregnancy prevention programs for urban middle school students in Northern California found that, among different ethnicities, Latinos were most likely to report having a boyfriend or girlfriend who was older. The older the boyfriend or girlfriend, the more likely that the youth had had first intercourse by the sixth grade. The boys who were dating were more likely to report having had sexual intercourse than the boys without girlfriends. For the boys, the age difference of the partner was not found to be a significant factor. For the girls, however, the age of the boyfriend was found to be significant. Not only did girls who were dating report having had sexual intercourse significantly more than those girls without boyfriends, but also those girls with older boyfriends were significantly more likely to have had sexual intercourse than girls dating someone of the same age.

Among sexually active youth, those with an older partner were more likely to have sex more frequently, to have more partners in the last 12 months, to have used drugs or alcohol during the last

sexual encounter, and to have used a condom during the last sexual encounter than students with same-age partners. Girls who had an older partner, however, were no more likely to report greater condom use than girls with a same-age partner. This is a particularly important point to address when examining the cultural impact of communication among males and females around issues of contraception and sexual decisionmaking. Gender and relationship power issues within the Latino culture may prevent Latina youth with partners of any age from negotiating sexual and contraceptive choices, placing Latina female adolescents at risk for unintended pregnancy and STDs.

The number of Latino teenagers who have had sexual intercourse falls in between African Americans and whites. Between ages 15-19, the number of Latino teenagers who report having sex is 61%, significantly lower than the percentage of African American teenagers (80%), but higher than whites (50%).[4] When activity among females is compared, Latina adolescents report the lowest percentage of sexual activity: 45% of Latina adolescents have had sex, compared to 59% of African Americans, and 48% of whites.[5]

When measuring the number of partners and frequency of sex, of those Latino adolescent males who were sexually experienced, 49% had had more than one partner in the past year, compared to 53% of African Americans and 39% of whites. Mel Hovell et al. studied the sexual activity of Latino and white teens.[6] The study found that Latinas were the least sexually experienced of all gender/race groups, meaning they had fewer partners and had sex less frequently. In addition to this finding, the Latinas were less experienced than the Latino males, while there was no significant difference between white males and females. de Anda's study supports Hovell's findings.[7] For example, she reports that in a small survey

among Mexican American and white female adolescents, whites had had two to three partners, compared to one among the Mexican American teens. Again, the white teens reported a higher frequency of intercourse.

Contraceptive Use

Latina youth may be more at risk of unintended pregnancy due to religious and family beliefs against contraception and premarital sex. Efforts to study family influences on the sexual behavior of teens have provided mixed results, however.[8]

Two facts remain clear: Latina adolescents report lower levels of sexual involvement and they are less likely to use contraceptives early or at all. Family or religious values that may inhibit communication between parents and children, coupled with the lack of access to health care common among Latino youth, may pose barriers to acquiring information and contraceptives.

Research regarding contraception use suggests this as a significant area for intervention. Studies show that Latino individuals have less information available on human sexuality, pregnancy prevention, and STDs, and less access to contraceptives,[9] possibly accounting for the low level of contraceptive use among Latino teens.

One study analyzed condom use among 1,198 teenage males, ages 15 to 19, in 1988. Latino males were less likely to use condoms than African American or white teens.[10] Similarly, in a comparison of females, Latinas were less likely than either African American or white female teens to use a contraceptive.[11]

A comparison by the Urban Institute found that condom use in 1995 among Latino adolescents remained significantly less than African Americans or whites: 71% of sexually active adolescent Latino males reported using condoms *inconsistently or not at all*, com-

pared to 54% of whites and 53% of African Americans.[12] Among Latino youth, a sizable proportion reported that they were not using any contraceptives, and for those that were, a large number reported relying almost exclusively on withdrawal. This lack of contraception use among Latino adolescents magnifies their vulnerability for unintended pregnancy.

