

# Preventing Latino Teen Pregnancy

By Bianca Laureano and Carrie McVicker

**A**lthough adolescent pregnancy and birth rates in the United States are declining, we continue to have the highest teen pregnancy and birth rate among developed countries. And even though Latino teen birth and pregnancy rates have also declined, the country's Latino population still has the highest teen pregnancy rate. According to preliminary data for 2000 from the Centers for Disease Control and Prevention, the teen pregnancy rate for Latinos was 94.4 per 1,000 girls, ages 15–19, compared with an overall U.S. teen pregnancy rate of 48.7 per 1,000 girls in the same age range.

There are many reasons why adolescents become sexually active and why they do not use contraceptives. In addition to the traditional obstacles adolescents encounter, Latino youth confront a range of other challenges, including psychological effects and family separation because of immigration, limited access to health care, language and economic barriers, and the process of acculturation and assimilation.

## Cultural Characteristics and Values

The U.S. Latino community is promising, dynamic, and rapidly increasing. Latinos are the largest ethnic group in the United States, totaling 32.8 million people—12% of the U.S. population. On average, according to the 2000 Census, Latinos in the United States are very young—nearly 36% are younger than 18—and have not finished high school. More than 70% of U.S. Latinos are foreign-born, maintaining strong cultural ties to their homelands.

Diverse in race, ethnicity, language, culture, and history, Latinos are not a homogenous group. Understanding cultural characteristics and values within the Latino community offers some insight into the slow decrease of Latino adolescent pregnancy and birth rates. Certain characteristics and values may apply to specific Latino communities or those Latinos who have lived in the United States for generations, are undocumented, or are newly arrived immigrants.

- **Machismo** is the cultural characteristic of masculinity found in many different communities and cultures. For Latinos, this cultural characteristic has received the most negative attention—Latino men are often perceived to be sexually promiscuous and aggressive toward women. When Latino men define masculinity, however, they often list such positive characteristics as responsibility, providing for and bringing honor to the family, and being trustworthy, respectful, and courteous.

- **Marianismo** is a concept, based in Catholicism, that Latino women represent virginity, spiritual virtue, and obedience. Women are spiritually superior to men and endure more emotional and physical pain for their families. Their sexuality is defined and controlled by men. Sex is for procreation, not pleasure, and therefore only valid when a woman is married. Motherhood, however, is highly valued and respected in the Latino community. Through *marianismo*, Latinas may find strength in abstaining from sexual intercourse because of their strong religious beliefs.
- **Familiaismo** is a strong identification with family, including extended family and friends. Family is a priority in the Latino community, fostering pride and teaching traditional ideas about behavior for women and men. Some Latinos may place family needs ahead of their own health, well-being, and happiness.
- **Respeto** means *respect*, given to parents, elders, teachers, doctors, and others in authority. Respect can be given in many different ways, based not only on age but also on status, which includes being a mother.
- **Personalismo**, or *personalizing*, is valuing people and having close relationships with relatives and friends. This characteristic is closely linked to the importance of the family. Making personal contact is extremely important to gaining the trust of Latino families.
- **Simpatia** (*sympathy*) for Latinos means avoiding conflict and striving for harmonious relationships. It is closely linked to *familiaismo* and *respeto* in that authority figures and elders are not questioned or challenged. *Simpatia* speaks to secondary pregnancy prevention and contraceptive use, in that some Latinas may seek to avoid a fight or disagreement with a partner or older family member.\*

## Linking Cultural Understanding to Practice

Incorporating positive aspects of cultural characteristics and values into practice with youth and families could be key to decreasing birth and pregnancy rates in this community even further. For example, encouraging Latino men to complete school and pursue higher education can help them realize they represent the positive aspects of *machismo*, such as responsibility and bringing honor to the family. Encouraging providers to use *personalismo* can create stronger support systems between them and their clients.

\* For more information about these cultural values, visit R2P's online annotated bibliographies at [www.cwla.org/programs/r2p/biblio.htm](http://www.cwla.org/programs/r2p/biblio.htm).

Successful pregnancy prevention programs targeting the Latino community address their unique cultural characteristics and values, incorporate a positive youth development component, provide educational support, and include the community in the decisionmaking process.

Following are brief descriptions of five successful programs that are working to decrease teen pregnancy among Latinos.

## Mary's Center for Maternal and Child Care



### Innovative Practice

Mary's Center, Washington, DC, was established with joint funding from the Mayor's Office on Latino Affairs and the DC Commission on Public Health to address a need for Spanish-speaking maternal and pediatric services in Latino areas. The Mary's Center Teen Program, implemented in 1989, addresses the goal of lowering teen pregnancy rates among youth in Washington, DC, and successfully integrates positive aspects of *machismo*, *marianismo*, *respeto*, *simpatia*, and *familiaismo*.

