### **Teen Pregnancy:** Addressing the Problem of Teen Pregnancy among Latinos

By

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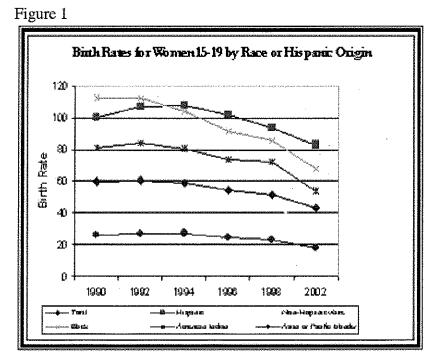
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#### Abstract

The United States continues to have the highest rates of teen pregnancy when compared to other nations despite declining rates over the last few years. The Latina population is disproportional affected by these higher rates. Latinas had the highest teen birth rate of all major ethnic groups in the United States with 83 births per 1,000 teens aged 15-19 in 2004 alone, a rate nearly double of the national rate at 41.<sup>1</sup> In addition, the Latino population is the fastest growing ethnic group in the United States. Economic and cultural barriers have limited access to health care and teen pregnancy prevention and education programs for this population. The number of young Latina mothers and children who are poverty stricken or lack health care are likely to see an increase as the teen birth rate increases. Moreover, there are several reasons that indicate why some Latina teens may want to become pregnant. Sex education is needed to lower teen pregnancy in this population but also to address some of the cultural, social and economic problems that may afflict this community. There are effective and promising programs that help tackle this issue, but there is more work to be done in public policy to continue these efforts. This paper takes a closer look at some of the issues surrounding teen pregnancy among Latinos and provides an overview of policy and programs.

### Pregnancy and Birth Rates

In the United States, the overall teen birth rate had decreased since the 1990s but has decreased much more slowly for the Hispanic population. Non-Hispanic black teenagers have had the steepest decline but Blacks however are more likely than Latinas to become pregnant and are more likely to terminate their pregnancies which account for lower birth rates in this population.<sup>2</sup> (Figure 1)



Source: National Center for Health Statistics

Latinas had the highest teen birth rate of all major ethnic groups in the United States with 83 births per 1,000 teens aged 15-19 in 2004 alone a rate nearly double of the national rate at 41.<sup>3</sup> The birth rate for Latinas has been consistent from 2003 to 2005 as

shown in Figure 2 Table 1.

Figure 2 Table 1

Birth Rates for Women aged 15-19 years by race and Hispanic origin, 1991, 2003, 2004, 2005 (Rates per 1,000 women in specified group)

Age and race and Hispanic origin of mother	2005	2004	2003	1991
15-19 years				
All races	40.5	41.1	41.6	61.8
White, non-Hispanic	25.9	26.7	27.4	43.4
Black, non- Hispanic	60.9	63.1	64.7	118.2
American Native or Alaska Native, total	52.7	52.5	53.1	84.1
Asian or Pacific Islander, total	17.0	17.3	17.4	27.3
Hispanic	81.7	82.6	82.3	104.6

Source: National Vital Statistics Reports Vol. 56, No.6, December 5, 2007

Currently, 51% of Latina teens become pregnant at least once before the age of 20 compared to 35% of teens in the United States.<sup>4</sup> High pregnancy rates are high among all ethnic groups but are higher in Latina teens.

In 2000, the pregnancy rate for Latinas was 137.0 per 1,000 women aged 15-19 slightly

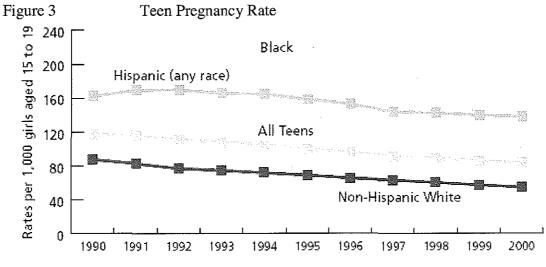
higher that of 135.6 per 1,000 women in 2001 and 131.5 per 1,000 women in 2002.

These numbers are higher than the national rate which is about 84 per 1,000 women aged

15-19.<sup>5</sup> These numbers were higher than non-Hispanic whites but lower than non

Hispanic blacks.