In addition, certain characteristics of teenage sex among all teens may leave Latino adolescents particularly at risk. The Alan Guttmacher Institute suggests characteristics of teenage sex that may leave youth on the whole more vulnerable to unintended pregnancy and STDs. These may have an even more significant impact on Latino youth:

- First, teenagers tend to have sexual intercourse sporadically, which can affect efforts to prevent STDs and unintended pregnancy by making them less likely to be prepared when they do have intercourse.[13] Latino adolescents report the lowest frequency of sex, thus the most sporadic. This may contribute to the lack of planning or contraceptive use.
- Second, the necessary communication and agreement regarding contraception may be more difficult for teens whose partners are significantly older. As de Anda reported, the presence of older partners is common among Mexican American female adolescents.[14] The age of their partners was significantly older—on average five years.

Research indicates a third and more troubling characteristic of adolescent sexual intercourse that could contribute to Latina teens' lack of contraceptive use and unplanned sexual activity. Flores et al. report that Mexican American adolescent females indicated a vulnerability for engaging in unwanted sex.[15] This finding is consistent with research reporting that many Latina women, similar to

white and African American women, experience some form of sexu coercion from their male partners.[16]

Sexually Transmitted Diseases (STDs)

Compared with older adults, adolescents (10- to 19-year-olds) ar at higher risk for acquiring STDs for a number of reasons: they may be more likely to have multiple sexual partners rather than a single long-term relationship; they may be more likely to engage in unprotected intercourse; and they may select partners at higher risk. During the past two decades, the age of initiation of sexual activity has steadily decreased and age at first marriage has increased, resulting in increases in premarital sexual experience among adolescent women and in an enlarging pool of young women at risk. In addition, the higher prevalence of STDs among Latino adolescents reflects multiple barriers to quality STD prevention services, including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for English-speaking adults, and concerns about confidentiality.[17]

According to the Centers for Disease Control and Prevention, every year approximately 3 million American teenagers acquire an STD. The most serious of these infections is HIV and the development of AIDS. Although Latinos comprise only 12% of the 13- to 19-year-old group, they account for 18% of the cases of AIDS reported for this age group.[18]

Latinos represent 17% of all cases of AIDS among men and 20% of the total number of cases reported among women. For Latino men, the current AIDS case rate (the number of cases relative to population size) is nearly three times that for white men (94.5 cases per 100,000, compared to 32.5 cases per 100,000). For women, the rate is six times higher (23 cases per 100,000, compared to 3.8 cases per 100,000).[19]

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Notes

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5. Marriage and Childbearing

Since 1991, teen pregnancy and birth rates have declined. After increasing sharply in the late 1980s, birth rates declined for American teenagers from 1991 through 1997.[1] Declines were reported for all race and ethnic origin groups, with the largest declines found for African American teenagers. Since 1991, the rate for Latino teenagers has declined by a total of 7.1%. Between 1996 and 1997, preliminary data revealed that birth rates for Latino teenagers fell 3%[2]; however, they continue to be substantially higher than those for other racial groups, except African American teens. This chapter presents information on rates among Latino adolescents for childbearing and marriage.

Perceptions of Marriage and Childbearing

In a study of girls enrolled in grades 6-8 at four public schools in southern California, it was reported that Latina girls want their first birth and marriage to be at an earlier age than their African American and white counterparts. Further, Latina girls reported the youngest best age of first birth (21.9 years), desired age at first birth (23.3), and desired age at marriage (22.1). Latino girls place the least importance on educational and career goals and were most pessimistic about achieving those goals. As respondents' age increased and

as their educational and career aspirations decreased, they became more likely to intend to have sexual intercourse in the near future. Latino respondents were similar to Southeast Asians in being influenced by their mothers' age at marriage and first birth; furthermore, as Latina girls' family incomes rose, they became less likely to intend to have sexual intercourse soon.[3]

