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TEEN PREGNANCY AND PARENTING: ATTITUDES AND BEHAVIORS OF TEENAGED LONG-TERM HISPANICS IN NORTHERN NEW MEXICO

Mary Ann Osuchowski-Sanchez

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Mary Ann Osuchowski-Sanchez
Candidate

Nursing
Department

This dissertation is approved, and it is acceptable in quality and form for publication:

Approved by the Dissertation Committee:

Beth Tracy _____, Chairperson

Maria Sol _____

[Signature] _____

Lauren Clark _____

**TEEN PREGNANCY AND PARENTING: ATTITUDES AND BEHAVIORS OF
TEENAGED LONG-TERM HISPANICS IN NORTHERN NEW MEXICO**

By

MARY ANN OSUCHOWSKI-SANCHEZ

BSN, Nursing, University of New Mexico, 1998
MSN, Nursing, University of New Mexico, 2001

DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy
Nursing

The University of New Mexico
Albuquerque, New Mexico

May, 2011

DEDICATION

This dissertation is dedicated to young women across the world whose daily interactions assist in creating and recreating their social environments. It is also dedicated to nurses who continually strive to improve the health of others while promoting their profession.

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ABSTRACT

Teen pregnancy in Hispanic youth is a poorly understood phenomenon, thought to have numerous and overlapping sociocultural influences. Although Hispanics have had the highest teen pregnancy rates in the United States since 1995 and pregnancy rates that have declined much more slowly when compared to every other ethnic group, there is limited literature about Hispanic youth whose families are long-term residents of the United States and the factors that influence the decision-making processes and sexual behaviors of this population. The purpose of this study was to explore and describe the attitudes and behaviors related to teen pregnancy and parenting in Hispanic female teens from long-term families in northern New Mexico (NNM) (those with at least three generations of familial residence and termed Long-Term Hispanics [LTH]), whose primary language was English, and who have experienced pregnancy and motherhood in

the 12 months prior to participation. A focused ethnographic design was used. The study was conducted in two counties of northern New Mexico known to have high rates of teen pregnancy and where the population is majority Hispanic with long-term residency in the areas. Data were collected using interviews with 10 adolescent LTH mothers (15-17 years old), 10 adults who work with adolescent mothers, and participant observation. Data were analyzed inductively through the process of Immersion and Crystallization, resulting in themes and sub-themes that captured the essence of the issue under study and which were contextualized with the spoken and observed experiences of those studied. Key findings of this study include themes that reveal the chaos and instability which characterized the homes of youth, low levels of communication related to reproductive issues in homes and schools, disappointment expressed by families and the community in response to teen pregnancy, and the role transitions/career choices teens experience when becoming mothers. The results of this study will aid in increasing the knowledge base related to long-term Hispanic youth and the many sociocultural factors affecting their sexual decisions and behaviors.

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Chapter 1: Introduction

Chapter 1 consists of six parts: (a) the prologue; (b) background and significance of the problem; (c) discussion of methods; (d) theoretical influence on the research; (e) the research questions; and, (f) a chapter summary.

Prologue

I was raised on a small ranch in northern New Mexico (NNM) that was situated only one mile from my grandparent's home and a mere two miles from the birthplace of my great-grandmother. The majority of my friends and neighbors had similar residential situations. Everyone I knew, except for my great-grandmother, spoke English as a primary language. We considered ourselves long-term Hispanics, the direct decedents of the first Spanish settlers in the United States. We had different cultural traditions, foods, and customs than our Hispanic counterparts in other areas of the country, such as the Mexicans, to the south. In our area of northern New Mexico, heritage is very important and the Hispanic residents take great pride in their cultural differences when compared to other Hispanic sub-groups, such as Mexicans, Cubans, or Puerto Ricans. For instance, although we celebrated our youth and their birthdays, we did not partake in Quinceañeras (a coming of age, 15-year birthday celebration, honored in Mexico) as this was viewed as a cultural tradition for Mexicans and not Hispanics.

Since my youth, I have continued to live in northern NM, where I have worked in nursing for the past 19 years. Over the past ten years, I have specialized in preventative and primary healthcare services through the provision of nurse practitioner services in Family Practice clinic and a school-based health clinic. During my time as a clinician, I have heard numerous young women around age 14 or 15 say that they would never

become a teen parent and would instead like to try college or a job after high school graduation. They present to healthcare visits on schedule and insist they are using safer sex practices, including engaging in mutually monogamous sexual relationships (although mostly serial and lasting only several months to a year) and usually using contraceptives. However, for some of these girls, their life goals change around the age of 16 years, when they seem to realize that their grades are not going to earn them academic scholarships, their impoverished families cannot afford college tuition, and local employment opportunities are very limited. Their aspirations change to finding a boyfriend, who is mostly monogamous and does not abuse them. They say instead of college or employment, “I am thinking of having a baby...if it happens, I guess it was meant to be”.

The life experiences, cultural influences, and patterns of social creation on the decisions these girls make, such as those to forgo higher education and employment in lieu of motherhood, intrigued me. Once I reviewed the empirical literature focusing on teen pregnancy, I was saddened but not surprised to learn that Hispanic teens experience the highest rates of teen pregnancy when compared to any other ethnic group in the U.S. and long-term Hispanics, such as those residing in NNM, who have genealogical lines extending beyond four generations, are often overlooked in the literature. It became clear to me that the environment where these teens live, along with the norms and values inherent in such, influence these teens and their futures as women; they guide the sexual decisions and behaviors the teens make and are woven and intertwined into all aspects of their lives. I became very curious about what influences existed and ultimately affected youths' sexual decisions and behaviors as it seemed this information was largely absent

in the literature. An investigation into the sexual attitudes and behaviors of long-term Hispanic youth became the basis for my research.

The beginnings of such research commenced with a qualitative pilot study that was undertaken in the spring of 2006, which investigated the reproductive beliefs and values among new immigrant (N = 5) and multigenerational (N = 5) adult Hispanic women of New Mexico (Osuchowski-Sanchez, Morales, & Mendelson, 2007). The findings of this pilot study suggest differences in influences between the Hispanic subgroups of those newly immigrated to the U.S. and women with longstanding genealogical lines in New Mexico. Also noted was an overall lack of communication and education that Hispanics receive related to reproductive issues, lifelong negative consequences of such lack of knowledge, and shifts in the culture that currently affect Hispanic youth. These findings have now led to the current dissertation to investigate long-term Hispanic youth who are affected by social influences that aid in the construction of their sexuality and reproductive health, and which in turn influence their communities, culture, and norms.

Background and Significance of the Problem

Teen pregnancy is a complex issue with far-reaching and burdensome consequences, affecting disproportionate numbers of Hispanic youth in the United States (Alan Guttmacher Institute [AGI], 2004) and in New Mexico (New Mexico Department of Health [NMDOH], 2004; Hamilton, Martin & Ventura, 2010; National Campaign to Prevent Teen and Unplanned Pregnancy [NCPTUP], 2010). Teen motherhood is often viewed negatively because of its strong associations with academic failure, poverty, welfare dependence, and domestic violence for the mother (NMDOH, 2005). Children

born to teen mothers are at risk for health problems such as low birth weight, neonatal death, congenital health problems, and neglect (New Mexico Campaign to Prevent Teen Pregnancy [NMCPTP], 2007; NMDOH, 2005). The United States has the highest rates of teen pregnancy in the entire industrialized world (42.2/1,000 girls aged 15-19 years) with around 800,000 teenagers becoming pregnant annually and with rates that are nearly two times higher than the United Kingdom (26.7/1,000), three times higher than Canada (13.3/1,000), and nearly ten times as high as Switzerland (4.3/1,000) (Martin, et al., 2010). This translates into more than 90 girls becoming pregnant each hour; 80 percent of these pregnancies are unplanned (AGI, 2006). Hispanics residing in the U.S. have had the highest teen birth rates since 1995 (NMDOH, 2007a) with more than 51 percent of Hispanic females becoming pregnant at least once before they reach the age of 20 years (Vexler & Sullentrop, 2006). Statistics for 2006 revealed New Mexico had the second highest teen birth rate in the nation (NCPTUP, 2009) and a teen birth rate that is 1.5 times higher than the national average (NCPTUP). In 2006, 4,688 pregnancies occurred to teen mothers in New Mexico, of which, 3,188 were to Hispanics (NMDOH, 2008). Although the nation enjoyed a steady decline in teen pregnancies between 1991 and 2005, birth rates for U.S. teens rose 3% in 2006 (AGI, 2010). Reductions in teen pregnancies, over the past decade, have been to a much lesser degree for Hispanics than for any other ethnicity (NMDOH). In fact, from 2003 to 2004, Hispanics experienced a slight increase in teen birth rates while all other ethnicities enjoyed continued declines (AGI). Such statistics are quite evident in areas like New Mexico where only 46% of the state's female population, aged 15-19 years, are of Hispanic ethnicity, yet Hispanics account for over 66% of all teen births in the state (NMDOH).

Hispanics are currently the largest ethnic minority in the U.S., with projected population growth patterns indicating that by 2025, close to one quarter of all adolescents, residing in the U.S. will be Hispanic (Vexler & Sullentrop, 2006; NCPTUP, 2010). It is anticipated that if the current teen pregnancy rates continue at their present trends, the absolute numbers of pregnancies and subsequent births to Hispanic teens will increase further (Kirby, 1999; NCPTUP).

The purpose of this study was to explore and describe the attitudes and behaviors related to teen pregnancy in parenting long-term Hispanic female teens who are of at least third generation familial residence in NNM, with a primary language of English, and who have experienced pregnancy and motherhood in the past 12 months. By soliciting pertinent information and recording it in the participant's own words, an understanding of the social influences on the reproductive health of these teens may be known. Hearing the stories of teens that became pregnant and have experienced motherhood is critical so that the nature of this phenomenon, contextualized by human experiences, may unfold.

Although a small literature base does exist regarding teen pregnancy in Hispanics of the U.S., the research is limited in that the samples are largely comprised of Hispanics of low acculturation status with residence in United States-Mexico border towns or sample descriptions use one broad ethnic label of "Hispanic" to lump all sub-groups (i.e. Mexicans, Puerto Ricans, Cubans, Hispanics, etc...), thus blurring the unique cultural characteristics of the groups (Adam, McGuire, Walsh, Basta, & Le Croy, 2005). Other research fails to focus on specific sociocultural issues impacting sexual health within the Hispanic sub-groups (Afaible-Munsuz, & Brindis, 2006). The scanty research, which is available, has many discordant findings. For instance, according to the available

literature, low acculturated Hispanic teens have higher risk for pregnancy as they are thought to be timid and ashamed in sexual relationships, thus making negotiation of contraceptives and a future beyond motherhood more problematic (Talascheck, Peragallo, Norr, & Dancy, 2004). Other studies suggest that for these teens, pregnancy may be desirable as it is viewed as a right of passage, a cultural norm, meaning in one's life, or even as a goal or career choice (Aaron & Jenkins, 2002; Denner, Kirby, Coyle, & Brindis, 2001; Driscoll, Biggs, Brindis, & Yankah, 2001; Foulkes, Donoso, Fredrick, Frost, & Singh, 2005). However, it also appears that low acculturated youth, who are believed to have more traditional cultural views, may actually have less sexual risk by being older at their sexual debut and limiting their number of sexual partners (Aneshensel, Becerra, Fielder, & Schuler, 1990) when compared to their highly acculturated Hispanic counterparts.

The social influences related to sexual decision-making and behaviors of Hispanic youth are largely unknown as they have been poorly investigated, especially amongst the sub-group of Hispanic teens whose familial descendents first established residence in the U.S. in the 1500s and have continued to live in the nation since. The dearth of literature by sub-groups and a failure to evaluate specific influences on sexual behaviors define the need for further in-depth research into the reproductive health of this population.

A recent pilot study (Osuchowski-Sanchez, et al., 2007), focusing on the reproductive attitudes of Hispanic women in New Mexico, illuminates some of the distinct cultural differences between Hispanic subgroups of high and low acculturation status as well as findings that point to contradictions in the empirical literature regarding the reproductive beliefs and practices of Hispanics. Osuchowski-Sanchez, et al. describes

familial patterns, norms, and practices that differ from the literature and identify large gaps in knowledge for Hispanics and their reproductive health. For instance, instead of celebrating pregnancy and viewing motherhood as means of attaining status and respect in minority populations, as some literature purports (Driscoll et al., 2001; Foulkes, et al., 2005), participants of this study identified limited reproductive health knowledge and choices/control over their own bodies as reasons for childbearing. The low acculturated participants reported strict cultural expectations situating motherhood as the fulfillment of women's' purpose, which was ensured through strict adherence to gender roles that included limitation on the personal choices a women held over her body and reproduction. Here, motherhood was not only a duty of women who are wives, but also an expression of the man's virility and worth. Alternatively, the highly acculturated long-term Hispanic participants reported negative social views of a woman who is pregnant and unwed with marriage seen as a method of socially and religiously correcting the social disgrace and "sin" of premarital sex/conception. Both groups of participants (high and low acculturated) described premarital sex and pregnancy negatively and believed that it brought shame onto the girl and her family. While the literature paints a picture of strong familial/community support of pregnancy and childbearing as a means of attaining status and respect from the Hispanic community (Driscoll et al., 2001; Foulkes, et al., 2005), the reality for Osuchowski-Sanchez, et al. participants was that pregnant girls are often quite unsupported, treated with disapproval from family and community members, and in some cases abused and/or physically ostracized from her family and their home. One possible explanation is that highly acculturated Hispanics have values and beliefs that differ from those of low acculturation status.

The unique sociocultural forces found in Hispanic sub-groups are important when considering interventions to reduce teen pregnancy. However, the current lack of in-depth knowledge regarding social influences serves to only widen the reproductive health disparities in Hispanics. Much of the existing scientific writings pertain to low acculturated Hispanics, youth of non-Hispanic ethnicity, or do not reach the depth necessary to fully understand the multitude of influences on youth and their sexual decisions and behaviors. The current research study qualitatively explored gaps in this knowledge base specific to attitudes and behaviors related to teen pregnancy and parenting in long-term Hispanics of northern New Mexico.

Discussion of Methods

I used a qualitative research approach for the current study, as this method of inquiry serves to acquire detailed information about a small number of people in order to provide in-depth information and understandings on the particular issue of interest (Patton, 2002), in this case, the sexual behaviors and attitudes of long-term Hispanic adolescent females of northern New Mexico. I used ethnographic research methods in the current study as they are particularly well suited for this type of inquiry because ethnography seeks to understand the socially created and complex interwoven behaviors and meanings of a group (Agar, 1980; Wolcott, 1999) that may remain largely unknown or hidden until investigated. Focused ethnography allows in-depth investigation into one of the many aspects which comprise the complex cultural make-up of a group. By focusing on one area, a few research questions may be studied in-depth instead of providing a broad overview of the entire culture (Patton). By using a sample of Long-term Hispanic teens with at least third generation familial residence in NNM, a group that

has alarmingly high pregnancy rates and for which little is known, I obtained an understanding of the salient factors focusing on and influencing reproductive health which may stimulate scholarly discussion on methods to decrease the health disparities of this population.

Theoretical Influence

Qualitative research is frequently not theoretically driven and may instead use theory as a perspective to view the phenomenon and people of interest (Creswell, 2003). In the current study, I used theory as the lens to view Long-term Hispanic teens of northern New Mexico and the phenomena of sexual attitudes and behaviors in all of its intricacies.

Theoretical influence on the development of the research questions and interview guides are based in Symbolic Interactionism (SI), a model that describes humans as active members in their social environments where all meanings and behaviors are tied to value systems that are socially created and constantly in flux. In this theoretical model, the larger social group guides meanings and actions of its members (Crooks, 2001), but the individual, as a component of society, uses self-reflexive processes to internalize cultural values and guide subsequent behaviors (Rehm & Rorh, 2002). The focus of SI is obtaining an understanding of the every day life experiences of individuals in their social environment (Benzies & Allen, 2001) and from their personal point of view (Rehm & Rorh). The interest is capturing knowledge regarding a particular phenomenon from those who have lived it in a specific cultural setting.

This perspective is ideal for studying the phenomenon of teen pregnancy, with its numerous and overlapping sociocultural influences, in Long-term Hispanic parenting

youth of northern New Mexico, as this population may have unique sociocultural influences that have yet to be studied and captured in the literature. Identification of the influences and attitudes on sexual health of this sample, obtainable with this line of qualitative questioning, sheds light on the realities of being a Long-term Hispanic teen in northern New Mexico. An awareness and sensitivity to the influences on these teens may aid in the development of improved practice by healthcare professionals and community-based support (i.e. increased opportunities for advanced education/training/employment) for such youth and their futures while maintaining sensitivity to and respect for the culture, which is theirs.

Research Questions

The purpose of this study was to identify the attitudes and behaviors related to teen pregnancy and parenting in Long-term Hispanic female teens of northern New Mexico by asking the following research questions:

1. What are the attitudes and behaviors of parenting Long-term Hispanic teen females regarding sex, contraception, adolescent pregnancy, and parenthood?
2. What cultural and social influences guide the behavior and belief systems of Long-term Hispanic teen females, in regards to sex, contraceptive use, adolescent pregnancy, and adolescent parenting?
3. What are the attitudes of Hispanic adults regarding teen sexuality and reproduction?

Operational Definitions

Adolescent Pregnancy- Uterine conception or impregnation in youth between childhood and adulthood (ages 15-17 years).

Attitude- Manner or way of thinking, acting, or feeling, created from past experiences and the belief and value influences of important people in one's life.

Behaviors- The way in which someone acts, reacts, performs, and conducts; usually based upon the meaning that the action has to someone.

Contraception- Prevention of uterine conception or impregnation, usually by the use of barrier or hormonal preparations.

Cultural Influences- That which has power or effect on others, inclusive of, but not limited to customs, traditions, prevailing patterns of believing and behaving (Wolcott, 1999) often within one's ethnic or direct cultural setting (i.e. Great-grandmother's belief that rain water collected in a metal container used to wash newborn's hair makes it grow long and thick, thus leading to custom of all new mothers in family, and close locale, collecting and washing newborn's hair with rain water).

Highly Acculturated- A state of cultural change encountered in the modification of beliefs, values, behaviors, and traits of a group or individual by the process of acquiring differing cultural elements through contact with others over time (Cabassa, 2003).

Hispanic- Member of any of the people who are of Latin or Spanish ethnicity (Spanish, South American, Central American, Mexican, etc...).

Parenthood- The actions or service a mother or father provides for another being, usually their child.

Practices- Observable and/or reported patterns of human behavior that are often influenced by cultural and social factors, such as the value placed on them and prevalent beliefs regarding them.

Reproduction- Related to sex and generating offspring.

Sex- Intercourse involving penetration of the vagina by the penis and which may result in pregnancy.

Sexuality- Of, relating to, or involving sex, the sexes, sex organs, and sexual preference; often developed, modified and interpreted through the interactions with one's social surroundings and influences.

Social Influences- The effect or power that human beings (those within and outside of one's culture or ethnic circle) have on one another often in a relationship, a community, or broader social setting.

Chapter Summary

Chapter 1 serves as an introduction to this qualitative study into the influences on teen pregnancy and parenting in Long-term Hispanic youth of northern NM. The problem is particularly meaningful for in-depth investigation as Hispanic youth experience the highest rates of teen pregnancy than any other U.S. ethnicity and the rising population patterns of Hispanics will likely be associated with increases in absolute numbers of pregnancies to Hispanic teens. Very little is known about the unique sexual beliefs and behaviors of Hispanic youth with longstanding familial residence in northern New Mexico. Focused ethnography into the attitudes and behaviors of teenaged Long-term Hispanics helps to uncover critical and salient influences on the reproductive decision-making and sexual behaviors of this sub-population. Symbolic Interactionism, the theoretical influence of this study, along with ethnography as a qualitative focus, were described as driving the research questions. The research purpose and questions were stated and focus the exploration of influences on the sexual decision-making and sexual behaviors of Long-term Hispanic teens. Operational definitions were presented.

Chapter 2: Review of the Literature and Theoretical Influence

Chapter 2 consists of two parts: (a) a review of the literature related to reproductive health status of Hispanic teens in the United States; and, (b) a presentation of Symbolic Interactionism, the model which serves as the theoretical influence for this research.

Review of the Literature

Teen pregnancy is a complex issue with multiple and overlapping influences that have strong links to negative life and health outcomes for the teen mothers and their children. In the following literature review, I present much of the current and available research on Hispanic youth and factors important to their reproductive health. Health and social issues related to teen pregnancy are presented for context. National and statewide epidemiological data set the stage for the discussion of multiple factors thought to affect sexual risk activity of youth, including family composition and familial communication patterns, individual attitudes and fertility intentions, and ethnicity and socioeconomic status. I describe the diversity of the Hispanic culture and the history of Hispanics of northern New Mexico in detail and as the population most at need for in-depth inquiry into their reproductive health. Acculturation and its role in the reproductive health of Hispanics are also discussed. Qualitative research is supported as the method most needed at this stage of scientific inquiry.

Health and Social Issues

The literature overwhelmingly reveals that teen pregnancy and parenting have strong associations with poor academic achievement and distressed and dysfunctional families where domestic violence, poverty and single-parent homes are prevalent (McBride & Gienapp, 2000; Kirby, 2001; AGI, 2010) and supports the negative views of

adolescent conception. Poverty for both the teen parent and his/her child is common, lower cognitive development and behavioral problems plague the children, and many children born to teens are likely to become teen parents themselves (McBride & Gienapp; Kirby; NMTPPC). Health issues for infants born to teen mothers include being born prematurely and/or at low birth-weight, thus placing them at risk for sudden infant death, respiratory distress, and other chronic health conditions (NCPTP, 2007).

The economic and social price of teen pregnancy is also enormous with costs to U.S. taxpayers exceeding \$9.1 billion annually on items associated with health care, lost tax revenues, welfare, and juvenile legal costs (foster care, child protective services, and juvenile criminal justice) (NCPTP, 2006). In New Mexico, teen childbearing cost taxpayers a projected \$86 million in 2004 alone (NCPTP). The majority of these costs were associated with the negative consequences of teen childbearing such as those related to poverty levels, domestic violence, and higher health costs in a population without health coverage; \$26 million in public health care, \$9 million for welfare, \$10 million for incarceration, and \$31 million in lost tax revenues from decreased earnings and spending.

Nationwide, less than half of teen mothers who give birth before the age of 18 years will ever graduate from high school and less than two percent of these young mothers will attain a college degree before the age of 30 years (NCPTP, 2006). Girls who drop out of high school cite parenthood as the leading reason for leaving school (NCPTP). Since 1987, college graduates in the U.S. have enjoyed a 19% increase in their median income while the median income for high school dropouts decreased 28% (NCPTP). These figures are alarming when considering that New Mexico ranks third in the nation for residents living in poverty with per capita personal incomes of only

\$29,929, a figure that is 18% lower than the national average (NMDOH, 2008). Over 25% of the state's children reside below the poverty line. Promoting the prevention of teen pregnancy appears to be a worthwhile endeavor when considering the associated social, health, and economic issues.

Teen Pregnancy Statistics and Trends

In the following section, I will present epidemiological data for both the U.S. and New Mexico that depict current and past high levels of sexual activity and low levels of contraceptive use in the adolescent population. Special focus will be given to Hispanic youth, as the data will reveal this population as most at risk for sexual activity with low to no contraceptive use, when compared to all other ethnic groups of the state and nation.

Statistics and Trends. Each year, an estimated 800,000 U.S. teens, or 10% of the total female population aged 15-19 years of age, become pregnant (AGI, 2006). Of these pregnancies, approximately 80% are unintended and 50% end in abortion (Darroch & Singh, 1999). Teen pregnancy is a very serious social problem, especially for the U.S., which has the highest rates in the entire industrialized world (AGI, 2004; Kirby, 2001) (42.2/1000) and rates that are nearly two times higher than the United Kingdom (26.7/1,000), three times higher than Canada (13.3/1,000), and nearly ten times as high as Switzerland (4.3/1,000) (Martin, et al., 2010).

Teen birth rates declined steadily in the U.S. between 1991 and 2005, rates then rose 5% between 2005-2007 and again fell slightly (2%) between 2007-2008 (AGI, 2004; CDC, 2007; Hamilton, Martin & Ventura, 2010). True to this trend, the U.S. teen fertility rate decreased 1% in 2004, 2% in 2005, it then rose 3% in 2006 (USDHHS/CDC, 2006; CDC, 2007), and again dropped 2% by 2008 (Hamilton, Martin & Ventura). Since 1991,

the teen birth rates for non-Hispanic blacks fell 47% (from 118.2 to 63.1 per 1,000) and the rates for non-Hispanic whites dropped 38% (USDHHS/CDC). However, birth rates for Hispanic teens have decreased much more slowly and with trends that are more erratic than for any other ethnic group (Vexler & Sullentrop, 2006). Between 1991 and 2001, Hispanics experienced an increase in pregnancy rates followed by a slight downward trend, bringing the absolute decade loss to only 21% (AGI, 2006; CDC, 2004; Hoyert, Mathews, Menacker, Strobino, & Guyer, 2006). From 2003 to 2004, Hispanics experienced a slight increase in teen birth rates while all others ethnicities enjoyed continued declines (AGI, 2006). All ethnicities experienced declines in teen birth rates between 2007-2008 with large declines experienced by Hispanic youth (5% decline in birth rates for Hispanics, compared to 2% for non-Hispanic Whites, and 1% for Native American teens) (Hamilton, Martin & Ventura). Despite these declines, disparities in health statistics persisted during the 2008 year, with Hispanic youth continuing to hold the highest teen birth rates in the nation, with 77/1,000 births, compared to only 27/1,000 births for non-Hispanic whites and 63/1,000 for non-Hispanic blacks (Hamilton, Martin & Ventura). Hispanics are between two and four times as likely as non-Hispanics to give birth before they reach their 20th birthday (Annie Casey Foundation [ACF], 2006)

New Mexico, a predominantly non-Hispanic state (55.2% of state residents are non-Hispanic and 44.8% are of Hispanic ethnicity) (U.S. Census Bureau, 2010) had the highest teen birth rate in the nation in 2005 (64.1/1,000) (NCPTUP, 2009) and experienced teen birth rates that are over 60% higher than the national rate (41.9/1,000) (NCPTUP). Over 70% of New Mexico teen births are unintended, and only half of all teen mothers reported using some form of contraceptive at their time of conception

(NMDOH, 2005). According to statewide statistics, between 1990 and 2006, the state's rates of teen birth decreased 21%, from 77.7 to 61.7 per 1,000, with Hispanic teens having the highest pregnancy rates when compared to all other New Mexico ethnicities (NMDOH, 2007a). In 2000, the state's Hispanic teens had 89.3 per 1,000 births, a rate that dropped only 1.7% in the subsequent four years, to 87.6 per 1,000 in 2005 (NMDOH, 2006a) and rose 2.3% to 87.8 between 2005 and 2006 (NMDOH, 2008). Non-Hispanic whites had birth rates that decreased 9% between 2000-2005 (from 38.9 to 29.8 per 1,000) while non-Hispanic blacks experienced a 16% drop in their rates (53.9 to 37.8 per 1,000) during this time (NMDOH, 2007a). In 2006, Hispanic teens had the highest birth rate in the state with 87.8/1,000 births, followed by Native Americans at 58.9/1,000 and non-Hispanic blacks with 44.3/1,000 (NMDOH, 2008). These rates translate into 3,188 births occurring to Hispanics, out of a total 4,688 statewide teen births in 2006 (NMDOH, 2008). Pregnancy rates for 2005 were much higher than birth rates, placing New Mexico first in the nation for teen pregnancies among youth aged 15-19 years (93/1,000 New Mexico vs. 70/1,000 for the nation) (AGI, 2010).

The Youth Risk and Resiliency Survey (YRRS) data, comprised of surveys from high school-aged students in public and private learning institutions of the U.S. (N = 16,460), reveals relatively static trends of teens engaging in sexual intercourse (CDC, 2010). In 2007, approximately 46% of all high school respondents reported ever having sex, compared to 47% in 2005, 48% in 2003 and 49% in 1999 (Biddlecom, 2004; Kann et al., 2000; CDC). While the rate of sexually experienced U.S. teens has not dropped significantly, their use of condoms did increase slightly from 58% of respondents reporting use of a condom with their last intercourse in 1999 to 63% reporting such use in

2005 and 61% in 2007 (CDC; Kann et al.; NMDOH, 2006b). Nationwide, condom use was lowest amongst Hispanic female youth with only 48% reporting condom use in 2007 compared to 52% of blacks and 56% whites (CDC).

New Mexico YRRS figures related to sexual content are available beginning in 2001, when these questions were added to the survey, but do not reveal any statistical difference for teens that had ever experienced sexual intercourse (42% had ever experienced sexual intercourse in 2001, 48% in 2003, 47% in 2005, and 46% in 2007) (NMDOH, 2006b; NMDOH, 2007b). Not only are New Mexico youth continuing to initiate sexual intercourse at static levels, but the age of sexual debut and current sexual activity have also remained statistically unchanged over the past four years, indicating that youth abstinence from sex is not a valid explanation for declining teen pregnancy rates. Over 7.7% of New Mexico teens reported experiencing their first intercourse by age 12 years or before, compared with only 5.9% of U.S. youth in 2007 (CDC, 2010; NMDOH, 2007b). When first measured in the 2001 New Mexico YRRS, the data revealed that 4.5% of youth had a sexual debut by age 12 years, a figure that then doubled in 2003, with 9.6% of youth reporting the same (NMDOH, 2006b). Confidence intervals for data related to this survey question have overlapped since 2001 (NMDOH, 2007b). Youth who are currently sexually active (intercourse in the past 3 months) has also not changed statistically since 2003, when it was first measured in the YRRS. In 2005, 32.8% of youth reported being sexually active, 32.6% of youth reported the same in 2003 and 31.5% in 2007 (NMDOH, 2007b).

Although the nation has noted increasing condom use by youth, this protection is not a sufficient explanation for decreasing teen pregnancy rates in New Mexico, as the

percentage of youth who used condoms with last intercourse remained relatively static before dropping (NMDOH, 2006b; NMDOH, 2007b). Condom use was first measured in the state's YRRS in 2001 when 61.2% of youth reported use of a condom with their last intercourse, a figure that fell to 60.5% in 2003, 59% in 2005, and 45% in 2007 (NMDOH, 2006b; NMDOH, 2007b).

Ethnic disparities continued in the statewide YRRS, with Hispanic teens being more likely to have ever experienced sexual intercourse than their non-Hispanic white counterparts (45% vs. 37% respectively), more likely to report having had sexual intercourse with four or more persons in their lifetime (14% and 11% respectively), and more likely to be currently sexually active than non-Hispanic whites (35% vs. 25%) (NMDOH, 2007b). Almost 45% of New Mexico youth reported no condom use with last intercourse in the 2007 YRRS compared to only 39% of U.S. youth reporting the same (NMDOH). This figure places New Mexico as the third highest state in the nation for youth who do not use condoms (CDC, 2010). Sexually active female teens in New Mexico reported less condom use than males, in 2007, with 51% of females reporting having sex without a condom and 37% of males stating the same (NMDOH). Less than one quarter of all sexually active teens in the U.S. and New Mexico reported use of oral contraceptives (20% and 19% reported oral contraceptive use, respectively) (CDC; NMDOH). Interestingly, the 2007 New Mexico YRRS data did reveal some associations between family boundaries/expectations and youths' current sexual activity. Students who reported positively to having family expectations of having them "follow the rules", had parents who knew where they were and who held standards for behaviors, were less likely to be currently sexually active (27% vs. 43%) (NMDOH).

In summary, the nation has generally enjoyed declines in teen pregnancy rates for 16 years, since the early 1990's (ACF, 2006; AGI, 2004; Hamilton, Martin & Ventura, 2010) which some attribute to increasing condom use and delaying initiation of sexual intercourse by the teens (Darroch & Singh, 1999). However, it is clear that sexual risk activity of youth has been essentially unchanged over the past decade and teen pregnancies continue at high levels in New Mexico, when compared to other states in the nation and other nations of the industrialized world. In New Mexico, youth are engaging in sexual activity at rates that have remained relatively static over the past five years and condom use that has decreased slightly. The sexual risk behavior of New Mexico's Hispanic youth also appears to be more pronounced than other ethnicities for reasons that are unknown. This population is more likely to have ever experienced sexual intercourse, more likely to report having had sexual intercourse with four or more persons in their lifetime, more likely to be currently sexually active, and less likely to use condoms than their non-Hispanic counterparts (NMDOH, 2007b). Although family boundaries and expectations did appear to hold some influence in risk protection over sexual activity of youth, familial influences did not affect condom use of the youth (NMDOH).

Despite the overall low contraceptive-use patterns, a failure of youth to abstain from sex, and the alarmingly high rates of teen pregnancy for this state, no scientific literature focusing on teen pregnancy for New Mexico was found. It therefore, seems that a more plausible statement regarding downward trends in teen pregnancy is that reasons for the declines are not readily apparent in the literature and causes for Hispanic youth having higher risk related to sexual behaviors than youth of other ethnicities is to date, uninvestigated (Santelli, et al, 2003). It is important to note that one's family does

appear to hold influence on the sexual activity of youth, a point worth investigating more closely. It is also clear that unique behavioral patterns placing Hispanic youth at higher risk of teen pregnancy are evident in the epidemiological data and support the need for scientific inquiry into this health issue with the specific populations of Hispanic teens in NNM.