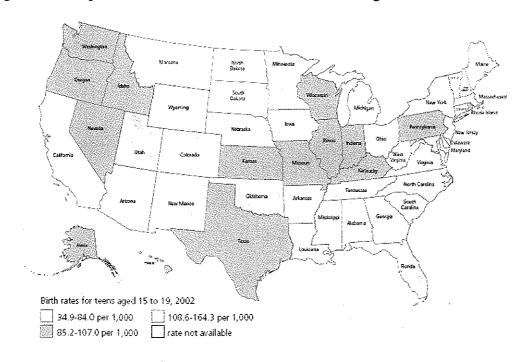
There has been a decrease between 1990-2000 of about 28% overall rate for decline in teenage pregnancy but the decrease among Latinas was only 15%. <sup>6</sup> (Figure 3)



Source: The National Campaign to Prevent Teen Pregnancy

Latina birth rate varies according to state of residence. Teen birth rates are higher in the southern and western states than in other regions since about 75% of Latinos live in the West and South.<sup>7</sup>

Among Latinos, Georgia, Arizona, Tennessee, Colorado and Delaware had the highest pregnancy rates among Hispanic women aged 15-19 (154-169 per 1,000 women) and pregnancy rates among Latinos were lowest in Mississippi, Missouri South Dakota and Ohio.<sup>8</sup> (Figure 4)



### Figure 4 Map of Birth Rates for United States for teens aged 15-19, 2002

Bridging Two Worlds: How Teen Pregnancy Prevention Programs Can Better Serve Latino Youth Source: The National Campaign to Prevent Teen Pregnancy

Young Latina mothers may have different circumstances than other non-Hispanic mothers dues to educational attainment, socioeconomic status and a culture that tends to favor motherhood and strong family ties.

#### **Demographics**

Data indicates the need to focus on preventing teen pregnancy in the Latino community. The Latino community is quickly growing in numbers and influence each day. Latinos represent the largest minority group in the United States. This increase has a lot to do with youth. The nation's Hispanic population increased 1.4 million to reach 45.5 million on July 1, 2007, or 15.1 percent of the estimated total U.S. population of 301.6 million.<sup>9</sup>

California has the largest Latino population of any state as of July 1. 2007 followed by Texas and Florida. In New Mexico, Latinos comprised the highest proportion of the total population. In the same year, the Latino population had a median age of 27.6 compared with the population as a whole at 36.6. Close to 34% of this population was younger than 18, compared to 25 % of the total population.<sup>10</sup>

Latino comprises about 15 % of the population but over 20% of those living in poverty.<sup>11</sup> Latinos were less likely to have graduated from high schools and were more likely to be unemployed.<sup>12</sup> Living in poverty often times leads to stress, health risks and unhealthy behavior and may also limit opportunities and access to health care and programs.

#### Sexual Activity and Contraceptive Use / Risky Behavior

The National Campaign to Prevent Teen Pregnancy is a private non-profit organization, who seeks to improve the lives of children and families and works to prevent teen pregnancy and unplanned pregnancy. They have compiled the following list of facts from national data in reference to behaviors among Latinos:

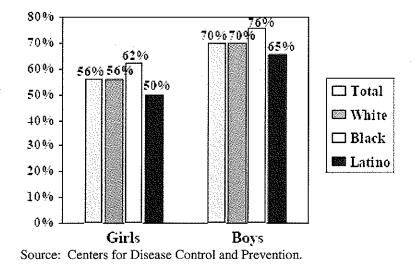
- Latina teen girls are less likely than non-Latina girls to have ever had sex while Latino boys are more likely than non-Latino white boys and less likely than non Latino black boys to have ever had sex.<sup>13</sup>
- More than one third of Latina teens report that their first sexual partner was four or more years older compared to about one fifth of non Latina white and non-Latino black teen girls.<sup>14</sup>

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- Latino teens, both boys and girls are less likely to use contraception at first sex compared to their non-Latino peers.<sup>15</sup>
- Among sexually active Latino high school students, Latino are less likely than their counterparts to have used a condom the last time they had sex.<sup>16</sup> (Figure 6)
- Latina high school students are also less likely to have used birth control pills the last time they had sex compared to their peers.<sup>17</sup>

#### Figure 5

Condom Use at Last Sex among High School Students (Aged 15-17) by Gender and Race/Ethnicity, 2005



A clear understanding of the differences in sexual behavior and contraceptive use patterns among Latino teens and other teens in the United States can guide strategies when designing programs to combat teen pregnancy. Cultural factors within the Latino community that may impact pregnancy and should be considered as well for program design.

