ABSTRACT

The purpose of this study was to explore the sociocultural contexts of teenage pregnancy among Hispanic students in an urban vocational high school. Qualitative data through interview was drawn from a group of fourteen students, both males and females who are between the ages of 13-18 years. Guiding questions used for interview focused on informant's perceptions and expectations regarding gender roles, dating and parenting as well as family values and expectations on these variables.

Findings indicated the strong influence of indigenous value orientations on teenager's perceptions and expectations of themselves and their peers. Early sexual activity was an associated expectation of dating and heterosexual relationships. Gender roles and dating expectations were consistent between parents and teenagers. Informants showed awareness of difficulties involved with teenage parenting through personal experiences and stories related by others.

Results from the study guided the recommendations for the development of the pregnancy prevention program targeting Hispanic teens in the school. Study limitations include the small sample size and limited generalization of findings to this group of teenagers.
Los resultados indicaron la gran influencia que los varones autóctonos ejercían en las percepciones y expectativas de los propios adolescentes o por influjo de compañeros. La actividad sexual temprana venía asociada a las expectativas de una relación heterosexual consecuencia de una serie de citas. Los papeles a jugar respecto al género, a las expectativas de citas, resultaban altamente parecidas entre generaciones (entre padres e hijos). Los informantes expresaron preocupación por las dificultades que entraña una posible paternomaternidad, bien por experiencia propia o a través de otros.

Los resultados obtenidos del estudio, aconsejaron la realización de un programa de prevención de embarazo, en dicha escuela, especialmente encaminado a adolescentes hispanos. Los límites del estudio toman en consideración la escasez de la muestra, así como la generalización a la hora de considerar dichos resultados entre este grupo de adolescentes.

BACKGROUND OF THE PROBLEM

The increasing numbers of teen pregnancy are alarming. The United States has the highest teen pregnancy, birth and abortion rates among the industrialized nations. Each year, more than 1 million teenagers become pregnant. One out of every five females between 15-19 years of age are sexually active and one of nine becomes pregnant (Hutchins, 1997).

Although the rates of teen births have fluctuated slightly up or down over the past two decades, the personal and social costs of the problem remain high. Births to females too young to properly care for a baby represents both personal and social problems. Early childbearing is associated with serious consequences. Research has shown that teenage mothers are at a greater risk to live in poverty throughout their lives than those who delay childbearing until their twenties (Hayes, 1987). They generally are less educated, have larger families and have an increased rate of non-marital pregnancies. Also, the younger the mother, the greater the likelihood that she and her baby will experience complications of pregnancy, due to lack of prenatal care, poor nutrition and from bodies too immature to conceive and give birth to a child. Teens who give birth are usually poor and dependent on public assistance for their economic support. Their children are at an increased risk of lower intellectual and academic attainment, social behavior problems than children of older mothers, primarily due to the effects of single parenthood and lower education (Hayes, 1987). More than likely, daughters born to teen mothers will become teenage mothers themselves (Furstenberg, 1990).

Pregnancy rates vary with race and ethnicity. Black teens once ranked the highest in births, is now on the decline. The literature has shown that most teenagers of any background do not want to get pregnant and indeed, 85% of teen pregnancies are unplanned. Births among Hispanic teenagers have surpassed that of African-Americans. Birth rates for black teens are dropping faster than any other ethnic group. The factors contributing to this trend have not been clearly established (Rosoff, 1996).

Teen pregnancy is a concern that requires the attention and collaboration of all sectors of society, such as parents, teachers, counselors, school administrators and politicians. Teen pregnancy is closely linked with gender roles, dating expectations and values about femininity, reproduction and parenthood. Approaches toward resolving the problem should be premised on the understanding of the sociocultural contexts of the phenomenon.

PURPOSE

The purpose of this study was to identify the social and cultural influences on pregnancy among Hispanic teens in an urban, vocational high school. Between the period of 1996-1999, the incidence of teenage pregnancy in the school's female population has increased from eight percent to 14%. The study findings are anticipated to guide the development of a culturally-based pregnancy prevention program in the school.