Labeling/Acculturation and Hispanics of New Mexico

There are great variations in Hispanics of the U.S. (Portillo, Villarruel, Siantz, Peragallo, Calvillo, & Eribes, 2001). The heterogeneity of salient characteristics include native-born versus immigrant persons with divergent and complex cultural variations including unique language, customs, beliefs, and behaviors (Portillo et al.). A general lack of literature with validated instruments and analysis by sub-group of Hispanics with diverging demographic, historical, and cultural status is problematic in understanding specific influences on sexual decision-making in this population (Driscoll, et al.; Flores et al., 2002; Portillo et al.). In this section, I will present a discussion on acculturation and its relevance to Hispanics of New Mexico. An in-depth description of northern New Mexico Hispanics, whose ancestors established the Americas and who continue to hold residence on the same land where they first settled, will follow.

Labeling/Acculturation. Differences in the sub-groups that comprise the Hispanic population were discussed in the previous section and point to the importance of treating each sub-group as unique people with differing beliefs, values, behaviors, and norms. However, the issue of race and ethnicity is further complicated by the assignment of label (i.e. Hispanic vs. Latino) and when attributing cultural differences to processes, such as acculturation, where all ethnicities are considered to be in various stages of assimilating

or changing to be more like the greater U.S. population. The erroneous nature of these topics will be discussed in relation to the Hispanics of northern New Mexico whose families hold genealogical lines of over three generations.

Ethnic Labeling. The term “ethnic” is defined by the Encarta online dictionary as “relating to a person or to a large group of people who share a national, racial, linguistic, or religious heritage, whether or not they reside in their countries of origin” (October 1, 2010). This definition serves to lump all persons of one ethnic label into a single group while failing to acknowledge the specific differences in persons of varying sub-group membership. In his discussion on ethnicity, Yankauer (1987) reports that ethnic labeling of individuals, is prejudistic and discriminatory as in the case of Hispanics, where they are all compartmentalized, without even knowing their country of origin. Recently, Hispanics have been categorized along with blacks as “people of color”, a label that seems to compare these persons as “minorities that tend to be poor and poorly educated...[and have] skin color, language, accent, dress or behavior make[s] them stand out as palpably different from the majority” (p. 2). However, the truth of ethnicity is that Hispanic people are quite heterogeneous in “genetic background, culture, tradition, lifestyle, and health behavior” (Yankauer, 1987, p. 16) they vary by ancestry, country of origin and current social class. Yankauer argues for the avoidance of “umbrella terms” (p. 16) in describing persons, and instead advocates for the use of items such as birthplace, language use, and country of origin/recency of migration, as such information will remove the vagueness associated with ethnic labeling and offer the persons being described some dignity. For this reason, the participants in the proposed study will be described as Long-term Hispanics.

Acculturation. Acculturation, generally defined as the manner in which individuals adapt to a new cultural environment (Cabassa, 2003; Kaplan, Erickson, Stewart, & Crane, 2001), is a much-debated topic in Hispanic health literature. Acculturation is often measured along a continuum through proxies of language dominance, time of residence in the U.S., place of birth, and ethnicity of friends and family. Although it is true that levels of acculturation, as measured by proxy, have been associated with differences in sexual behaviors of youth with low acculturated youth exhibiting older ages at sexual debut, higher birth rates, and less contraceptive use, than their highly acculturated counterparts (Aneshensel, et al., 1990; Ford, & Norris, 1993; Kaplan, Erickson, & Juarez-Reyes, 2002; Reynoso, Felice, & Shragg, 1993), such indicators are indirect and incomplete measures of the complex processes of acculturation and may serve to compartmentalize persons and their health issues (Hunt, Schneider, & Comer, 2004). Cultural differences have been noted, unrelated to acculturation of the respondent and unaccounted for in current models on ethnicity. For example, foreign-born Mexican youth have higher fertility rates than do Cubans and Puerto Ricans, as measured by birth rates, (Aneshensel, et al.; Guilamo-Ramos, Jaccard, Pena, & Goldberg, 2005; Kaplan, et al) for reasons that are unknown. As the scientific knowledge base related to ethnic influences on teen pregnancy is still in its infancy, the cultural factors affecting the disparities in reproductive health within the large Hispanic ethnic group remain unknown.

Cabassa (2003) calls for basic measures of cultural change such as attitudes, beliefs, and behaviors of a group, that are contextualized to provide a fuller understanding of the processes and influences upon adaptation. In such a manner,

moderators and mediators that either support or inhibit change may also be identified.

An understanding of how these cultural components, and their dynamic processes, affect health and disease may then ensue. This knowledge is critical during a time when Hispanic youth are living and growing in a multicultural society where baseline non-Hispanic and Hispanic referents are non-existent.

An additional concern related to acculturation is associated with the concept of constant change within the environment. To view acculturation as an adaptation to mainstream society, along a continuum, is at the most basic level erroneous, especially when it is largely unknown what constitutes mainstream values and culture (Hunt, et al., 2004). The fluidity of change and integration inherent in all cultures translates to the mainstream as one in which constant adaptations are being made by the individuals it is comprised of, including Hispanics (Hunt, et al.). By proposing that Hispanics are in a state of acculturation leaves out basic history lessons describing the group of Hispanics who helped to establish the Americas, hundreds of years ago, and have since resided in the U.S. It seems that these people, above many others, have been largely influential on mainstream society of the U.S. To label individuals with multiple generational familial residence “highly acculturated” is not only erroneous, but omits the importance of their presence and influence on the U.S. since its very beginnings.

In their review of the literature, Driscoll, et al. (2001) report a great lack of understanding how acculturation affects teens’ values and actions as the paucity in literature on Hispanic teens, of varying generational levels and from differing backgrounds, does not allow for referents to be known. One manner in which to improve the understanding of cultural differences and aid in further defining the complexities of

acculturation is through qualitative inquiries into specific Hispanic sub-groups and their attitudes, customs, and behaviors. Capturing the processes of how people change and adapt as their culture shifts, is critical in developing better and more precise measures for broad scientific work and in developing a true understanding of what it means to be a Hispanic in the U.S. By asking focused research questions and studying the sub-processes of how fertility desires, attitudes, and sexual behaviors change amongst the Hispanic sub-groups and in context to the environment, the scientific community may capture insight of cultural shifts and adaptations to change for the diverse Hispanic population of the U.S. (Afafe-Munsuz, & Brindis, 2006).

Hispanics of New Mexico. Hispanics of northern New Mexico are of predominantly Spanish ancestry and prefer to be called Spanish or Hispanic (Espinoza, 1985). They are the direct descendents of the first settlers to northern New Mexico, from the viceroyalty of Spain, and hold genealogical lines to this area extending back hundreds of years (Espinoza). The initial settlements of the Americas in the early 1500's were comprised of Spanish settlers sent from the queen of Spain to what is now northern New Mexico. The role of these Spaniards was to defend Spain's claim to the outposts, prevent encroachment by other colonists, and convert the native Indians to Christianity (Espinoza). The settler's area of northern New Mexico, a barren stretch of wilderness and open plains, extended over a thousand miles separating them from others.

The first official capital of the settlements was established in 1598 when a group of Spanish soldiers, their families, and Franciscan missionaries settled in San Juan, an area between current day Santa Fe and Las Vegas (San Miguel County) (Espinoza, 1985). It was later moved, in 1610, to Santa Fe, where it is located today. By 1680, the Spanish

population exceeded 2,800, approximately 90% of which were born in New Mexico (Espinoza). Several bloody revolts by the Indians and a retreat then re-conquering of the land by the Spaniards followed, ensuring that the settlers were indeed established to stay and with a population that was growing quickly (Espinoza). The Spanish of northern New Mexico held population figures around fifteen hundred in 1700, but exceeded seven thousand by 1760 (Espinoza). The eighteenth century was a time of great colonizing for the Spaniards with migration to Colorado, California, Arizona, and Texas. For the Spanish of northern New Mexico, however, the barren and hostile lands ensured that this group remained isolated from the rest of the colonies and increased their population through local natural growth and not through migration, with figures of around 20,000 by the end of the century (Espinoza).

The Hispanic colonies of northern New Mexico supported their growth through ranching and farming. Periodic trade caravans provided an outlet for the northern New Mexicans to barter their sheep, mules, horses, weavings, embroideries, jewelry, religious paintings, and wooden statuary (Espinoza, 1985). Such visits also provided an opportunity to share communications with the outside world. Throughout the incoming surge of Anglo-Americans in the nineteenth century, ongoing land disputes with the Indians and other settlers, and larger battles, such as the civil war, the Spanish continued to hold fast to their settlements, which only continued to grow (Espinoza). The Hispanics of this area, who are predominantly English-speaking and consider themselves to be culturally distinct from their Hispanic counterparts, such as Mexicans, Cubans, and Puerto Ricans (McWilliams, 1990), have pride in knowing that they are the direct

descendents of Spanish conquerors to the Americas, with their own unique culture, folklore, and ancestry (Espinoza).

Following an extensive search of the scientific databases, Pubmed, MEDLINE, PsychINFO, Academic Search Premier, Sociological Abstracts, Cochrane, and CINAHL, no research was located on teen pregnancy using Hispanic samples, similar to the population of northern New Mexico. Without truly knowing what factors exist or how they influence the sexual decision-making and fertility-related behaviors of Hispanic youth of specific sub-cultures, the reality of this issue is unknown and interventions aimed at affecting it may be ineffective.

In summary, it is clear that the Hispanics of northern New Mexico are quite unique in regards to their ancestry, language, and cultural traditions. Their families have held residence on the same land for hundreds of years and have experienced a blending of cultures over time to create what currently is their own set of traditions and customs. This investigation of Long-term Hispanic teens of northern New Mexico will expand the scanty scientific literature base specific to Hispanic subgroups to include details on the fertility-related influences of the study participants and in turn, may stimulate other nurse scientists to react similarly with research focusing on the multiple sub-groups that comprise the broad Hispanic population.

Factors Related to Sexual Activity in Adolescence

The literature reveals a wide variety of proposed factors related to teen pregnancy that range from family-related characteristics, like family composition and communication patterns, to individual risk, such as attitude and levels of health knowledge. Intentionality of pregnancy and ethnic and socioeconomic factors are also

important and will be discussed. In the following section, I will present the available literature on these factors with a focus on Hispanic youth and the gaps in knowledge related to this population.

Family. Familial factors thought to influence adolescents' sexual behaviors include parental education levels, marital/co-habitation status of parents, and familial communication patterns, especially those related to fertility, contraception, and sexual activity of the youth. Although these factors have been studied in adolescent populations, the data reveal no meaningful differences when comparing youth of Hispanic and non-Hispanic ethnicity. However, largely lacking from this literature base are studies using samples of Hispanic youth with similarities to the youth of NNM and those sampled in the current study, therefore caution in interpretation is noted.

Parental Education. In their quantitative analysis of 1,510 teen Hispanic and black respondents (unknown acculturation status), East and Kiernan (2001) found support for a relationship between increasing mother's educational attainment and the youth's increase in permissive sexual attitudes and more imminent engagement in sexual behavior and childbearing (mean coefficient = 0.21, $p < 0.05$). However, Santelli, Lowry, Brenner, and Robin (2000) dispute this finding with their inspection of YRRS data (N = 3,311, 25% Hispanic of unknown acculturation status). Here, a log regression revealed greater parental education being independently associated with never having sexual intercourse by the youth respondents (OR = 2.5 for females and 2.6 for male respondents, $p < 0.001$). Such disparate findings are common in the literature specific to teen pregnancy and its antecedents.

Family Composition. Barnett and Papini (1991), Miller (2002), and Velez-Pastrana, Gonzalez-Rodriguez, and Borges-Hernandez (2005) all support the idea that youth raised in single parent homes are considered to be at higher risk for a variety of unhealthy behaviors, including early sexual behavior and teen pregnancy. However, Hovell, et al. (1994) found that multiple correlates were influential on teen pregnancy in their sample of non-Hispanic white and Hispanic youth (N = 160 non-Hispanic white, N = 224 Hispanic [93% Mexican ethnicity of low acculturation]). Here, residence in a single-parent home was unrelated to adolescent sexual behavior (B = -0.50, p = 0.89), leaving the truly significant factors of teen reproduction unknown. Only Velez-Pastrana, et al. used a Hispanic sample, comprised of 425 Puerto Rican adolescents. Of this sample, 50% of the respondents who were sexually abstinent resided with both parents, compared to 32% of sexually active youth. However, the researchers suggest that the simple composition of household members does not explain the differences in sexual activity of youth and instead elude to other familial correlates including the quality or connectedness of family members and their communication patterns related to sex and contraception; an alarming 26% of the sexually active respondents never discussed problems with their parents, compared to only 9% of those who were abstinent. The influence of parental connectivity as risk protective on youth sexual activity is supported by Barnett and Papini findings that openness of parent-adolescent communication and perceived family strengths were significant in predicting the pregnancy status of youth (R = -0.11 and 0.09, p < 0.001, respectively).

Familial Communication. Poor parental communication patterns have been touted as a risk factor for teen pregnancy. The National Campaign to Prevent Teen

Pregnancy (NCPTP) (2004) recently published a brief indicating that research supports the importance of close and influential communication of values and expectations, between parents and their children regarding sexual matters. By using such communication and supervising children's activities, the NCPTP suggests children will be more likely to avoid early sexual debut, pregnancy, and parenthood. However, such outcomes were not supported by Rodriguez and Moore (1995), who investigated 341 pregnant/parenting white and Hispanic teens (unknown acculturation status), aged 11-19 years. Fifty-eight percent of these respondents lived in a single parent home and 70% reported an "excellent" or "good" relationship with their mother. Forty-eight percent reported receiving communications from their parents about sexual matters. However, 89% still reported not using contraception, and 31% became pregnant intentionally. Such misconceptions regarding parental communication are supported by Kirby's (1999) two-decade review of research on teen sexual behaviors and pregnancy; "...simply increasing parent-child communication about sexuality probably does not have the marked behavioral impact that we once believed it had" (p. 92)

Much literature describes family values such as Familismo, in Hispanic homes, which are cultural structures that support interpersonal relationships, characterized to be positive, close, and supportive and where connectivity amongst family members is high (Velez-Pastrana, et al., 2005); all thought to be risk protective for youth. However, Hovell et al. (1994) found no difference, by ethnicity, in the levels of parent-child communication in their sample of non-Hispanic white (N = 160) and Hispanic (N = 224, 93% Mexican of low acculturation) youth, where communication was measured by "times the family had talked about sex in the past month" and "communication with

mother about sex” (p. 978). In fact, the only differences found here, were that non-Hispanic white parents were much more likely to discuss “general sexual issues, and specific sexual issues with their adolescent...than did Latino parents” and white participants “also reported more frequent demonstrations of familial love and affection than did Latino subjects” (Hovell, et al., p. 978).

Schwartz, et al., (2009) proposed that family functioning (measured by parental communication and connectivity amongst family members) was risk protective for high risk Hispanic youth resided in the Miami area (N = 227 eighth graders of Cuban, Nicaraguan, Honduran, and Colombian descent). In this structural equation model, family functioning had no independent pathway to sexual behaviors of youth and was only supported when measured through conduct problems in school ($p < .001$; CFI = .91; NNFI = .94; RMSEA = .050. CI = 0.83 to 0.97 OR = 0.92). Gallegos et al., (2007) sampled Mexican parents (N = 791) and adolescents (N = 829, aged 14-17 years), and noted low levels of knowledge regarding pregnancy, sexually transmitted infections (STIs) and condoms for all participants. Parents in this study perceived more general communication ($t(787) = 6.33$ $p < .001$) and less discomfort talking about sex ($t(785) = 4.69$, $p < .001$) than did adolescents.

The current literature does not support the primary influence of familial composition and parental education levels on teen pregnancy. Familial communication regarding sexual matters is thought to hold much importance on the sexual activity of adolescents. However, it is not supported as influential on sexual behaviors of Hispanic youth by Schwartz et al., (2009) and it is unclear what communication patterns actually occur in Hispanic households or how these conversations impact the behaviors of youth.

Current assumptions regarding ethnicity, such as those related to Hispanic family values, and nationwide efforts by organizations, such as the National Campaign to Prevent Teen Pregnancy, which is engaging in “outreach efforts target[ing] Hispanic parents” by offering “specific Spanish-language tips for Hispanic parents to help them discuss sex and pregnancy with their children” (NCPTP, 2007) are culturally inexact and may be offensive to Hispanic sub-groups who do not practice in “traditional” manners and who do not hold Spanish as their primary language. Such unfounded ideas about Hispanic Americans serve only to blur unique identities of Hispanic youth, while their reproductive health continues to suffer. An in-depth and clear understanding of familial factors on youth sexuality and methods to support the positive influences of such are needed.

Individual Risk. Levels of health knowledge, personal attitude, and pregnancy intentions are considered to be critical in the discussion on sexual behaviors of youth. Although increasing levels of health knowledge regarding safer sexual practices and the prevention of pregnancy is considered important, promotion of positive attitudes regarding sex, contraception, and pregnancy prevention appear to hold more promise. Notably missing from this literature base however, are studies with highly acculturated and various Hispanic sub-groups. Some scientific works are available regarding fertility desires of Hispanic youth, which will be discussed, as they are critical to understanding the need for further, specific, and in-depth research with Hispanic youth.

Health Knowledge Vs. Attitude. Increasing youth educational levels regarding sexuality and contraception may not be as effective in reducing teen pregnancy rates as once thought. Kershaw, Ethier, Miccolai, Lewis, and Ickovics (2003) found that risk

perception and protective sexual behaviors were not related to health knowledge of HIV and pregnancy risks for Connecticut adolescents (N = 411, unknown ethnicity). Kirby (1999) agrees with this finding, in his review of the literature, and notes that education related to sexuality is not an effective answer to the teen pregnancy problem, as increasing knowledge levels were only weakly related to behavior changes. Deptula, Henty, Shoeny, & Slavick (2006) indicate, in their examination of cost/benefit analysis of sexual behavior of teens (N = 8,003 youth “representative of the U.S.”), that although costs of sexual activity (i.e. pregnancy, have to quit school, marry the wrong person) (B = -0.57, SE = 0.06, OR = 0.56) were slightly more influential than benefits (i.e. respect from friends, physical pleasure, decrease loneliness) (B = 0.31, SE = 0.05, OR = 1.36), perceived susceptibility/severity of such behaviors was not supported. These results reveal that despite some level of health knowledge related to sex, there existed an inability of teens to fully comprehend the potential risks or consequences of their actions. Such a failure to grasp the entire range of issues related to sexual activity may point to attitudes (one’s values and beliefs) as more meaningful in determining sexual risk over knowledge levels.

Moran and Corley (1991) found support for the strong influence on attitudes over health knowledge in their study with non-Hispanic and Hispanic teen males in Colorado (N = 28 non-Hispanic white, N = 69 Hispanics of unknown ethnic sub-group or acculturation status). The authors found no difference in the engagement of sexual activity for youth who attended or did not attend sex education classes. Interestingly, a difference was found in condom use for sex education attendees in that Hispanics were more likely to use condoms than their non-Hispanic counterparts (52% and 44%,

respectively). As the educational classes were the same for all respondents, the authors suggest that behavior differences may be attributable to the Hispanic “cultural value” of machismo, which is described by Moran and Corley as sexual virility with a component of personal responsibility for sexual knowledge and contraceptive use out of respect for one’s family. This construct was not tested in this study, but does appear to warrant further investigation as a potential area for support in the reproductive health of Hispanic youth.

Villarruel, Jemmott, Jemmott, and Ronis’ (2004) study on low acculturated Hispanic youth also held support for environmental influences on teens’ attitudes regarding sex. Here, partner approval, friend approval, and positive attitudes towards condom use and sexual intentions, were positively related to intentions to have sexual intercourse ($r = 0.59, 0.37, \text{ and } 0.70$, respectively, $p < 0.001$). However, in their longitudinal study, Bruckner, Martin, and Bearman (2004) failed to show support for sexually experienced adolescents’ attitudes towards contraceptives and pregnancy as influential on subsequent risk of pregnancy. The sample ($N = 4,877$ white, black, and Hispanic adolescents of unknown ethnic sub-group or acculturation status), did reveal differences by ethnicity in that the Hispanic participants held more than two times the odds of becoming pregnant than their white and black counterparts, despite holding similar attitudes. The strongest predictor of becoming pregnant, in this study, was actual contraceptive use, not contraceptive attitudes of the respondent.

If attitudes towards pregnancy and contraception do not vary greatly by ethnicity, why then do Hispanic females use contraceptives less than white and black teens? The answer to this may lie in the desirability of pregnancy and motherhood, a construct that is

open to interpretation by degree of wantedness. When Jaccard, Dodge, and Dittus, (2003) investigated adolescent attitudes toward pregnancy and predictors of pregnancy in their sample of 12,105 U.S. adolescents (N = 450 Cuban and 437 Puerto Rican), Black and Hispanic youth held more positive attitudes towards getting pregnant and higher pregnancy rates than their white and Asian counterparts. Rosengard, Phipps, Adler, and Ellen (2004) had similar findings in their investigation of pregnancy intentions and pregnancy outcomes in a longitudinal study of 354 sexually experienced teen females (17% “Latina/Hispanic” of unknown acculturation status). Here, it was found that black and Hispanic youth indicated positive plans for pregnancy when compared to white or Asian females ($X^2 = 36.55$, $df = 6$, $p < 0.001$). These same youth also held weaker intentions to use contraceptives. The authors proposed that these positive pregnancy plans may actually reflect “cultural expectations for taking on adult roles and the different perceived future options for adolescents in these groups” (Rosengard, et al., p. 459); such cultural intentions were not measured in this study.

Measurement issues related to wording of study variables, especially in capturing complex cultural factors such as those related to fertility desires, is much debated in research on Hispanics, especially in quantitative research. Measurement of quantitative study variables such as pregnancy intentionality have been problematic to the state of the science as measuring only preconceived and predefined factors greatly limits the evaluation in an area of research where the actual influences on teen’s sexuality is still unknown. For instance, in 2001 almost 50% of all pregnancies were classified as unintended, a level that was unchanged from 1994 (Finer & Henshaw, 2006). Of these pregnancies, Hispanic teens were the most likely to say that their pregnancies were

planned and almost twice as likely, than all other respondents, to say that they were pleased about their pregnancy (Vexler & Sullentrop, 2006). Some believe that question wording was a major issue in measuring intentionality of pregnancy and suggest that a loose interpretation of wantedness, happiness, and timing of conception exists in the phrasing, leaving the actual differences in estimates of intentions unknown (Brener, Grunbaum, Kann, McManus, & Ross, 2003; Rosengard, et al., 2004). However, many other scientists, mostly qualitative experts, purport that intentionality of pregnancy is easily measured and has been shown to vary widely by ethnicity, socioeconomic status, and emotional health of the respondent.

Intentionality of Pregnancy. Davies, et al., (2006) assessed the sexual intentions of 375 non-pregnant black teens aged 14-18 years. These authors found that teens reporting inconsistent condom use held a stronger desire to become pregnant (OR = 0.73, $p < 0.01$), desired motherhood to reduce emotional deprivation, and viewed pregnancy as a means of attaining love and self-validation. Pregnancy intentions were measured on a 5-point Likert scale using stems such as “How much would you like to be pregnant at this time?” (p. 45). Similar findings were supported by other qualitative research on teens. Montgomery (2002) found pregnancy to be a rite of passage to adulthood for youth in New York (N = 6, 2 white and 4 black). In this phenomenological inquiry, pregnant teens reported motherhood as a means of obtaining responsibility and independence, with the associated respect, from others. They also anticipated motherhood as a time when they would never be lonely and pregnancy as a natural next step in their sexual relationships (Montgomery). Williams and Vines (1999) found pregnancy to be a means of obtaining positive emotional support from one’s family. This phenomenological study

of seven pregnant white teens found that poor parental relationships characterized by isolation and emotional distance were the driving force behind fertility desires of the adolescent. The teens viewed pregnancy and motherhood as a method for problem-solving their current relationships with their parents and anticipated healthier and more supportive relationships after the birth of their child as well as a personal gain of being loved completely by their child. Findings supporting poor familial connectivity as the impetus to fertility desires of teens were obtained in an ethnographic study by Lesser, Anderson, and Koniak-Griffin (1998). This sample of pregnant teens in southern California (N = 36, 23 Hispanics of unknown acculturation) reported histories of lacking family support resulting in feelings of loneliness and worthlessness. These girls viewed pregnancy and motherhood as a means of obtaining special respect that had been previously lacking in their lives; “you should be respected as a different person because you have more responsibility” (p. 11).

Ambivalent attitudes regarding desirability of current pregnancy characterized Spear’s sample of seven black and one white teen (2004). Indifferent attitudes regarding sexual activity translated into engaging in sex without much forethought of the potential consequences. Similarly, although this group of teens were educated and had access to contraceptives, actual use of contraceptives was inconsistent and respondents expressed little to no regret regarding their poor use. In fact, securing intimacy/support from one’s partner appeared to be the biggest expectation related to their current pregnancies (Spear).

Pregnancy/parenthood may be viewed, not only as a means of acquiring lacking social support, but also as a means of obtaining a positive identity or providing validation

of/representation of one's life work in an environment of limited social and economic opportunities (AGI, 2000; Merrick, 1995; Smithbattle, 2000). Merrick explored career choices, defined as "the selection of a role through which one implement's one's identity as an adult and which represents one's life work" (p. 73) among black adolescent girls. The author describes that for ethnic minorities, who hold limited opportunities for employment or academics, pregnancy is viewed as a legitimate choice to represent one's life work and to give meaning to a life that is otherwise socially and economically deprived. Merrick stresses the importance of research to investigate the "cultural and subjective meanings of adolescent childbearing" (p. 73) in ethnic populations, as this literature is currently lacking. Smithbattle (2000), supports this view of teen pregnancy by stating "mothering for many teens is not so much a failure of planning and rational choices but a tactic recognition of the limited possibilities available to them" (p. 31), it is "for the most disadvantaged and alienated teens...[the] epitome [of] hope [in] escaping a desolate past for an illusive future" (p. 35). In this view, motherhood is a means of empowerment and a chance at obtaining respect from others. Merrick also notes that research is needed to understand the cultural patterns that influence family so that reconnections can be made to support the social lives of teens, regardless of ethnicity, in order that a variety of career options may be available to all.

Supporting career options for teens appears to hold promise in reducing teen pregnancy for Hispanics, as Rich and Kim (2002) found support for employment as risk protective in their study on risks related to sexual behaviors of employed female adolescents (N = 12,686). The Hispanic participants in their study, who were employed, held lower risk for pregnancy than their unemployed counterparts, possibly because their

futures held opportunities beyond motherhood. However, Guttmacher (2000) states that cultural norms supportive of early family formation may be more influential over career opportunity. His study of pregnant California youth aged 15-18 years (N = 187, 36% U.S. born Hispanic, and 29% Mexican born Hispanics) revealed cultural differences of respondents in that Mexican-born youth were more likely to report positive intentions related to pregnancy (63% reported wanting a baby, compared to only 49% of U.S. born Hispanics reporting the same). These works highlight the importance of understanding the cultural norms regarding fertility intentionality in Hispanic youth of the U.S., as this phenomenon remains very unclear.

Positive intentions regarding pregnancy appear to be supported in specific populations, especially amongst those who are economically disadvantaged. However, it is also true that intentionality appears to vary by ethnicity and ethnic sub-group, as foreign-born Hispanics appear to hold higher regard for early motherhood over U.S. born Hispanics. Despite these findings, specific cultural norms and traditions that support such variations in ethnicity remain to be known, especially for Hispanic sub-groups such as those of multigenerational existence. No research using a sample of multigenerational youth was located for this review. The cultural influences on pregnancy intentions are critical to the state of the science as this extremely important knowledge base, which can be used to build culturally sensitive interventions off of, is currently lacking. The qualitative studies cited in this section offer in-depth and detailed information regarding fertility intentions and lived experiences of teen pregnancy/motherhood, over quantitative works, which focus on large samples and a generalizability of findings. It is therefore,

proposed that qualitative inquiry is that which is now needed to provide the depth to the state of the science on teen pregnancy that is currently missing.

In summary, the current literature base reflects poor support for health knowledge as influential on reproductive behaviors. Although Hispanic youth may appear to hold positive attitudes towards pregnancy/motherhood, what must be noted is the largely absent literature related to Hispanic teens, which means that actually very little is known regarding Hispanic youth and the influential environments where they live and grow. The many unknowns regarding what Hispanics think and who/what influence their sexuality, translate into a situation where the starting point for interventions that increase health knowledge and positively influence fertility attitudes and intentions, is yet to be determined. In order to affect teen pregnancy rates of Hispanic youth, in-depth and basic research must be done to first determine what cultural influences affect Hispanic youth. Culturally based interventions may then ensue.

Ethnicity vs. Socioeconomic Status.

Socioeconomic status and ethnicity are two variables much discussed in the literature on teen pregnancy. Both of which are thought to be very influential in determining the risk of teen pregnancy, especially as it relates to youth residing in impoverished conditions. Although some believe that low socioeconomic status, which translates into limited academic and employment opportunities, is the reason that Hispanics choose pregnancy as a career option, others relate that positive cultural views on teen parenting may be the driving force behind high adolescent parenting rates. Information comparing ethnicity and socioeconomic status, as risk factors for early pregnancy, will be presented, focusing on the literature specific to Hispanic youth.

Aneshensel, Fielder, and Becerra (1989), state that the characteristics of one's cultural group exert more of an effect on fertility-related behaviors of youth over social conditions, such as socioeconomic status. In this study of 706 Mexican and 317 non-Hispanic white teen females, a log regression revealed that Mexican respondents were older at first intercourse, less likely to have had sexual intercourse, and less likely to use contraceptives than their white counterparts ($p < 0.01$). Mexican teens were more than twice as likely to have been pregnant than their white counterparts (one in two Mexicans, vs. one in four whites were ever pregnant). These ethnic differences remained strong and significant, even when socioeconomic status was controlled for. The authors describe the importance of investigating the ethnic differences in Hispanic youth in order to identify the factors that might impede or support the reduction of teen pregnancy. Intra-ethnic variability in the Hispanic population is also noted as an important factor to assess because "treating the Hispanic population as one undifferentiated social group obscures important differences in fertility and fertility-related behavior among Hispanics of different national origin or cultural background" (Aneshensel, Fielder, & Becerra, p. 57).

Santelli, et al., (2000) support the importance of ethnic differences in their teen pregnancy assessment of socioeconomic factors and race on adolescent sexual behaviors. In this sample of 3,904 U.S. youth, a logistic regression revealed that family income did not show linear relation to any sexual behaviors when controlled by ethnicity of respondent. The authors therefore suggest that economic factors hold great distinction from the influence of culture, which should be investigated more deeply, especially in those populations who are at high risk for teen pregnancy, such as youth of Hispanic ethnicity.

A study of the stigma of teen pregnancy revealed similar patterns of ethnic differences in a sample of pregnant adolescents (N = 925, of which 349 were of Mexican decent; variable acculturation) (Wiemann, Riskert, Berenson, & Volk, 2005). Mexican youth were found to hold a higher regard for motherhood as a right of passage to adulthood and experience less stigma (33% reported feeling stigmatized), when compared to white youth who held more stigma about their pregnancy (45% reported feeling stigmatized). Cultural beliefs and values that influence attitudes and behaviors about pregnancy may differ based on one's ethnicity. As the Hispanic community is very diverse, the unique sociocultural factors for each sub-group must be investigated fully in order that culturally-based and culturally-appropriate interventions to support positive health of youth ensue.

Cultural Influences

There exists two predominant views on sexual decision-making/behaviors among Hispanics of the U.S.; one is risk protective, the other risk promotive. However, as this literature is largely reported under the broad "Hispanic" ethnic label and not sampled by sub-group, caution in interpretation is noted.

Risk Protective. The traditional Hispanic culture, often seen as risk protective, promotes chastity among young women, abstinence until marriage, and holds motherhood as an end in itself (Denner, et al., 2001; Driscoll, et al., 2001). This view, believed to be based largely on the Catholic religion where God's will and an acceptance of hardship and suffering are powerful influences, often places the needs and reputation of one's family before the individual (Holleran & Waller, 2003). In these environments, academic and career achievements are less supported than motherhood, making goals

outside of parenting more difficult for Hispanic teens. Although early and unprotected sexual activity is not sanctioned, when a pregnancy does occur, it is often supported and even celebrated within the family (Holleran & Waller). Deardorff, Tschann, and Flores also found ambiguity in Hispanic norms in their sample of 55 Hispanic youth (55% Mexican, 16% Salvadoran, 9% Nicaraguan, and 20% combination of Hispanic ethnicities) where female virginity as important was a construct only supported by the male respondents ($t(692) = -4.60, p = .001$) but not females. Traditional cultural values may support the predominance of these mixed messages and may cause great moral dilemmas for teens desiring to engage in protected sexual intercourse or seeking a future outside of parenting.