#### Why Latinas May Become Pregnant

An understanding of why Latina teens may become pregnant is helpful when considering program design and program components. There are numerous reasons that Latino teens get pregnant and this demands a closer look at factors that may influence teens. These factors such as socioeconomic status, gender roles, educational attainment, culture and family, lack of sex education and lack of contraception methods may influence pregnancy among teens. Research indicates that there is an association between the socioeconomic factors of poverty and low educational attainment with higher risk of teen pregnancy.<sup>18</sup>

Other reasons may include inaccurate sex education, improper use or lack of use of contraception, attitudes about pregnancy and childbearing and limited access to family planning services.

Latinos may become pregnant for cultural reasons. The concept of acculturation, the process by which a group incorporates the cultural practices of another group into their own such as Latino adaptation of American culture may influence pregnancy. Research indicates that there is a relationship between acculturalization and sexual behavior and could mean an increase in sexual activity and risky behavior.<sup>19</sup>

Latinos that grow up bi-culturally may have views that sharply contrast those of their parent's values subsequently, negatively affecting the parent-child relationship and resulting in breakdown of communication. There may be little communication about this important issue among families in the home. Parents usually have a strong influence over their children's behavior so programs that target parents will be a vital component in program planning.<sup>20</sup>

Traditional gender roles may have an impact on teen pregnancy. In some Latino cultures, men are held to different standards of sexual behavior than women and may believe they are solely responsible for making decisions about contraception. Latino men are expected to make decisions regarding contraception and this may prevent young Latina women from making their own decisions for their sexual health.<sup>21</sup> Young Latinas are more likely than other teens to have a boyfriend who is four or more years older which may also be associated with an increased risk for teen pregnancy.<sup>22</sup> Latina women may benefit from education in communication and decision making.

In the Latino community, motherhood is highly valued and respected. Many Latinas believe in cultural values that place strong positive associations with the role of the mother in family life. Young Latinas faced with limited opportunities in education or employment may choose to become mothers to achieve a positive role in their family and in the community.<sup>23</sup> Sex Education in schools and in community programs are likely sources for young teenagers to get information. There has been some controversy over current policies regarding what types of approaches are used to get messages out to teens.

#### Current Policy

Sex education encompasses education about all aspects of sexuality including information about reproduction, family planning, birth control methods, sexually transmitted diseases and how to prevent them and information about all components of

one's sexuality. Formal sex education is usually taught as part of the curriculum in junior high and high school. School based sexual education has the ability to prevent unplanned pregnancies and promote responsible sexual behavior. However, local, state and national sex education policies in this country are a combination of funding restrictions and mandates. Most state laws governing these topics are broad; the specific content of the curriculum is often left up to local school districts or to the school itself. The federal government's involvement in sex education has primarily been to provide funding for education programs and most of those programs were designed to promote abstinence - only messages (messages about abstaining from sexual activity until married) through community and school based programs.

There has been much debate over the appropriateness of comprehensive sex education versus abstinence-only education within the school system. Controversy arises when abstinence is provided as the only choice and alternative messages are restricted. Some may think that sex education is incomplete and not effective in approach.<sup>24</sup>

The Guttmacher Institute has been instrumental in providing program research, policy analysis and public education in the area of sexual and reproductive health. In addition, they collect, analyze and publicize data. The following list provides a couple of facts reproduced here for a brief overview regarding current policy in the United States:

 35 states mandate either sex education or education about HIV/AIDS and other STIs but their laws tend to be very general and policies specifying the content of sex education are set at the local level.<sup>25</sup>

- 86% of the public school districks have policies that teach sex education requires the promotion of abstinence. Some 35% require abstinece to be taught as the only option for unmarried teens and either prohibit or limit the discussion of contraception. The other 51% have policies to teach abstinece as the preferred option for teens and permits discussion of contraception as an effective means of prevention of sexually transmitted diseases and pregnancy.<sup>26</sup>
- There are three federal programs dedicated to funding restrictive abstinence-only education: Section 510 of the Social Security Act, the Adolescent Family Life Act's teen pregnancy prevention component and Community Based Abstinence Education (CBAE) <sup>27</sup> and also no current federal program dedicated to supporting comprehensive sex education that teaches young people about both abstinence and contraception. <sup>28</sup>