Finally, the study examined school and job prospects. Among all respondents except Latina girls, positive educational and job aspirations were associated with a low perceived likelihood of a nonmarital birth. Latina girls from families with low incomes were more likely to expect that they would experience a nonmarital birth than were those from wealthier families; this perception was also found among those who were born in the United States and those who had been living in the United States for many years.[4]

Marriage

Many point out that early childbearing is more culturally acceptable in the Latino community and that many teenagers who give birth are married. Indeed, Latinos are more likely to marry during adolescence; in 1997, 14% of 18- to 19-year-old Latina women were married, compared to 6% of whites and 4% of African Americans in that age group.[5] It is equally important to note, however, that the rate of those who are married has declined. Some researchers believe that, as Latinos become acculturated, the rate of marriage among Latino teenagers will decrease.

A factor in the levels of nonmarital childbearing observed for Latina women is related to the relatively high incidence of cohabitation among Latino couples. Birth certificate data provide additional evidence of this. The birth certificate used in Puerto Rico distinguishes between unmarried women who are living with the

father of the child and unmarried women who are not living with the father. According to 1995 data, three-quarters of the unmarried women who gave birth were living with the father of the child.[6]

Childbearing

Latina teens are more likely to give birth when they become pregnant,[7] which contributes to the higher birthrates.[8] Latina adolescents may have adopted traditional Hispanic cultural values that make it acceptable to become an adolescent mother and have a family.[9] Although a positive, functional occurrence in an agrarian society, teenage marriage and childbearing becomes a negative one in light of the economic reality that immigrant Latino families are forced to accept in this society.

The Latino adolescent birth rate for 15- to 19-year-olds fell marginally from 101.8 births per 1,000 in 1996 to 99.1 per 1,000 in 1997.[10] Yet, even with the slight decrease, Latino teens still have the highest adolescent birthrate compared to African American teens (89.5 per 1,000 in 1997) and non-Hispanic whites (36.4 per 1,000 in 1997). Among births to all Latino women in 1997, births to Latino adolescents accounted for 17%, compared to 10% for whites and 23% for African Americans. There are significant subgroup differences in the Latino population, however. In 1996, the proportion of births to teenage mothers among Cuban women was only 8%; among Central and South American women, 11%; among Mexican and "other/unknown" Latino women, 18-20%; with the highest proportion among Puerto Rican women, at 23%.[11] Examining the proportion of births to teenagers may be useful in gauging the impact of adolescent childbearing on a population.

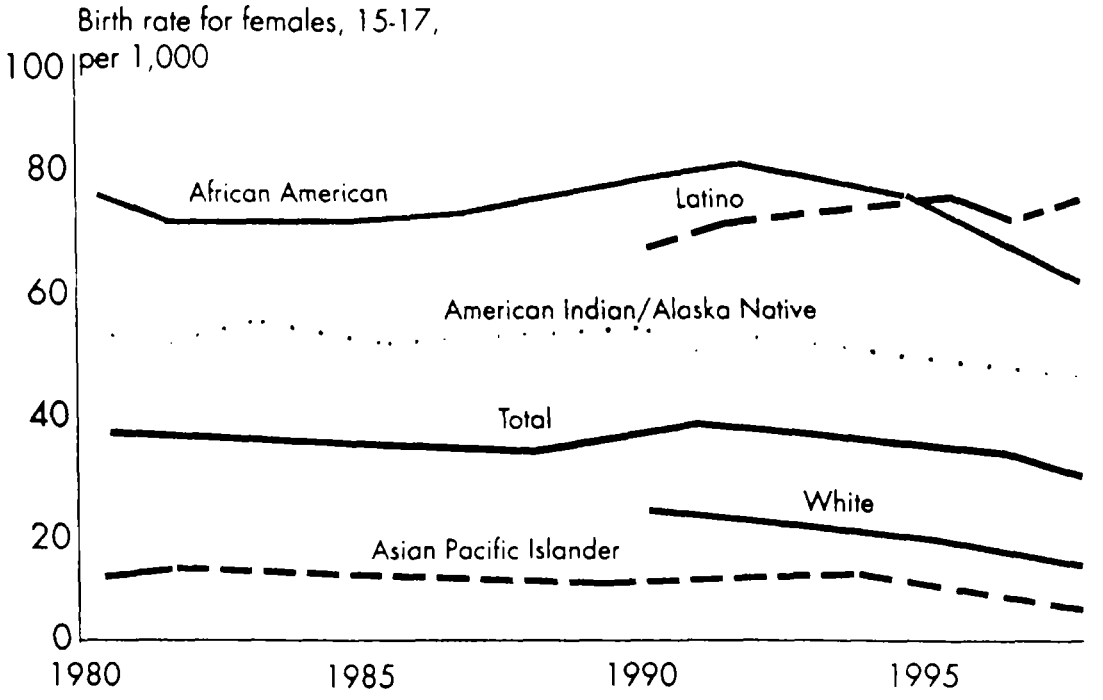
There is a distinctive pattern in the levels of age-specific birth rates by race and Latino origin and the rates vary substantially.