REVIEW OF THE LITERATURE

The combined surge of Latin American immigration and a relatively high fertility rate of Latinos have contributed to increasing proportion of Hispanics in the United States (Mendoza, 1994). Between 1980 and 1991, the number of Hispanics in the United States increased from 6.8 to 9.3% (22
Puerto Ricans are the third largest Hispanic subgroup with approximately 2.4 million living in the continental United States compared to 3 million living in Puerto Rico (del Pinal, 1996). The median age of Puerto Ricans in the country is 26.9 years, with 53 percent between the ages of 21 and 40 (US Bureau of Census, 1990). Births to Hispanic mothers represented 14.3 percent of all births in 1990, up from 9.9% in 1985 (Bureau of Census, 1995).

The U.S. Department of Health and Human Services (1998) reported that the percentage of Hispanic teenagers who gave birth in 1995 was the highest in the nation. The figures reported nearly 11 percent of Hispanic teenagers gave birth compared with approximately ten percent of black teenagers, thus surpassing African-Americans, who for years have had the highest rate of teenage births (Vobyda & Constable, 1998). These statistics represent an important reference point in teenage births and suggest that perhaps Hispanics, the country's fastest-growing minority, may be suffering from some of the problems that historically affected African-Americans. The Healthy People 2000 document (DHHS, 1990; 1995) has identified the need for improving prenatal care as a significant goal toward decreasing infant mortality and adverse birth outcomes. Low birth weights among blacks remained approximately twice that for whites. Past research has generally shown that the rate of low birth weight among Hispanics is similar to that of non-Hispanic whites (Reichman & Kenny, 1997). In 1990, low birth weights translated to $2 billion in the nation's health care bill (Cooper, 1992). In a comparative study of birth outcomes of Hispanics in New Jersey, Puerto-Ricans had the worst prenatal care usage and the poorest birth outcomes among Hispanics. Puerto Rican families have the worst living conditions of any Hispanic subgroup in the US, with 38.7% living in poverty (US Bureau of Census, 1994a).

Many theories have been proposed to explain the phenomena of teenage pregnancy. Some preliminary research indicates that Hispanics often feel sexuality is embarrassing and too private to be discussed with their children. Cordasco and Bucchioni (1973) found that very little is taught in the household regarding sexuality and that this area is considered taboo among Puerto Rican families. Puerto Rican cultural norms discourage the public image and acknowledgement of a woman as a sexual being (Comas-Díaz, 1985). An environment built on confianza (trust) and personalismo (respectful personal relationships) must be established before sensitive issues such as sex, and sexually transmitted diseases are discussed (Juarbe, 1998). Discussion about sexuality is considered taboo for many families, who use the term tener relaciones (to have relations) rather than the word "sex." Modesty is highly valued and issues such as menstruation, birth control, impotence, sexually transmitted diseases and infertility are difficult to discuss. Hale (1982) reports that sexual competence is taught by peer groups (p. 148). Horn, (1990) further reports that beliefs about contraceptives and their availability vary among cultures (p. 149). Because of the strong Catholic influence, abortion and birth control outside of the rhythm and sexual abstinence are not acceptable among many Hispanics.

According to the National Center for Health Statistics (1998), Hispanics born in the U.S. were more likely than Hispanics who moved here from their homeland to give birth as teenagers and to have babies outside of marriage. Sabogal & Perez-Stable (1995), stated that Hispanics may be less knowledgeable about sex, have less exposure to sex education, have less liberal attitudes toward sexuality and show stronger traditional family attitudes than other ethnic groups. They reported that acculturation to the U.S. mainland culture may be a key factor that correlates with the change sexual behavior that can ultimately lead to teen pregnancy.