The program

- offers family planning education and monitors contraceptive use,
- develops leadership skills and self-esteem through peer education,
- links teens with mentors and tutors,
- lowers school drop-out rates,
- provides prevention education on HIV/AIDS and other sexually transmitted infections (STIs),
- presents substance abuse prevention education, and
- provides teen clinic medical services.

Mary's Center also operates Teen Mothers Take Charge (TMTC), a secondary pregnancy prevention program, funded by the DC Department of Health, that adds the components of home visitation and in-house services.

Between July 2001 and June 2002, Mary's Center worked with 470 primary pregnancy prevention clients through its Teen Program and 180 secondary pregnancy prevention clients

through TMTC, ages 13–21. In the primary prevention group, 167 females and 115 males reported being sexually active; 322 teens received one-on-one case management and prevention counseling. Eleven teens became pregnant while participating in the Teen Program. In the secondary prevention group, two became pregnant. In the primary prevention group, 63% were enrolled in school or a GED program, 12% were in college, and 2% had dropped out of school. Only 99 of the secondary group reported their educational status, but of those, 53% were enrolled in high school or a GED program.

## The Children's Shelter



### Emerging Practice

In 1997, the Children's Shelter in South Texas developed Project MAS for pregnant and parenting adolescents on school maternity leave. MAS, an acronym for "Mothers and Schools," also means *more* in Spanish, reflecting the focus of keeping parenting teens in school and helping them become practiced parents.

Adolescent mothers receive a six-week maternity leave from school. The school district requires four contact hours of instruction per week to receive credit for a week's school attendance. Students complete contact hours at the Children's Shelter office or through home visits where certified teachers help the young mothers with homework assignments. Project MAS delivers all completed coursework to the school. A social worker helps adolescent mothers transition back to school by assisting with mother and infant medical requests, educational planning, child care, basic needs, and other transitional concerns.

Parent education and skill building is provided through the Nurturing Program, a nationally recognized model designed specifically for teen parents. Project MAS respects *marianismo*, *simpatia*, and *familiaismo*. After teen parents complete the 10-week Nurturing Program, they are referred to Mutual Enrichment Learning through Discovery (MELD) support groups in their community. MELD, a nationally recognized curriculum,

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helps adolescent mothers and their partners with proper parenting techniques, discipline strategies, child development information, parent development, and guidance on using community resources.

To date, the program has served 237 young mothers and their families, with a 98% return-to-school rate—compared with an approximate 60% school return rate for new mothers who received standard school parenting services. In 2002, 37 of 39 pregnant and parenting seniors graduated from high school. Thirty graduates enrolled in higher education or vocational training programs. To date, 98% of participants have not had a second pregnancy.

## Inwood House



### Commendable Practice

In 1978, Inwood House established Teen Choice, a comprehensive school-based mental health model for teen pregnancy and disease prevention. Serving more than 8,500 adolescents annually in New York City and New Jersey, Teen Choice addresses the factors that most influence adolescent sexual behavior, recognizing such cultural values as *familiaismo*, *respeto*, and *personalismo*. Program components include

- small group discussions on issues related to sexual involvement, designed to help students acquire complete and medically accurate information, clarify values, develop decision-making skills and self-esteem, build positive peer support, and improve communication with parents;
- individual counseling and referrals to appropriate health and mental health professionals or school staff;
- classroom dialogues that impart sexuality information and recruit participation in small groups and individual counseling; and
- parent outreach.



Project IMPPACT (Inwood Model for Pregnancy Prevention and Care for Teenagers), the abstinence-based version of Teen Choice, was the first to undergo formal evaluation from 1995 through 1997. An ethnically diverse group of middle school youth were invited to participate in small Teen Choice groups. One year after the program, Teen Choice participants demonstrated significant positive gains, measured against students in a comparison group, in improved communication and relationships with parents, improved sense of control over their lives, and a greater understanding about the appropriateness of teen sex.

Many of the girls reported their first sexual experience was involuntary or unwanted. These girls are often at the highest risk for early pregnancy and disease. The research shows that Teen Choice reaches youth who are most at risk for pregnancy and disease and most in need of a variety of services.

## Children's Aid Society



### Exemplary Practice

In 1984, Children's Aid Society (CAS) began the Carrera Adolescent Sexuality and Pregnancy Prevention Program at its community center in Harlem. This pregnancy prevention model includes

- an education component offering tutoring, preparation for PSATs and SATs, college trips, and a college scholarship fund;
- Job Club, a work-related intervention that introduces teens to work through career awareness, employment experiences, and teaching skills such as maintaining a bank account;
- Lifetime Individual Sports, emphasizing self-discipline and impulse control through athletics;
- creative self-expression through the arts;
- weekly comprehensive sexuality education sessions;
- mental health counseling and crisis intervention; and
- full medical and dental care.