Among teenagers 15-19 years, rates are highest for Mexican teenagers (120.7 per 1,000 in 1996) followed by African American (94.2), Puerto Rican (82.3), and American Indian teenagers (73.9 per 1,000). The rates for non-Hispanic white (37.6), Cuban (34.0), and Asian Pacific Islander (24.6) teenage subgroups are considerably lower. Among teenage subgroups 15-17 and 18-19 years, the patterns were generally similar to those for all teenagers 15-19 years. Rates were highest for Mexican teenagers and lowest for Asian Pacific Islander teenagers. These relationships were observed in each year, 1994-1996. Prior to 1994, birth rates had been highest for African American teenagers. (See Figures 3 and 4.).

Between 1995 and 1996, teenage birth rates declined for all groups except Cuban teenagers, for whom the rate increased from 29.2 to 34.0 per 1,000. The declines were 3% and 4%, respectively, for Mexican and white teenagers. Other declines were 5% for African American teenagers, 8% for Puerto Rican, and 10% for other Latino teenagers. From 1991, when rates for teenagers generally were at a peak, to 1996, birth rates fell 20 to 21% for African American, Puerto Rican, and other Latino teens. Declines for white teens were less, at 13%.[12]

Prenatal care utilization, which provides opportunities for professional medical advice and detection and management of preexisting medical conditions, can promote healthier pregnancy outcomes. The proportion of Latino teens who began prenatal care in the first trimester improved. For Latina teens under 15 years of age, 50% began prenatal care in the first trimester and for 15- to 19-year-olds, 63% began in first trimester. A decrease was noted in the percent of Latina teens who had late or no prenatal care: 15% of under 15-year-olds and 9.2% of 15- to 19-year-olds had late or no care. By comparison, among African American teen mothers 15 to 19 years of age, 9% had late or no care, versus 5% for white teen mothers 15 to 19 years of age. (See Figure 5.)