Orshan's (1996) study of teenage pregnancy among Puerto Ricans in mainland United States, found that "although the dominant culture regards adolescent pregnancy as a significant social problem that interrupts the process of adolescence, this is not a universally held view" (p.462). She believes that traditional Hispanic culture upholds the values of a male hierarchy in which the females are expected to respond submissively to male demands. With this strong emphasis on male dominance, one of the few ways women can increase
their social status is through motherhood. Thus, the pattern of adolescent pregnancy is embedded in the Hispanic culture.

Traditional patriarchal values among Puerto Ricans define women in terms of their reproductive roles (Hurst & Zambrana, 1979) and view them as lenient, submissive and always pleasing men’s demands (Fitzpatrick, 1981). Men demand respect and obedience from women and family. Puerto Rican women are confronted by the value of machismo and distinctive gender roles and have to negotiate for power to equalize the dynamics of sexual relationships with Puerto Rican men who believe women must be submissive and obedient to men in all matters (Juarbe, 1998).

Machismo encourages dominance over women and access to status and social privileges by men. Female children are socialized with a focus on home economics, family dynamics and motherhood, which places women in a powerful social status. Consequently, the value placed on motherhood maybe a precursor to teenage pregnancy among Puerto Rican adolescents who are seeking power, support and cultural recognition (Orshan, 1996).

Hispanic families abide by the cultural prescriptions that encourage among men the initiation of sexual behaviors before marriage, extramarital sexual activity and control over sexual relationships. Girls are socialized to be modest, sexually ingenious, respectful and subservient to men, a cultural script related to marianismo (Orshan, 1996; Pergallo & Alba, 1996). Indeed, Hispanic adolescent females may be having sex just to please their boyfriends and satisfy their need to be loved (Furstenberg, 1990).

Ford and Norris (1993) believe there is little known about the relationship between acculturation and sexual behavior. They propose an examination of differences and similarities in sexual behavior among ethnic groups. The literature supports the fact that the pregnancy epidemic among Hispanic adolescents is a direct result of the lack of effective programs for teens regarding sexuality.

Reichman and Kenny (1997) found differential birth outcomes despite universal lack of prenatal care among Mexicans, Cubans and Puerto Rican teenagers. Despite their eligibility for health insurance (Medicaid), the study’s results indicate that Puerto Rican teenaged mothers have the highest low birth weight infants as compared to the other two Hispanic groups. Mother's age (teenagers and those over 35), poverty (often associated with unmarried mothers), lack of education, and no prenatal care were identified as risk factors linked with low birth weight infants (Reichman & Kenny, 1997, p. 203).

CONCEPTUAL FRAMEWORK

Anthropologists have argued for the centrality of value premises as the leitmotif of human behavior. Values have been theorized as are the central organizing force in any society which provide direction to people's lives as well as meanings for their actions (Benedict, 1934; Foster, 1965; Goldschmidt, 1954; Kluckhohn, 1943). Culture refers to the learned, shared, and transmitted values, beliefs, norms and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways (Leininger, 1991, p. 47).

Hsu (1963) has stipulated that the primary social needs of human beings consist of status (sense of importance among others), security (certainty of an individual's bonds with others) and sociability (sense of enjoyment of being with others). In Hispanic and Latino cultures the concept of machismo sees men as having strength, valor, and self-confidence. Men are seen as being wiser, braver, stronger, and more knowledgeable regarding sexual matters” (Purnell, 1998, p. 401). Conversely, women are expected to be dependent and subservient to men, nurturing and remain virgins until married.

METHODOLOGY

Approval to conduct the study was granted by the School Administrator. The specific nature of the study was discussed and the school principal was given a copy of the research proposal. In addition, the school social worker was made aware of the study since she is closely involved with counseling of students. Parents were informed through a letter attached to the consent form, explaining the nature of the study and the extent of participation by students.