Program components appreciate Latino cultural values such as *familiaismo*, *respeto*, and *personalismo*.

Replicated nationally, the program underwent evaluation beginning in 1997 at sites in Baltimore, Houston, New York City, and Seattle, as well as Broward County, Florida; Portland, Oregon; and Rochester, New York. The program ran five days a week during the school year. During the summer, youth received employment assistance and attended meetings that reinforced sex education and academic skills.

Youth ages 13–15 were eligible to participate if they weren't already enrolled in an ongoing structured afterschool program and not pregnant or parenting. Approximately 100 boys and girls per site were recruited and assigned randomly to either CAS's Carrera program or alternative regular youth programming offered by cooperating agencies. About half the participants were Latino or mixed Latino and other ethnicities.

At the three-year follow-up, 70% of the original participants were still involved to some degree. Girls in the Carrera program had significantly lower rates of pregnancy than did girls in the control group, and boys in the program had significantly higher

gains in knowledge than did boys in alternative programming. Youth in the Carrera program were less likely to visit emergency rooms for primary health care and more likely to have bank accounts, work experience, and computer skills.

## Family Life Council of Greater Greensboro



### Emerging Practice

The Family Life Council seeks to strengthen and support families by providing educational programs that promote parenting skills and family communication. North Carolina experienced a sharp rise in teen pregnancy in the 1980s; with a five-year grant from the state Department of Health, Environment, and Natural Resources, the council created the Wise Guys program in 1990 to help educate adolescent males about responsibility.

- A male-oriented pregnancy prevention program, Wise Guys
- provides young men with the knowledge they need to make informed decisions,
  - encourages respect for oneself and others,
  - teaches male personal responsibility and sexual responsibility, and
  - helps young men improve communication with their parents, educators, friends, and others.

A coordinator and four ethnically diverse male health educators lead the program. During 12 weekly sessions that incorporate role-playing, group discussions, lectures, small group work, and videos, educators teach young men about self-esteem, communi-



Wise Guys program participants in a library.


## For more information, go online...

- [C i o r n ' s A i o s a i t i e , . i o r n s a i s a i t i e . a r g](#)
- [C i o r n ' s s a i t i e , . i o r n s s a i t i e . a r g](#)
- [F a m i l y L i f e C a n a l , . i s g s a r g](#)
- [i n a a o a s , . i n a a o a s . a m](#)
- [W a r ' s C n t r , . m a r s a n t r a r g](#)

cation, values, goal setting, puberty, anatomy, reproduction, abstinence, contraception, STIs, healthy relationships, and dating violence. Although the program is aimed at seventh- and eighth-grade boys, it has expanded to include high school boys. Participants are recommended by guidance counselors or as members of an entire grade.

Since 1997, Wise Guys has conducted more than 100 trainings for some 2,000 professionals. The program has been replicated or adapted in nearly 50 locations, including El Centro and San Bernadino, California; Rapid City, North Dakota; and Atlanta, and has been recommended by the Urban Institute, Sociometrics, and the National Campaign to Prevent Teen Pregnancy. Adaptations include a Spanish language version, an advanced program for high school boys, and the creation of peer mentors. With North Carolina's growing Latino population, the program is ethnically diverse and addresses cultural values such as *machismo*, *familiaismo*, and *respeto*.

In evaluations over the last 10 years, boys in the program have shown an increased knowledge of protection from tests administered before starting the program through follow up. Over time, more young men were willing to talk to their parents about sex, and some were willing to talk to school personnel about sexuality issues. Most said they sometimes or always used birth control, with a rising number willing to use condoms.

As expected, some became sexually active as they aged, and the percent who had not had intercourse decreased over time. Compared with a control group of boys who did not participate in the program, those enrolled in Wise Guys demonstrated more positive change in actions and a continued increase through follow up. 

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## Levels of Research

CWLA's Research to Practice (R2P) Initiative identifies well-researched, effective programs and practices that positively affect the lives of children, youth, families, and communities. R2P's goal is to support and promote successful methods. Each program or practice in the R2P initiative is supported by a research component. R2P uses four categories to describe the level of empirical support.



### Exemplary Practice

Randomized study, control group, posttests or pre- and posttests, effects sustained for at least one year, multiple replications.



### Emerging Practice

Quasi-experimental study, a correlational or ex post facto study, posttest only, single group pre- and posttest, comparison group.



### Commendable Practice

Randomized or quasi-experimental study, a control or comparison group, posttests or pre- and posttests, follow up, replication.



### Innovative Practice

Case study, descriptive statistics only, treatment group only.

For more information on R2P and its levels of research, visit online at [www.cwla.org/programs/r2p](http://www.cwla.org/programs/r2p), or contact the R2P team by e-mail at [r2p@cwla.org](mailto:r2p@cwla.org)