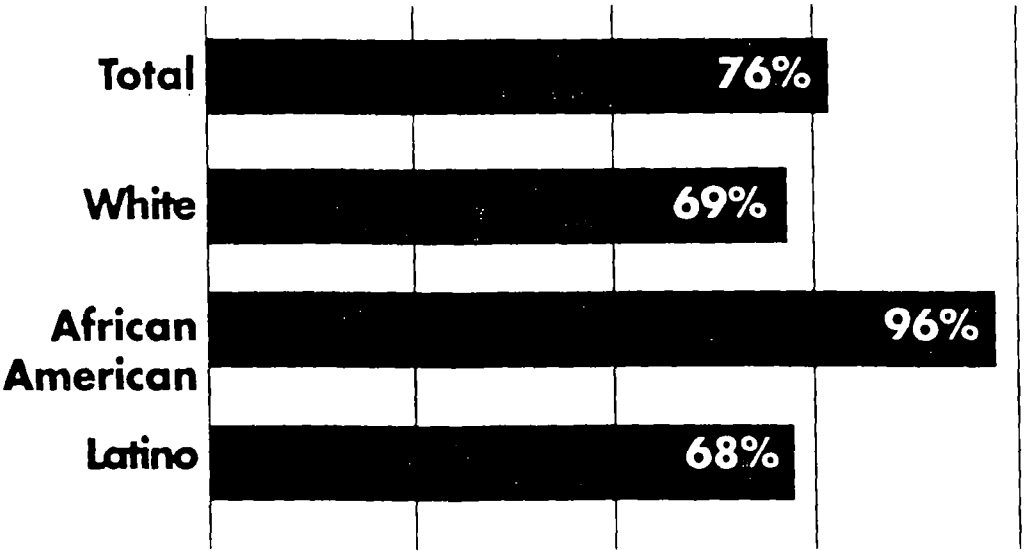
Figure 3. Birth Rate for Females Ages 15 to 17 by Race and Latino Origin, 1980-97



Note: Rates from 1981–1989 were not calculated for Hispanics or non-Hispanic whites, because estimates for populations were not available. 1997 data are preliminary.

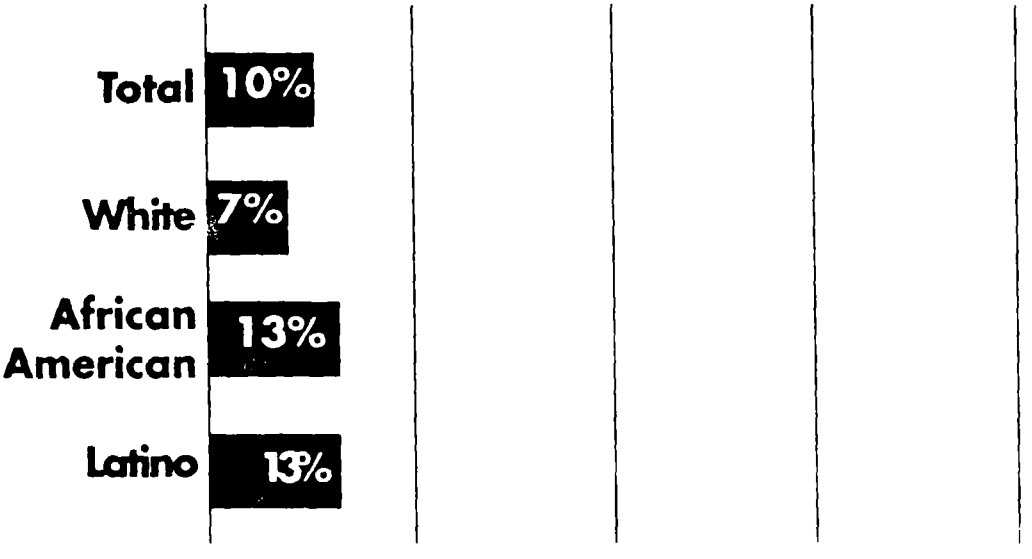
Tobacco use during pregnancy is associated with a variety of adverse outcomes, including low birthweight, intrauterine growth retardation, and infant mortality, as well as negative consequences for child health and development. Maternal smoking among teenagers increased about 2% overall, but among young teenagers aged 15 to 17 years, the rate rose 5% to 15.4%, with an even greater relative increase for African American teenagers, from 4.3 to 5%. Smoking rates rose as well in 1996 for Mexican and Puerto Rican teenagers aged 15 to 17 years. Despite these increases, smoking rates for non-Hispanic white teenagers are still four to six times the rates for Latino teenagers.

Figure 4. Percent of Teen Births That Occurred to Unmarried Teens by Race/Ethnicity, 1996



Source: The Annie B. Casey Foundation, from data compiled by the National Center for Health Statistics. (1998). *When teens have sex: Issues and trends.* Kids Count Special Report.