Announcements were made by the researcher (second author) in each class to solicit volunteers.
Because the researcher was a full-time faculty member in the school, emphasis was made on her role then as a graduate student and the confidentiality of the interviews. Consent forms were distributed together with the parent/guardian release forms. Students were instructed that the return of the signed forms (individual consent and parental release) to the researcher would indicate their consent to participate in the study.

Signed consents were returned to the researcher personally and a scheduled interview were then set-up with each student. Participants were informed of their right to withdraw from the study at any given time. The consent forms (Appendix A) gave permission for the researcher to tape the interviews and use the findings to design a program for preventing pregnancy among Hispanic students.

Individual interviews lasted approximately twenty minutes. Guiding questions (Appendix B) were used to elicit information on cultural values relevant to dating, parenthood, living arrangements, gender roles and academic achievement. Interviews were conducted in a private area in one classroom. Interview responses were transcribed verbatim to preserve the participants' contextualized descriptions of events. Demographic data were obtained from each informant and together with their interview, were coded and given pseudonym to protect the identity of informants.

Data were then analyzed for recurrent patterns. These patterns were clustered into themes from which cultural domains were drawn. To preserve the emic world view of informants, relevant theories and concepts were bracketed up to this point. Theoretical framework and findings from the review of the literature were then used to explicate further the study findings.

PARTICIPANTS

The informants consisted of eleven Hispanic females and three Hispanic males. Only one female informant had a baby. Informants were between 13 to 18 years of age, from grades nine through twelve. Participants were limited to those enrolled in the regular high school program, excluding those students in the special needs program. Participants comprised of volunteers from the classes where announcements were directly made as well as students who volunteered after hearing about the study from their peers. All but two informants indicated they were not sexually active.

DATA ANALYSIS

Audiotapes of interviews and field notes were transcribed verbatim before data analysis began. Data was analyzed for repeated or recurrent themes. Data was examined individually and collectively for similarities and differences. Analysis consisted of coding and classifying the data, identifying and categorizing descriptions of each informant. A demographic chart was constructed to reflect the complied data.

Major themes emerged through informant’s personal experiences and stories related to them by others. These were examined to identify similarities and differences in cultural norms between parents and their children and between male and female informants. Throughout the phases of analysis, attention to evaluate criteria for qualitative studies (Lincoln & Guba, 1985), such as saturation and recurrent patterns were utilized to support the findings.

RESULTS

A. Universal themes

The major findings using participants’ responses to clarify and support each theme are presented in this section.

Theme 1: Distinct and differentiated roles and standards of behaviors exist between gender.

The first theme of differentiated gender roles is evident in parental expectations of their children at home and during dating. Many parents did not allow their daughters to go out dating. For those who were allowed, the parents imposed strict dating guidelines, such as boys coming over to the house to meet the parents, setting curfews and supervised dating. This was confirmed by María, a sixteen-year-old adolescent from the Dominican Republic, My mom won't let me go out with anybody, unless she knows that person. Anna, a sixteen-year-old Puerto Rican describes:

My father expects me to stay home and when I go out to tell where I'm going. My father is strict with girls because girls are the ones who will suffer. Boys if they get a girl pregnant just pays
money, maybe.

The strictness and protectiveness of parents were also a source of conflict for many of the daughters. Rosa, a Puerto Rican adolescent reported having angry feelings towards her parent's strict rules.

It makes me mad sometimes because my father doesn't trust me. He thinks just because if I go out with a boy that I'm doing something wrong. So I sneak out and date.

Further, female informants recognized that there were different rules for their male siblings and boyfriends. This contributed to feelings of resentment and conflict as expressed by Mariel, a Puerto Rican adolescent:

My father says boys are like the man. They get more privileges and get to stay out later. Like my brother, whatever he wants he gets. The girls we have to earn, which doesn't make any sense. My father says this is because guys don't get pregnant. So boys can have girlfriends at any age they are ready and girls have to wait. My brother is thirteen years old and doesn't have a curfew. He can stay out all night, me I have to be home by seven o'clock. This really makes me mad.