Risk Promotive. Hispanic culture as risk promotive is also apparent in the literature related to low contraceptive use and limited sexual communication with parents (Driscoll, et al., 2001). Sexual communication, accepted as protective against sexual risk-taking, is largely absent in Hispanic households where many mothers report discomfort and infrequency in communication (Meneses, Orrell-Valents, Guendelman, Oman, & Irwin, 2006). Zambrana, Corenelius, Boykin, and Lopez (2004) report that 60% of their teen Mexican respondents reported no sex education/communication from their parents. The traditional pattern of keeping silent about sex has been associated with a lack of knowledge related to pregnancy protection and an overall distrust in information provided by parents (Talashek, Peragallo, Norr, & Dancy, 2004). Ignorance, fear, and anger related to such silenced parental communications were themes identified by low acculturated Hispanic youth in a qualitative analysis of risk behaviors (Talashek, et al.). The informants also described timidity, exhibited by females in sexual matters, as

problematic in both negotiating contraceptive use with one's partner as well as in striving for a future beyond motherhood. Such participants reported feeling ashamed of their sexuality and viewed sexual intercourse as equal to a committed emotional relationship, which for them normalized the lack of contraceptive use (Talascheck, et al.). Koniak-Griffin, Lesser, Uman, & Nyamathi (2003) found that in their teen sample (N = 572, 67% low acculturated Hispanics) unprotected sex was associated with "steady partners" (B = 0.26, $p < 0.001$), and for Villarruel, et al., (2004) (N = 141), negative parental and partner appraisal of contraception was strongly associated with no use of contraception (correlations range = 0.57-0.67, $p < 0.001$). Deardorff, Tschann, and Flores (2008) qualitatively sampled Hispanic youth (N=55, 50% female/50% male youth aged 16-22 years, English or Spanish speaking "Latinos") and found that sexual communication within the family and sexual dyad was described as disrespectful by female respondents; a finding not supported by the male respondents. Nadeem, Romo, and Sigman (2006) also found traditional values in Hispanic cultures as inhibitive of discussions related to contraceptive use (N = 45) and suggest further investigation into the unique culture of communication, including perceived ideals, sexual silence, and religious beliefs.

Forbidding intercourse before marriage and emotional threats of premarital sex as harmful and shameful to a young woman's reputation (and to her family's) (Osuchowski-Sanchez, et al., 2007; Solorio, Yu, Brown, Becerra, & Gelberg, 2004), may be barriers to using contraceptives, leading to increased rates of pregnancy in new immigrant Hispanic communities (Villarruel, Gallegos, Cherry, & Refugio de Duran, 2003). Traditional cultural values against seeking out, learning proper use of, and planning contraceptive use may cause moral difficulties for teens as such behaviors would be socially taboo

(Gilliam, Warden, & Tapia, 2004; Osuchowski, et al.). Strong cultural influences may help explain why Hispanics are less likely to use a reliable form of contraception than other teens and instead rely on less reliable pregnancy prevention methods, such as withdrawal (33% of Hispanic teens [unknown acculturation] reported using withdrawal in 2003 YRRS) (Anderson, Santelli, & Morrow, 2006). Withdrawal, in this culture, may help to mitigate the stigma around premarital sexual activity through a dependence on the male partner and viewing withdrawal as not premeditated (Gilliam, et al.). Leaving the results of such risky sexual activity to fate/God's will may be more acceptable than crossing cultural norms. Research that focuses on cultural and social influences regarding reproductive health and its patterns of change over time is quite meaningful in capturing the social environments where teens live and may provide insight about future cultural adaptations influencing Hispanics within their specific sub-groups (Raffaelli & Ontai, 2001).

Qualitative Research: Important to the State of the Science

Qualitative research is focused on revealing what people think and the meanings they ascribe to their everyday experiences (Patton, 2002; Spradley, 1979). By listening to their stories, in their voices, qualitative research can “produce a wealth of detailed information about a much smaller number of people...increase[ing] the depth of understanding of the ...situations studied “ (Patton, 2002, p. 14) and acquire the here and now experiences of peoples' lives. Qualitative inquiry, carried out through methods of interviewing and observing what people say and do allow data to be captured as the participant sees it and contextualized to provide the depth and detail necessary for it to be truly understand (Patton). This process of discovery is characterized by sufficient time

and engagement with the study respondents to learn the day-to-day complex realities of their lives without manipulating, controlling, or eliminating variables (Patton). In this manner, the real-world experiences of the participants, in relation to the phenomenon of interest, can be captured.

It is my belief that qualitative research is the most appropriate research method for acquiring in-depth and highly accurate data related to the numerous and overlapping influences on teen pregnancy and teen parenting in Long-term Hispanic teens of northern NM. Using a smaller sample that is investigated in-depth allows for the multiple influences on reproductive health to be captured in context and through the voices of those experiencing the phenomenon (Patton, 2002).

Summary

As described thus far, there exist many gaps in the literature on teen pregnancy amongst Hispanics of the United States and especially as the literature relates to Hispanic subgroups, such as those with a history of multiple generations of familial residence in NNM. The current state of affairs is characterized by lacking theoretical models that fully describe sexual decision-making and behaviors of youth (Jacobson, Chu, Pascucci, & Gaskins, 2004), a discrepancy in literature regarding specific risk factors for teen pregnancy, a failure to measure such factors in depth and in Hispanic sub-groups, and a general lack of literature investigating Hispanics with multiple generations of U.S. residence. The many unknowns of this phenomenon are illuminated, here, and depict the immensity and importance of work still ahead.

Thus far, Long-term Hispanics have been identified as the sub-group of Hispanics most hidden and underserved in the scientific community on teen pregnancy. The large

paucity in literature investigating Long-term Hispanics is astounding and quite concerning as this population deserves for their voice to be heard and their health supported. Instead of hiding the rich cultural, contextual, and historical differences of Hispanic sub-groups in the static labels of acculturation, it is suggested that a comprehensive description of study participants (Guthrie & Low, 2005) would allow for the unique qualities of the sub-groups to be known, appreciated, respected, and enabled as referents. Culture is key to uncovering the realities of sexual risk for Hispanics of the U.S. (Berry, Shillington, Peak, & Hohman, 2000) and must be viewed as the fabric of social relationships that influence youth and their actions. Getting personal with youth (Vexler and Sullentrop, 2006) and hearing the reality of their life through their voices is critical in obtaining an in-depth understanding of the many influences on sexuality. Qualitative research is the key to such depth in discovery of the attitudes, beliefs, and values that help shape the reproductive behaviors/health of the girls of today and the women of tomorrow.

The large number and complex interrelationships of risk factors for teen sexual behavior make understanding this sociocultural and health issue difficult. What is clear is that no one influence or category of risk can completely explain the multiple and overlapping factors affecting teens and their lives. It is accepted that cumulative effects of risk behaviors place the individual at higher prospect of negative health outcomes and should therefore be minimized and/or buffered with protective factors (Diorio, Dudley, Soet, McCarty, 2004; Jessor, Turbin, & Costa, 1998; Klitsch, 1994; Markham et al., 2003; McBride & Gienapp, 2000). However, until a more detailed understanding of such risk and protective factors is attained, interventions to protect youth from such unknown

risk are uninformed. Qualitative research is key at this level of discovery since pure quantitative measurement of preconceived factors will only continue to confuse the picture of youth and their risks. Instead, qualitative inquiry focusing on uncovering the influences affecting youth and their sexuality stated in their own voices and based upon their lives, are critical to the state of the science.

Theoretical Influences

Theory-use in qualitative research occurs in several ways; for broad explanation of study variables and relationships, as an end-point in theory construction, or as a perspective to view the phenomenon and people of interest (Creswell, 2003). I use theory in the current study as a lens to view the phenomena of sexual attitudes and behaviors, with all of its cultural influences, in Long-term Hispanic teens of NNM. In using Symbolic Interactionism (SI) as a perspective for this research, an understanding of the social influences on human sexual behavior, human determined meanings, and interactions influential on the sexual attitudes and behaviors of Long-term Hispanic youth can be emphasized. Theory-use as a research perspective and ethnography as research methods manifest throughout this entire study. The development of the research questions and interview guides were led by the holistic focus on human environments of both SI and ethnography. The naturalistic concentration of collecting data from the people who have experienced the matter in question and the explorative and inductive interpretation of the data, co-created between the researcher and participant, are also congruent with both SI and ethnographic inquiry (Blumer, 1986; Patton, 2002)).

Symbolic Interactionism

Symbolic Interactionism (SI) was developed by George Mead in the early 1900's and later modified by Herbert Blumer in 1937 (Benzies & Allen, 2001; Blumer, 1986). This model describes human group life and conduct (Kunklin & Greenwood, 2006) and suggests that human behavior is based on three premises: humans act towards things on the basis of the meaning that the thing has to them, meanings are derived from and arise out of social interactions with others, and all meanings are handled, modified through, and interpreted by interactions with others (Blumer). Central tenets of this model are that meanings are socially derived and attached to value systems that are socially created, and that people only act towards things based on their meaning (Klunklin & Greenwood). Meanings are constantly modified, defined, revised, and interpreted in ongoing social interactions; meanings are not static, but are flexible in the course of action formation (Blumer). The interactions and relationships that people hold with one another is social structure and helps to define the culture, which is constantly shifting, moving, and interacting (Blumer); the context and individuals are inseparable and social systems are complex, dynamic and subject to change (Klunklin & Greenwood). For instance, community attitudes on teen sexuality may change over time as knowledge related to contraceptives and alternative life options, such as academic or employment opportunities, increases.

Investigating the process of meaning derivation, which guides action and is determined by the collective group, is important (Blumer, 1986) in the SI model. Social interactions how they change over time and in context, are key (Giugliano, 2004) as individual attitudes of group members are comprised of numerous factors, many of which

are unknown, determined by instance, and constantly in flux. Individuals are seen as components of society, where meaning is constantly redefined and regrouped within the present situation, however, it is the processes of the larger social group that guides meanings and actions of its members (Crooks, 2001). Meaning derivation is a social and self-reflexive process (Rehm & Rorh, 2002).

The focus of SI is on the acting individual (Klunklin & Greenwood, 2006). Research, is therefore a study of the nature of the individual in their collective social interactions (Benzies & Allen, 2001) with a goal of understanding every day life experiences from the point of view of those who lived it (Rehm & Rorh, 2002). Data are collected through naturalistic inquiry comprised of firsthand dialogue and observations (Blumer, 1986) and analyzed using the processes of exploration and inspection (Klunklin & Greenwood). Exploration, in the SI model, ensures that the data are contextualized and remain flexible enough to capture the intricate elements of the social environment (Klunklin & Greenwood). Inspection, or analysis, ensures validity in the data through identification of empirical instances of the findings (Klunklin & Greenwood). Knowledge obtained through research in the SI influence is socially constructed and co-created by the investigator and informant, jointly.

Although no literature was found in relation to use of SI and teen pregnancy, the strengths of SI in investigating the socially created phenomenon of sexual attitudes and sexual behaviors of Long-term Hispanic teens are its premises of meaning derivation through interactive social relationships, the state of constant adaptation where meaning is a self-reflexive process, and its strong basis in naturalistic inquiry. Symbolic Interactionism focuses on the interactions between individuals and their

families/peers/sexual partners through exploration, a process synonymous with purposive sampling and iterative comparative analysis. The resulting analytical components (codes, categories and themes) of inspection capture the cultural processes that influence individuals and groups. These processes are key to ethnographic inquiry as described by Spradley (1979) and Wolcott (1999), making it a useful theoretical model for examining sexual attitudes and behaviors of Long-term Hispanic teens. Through understanding what individuals know about their society and see as important in determining how meanings are interpreted (Benzies & Allen, 2001) and distinguished (Jeon, 2004), distinctions in meanings and influences can be identified. For instance, differences between teens who desire pregnancy and those who do not but become pregnant regardless, will allow a better understanding of the social influences that aid in the development of meanings that guide sexual actions.

Theoretical Assumptions

The dynamic processes implied within the SI model including ongoing social interactions within and outside of the cultural group, patterns of change through time and circumstance, and meaning acquisition embedded into the fabric of social relationships, are critical when considering the immensity and intricacies of the social culture where Hispanic teens live, develop, and act. The following theoretical assumptions, based upon SI, are accepted in clarifying my theoretical perspective and that which have aided in the development of the interview questions:

1. Meanings are derived from and arise out of social interactions with others (both within intimate interactions with family members and in the sexual dyad, as well as within larger society).

2. Hispanic teens are both a product of and aid in the development of their culture. Through constant adaptation in ongoing interactions with other humans in their world, Long-term Hispanic teens are both influenced by and hold influence over the cultural milieu that affect their personal behaviors and assist in the creation of cultural norms for others.
3. Humans act towards things on the basis of the meaning that the thing has to them; meanings are modified, interpreted, and influenced through social interactions.
4. Meanings are subject to cultural shifts through time and circumstance and are thought to hold unique patterns, for Long-term Hispanics, as they adapt and integrate to their environment and its persons. Many of these patterns remain unknown and are therefore not accounted for in current theoretical models/empirical literature.
5. Research is a study of the nature of the individual in their collective social interactions with a goal of understanding every day life experiences from the point-of-view of those who live it; Research is but a snapshot in time of the realities of a culture.

Chapter Summary

In Chapter 2, concepts, literature relevant to Hispanic teens and their reproductive health, and theoretical influences were reviewed. A review of the literature addressing the state of teen pregnancy, trends of teen pregnancy rates, associated factors, and specific issues affecting Hispanic teens were presented. While numerous risk promotive and risk protective factors revealed a great deal about teens and their sexuality, the beliefs and values that create the cultural milieu where Hispanic teens live and act remains

grossly absent. By using Symbolic Interactionism, the framework that situates Long-term Hispanic teens and their sexual beliefs/behaviors in the dynamic cultural context of their lives with its various societal influences, the current research will contribute to the discovery of specific influences on the reproductive health of Long-term Hispanic teens and factors important in their social construction of sexual attitudes and subsequent behaviors.

Chapter 3: Methods

Chapter 3 contains a description of methods used in the current research and consists of seven parts: (a) an overview of ethnography; (b) a description of the setting and sample; (c) a description of the data sources and collection methods; (d) a description of the data analysis; (e) a presentation of researcher's assumptions/perspective; (f) a discussion of methodological rigor; and, (g) a review of the procedures to protect human subjects.

Ethnography

Taking a social constructivist view on nursing research, where “human beings cannot be known as objects, nor as separate from their lives” (Mitchell & Cody, 1999, p. 204) and “people are so deeply engaged with each other that we can only properly understand them if we understand even their apparently private notions and attitudes as interpersonal ones” (Carrithers, 1992, p. 11) allows for humans and the processes that underlie meanings and actions to unfold. Investigating the sexual attitudes and behaviors in Long-term Hispanic teens, in this manner, allows the complex interplay between this sub-population and their social influences to be understood. Ethnography, one of the oldest qualitative research traditions, “...has been associated with and intended for studying culture” (Wolcott, 1999, p. 67). Culture, as patterns of socially created and shared behaviors whose meanings are revealed through interaction and dialogue with its group members, is the impetus of ethnography (Agar, 1980; Wolcott). Ethnographic methods are therefore, particularly well suited for studying sexual attitudes and behaviors, from the perspective of Long-term Hispanic teen mothers.

The fundamental question of Ethnography asks, “What is the culture of this group of people?” (Patton, 2002, p. 81) and is comprised of the following attributes: intensive fieldwork, where the investigator immerses herself into the culture under study, interacts linguistically with its members, and as a participant observer collects salient data on the lives and activities of the persons under study (Patton). Ethnography encompasses a variety of methods that are chosen by the researcher and are based on the research question (Wolcott, 1999). The current research is a focused ethnography. A focused ethnography is an in-depth inquiry that centers on a particular slice of the culture (Patton), in this case, the constitution of sexual attitudes and behaviors of Long-term Hispanic teens in northern New Mexico.

The researcher, as the primary data collection tool (Crabtree & Miller, 1999), samples a small number of information-rich cases to identify the constructs and meanings of the culture, which can be highly variable and locally different (LeCompte & Schensul, 1999). Recruiting key informants who can provide information on the phenomenon of interest and saturating data collection is of paramount importance in capturing the in-depth information of ethnography (Crabtree & Miller; Spradley, 1979). Data collection, which is concurrent with data analysis, includes the iterative process of immersion into the data, both linguistic and observed, with further data collection, culminating in identification of themes that are common to the participants and which elucidate the attributes of interest (Crabtree & Miller). Both interview data and observations are critical to collecting in-depth data in qualitative research. Interview questions that are in-depth, focused, and clarifying guide the collection of the stories that people offer as data. Careful analysis of these data is used to obtain an understanding of the attributes of

interest. Observations of actual behaviors illuminate the differences between what people say and what they do. This level of data provides an understanding of the spoken stories in the specific context where the participant lives and where the narratives were created. The contextualized attributes created for and in conjunction with the interviewer are the product and the goal of this research.

Ethnography's rich and contextually driven narratives capture the attributes of interest from the perspective of its members (Crabtree & Miller, 1999). The thick descriptions of well analyzed ethnographic data allow the consumers of such work to identify characteristics that may have previously gone unknown and provides a voice to those groups who suffer from health disparities (LeCompte & Schensul, 1999). Consumers may then determine the transferability of the findings to their area/population of interest (Creswell, 2003).

Setting and Sample

Setting

The setting of this study is two counties in northern New Mexico. Currently, these two counties continue to have census patterns similar to that of the eighteenth and nineteenth centuries, where 76% of County One and 81% of County Two are Hispanic (NMDOH, 2006a) and families have land ownership that is passed from generation to generation. The 2005 YRRS supports the youthful growth of northern New Mexico as 86% of responders in County One were self-reported Hispanics and 83% of youth responders in County Two were the same (NMDOH, 2006b). The area continues to experience low levels of population growth through natural methods and is not a popular site for outside Hispanic migration. From 2000-2004, the population of County One

grew by 578 persons via natural methods and lost 1,176 residents through out-migration (NMDOH, 2006a). County Two experienced a growth of 43 persons naturally and a net loss of 6 through out-migration (NMDOH, 2006a). Population density is 3.4 to 7.7 persons per square mile in County One and 0.4 to 3.3 persons, in County Two (NMDOH, 2008) with residents holding personal income levels well below the state and national levels; annual per capita income in County One is only \$24,211 and in County Two, \$18,037 as compared to \$29,929 for the state and \$36,276 nationally (NMDOH, 2008). Births to all ages of Hispanics living in County One for 2004 exceeded the statewide Hispanic totals by close to 33% (NMDOH, 2006a). In 2004, 52.8% of the state's total births were to Hispanics, while 85.4% of the births in County One were to Hispanics (NMDOH, 2006a). Births to all ages of Hispanics in County Two also exceeded the state's figures by almost 35% as 87.5% of the births in County Two were to Hispanic residents (NMDOH, 2006a). Pregnancy rates for Hispanics aged 15-19 years were 57.6 (County One) and 35.7 (County Two) per 1,000 females (NMDOH, 2006a).

Sample

The current study had two distinct samples. Sample One is ten primary participants who are mothering adolescents of Hispanic ethnicity and have at least three degrees of familial residence in northern New Mexico; these participants will be referred to as either teen participants or primary participants, for the purposes of this study. Sample Two is ten secondary participants who are adult participants involved with community youth and have insight into the culture where the primary participants live and where most of them grew up. Ethnographic data are collected through an interactive research process with a small but purposively selected group of people (Crabtree &

Miller, 1999; Fossey, et al., 2002). To ensure that the data are information-rich, participants are recruited until the data are redundant and themes are saturated (Crabtree & Miller).

Primary Participants. Inclusion criteria for primary participants included: (a) females aged 15-17 years; (b) experienced their first pregnancy and motherhood in the past 12 months and whose children are healthy and free of chronic illness; (c) self-identification as a Hispanic; (d) primary residence in either County One or County Two and with at least three degrees of familial generational history in New Mexico; (e) ability to read, speak, and write in English; (f) willingness to participate in two 2-hour, audio-taped and in-depth interviews; and, (g) availability for a one year time period.

Adolescents younger than 15 years were excluded from this study as this population experiences lower rates of pregnancy than older teens.

Recruitment of primary participants occurred through referrals from known community contacts such as local nurse midwives, high school staff, pediatric health providers, staff of the Women, Infant, Children Nutritional Program (WIC) and Families First who work with and know teens (see Appendix A for informational letter/invitation to participate in participant recruitment). Known community contacts were asked to refer potential participants who they believed were appropriate candidates for the study and would be willing to discuss their experiences (Fossey, et al, 2002). Teens that self-referred, based on word-of-mouth contact with enrolled teens, were also considered for participation if they met the inclusion criteria. Ten primary participants participated in initial interviews and two participated in subsequent interviews (initially and at 12 months); the remaining eight primary participants were lost to follow-up for second

interviews. As an incentive to participate, I provided all primary participants a confidential interview area of their choice and where their children could play with provided toys. All primary participants also received a ten-dollar gift card to a local department store, upon completion of their interviews.

Secondary Participants. Inclusion criteria for the secondary participants were: (a) aged 18 years and older; (b) primary residence in County One or County Two; (c) ability to read, write, and speak English; and, (d) willingness to participate in one 2-hour audio-taped in-depth interview. Adults who were the parents of primary participants were excluded to ensure confidentiality of the teen participants.

Secondary participants were recruited from known contacts and through referrals from other enrolled primary and secondary participants. Secondary participants were parents/guardians of parenting teens (not enrolled in this study), school nurses, teachers, Pediatric Nurse Practitioners, Nurse Midwives, and staff of WIC and Families First programs. Secondary participants also received a ten-dollar gift card for a local department store as an incentive to participate, upon completion of the interviews.

In focused ethnography, a number of individuals who have the key characteristics, knowledge, or experience of interest are recruited and enrolled in the study to maximize the chance that the data will be rich and informative (Higginbottom, 2004). As it is not possible to predetermine the number of participants necessary for data saturation, a ballpark sample size was proposed at the beginning of the study, but fully determined by the number of participants necessary to ensure redundancy in the data (Higginbottom). Ten secondary participants ultimately participated in one interview each.

Consenting Procedures. Once potential primary participants were identified, preliminary information was provided (appendix B) by the community contact that referred them. Potential participants were requested to contact the researcher at my personal telephone number or office to review inclusion criteria and study protocol. Once request for participation was made and the participant agreed to have information sent home to her parents, I mailed information packets to the primary participant's home address. The packets included an introductory letter with study information, a parental consent form, a participant assent form, and a pre-addressed envelope for parents/guardians/participants to return forms to the investigator (see appendix C for sample information/consenting/assenting forms). Once informed consent was received, I scheduled interviews at the location, date and time per the convenience of the participant.

All secondary participants were given information regarding voluntary participation and consent forms during the initial contact and when discussing potential participation in the study. I also notified these participants of the research procedure and its purposes, risks, and anticipated benefits. I offered the secondary participants the opportunity to ask questions and notified all that participation was voluntary and withdrawal from the research could be executed at any time and without negative consequence. The secondary participants were given an informational packet inclusive of an introductory letter and consent forms. Interviews were then scheduled at a location, date and time per the convenience of the participant. Data were not collected until the consent process was completed.

Data Sources and Collection

The study had four sources of data: (a) interviews with primary and secondary participants; (b) demographic data; (c) observational data from the interviews and of participant observations recorded as field notes; and, (d) notes of the research process.

Interviews

All interviews were loosely structured and based upon semi-structured interview guides (see appendices E and F). Although the interview guides proposed a set of questions, emerging stories that are detailed, relevant, and holistic were the goal of interview data collection, to ensure a complete and contextualized set of information (Patton, 2002). I therefore, modified interview guides as necessary in the field. Guides for primary participants reflected the language common to adolescent youth. I began the interviews with broad, grand tour questioning, which helped define the area under inquiry (Brown, 1999; Spradley & McCurdy, 1972). An example of a grand tour question is: *Please tell me about your experiences of pregnancy.* Beginning with broad questions then moving to more specific lines of questioning is a strategy in ethnographic interviews to obtain in-depth information about those elements determined to be salient (Brown; Lincoln & Guba, 1985). I then used clarifying and probing questions to acquire detailed data describing the participants' way of life. An example of a follow-up question is: *Please tell me what learning you were pregnant was like for you.* The interviews elicited the participants' stories and social views of their lives in their own words and their experiences, feelings, and thoughts (Fossey, et al., 2002). All interviews were audio-recorded to ensure an accurate record of the interview was collected. All participants were asked to choose or were assigned a pseudonym to use during data collection.

Participant aliases helped maintain confidentiality of all data collected and were retained in the final narratives.

Interviews with Primary Participants. All participants, upon receipt of informed consent, were scheduled for their first one-on-one interview. After offering the participants their choice of interview location between the investigator's office or a confidential area at their school, all interviews were held at the office of the investigator, where the participants' children could play with provided toys and where privacy was secured. Although interviews held in the primary participant's home may be considered optimal in ethnographic inquiry, Dashiff (2001) showed that teen interviews in home locations tend to be modified and abbreviated to meet the household norms and are therefore a less desirable location for data collection.

Second interviews were attempted with all primary participants, however only two teens were located for second interviews. Although all primary participants had initially assented to second interviews, the majority had relocated, unworking/disconnected telephones numbers, or were otherwise lost to follow-up. The two second interviews held with primary participants occurred 12 months from the initial interview. Participants were offered their choice in meeting location, date, and time. Both participants requested to meet in the office of the investigator. The second interviews differed from initial interviews in that they served as a follow-up and member check on previously collected data and emerging themes and focused more on experiences over the first year(s) of their children's lives. Second interviews began with a summary of discussions and observations, to that point, for an assessment of correctness in interpretation, clarification of misinterpretation or distortions, and as a

means to expand on previously supplied data and/or summarize all information (Lincoln & Guba, 1985). I also offered the participants the opportunity to discuss emergent concepts for further review (Creswell, 2003; Mendelson, 2003).

Interviews with Secondary Participants. Interviews with secondary participants occurred at a time and place of their convenience and focused on the community where the teens live. Most interviews occurred in private areas of the secondary participants' workplace including their classrooms after end-of-day dismissal of students, conference rooms, or private offices. In contrast to the more intimate view of culture from the teens' perspective, interviews with secondary participants focused on broad societal views that impact youth and their behaviors.

Demographic Data

At the beginning of the first interviews all participants completed a researcher developed demographic questionnaire that included questions about age, family composition, number and ages of children, marital status/relationship status, employment status and annual family income, and educational status (see Appendix E and F for text of these questions). I collected information from the demographic questions verbally with the audiotape running.

Observations

Participant observations provide the "here-and-now experience" (Lincoln & Guba, 1985, p. 273) helping the researcher to see the world as the informant sees it and capture the culture in its ongoing and natural environment. Observations capture people's routines, interactions, and practices, which are unspoken and naturally occurring in their social world (Fossey, et al, 2002). This level of data collection and analysis

allows the researcher to maximize her ability to understand the beliefs, customs, motives, and unconscious behaviors of the group while understanding the differences between what people say and what they do. Thus, prompting further questions for interviews and informing emerging themes while also adding to the richness and complexity of the information (Crabtree & Miller, 1999). In ethnography, observations collected in the community of interest are critical to minimizing distortions of the data/inferences and to learn the context of the developing themes (Lincoln & Guba).

Observational data for this study were collected through a systematic series of participant observations, where I, as the researcher, joined into the activities of the people being studied. The first observation occurred shortly after the initial interviews with the first two primary participants. I then spaced observations intermittently throughout the entire data collection period. Participant observations occurred at activities including attendance at local high school sporting events, community celebrations for holidays such as Independence Day, presence in local waiting rooms of pediatric offices and public health/WIC offices, and while shopping at the local department store. A total of ten observations were made over the course of this study with each observation lasting between 60 minutes and three hours. Participant observation occurred as presence in local waiting rooms of pediatric and WIC/Public Health Office and through attendance at several sporting events and community gatherings where participation occurred in the audience while observing the behaviors of others, including youth, teen parents and their families and friends. I recorded contextual observations as notes describing the ongoing activities and actions of others in this setting; notes were collected during the ten observation events and recorded immediately following in order to capture them

accurately. I recorded observations as field notes and included general observations of the context and environment and specific behaviors on display. I analyzed the observational data in an ongoing process throughout the research experience and used them to add context to the narratives and themes, as they emerged.

The social behaviors displayed in public aided in the development of understandings from the interview data as well as providing real life examples of experiences told in the stories from the interviews. For instance, when the participants described feeling rejected by their community for becoming pregnant, it was observed that this was in fact on open display during community activities and in local shopping areas. Community members did not attempt to hide their negative comments or displeasure with pregnancy of teens. Observational data also assisted in providing the context of the study by supporting some emerging themes as well as stimulating further interview questions regarding observed behaviors that were confusing or in conflict with the interview data. For example, some primary participants described non-problematic and supportive romantic relationships with their boyfriends. However, during observations, it was noted that some parenting teens were seen struggling with these relationships. These difficulties were displayed as teen couples arguing loudly in public over the infidelity of one or both partners. I addressed this discrepancy with participants in subsequent interviews for clarification and to obtain further depth into the issue.

Contextual observations of non-verbal behaviors, such as smiling, crying, avoiding eye contact with researcher, were also collected immediately following all interviews to dimensionalize these interactions. I recorded all observations as field notes which became a part of the ethnographic record.

Field Notes

Field notes were maintained throughout the research process. I took notes on all impressions and observations with the participant interviews as well as the participant observations. I recorded analytical notes and memos throughout the research period and detailed observations, experiences, and thoughts on data collected and its processes.

Data Analysis

Data analysis is an ongoing part of the research that involves reviewing, synthesizing, and interpreting the phenomenon of interest and consisted of three parts: (a) preparing the audio-taped data through transcription; (b) interpretation of the transcribed and field note data for themes and sub-themes; and, (c) the final narrative inclusive of contextualized and rich descriptions of the findings.

Preparing the Data

A transcriptionist transcribed the audiotapes verbatim. As the researcher, I then cleaned the data by comparing all of the transcripts with the audiotapes for accuracy and dimensionalizing all transcripts by adding the observed elements of the interview not captured on the audiotapes, such as smiling, crying, or any meaningful pauses. During the process of data preparation, simultaneous analysis also occurred whereby all data were repeatedly read line-by-line and indexed for commonalities which helped in informing emerging themes and sub-themes.

Interpretation

The transformation of qualitative data into findings that are rich and capture the essence of the sub-population under study is the goal of analysis. The work of qualitative analysis involves more than thorough readings and coding of the data. A process of

exploring meanings and connections in the data that intermingle with the researcher's own thoughts, reflections, and intuition and verification with the participant's views, all held in check by audits and peer debriefings (Fossey, et al., 2002) culminate in themes and sub-themes informed by the data. An understanding of the participant's stories, which served to convey their sexual attitudes and behaviors was the goal of this study.

Interpretation of the data in the current study was guided through a process of Immersion and Crystallization, an iterative, contemplative, and reflexive process that led to the emergence of ideas and themes that were insightful and interpretative (Borkan, 1982). A line-by-line review of the data followed to verify that the findings were contextual and data-driven (Mendelson, 2003). The repetitive nature of analysis, between reading and reflection of the data and developing interpretations allowed firm links to be made that were supported through participant's comments (Roberts, 2006).

Themes and sub-themes, defined as abstract meanings that identify and capture recurrent experiences and its manifestations, which are common to the participants and serve to unify the experience (DeSantis & Ugarrzia, 2000) were induced from the interview and field data. Understanding what people say (interviews) organizes the findings and seeing what they do (observations) elucidates the meanings of sexual attitudes and behaviors in Long-term Hispanic teens, which were captured in the themes and sub-themes emerging from the data.

Analysis of Interview and Observational Data. Interpretation of the data began with the documentation of initial ideas for emerging patterns, which I made during data collection and captured in field notes. Following the cleaning phase of data analysis, a line-by-line review of the transcribed interview material was compared with the field

notes of observational data and preliminary impressions further documented. I then indexed the data for commonalities, differences, key phrases, or practices that are special to the participants (Patton, 2002). Insights, documented in the field notes and those that emerged during data collection and cleaning of the transcripts, led the formal data analysis period, but were changed and appended as the analysis unfolded.

Once the data were indexed, I reviewed all of the data to determine what was significant. The process of Immersion and Crystallization, guided the next step in interpretation thus allowing insight into the data to crystallize (Borkan, 1999). The textual data, including all accumulated data (transcripts, field notes, and preliminary analysis notes) were reviewed in a cyclic manner with an openness, questioning and reflection, allowing commonalities to emerge and interpretations to be reached. This step, involving a repetitive line-by line review of the data, while reflecting and contemplating on the emerging themes occurred over a two year period and was assisted by experienced mentors who guided the process and held my research assumptions in check.

One of the final iterations in the data analysis was electronic data analysis, using Atlas Ti software which was developed for the management and analysis of large volumes of qualitative data. I electronically indexed the transcribed interview data and analyzed the complex phenomena hidden in the qualitative data using a series of Atlas Ti tools to manage, extract, compare, explore and identify meaningful pieces of data which resulted in quotes and codes that supported the data as induced through the iterative process of Immersion and Crystallization.

Analysis of Demographic Data. I analyzed the demographic data by hand using descriptive statistical analysis. I then used this data to characterize and describe the sample.