Figure 5. Percent of Births to Teens Receiving Inadequate Prenatal Care by Race/Ethnicity, 1996



Source: The Annie B. Casey Foundation, from data compiled by the National Center for Health Statistics. (1998). *When teens have sex: Issues and trends. Kids Count Special Report.*

Another important measure for the Latino population is the proportion of births to adolescents born in the United States, as compared to foreign-born Latino adolescents. Here the differences are very substantial, with twice as many teenage mothers among U.S.-born Latino adolescents as among foreign-born Latina adolescents (26.1% compared to 12.0%, respectively). Again, considerable differences exist among the subgroups. For Mexican teens, the percent of teenage mothers among U.S.-born adolescents is 27.2%, compared to 12.5% for foreign born; for Puerto Rican adolescents it is 25.3%, compared to 19.8%; for Cuban adolescents, 12.1% compared to 5.0%; for Central and South American adolescents, 23.5% compared to 9.6; and for adolescents of "other and unknown Latino" origin, the proportion of teenage mothers among U.S.-born Latino adolescents is 23.2% compared to 10.1%.[13] These last figures highlight the impact of the acculturation process for Latino adolescents in the United States.

Notes

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8.
Latino Adolescent Pregnancy Prevention

Central to the problem of early, unintended pregnancies among adolescents is the ability to make healthy decisions. Learning the values, skills, and goals for health decisionmaking is a lifelong task. It begins with healthy parents, and is reinforced by them throughout the child's life. But just as a child grows up in a family, parents and families exist in a larger world. We believe that families should have access to the support and the assistance of helpful community members and systems designed to their needs. These recommendations are ways that we can empower youth to be responsible about their sexuality and make healthy decisions about their sexual behavior, and how society can provide support to Latino families.

1. Adolescent pregnancy prevention programs must be aimed at primary prevention and address multiple factors.

Prevention requires a multipronged approach that addresses the capabilities, challenges, and potential of young people at each stage of life. No one program approach will be effective. Programs that address delaying sexual activity may be effective in reaching preadolescents and young adolescents. These programs should also include components to enhance communication about sexuality, relationships, and values between preadolescents and their parents or other significant adults, and opportunities to gain new skills. For middle adolescents, programs should promote assertiveness train-

ing and resistance skills, information on sexually transmitted diseases, encouragement of school achievement, and involvement in the community by participation in social, religious, cultural, volunteer, and recreational activities for teens ages 12 to 14. For older adolescents, programs should focus on setting goals, address sex role stereotyping as a potential limitation on their aspirations, provide strategies for avoiding unsafe sexual activity and skills for contraceptive access, and offer career planning and job exploration.

In addition, prevention initiatives should strengthen families, address other factors such as poverty and lack of opportunity, and provide educational enrichment and economic opportunities.

2. Develop programs that embrace the Latino culture and values. Programs should embrace family and cultural context of marriage, sexuality, and fertility.

The concept of culture is dynamic and ever changing. Many Latino adolescents participate in two cultures: the Latino culture of their parents and the culture of the wider community. Programs should build on Latino concepts of *familism* for adolescents to bring pride and honor to the family, *respeto* (respect), and *dignidad* (dignity).

Programs should be intergenerational and involve strategies that focus on groups of youth, neighborhoods, and families (rather than on individual behavior) and on parent sexuality education and parent-child communication.

Program components for effective programs should seek to reinforce clear cultural values and messages to strengthen group values and norms against unprotected sex.

Provide family counseling to address intergenerational conflict regarding changing gender role expectations within the context of family acculturation differences between parents and adolescents. Focus on helping the family to be flexible and to negotiate compromises and changes within the cultural value orientation. Reinforce

same-sex relationships between parent and adolescents for information and support.[1]

3. Male involvement programs must focus on the needs and concerns of young men in the community beyond child support enforcement issues.