Female informants also related differentiated role expectations by their parents between them and their male siblings. Many verbalized their anger over the perceived role conflict at home. According to Rosa,

My parents expect us to serve the men. Really annoys me—I'm not close to my father because he demands. They want me to serve my brother too, because he is the man. They just expect my brother to help out with money.

The pattern of same gender bonding was noted in the responses of both male and female respondents. José, a Puerto Rican adolescent fondly describes, My father has the most influence on me. We do a lot of things together.

Similarly, Maria states:

I look up to my older sister who is twenty-one. She always thinks about everything before she does it. She works in a straw company and goes to college for business courses.

**THEME 2: EXTENDED FAMILY**

A majority of informants live in homes with non-traditional household compositions including "common-law" spouses, step-siblings, grandparents, aunts, uncles and cousins. Some households include the pregnant daughter and who after the birth of her child continues to live in the parental household with her boyfriend.

**Mercedes, a Puerto Rican adolescent relates:**

My sister moved back home, she is pregnant and about to have the baby soon. Her boyfriend lives with us too. My mom was happy, but my Dad knew it was going to happen since they lived together. My Dad already has a grandchild from his real son. He's my step-dad. I don't know my real father.

**THEME 3: STRONG EMPHASIS ON RELATIONSHIPS**

Female informants describe the relationship-oriented qualities in their boyfriends and/or qualities they may look for in their dating partners. Common descriptors used are: being faithful, respects me and treats me well. Norma provides a typical example, I like somebody who I can trust, to help me. Somebody that will communicate and not fight.

Hispanic males look for the same qualities in their partners. José states: I like girls to be nice, outgoing, and pretty. Both inside and out. Also be loyal and trusting.

**THEME 4: BELIEF THAT HISPANIC TEENAGERS ARE MORE SEXUALLY ACTIVE THAN OTHER GROUPS**

Female informants especially believe that Hispanic teens are more sexually active compared to other groups. In fact, both male and female informants expect sexual intercourse as an integral expectation in expressing love for each other. Anna comments, I think Hispanics are more sexually active than whites or blacks because you see them pregnant and talk about it like it was nothing. Norma, from Dominican Republic expressed the same perception,

I think Hispanic girls are more sexually active because they have babies. Different cultures act
differently. Some Spanish boys see girls on a lower level, and Blacks too. They see girls as a toy, play with them and drop them.

Some female informants presented some explanations supportive of increased vulnerability of Hispanic females to pregnancy. Mercedes noted:

I think there is a higher percentage of Hispanic teenagers than Americans who are more sexually active. I mean Spanish girls get pregnant more and are less careful by not being protected. Americans use birth control. Spanish girls are weaker, they go by what boys say. They don't want them to use anything, especially condoms. They say there is no feeling and girls trust them.

THEME 5: HIGH VALUE ON FEMALE VIRGINITY

Virginity was espoused by parents for their daughters. Parental admonitions for their daughters reflect the need for female restraint while depicting males as the sexual aggressor and predators. Female informants in fact reflected the same values as their parents. Maria states,

My mother tells me not to be stupid. She is not the type of person to be telling me to have sex. She says you better not be doing anything you are not suppose to do. Boys expect after a couple of times - let's go to bed and stuff. They think about kissing and touching. I don't like that. A guy should respect me.

Mercedes provides similar thoughts:

Boys expect you to move fast on the first date. I just say no. My Dad doesn't like the boys I usually go out with. I guess because they are older and he says it looks like a wolf and little red riding hood. He tells me to be careful and not to trust anyone.

THEME 6: CONFLICTING EXPECTATIONS REGARDING SEXUALITY BETWEEN GENDER.

Male informants such as Jose recognized conflicting expectations regarding sexuality between gender: He notes,

Hispanic parents are more protective over girls because they can't protect themselves. Mainly my father tells me to be careful and don't be stupid or do something I will be sorry for. Indirectly, he says do it right and make sure I use protection.