Description of Findings

Preparation of the description of findings involves presenting detail, context, and the patterns of relationships that define the interactions people have with another in their social surroundings (Patton, 2002). The rich description of the research not only presents the findings in sufficient detail to inform the consumer, but also allows the voice of the participants to be heard and the significance of their experiences to be appreciated, thus the findings are both descriptive and interpretive (Fossey et al., 2002). I presented the themes and sub-themes with an interpretation of their meaning and any significant information regarding their emergence from the data. Participant quotes juxtaposed with the researcher's interpretations, serve to describe and support the themes (Fossey et al.). A faithful and accurate interpretation of the participants' story is the goal (LeCompte & Goetz, 1982) and is presented in the findings of this study.

Researcher's Assumptions/Perspectives

With all research, investigators bring preconceived insight, ideas, and concerns that serve to provide a focus of their inquiry, but may also serve as a distraction (Patton, 2002). It is important for investigators to make their personal and relevant beliefs, concerns, and intentions for their research explicit (Locke, Spirduso & Silverman, 2000; Patton.). By recording these preconceived notions, related biases may be recognized, noted, and acknowledged in the analysis, thereby improving the impartiality of the study and its findings. This point is especially true when the researcher is also the data

collection tool, as in qualitative work (Patton). All research into human experiences represents some degree of perspective rather than an absolute truth. However, by making one's assumptions and perspectives explicit, the effect of such predispositions on interpretations can be understood and moderated through methodological rigor and vigilance by the researcher (Patton). Disclosure of assumptions also allows the consumer of research to view the results with an awareness of the basis for the co-created information.

My researcher assumptions/perspectives related to and which serve as the foundations for this study are:

1. Teen pregnancy has been a developmental reality and a health impediment for teens in the United States and will continue as such until the influences which impact attitudes and behaviors are known.
2. Nurse Practitioners and all society members are positioned to strongly influence the risk behaviors of teens. However, a comprehensive conceptualization of adolescent attitudes and behaviors that affect sexual decision-making is lacking and may not be fully appreciated or acquired in the sterility of the clinic setting where Nurse Practitioners work, as the issue is complicated and greatly influenced by the individual teen's society.
3. Hispanics experience disproportionately high levels of teen pregnancy when compared to all other ethnicities for reasons that are not known as they have not yet been investigated in depth and in specific Hispanic sub-groups, which are quite heterogeneous.

4. Based upon the experiences of living and working in northern New Mexico, I believe that Long-term Hispanic residents have different attitudes, values, and behaviors related to teen pregnancy than other Hispanic subgroups which remain obscure and mostly uninvestigated.
5. Meanings and behaviors are tied to value systems that are socially created by human interactions and are constantly in flux; individuals use self-reflexive processes to internalize values and guide subsequent behaviors.
6. Societal influences on one's attitudes and behaviors can be identified and understood by hearing the stories of those experiencing, interpreting, and constructing meaning of their social world. The meaning and importance of human experiences can be revealed through personal accounts that prioritize and add depth to explanations of values, beliefs, customs, and attitudes.

The potential bias relative to the current research and presented in these assumptions was acknowledged in the research process. A deep astuteness and vigilance throughout the research process allowed me to be aware of my personal assumptions and ensure that such predispositions served only as a means of co-creating understanding of the data. The careful and systematic use of the criteria for methodological rigor in qualitative research, as detailed in the following section, also assisted in this process.

Methodological Rigor

A variety of sources describe the criteria for methodological rigor in ethnography, which include the importance of assuring credibility and quality, or truth in qualitative research (Cutcliffe, & McKenna, 2002; Fossey et al, 2002; Roberts, 2006; Patton, 1999). Yet, only Lincoln and Guba (1985) have set enduring criteria for rigor in qualitative

research. Lincoln and Guba describe trustworthiness as an element of rigor in qualitative work and delineate methods that help the consumer of the research to determine the applicability of the research and the credibility of its findings. The 25 year-old criteria for rigor, set by Lincoln and Guba, remain the gold standard for qualitative research and suggest that by using a variety of methodological techniques, trustworthiness of the data can be attained. The current study adopted the following Lincoln and Guba criteria of (a) credibility; (b) transferability; (c) dependability; and, (d) confirmability.

Credibility

Lincoln and Guba (1985) suggest that credibility in qualitative research can be secured through the processes of prolonged engagement, persistent observations, triangulation, and member checks. All of these measures were utilized in the current study.

Prolonged Engagement. Prolonged engagement is the investment of sufficient time to achieve the purposes of “learning” the culture, testing for misinformation, and building trust with informants (Lincoln & Guba, 1985). This technique adds scope to the data collection.

I have resided in northern New Mexico for the past 33 years and have important relationships with both adults and youth in the communities through volunteerism with local groups and health work. Over the past five years, I performed an extensive review of the literature as well as a pilot study focusing on the reproductive health of New Mexican Hispanics where interview questions were piloted and a basic understanding of the cultural milieu was obtained.

Persistent Observation. Persistent observation was used to identify those elements that were most characteristic or relevant to the issues being investigated. It provided focus, depth (Lincoln & Guba, 1985), and salience to the data. The processes of persistent observation in this study were sequential interviews for two primary participants and participant observations that systematically occurred at points throughout the entire data collection period. Engaging in sequential interviews allowed for opportunities to clarify misconceptions and probing deeper into salient items that emerged during the initial conversations (Lincoln & Guba). Although only two second interviews occurred with primary participants, as findings began to emerge from initial interviews, interview guides were modified for use with all successive participants (eighteen participants). Modifications included development of additional questions to ensure depth and clarity of findings in the data set. Observations allowed for both validation of the interview data and prompting of further questions for subsequent interviews regarding the context of the environment (Patton, 1999).

Triangulation. Triangulation is an important process of using a variety of data sources and methods to ensure completeness of the ethnographic record (Creswell, 2003) and a complete view of the issue under study. “It improves the probability that the findings and interpretations will be ...credible” through verifying the information with several sources (Lincoln & Guba, 1985, p. 305). In the current research, triangulation was used in both data sources and data collection methods.

Triangulation of data sources allows for multiple points of data to provide the researcher with several perspectives that verify or complete one another, thus assisting the researcher’s understanding of the information (Lincoln & Guba, 1985). Analysis of

different data sources allows for comparisons between what people say in private and what they do in public (Patton, 1999). Each of the four sources of data and collection methods, in this study, provided a different type of data about the sexual attitudes and behaviors of interest. The interviews provided in-depth information about the participant's sexual attitudes (values and beliefs important to them and shared by societal participation). The demographic data and observations provided context for the participant's attitudes and behaviors. The field notes provided observations about the environment, individual behaviors, and researcher's impressions about the research process, which were not captured on the audiotapes or in the transcripts.

Member Checks. According to Lincoln & Guba (1985, p. 314), member checks are the “most crucial technique for establishing credibility”. This process involves validation of individually collected data and its interpretations with members of the population where the data were collected (Creswell, 2003). During the entire interview process, an informal means of member checking involved validation of emerging understandings acquired in prior interviews, when interviewing subsequent participants. Participants were asked to share their ideas about commonalities that were developing during the data collection process as well as views and ideas reported by their peers. In addition, all interviews were closed with a summary of my understanding of the current discussion with them and a request for the participant to validate any points of understanding or agreement and further elaboration and clarification on any misunderstandings.

A more formal process of member-checking occurred with the two primary participants who participated in second interviews. As individual lives and levels of

insight differ from person to person, member checks may not be uniform and may serve more so to provide in-depth data about emerging ideas and the researcher's interpretations than as a method to seek uniformity in the data (Sandelowski, 2002). As it is unlikely that any participant will have a comprehensive picture of the phenomenon under inquiry, member check information was accepted as the individual's contribution to a part of the research, which should contain a recognizable feature of themselves or their experience in the analysis (Cutcliffe & McKenna, 2001). Second interviews with primary participants included a summary of findings to date and a request for their thoughts and feelings on the emerging understandings. The participants responded by either validating the information or offering clarifying or alternative ideas why other participants may have reported what they did. Both primary participants expressed much agreement with the emerging understandings and neither verbalized divergence or dissent on the data

Transferability

Transferability, or the applicability of specific research to other populations, is the responsibility of "...the person seeking to make the application elsewhere" (Lincoln & Guba, 1985, p. 298). The researcher's obligation is to present the research in a narrative format using rich and detailed descriptions (Lincoln & Guba; Spradley & McCurdy, 1972) that allows the consumer of such work to determine if the findings are transferable to their population of interest. "The responsibility of the original investigator ends in providing sufficient descriptive data to make such similarity judgments possible" (Lincoln & Guba, p. 298). I presented a rich and detailed description of the findings in this study.

Dependability

Dependability, or the authenticity of the research process and its findings, was maintained through audits. Field notes of the research process were audited in an ongoing fashion during periodic discussions with expert and faculty researchers to discuss and debrief the research procedures and its findings. These peer debriefings served to explore aspects of the research that “might otherwise remain only implicit within the researcher’s mind” (Lincoln & Guba, 1985, p. 308) and to examine the processes and findings for accuracy.

Confirmability

Confirmability is the dependability in findings and is achieved through audits of the data, its interpretation and inferences, study procedures, and study findings (Lincoln & Guba, 1985). To accomplish confirmability, all data were maintained, including the indexed data, the codes, the themes, and analysis memos for review by the research committee. All questions and comments regarding this study were addressed.

Protection of Human Subjects

As research can carry risk to those who serve as research participants, it is the duty of researchers to protect research informants. The current study was noninvasive and presented minimal risk to the participants. Every effort was made to protect the dignity and confidentiality of all participants. All participants were fully consented/assented prior to any data collection. All data were stored in a locked cabinet in the locked office of the investigator and any data with identifying information was destroyed at the completion of the project. All participants were informed of any risks related to participation and allowed to withdraw at any time and without consequence. No

participants withdrew from this study. This study was evaluated and approved by the University of New Mexico's Human Subjects Committee, for purposes of ethical review, prior to commencement.

Chapter Summary

Chapter 3 presents the methodology for this research. The current study is a focused ethnography into the sexual attitudes and behaviors of parenting, Long-term Hispanic female teens in NNM. Data included interviews with primary and secondary participants, demographic data from all participants, observational data, and field notes. Data were analyzed using Immersion and Crystallization to allow for an inductive generation of study findings to answer the research questions. Trustworthiness in the research occurred through multiple processes, including credibility through prolonged engagement, persistent observations, triangulation, and member checks. Rich and thick descriptions allow for a transferability of findings, and dependability and confirmability was maintained by providing information for audit processes. A discussion of the protection of human subjects and measures to minimize risk were presented.

Chapter 4: Demographics and Narratives

Chapter 4 consists of three parts: (a) demographics of the samples; (b) the context that framed the experiences of the participants; and, (c) narrative overviews of the ten primary participants.

Demographics of the Sample

Ten primary participants and ten secondary participants, who met the inclusion criteria, were interviewed. Table 1 provides demographic information of the primary participants.

Primary Participants

Age. The youngest primary participant was fifteen and the oldest was seventeen. The mean age was 16.6 years (SD = 0.069).

Family. Forty percent (N = 4) of the participants lived with their boyfriend and his family, another 40% (N = 4) lived with their own parent(s)/family, and 20% percent (N = 2) resided with other family members.

Family of origin. Sixty percent (N = 6) of the participants were raised in a single parent home, 20% (N = 2) were raised by their grandparent(s), 10% (N = 1) were raised by both parents, and another 10% (N = 1) were raised by an adoptive family.

Siblings. All of the primary participants had siblings.

Children. All of the primary participants had children, under the age of 12 months, who were living with them.

Marital Status/Relationships. Sixty percent (N = 6) of the participants were in a dating relationship with a male partner, 30% (N = 3) of the participants were single and not dating anyone, and 10% (N = 1) was married to the biological father of her child.

Employment. All of the primary participants were unemployed at the time of their interviews.

Socioeconomic Status. Ninety percent (N = 9) of the primary participants were living at or below the state's poverty level as measured by receipt of state/federal assistance for impoverished persons (i.e. Welfare, Medicaid, WIC). Ten percent (N = 1) of the participants had a family income level above the state's poverty level.

Education. Thirty percent (N = 3) of the participants had completed a ninth grade education level, 20% (N = 2) had completed a tenth grade education level, 30% (N = 3) had completed an eleventh grade education level, 10% (N = 1) had graduated from high school and 10% (N = 1) had earned her GED (Graduation Equivalency Degree) while classified as a tenth grade student.

Place of Birth. All of the primary participants were born and raised in New Mexico, as had their parents and grandparents.

Language. All of the primary participants spoke English as their primary language. This was also the primary language spoken in their homes.

Table 1. Demographics of the Primary Participants.

| Name | Age | Marital status | Child's age | Raised by | Reside w/ | Employment | Poverty | Education | Siblings |
|-----------|-----|----------------|-------------|--------------|--------------------|------------|---------|------------------------|----------|
| Elizabeth | 17 | Married | 11 m* | GP** | Spouse | No | Yes | 10 th grade | Yes |
| Roberta | 15 | Dating | 3 m* | Parents | Parents | No | Yes | 9 th grade | Yes |
| Lola | 16 | Dating | 6 m* | GP** | Boyfriend | No | Yes | 9 th grade | Yes |
| Eve | 17 | Single | 4 m* | Parents/GP** | GP** | No | No | 10 th /GED | Yes |
| Santana | 17 | Single | 4 m* | Parent | Parent | No | Yes | 10 th grade | Yes |
| Asabel | 17 | Dating | 2 m* | Parent | Parent | No | Yes | 11 th grade | Yes |
| Julia | 17 | Dating | 3 m* | Parent | Boyfriend's family | No | Yes | Diploma | Yes |
| Susanna | 16 | Dating | 2 m* | Parent | Boyfriend's Family | No | Yes | 9 th grade | Yes |
| Rose | 17 | Single | 3 m* | Parent | Parent | No | Yes | 11 th grade | Yes |
| Valerie | 17 | Single | 8 m* | Parent | Other family | No | Yes | 10 th grade | Yes |

Mean age = 16.6 yrs. SD = 0.69

*m = months

**GP = grandparents

Secondary Participants

The secondary participants were adults, aged 18 years and older, who lived and worked in the counties where the study was conducted. These persons were self-described Hispanics and resided in areas of New Mexico of interest to this study. All secondary participants were born and raised in New Mexico, as had one or both of their parents. I recruited the participants individually as many were known to me through their employment and were believed to hold valuable insight into the behaviors related to teen pregnancy in the Hispanic population of interest. These key informants interacted

with youth on a daily basis and dealt with teens on issues related to pregnancy and reproduction. I contacted the participants either in person or by telephone and asked if they would like to participate in this study.

All of the secondary participants were female and used English as their primary language. Four of the secondary participants worked with teens from one county of interest and three from the other county. An additional three secondary participants worked with teens from both counties. Forty percent (N = 4) of the secondary participants were between the ages of 31 and 40 years, fifty percent (N = 5) of the participants were aged 41 to 50 years, and ten percent (N = 1) were between the ages of 51 and 60 years. Ninety percent (N = 9) of the secondary participants had school-aged children, 10% (N = 1) of the participants had no children.

All of the secondary participants were employed full-time in careers that involved work with youth. Twenty percent (N = 2) of the participants were high school counselors, 20% (N = 2) were school nurses, 10% (N = 1) were public health nurses, 10% (N = 1) were high school teachers, 20% (N = 2) were advanced practice nurses who provided medical services to teens who were pregnant and/or parenting and their children, 10% (N = 1) were case managers for pregnant and/or parenting teens, and 10% (N = 1) were coordinators of school-based health clinics.

Context

The context of this study serves to describe the similarities in the experiences and lives of the participants and makes connections among importances (Wolcott, 1999); it describes the framework where people live, experience and behave (Patton, 2002). The context provides information for interpreting the experiences of humans in their

particular setting, place and time (Patton). These commonalities assist in relating the background and circumstances the participants were exposed to and which have influenced their lives. The context of this study was acquired by using a combination of information including statistical, interview and observational data and is described as follows: (a) small and rural communities; (b) chaotic environments; (c) teen mothers as the primary parent; (d) children as the focus of current life; (e) external locus of control; and, (f) dreams of bettering themselves in the future.

Small and Rural Communities

I conducted this study in two small and rural counties of northern New Mexico. Population density is only 3.4 to 7.7 persons per square mile in County One and 0.4 to 3.3 persons, in County Two (NMDOH, 2008) with residents holding personal income levels well below the state and national poverty levels; annual per capita income in County One is only \$24,211 and in County Two, \$18,037 as compared to \$29,929 for the state and \$36,276 nationally (NMDOH, 2008). The primary and secondary participants describe difficulties related to rural living as not having many entertainment choices or opportunities for youth to engage in activities other than using alcohol and drugs and unprotected sex. The secondary participants describe areas for improvement in their communities which focus on youth recreational opportunities, improved access to family planning services, and opportunities for kids to envision futures outside of these small, rural areas. A few secondary participants described youth in these communities that have never traveled beyond a major city in central New Mexico, a situation they felt limits the future dreams for youth as they may know nothing other than their current surroundings which are typified by unemployment, drug use, low income jobs, and young and repeated

pregnancies. Observations support the description of the communities. A recreational center was available in only one community, but cost to enter and engage in activity was prohibitive for many youth. Community events were sporadic and few events were free to attend. Most events were geared towards adults and “boring” or not interesting for youth. Activities for youth mostly revolve around sports and usually involve some sort of after-activity event (“party after the game”) where youth went to socialize. Only a couple of annual events drew great attendance from persons of young ages. However, even during these events, family participation was minimal. Adults spent their time listening to music, eating and socializing with one another, while the youth congregated in other areas where they could “hook up” with each other and plan for other activities, away from the adults.

Chaotic Environments

In 2006, the marriage rate in the state of New Mexico was 6.7 per 1,000 persons while the country’s rate was 7.3 (NMDOH, 2008). The rate of divorce in New Mexico was 4.2 per 1,000 and 3.6 for the country, during the same time period (NMDOH). Statistics for death rates due to drug and alcohol use indicate that the drug-induced death rate in New Mexico for 2006 was 21.3 (11.3 for the U.S.), the alcohol-induced death rate was 16.7 (7.0 for the U.S.) followed by firearm injury deaths of 13.9 (10.2 for the U.S.), per 100,000 persons (NMDOH). The majority of participants described homes of youth as chaotic. Many homes are single-parented and with multiple children. Grandparents and other family members often take on the role of primary caretaker as the youths’ own parents are absent, unemployed, drug addicted, or otherwise unavailable or unwilling to care for them. The primary participants describe being shuffled from home to home,

being unsupported emotionally, living with inattentive adults, kicked out of their homes, or even witnessing drug-use by their parents. Only one primary participant lived in a home with an intact marriage between her biological mother and father. This participant voiced feeling uncomfortable about her parents openly condoning a sexual relationship between her and her middle school-aged boyfriend. The secondary participants agree with these descriptions and add that although there is usually an adult family member who provides housing for youth, the emotional support, guidance, and love is often missing; this may be seen as a risk promotive environment for the sexual activities of youth.

The secondary participants add that chaotic and unsupportive homes may be one reason teens choose pregnancy; to have something/someone of their own to love and who loves them in return. In 2006, Hispanic teens aged 15 to 19 years accounted for 66% of the births but only 21.7% of the state's abortions for girls of this age group (NMDOH, 2008). Teen mothers may also get positive reinforcement regarding their pregnancy and parenthood, through celebrations like baby showers and baptism. Although this attention is worrisome to the secondary participants who feel that youth should not be positively reinforced in this manner, it is accepted that these are celebrations of a new life, not of the teen method of its introduction into the community. Roles, such as godparent to the child, are considered to be socially important. It is this importance that secondary participants believe drives the celebrations.

Observations support the descriptions of chaotic environments. Some parents/families of the participants were observed to be intoxicated publicly, fighting

with one another, and/or somewhat distant from their children, but very proud and happy when engaging in celebrations surrounding baptism or baby showers.

Teen Mothers as Primary Parent

The primary participants describe experiences where they are the primary parent and caretaker of their child. Although some of the teens had boyfriends who stayed in a relationship with them after the baby was born, many of the males failed to take on the parenting role fully. The teen mothers described bickering and arguing within the relationship over day-to-day activities such as whose turn it was to change the baby's diaper, make a bottle, or even clean the house where they were living. Some of the primary participants described their partners extended absences due to incarceration for violations related to drug and alcohol use, fighting, firearms and even robbery. Some of the primary participants characterized the fathers as children themselves who have failed to take on the responsibility of being a parent. Many of the teen participants also described feelings of growing independence from the romantic relationship and from their boyfriends versus a prior feeling of emotional dependence they experienced during the pregnancy. Many stated they no longer felt that they needed a boyfriend and that they were now capable of parenting and raising their child independently, if needed.

The secondary participants described likely futures for the teen mothers without the biological fathers. Many predicted that the current romantic relationships would not last and that the teen parents would proceed to be in relationships with other partners and may go on to have more children in their teen years. Observations also supported this description. Teen mothers were viewed taking their children to medical and WIC appointments by themselves or with friends their own age. A teen father was seen only

once with his partner in public, however both were arguing loudly about who was being unfaithful in their relationship, his failure to take on a responsible parenting role by assisting with grocery shopping and care of the child, and his lack of financial support for groceries and diapers. Teen mothers were generally absent at events such as sporting competitions at the high school and college level. When present at community events, many teen mothers were, again, either without their children or had their children with them and in strollers pushed by their girl friends.

Children as Focus of Life

All of the primary participants described loving their children. Although many wished they had waited until they were older to have children, they did not regret the children themselves. Most of the primary participants described their children as the main focus of their current lives. They spent much time worrying about acquiring diapers, formula, and other necessities for their children. They also viewed their children as a reason to better themselves in the future. Despite the fact that 18.5% of persons in the state held less than a 12th grade education and less than 33% of the population held a college degree (NMDOH, 2008), many of the primary participants spoke of dreams to acquire their high school diplomas/GED and secondary education that would enable them to have a career and financial independence. They hoped to provide homes, cars, and many material items for their children. They spoke of their children as a reason to get up in the morning, to pull themselves out of depressive states, and to strive for better than what they had in their own youth. One primary participant dreamed of a stable and good home environment for her child, which she did not have herself. Many of the teen

participants hoped their own children do not become teen parents and instead do well in school and choose to enjoy their lives without parenting at an early age.

Several secondary participants noted that some teen mothers appeared happier after becoming mothers and were visibly less depressed and lonely. Secondary participants did speak about the love teen mothers have for their children, but several feared what the future would hold for these teens when they realized that their children would not stay small and always be so lovable. Several secondary participants speculated about what life would be like for the teens when parenting became more difficult and isolating as the children aged. They predicted that the teens would not view mothering as fun, joyful, or easy in the coming years; when it would be too late to undo past sexual behaviors. They reported experiences of seeing few children who were parented by their mothers as they aged; instead the children were often in the care of extended family members.

External Locus of Control

A commonality that surfaced throughout the interviews with primary participants was that of life experiences where things just happened to them and which were out of their control. They recalled events where boyfriends ended up in jail or where they themselves “landed up” pregnant. It seemed, through the discussions, that there was an external force which drove these occurrences; occurrences that deeply impacted the participant’s lives. This information was puzzling to the researcher, especially as the discussion took place amid the participant’s statements of immense responsibility-taking and rapid maturing related to parenting. Although all primary participants were not using reliable methods of contraception in a correct or consistent manner and all voiced an

understanding that a pregnancy could occur if sex was not protected, most described conception as “just happening” or “landing up pregnant”. They verbalized misperceived risk by stating that they really just didn’t think a pregnancy would happen to them.

This external locus of control was also depicted in the stories of those primary participants who struggled with legal issues related to their boyfriend’s activities; activities which often landed the young fathers in jail and away from their children. The teen participants described these events as simply beyond their and their partners’ control instead of as incidents that need to be addressed differently in the future.

Instead of agreeing with the external locus of control that primary participants described where communities, systems, or schools may be partly to blame for teen pregnancies, secondary participants viewed teens as fully capable of affecting their own lives in a positive manner, but lacking the desire or personal drive to take responsibility for their lives and futures. They characterized teens, in general, as being somewhat apathetic with issues that deeply affected them, like their sexuality, education, careers and futures.

Dreams of Bettering Themselves in the Future

Although some of the primary participants could not picture their futures in five or ten years from the present, the ones who could reported dreams of “having it all” or “getting there” which was described as a happy marriage, a successful career, a home, vehicles, and more children with everything they wanted and desired. They dreamed of taking their children on trips with other young families to have fun. Many dreamed of ongoing relationships with their current partners or others. Many hoped to attend schools of secondary education towards careers in criminology, cosmetology, nursing, veterinary

medicine, and even architecture. Several hoped to go into business with their romantic partners. One teen described her hopes for the future as wanting the “fairytale”. The participants who could not picture their future stated that maybe they “weren’t at that stage yet” and could only see the present and providing for their child today.

The secondary participants described poor future prospects for teen mothers and predicted many repeat pregnancies while the girls were still young, broken relationships and fighting between current and new partners of both biological parents, and low education levels or struggles through secondary education. The secondary participants reported that the few mothers who would attend college would most likely leave their children in the care of family members. Teen mothers who do not attend college, were predicted to gain employment in minimum wage jobs and continue to struggle with issues related to poverty.

Although the primary participants described goals for their futures, most did not have plans towards these goals and had yet to accomplish even the beginning steps towards their dreams. All primary participants were unemployed at the time of their interviews, only one had graduated from high school and another had earned her GED; neither participant was attending schools of secondary education at the time of their interviews.

Summary

The context of this study was described in terms of similarities in the experiences of the participants as well as by use of community participant observations and statistical descriptions. This framework provides the connection between contextual characteristics in this study which include the environment where the participants live, experience and

behave, information for interpreting the experiences of the participants in their particular setting and time, and commonalities relating the societal circumstances of the participants and which have influenced their lives. The participants' experiences, in this contextual setting, are described in their narratives.

The Primary Participants' Narratives

Narratives are used to present and organize the experiences of the participants in a context-bound framework and depict the social realities of their lives (Crabtree & Miller, 1999). The narrative usually includes a recollection of past events, anticipations for the future and an ordered account that presents a logical picture to the reader (Crabtree & Miller). Experiences, which are captured in narratives, are socially created through interactions and tell of one's expectations versus actual life events (Mattingly, 1998). These narratives serve as recollections of how the tellers have moved through time and created significance and meaning in their lives through the intricate interplay of their existence in society (Mattingly). Narratives capture attributes of interest from the perspective of its members and tell of the significant social experiences in the participant's lives. The narratives allow the consumers of such work to identify attributes that may have previously gone unknown and provide context (Crabtree & Miller).

Elizabeth's Story

Elizabeth is a 17 year old girl who, since the age of five, was raised by her paternal grandparents. She has one older brother, who was also raised by her grandparents and two younger siblings who did not live with her. She is the mother of an 11 month old daughter who resides with her and her husband (the biological father of her child). Elizabeth completed tenth grade, but currently does not attend school or work;

she is a stay-at-home wife/mother. Elizabeth has some contact with her father, but due to her pregnancy, the relationship is strained between her and her father. Elizabeth has some contact with her mother; however this relationship is also difficult as Elizabeth's step-father encouraged her to have an abortion when he and her mother learned about her pregnancy. Elizabeth did not agree to an abortion as she feels abortions are against her moral character. She also feels that her step-father was being coercive in encouraging the abortion for his personal gain. She states that he wanted her to take over a family business, which he believed she could not do if she had a child. Elizabeth states the family business is in the planning stages and after a year and a half, still does not exist. Elizabeth's mother was also a teen parent and Elizabeth views her as a poor source for information/guidance; "...she couldn't say much cause she had me and my brother at a young age". Elizabeth reports receiving only very limited education/discussion regarding sex, contraception, and pregnancy from her school health class and no information at all from her family. She and her boyfriend did not discuss sex or contraception; she believes she is not different from other girls her age in this respect. Elizabeth states that girls just don't think it (pregnancy) will ever happen to them, they just have sex. Elizabeth states that her family members were quite unhappy when they learned about her pregnancy because she believed that she was pregnant earlier in the year, which caused much unrest in the family; they were not sure if this was another "close call".

Elizabeth reports numerous different issues with the schools she and her boyfriend attended. She cites difficulties with school staff regarding absences, boyfriend picking her up from school, failing grades, conflicting roles of parent and student, and disagreements with other students as the reasons that she and her boyfriend dropped out

of high school. Although she dreams of earning her GED and then attending nursing school, she has no true plan for accomplishing this.

Elizabeth cites a closer relationship/support from her brother and her step-mother following her pregnancy. She voiced continued discomfort about the poor relationships with her father, mother, step-father and grandparents and states that she would not tell them if she became pregnant again, as she felt that she had already let them down by becoming pregnant the first time. Elizabeth's grandparents did not accept her boyfriend during her pregnancy and kept him away from her for most of this period. Following the birth of her daughter, Elizabeth married her boyfriend so that they could be together and not forced to separate again. Although Elizabeth states that her marriage to the father of her child should normalize the stigma she feels about future pregnancies, she also says that if she became pregnant again she would not tell her family before it became physically obvious.

Elizabeth would advise a friend that if they wanted a baby, they should get pregnant as she has several friends who have babies and who she says appear happy; she does state they should stay in and complete high school. Elizabeth does not desire a teen pregnancy for her own daughter and hopes that she waits until she is out of her teen years to conceive.

Roberta's Story

Roberta is a 15 year old who was raised by and continues to live with both her parents. She has two older brothers who both have elementary-aged children and also live in the residence. Roberta has one daughter who is three months old at the time of her first interview. Roberta is in a tumultuous relationship with her boyfriend of six years.

Roberta completed ninth grade at a public high school and then attended an alternative high school which allowed her much freedom. The curriculum was self-paced with on-site attendance required only one day per week; the school is not accredited by the board of education. Roberta graduated from this school and plans to attend a community college in the next semester. She dreams of becoming a crime scene investigator, but feels the classes may be too difficult for her, so she has changed her planned course of study to cosmetology. She has a friend who plans to attend cosmetology school with her however, at the time of the interview, neither teen has registered themselves as students or for any classes despite the fact that classes were only a few weeks away.

In addition to her family members, Roberta also lived with numerous foster children that her parents took into the home. One of Roberta's primary roles in the home was as caretaker for the foster children. Roberta felt that the experiences of caretaking the foster children prepared her for motherhood.

Roberta began dating her boyfriend in sixth grade; a relationship that was condoned by her parents. Roberta was quite uncomfortable with the sexually intimate aspect of the relationship and freedom afforded the couple early on, especially when left alone at night. The boyfriend was allowed to sleep overnight at Roberta's house without adult supervision. Roberta never discussed sex or contraception in school or with a family member. However, she and her boyfriend were sexually active and planned to become pregnant since their time in early middle school as they both felt that they were old enough to become parents. Roberta was trying for a pregnancy, but after being unable to find an after-school job due to her young age, she and her boyfriend began using contraceptive pills as they felt they could not afford a baby. Roberta forgot one

contraceptive pill and then stopped taking them altogether. Roberta became pregnant soon after and was scared about the pregnancy, but felt better when it was accepted by her mother, who was also a teen mother; Roberta's maternal aunts were also teen mothers. Her father was unhappy with the pregnancy, but remained mostly quiet about it or only complained when she did not keep up with the housework or care of the other children. Roberta feels that early motherhood was a very difficult and lonely time for her. Her boyfriend was incarcerated for the majority of her pregnancy and questioned the paternity of the baby; this was hurtful to her. Roberta's boyfriend is frequently incarcerated due to drug and alcohol problems as well as physical violence that frequently involve firearms. Roberta often takes a parental role over him, especially when it comes to parenting their daughter as he complains and sometimes refuses to provide basic care (diapering, feeding, etc...) for the child. Roberta feels very frustrated by the boyfriend's poor parenting but predicts a continuation of the relationship as they have been together for a long time.

Roberta has friends who are not mothers, but were very excited about her pregnancy. They assist her in mothering her daughter and several are currently trying for pregnancies themselves. She also had friends whose parents did not agree with the pregnancy and disallowed their children to be around Roberta. This, along with negative comments and stares she received in public regarding her pregnancy caused her emotional pain. She also finds it difficult when she is told by family members and concerned adults in the community how to care for her child. Roberta feels that a mother's natural instincts tell her how to parent and that parenting is not difficult. Roberta describes mothering as hard only when she cannot do what she wants or have fun

with her friends. She feels that teens should be given more support and breaks when they are parents; the school, probation office, and parents, should assist teens with time off, absences, and transportation because they are teens. Roberta describes much chaos in her life related to her boyfriend's frequent incarcerations, bouncing from living with him and his mother back to her parent's home, and verbal altercations with his family members that have escalated after the birth of their daughter.

Lola's Story

Lola is a 16 year old mother who was raised by her maternal grandparents after her parents became heavily addicted to street drugs and unable to care for her and her two siblings. Her younger siblings were at first sent to live with paternal family members, but eventually came to live with her and her grandparents following accusations of abuse by the paternal grandparents. Lola's grandfather is an important community figure who she views as a "strong" and "great" person.

Lola lives in a trailer home, next to her grandparents, with her boyfriend and her six month old son. Lola reports enjoying her pregnancy very much because she was afforded special privileges at home and at her high school, such as not having to do chores, and being allowed to leave class as needed, etc... Lola completed ninth grade, but has since dropped out of school to care for her son.