Programs for Latino young men should seek to provide healthy, positive male role models to assist boys in their identity struggle. Boys need to hear from male staff who can explore and express their feelings and who show a caring, vulnerable side. Programs should provide information on sex and sexuality to boys, improve communication between father and son and other adult males in the community, help boys to understand that there are consequences to risk-taking behaviors and to accept equal rights and responsibilities for their sexual decisions. Information on gender-specific attitudes, beliefs, and behaviors regarding romantic relationships, sexuality, and contraception must be included. Male involvement in casual, impulsive sex, and drinking must be included in program strategies. Linkages to educational and occupational opportunities for males must be explored.

4. Before developing a program, involve the community. Program developers should seek to become knowledgeable about the needs and characteristics of the community.

For organizations that are initiating a program in a Latino community for the first time, work with organizations already serving the Latino community. Share resources to expand program services.

Begin with a community advisory board to guide the development of the program until it is possible to build Latino representation in the organization's own board and staff. Hire residents to participate in the program in a variety of roles, including peer educators, community organizers, and administrators.

5. Involve adolescents in the development of adolescent pregnancy prevention programs.

Have youth identify the sociocultural issues impacting adolescent sexuality and participate in designing the programs to reduce risky sexual behavior. Peer health educators and peer leaders are just two ways in which youths can be involved.

Components for effective programs should involve group counseling that involve youth in small group exercises, which can

- provide basic information about risks of unprotected intercourse,
- provide basic information about strategies for avoiding unsafe sexual activity,
- address social pressures to be sexual,
- reinforce clear and appropriate cultural values and messages to strengthen group values and norms against unprotected sex,
- provide modeling and practice of communication and negotiation skills, and
- provide guidance for developing healthy relationships.[2]

6. Programs that aim to prevent adolescent pregnancy should provide educational enrichment and tutoring, as well as opportunities to increase the number of Latino adolescents who graduate from high school and enter college.

Several strategies are needed to reach Latino youth to assist them to complete high school. Traditional adolescent pregnancy prevention programs will not be as effective as programs that aim to increase life options. Any program that serves Latino youth must work

to reduce the high incidence of early dropping out. Programs that emphasize career exploration and link job training and education have proven to be effective with African American youth. Similar programs must be developed and implemented in the Latino community.

7. Any Latino adolescent pregnancy prevention strategies must be family-centered and community-based with the goal to strengthen the family.

Programs aimed at reaching only Latino youth will not be as successful as family-centered programs. Programs must provide information and education to parents and community residents so that they have the skills, knowledge, and comfort level to discuss sexuality issues. Programs that include parents and community residents as the sexuality educators (who impart information and values within a Latino cultural context to their children) and that provide parents with opportunities for educational advancement are more effective in reaching Latino youth.

8. National and state adolescent pregnancy prevention organizations should be provided with information about Latino adolescent pregnancy prevention programs.

Programs may need to be retooled to address the cultural differences, influences, and impact on adolescent pregnancy prevention issues. Such programs should provide continuing education for professionals to give them skills to make assessments in culturally competent manner.

9. Funding communities need to increase their efforts to fund adolescent pregnancy prevention efforts in the Latino community. Model adolescent pregnancy prevention programs should be replicated across the Latino population and evaluated for effectiveness.

There is a lack of information of adolescent pregnancy prevention in the Latino community. Many adolescent pregnancy prevention programs have been evaluated for effectiveness and impact on the white and African American community; however, little information is available regarding impact on the Latino community. In addition, because of subgroup differences, programs must be replicated in the various subgroups.

10. Improve data collection, analysis, and dissemination by reviewing the current data and developing an action plan to address the unidentified gaps.

In developing this report, we were struck by the lack of data on the Latino population. Only since 1989 have the states reported Latino births to the National Center for Health Statistics. These data have been helpful in the development of this report. We are concerned, however, that there is some movement away from the collection of data based on ethnicity. We would oppose any changes that remove ethnic group delineation.