THEME 7: SAME SEX BONDING AND ROLE MODELS

Hispanic teens tend to seek the same sex role models within the family that they live with and perpetuate the same conflict in gender roles. Maria offers this comment:

I look up to my older sister who is 21 years old. She always thinks about everything before she does it. She works in a straw company and goes to college for business courses.

Limitations

It is important that the limitations of the study design and sample be recognized. One weakness of the study is the lack of parental participation. Another area that needs consideration is the small sample size. Out of the ten informants who were interviewed, three were male and only one female had experience as a mother.

The majority of the adolescents who participated in the study were predominately second or third generation migrants. First generation cohort would have provided a comparative view between primary and secondary cultural influences.

Discussion

The inexperience of Hispanic youth at this time is obvious, some holding misconceptions about birth control and sexually transmitted diseases. Exposure to drugs, violence and poverty in their communities are some of the factors that contribute to the risks in this group. However, efforts by parents to protect their children are strong. Monitoring and surveillance of their daughters with strict rules were some of the actions taken by parents to keep their daughters safe. The documented lack of communication between parents and teens regarding sexually related topics (menstruation, sexual intercourse, sexually transmitted diseases and birth control) needs to be addressed. The majority of the informants reported to receive the least amount of this type of information. Many of them felt the reason their parents withheld this information was based on the belief that if they provide this type of information to their children, it
will encourage them to initiate early sexual behavior.

The link between teenage pregnancy and culture values, specifically gender roles and expression of sexual behavior was supported in this study. The protective nature of families towards girls, gender differences in roles and expectations, and the inherent conflict between virginity among girls and machismo among boys are consistent with the values in Hispanic culture.

The association between the importance of virginity and the attitudes toward pregnancy and childbearing is consistent with what has been cited in other research. Susan Orshan (1996) found that pregnancy is one of the few ways Hispanic women of any age can increase social status with a consequent view that pregnancy is not a potential obstacle to life's goals and finishing education does not become a priority. In this study, the occupational and educational achievements and expectations of their parents influenced achievement of these teenagers. Many of the informants have parents from the working group with parents with no college education.

Orshan's (1996) respondents stated that they would least likely complete their education because they have entered that special realm of motherhood. Virginity was valued by parents and adolescents. She also found that this value not associated with religious beliefs but linked instead to self-respect. Female teens experience cultural conflict engendered by the value on virginity and the equal emphasis on eventual motherhood. Additionally, they see the double standard applied between them and their male siblings. Whereas, they are expected not to lose virginity before marriage, boys are expected to be sexually promiscuous as dating partners. Many of these teens live in households where one parent cohabitate with boyfriends or siblings living out of wedlock.

The less dominant, subservient status of females as a value in the culture results in female's having lesser capacity to negotiate and assume control during compromising situations with males.

**Implications**

Findings from this study offer some ideas toward pregnancy prevention specific to Hispanic teens. These recommendations are geared at linking home, community and school in an effort to develop strategies that bridge the gap between cultural values and education. The findings of this study reflect the inclusion of cultural values to support safe choices as an important element of preventive measures.

**Recommendations**

The following recommendations are proposed in developing "Reducing the Risk," a culturally congruent program targeting the Hispanic youth in the school.

- **Empowerment of females** - Training and valuing ways to assume control over compromising situations with males. Strategies would include role play, use of peer support and role models.
- **Developing skills in saying no to unprotected and unsafe sex.** Training for females in negotiating skills to refuse unprotected sex, enforce the use of condoms and assume responsibility in relationships.
- **Developing self-esteem based on personal achievement rather than on traditional values of machismo and marianismo.** Strategies include contact with culturally-congruent role models of achievement, work study arrangements, occupational opportunities outside of school, and recognition of many types of achievements by students.
- **Use of same sex role models** - Provide culture specific role models by inviting guest speakers who have achieved and have not been pregnant. Develop mentoring partnerships with Hispanic role models of achievement.
- **Learning from peer experiences** - Meeting teen mothers and fathers who can share their hardships and realistic life stories with the group.
- **Reconceptualizing the value of machismo to develop males to be:**
  1. Responsible dating partners
  2. Respectful of women
  3. Responsible fathers, brothers and husbands
  4. Responsible family member
- **Curricular integration of information relevant to birth control methods and resources, prevention of sexually-transmitted diseases, parenting, and childcare.**
- Use of gender-separate and co-educational teaching approaches
- Provision of information regarding community resources such as clinics where students may obtain contraceptive devices, referrals, counseling and confidential assistance.
- Collaborative partnership with parents to promote continuity of values between school and home.