Lola had some limited discussions with school health clinic personnel and her grandmother about contraception prior to her pregnancy. She had access to birth control pills and condoms, but failed to use them regularly as she did not think a pregnancy would happen to her. Lola had discussions with her boyfriend about what would happen if she became pregnant, but they did not talk about contraceptive use. During these talks,

Lola's boyfriend promised her that he would not leave the relationship if she became pregnant, so she felt secure about a potential pregnancy. Lola has several friends that are also mothers and by her account, appear to enjoy pregnancy and motherhood. When Lola discovered her pregnancy, she was scared and refused to tell her grandparents; her boyfriend informed them for her. Her grandparents were upset and cried and they insisted that Lola and her boyfriend take responsibility for the child and complete high school. Lola plans to attend community college and take classes that will prepare her to test for her GED. However, she has not yet registered for school, despite the fact that classes start in less than one week.

Lola states that a child is a huge responsibility and should be taken seriously. However, she has ongoing internal conflict about continuing her youth, having fun with her friends, and balancing these desires with her responsibilities as a mother. She feels that her boyfriend is mostly a responsible parent, but they do fight and argue about parental responsibilities such as who will change the diapers, make bottles, and clean house. Lola's boyfriend was attending community college, but was involved in a violent crime and spent time on house arrest causing him to miss classes and flunk out of school. Lola felt that her boyfriend's time on house arrest should have been spent parenting their child so she could go out with her friends and have fun, as the boyfriend could not leave home anyway; this has caused conflict in the relationship. Lola states that at first she was fearful her boyfriend would leave her when she became pregnant, but now states that she is more sure of herself and believes she "could make it without him" if he ever left.

Lola discusses hurt she has experienced when receiving negative comments and stares from community members in relation to her pregnancy. She prides herself on

providing for her child and her difference from her parents by being drug-free and living a “good life, the way I’m supposed to”. Lola, at first, puts a positive spin on her life and current situation. Only towards the end of our first meeting, do the negative aspects of her pregnancy and parenting experiences come out. Lola reports, what she describes as familial acceptance of her situation and of her child, but later admits that she does not get much help or attention for her child, especially as the child is now older, less cute, and requires more care. She says that her family has not celebrated the pregnancy or her child and describes her personal conflict between being a teen and being a parent, feelings which are escalating with time. Lola reports chaos in her life related to her parents’ drug abuse and neglect of her and her siblings, current legal problems her boyfriend is involved with, and a recent, sudden family tragedy. Lola has been seen in public, openly arguing with her boyfriend about his lack of parenting of their child and accusations by both partners that the other is being unfaithful to the relationship. She has also been observed on several occasions, in the community, socializing with other teen girls and without her child or her boyfriend.

Eve’s Story

Eve is a 17 year old girl who currently resides with her maternal grandparents and her four month old son. Eve was raised by her parents, until their divorce when Eve was elementary aged. Although Eve’s mother is her custodial parent, Eve has bounced from her mother’s home to her father’s and to her maternal grandparent’s. Eve and her mother have had difficulties in their relationship for a long time which translated into arguing and fighting, including some physical altercations, which has resulted in Eve being kicked out of the home frequently. It is during these times that she moved in with her

father or her grandparents. Eve has one younger sister who is in the same living situation. Eve did not qualify for Medicaid or other assistance during or after her pregnancy. Related financial issues have caused much unrest and arguments between her and her mother. Eve's parents were upset when they learned of her pregnancy; she was called insulting names by her mother who also belittled Eve in the community. Eve's mother refused to take Eve out in public and demanded that Eve register herself as an obstetrical patient in a town some distance from her home in an attempt to keep the neighbors from learning about the pregnancy.

Eve completed tenth grade, but has since dropped out of school as she describes attendance as too hard for her. Eve has had difficulties related to verifying paternity of her child. She claimed that one boy, a ninth-grader at the local school, was the father however recent paternity testing proved otherwise. These claims have caused rumors and other social difficulties for her at school. Eve describes a very lonely and sick time during and after her pregnancy. She claims to have felt ill with stomach upset, but mostly sad, scared and depressed during her pregnancy. She had limited friendships and no support from school staff during this time. Eve received no education about sex or contraception from her school or her family. She also did not discuss these issues with her sexual partner.

Eve reports loving her child deeply and states that she did not believe she could love anyone as much as she loves her child. However, she continues to describe times as hard as she is left "all alone" to parent and provide for her son. Eve earned her GED before the birth of her son, but has no true plans for her future education or career.

Santana's Story

Santana is a 17 year old mother who lives with her four month old son, her mother, her step-father and her half-sister who is three years old. Santana's parents divorced when she was in elementary school. She has one older brother who also lived in the family home, but has since moved on to attend college. Santana has completed tenth grade and is planning to attend an alternative high school for pregnant and parenting mothers, if she can arrange housing and living arrangements for her and her son prior to the beginning of the semester. Santana was dating a boy at her school who graduated from high school and moved out of state to attend a vocational school. She learned of her pregnancy after her boyfriend had moved out of state. At first, he questioned the paternity of the baby and later questioned Santana's motives for becoming pregnant. She states that he believed she became pregnant to keep him in the community and to trap him into a relationship with her. The difficulties in the relationship continue with the biological father living out of state, visiting infrequently to see the baby, and the future of the relationship uncertain. Santana continues to hold hope that she and the baby's father will be married, financially successful, and growing a larger family one day soon.

Santana has a difficult relationship with her mother as she claims her mother is an alcoholic who is unreliable as a parent. Santana provided primary parenting for her little sister by dropping her off and picking her up from school, bathing and dressing her, and cooking and cleaning in the home. Santana and her family never spoke about sex or contraception and she kept her pregnancy a secret for some time before telling her mother, who "freaked out". Santana's mother was very upset about the pregnancy, but Santana's maternal grandmother stated "there is nothing you can do about it (now), it

happens all the time”. This angered Santana’s mother further as she was also a teen parent whose own mother was displeased with her pregnancy; Santana’s maternal grandmother now presented a more relaxed attitude towards Santana’s pregnancy than she had to her daughter’s teen pregnancy. Santana’s father said little but cried about her pregnancy. Santana received support from her friends and school staff during her pregnancy. However, she has found school increasingly difficult after her child was born as she was not allowed to take him to school with her on the bus and consequently missed many academic days as her mother was often intoxicated, hung-over or otherwise refused to drive Santana to school in the mornings. There was no daycare close by and Santana found it difficult to carry her baby, his car seat, his diaper bag and her books on campus. She also got into trouble with her teachers when he cried or made noise that was disruptive in the classrooms. Santana reports feeling unsafe about leaving her child in the care of her mother due to her alcoholism or her grandmother due to her old age and is unable to afford babysitters. Despite these difficulties, Santana reports finding a renewed will to succeed with her child; “when I feel down, I know I have something to look forward to and I have to snap out of it cause I have him”.

Santana heard about sex on few occasions and only during class lectures in science. She did not discuss contraception with her sexual partner and states she “never really thought about it (contraception) until I was pregnant, and I just was like *oh, well, it’s sort of late for that now*”. Santana advises other teens to wait until they were older before becoming pregnant.

Since our interview, Santana has moved to another city with her father and his family. She did not tell her mother she was moving but instead planned a weekend visit

with her father at which time she took her belongings and never returned. Her mother was very upset about the move, claiming that Santana abandoned her and demanded she return. Santana enrolled in the alternative high school and secured daycare space for her son, as she had planned. She graduated from high school in May of 2009 and continues to live with her father and his family. She is attending a community college towards a degree in cosmetology. Her child recently turned one year old and is healthy. Her relationship with the father of her child continues to be mostly up in the air, but she still holds hope that they will “get back together for good”; she has not dated since the birth of her child.

Asabel's Story

Asabel is a 17 year old girl who was adopted when she was very young by a family she did not know prior. She was raised in a home with five brothers, all of whom were also adopted. Her adoptive parents divorced and she continued to reside with her mother. Asabel has completed 11th grade and dropped out of 12th grade because she was not allowed to ride the bus to school with her three month old daughter and she did not have a babysitter to leave the baby with during school hours. Asabel describes a very tumultuous relationship with her mother characterized by multiple episodes when she was kicked out of the home after her mother became angry with her. Asabel stayed with her maternal grandmother often, but when this house was full of other grandchildren, she slept at her boyfriend's or a friend's home.

Asabel states that pregnancy and parenting are difficult for her as she does not have the financial means to be independent and to provide for her child and herself. She also dislikes the responsibility of parenting when she wants to be “hanging out” with her

friends instead. She has many friends who like to socialize and use alcohol and drugs when together. Asabel describes how “bad” this is for youth and hopes her daughter does not participate in such behaviors when she is older.

Asabel’s boyfriend was upset about the pregnancy and asked her to have an abortion as he claimed the pregnancy would cause problems in his family. Asabel reports that his family treated her badly by calling her insulting names and claiming that the child was not his. The boyfriend’s mother kicked him out of the home where Asabel was also staying at the time; the couple lived on the streets until her mother took her back in. Asabel’s family reacted angrily when she became pregnant. She states that they never spoke about sex or contraception in her home and when they discovered that she was using contraception, they “made like this big old huge deal about it and made it like all bad”. Asabel then attempted abstinence which did not last long. Asabel reports that during her pregnancy, her boyfriend cheated on her sexually with another girl, which hurt her greatly. She continues to date him, but states that her life will “suck” if she stays with him in the future.

Asabel’s mother plans to move out of state in several months and has told Asabel that she is not allowed to join her in the move. Asabel states that her relationship with her mother has improved since she delivered the baby and feels that although her mother says she cannot come along in the move, if Asabel really wanted to go, her mom would probably allow it.

Asabel reported feeling depressed most days and not caring about what happened to her until she became a mother. She is now attempting to live a better life and wants to

achieve a stable environment for her daughter. She reports loving her daughter greatly, but if she had it to do over, she would have been more careful and used birth control.

Julia's Story

Julia is a 17 year old parent who has a three month old daughter. Julia completed high school and states that in order to get out of her home, where she lived with her father who she did not get along with, she became pregnant. She moved in with her boyfriend and his family, where she has more freedom. During her interview, Julia often insinuated about troubles with her father and an unhappy childhood, however she never completely disclosed what difficulties made her so unhappy. Julia does admit that her father kicked her out of the home on several occasions and “was always mean and wouldn't let me do stuff and so it was just time to get pregnant”. Julia became tearful when discussing her home life, but would not elaborate and often shut down questions with comments like “but that's alright” and “but it doesn't matter, it's all good”.

Julia reports that after earning her high school diploma, she felt she was old enough to become a mother. However, she also states becoming pregnant was “stupid” and that girls should wait until they are older to conceive. Julia reports being financially supported by her boyfriend but still finds finances difficult. Julia's father and other family members were upset with her pregnancy. Julia had a single limited discussion with her step-mother regarding contraception and claims that although she and her boyfriend never discussed sex or contraception, they both desired a pregnancy. Julia plans a dual degree from a local community college, in cosmetology and criminal justice. She has not enrolled in classes at the time of this interview and is not working.

Susanna's Story

Susanna is a 16 year old mother of a two month old female. She currently lives with her boyfriend and his family, but was raised by her mother. Susanna has five siblings who were in and out of the home as she grew up. Susanna's dad has been estranged from the family for most of her life and she has no real relationship with him. Susanna describes pregnancy and motherhood as a very pleasant time of her life. Susanna feared telling her mother about her pregnancy and had her mother's boyfriend inform her instead. The mother's reaction was one of anger. Susanna has an older sister who was also a teen mother and was kicked out of the home when the mother discovered her pregnancy. The sister was allowed to sleep on the couch of her boyfriend's sister after being evicted from the family home. Susanna reports open communication with her mother about sex and contraception and she claims to have been using condoms as contraception, but "just forgot" to use one when she conceived.

Susanna completed ninth grade and was moving homes between her ninth and tenth grade years. She reports just never going back to school to begin tenth grade after she met her boyfriend; she became pregnant soon after. Susanna plans to earn her GED and a career as a veterinarian, but has no true plans as to how this will be accomplished. Susanna describes being very happy in motherhood and likes the feelings of love and joy her daughter brings her. Susanna would advise a friend to wait before becoming pregnant because it is "hard"; she states they should use birth control to prevent teen pregnancy. Susanna predicted a happy future for herself; she planned to continue the relationship with her boyfriend and hoped that both would be spending much time with their daughter, as a family. However, when attempts were made to contact Susanna

several months after the initial interview to schedule a second meeting, the father of her now ex-boyfriend states that Susanna and his son were no longer together and she did not live with them. He had no contact information for her. Her mother's telephone number was no longer in-service.

Rose's Story

Rose is a 17 year old girl who has a four month old son. She and her child live with her mother and step-father and seven full or half siblings; Rose is the oldest child in the home. Rose has completed eleventh grade but then dropped out due to difficulties with peer pressure and "bitching" by peers. She hopes to go back to school and earn her diploma at some point, but has no true plans to return at this time.

Prior to her pregnancy, Rose's mother had spoken to her about sex and contraception, but only in "metaphors and similes". She also got some limited information from her school, where STIs were discussed but the logistics of actually getting infected or pregnant were not made clear to her. Rose and her boyfriend never discussed sex or contraception and she reports that she was not interested in sexual activity, but after much pleading by her boyfriend, she "felt bad and we did it". Sexual activity seemed to solidify the relationship so she continued the relationship with her boyfriend despite both verbal and physical abuse at his hand. She became pregnant soon after her sexual debut. Rose eventually broke off the relationship with her boyfriend after numerous attempts to stop his abuse. She reports believing that he would stop hitting her when her abdomen grew to a size that he could acknowledge some risk to the baby if his abuse continued. When the abuse did not cease, Rose left the relationship. Rose's mother was very upset when she learned of the pregnancy and encouraged Rose to abort

the pregnancy. Rose insisted that she would not have an abortion and has since found support from her mother. Rose is most fearful that her ex-boyfriend will attempt to take custody of the child at a later date.

Rose describes her son as an impetus to better herself and become independent in his care and financial support. Rose takes great pride in being a good mother and especially enjoys taking her son to his doctor appointments and ensuring his health. Rose verbalizes regret at becoming pregnant at a young age and if she had it to do over she would not have become pregnant “I would have just had fun. I would have just lived my life as normal as you are supposed to...”

Valerie's Story

Valerie is a 17 year old teen who has an eight month old daughter. Valerie currently resides with her older brother in a trailer where she and her brother were raised by their father. Valerie's father has since moved in with his new girlfriend and continues to assist Valerie and her brother with the upkeep of the trailer and utilities. Valerie's mother has been mostly absent in her life as she has issues with alcohol that prevent her from being the mother Valerie desires. Valerie was fearful of telling her father of her pregnancy so her grandmother told him for Valerie; his reaction was a subdued disappointment.

Valerie has completed tenth grade and hopes to graduate from high school in the next year, if she can earn enough extra credits through attending summer school at a local community college. Valerie claims that she was once a “straight A” student, but after her pregnancy has flunked several classes. She struggles to find babysitters so she can attend

school, but mostly blames the failing grades on school staff who failed to give her class work to complete.

Valerie relates a very sad, stressful and difficult time during her pregnancy and motherhood. Valerie was dating a fellow classmate but then broke off the relationship when she discovered that he was cheating, sexually, with another girl. Several months later, Valerie discovered she was six months pregnant from this partner. He has since denied paternity and refuses to take a paternity test. He has not helped Valerie, either physically or financially since learning of the pregnancy. Valerie describes much anger and resentment towards her ex-boyfriend as she struggles to take the responsibility of parenthood and provide financially and emotionally for her daughter. She feels that she has "...done my part. I've grown up, I have a baby to take care of, yet he's still running around like a little kid".

Her pregnancy and motherhood has isolated Valerie from friends whose parents do not want them around her as they view her as a bad influence. Valerie also finds it difficult, due to her young age, for community persons to accept her as the mother of her daughter; they often mistake her for the baby's sister or babysitter.

Valerie did not communicate about sex or contraception at home and reports only limited education at school when "they gave you those dolls, but it's different than a real baby". Valerie had discussed the possibility of pregnancy with her boyfriend and they agreed to use condoms as pregnancy protection; the condom "broke" when Valerie conceived. Valerie was upset that her boyfriend promised her that "if anything were to happen, he wouldn't want an abortion. He would just man up and help take care of the baby". Valerie now tells her friends to practice abstinence because even if they use

contraception, “accidents can happen...and kids are worth waiting for”. She tells girls to wait until they have graduated high school before becoming sexually active.

Chapter Summary

Chapter 4 presents the demographics, context and narratives of the current study. The demographics of the primary and secondary participants were presented. Observational data collected through participant observations was described. The context in which primary participants live and that influence their experiences as youth, girls, and mothers followed. This chapter concluded with narratives of the ten primary participants. The narratives served to introduce the participants to the reader and offered a synopsis of their young lives and experiences related to their family, community, pregnancy and motherhood.

Chapter 5: Findings and Interpretations

Chapter 5 consists of the description of the themes and subthemes derived from the interpretation of ethnographic data. This research was guided by three research questions: (a) what are the attitudes and behaviors of Long-term Hispanic teen females regarding sex, contraception, adolescent pregnancy, and parenthood?; (b) what cultural and social influences guide the behavior and belief systems of Long-term Hispanic teen females, in regards to sex, contraceptive use, adolescent pregnancy, and adolescent parenting?; and, (c) what are the attitudes of adult Hispanics regarding teen sexuality and reproduction? Findings are presented by research question.

Research Question One

Research question one was: *What are the attitudes and behaviors of Long-term Hispanic teen females regarding sex, contraception, adolescent pregnancy, and parenthood?* The literature shows mixed ideas regarding the risks/benefits associated with being of Hispanic ethnicity, when discussing teen pregnancy. Reportedly, the Hispanic culture highly values the needs and reputation of one's family (Holleran & Waller, 2003) which may promote chastity among young women (Denner, et al., 2001). However, this culture has also been associated with low or no contraceptive use and limited sexual communication with parents (Driscoll, et al.); all considered risk promotive. I developed the interview questions to acquire information about the traditional ideas of Hispanic culture and the participant's experiences of growing up in their environments and developing attitudes and behaviors regarding sex, contraception, pregnancy, and parenting in the community. I opened the interviews with broad questions, where primary participants were asked to describe what pregnancy and

parenting had been like for them. I then focused the interview questions on experiences where the participants learned about sex, reproduction and contraception as well as occurrences when participant's negotiated use of contraception within their sexual relationships. I asked the secondary participants to share their experiences with pregnant or parenting teens.

According to Holleran and Waller (2003), although early and unprotected sexual activity is not usually condoned in Hispanic communities, when a pregnancy occurs, it is often met with support and celebration within the family. The interview questions related to this area aimed to collect information about the participant's attitudes and experiences with teen pregnancy and parenting, how these may have changed over time for them and their families, and how the primary participants' pregnancy and eventual role transition to parent was met in the community.

The participants responded by sharing their specific life experiences that helped to shape their beliefs and experiences related to their past and current attitudes on sex, contraception, pregnancy and parenthood. The findings formed four themes: (a) Teen pregnancy/parenting is demanding/stressful; (b) Becoming a mother has benefits and consequences; (c) Boys get to do what they want; and, (d) Be careful, you could land up pregnant too! Table 2 lists the themes and subthemes.

Table 2. Themes and Sub-themes for Research Question One

| Theme | Sub-Theme |
|---|---|
| Teen pregnancy/parenting is demanding/stressful | <ul style="list-style-type: none"> • It's frustrating, I'm just a kid, I don't know these things |
| Becoming a mother has benefits | <ul style="list-style-type: none"> • Others need to help more and not judge • Regrets: It's not fun, I regret not waiting • It's fun having a baby/Like, I love my baby! • It's given me a reason to try to do better |
| Boys get to do what they want | <ul style="list-style-type: none"> • It's made me stronger/more mature • He gets to go out all the time • Be a man and help your kid! |
| Be careful, you could land up pregnant too! | <ul style="list-style-type: none"> • It's too hard, be sure of your contraception • I want better for him/her |

Theme One: Teen Pregnancy/Parenting is Demanding/Stressful

Teen pregnancy/parenting is demanding/stressful is a theme that describes the experience of pregnancy and parenting as being very meaningful to the teen mothers and one which has totally engulfed their lives and altered their futures forever. Although many primary participants admitted some knowledge regarding reproduction and the risks related to unprotected sexual intercourse, many believed they would not become pregnant. Their experiences with pregnancy and early motherhood had now given them strong feelings about what it means to be a teen parent; many of the stories reflected difficulties and some regret related to their pregnancies and parenting. Secondary participants also discussed the great difficulties, demands, and barriers to one's future that pregnancy and parenting placed on the teens. They informed areas related to poor preparation the teens had for parenting, negative effects of parenthood on the teen's futures in their education, socioeconomic status and emotional stability, and the negative impact that teen parenting had on the child born to the teen mother.

The sub-themes were informed by primary participants sharing their day-to-day struggles with their pregnancy and parenting and the secondary participants' stories of associated difficulties for the teens and their families. The sub-themes are: (a) *It's frustrating, I'm just a kid, I don't know these things*; (b) *Others need to help more and not judge*; and, (c) *Regrets: it's no fun, I regret not waiting*.

Sub-Theme: It's Frustrating, I'm Just a Kid, I Don't Know These Thing. *It's frustrating, I'm just a kid, I don't know these things* describes the primary participants' frustrations in dealing with others in their lives regarding their pregnancies, ongoing issues related to learning how to mother their children, and difficulties pursuing their education. Here, participants described frustrations related to basic parenting such as not knowing how to console their crying baby.

I thought it (parenting) was going to be easy, but it's not!...sometimes you just don't know what she (infant) wants and you are like *stop crying and just leave me alone!* (Julia, lines 81-83).

It's bad...when I don't know what she wants or something is wrong and I don't know what it is. It just drives me insane when she is crying and I have no idea why (Elizabeth, lines 176-178).

The primary participants reported these episodes as deeply upsetting to them as they felt that their children were suffering because they did not have the skill or knowledge necessary to parent. The participants also describe this time in their life as lonely; they were left alone to figure everything out and most did not mention others being present or offering support as they had anticipated. Many participants described

their age and limited life experiences as factors in their ill preparation for being mothers. “It’s just hard cause I am still young, like a kid, and I still have a kid.” (Roberta, line 213).

Secondary participants agree that most teen parents possess poor parenting skills; skills that are not taught in schools or homes. However, the general attitude seems to be that the poor parenting is just one example of the teen parents simply being teens. They describe feeling that the reality of poor parenting exhibited by the teens is just the way it is and has been for generations. The adults described teen pregnancy as a detrimental choice for teens and their futures; the related poor parenting is just one reason that supports this attitude.

I really wish that their frontal lobes would develop a lot faster....younger girls are starting their menstruation younger and younger and it’s just too bad that it is not paralleled by maturity, problem-solving ability, critical-thinking ability....it doesn’t matter if all the information is there, they just don’t have that frontal lobe development to help them process (Bernice, lines 96-102).

Some primary participants expressed their frustrations related to trying to stay in school while experiencing rejection or negative responses from others in these settings. Most felt that education was very important for their futures and for the financial stability of their lives and for their children’s future. Some felt unsupported in their continued pursuits towards their educational goals and believed that they should be given more breaks or freedom in this respect, because they were pregnant or parenting. Valerie described her frustration with her failing attempts to earn her education as this:

I'm a straight A student, but I ended up failing one of my classes because they (school) say I didn't hand in any of my work. And I was like... *you (school counselor) are supposed to get all of my work and I never got any from you!*...I don't think that we (parenting teens) are getting enough help. We definitely need more from the school (lines 373-379).

Secondary participants agreed that a pregnancy adversely affected the teens' futures. They reported that teens were less likely to achieve in education, careers and finances if they choose pregnancy in their youth. Although many secondary participants agreed that teens were not getting breaks at school, they felt that this was justified as expectations were that the teens not use parenting as an excuse to slack off on responsibilities, but instead as an opportunity for the teens to mature into adults and improve themselves and their lives.

I can see that the teachers aren't giving them a break and then they dig themselves into a hole and it's just so deep that they can't climb out and they don't try. I can see some of them, they might just give up. I can see where they say nobody gives them a break, everybody is just against them and it gets harder and harder...I think they need to get a reality check...they need to pull up their boot straps and get going. I think they are lazy, some of them were lazy to begin with and slacking and then they let their grades slip, but now it's like...they gotta get it together (Amanda, lines 237-253).

Subtheme: Others Need to Help More and Not Judge. In the sub-theme *others need to help more and not judge*, primary participants expressed resentment towards the adults and community for their lack of support. Although participants admitted a lack of

parenting knowledge/skills regarding the care of their child, they reported deep frustration about not being given enough respect or credit for parenting their children per their instincts. In this area of discussion, primary participants voiced irritation related to being publicly judged for their parenting skills or lack thereof. One participant reported, that as the infant's mother, described here as a rite of passage to adulthood, she should be given respect or credit for innately knowing what her daughter needed and for providing per her instincts. Roberta described feeling badly when her own family criticized her innate parenting abilities.

He (brother) said *I told you that you are too young to have a baby*. And I had given her a bath in the morning and I had like two blankets on her so she would be warm and stuff and she looked comfortable...I hate it...I hate it when people are there and you are afraid to cover her cause they are like *what's wrong with you? She's probably all hot* and I'm like *well, I am cold and if I am cold then she probably is too*. But, then you don't know if you should cover her or not. Like that is hard (Roberta, lines 243-249).

Interestingly, participants also described themselves as young and needing support in order to succeed in their lives and as mothers; many felt this support was lacking both in their homes and in the general community. Participants discussed experiences where they were negatively judged in the community for becoming pregnant at a young age. Although many participants reflected that maybe they should have waited until a later age to conceive, they believed that teen parents should not be chastised for their choices or mistakes about unprotected sexual activities. They felt that in order to fulfill their future expectations and dreams of education, careers and financial

stability for themselves and for their children, they needed the support of others; something they felt was lacking.

It was like hard when I was at the store and people would say *oh look, babies having babies!* (Roberta, lines 145-146).

Well, like I said, being a teen parent is really hard and if you are one of those girls who really cares about what people think about you...then it's going to be even harder. Cause there is a lot of people out there who judge and there's a lot of people out there who do look at you weird and think *Oh my God, how is she going to raise a child when she is a child herself?!* But like I said, your age, how you look, has nothing to do with how good a parent you can be. I want people to know that, that it is hard. You gotta have support cause it is hard and we don't need to be looked at wrong (Lola, lines 378-424).

The secondary participants also reported seeing great difficulties related to teen parenting and felt that it negatively affects the mother in her education, future earning potential, and emotionally by stealing the time that otherwise would have been spent socializing and developing as "normal" youth. However, they felt that if youth chose the adult-like behaviors of unprotected sexual intercourse, pregnancy and parenting, they should also accept the consequences of more responsibility and struggle; seen as inherent in pregnancy/parenting.

....they can't expect that just because they got pregnant anything is owed them! That's just the bottom line! *You owe me. You owe me. No we don't! You guys just need to get out there and be the best that you can be! You can't be the victim*

all the time! Poor little me, boo-hoo. But that's how these kids are; the majority...they need to pull their heads out! I tell them *Come on! Snap! The world's not gonna hand you anything!* (Kelly, lines 203-212).

Sub-Theme: Regrets: It's not Fun, I Regret not Waiting. The sub-theme, *It's not fun, I regret not waiting*, captures the primary participants' descriptions of parenting as a huge responsibility. Many had never known the demands or stress of this type of accountability and felt poorly prepared. They described the experience as lonely and no fun and voiced resentment towards their male partners (ex or present) who failed to take on the responsibility as they themselves had. The mothers described loneliness and deep frustration related to their experiences with loss of their youth, responsibility for a dependent human being, and anger towards their male partners who did not alter their lives or take responsibility for the child. The participants also voiced sadness over the loss of what they had anticipated pregnancy and parenting would be like. They thought mothering would be fun and their partner would remain and support the child. However, their experiences as a teen parent were lonely and quite demanding.

You know, it (parenting) takes a lot of time out of you. You don't get to do anything you want to do...it's a big responsibility (Lola, lines 286-288).

It's hard, real hard. I think it's just hard to do everything by yourself. You are the only one and you have to do everything. If he (baby) needs something, there is only you and then like I see couples with their baby and it's hard to be all alone (Eve, lines 161-168).

Secondary participants expressed similar sentiments and agreed with primary participants that teens lacked preparation for motherhood. Parenting skills were not taught in schools or through prenatal care at the providers' offices. Most secondary participants felt that this lack of preparation, along with poor partner support, set many teens up for huge challenges as mothers and eventual failure in securing secondary education degrees and financial stability for themselves and for their children. Victoria describes the reality of teen parenting as:

I don't see any good at all (regarding teen pregnancy). I believe these young women are not yet mentally, physically ready for the challenge it takes to raise a child. Especially the ones who haven't finished high school because their chances of even going to college are so much harder. They are going to have a job at Allsup's or Wal-mart....you see them struggling...no, I don't think a teenager is in any way mentally, physically, or otherwise ready to be a parent (Victoria, lines 108-120).

Primary participants also describe regret for not waiting until they were older to conceive and the difficulties they had encountered after becoming pregnant. Although they did not agree with being criticized for being a teen parent, many participants did express personal regrets about becoming pregnant at an early age. Many regretted and lamented over their lost childhood, which they described as a time that should have been spent socializing with friends, having fun and "just being a kid" instead of changing diapers, worrying over finances and being stuck at home with their babies. These discussions revealed a side of their pregnancy and parenting experiences that was very sad and which carried some ongoing remorse and disappointment in the teens' lives.

It (pregnancy) was real sad and depressing too. I didn't have any friends left...when I was pregnant. I was depressed (Eve, lines 37-38).

I was doing nothing for two years because of the baby. And now I realize how much I missed school and how much I miss doing things, so I just can't wait until I can go back to school and do something with my life (Lola, lines 696-699).

It (pregnancy) was really hard for me. I didn't even get to live my teen years, when I was sixteen, fifteen, seventeen. You should be partying and having fun, like a teenager... so, it (baby) just takes all the fun out of being a teenager (Lola, Lines 752-754).

Many primary participants also discussed regrets related to their sexual relationships. Some participants described the relationships with their boyfriend as stressful and voiced regret for even having had sex at all as they described this activity as being performed out of guilt; they had not been interested in sex and had simply complied with their boyfriend's repeated requests. Many of the participants reported a loss of their teen experience related to dating, a time they said should have been spent dating different boys instead of solidifying a relationship with their ex-boyfriends through a pregnancy. Several of the relationships were quite unstable, even before the pregnancies, and at least one was abusive. Several of the families openly voiced dislike for the boyfriends; the girls now agreed with their families and regretted staying in a relationship with their partners. They wished that they had broken the connection to the

boyfriend sooner rather than waiting until they were pregnant to do so. Asabel described her regrets as:

I would make sure to be on birth control the next time. I would have waited and I would have broken up with my boyfriend right away. Like, if I knew then what I knew now ...I would have changed a lot of things (lines 215-222).

It was an abusive relationship and even in the beginning of my pregnancy, I would pray that my stomach would pop out a little bit more so he would snap that I was pregnant and not to put me under so much stress and to not hit me...that was the hardest (Rose, lines 110-113).

I wouldn't have had the baby...if I had known then what I know now, I wouldn't have had the baby. I wouldn't have gotten pregnant. I would just have had fun. I would have just lived my life as normal as you are supposed to. You know? I wouldn't have done it (Rose, lines 222-229).

The secondary participants predicted that the teens would experience regret in several aspects of their lives, as time went on. The adults felt that although the teens may not currently admit much remorse for their actions, as time progressed and they had more life experiences, regrets would occur related to lost youth, lost development towards self-esteem, and regret related to sexual activities in their youth.

I think there might be some regret. And not necessarily for the baby, but regret for the things she could have done...I have a really close cousin...she had a baby when we were teens and these are just things that I saw her go through...that was

one thing that I see is some regret. Not regret about her baby, but yeah, regretting all the things they could have done, had they waited (Corrine, lines 160-168).

They really grow up fast. It really does rob them of this very special time that they should be building their self-esteem. And I really feel that that loss of self-esteem, that no matter how much support they have, the family, and so forth, it is a portion of their lives that they have skipped and you just can't go back to it, ever (Bernice, lines 87-91).

Theme Two: Becoming a Mother Has Benefits

The theme, *becoming a mother has benefits*, is characterized by experiences related to the role transition from non-parenting teens to mothers. The primary participants describe the time and experiences of pregnancy and early parenting as pivotal in their lives. They describe this period both in terms of things that have been added to their lives because of pregnancy/parenting and as things resulting from this time and experience.

The participants expressed benefits of mothering as positive emotions such as some joy and fun (described here as entertainment) they had previously missed in their lives and a love for their child they had otherwise not known in their life. The resulting sub-theme is: (a) *It's fun having a baby/like, I love my baby!* Benefits of mothering also include positive changes to the teens' dreams, goals and futures, which have resulted from their time and experiences as a mother and include the sub-themes of: (b) *It's given me a reason to try to do better;* and, (c) *It's made me stronger/more mature* which describe the baby as an impetus for primary participants to better themselves in the

future, and an awakening to an internal strength/maturity they did not know they possessed.