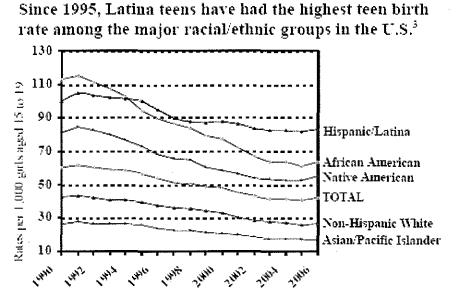
Although there is a strong presence and support for abstinece-only education, evidence shows that comprehensive sex education programs that include both abstinence and contraception methods can help delay the onset of sexual activity among teens and reduce the number of partners, increase contraceptive use when they become sexually active <sup>29</sup> Comprehensive sex education programs will be effective at teen pregnancy prevention.<sup>30</sup>

To reduce disparities among minorities and in particular within the Latino community, a comprehensive program that includes not only abstinence only and methods of contraception is needed but must also include methods to address other specific factors to the Latino community. There have been a number of programs combining community based and school based comprehensive programs which have been evaluated and determined to be successful overall and within this community.

#### Effective Programs for Latinos

Data suggests that pregnancy prevention efforts may need to be targeted to achieve reductions in teen pregnancy rates. Latina youth continues to experience higher teen pregnancy rates than black and white youth. Latino may need the targeted efforts to reduce teen pregnancies as they have experienced the smallest declines in teen pregnancy rates since 1990 and they have had the highest birth rate of any ethnic group since 1995.<sup>31</sup> (Figure 6) Efforts are needed to establish well funded prevention programs targeting this group to be implemented in high risk communities across the country.

Figure 6



Source: The National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy lists a research brief on their website that details several programs that have been shown through careful evaluation to either delay the initiation of intercourse, reduce the number of partners or to increase the use of contraception. Some program designs targeted Latino teens but some of did not.

However, those that were not designed specifically for Latinos included Latino teens as part of the program evaluation and was found to be effective among Latinos.<sup>32</sup> This is useful information so that those working in pregnancy prevention may utilize these programs in their communities. The information provided information on the effective programs as well as other programs determined to be promising but had not been evaluated with an experimental design. A few of these programs will be discussed further.

*Safer Choices is* a school based program used in urban and suburban California and Texas schools and targets 9th and 10<sup>th</sup> graders. This program encourages abstinence as the safest way to avoid pregnancy and/or sexually transmitted diseases and includes five main components: school organization, curriculum and staff development, peer resources, and school environments, parent education and school community collaborations.<sup>33</sup> The study had positive results with all groups regardless of sexual experience, gender and race but also showed a higher impact on Latinos. This program has been shown to delay sexual initiation among Latino teen boys and girls and to improve use of contraception.<sup>34</sup> At follow up, Latino teen participants were 43% less likely to have initiated sex when compared to Latino teens in the control group. Latinos in the program who were sexually active were 65% more likely than Latinos in the control group to have used a condom at last sex.<sup>35</sup>

Another program, *Cuidate! Take Care of Yourself* is an HIV prevention intervention which is an adaptation of another program called *Be Proud, Be Responsible* specifically designed for Latino teens. The program emphasizes the importance of family and gender

role expectations and encourages abstinence and condom use as effective methods of preventing the spread of sexually transmitted diseases or STDs.<sup>36</sup> At a year follow-up, program participants were less likely to report being sexually active of having multiple partners. Participants were only half as likely as their peers in the control group to engage in unprotected sex but twice as likely to use condoms.<sup>37</sup>

Another effective program listed was the *Poder Latino: A Community AIDS Prevention Program* for inner city Latino youth, is a community and school based program for Latino youth aged 14-20.<sup>38</sup> The program incorporates TV and radio public service announcements, workshops, health and community centers, community wide and parent education and neighborhood distribution of informational condom kits.<sup>39</sup> At 18 month follow up, 92% of male participants were less likely to have initiated sex than those in the comparison group. Similar results were not found with girls in the program.<sup>40</sup>

Children's Aid Society-Carrera Program is an extensive after school program that includes components of family life and sex education, individual academic assessment, tutoring, homework assistance, assistance with test preparation and college entrance, work activities such as a job club and career awareness and self expression through arts, sports activities and comprehensive health care which includes reproductive health services and mental health services.<sup>41</sup> It was shown to significantly delay the onset of sex, increase condom use and reduce pregnancy and birth rates among girls in the program but not among boys. This includes all participants of which 39% were Latino.<sup>42</sup>