The program's strategies will include several components - group and individual education, counseling, referrals and classroom intervention. These approaches are aimed at reducing risks using culturally-congruent, and linguistically sensitive strategies. The focus will be on developing the cognitive, affective and behavioral abilities of students in making decisions about their lives. Students will be encouraged to explore a wide range of life opportunities through study groups, mentoring programs and counseling.

Counseling and focus group sessions will be utilized to follow up those teens that are considered most at-risk. The health education intervention team will form a number of focus groups, each consisting of no more than ten students. The group will meet at least once a week during the school year. Group meetings as well as individual meetings will be utilized. The outcome for the group sessions will be the formation of peer groups, in which new norms can be established and provide support groups to reinforce positive attitudes and behavior.

Another area is the curricular integration of pregnancy prevention with emphasis on culturally-specific information, self-empowerment, valuing self-achievement and developing positive self-esteem and self-concept. Supervision and direction will be provided by culturally trained group leaders who are sensitive to the cultural characteristics of the group and have established strong rapport with the group to become effective cultural brokers. Skill development in assertiveness, negotiation with partners and decision-making are some of the goals of this program.

Sexual activity is related to and may indeed result from other events or conditions in the adolescent's life. The program will include strategies aimed at helping students develop alternatives and realistic life goals so they do not view pregnancy as the only possibility for gaining status and security. The interdisciplinary intervention team comprised of the school social worker, school nurse and school counselor will hold regular follow-up case management meetings.

Most important for any program is to evaluate the outcomes. This will be done by examining the attrition and graduation rates, reviewing the student's health profiles and by assessing the school year pregnancy statistics.
SUMMARY

Because the research has shown that early childbearing is a symptom and a consequence of the extreme poverty that pervades urban Hispanic communities, a solution was needed to address some issues that give rise to this condition. Effects of early parenting have been associated with diminished educational achievement hence, schools have a responsibility to implement strategies addressing teenage pregnancy. The proposed program, "Reducing the Risk" attempts to deal with this problem by providing training in self-empowerment, valuing self-achievement and teaching ways to develop self-esteem and the consequences of early parenting. Schools can make a difference in the adult life of Hispanic teens.

REFERENCES


APPENDIX

Questionnaire

1. What country are both of your parents from?
2. What is their religion?
3. What did they do for a living back home?
4. What do they do now for a living?
5. How long are they living in this country?
6. Describe your home environment.
7. Describe your relationship with your parents and siblings.
8. Who is the most influential person in your life? Why?
9. Many American teenagers are sexually active in your age group. Let’s look at your culture and age group.
10. Do you have any experience dating boys/girls from other cultures? If yes, what is your experience?
11. What do your parents expect of girls? What do they like about them?
13. When you go out on a date, do your parents tell you anything before you leave?
14. What do your parents tell you of dating back home to dating here?
15. What things do you admire in a boy/girl?
16. What do boys/girls expect of you?
17. What was your parent’s reaction to the pregnancy?
18. How did it affect your life?
19. If you could change your life, what would it be?
20. What would have helped to prevent the pregnancy?
21. What would you advise a friend or family member about dating and pregnancy?
22. If you could have gotten contraception what would have been your choice? Why?
23. Would you have been able to get it?
24. What do you know of contraception? Condom vs. other types?