Sub-Theme: It's Fun Having a Baby/Like, I love my Baby! The sub-theme, *It's fun having a baby*, depicts one benefit to motherhood and is captured below. Here, the babies are somewhat viewed as playthings and present for the pleasure of the mother. At times, it appears the babies are purely a means of entertainment or amusement for their mothers, especially when dressing the children, showing them off in public, and when experiencing amusement and/or amazement at the child's development.

The greatest part of being a mom is when I look at him and he looks at me and I am talking to him, he will respond...they are just getting fun...I think it's just fun being a mom cause there is always something new to look at (Lola, Lines 527-534).

I think it's fun. It's just like taking care of my sisters and my brother. We play around. She is starting to laugh and giggle. We make each other laugh and we do funny faces and she talks to me and I try to talk to her. She yells at me and I yell back at her too...she likes to be on her bouncer. And it's pretty cool (Julia, lines 135-141).

Although the secondary participants did mention a few instances where pregnancy had a positive effect on the emotional status of teen mothers, this positivity was viewed as a small fraction of the reality of parenting. The secondary participants suggested that this blissful state would not last as the child grew older and became less amusing and controllable.

I think there have been instances that I have seen a young lady very depressed, and these are very, very few, but this child was almost a life-saving thing for her. And although her life was in shambles, this person doesn't look depressed anymore. At least there is a glow in her face. And there are not many, only a few that I have had to think *maybe this isn't as bad as I thought it was going to be and maybe it was a blessing*. And this is just something that remains to be seen and only in time will we know (Victoria, lines 113-119).

Like, I love my baby! is derived from the primary participants' descriptions of their experiences with their babies as something they would not change. Despite hardships they have encountered and continued to face with mothering their children, many described loving their children above all else; for many, a love that they had not experienced prior. Elizabeth states this simply as "I love my daughter to death." (line 155). Many of the participants were raised in broken homes where parents were often absent. Although all of the teens reported having a guardian who was in charge of them, many did not describe feeling loved, supported or connected to anyone at home. The lack of affection they experienced prior to pregnancy was now somewhat replaced with the experiences of loving their child.

I'm like happy now. I never thought that I could ever love anybody as much as I love him, but I do (Eve, lines 126-127).

When I wake up and I see her and I know that I will always have someone who loves me back (Valerie, line 273-274).

About half of the secondary participants described the babies as providing the mothers with someone to love and suggested that this was an emotion the teens had probably not experienced in their youth as their families were truly struggling. Many families were described as dysfunctional and broken.

They do love their children and they say that they are happy that they finally have someone who also loves them (Lucy, lines 189-190).

For a lot of them, it is a love they have been lacking...this is what makes them function everyday; to keep on going (Lorraine, lines 53-57).

Sub-Theme: It's Given me a Reason/Purpose to Try to do Better. The sub-themes, *It's given me a reason/purpose to try to do better* and *It's made me stronger/more mature* focuses on the participant's personal revelations about themselves and their experiences and transitions into parenting. *It's given me a reason/purpose to try to do better* is a sub-theme resulting from the role transition into mothering where the primary participants illustrate lives for themselves that were previously without purpose or care. However, since the birth of their children, many had made positive changes in their lives to cut out bad influences and had developed goals that they considered to be more mature and which their own children could learn from. They wanted to be positive role models for their babies and to provide for them, often dreaming of giving their children everything they did not have themselves, from materialistic items to emotionally stable and safe drug-free homes.

They (grandparents) are really proud of me, from what I've been through in my life, from what I was doing to now. I have really changed. I am a whole lot more

mature than what I was a couple of years ago....they (grandparents) can count on me to take care of my kid and live right and it feels really well...I feel like I am a lot more responsible now (Lola, Lines 586-597).

I wasn't even like caring about my life at all, to be real honest with you...I would just like skip school and I was really depressed sometimes. Now, it just seems that I have something to look forward to. Like I have to get my daughter to do this and all kinds of stuff. Like I have to get my daughter to do this and all kinds of stuff. Like I have to grow her up, basically. I need to be there for her when she grows up and I need to have a good life for her. I need to make that for her; a stable environment and stuff...I think it has changed me for the better (Asabel, lines 351-360).

The secondary participants agreed with the teens' perception that for very few teens, parenthood drove the teens to improve their lives in the long-term. However, for most teens, these changes were expected to be short-lived. The secondary participants described situations where teens had made positive lifestyle changes following their pregnancies, but also expressed that many were anticipated to fall back into drug use, repeated pregnancies in their youth, and apathy that characterized their lives prior.

I have seen where some girls, some kids that are headed in a bad direction...they are drinking and drugging and really headed the wrong way. And once they get pregnant, they stop. Cause that kid means the world to them. I have seen that happen to some kids. And it does change them. It really changes them. There are some that really have made it and you have to say that that baby is a blessing to that kid because without it they wouldn't have made it; they would have ended

up dead or addicted or something. But, to me, there are still way more cons...they're kids having kids. They are so young, their lives haven't been lived. They are barely starting out. They don't even know what is out there (Kelly, lines 90-99).

At five years (after the child's birth) they are still not going to know what they are doing. Ten years, hopefully by then they will know enough to realize and say *Oh my God, I need to do something with my life, because if I don't do anything, how can I help this child?* But by then, they will have had another child; at least one. At least one, but most of them will have two or three and not know what to do and they will have hit rock bottom...and they will end up just partying and their kids will just be there...even when they move to a boyfriend's house, that only lasts for a while cause then his parents give up and say that the boyfriend is too immature and doesn't take the responsibility. Then she moves back to her house and he goes and gets someone else pregnant; there they all are fighting and fighting (Frances, lines 244-260).

Sub-Theme: It's Made Me Stronger/More Mature. In *It's made me stronger/more mature*, the primary participants describe a personal discovery of an inner strength that they did not know they possessed. Here, the participants spoke about a previous deep emotional attachment to their partners, but after having some mothering experience, now felt that they could independently raise and care for their child. They expressed pride about making better decisions for themselves. This awakening to their inner strength

appeared to be important in the participants' transition into motherhood; and in moving to a more maternal role and matured thinking.

I just know that if me and him (boyfriend) broke up, I could do okay. I can do fine!...I don't need to put up with stuff and no woman needs to put up with stuff. And it's true. I can have my baby and raise him too. Now that I am driving and have my own ride (vehicle), you know what I mean? It'd be okay with me (Lola, lines 687-693).

Like, everything changes. Your whole life changes. You start seeing things different. People like really have to understand that when you become a mom, like you don't see yourself changing, but like other people see it...and then I'm pretty sure you will come about it one day or another. You'll see how you've changed...you just look at situations differently...You look at your friends...like sort of like from a mother's point of view...You don't take things as lightly as you used to...You are careful who you are around because the people you are around influence you in a big way...You just need to be careful. And you just think about your daughter (Asabel, lines 326-345).

Theme Three: Boys Get to Do What They Want

The discussions related to the participants' boyfriends or ex-boyfriends informed the theme: *Boys get to do what they want*. Experiences and stories were sought from primary participants describing how the relationships with male partners began and ended, any communication related to sex, contraception, and parenting within this dyad, how the participants perceived the males as parents, and any specific experiences they

would like to share about their partners. This information informed two sub-themes which were characterized by the primary participants' experiences dealing with boyfriends and ex-boyfriends who continued to live their lives as they had prior to the pregnancy and mostly with disregard for their child and the mother. Participants complained that the males were privileged in that they were able to go on with their lives as they had prior to the pregnancy. Sub-themes included: (a) *He gets to go out all the time*; and, (b) *Be a man and help your kid!*

Sub-Theme: He Gets to Go Out All the Time. In primary participants' stories related to *He gets to go out all the time*, many males hung out with friends, used alcohol and drugs, and came and went as they pleased, while the pregnant teens were expected to stay home for much of their pregnancies and during their children's young lives. The participants did not feel that this behavior by the boys was fair or equitable. They either expected the same privileges of going out with their friends, as before, or having their male partner curb his behavior and parent, as they do. Although some participants felt that naturally, a mother may show more regard for her offspring than a father would, his freedom was still very troubling to them as it was viewed as unfair. Roberta's complaint was typical:

Cause at the time, he was going out a lot with his friends and I just stayed by myself (line 123-124).

Sub-Theme: Be a Man and Help Your Kid! In the sub-theme, *Be a man and help your kid!* participants voiced much frustration and discontent with the parenting skills of their partners. Many felt that despite the fact that the fathers were sometimes present, they did not take on the parenting responsibilities of their own child. Males were

described as irresponsible and whiny when they had to parent. Participants voiced frustration when the primary parenting responsibilities fell onto them as they claimed it to be unfair to them and to the child.

He's been in and out (of jail) and so it like doesn't really matter cause when he's there he like doesn't do anything anyway...he still changes her sometimes and gives her baths. I like make him do it. I'm like *Go give her a bath! Here it's your turn to give her a bath cause I have to do it all the time.* (Roberta, lines 490-500).

Like one time I told him *Change her diaper* and he was all like *I changed her yesterday!* And I was all like *What?! She peed today!* And I was all like *Okay?! She's your daughter and you should change her whenever she needs it!* (Roberta, lines 720-723).

This sub-theme is further expanded by primary participants who expressed resentment for male partners who failed to even acknowledge the paternity of the child. The participants found this denial embarrassing and frustrating as they previously believed, based on discussions with their boyfriends, that if they conceived, the boyfriend would assist in the care of the child and continue a relationship with them. To be a single mother and have the male deny paternity, was described as very difficult for the mothers as they felt betrayed by their ex-partners and embarrassed in the community; their reputation suffered. It appeared that if the couple remained intact, though unmarried, socially this was more acceptable than a teen mother as a single parent.

Well, his dad, when I told him I was pregnant, he didn't even believe me and really didn't want anything to do with it...or even now, he won't even look at his son. He says he's not his (Eve, lines 60-63).

[He] (ex-boyfriend) doesn't want to take a DNA test (paternity test) but she (his mother) is gonna pay for it and make him take it and she says cause if he does have a kid, he is gonna have to sooner or later grow up. And I was like *Yeah, it sucks cause I've done my part. I've grown up and I have a baby to take care of, yet he's still running around like a little kid...*and I told his mom, *Here you are trying to force him to be something he's not...*I think he's afraid that he is the dad and he is gonna have to take responsibility (Valerie, lines 86-105).

He (ex-boyfriend) said that if anything (pregnancy) were to ever happen, he wouldn't want an abortion; he would just be a man and help take care of the baby. And now I see him and I just laugh cause I say *So much of you saying that you are a man, cause you are not!* (Valerie, lines 302-304).

Secondary participants rarely described the male partners of the teen mothers and only mention the fathers as taking on a very limited role in the child's life. In the recalled stories of the adult participants, those fathers that chose to stay in the relationship with the teen mothers usually did so for only a short while, then moved on to other female partners.

If the dad of the baby is involved; if he is, then she will move in with his family and they will be together for a couple of years and then the dad is gone. That

happens a lot; every girl that I know. I don't think there is a single one who is with the dad of the kid, to my knowledge. And it (relationship with mother) lasts for maybe five years at the most and then they (fathers) are gone (Kelly, lines 137-141).

One of my teen moms, she got pregnant, stayed with her parents until she turned 18, then she moved in with her boyfriend. Now, she is having problems with her boyfriend. She now found out that this man that has told her that he is going to take care of her for the rest of her life and now he doesn't want to work. He is 21. She is working, coming to school, and taking care of the baby while he is just hanging out with his friends. And this is something I have seen with a lot of the girls in the last four or five years; that they are stepping up to be moms and the fathers are stepping back. They don't want to be fathers, they don't want to work...The girlfriend is doing it all (Leona, lines 29-38).

Theme Four: Be Careful, You Could Land up Pregnant Too!

Be careful, you could land up pregnant too! is a theme that has two sub-themes of: (a) *It's too hard, be sure of your contraception*; and, (b) *I want better for him/her* and captures the participants' attitudes regarding contraception. Although all primary participants were reportedly either using or had used contraception prior to becoming pregnant, many described taking contraception and the risk of pregnancy lightly prior to conceiving their children. Many reported only occasional or very sporadic use of contraceptives and a few actually planned to conceive as a means of escaping abusive homes or as a natural next step in their romantic relationships. Interestingly, although all

participants reported some knowledge related to contraceptives and use, either before or at the time of conception, many never believed they would become pregnant despite poor or no contraceptive use. Following their pregnancies and through their experiences as mothers, many teens had changed attitudes that now included a more serious tone when discussing correct and consistent personal use of contraception. This theme captures the participants' current attitudes regarding contraception and is described in terms of their advice to non-pregnant/non-parenting peers and in their hopes for their own children, when they become sexually active teens.

Sub-Theme: It's Too Hard, Be Sure of Your Contraception. In the sub-theme, *It's too hard, be sure of your contraception*, primary participants voice warnings to their peers that unprotected sex could lead to a pregnancy. They caution that mothering is a huge responsibility and if teens do not desire pregnancy, abstinence and/or contraception should be used. Some primary participants also describe how easy it was for them to "land up" pregnant. Most describe using contraception and their surprise that it failed, despite the fact that all report unprotected sexual intercourse and/or incorrect use of their chosen method.

I would say *You are crazy! And Take life slow cause it moves so fast. It moves so fast!...I would be like Stick on what you got (contraception) or switch to another birth control if you don't like it. Just make sure what could happen...cause like when you get pregnant, you're pregnant.* I mean you can't go back, you can't switch plans (Lola, lines 760-769).

Kids are worth waiting for. Even if you use condoms, accidents do happen. My daughter was an accident and I do love her but she was an accident and accidents happen. Kids are worth waiting for. What until you are at least graduated cause kids are worth it (Valerie, lines 332-335).

Secondary participants viewed contraception as a must for teens in these communities. They express a “realistic point of view” about teen sexuality by explaining that teens learn about and are encouraged to be sexually active by the media, internet and their peers. However, they also relate that this reality was not widely accepted in the communities, where a more traditional belief existed that if sex was not spoken of, the kids would not engage in it. The discomfort of open-discussions related to this taboo subject was described as something to be avoided in the family and community. The secondary participants felt strongly that the community must make a shift and accept that teens are sexually active. They wished for an incorporation of this understanding into the relationships adults held with youth so that youth may be ensured the knowledge and accessibility of contraceptive supplies.

I wish that parents would and the community would know that they are all having sex and they need something at school; a clinic of some sort...they need a place to go and say *I am having sex and I need to get tested*, or whatever. I think people need to realize that. People have the old school mentality. Cause, like people my age can start thinking differently and maybe the board (school board) can realize that. But I don't foresee that happening in the next five years or so. I guess they have to keep it very hush-hush in this community (Amanda, lines 267-276).

I will try to encourage every young woman and every young man to use protection. Even if they have only had sex one time and they swear up and down that they are going to be abstinent...I just don't believe that the kids are going to be abstinent because I have never seen a kid who has succeeded with that (Victoria, lines 157-162).

Sub-Theme: I Want Better for Him/Her. *I want better for him/her* is a sub-theme that captures the primary participants' hopes for their children's sexual futures. The mothers shared the common attitude that their children should not become teen parents and hope they wait to become pregnant until a later age, than they themselves had. They also spoke about providing their children with unconditional support, even if they choose to conceive a child in their teens. Despite the fact that the participants' children are still very young and the teens had limited life experience as mothers, they did not want this cycle of teen pregnancy to repeat itself in their own children. The primary participants' wants and dreams for their own children were the same which their own parents/guardians had encouraged for them.

I would make it so that she (child) wouldn't have a kid so young because it is really hard...I would rather her wait. I kind of wish I had waited (Elizabeth, lines 331-335).

Like I wouldn't want for her to be pregnant so young, but like if she did, I would be there for her. I would help her a lot...I wouldn't just want this for her (Roberta, lines 383-385).

Secondary participants described the complexities and struggles associated with the repeated cycles of teen pregnancy in these communities. The extreme difficulties encountered by these families was discussed in terms of older family members taking on parenting roles and adjusting work and living situations for the new children in the family. Despite the arduous nature of this situation, participants anticipated the cycle to continue as they describe it as the reality of what the youth experience in their homes and live with daily.

It's just a cycle that keeps going over and over and over. I try to talk to them and they don't listen to me. They aren't going to listen to me cause then they go back home and see the same thing every day....That is what you hear when you have the conversations with them (teens). *Well, my mom did it* (became a teen parent). And I say *Yeah, but if you really talked to your mom, she probably wishes that she would have waited*. That's what I try to tell them, you have to be financially stable, emotionally stable, and physically ready to deal with a newborn cause you are with them for life, not just for 18 years. It is the rest of your life. That is what I try to tell them. At least may some of them may listen (Kelly, lines 70-86).

Summary

In summary, research question one: ***What are the attitudes and behaviors of Long-term Hispanic teen females regarding sex, contraception, adolescent pregnancy, and parenthood?*** was answered by four themes: (a) *Teen pregnancy/ parenting is hard/stressful*; (b) *Becoming a mother has benefits*; (c) *Boys get to do what they want*; and, (d) *Be careful, you could land up pregnant too!*

The findings from the themes and subthemes suggest that teen mothers found pregnancy and parenting to be difficult and isolating but also somewhat emotionally fulfilling. They struggled to meet the demands of supporting and raising a child, often without perceptible support from their boyfriends or communities, but also expressed deep love for their child and a newfound personal drive towards improving their futures. The data suggests that males repeatedly failed in taking on a parental role for their child as well as in the support of the teen mother. Secondary participants voiced expectations of increased maturity and responsibility-taking by the teens for the adult-like choices they had made in becoming parents but questioned if some of the positive life changes the teen mothers were making would be long-term commitments.

Contraception was viewed as important for the prevention of “landing up” pregnant. Primary participants advised teenaged peers to use reliable and consistent contraception to prevent a pregnancy. They also desired an avoidance of teen pregnancy for their own children. Secondary participants agreed with pregnancy prevention for youth and felt strongly that widely available sex education and accessibility to contraceptive supplies were paramount for prevention. Although contraceptive supplies existed for the prevention of pregnancies, the accessibility and education related to use remained problematic as open communication regarding sex and contraception was taboo in these communities.

Research Question Two

Research question two was: **What cultural and social influences guide the behavior and belief systems of Long-term Hispanic teen females, in regards to sex, contraceptive use, adolescent pregnancy, and adolescent parenting?** I framed the

interview questions to draw out information related to significant events and experiences of the participant's lives related to values, beliefs and norms that were passed to them from members of their family and community and which in turn helped to shape the participant's current beliefs and attitudes related to sex, contraception, pregnancy and parenting. I asked the primary participants to share stories related to learning or hearing about sex, contraception, and pregnancy, in their homes, schools, peer groups and community. I asked about family's reactions to their pregnancies and how these reactions changed over time. Discussions related to what prospects they predicted for themselves in the near and distant future also took place and provided information on how participants may be modifying their beliefs and attitudes. Secondary participants were asked to share their experiences and stories related to societal influences and conditions related to teen pregnancy and parenting. Analysis of the data revealed three themes. The themes and sub-themes for this section are provided in table 3 and a detailed discussion of the findings follow.

Table 3. Themes and Sub-Themes for Research Question Two

| Theme | Sub-Theme |
|--------------------------------|---|
| We Really Didn't Talk About it | |
| Chaotic/Unstable Environments | <ul style="list-style-type: none"> • My parents weren't around • Alcohol/drug use • Home is wherever you are tonight |
| Disappointment | |

Theme One: We Really Didn't Talk About it

The theme, *we really didn't talk about it*, is informed by the primary participants' reports of limited amounts of communication related to sexual matters, contraception,

and pregnancy in their families, schools and with their sexual partners. Roberta describes this simply as: “Like you just know (about sexual matters), no one really tells you” (line 289) and captured participants’ embarrassment, discomfort and a general avoidance of discussing anything sexual, in their homes and schools. The rare and limited discussions with their sexual partners regarding contraception and the possibility of pregnancy were also captured in this theme. Even after the teens became pregnant, communication about the pregnancy, labor and delivery, and post-partum contraception were only discussed minimally. Although many participants described discomfort with the limited communication regarding sex, contraception, and pregnancy, they had not found means to negotiate and change towards increased communication, in this area. Although some primary participants partly blamed their pregnancies on unknowing and ill-preparation for sexual activity, many said they just didn’t think/couldn’t believe a pregnancy would happen to them while several others voiced a desire and plan to conceive, as a means of escaping their current living situation or strengthening their romantic relationship.

Many primary participants described very limited communication in their homes regarding anything sexual. They attribute the limited discussions to embarrassment and discomfort related to topics characterized as taboo; this included anything sexually related. The participants describe the restricted communication as the norm in their families. Although some had attempted to be more open with their families and had asked their parents and/or guardians for advice about sex or contraception, the topic was usually quickly dismissed or avoided altogether. The descriptions are captured in the quotes below:

That (sex) was like one of those things that is like awkward and we (family) didn't talk about anything like that with each other (Asabel, lines 205-207).

She (mother) explained (about sex) in like metaphors and similes, and you know, it was different, but she did it. That was the first and last time anyone has ever told me anything about that (Rose, lines 186-189).

Primary participants also describe gaps in information and education, related to sex and reproduction, experienced in their schools. Although many primary participants seemed to accept the lack of discussion regarding sexual issues in their homes, they stated a desire to learn about reproduction, sexually transmitted infections, and parenting from other sources. Unfortunately, they described limited and sketchy information they received from their schools which left them confused and poorly prepared to make informed decisions about their sexual health. Many participants reported never receiving basic education regarding reproductive issues or anatomy and physiology of the reproductive organs. Therefore, school discussions/presentations related to pregnancy, contraception, and sexually transmitted infections, that participants described as being presented globally and advising teens to avoid sex, resulted in a reported unknowing and confusion for the participants.

Well, like in school, they would say that you could get STDs and stuff, but they never said you had to protect yourself from it. Like to use condoms or anything...they would say, *they (STDs) are out there* but, like how are you suppose to know? They never explained anything, they just said *They are out there, don't get them!* But how are you supposed to know?...I didn't really know

what she (teacher) meant and at that time you are not gonna say *Well, how do you get that? Where does that come from? What does it look like? Can you get it?* (Rose, lines 189 -200).

I took health classes and they gave you those dolls, but it's different than a real baby. When you have a real baby, you have to get up and walk it around, you have to get up and feed it, you have to change the stinky diaper. The doll, you could just like leave it (Valerie, lines 294-297).

Primary participants' stories of discussions related to sex, contraception and the possibility of pregnancy with their sexual partners were also limited by topic and frequency. Many participants only spoke with their partner about sex in terms of what would happen if they became pregnant. They did not discuss contraceptive choices or shared responsibility for obtaining such protection. They did not discuss correct use of the contraception or the magnitude of responsibility related to sexual intercourse. Interestingly, discussions seemed to revolve around the continuation of the relationship if they should conceive and shared responsibilities, as they viewed them, of parenthood. Most participants also described an awareness of contraception and feeling somewhat comfortable with incorrect or inconsistent use of contraceptives, as they had been reassured by their boyfriend that they would not parent alone and that the male would remain in the relationship. This indicates that the participants had basic knowledge and understanding that unprotected sex could lead to pregnancy. Although, many participants reported simply not really believing that they could/would conceive, several actually

planned to become pregnant as a means to escape their homes, which in their opinion, were not supportive.

We both sort of agreed that if I did get pregnant, he wouldn't walk away from me. That was one of my biggest fears of getting pregnant, was of being pregnant and the other spouse just taking off and having nothing to do with me...(Lola, lines, 271-274).

My dad was always threatening to kick me out anyway. So we just went for it and got pregnant. That was the real reason that I got pregnant, I guess (Julia, lines 260-262).

The secondary participants described similar experiences, in informing the theme: *We really didn't talk about it* by adding that limited communication regarding reproduction had been longstanding in the communities and negatively influenced the youth. These participants spoke about a stifling of communication involving anything sexual at the family and community levels. In some instances this hush even extended to involve cases where individuals faced legal retribution secondary to sexual crimes of incest or molestation; again, these situations were not discussed in the homes or in the communities, although they were well-known.

Anything sexual is treated that way. Even if you think about incest, even in the community, it is not spoken of or reported. No, you just don't talk about it; very hush-hush, to this day (Victoria, lines 230-232).

The secondary participants did not agree with the social restrictions placed on this topic of communication, as they felt it negatively impacted the youth and the overall

health of the community. They felt that changes must be made to make communication and education related to sexual health more clear and open. Although they predicted that this shift would likely not occur in the individual homes, they strongly desired comprehensive sexual education undertaken and owned by the schools in hopes that the youth would be fully prepared to make more educated and healthy choices for themselves in areas involving relationships, self-esteem, future goals and planning, and sexual intercourse and reproduction.

We are really doing an injustice to our kids. We are not getting accurate and comprehensive education for our kids. And it's just what they are learning from their peers, from the media, or from what they are seeing in their own homes (Bernice, lines 169-170).

I think that as adults, we need to open our eyes and realize that this is happening...a lot of adults don't want this subject (sex) brought up. And you know, it is everywhere, it's on TV, it's on the radio, it's everywhere. It's happening. So, you know what I think, we just need to come to reality and help these kids. Educate them. Give them the tools they need (Lorraine, lines 144-148).

Theme Two: Chaotic/Unstable Environments

Other social influences affecting the attitudes and beliefs of the teen participants included environmental factors that encompassed the girls' lives and informed the theme of *Chaotic/Unstable Environments*. The sub-themes of: (a) *My parents weren't around*; (b) *Alcohol/Drug use*; and, (c) *Home is wherever you are tonight* are similar sub-themes

which reveal different dimensions of the very difficult home environments of the youth in this study. These sub-themes describe the difficult and fragmented environments where these teens engaged with others in their families, where sharing of beliefs and attitudes occurred, and where they were currently raising their own children. The participants described being raised by family members other than their parents, from early childhood. The parents were many times not involved in the care of their teens either because they chose to live elsewhere or because the children had been removed from their care due to substance or other abuse issues. The homes the youth currently resided in were usually headed by a grandparent, who also cared for other grandchildren/younger family members. The teens' parents were not viewed as role models or credible sources of guidance as many had substance abuse issues, making them physically and emotionally unavailable to the teens. Several participants described their homes as unsupportive and a place one was allowed to stay if the parent/guardian chose to have you. If not, the teens were left searching for other accommodations from day-to-day.

Sub-Theme: My Parents Weren't Around. *My parents weren't around* is a sub-theme informed by many primary participant's descriptions of being raised by persons other than their own parents. Only one participant resided in a home where the marriage of both biological parents was intact. Many resided with their grandparents and/or bounced from home to home depending on the support or lack thereof of their current guardian/caretaker. Most participants appeared to accept their living situations as the norm and despite these chaotic and unstable environments, they voiced a desire to not hurt or insult their families by repeated pregnancies and instead to better themselves and provide a more stable environments for their own child.

I wouldn't want to hurt my grandma again (with a repeat pregnancy). That is what scares me. I wouldn't want to hurt her. My mom, I don't really care because I'm not that close to her. But my grandma, she has taken care of me and my brother since we were about, well I was five and my brother was seven. My mom moved to Albuquerque (Elizabeth, lines 320-323).

The secondary participants illustrated few homes where teens were raised by or currently resided with their biological parents. They reported that many children were the products of pregnancies to teen parents, a cycle that continued to repeat itself. Although the stories of the secondary participants described these situations as accepted or the norm in these communities, they also illustrated the difficulties and stressed environments that depict these living situations. The current guardians were usually elderly grandparents or great-grandparents, who were caring for multiple children; a situation that was physically and financially taxing on the elderly adults.

There are so many kids, in the school where I work, that do not live with their parents. They are living with grandparents or other family members. It's almost like their parents, if they did have them young, they kept them for a while then gave them away or got taken away or didn't make it. It is very, very rare that I have a kid with a mom and a dad; very rare (Jessie, lines 71-79).

Sub-Theme: Alcohol/Drug Abuse. This sub-theme was revealed by stories of primary participants who illustrated experiences in their lives of witnessing *alcohol and drug abuse* by one or both parents. Most participants described alcohol and drug use as something they would avoid in their futures as parents themselves, as they had experienced the detrimental effects of alcohol and drugs in their homes and in their lives,

growing up. They often described their parents, who used these substances, as being absent, unreliable and difficult to locate. They did not view these parents as role models for their own parenting, nor did they hold them in high esteem or as important in their lives.

They were good parents. You know? And once my dad started going to work, he found a guy that had drugs and started him on it and got my mom on it...and so they got back on it and then they stopped for a couple of years and then they got back on it and it just started escalating, where things would get worse. You know what I mean? And one night, well one day, my dad picked me up from school and...my dad took me, my brother and my sister and just dropped us off...with our grandparents...he dropped my brother and sister there (at the paternal grandparents) and went to my mom's mom and dad and left me there. And after a while the cops came and said that the grandparents on my dad's side of the family were abusing my sister and brother. And so my grandpa had to get them...I looked at my parents and I didn't see the good side of drugs. I saw everything that made it horrible. All my shit was pawned; my movies, my toys, everything that was valuable was gone. Things were broken down; TV was gone, radio was gone. It was so horrible (Lola, lines 835-857).

Sub-Theme: Home is Wherever You are Tonight. *Home is wherever you are tonight* is a sub-theme capturing primary participants' descriptions of unstable homes where they did not always feel welcomed or supported. Some recalled being kicked out of their homes after arguing/fighting with their family members. Most participants were often able to find a place to stay with other family members, but at least one had spent

time on the streets, during her pregnancy, due to this chaos. This same participant was currently facing a homeless situation, once again, as her mother was planning to move to another state and had advised the teen that she and her child were not welcome to accompany her in the move. *Home is wherever you are tonight* is a sub-theme that captures this struggle.

Of course I thought she (mother) might kick me out (over the pregnancy), but like she had kicked me out before if we weren't getting along. I would go live with my grandma or my dad (Eve, lines 144-145).

And then they kicked him (boyfriend) out of the house and I had been staying with him...and I got kicked out too, basically. So we would just be like all walking around (without a place to stay) (Asabel, lines 144-147).

The secondary participants also discussed the difficult environments the teens lived in, but their description was slightly different in that they viewed the babies who lived with family members, other than the teen parents, as lucky. They voiced beliefs that these children are cared for and in better and more stable environments than they would be if left in the primary care of their teen mothers. They described teen parents as irresponsible and carefree; environments not seen as safe or supportive of the young children.

I think the ones that have children who are taken over by the grandparents are the lucky ones. Those kids aren't put in those dangerous situations or around the party scene or left in dirty diapers or left in the other room (Victoria, lines 47-50).

There's multiple grandchildren that the grandmother is caring for, you know, from different daughters or sons or whatever. And there are lots of children and so I see that because they (grandmother) are very stressed out cause they want to be there because they don't feel like the home environment that is provided (by the teen parent) is adequate or what they want for that child. And so they do, they step up and they do it (take over care of child) (Lucy, lines 124-136).

Theme Three: Disappointment

The last theme in this section is that of *Disappointment* which was induced through the primary participants' shared experiences of familial disappointment and anger regarding their pregnancies. Primary participants describe their fear of informing their families of their pregnancy and the great disappointment and anger the families expressed in response. This theme captured primary participants' discussions related to dread of telling their families of the pregnancy and upset and displeasure expressed by the families in response; discussions which mostly occurred behind closed doors where only members of the biological family were present. Upon informing their boyfriends of their pregnancies, many primary participants were met with displeasure; some boyfriends requested to have the pregnancy terminated by an abortion.

Fear framed the primary participants' stories of great reluctance and dread in informing their families of their pregnancies. Many reported anticipating that their families would be unhappy about their pregnancies and some feared verbal and even physical violence in response. Some participants did not inform their families themselves, but instead sent their boyfriend or even a cousin, to deliver the message. Several participants crafted letters with the information and left the messages where they

knew family members would find them. Interestingly, a few participants voiced feeling justified in their state of pregnancy after learning that their own mothers had also been teen parents as they felt that they were no different or worse than their parents in repeating this cycle of teen pregnancy. The knowledge that the teens were products of teen pregnancies also seemed to lessen any respect or confidence the primary participants had in their parents as credible sources of information or guidance.

My mom was unhappy (about the pregnancy) but she couldn't say much cause she had me and my brother at a young age (Elizabeth, lines 190-193).

She (mother) came to my room and said *What?!* (after learning about the pregnancy through a letter). She kind of flipped out. She stayed in her room the whole night and was crying and then she called everybody!...they said *There is nothing you can do about it. It happens all the time. My mom was like What do you mean!? You were mad at me when I got pregnant at her age!* and I'm like *Well, I'm her granddaughter, you are her daughter. There is a difference!*...and my dad, I'm sure he cried, but he never like showed it. He is like me...we really don't talk about our problems. We just hold it in and deal with it (Santana, lines 57-76).

The primary participants told stories of familial upset and anger regarding their pregnancies. They described feeling sad and embarrassed about their pregnancies, but also expressed a duty to their unborn child to fight for their life and refuse abortions, which were sometimes advised by their parents/guardians and boyfriends. The participants described deep anger and upset expressed by their families and boyfriends

regarding the current pregnancy, as well as frustration regarding an inability to change the current situation. This information is illustrated in the following exemplars:

She (mother) was mad. She kept talking about abortion, abortion, abortion. And she kept telling me she was going to send me to a group home in Santa Fe where girls could help me out, like with other girls who were my age and pregnant. She didn't want me around. But that only happened for about three days. She was mad. Then she accepted it and said *Well, if there is nothing I can say to change your mind, then there is nothing I can do* (Rose, lines 57-64).