### Promising Programs

A few other programs were mentioned in this brief that has shown great promise but had not been evaluated using experimental design. However, these programs have demonstrated promising results and will provide more choices for those interested in addressing pregnancy prevention to consider. One of the programs, entitled *Plain Talk/Hablando Claro*, is a neighborhood based initiative developed by the Annie Casey Foundation that is designed to increase adult/teen communication about sex, increase sexually active teens' access to contraceptives and decrease unwanted pregnancy, and STDs.<sup>43</sup> This program operates in nine states and Puerto Rico and will soon expand be available in 8 more states. Evaluations have determined that participants have reported increased communication between adults and youth after completion of the program.<sup>44</sup>

Another promising program, *Wise Guys/Jovenes Sabios* is a comprehensive program that targets Latino boys aged 11-17. The program encourages abstinence, provides information on contraception and works to promote responsible decision making. It has been determined through evaluations that there was some increase in parent and teen communication, a more positive attitude toward women and an increased awareness /knowledge of reproduction and safer sexual behavior.<sup>45</sup>

Also on the list, is *Pathways/Senderos*, a neighborhood-based, child and family centered program in New Britain, Connecticut that serves primarily low income Latino youth. The program is offered after school and during the summer and includes three components: education, career, and family life/sexual health.<sup>46</sup> Participants can work in a small business and are required to open a savings account is also part of the program.

Parents are involved through outreach and monthly meetings.<sup>47</sup> Boys seemed to respond better to the program in regards to attendance and retention, the program reported only two pregnancies in 11.5 years and also has a 100% graduation rate with 50% of the youth advancing to higher education.<sup>48</sup>

#### What can be done

Current policy on sexual education will need to develop more comprehensive approaches to continue to address this problem. Of those programs that were effective or promising, they had components that addressed other issues of Latino teens and may have been what led to their success. Public policy plays a key role in teen pregnancy prevention. The following public policy actions would help to ensure that teens and young adults have the tools to make sound decisions regarding pregnancy. It is my opinion that policymakers can continue their efforts in addressing this social problem by taking the following measures listed below:

- Pregnancy prevention can be a part of health care reform. More attention is this area can help reduce both health and economic repercussions for taxpayers.
- Continue to change social norms using media. Lawmakers should use the power of media for this important public health goal by service and communication campaigns and to also closely examine existing markets such as advertising that may impact sexual behavior.
- Devise plans to assist parents in communicating about sex to their teens. Most of the effective programs had a component of increasing the communication with teens and their parents about sex and relationships.

- Provide funding and resources necessary for prevention of teen pregnancy among high risk populations to reduce disparities among minorities such as the Latino population. Tailored programs to target these communities will likely have a positive impact on program participants.
- Provide funding and resources that will target young men in preventing teen and unplanned pregnancies so that they can assume some responsibility. The *Wise Guys* program provides a great example of an intervention that encourages the responsibilities of the male. It is important to confront the double standard that often encourages Latina girls to not have sex while not adequately discouraging sexual activity among Latino boys. Both fathers and mothers should be encouraged to provide communication and guidance about responsible sexual behavior.
- Provide greater accessibility to those who need affordable services and information on family planning.
- Provide specific sex education programs that will benefit both teens and their parents in order to open the lines of communication and allow for discussion and guidance on sex education.

Appropriate teen pregnancy initiatives require that practitioners take into account a myriad of factors when designing and implementing prevention programs. Factors such as socioeconomic status, educational attainment and culture are main issues that affect Latino youth and may impact their sexual behavior.

### Conclusion

Teenage pregnancy and birth rates remain high among the Latino population. When designing programs, it is important for program planners to incorporate several other factors aside from just that of abstinence and contraception. Presently, there are a few interventions that have been shown to improve contraception use for sexually active individuals, and reduction in teen pregnancy and other programs that are promising in tackling this problem. There is still a need for successful initiatives for this diverse population that includes an awareness of culture and culture sensitivity, families and gender roles and differences.