11. Develop aggressive outreach programs targeted towards adolescent Latino parents to ensure that they stay in school or return to school after the birth of the baby.

Provide intensive case management programs to link to services, provide information on community resources, and monitor school attendance and the school's response toward adolescent mothers. These programs should also include education on parenting, child development, and careers, as well as information about higher education.

12. Continue to have a dialogue with the Latino community to tease out the relationship between traditional values and adolescent reproductive health issues.

The Latino community is not a heterogeneous community. Latinos of different national origins—Mexican American, Cuban, Do-

minican, Puerto Rican, individuals from Latin or Central America and others—are grouped together. Although they share a common language and heritage, there are differences among the many nationalities in cultural influences and histories. Discussions with the different subgroups around these issues should continue.

13. Provide undocumented aliens with primary health care services that are specialized to meet their developmental needs.

Communities should undertake aggressive outreach to provide information about services and to educate undocumented noncitizens or immigrants as to their right and responsibility to obtain health care services. The services must be provided in locations that undocumented noncitizens perceive as safe havens.

14. Youths who are at high risk for pregnancy (out-of-home care, homeless, juvenile system) must be provided with human sexuality information, family planning services, and opportunities for educational and economic success.

Human service providers serving Latino communities should provide comprehensive services that support youth development. Such programs should include educational and job opportunities, health care (including contraceptives for sexually active youths), outreach to parents to facilitate connection to community resources, parenting education, and life skills planning.

Topics should include but not be limited to discussions with caregivers on communicating about sex for early adolescents; resistance skills for mid-teens; and life options, career planning skills, and responsible decision-making skills about contraceptive use for older teens. Child welfare agencies should recognize that a history of child sexual abuse may be common among youth in out-of-home care. Sexuality education must include information on child sexual abuse. Family planning services should include a variety of health,

educational, and counseling services related to birth control, including contraceptive services, pregnancy tests and counseling, and information and referral services. Life skills programs should include tutoring to improve school performance or provide employment training, role models, and mentors. These programs can assist youth in out-of-home care to understand the negative consequences of becoming parents and the impact of parenthood on their present and future plans.

States must develop and implement standards for comprehensive health services, including medical, nutritional, and psychological care for teens who are incarcerated or in out-of-home care.

Notes

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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

Appendix C

Participants in the Latino Adolescent Pregnancy Symposium

The Child Welfare League of America and The National Council of Latino Executives would like to give thanks to all the attendees at the Symposium for their time, effort, hard work, and insight, without which this report would not have been possible.

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4/21

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

Neera / Ruby -

Research has shown that Youth Development Programs build skills, which in turn leads to solving problems among youth.

Beth Davidson

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Conclusion

Youth development programs make a measurable difference in the lives of millions of young people. And research makes clear that they offer a type of intervention that shows promise in preventing teenage pregnancy. By appreciating the full context of young people's lives, youth development programs help young people find positive reasons to make responsible decisions about their futures. Through their focus on potential over problems, accomplishment over failure, and asset-building over self-destruction, these programs help young people develop the self-confidence and self-reliance to achieve their goals. Increasingly, programs to prevent teen pregnancy are integrating the principles of youth development into their work — by adopting youth development strategies and by forming partnerships with existing youth development organizations.

Research shows that comprehensive approaches to preventing teen pregnancy — those that address multiple aspects of the problem simultaneously — are more likely to make a difference. Youth development programs, with their positive, empowering philosophy, can and do make a critical contribution to reducing teen pregnancy. The National Campaign encourages our colleagues working in teen pregnancy prevention to learn more about programs fostering youth development generally (see p. 24 for information about resources) and to work closely with youth development organizations in their communities to help create safe passages through adolescence for all our young people.

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THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Start Early, Stay Late

Linking Youth Development and Teen Pregnancy Prevention