Secondary participants also described anger and disappointment related to teen pregnancy by recalling incidences where they observed families who were extremely upset by their teen's pregnancy. The stories revealed grief for the loss of dreams the families had held for their teen daughters and embarrassment over the current pregnancy. Some participants described incidences where they viewed families forcing themselves to publicly exhibit happiness related to the pregnancy. .

They (family) are just like *I can't believe this is happening! I can't believe she's pregnant!...*and they are really pushing themselves, I think they are really pushing themselves, like forcing themselves to be happy about it...(Corrine, lines 108-111).

Summary

In summary, research question two: **What cultural and social influences guide the behavior and belief systems of Long-term Hispanic teen females, in regards to sex, contraceptive use, adolescent pregnancy, and adolescent parenting?** was

answered by participants informing three themes: (a) *We Really Didn't Talk About it*; (b) *Chaotic/Unstable Environment*; and, (c) *Disappointment*.

Primary participants shared their stories and experiences with gaps in their personal knowledge related to reproductive and sexual health issues and cited a lack of communication in their homes, schools and with their sexual partners as contributing factors to their pregnancies. Conversations with their family members were very limited to nonexistent and schools were described as offering sketchy education related to reproductive issues. However, many participants expressed some knowledge related to the risk of pregnancy as a result of engaging in unprotected sexual intercourse and some blamed their pregnancies on an external locus of control. Several participants planned their pregnancies as a means of escaping their homes, which were described as chaotic and/or unstable or as a natural next step in their romantic relationships.

Homes of the youth were depicted as difficult, unsupportive, and fragmented. Biological parents were often absent and youth were raised by extended family members who were strained under the responsibility of raising multiple family members with limited resources. Some parents suffered from alcohol and drug addiction which made them unreliable, inaccessible, and disregarded by the teens. Primary participants accepted these situations as the norm of their lives, but hoped to provide more stable and healthy environments for their own children.

Despite these unstable homes, the primary participants described great fear of informing and displeasing their families with their pregnancies. Anger and disappointment were expressed by family members and boyfriends related to the pregnancies. Discussions regarding the embarrassment and upset of teen pregnancy

tended to be kept private and within the homes, while publicly, families attempted to portray the situation as acceptable.

Research Question Three

Research question three was: **What are the attitudes of adult Hispanics regarding teen sexuality and reproduction?** The components of the interviews related to this area were guided by the research indicating that although Hispanics do not condone teen sexual intercourse, they do celebrate the pregnancies (Holleran & Waller, 2003). I asked the adult participants about their experiences with teens that were pregnant, how these occurrences were dealt with in the family and in the community, and what futures they predicted or had seen for these teen parents. I asked primary participants to recall witnessed events or discussions with adults about teen pregnancy as well as conversations and events with adults in their lives and related to their own pregnancy. Two themes emerged from this data. The themes and sub-themes are presented in Table 4 with detailed information related to each theme, following.

Table 4. Themes and Sub-Themes for Research Question Three.

| Theme | Sub-Theme |
|-------------------------------------|--|
| What do you mean, you're pregnant?! | <ul style="list-style-type: none"> • Say it isn't So • Keep it in the Family |
| It has to change | <ul style="list-style-type: none"> • Above all, prevent it • Earn the support you want |

Theme One: What Do You Mean, You're Pregnant?!

The secondary participants spoke about community attitudes regarding teen pregnancies in the theme: *What do you mean, you're pregnant?!* This theme was informed by two sub-themes of: (a) *Say it isn't so*; and, (b) *Keep it in the family*, which

describe the societal reactions to teen pregnancies as experienced by the secondary participants. There were aspects of the baby's life where roles were held in high importance and celebrated, such as the role of godparent and baptism into the Catholic Church or celebrations such as baby showers; viewed as nurturing the child, but not a celebration of the pregnancy. However, through their experiences of working with youth and families, all secondary participants described teen pregnancies as definitely not celebrated in these communities and instead viewed as a situation that created hardship, anger, and frustration for the families involved. The initial reaction to the pregnancy was one of disbelief, anger and upset. Frustration and angst followed as the childrearing became more taxing, financially and physically for older family members who took on this primary parenting roles. Primary participants describe teen pregnancy as being met with anger, disbelief, and disapproval from adults in their families and communities. Most teens cite lacking support in their environments related to parenting skills, finances, and future dreams of education and independence.

Sub-Theme: Say It Isn't So. Secondary participants felt that teen pregnancy had a negative impact on the teen, baby, and families' present life as it created hardship for the teen and their family. *Say it isn't so* is a sub-theme that captured the let down, frustration, anger and grief exhibited by families and the community in dealing with teen pregnancies. Secondary participants reported that disbelief and sorrow was experienced by the families for the lost dreams and anticipations of what may have been for the teen but was now changed forever. Many felt that the teens were simply repeating behaviors they had learned at home, where many were the product of teen pregnancies themselves or had teenaged relatives who were pregnant or parenting.

The initial upset and disbelief were intermingled with a high value that was placed on roles related to celebrations linked to the birth of a new child. Although the teen pregnancy itself was not a happy occurrence, roles, such as godparent in a Catholic Baptism, were highly celebrated in these communities. The secondary participants explained that the celebrations were not for the manner in which the child was brought into the community, but for the associated roles.

That is going to be their first reaction: *What do you mean you're pregnant!?* And then the parents will usually say *I told you! I told you!...I can't believe you are pregnant! I wish you weren't!* (Bernice, lines 219-223).

There are some practices, like baptisms, especially if you are Catholic...that is really big. Especially the role of godparents and things like that are really important in this culture. But, I don't think that we want our teens to be pregnant or to reproduce...(Bernice, lines 198-201).

Primary participants describe emotions expressed by adults in their lives that were mostly negative and ranged from indifference to anger. Although these episodes were sad and frightening for the teens, many justified their pregnancies by citing that their own parents were teen parents themselves and were therefore no better or different than them. Adults that experienced pregnancy as teens were not held in high regard and not seen as credible sources of information or guidance. The disappointment and disagreement related to teen pregnancy/parenting was not only experienced by the primary participants in their homes, but also when interacting socially with adults in their communities.

My mom was unhappy (about the pregnancy) but she couldn't say much cause she had me and my brother at a young age (Elizabeth, lines 110-113).

Like, people make you feel that just because I am young and a mom that I don't know what I'm doing. It's like everyone is always calling me the "babysitter" and stuff; like you just don't need it. And just like it makes me feel...they make me feel like as if I am like failing (Roberta, lines 455-458).

Sub-Theme: Keep It In The Family. *Keep it in the family* is a sub-theme informed by experiences of the secondary participants where a high importance was placed on an unwillingness to let the child leave the biological family, even in situations where the child would be better cared for in another setting. Many participants had experiences in working with or observing families whose elderly relatives were caring for the babies as the teens were unable or unwilling to. The participants described these situations as not always best for the child as they lacked in stimulation, care and financial stability for the child, but discussed the beliefs and values that did not allow these families to let the children go elsewhere. They also described the environments, headed by elderly guardians, as better than what teen parent could/would provide. Despite the fact that the child may represent a hardship to the caretakers, not a single incident was described where the child was allowed to live elsewhere or to be adopted outside of the biological family. Abortions are not common and described as very secretive, when they do occur. Although the teen mother does not usually continue as the primary caretaker for the children, the baby is never far removed from her in these situations.

I think there is not a willingness to take that genetic person (baby) out of your realm. I think that is really what it comes down to. And you know...I don't see a lot of, not really shame put on it, it is just sort of an expected thing (Lucy, lines 61-63).

I think it (baby) is definitely a burden, but they (grandparents) just won't put the responsibility back. They really don't even feel like they have to. They just feel like they need to (take care of the baby) (Leona, lines 100-102).

Grandma was upset. She was upset because...she still got pregnant...she just couldn't believe it because this is the history with the kids. And at the time, grandma had just gotten temporary custody of an infant grandson because the mom got thrown in jail...and grandma was like at the point, like *When do I get mine? When do I get to live my life?* (Frances, lines 204-212).

A dichotomy existed in this theme, where primary participants did not report instances where adults in their lives had taken over parenting their children and instead felt that they were parenting all alone and without the support they desired and needed. A few participants also described instances where their parents suggested and at times attempted to demand they abort the pregnancy; something they argued against as they felt it was their maternal role to fight for the life of their unborn child.

She (mother) was mad. She kept talking about abortion, abortion, abortion. And she was telling me she was going to send me to a group home in Santa Fe...like

with other girls my age and pregnant. She didn't want me around. (Rose, lines 57-62)

Being a teen parent isn't bad and people should just like help you more. The school and probation office shouldn't like make it so hard and like they should know that you can do it...but like they should help you...they just make it so hard (Roberta, lines 390-394).

Theme Two: It Has To Change

It has to change, is a theme informed by the secondary participants' wishes to stop the cycle of teen pregnancy in their communities. Based upon their experiences, secondary participants predict poor futures for the teen parents, a belief which drives their desires for community change. Through their work with teens and their families, it was predicted by the secondary participants that teen parents will be plagued with low education levels, low income levels, broken relationships with the fathers and repeated pregnancies at early ages. Primary participants also felt that teen pregnancy should be prevented as it was too hard to be a teen and a parent. For these reasons, the participants felt that there must be a change at the community level. This theme was informed by two sub-themes: (a) *above all, prevent it*; and, (b) *earn the support you want*, which describe the participants' perceptions that prevention of teen pregnancy is key for the future and to prevent the cycle of failures experienced by teen parents. It also illustrates the importance participant's placed on the choice of either pregnancy prevention by the youth or responsibility-taking that is accepted here as an inherent part of parenting.

Sub-Theme: Above All, Prevent it. Above all, prevent it, captures a common belief that teen pregnancy must be prevented in order for youth to succeed. The secondary participants viewed prevention as inclusive of comprehensive education related to reproduction and sex, access to preventative and family planning services, and a common belief that if youth were offered recreational activities, they would choose this instead of sexual intercourse. The participants expressed their views that comprehensive education was the property and responsibility of the schools in these communities. In these areas, where participants describe poverty as overwhelming and even basic transportation as a luxury, the school, with its transportation system, is seen as the place where youth are present and prepared for their futures, including academics, social skills and responsible reproduction.

We have to look at what is happening in education...it just seems that there is such a focus on *How are we scoring? And the core curriculum*, that we are really given a lot of restrictions...and you are really not allowed to go into the classrooms; there is just no time. We really need to see how we can tie it (sex education) into the core curriculum...we have to integrate it...we are really doing an injustice to our kids. We are not getting accurate and comprehensive education to our kids (Bernice, lines 157-170).

I would have it (services) available for them in school. You know, have where they can go to a little clinic and be able to go in there and grab some condoms...pills...get tested, get educated (Amanda, lines 171-182).

I believe we need recreation in this community...we are not ever going to really succeed until we have safe places that are supervised for these kids to go to. That way they can learn. And part of it is learning how to have fun without having sex (Victoria, lines 166-168).

Many primary participants agreed that teen pregnancy should be prevented as it is too difficult on the teen. They desired more open and consistent communication from adults as this is viewed as critical in educating youth about methods to prevent teen pregnancy. They felt that open communication should be started in early childhood and planned to have this type of relationship with their children. There was also a desire to be supported in their decisions to be responsibly sexually active with contraceptive use.

I will always talk to my kid. I want to tell them about condoms and everything. And I would like them to come and tell me like when they start having sex....so we could avoid this kind of a situation (teen pregnancy) ...and like I wouldn't get mad at my kid or anything (Asabel, lines 281-286).

Sub-Theme: Earn The Support You Want. The primary and secondary participants also advise that once the teens do become pregnant, community efforts cannot stop in supporting them and their futures. In the sub-theme, *earn the support you want*, discussions with secondary participants focused on expectations that the teen parents mature and take responsibility for their actions and children. Support, in this context, is a two-way street where once given what is needed by the community teens are expected to make better and healthier decisions for themselves and their futures. Here, teens are viewed as independent decision-makers who have chosen unprotected sexual activity and/or pregnancy at a young age and should therefore also accept the inherent

accountability which parenting entails. The secondary participants felt that the teens must understand the gravity of the decisions they have made and of their behaviors and own up to them if they desire the acceptance and support of the community.

Yes, they are mothers but they are also adolescents and I think it is important that we do not give up on them because it is going to cost us as a society. We do need to assist and support them, but it also brings accountability. They need to be accountable and responsible for their actions. They have to earn it. It is probably not in their best interest to turn around and have another pregnancy. They also need to go on with their education, help their baby and do right (Bernice, lines 136-145).

If they (teens) want the financial and social support, then they need to earn it. They should be required to be in school, their grades, they're passing. There needs to be some way to keep checking on them and if they are passing, well then they get this support...they can't expect that just because they got pregnant, anything is owed to them (Kelly, lines 199-200).

Primary participants describe the need for ongoing support in their day-to-day lives and their education. However, here primary participants viewed support as an entitlement of being a teen parent and an expectation from adults who are seen as more capable and obliged in providing what is needed by youth.

They want you to get a job, but like who is going to give you a job?...like, we don't have a car and...like when we only want the car to like go to the store or

something, I can use my mom's new car, but when we really need the car, my mom won't lend it. She'll go to the casino or something (Roberta, lines 341-345).

Teachers, they look at you different because, you know, you are so young and you had a baby and they just don't think you could do it...Like, I go to the elementary with my little brothers and sisters and it's like those teachers have more faith in me than the high school teachers do....It's okay. I could do it. I don't need the teachers' support. I just need to do it; just me (Rose, lines 137-144).

Summary

In summary, research question three: **What are the attitudes of adult Hispanics regarding teen sexuality and reproduction?** was answered by data informing two themes: (a) *What do you mean you're pregnant?!*; and, (b) *It has to change*.

Families' initial reaction towards their teen's pregnancy was one of anger, frustration and grief. Some discussion related to celebrations of the roles related to various aspects of the child (i.e. godparent in baptism) did occur, however, the general feeling related to teen pregnancy is not of celebration, but of disappointment. High value was placed on keeping the child within the realm of the biological family despite the families' struggle in providing stimulation, care, guidance, and financial stability for the child.

Breaking the cycle of teen pregnancy was held in high importance for these communities. Participants proposed changes such as providing youth with open and supportive relationships with adults beginning in early childhood, a comprehensive educational program through the schools, making contraceptive supplies available to

youth, and providing opportunities to engage youth in activities outside of drug use, alcohol use, and sexual activity. Despite teen views that adults are obligated to provide needed support, secondary participants felt that teens choosing to participate in unprotected sexual activities and parenting were expected to accept the accountability and responsibility inherent in such, especially if they desire the assistance and support of their family and the community. These teens are therefore expected to take on more adult-like decision-making behaviors, continue their education and provide for themselves and for their children in the future. Youth who are parents are expected to earn the respect and support they want.

Chapter Summary

In Chapter 5, the findings from the focused ethnographic data and the analysis were presented. The research was guided by three research questions: (a) What are the attitudes and behaviors of Long-term Hispanic teen females regarding sex, contraception, adolescent pregnancy, and parenthood?; (b) What cultural and social influences guide the behavior and belief systems of Long-term Hispanic teen females, in regards to sex, contraceptive use, adolescent pregnancy, and adolescent parenting?; and, (c) What are the attitudes of adult Hispanics regarding teen sexuality and reproduction? All research questions were answered and the results were presented by theme and sub-theme, in response to each question. Findings were detailed and juxtaposed with the participants' own words and stories.

Chapter 6: Summary, Conclusions, and Epilogue

Chapter 6 consists of four parts: (a) the summary of study findings; (b) the comparison of study findings to relevant literature; (c) the conclusions, including the strengths and limitations of the study, the significance of the study to nursing and recommendations; and, (d) the epilogue.

Summary of Findings

The goal of this study was to explore and describe the attitudes and behaviors related to teen pregnancy in parenting Long-term Hispanic female teens in northern NM. Through analysis of interview and observational data, the attitudes and behaviors of Long-term Hispanic parenting teens and their descriptions of sociocultural influences upon these attributes were examined. The three research questions posed in Chapter 1 were answered.

Research question one focused on the attitudes and behaviors of Long-term Hispanic teen females and their experiences with sex, contraception, pregnancy and parenting. By focusing on the experiences of teen mothers, an understanding was obtained of the evolving attitudes and behaviors pertaining to their struggles with parenting, their transition into mothers which was described in terms of benefits and consequences, their views on males' poor parenting and failure to take responsibility, and contraception for themselves, their peers and their own children. All participants described pregnancy and parenting as difficult and as a barrier to futures in their education, careers, and financial independence. The primary participants' experiences as parents had caused regret for not waiting longer to have children, but had also presented an opportunity for positive change in their lives and an impetus to better themselves in

the future. Views on males were quite negative, but consistent with the extant literature, where males were described as often lacking the ownership of their parenting roles and responsibilities. Participants described contraception as something they had previously taken lightly, but after their experiences with parenting, now realized was important to control in their futures. They advised peers to not conceive as teens and hoped to have open and supportive communication with their own children to prevent the teen pregnancy cycle from repeating in their families.

Research question two focused on the cultural and social influences that guide the behavior and belief systems of Long-term Hispanic teen females regarding sex, contraception, and adolescent pregnancy and parenting. This question was answered by participants relating significant events and experiences where values, beliefs, and norms were passed to them from members of their family, peer groups, and larger community. Low levels of communication characterized sexual discussions as did chaotic and unstable homes and an overarching familial and community-level disappointment and displeasure related to teen pregnancy. Poor communication began in early childhood and extended into the participants' teen years, despite attempts to have their sexual and reproductive questions answered by family and school staff. Although the primary participants described desires for more open and clear communication related to reproduction, it seems that what they also yearned for was a positive change in their home environments which lacked support and guidance to one that was more supportive of youth. Many participants resided with older family members and had poor relationships with their own parents due to parental drug/alcohol abuse or parental absence. These environments appeared to be risk promotive and supportive of the

continued cycle of teen parenting as it was the norm in many homes. Despite the chaos and instability of the homes, teen participants voiced a strong desire to make their families proud and not disappoint them with poor decision-making including repeated pregnancies in their youth. Teen parenting was mostly unsupported by adults and teens were either left to parent without support or children were reportedly taken over by family members who raised them as their own.

Research question three focused on the attitudes of adult Hispanic community members regarding teen sexuality and reproduction. The participants answered this area of inquiry by describing what they perceive as a community-level importance placed on keeping all children within their biological realm despite the associated financial and physical difficulties this situation placed upon the families. Adult participants describe older family members who are the primary caretakers of children in the homes; children who are biologically parented by teen family members, but who are left or taken into the care of grandparents or other family members. Many older family members reportedly struggle under the physical and financial responsibilities of repeated parenting under these circumstances. Children in these homes also appear to lack the stimulation, guidance, love, and support needed to allow them success outside of teen pregnancy themselves. All the primary participants in this study were actively parenting their children but cited poor family and community support which they felt was crucial to being effective and successful as teen parents. All participants also described a global desire for things to change in their communities, in hopes of preventing teen pregnancy in the future and enforcing changes towards healthier communities. They desired changes in societal norms towards more awareness and openness regarding communication and

education related to reproduction, sexual education and the promotion of health education for youth.

Comparison of Findings to Relevant Literature

The findings of this study highlight four areas of importance related to teen pregnancy and parenting and are summarized using the following topic areas: (a) chaotic and unstable homes; (b) communication; (c) disappointment; and, (d) futures. These areas were found to be remarkable in the current study and I will describe them in relation to the relevant literature.

Chaotic and Unstable Homes

One of the strongest themes to emerge from the current study was that of chaotic and unstable homes. In stark contrast to the characterization of Hispanics in the literature where core values of family unity/closeness (Familismo), respect/politeness (Respeto), and a general importance placed on honesty and social relationships (Personalismo) govern (NCPTUP, 2008a), the primary participants in the current study describe homes of their childhood as chaotic and unstable. Homes are accepted as environments where youth engage with others and began sharing beliefs and developing attitudes. These households, however, were wrought with parental alcohol and/or drug abuse and absent or unsupportive parents. The youth described family environments as unsupportive and even abusive, where they were kicked out of or evicted from their homes when they disagreed or fought with adults. These findings appear to be unique to the literature base related to Hispanic youth and not described previously.

It is well documented in the literature that positive relationships with one's parents and community is associated with risk reduction in regards to sexual behaviors

(Denner, et al., 2001; Holleran & Waller, 2003; Miller, 2002; Nadeem et al., 2006; Talascheck, et al., 2004; Villarruel, et al., 2004; Velez-Pastrana, et al., 2005). Sadly, most of the primary participants in the current study were given to grandparents in their youth, as their parents were emotionally and/or physically unavailable to rear them due to drug/alcohol use, relocating residence, or moving on to other romantic relationships that did not include parenting their children. Although at the time of their interviews, most participants described having a place to stay, many reported homes where love, support and guidance were lacking or absent. Homes were often described as nothing more than a place to spend the night; a description that was unchanged both prior to and following the primary participant's pregnancies. The cycle of chaotic and unstable homes appears to continue as adults refuse to allow children to be taken out of the biological realm and raised elsewhere, while the blame for teens simply repeating what they see by becoming pregnant is placed on the youth. Again, this description of Hispanic homes appears to be unique as no literature was found to support this view. It seems, to me, that the children raised in these homes are offered no real alternatives to pregnancy and parenting as they are only repeating what they know and are set up to fail. No discussion related to changing these normative behaviors was captured in the interviews except for broad statements regarding hopes for larger societal change to prevent all drug use and teen pregnancies. There may be unwillingness in the studied communities to speak out publicly against the community norms surrounding the home/family environments.

Although primary participants did quietly illustrate the dysfunction in their environments, they also described caring deeply for their families and desires to avoid embarrassing or disappointing them in the future. They described future goals of

providing healthier and more supportive environments/homes for their children through preventing repeated teen pregnancy for themselves and careers in professional areas and financial independence, however these goals appeared somewhat unrealistic considering that many lacked even a high school education/GED.

Interventional programs aimed at reducing teen pregnancy and targeting high-risk Hispanic populations appear in the literature and are often based upon the importance of family involvement in adolescent risk prevention and pregnancy prevention (Kirby, 2007; NCPTUP, 2008a; Talashek, et al., 2004). However, many interventions/programs aimed at preventing pregnancy in Hispanic youth of the United States either focus on interventions that fail to incorporate families (Kirby, 2007) or assume that Hispanic families hold the core values characterized by Familismo, Respecto, and Personalismo (NCPTUP, 2008a; NCPTUP, 2008b; NCPTUP, 2010; Portillo, et al., 2001). In example, recommendations, such as those delineated in a newly published guide for practitioners working with Hispanic families (NCPTUP, 2008b) are based upon the assumed and romanticized Hispanic core values of Familismo, Respeto and Personalismo. It is my belief that interventions based upon these assumptions will likely fail in communities such as those in this study, where it is clear that homes do not operate upon these presupposed values. It is apparent that Hispanic subpopulations are very heterogeneous and defined by the constant interactions and flux amongst its members and within the community, not by the larger Hispanic label. Published intervention programs targeting high risk Hispanic youth may be utilized as a template however, each community should be astute to their unquities and strengths so that programs may be tailored accordingly.

Socioeconomic factors affecting home environments also play a role in risk level of youth. Descriptions of the environments, provided by secondary participants and augmented with statistical community descriptions characterize homes in the current study as impoverished, single-parented (or headed by grandparents) and suffering with violence and drug use (NMDOH, 2008) where youth survive but do not thrive. Although Hispanics come from all socioeconomic classes, they tend to suffer disproportionately from poverty (Frost & Driscoll, 2006; Driscoll, et al., 2001), a factor that is considered risk promotive for teen pregnancy, but cannot fully account for all risk in studied samples (Berry, et al., 2000; Denner, et al., 2001; Santelli, et al., 2000). It is therefore my proposal that instead of placing the answer to teen pregnancy prevention on assumed and often incorrect Hispanic cultural values and norms, careful consideration of the socioeconomic and geographic demographics as well as the unique characteristics of each population of interest be understood. Interventions based upon this more holistic understanding of each community and aimed at encouraging intact, functional, and successful families where members can communicate clearly, discipline consistently and kindly, work through difficulties effectively, and where family members feel loved and supported may be effective in positively influencing relationships, values and household norms in the community of interest. Until families can be supported in such a manner, it is doubtful that family and community norms will change sufficiently to prevent the dysfunction and cycle of teen pregnancy described in the current study from repeating in future generations.

Communication

Communication between parents and their youth is sometimes used as a measure of quality in family relationships and is seen as a function of the overall home environment (Driscoll, et al., 2001). Hispanic homes are often characterized in the literature by positive, clear, and supportive connectivity amongst family members (Velez-Pastrana, et al., 2005); relationships that promote education of youth and sexual risk prevention. Most primary participants in the current study, however, described poor overall connectivity within their families and low to no communication in their homes, schools, and in their sexual dyads regarding sex, contraception, and reproduction. Many expressed limited and confusing education related to these topics and a discomfort with their poor communication/education levels regarding anything sexual. They voiced intentions to educate their children about sex and reproduction in the future. Although secondary participants affiliated with the school districts reported existing standards that mandate annual education related to sex and HIV/AIDS in the schools, this standard is lacking, largely hit or miss by school year, and dependent upon volunteers from the community who offer the education.

The literature on adolescent sexual risk describes high levels of communication and information-sharing amongst families to be risk protective (NCPTUP, 2008a) for youth. Supportive of communication as risk- protective were Aspy, Vesely, Oman, Rodine, Marshall & McLeroy (2007) who found that youth aged 13-17 years (N = 1078 Midwestern adolescents aged 13-17 yrs of unknown ethnicity) were positively influenced by parental communication and were much less likely to have initiated sexual intercourse if they discussed issues of “saying no” and delaying sexual activity with their parents

(OR 0.60; CI 82%). Similarly, youth in the same sample who had already initiated sex were more likely to use birth control if they had had discussions with their parents about STIs and contraception (OR 2.31; CI 95%). Most literature regarding communication describes three areas of importance to influence risk prevention; source, frequency and content.

Sources of information are important to teens when attempting to affect behavior changes. Following an intervention aimed at impacting initiation, frequency and content of parental communication regarding adolescent sexual behavior, knowledge and access to contraception, Campero, Walker, Atienzo and Gutierrez (2010) found that communication between parents and their teens (N = 5,472 adolescents and 2,076 parents of Mexican ethnicity) resulted in delay of initiation of sex (ATE = 0.057; CI 95%; 6.87% more students in the intervention group vs. control group reported having not initiated sexual intercourse) and receipt of condoms from parents (ATE = 0.052; CI 95%). Interestingly, although the authors found that parents initiated communication and noted statistically significant increases in content of communication (condom use, emergency contraception, and prevention of STIs) over baseline, they did not find an increase in overall communication frequency levels (ATE = 0.01; CI 95%) which brings into question the barriers related to sexual communication in Hispanic homes. Meneses, Orrell-Valente, Guendelman, Oman, and Irwin (2006) studied 6,929 mothers (N = 947 Latina) and found that Latinas were less likely to discuss sex with their daughters (4.7% never discussed sexual topics vs. 1.5% of whites and 0.7% of blacks) and reported the highest levels of discomfort with communication (5.3% Latinas cited high discomfort with communication vs. 0.8% white and 2.1% black). Content of sexual discussions also

varied in Hispanic families as studied by Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas, and Bouris (2006) who qualitatively investigated 63 Hispanic mother-adolescent dyads and their communication content and process about sex. It was found that these mothers discussed morals and consequences of sex but not birth control or positive aspects of sexual intercourse. The mothers described being raised in cultural surroundings not conducive to open communication about sex and experienced embarrassment and discomfort when in discussions with their youth. This discomfort and embarrassment are important barriers to effective parent-youth communication and education as youth (N = 668 inner city youth of New York, 75% Latin [Dominican and Puerto Rican]) describe a need to feel that adults are credible, trustworthy and accessible in their knowledge if they are to effectively internalize the provided information received from parents to affect behavior changes (path coefficient = 0.61, $p < .01$).

Once parents are accepted as good sources of information, communication by frequency and topic/content area is important to teens. Guilamo-Ramos, Jaccard, Dittus, Bouris, Holloway and Casillas (2007) found that teens' (N= 668 inner city youth-mother dyads of New York) perception of frequency of communication varied moderately from parental frequency reports (median correlation for the same discussion topic was 0.18). The authors found that youth perceptions of communication frequency best reflected the impact of communication. Topics most frequently covered by mothers were getting HIV (mean agreement, $M = 3.00$), getting an STI ($M = 2.92$) and how having sex would be morally wrong ($M = 2.91$). Communication content related to contraception was also noted to be positively influential in Ancheta, Hynes and Shrier's (2005) study reflecting teen girls' (N = 123 adolescent girls, unknown ethnicity) greater ability to negotiate

condom use after receiving parental education and formal instruction (51% of respondents stated successful negotiation of condom use with last intercourse vs. 46% who had not received education).

Despite poor education levels, many primary participants in the current study had some awareness of contraception and the risks associated with poorly or unprotected intercourse and had discussed the possibility of pregnancy and related roles with their sexual partners. It therefore seems that for some primary participants, instead of admitting to knowledge of reproductive/contraceptive issues and still conceiving as a teen, a legitimate means of dealing with teen pregnancy, as perceived by the primary participants in this sample, was claiming an unknowing (It wasn't my fault, I didn't know) or blaming the work of an external locus of control (I didn't do it, things just happen). The position described by primary participants, where they report some knowledge related to reproduction/contraception yet also relate their hopes for change towards increased education and communication is quite interesting. I believe, based upon this dichotomous report from the primary participants that what these teens really request is not necessarily education, but instead closer and more supportive relationships within their families and/or with a reliable, trustworthy and credible adult in their lives. All participants described previous use of contraceptives and some knowledge about the risks of sex, so the desires really do not seem simply for more frequent and topic-based knowledge, but instead for positive communication. Based upon the findings in this sample, I accept and found support for positive communication as a proxy for familial support, connectivity, trust and guidance related to all aspects of the teens' life and development. Additionally, the irregularity in consistent school-based education,

described in the current study as hit or miss, may be in part due to poor preparation of school staff that may lack the tools necessary to hold discussions about sexual topics with youth. The families in the studied communities hold lineage for several generations in these counties and the schools hire staff from these communities. Therefore, it may be logical that the school's norms related to sexual communication are no different from the families of this study. If the staff were raised in the same sociocultural realm described by the primary participants, the staff may also see such discussions as taboo or be poorly prepared to initiate and continue discussions regarding reproduction, contraception, adolescent sexuality, and teen parenting as no one has ever taught/role modeled this behavior for them. The participants' described willingness to change towards more positive outcomes for future generations indicates a prime opportunity to capture the interest of teen parents and adults, provide them with the tools necessary to prepare children and to successfully institute the beginnings of societal changes in attitudes and behaviors towards increasing family cohesiveness and subsequent communication/knowledge sharing for the future.

A separate but equally important issue related to sexual communication was also discovered during the current research process. I noted, over the course of data collection, huge differences between low communication/information-sharing levels with teens in their role as patients in the primary care setting and high levels of information-sharing as a result of research procedures when more relaxed interview style of communication/information-seeking placed the teen in the role of expert. Several participants in the current study were acquaintances and even patients of mine prior to their participation in this study. During my many conversations with these youth, both in

the clinic and general community, teens shared limited information related to family dynamics and sexual knowledge; I was not aware of the limitations in communication. However, in my role as interviewer and in a setting where participants became the expert, I became aware of a new and deeper level of information-sharing which unfolded during the course of the data collection process. Communication where the adolescent patient is provided the safety, trust, interest and time of the clinician/researcher is therefore highly recommended as it may allow for a deeper understanding of the realities of youths' risk factors and health challenges/barriers to unfold.

Disappointment

The literature describes Hispanic culture as that which strongly values motherhood as an end in itself (NCPTUP, 2008) and where academic and career achievements are less supported (Driscoll, et al., 2001). Hispanic homes are described as not sanctioning early and unprotected sexual activity, but celebrating and supporting teen pregnancy when it does occur (Holleran & Waller, 2003). Contrary to this view, the primary participants described anger and disappointment, expressed by their families and boyfriends in response to their pregnancies. They tell of being very scared and apprehensive of informing their families of their pregnancies and the upset and displeasure with which their disclosure was met. Some of this negativity was emotionally corrected by participants rationalizing that because their own parents had also been teen parents, the parents were viewed as "no better" themselves. The primary participants also cited poor personal preparation for motherhood and limited support from their families and community which contradicts Williams and Vines (1999) findings that teen pregnancy is a means of obtaining positive emotional support from one's family. The differences in

these findings may be attributed to Williams and Vines' use of only non-Hispanic white participants in their sample of teens enrolled in a parenting program for mothers who were at high risk to abuse their children; demographics that differed from the current study's sample.