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# GoTriangle.org Trip Planner

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							6:55am	7:01am	7:25am
							<b>7:25</b> am	7:31am	7:55am
6:30am	6:44am	7:00am	7:07am	7:15am	7:31am	7:44am	7:55am	8:01am	8:25am
7:00am	7:14am	7:30am	7:37am	7:45am	8:01am	8:14am	8:25am	8:31am	8:55am
7:30am	7:44am	8:00am	8:07am	8:15am	8:31am	8:44am	8:55am	9:01am	9:25am
8:00am	8:14am	8:30am	8:37am	8:45am	9:01am	9:14am	9:25am	9:31am	9:55am
8:30am	8:44am	9:00am	9:07am	9:15am	9:31am	9:44am	9:55am	10:01am	10:25am
10:15am	10:29am	10:45am	10:52am	11:00am	11:16am	11:29am	11:40am	11 <b>:46</b> am	12:10pm
12:15pm	12:29pm	12:45pm	12:52pm	1:00pm	1:16pm	1:29pm	1:40pm	1:46pm	2:10pm
2:15pm	2:29pm	2:45pm	2:52pm	3:00pm	3:16pm	3:29pm	3:40pm	3:46pm	4:10pm
			3:22pm	3:30pm	3:46pm	3:59pm	4:10pm	4:16pm	4:40pm
3:20pm	3:34pm	3:50pm	3:57pm	4:05pm	4:21pm	4:34pm	4:45pm	4:51pm	5:15pm
3:50pm	4:04pm	4:20pm	4:27pm	4:35pm	4:51pm	5:04pm	5:15pm	5:21pm	5:45pm
4:20pm	4:34pm	4:50pm	4:57pm	5:05pm	5:21pm	5:34pm	5:45pm	5:51pm	6:15pm
4:50pm	5:04pm	5:20pm	5:27pm	5:35pm	5:51pm	6:04pm	6:15pm	6:21pm	6:45pm
5:20pm	5:34pm	5:50pm	5:57pm	6:05pm	6:21pm	6:34pm	6:45pm	6:51pm	
5:50pm	6:04pm	6:20pm	6:27pm	6:35pm	6:51pm	7:04pm	7:15pm	7:21pm	
6:20pm	6:34pm	6:50pm	6:57pm	7:05pm					

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# GoTriangle.org Trip Planner

# TTA 413

Triangle Transit Bus Transfer Center	Southpoint Mall at Movie Theater	South Rd at Student Stores	Manning Dr at UNC Hospitals	E Franklin St at Coffee Shop	New Hope Commons	Westgate Dr at Target	Rd at Duke	Morgan St at DATA Transit Terminal (eastbound)	Triangle Transit Bus Transfer Center
							6:25am	6:31am	6:55am
							6:55am	7:01am	7:25am
							7:25am	7:31am	7:55am
6:30am	6:44am	7:00am	7:07am	7:15am	7:31am	7:44am	7:55am	8:01am	8:25am
<b>7:00</b> am	7:14am	7:30am	7:37am	7:45am	8:01am	8:14am	8:25am	8:31am	8:55am
7:30am	7:44am	8:00am	8:07am	8:15am	8:31am	8:44am	8:55am	9:01am	9:25am
8:00am	8:14am	8:30am	8:37am	8:45am	9:01am	9:14am	9:25am	9:31am	9:55am
8:30am	8:44am	9:00am	9:07am	9:15am	9:31am	9:44am	9:55am	10:01am	10:25am
10:15am	10:29am	10:45am	10:52am	11:00am	11:16am	11:29am	11:40am	11:46am	12:10pm
12:15pm	12:29pm	12:45pm	12:52pm	1:00pm	1:16pm	1:29pm	1:40pm	1:46pm	2:10pm
2:15pm	2:29pm	2:45pm	2:52pm	3:00pm	3:16pm	3:29pm	3:40pm	3:46pm	4:10pm
			3:22pm	3:30pm	3:46pm	3:59pm	4:10pm	4:16pm	4:40pm
3:20pm	3:34pm	3:50pm	3:57pm	4:05pm	4:21pm	4:34pm	4:45pm	4:51pm	5:15pm
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4:20pm	4:34pm	4:50pm	4:57pm	5:05pm	5:21pm	5:34pm	5:45pm	5:51pm	6:15pm
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5:50pm	6:04pm	6:20pm	6:27pm	6:35pm	6:51pm	7:04pm	7:15pm	7:21pm	
6:20pm	6:34pm	6:50pm	6:57pm	7:05pm					

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