Some primary participants in the current study described being chastised publicly by their families and community for their pregnancy. This description contradicts the literature that describes teen motherhood as a rite of passage into adulthood with the independence and associated respect from others (Montgomery, 2002). The differences in these views may be attributed to the fact that Montgomery's qualitative participants were teen mothers from New York who planned their pregnancies and were enrolled in pregnancy and childbirth classes where their health status was supported. Secondary participants in the current study reported that broader social attitudes held teen pregnancy as a disappointment. They had seen some families experience grief over the loss of anticipated dreams the families held for the teen prior to pregnancy and described the situation as embarrassing within the community. The qualitative investigation by Osuchowski-Sanchez, et., al, (2007) found support for the cited disapproval and lack of assistance described by the participants in the current study. Osuchowski-Sanchez, et., al, utilized a sample of new immigrant and Long-term Hispanics and found that teen pregnancy was unsupported by families and in some cases teens were met with abuse and physical ostracized from the homes.

When discussing the dichotomy of acceptance/celebration vs. disappointment related to teen pregnancy and parenting, it must be noted that I observed instances of both sentiments in an on-stage/off-stage dynamic related to the familial shame and

embarrassment in the studied communities. It appeared that most teen pregnancy in the current study was met initially with shock, surprise and anger which later turned to denial and at times an insistence from the family for the teen to undo the wrong of teen pregnancy by means of abortion. Once the teen refused abortion, displeasure and embarrassment commenced within the family and was expressed privately in the homes through some mothers' attempts to keep the pregnancy hidden from the community. Frequently, statements were made by adults related to mandatory responsibility-taking by the teen in response to their mistake of pregnancy. Publicly, however, the pregnancy was portrayed as either a blessed event (i.e. gift from God) or simply a part of life (what's done is done). It appeared, to me, that some attempts were made to socially correct the embarrassment experienced by the families' by portraying the situation publicly as joyful or happy while chastising the teens in private and at home.

It is also interesting that there existed a social unwillingness to speak negatively about the unborn child and events surrounding their life. True celebration related to the new addition to the family was experienced during social events of baby showers and baptism. However, this joy was described as only for the social and cultural roles of those involved, not for the teen introduction of the child into the community. One may also question if these celebrations were an extension of the familial portrayal of happiness/celebration in the communities versus a value holding high importance on roles of baptismal godparent or host of baby showers. Through my experiences as a Nurse Practitioner, I have witnessed events where soon-to-be grandmothers will say that they do not want to hurt the unborn baby by feeling/speaking negatively about the teen's pregnancy as it is not the baby's fault that their parents made this mistake. I have also

witnessed excitement (true or feigned) related to baby's presence in clinic or a local WIC office which appears to create environments inconducive to openly discussing any hardships or regret related to the teen pregnancy and parenting. These environments may create barriers to honest and supportive communication with youth who wish to receive services related to prevention of future teen pregnancy or referrals for support services to promote their health status, education and any career achievements they may desire outside of pregnancy and parenting.

Futures

In impoverished surroundings where academic and employment opportunities are limited, it is felt that motherhood becomes a viable and rational career choice (Rich & Kim, 2002) given the alternatives and limited life options (Smithbattle, 2000). In the current study, the primary participants resided in impoverished and rural communities, and many describe not intentionally becoming pregnant or choosing motherhood as a career. However, in a model proposed by Merrick (1995) and accepted in the current study, career choice does not necessarily suggest employment and financial success but may convey a role which serves to define oneself and one's life's work. In this regard, the stories of the primary participants may reflect pregnancy and parenting as a career choice as that which defines them. Several participants did describe becoming pregnant intentionally, as a means of escaping their unsupportive and occasionally abusive homes or as a natural next step in their romantic relationships, while many other primary participants held ambivalence about unprotected sexual behaviors or blamed an external locus of control for their pregnancy. Many primary participants reported some prior

knowledge regarding reproduction and contraception, yet practiced ambivalent and unprotected sexual intercourse; a choice that ultimately defined their future.

Wiemann, Rickert, Berenson and Volk (2005) suggest that Hispanics regard motherhood as an “essential requisite” for achieving adulthood and Hispanic families strongly support teen parents (pg. 352). These authors found that only 33% of Mexicans (N = 349 pregnant Mexican adolescents up to the age of 18 years) reported feeling stigmatized about their pregnancy compared to 45% of whites and 41% of blacks. Maputle (2006) also characterizes pregnancy as a rite of passage and which marks the transition from childhood to womanhood and describes teen parenting as a time for youth (N = 14 teen mothers in South Africa) to acquire social and emotional support from their parents, friends and partners (71-76% of respondents reported receiving support). However, the few primary participants in the current study that did choose to conceive reportedly did so to escape unsupportive and/or abusive homes, not as a means of gaining respect or support. The differences between the literature and the current study may reflect community norms in South Africa that hold positive views of teen pregnancy as compared to the current study’s sample. The secondary participants in the current study shared a common view that teen parents had chosen parenthood (seen as negative) and therefore must be responsible in parenting, bettering themselves, and earning the support of the community. This belief seems newly described in research on teen pregnancy as no literature was found to support this view

Ambivalent attitudes towards sexual intercourse and pregnancy were studied by Jaccard, Dodge and Dittus (2003). The authors longitudinally investigated 4,869 adolescent females grades 9-11 (Hispanic, white, black, and Asian ethnicity) to predict

pregnancy occurrence based on attitudes towards pregnancy. These authors found that 15-30% of their sample reported some level of ambivalence towards becoming pregnant, attitudes which were predictive of pregnancy occurrence (29% of those respondents with high ambivalency towards pregnancy got pregnant vs. 1% of respondents with low levels of ambivalence). Demographic correlates showed that Hispanics had less negative attitudes towards getting pregnant than did white, black and Asian respondents. Spear (2004) also noted much ambivalence regarding sexual activity in her sample of eight pregnant white and black females aged 13-19 years of age. Spear's qualitative results revealed that although all her participants had knowledge about contraception, they expressed much ambivalence regarding whether their current pregnancy was planned or not. All participants held high expectations that their parents, especially mothers, and partners would support them through their pregnancy and parenting into successful futures. The high expectations for family support may differ from the current study's sample which described lacking familial support prior to and following their pregnancies. The family dynamics of Spear's white and black teens may be more positive and supportive than that of the current study's Hispanic primary participants; Spear's participants also had not delivered their babies or experienced the hardships of parenting.

Smithbattle (2000) acknowledges that for many disadvantaged teens in the United States, pregnancy may be that which epitomizes the aspiration of escaping a grim past for a future that may hold opportunities for teens to reorganize their lives towards becoming more responsible, mature, and empowered. The participants in the current study did not condone pregnancy or parenting for youth and instead described the barriers pregnancy and parenting created for successful futures in education and futures for themselves and

teens in general. However, it appears to me and based upon primary participants' statements that pregnancy and parenting had changed them positively towards more responsible and mature youth. A defining experience had occurred in the teen's lives and one which now allowed them a career choice; to self-identify as mothers and women. They all had desires to better themselves through education and careers while being positive role models for their children. However, they unanimously lacked positive role models in their homes and were seen struggling to undo the script that had previously been written for their lives where poor academics, poverty and repeated cycles of abuse and pregnancy dominated. The secondary participants in this study also described futures for teen parents plagued with low education levels, low income levels, broken relationships between the parents, and repeated pregnancies at young ages; a description supported by the literature (McBride & Gienapp, 2000; Kirby, 2007; NMTPPC, 2009). It therefore seems that the current study's primary participants' perception of parenting, although allowing them self-identification, was somewhat incongruent with the likelihood of successful futures for themselves and for their children. It is therefore my belief that the self-perpetuating cycle of dysfunctional and disconnected families with repeated teen pregnancy is likely to continue unless communities, such as those in my study, are given the social capital and public resources they require to promote the strengths they possess (i.e. acknowledgment of issues and desire for change) and rewrite the norms to protect and nurture their children's well-being and offer them careers outside of teen parenting. Instead of societal victim-blaming of teens that become pregnant and scapegoating by teens who accuse society for their mistakes, establishing connections for communication between families, schools and the larger community are

important. Incorporating accessible and competent health care and providing resources for teen education and employment would enable teens to participate differently and more positively in their society and may assist them in becoming the parents they want to be while enacting the futures they dream of where careers exist beyond motherhood.

In summary, the four remarkable areas induced from this study are chaotic/unstable homes, communication, disappointment, and futures. Socioeconomic and geographic influences shaped the environments of youth in the current study. It is my suggestion that support be given towards developing close and supportive relationships in families, communities and healthcare settings working with youth. Adults must become credible, trustworthy, and accessible to one another and to youth; a movement that may be led by nurses who can role model the behaviors they wish the communities to exhibit. Understanding of the uniqueities and support for the strengths of each community should be incorporated into any planned intervention towards change in the area of teen pregnancy as solely relying on published guidelines without considering the heterogeneity of each community may fail to affect the desired changes. Support for social capital in the areas of education, employment and healthcare are critical in breaking the cycles of chaotic and disconnected homes and teen pregnancy for youth of the future.

Conclusions

In conclusion, the three research questions were answered. The two areas that will be addressed in the following section are: (a) the strengths and limitations which existed in this study; and, (b) the significance of the study to nursing and recommendations for future nurse research.

Strengths and Limitations of the Study

The current study had both strengths and limitations. Limitations of this study included homogeneity in the sample with no male secondary participants and second interviews with primary participants that were limited to two participants. No information-rich male contacts were known to the researcher or located during the research process to serve as secondary participants. Adult males may have provided different perspectives on the issue under study.

Second interviews with primary participants were limited to two participants. Although all primary participants had initially assented to participate in second interviews, eight of the ten were lost to follow-up for second interviews. Based upon review of the literature in consenting/assenting youth, I did not anticipate the difficulties that were actually encountered in securing interviews with primary participants. Although it was quite easy to acquire very interested, willing and information-rich participants, difficulties began with primary participants presenting for interviews. Participants forgot scheduled interviews, did not have transportation to and from interviews, lost their cell phones or had telephone numbers that became disconnected. These difficulties worsened when attempts were made to reschedule participants for second interviews. Many had moved residences and not left forwarding information or had disconnected numbers, as had their parents/guardians who consented for the study. This difficulty may not be seen as unusual when considering the chaotic and unstable homes of youth in this study and their dependence upon others for transportation or financial support of cell phones. Once the problems became apparent and as a precaution, comprehensive study information was collected during initial interviews with

all participants. Therefore, the limitations associated with two second interviews with primary participants related only to member-checking of data. Although member checking took place with all participants on emerging themes and provided a broad opinion on the data, validation of previously supplied information pertinent to individual participants and their interview data was lacking for eight out of ten primary participants.

The strengths of this study include prolonged engagement in the communities of interest, persistent observations including systematic observations that were made throughout the entire data collection period, triangulation of data sources, member checks, dependability and confirmability of the data, and support of the guiding theoretical influence. Sufficient time and persistent and systematic observations were made in the communities of interest and in the study process for misconceptions to be explored and data to be validated. I have resided in communities that were the setting of this study for over 33 years and spent over two years on data collection and one year on analysis. Four triangulated data sources, including interviews with primary and secondary participants, observations, demographic information and field notes, promoted completeness in the data and offered several views of the phenomenon of interest. Credibility of the data through member checks was undertaken with systematic interviews that included summarizing and validating data with primary and secondary participants throughout the data collection period. Participant interviews included member-checking by soliciting information regarding both validation and/or clarification on the emerging data. The findings were presented in a rich and detailed manner that allows consumers of this research to determine transferability of the study to their populations of interest. Authenticity and accuracy of the data were an ongoing part of

this research and maintained through field notes and engagement in peer audits and debriefings with my research committee.

The attitudes and behaviors held and expressed by Long-term Hispanic teens in the current study and in relation to their social context were consistent with the theoretical framework of Symbolic Interactionism in that the participants' stories reflected attitudes and behaviors that are in flux, influenced by others in their social surroundings, and also hold influence over others in their lives. The specific beliefs and attitudes expressed in this study were reproduced over time through social interactions with others (peers, school staff, family, and children), one's prior actions and life experiences over time.

Significance to and Recommendations for Nursing

Chapters 4, 5, and 6 described study participants in their social context and offer explorations and descriptions that demonstrate the participants' attitudes, beliefs and behaviors that place them at risk for pregnancy/parenting. It is my intent that the resulting understanding adds to the knowledge base related to Hispanic youth and the many factors that influence their sexual decisions and behaviors at the community nursing and nurse research levels.

Community Nursing. The primary participants in the current study all faced numerous barriers to successful futures. They struggled with understanding what it was to parent and successfully fulfill this role; a role that was largely unsupported in their families, by their partners, and in their communities. Families were described as disconnected, unsupported, and repeating cycles of dysfunction in communities that struggled under poverty and closed communication.

Although many participants described their experience with pregnancy and parenting as an opportunity to become more proactive towards positive futures through education and employment, they all resided in communities where socioeconomic factors limited their dreams to attend school and achieve in financially lucrative careers. Through their experiences with the difficulties of pregnancy and parenting, the participants planned to prevent repeated pregnancies in their youth and offered advice for other teens to avoid pregnancy; a hope they also held for their own children. Despite these hopes, the epidemic of teen pregnancy continues and is especially problematic for Hispanic youth. The participants' desire for change and to increase communication about relationships and sexual health is significant as without assistance and support, the likelihood that the primary participants will affect changes to stop the repeated cycle of teen pregnancies in their families is unlikely. The time is now for community nurses to engage populations of youth and interested adults and support their willingness to alter behaviors towards increased education levels regarding reproduction and contraception, as well as basic parenting skills that include child development, healthy parenting and open, connected and supportive homes. Youth are most present in schools and easily accessible by school nurses and school based health centers where family planning education and contraceptive supplies could be made easily accessible. Work with families and school staff to encourage recurring and accurate information-sharing with youth and by credible and trustworthy adults, regarding topics of sexual development and reproduction may also be driven by community nurses acting as advocates for the vulnerable populations of Hispanic youth.

Based upon the findings of this study's descriptions of chaotic and unstable homes with repeated cycles of closed communication, poor levels of support, and teen pregnancy, the participants may be unable to affect the changes they desire without assistance. Improving access to and knowledge of reproductive health and its connection to social issues such as poverty and poor education depends on community programs that acknowledge and are sensitive to the unique social, geographic and economic forces that influence the youth of today and the parents of tomorrow. The situation is ripe for coalitions, inclusive of community and school nurses and staff, families, and nurse practitioners to engage and work with teen parents, families and communities in targeted outreach. Promotion of social capital and sexual health of future generations in a culturally knowledgeable and sensitive manner through improving access to healthcare and educational systems is critical.

Nursing Research. Recommendations for nursing research involves exploration of Hispanic reproductive, contraceptive, and teen pregnancy issues at community, family and individual levels. I propose that qualitative research which serves to explore and understand is needed at this stage of scientific inquiry. Truly listening to and connecting with participants while comprehending their issues related to teen pregnancy is crucial in order to continue the work of describing the intricacies of this complex phenomenon.

Research focusing on the community-level must explore broad attitudes on sexuality, including beliefs and values regarding communication, connectivity and social norms. Research should include aims to understand each community's unique environmental influences, their strengths and social networks that shape beliefs and practices and resulting teen behaviors. Exploration of factors that encourage positive

health outcomes and resiliency of its members should be identified so that the strengths of such communities can be capitalized upon with each and every intervention focusing on teen pregnancy prevention. Research into community support of school-based sexual education for youth is critical information to obtain and share with policymakers, educators and nurse advocates.

The relationships between family and children and their communication patterns appear very important in shaping the attitudes and sexual behaviors of teens. Family environments in the current study were described as fearful, embarrassing, difficult, and stressful, which promotes continued cycles of substance abuse, absent parents, and teen pregnancy; all of which affect youth negatively. Therefore, research focused on understanding specific relationships, connectivity, expectations, communication patterns and topics, and practices of parents/guardians is a logical next step. Without insight into the underlying intricate household issues, support of healthy families may not occur effectively.

As discovered in this study and supported by the literature, access to contraceptive education, supplies and services does not equate to contraceptive use correctly and consistently; social and familial norms influence use over all else. Research to explore individual attitudes, beliefs, and norms, including research of teen males as half of the sexual dyad and adolescent peers, should be undertaken. Understanding adult and teen males' attitudes and behaviors on contraception, pregnancy and parenting and the social norms that drive these behaviors and attitudes is critical. Investigating the roles of peers in shaping attitudes towards sex and their impact on normative behaviors is also important. Heterogeneity of samples would add diversity of view points and provide for

maximal variation in the data while also allowing for opportunities to test theoretical assumptions.

Most important of all the recommendations is a call for all nurses to role model positive behaviors of effective communication and advocacy that is sensitive to the beliefs, values, health practices, and environments of all teens. Nurses are in a key position to not only provide culturally appropriate care, but also to educate, role model and advocate for public awareness and open debate regarding reproductive health issues in underserved youth, such as those identified in this study. Nurse researchers may effectively advocate for the health of Hispanic youth by promoting a rise in the priority level of research on Hispanic health issues on state and federal health agendas. Nurse researchers may also encourage collaborations within the Hispanic research community as well as between it and the larger group of nurse researchers that may serve to support research proposals, new research ideas, and dissemination of existing data to fill gaps in the knowledge base.

Epilogue

This dissertation took three years to complete as data collection, and data analysis took longer than I initially expected. The amount of rich data collected was also a bit overwhelming as was the burden of feeling compelled to be thorough and complete in all areas of the study, but especially in presenting the data in a manner that would honor the stories of the participants, not overwhelm the reader, and still be clear and concise enough for the information to be useful and meaningful in improving the reproductive health of Hispanic teens.

When I embarked on this dissertation process and after having worked with the teen population in family planning clinic for over six years, I felt that I had a good sense of their attitudes and beliefs regarding sex, pregnancy and parenting. However, there were several areas in this study that struck me as new and very eye-opening. For instance, I was shocked and saddened to hear the extent of dysfunction in the primary participants' homes. Although I knew some teens lived with grandparents, the degree of lacking support, love, guidance and parenting was surprising to me. I also was astonished at the high degree of information that came from the participant's stories once I placed the participant in the role of expert and allowed them the time and freedom to express their stories as they wished, with minimal guidance/prompting from me. As a clinician, these were areas that I had not fully understood prior to this study and changed the way I approach and work with teens in my clinics. Although I always had a deep respect for the difficulties teens encounter daily, the understanding I gained from their stories helped me to develop different approaches in my clinical care by taking more time to understand each family situation as it relates to my patient and to their health. I also now spend more time advocating and searching for support services to meet each individual's unique needs. I have been rewarded by being invited to numerous high school and graduation celebrations for many youth who acknowledged me as an important adult in their life, as well as seeing a few bloom into caring, compassionate and kind teen parents whose children are supported and healthy.

In the middle of the research process, I left employment with public health and embarked on a new journey to establish a sole Nurse Practitioner family practice clinic staffed by myself. This was a big professional change, but one that has allowed me to

continue my work with individual teens and now include their entire families in their healthcare. I have redefined my limits as a clinician and as a nurse to much higher levels and incorporate nurse research activities daily. I have the pleasure of assisting and encouraging each family to increased health on an individual basis and as a family unit. I also work with teens and their sexual partners towards goals of planned parenting and sexual/reproductive health for the dyad. I have increased my reach in working with teens and am able to offer wide access to education and clinical services in two clinic sites (a primary care family practice/urgent care clinic and a school based clinic with full services) and with teens who may not have visited the local public health office, but who will present to a primary care site which offers all inclusive services including reproductive health.

I also continue my efforts with community coalitions to increase awareness, debate and knowledge regarding reproductive health needs of Hispanic teens. I have been graced with invitations to present my studies, experiences as a doctoral student, and my research. These lectures and presentations have allowed me to grow as a presenter and researcher while also promoting the field of nursing and nurse research.

The dissertation process has given me the knowledge to think about everyday situations differently and more deeply. It has taught me perseverance, patience, and what passion for an issue truly is. Like the primary participants of the study, I also have uncovered a strength, which was always present, but which I was not aware of until experiencing this journey. I am deeply grateful to the teens that shared their lives and experiences with me and allowed me the opportunity to change, grow, and understand.

Appendix A
Informational Letter/Invitation to Colleagues to Participate in Participant Recruitment

To: _____

Mary Ann Osuchowski-Sanchez PhDc, RN, CFNP
18 Gallegos Road
Las Vegas, NM 87701

Dear Colleague:

In conjunction with the College of Nursing at the University of New Mexico, I am conducting a research study into the cultural attitudes and behaviors related to sex, pregnancy, and parenting of Hispanic teen females in northern New Mexico. I am asking for your assistance in identifying teen mothers who have experiences related to this subject matter and who might be interested in sharing their stories.

As you may know, over 900,000 teenagers become pregnant in the United States annually. A disproportionate number of these pregnancies are to Hispanic teens, a relatively unstudied population. It is my intent that by hearing personal stories, in the voices of those experiencing this phenomenon, that a more in depth understanding will be obtained related to the cultural influences on the reproductive attitudes and behaviors of Hispanic youth.

In your everyday work, you may come across young women who have experienced a pregnancy, are now mothers and who are open and willing to participate in interviews to share their stories. I am accepting Hispanic teens between the ages of 15-17 years who have experienced their first pregnancy and motherhood in the past 12 months. The participants must speak, read, and write English and reside in northern New Mexico (Mora and San Miguel counties).

I deeply appreciate your attention to this request and assistance in identifying potential participants for this study. Once you have identified someone you feel might fit the aforementioned criteria, please mention the study to them and provide them a copy of the enclosed informational letter (Appendix B). If they are interested in hearing more about this study, have any questions related to the study, or are interested in enrolling as a study participant, they should call the number provided on the informational letter and I would be pleased to speak with them.

Thank you, in advance, for your support of this research. I look forward to hearing from you.

Sincerely,

Mary Ann Osuchowski-Sanchez MSN, CFNP. RN
Doctoral Candidate
18 Gallegos Road
Las Vegas, NM 87701 (505) 425-9368 ext..123

Appendix B
Informational Letter with Invitation to Contact Investigator
**Are you interested in sharing your experiences about pregnancy and
mothering with others?**

**Would you like others to better understand what it is like to be
pregnant and a mother?**

Dr. Beth Tigges and Mary Ann Osuchowski-Sanchez, from the College of Nursing at the University of New Mexico, are conducting a research study to understand the cultural beliefs of Hispanic females regarding sex, pregnancy, and motherhood. You are being invited to learn more about this study and possibly participate because you may have important insight into teen pregnancy and its issues!

Both your and your parent's permission is needed in order to participate in the study. If you volunteer and your parents agree to your participation in this study, the following things will happen. You will be scheduled for two interviews that include questions about your thought and beliefs about pregnancy and contraception. The interviews should take about 1-2 hours to complete. No names or identifying information is on the interview. The interview includes questions such as, "Tell me about an experience in your life that either made you think you definitely wanted to become pregnant or definitely did not." You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept until the study is complete in a locked file in Ms. Osuchowski-Sanchez' office.

Participation in the study is voluntary. This study provides a chance for increasing our understanding of cultural beliefs about reproduction and sharing your experiences with others. You have the right to choose not to participate or to withdraw participation at any time.

If you are interested in participating, or would simply like to find out more, please call Ms. Osuchowski-Sanchez at (505) 425-9368 during the weekday hours of 8:00 am to 5:00 pm.

Thank you in advance for your help with this project.

Sincerely,

Mary Ann Osuchowski-Sanchez MSN, CFNP, RN
Doctoral Candidate

Appendix C
University of New Mexico Health Sciences Center
Parental Consent and Participant Assent to Participate in Student Research

STUDY TITLE
**Cultural Attitudes and Teen Pregnancy among Long-Term Hispanics in Northern
 New Mexico**

Dr. Beth Tigges and Mary Ann Osuchowski-Sanchez, from the College of Nursing, are conducting a research study. The purpose of the study is to understand the cultural beliefs of Hispanic females regarding sex and pregnancy. Your child is being asked to participate in this study because she may have important insight into teen pregnancy and its issues.

Both you and your child's permission are needed in order to participate in the study. If you agree and your child volunteers to participate in this study, the following things will happen. Your child will be scheduled for two interviews that include questions about your child's thought and beliefs about pregnancy and contraception. The interviews should take about 1-2 hours to complete. No names or identifying information is on the interview. The interview includes questions such as, "Tell me about an experience in your life that either made you think you definitely wanted to become pregnant or definitely did not." Your child can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept until the study is complete in a locked file in Ms. Osuchowski-Sanchez' office.

Participation in the study is voluntary. This study provides a chance for increasing our understanding of cultural beliefs about reproduction. You have the right to choose not to participate or to withdraw participation at any time.

If you are interested in participating, or would simply like to find out more, please sign below, provide a phone number so that a researcher can contact you, and return the bottom portion of this letter in the enclosed self-addressed, stamped envelope. If you prefer, you may also call Ms. Osuchowski-Sanchez at (505) 425-9368 during the weekday hours of 8:00 am to 5:00 pm. If you are not interested, please sign and check the appropriate line below so we will know that you have been contacted and are not interested in participating.

If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Human Research Review Committee at (505) 272-1129.

Thank you in advance for your help with this project.

Sincerely,

Beth Tigges Ph.D., PNP, RN
 Associate Professor

Mary Ann Osuchowski-Sanchez MSN, FNP, RN
 Doctoral Candidate

I am interested in finding out more about participation. Phone number for contact: _____

I agree to allow my child to participate in this research study.

I am not interested in allowing my child to participate at this time.

Parent name _____ Parent Signature _____ Date _____

Minor Child's name _____ Minor's Signature _____ Date _____

Appendix D

University of New Mexico Health Sciences Center

Informed Consent Cover Letter (Secondary Participants)

STUDY TITLE

Cultural Attitudes and Teen Pregnancy among Long-Term Hispanics in Northern New Mexico

Dr. Beth Tigges and Mary Ann Osuchowski-Sanchez, from the College of Nursing, are conducting a research study. The purpose of the study is to increase the understanding about cultural beliefs of Hispanic females regarding sex and pregnancy. You are being asked to participate in this study because you may have important information and insight that will improve our current level of understanding about reproduction in Hispanics.

Your participation will involve answering questions and providing information during an interview. The interview should take about 1-2 hours to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this study, as you will be asked to choose an alias for use during the interview. The interview includes questions such as “How do you feel pregnancy affects Hispanic teens?” You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept until the study is complete in a locked file in Ms. Osuchowski-Sanchez’ office.

The findings from this project will provide information on understanding of cultural beliefs about sex and pregnancy. If published, results will be presented in summary form only.

If you have any questions about this research project, please feel free to call Ms. Osuchowski-Sanchez at (505) 425-9368. If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Office of Human Research Protections at (505) 272-1129.

By returning this consent form in the envelope provided, you will be agreeing to participate in the above described research study.

Thank you for your consideration.

Sincerely,

Beth Tigges Ph.D., PNP, RN
Associate Professor

Mary Ann Osuchowski-Sanchez MSN, FNP, RN
Doctoral Candidate

I, _____ (print your name here) agree to participate in the above mentioned research study of my own free will. I acknowledge that my participation is voluntary and non-coerced.

Signature_____

Date_____

HRRC#_08-029_____

Version Date_02/13/08_____

Appendix E
Interview Guide Primary Participant

Demographic Questions:

- A. How old are you?
- B. Who do you live with? Who was in the home you were raised in?
- C. How many children have you had and what are their ages?
- D. Are you currently in a relationship with anyone (dating, married, single, etc...)?
- E. Do you have a job? If so, do you work full-time, part-time, etc...?
- F. What is the annual income for the household you live in (\$0-20K, \$21k-30K, \$31k and above) OR do you qualify for resources for pregnant women and children, such as Medicaid or welfare?
- G. How many years of school have you completed?

Interview Questions:

1. I have known girls who were pregnant, but I understand that pregnancy may be different for each person... different experiences, like what friends or family told them about pregnancy or how they felt about telling others they were pregnant, and how those feelings have changed over time. I am very interested in hearing about your experiences with pregnancy. Please tell me what being pregnant was like for you.
2. Describe, for me, what learning you were pregnant was like. (Probes, if necessary: Were you surprised to find out that you were pregnant? Who told you that you were pregnant? Who was with you when you found out? What did you do after learning you were pregnant?)
3. Who do you consider to be important people/adults in your life?
4. How did your parents/family learn about your pregnancy?
5. Please tell me how your parents and family reacted when they were told that you were pregnant. (Probes, if necessary: Who told them? What did they say? How did they act towards you?)
6. Tell me about an experience you have had in dealing with important adults in your life, in regards to your pregnancy. (Probes, if necessary: Who was the adult? How did he/she respond to your pregnancy? How did these responses make you feel?)
7. Tell me about an experience you have had in dealing with kids your own age, about your pregnancy. (Probes, if necessary: How did they respond to your pregnancy? How did these responses make you feel? How have your friendships changed since you got pregnant? Do you still hang out with the same friends? Or do the same things with your friends?)
8. Please think back to a time before you were pregnant and tell me about an experience in your life that either made you think you definitely wanted to become pregnant or definitely did not.

9. Please tell me a story about your best moment in your pregnancy. Please tell me a story about your worst moment in your pregnancy.
10. Now we will move into some questions about being a mother. Please tell me about your experiences of being a mother.
11. What have been the good and bad of motherhood?
12. Tell me a story about how being a mother has changed relationships with your parents, teachers, family, and friends...If it has.
13. Please tell me about your best moment of being a mother. Please tell me about your worst moment of being a mother.
14. Please allow me to summarize our conversation so that I may be sure that I have everything straight. Do I have these things correct or are there some things that I need to fix? Please explain. Is there anything that I have left out, things I should have asked, or anything that you would like to add?

Questions for second interviews with primary participants:

Begin second interview with member check of: Before we get into the questions for today, I would like to review what I think I am hearing from people I have interviewed so far (give examples of emerging ideas). Would you agree or disagree with what I have heard, so far? Would you say that any of this is true for you or people you know?

1. Today I would like to hear about experiences you have had in learning about sex and contraception (condoms, the pill, Depo-Provera, etc...). Please tell me a story about any experiences you may have had in talking about sex and contraception with your family, adults in your life, your sexual partner, or friends. (Probes, if necessary: What did people tell you about sex and protecting yourself? How did your friends feel about sex and contraception?, How did your partner feel about sex and contraception?)
2. Tell me about an experience you have had when you made a decision about sex and contraception. (Probes, if necessary: How do you and your partner feel about contraception [now and before pregnancy]? Was contraception your idea, his idea, or both of yours?, Do you believe you used contraception all the time, sometimes, occasionally, never? Why? How do you think other teens view sex and contraception? Where do teens in your community get contraception and how difficult is it?)
3. Please tell me a story about a time when you heard your parents and family talking about sex and/or contraception. (Probes, if necessary: Who was there? What did they say? What were their emotions [angry, happy, sad, upset, etc...]? How did this make you feel?)
4. Before you became pregnant, if you would have known what you know now about pregnancy and motherhood, what would you do differently? What would you tell a friend, who is faced with the same situation?

5. Please tell me a story about how being a mother has changed how you see or feel about yourself, if it has.
6. Tell me about how having a child has affected your educational and career goals, if it has.
7. Please describe for me, the life you see for yourself in five years...10 years....15 years?

Examples of potential questions for second interviews with primary participants, which expound on initial interviews (Please note these questions are based solely on themes that could conceivably arise during the initial interviews):

1. Participants in this study have said that when a girl is pregnant, it may be difficult for her to talk to her parents, friends, or others in the community about the pregnancy. Please tell me a story about a time when it was either very difficult or very easy for you to talk to someone about your pregnancy.
2. Some girls worry that their parents or families will kick them out of the house if they get pregnant or be embarrassed if their neighbors know about a pregnancy. Have you ever had an experience where you worried or were scared that your family would not be there for you or help you? If so, please tell me what happened.
3. Now that you are a mother, is there anything different that you would do or tell your own child than what your parents/family did for you? If so, what would you do or tell them differently?

Appendix F
Interview Guide Secondary Participant

Demographic Questions:

- A. What is your age?
- B. Who do you live with?
- C. How many children do you have and what are their ages?
- D. What is your marital/relationship status (married, single, living with partner but not married, widowed, divorced, etc...)?
- E. Are you employed? If so, do you work full-time, part-time, etc..?
- F. What is your family's annual income (\$0-20K, \$21k-30K, \$31k and above)?
- G. How many years of school have you completed?

Interview Questions:

1. I have known many pregnant teens, and I do understand that pregnancy may be different for each person. The people in these teen's lives, the community where she lives, and the school she attends, all shape her life. I am interested in hearing about your experiences with teens that are mothers. Please tell me about any experience you have had with Hispanic teen mothers.
2. How do you feel pregnancy affects Hispanic teens?
3. What do you see as the costs and benefits of pregnancy and mothering for Hispanic teens?
4. How do the important people in teens' lives (family, friends, teachers...) affect their decisions regarding pregnancy and motherhood?
5. Tell me a story about how the important people in a teen's life interact with her during the time she is pregnant and a mother.
6. How would you advise an adolescent Hispanic regarding pregnancy and contraception?
7. What do you predict the future to be for Hispanic teen mothers? Five, 10, and 15 years after childbirth? Why?
8. If finances and politics were not issues, what would you do to influence Hispanic teen pregnancy and mothering?
9. Tell me how you think teen pregnancy to Hispanics is similar or different that teen pregnancy to teens of other ethnicities.
10. Please allow me to summarize our conversation so that I may be sure I have not missed anything. Do I have this straight or am I incorrect about some things?

Please explain. Is there anything that I have missed, anything I have left out, or anything else you would like to add?

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