

APPROVED

For the Department of Social Work:

We, the undersigned, certify that the project of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the master's degree.

\_\_\_\_\_  
Sandra Ambriz

Project Author

\_\_\_\_\_  
Irán Barrera, PhD., LCSW (Chair)

Social Work

\_\_\_\_\_  
Josie Burnias, LCSW, P.P.S.C. (Reader)

Social Work

For the University Graduate Committee:

\_\_\_\_\_  
Dean, Division of Graduate Studies

AUTHORIZATION FOR REPRODUCTION  
OF MASTER'S PROJECT

\_\_\_\_\_ x I grant permission for the reproduction of this project in part or in its entirety without further authorization from me, on the condition that the person or agency requesting reproduction absorbs the cost and provides proper acknowledgment of authorship.

\_\_\_\_\_ Permission to reproduce this project in part or in its entirety must be obtained from me.

Signature of project author: \_\_\_\_\_

## **Abstract**

Teen pregnancy rates in the United States has been considered by many as social problem. There has been a slight decline in the last years, however the rates are still high among the Latino population. Unfortunately, studies show the adolescents who become pregnant are linked to increased negative outcomes. Teen pregnancy is a factor that can alter an individual's life outcome emotionally, socially, physically and economically. It is a public health concern. The focus of this study is to develop knowledge surrounding adolescent childbearing (ages 13-19), specifically among Latinas, in the San Joaquin Valley, California. There is limited literature surrounding the perceptions of Latinas who were former teen mothers. This qualitative study will attempt to examine how former Latina teen mothers perceive what led them to experience pregnancy as an adolescent. The findings of this qualitative study indicated that there are limited or no communication about sexual education between Latino parents and their children. Participants felt strongly that is lack of communication influenced them to become parents during adolescence. They also all shared that they had little or no knowledge regarding contraceptives and how to access them. This study revealed that those participants had differences but all felt strongly about how challenging it was to care for a child during adolescence. The findings of this study can be utilized to inform social work practice, policy, and research. Prevention programs can be developed that are culturally sensitive to the Latino community.

## **Acknowledgments**

This study could not have been possible without the help and support of many individuals. I would first like to thank my husband for inspiring me to do greater and supporting me every step of the way. Freddy, you have taught me how to dream big and those dreams got me through the process of this research. Also, I want to express my gratitude to my daughter Katelyn who helped out with my youngest children, while I did substantial reading and writing.

Next, I want to thank my siblings who played a significant role in this accomplishment, as they provided me unfailing support and continuous encouragement. Quiero agradecerle a mi madre por apollarme siempre. Gracias por ser una mujer fuerte y enseñarme como ser independiente. Todos los dias me sorprendes y ahora me toca sorprenderte a ti.

Finally, I would like to thank every professional in the Social Work Department from California State University, Fresno, that assisted me and believed I could accomplish this study. Furthermore, I want to acknowledge my chair Irán Barrera, PhD., LCSW and my reader Josie Burnias, LCSW, P.P.S.C for all their support, mentoring and guidance. Dr. Barrera thank you for pushing the extra step and believing in me when I did not.

Thank you,

Sandra Ambriz

## Table of Contents

<b>Chapter 1: Introduction .....</b>	<b>6</b>
<b>Chapter 2: Literature Review .....</b>	<b>Error! Bookmark not defined.</b>
<b>Chapter 3: Methodology.....</b>	<b>29</b>
<b>Chapter 4: Results.....</b>	<b>36</b>
<b>Chapter 5: Discussion/Conclusion .....</b>	<b>44</b>
<b>References .....</b>	<b>51</b>
<b>Appendices .....</b>	<b>55</b>
<b>Appendix A: Consent Form .....</b>	<b>55</b>
<b>Appendix B: Questions .....</b>	<b>58</b>
<b>Appendix C: Informative Letter .....</b>	<b>59</b>
<b>Appendix D: Certificate of Training .....</b>	<b>60</b>
<b>Appendix E: Flyer .....</b>	<b>61</b>

## **Chapter 1: Introduction**

### **What is the problem?**

The problem is teen pregnancy. It is a public health concern. Adolescents exposed to early motherhood are the most risk of mental health issues, low academic attainment and to live impoverished (Secura, Madden, McNicholas, Mullersman, 2014). Teen pregnancy rates in the United States are twice as high among other developed nations (Farber, 2014). In 2015, over 229,000 babies were born in the United States to female adolescent aged 15–19 years (Center for Disease and Control and Prevention, 2017). This is an ongoing problem that has been now and has been happening in the past. In 1957 the highest rates adolescent childbearing was recorded. The data showed 97.3 births per 1,000 coming from teenage girls 15-19 years old (Farber, 2014). Prevention programs exist; however, the rates have shown a decrease of 40% in the last 20 years, but still remain high. A teenage girl is four times more likely to become pregnant in the U.S compared to Russia (Kearney & Levine, 2012). Teen pregnancy rates are higher among Hispanics and Blacks when compared to White. About 50% of all Black and Latina female will become pregnant before reaching the age of 20, compared to only 19% of white females (Farber, 2014). Over two decades ago, the U.S. teen birth rate was 61.8 births for every 1,000 teen girls. This can be compared with 24.2 births for every 1,000 teen girls in 2014. Adolescent childbearing rates have decreased in the United States since 1991 however, Hispanics have the highest rate of teen pregnancy today which is 38 births per 1,000 adolescent females (US Department of Health & Human Services, 2016).

In California, the adolescent pregnancy rate was 44 per 1,000 women aged 15–19 in

2013. Adolescent childbearing cost California 956 million in 2015. That same year the teen rate broken by ethnicity was Non-Hispanic White 9%, Non-Hispanic Black 23%, and Hispanic 29% (The National Campaign to Prevent Teen and Unplanned Pregnancy 2017). San Joaquin has the highest teen pregnancy rate of any region in California. In 2014, the Counties with the highest adolescent childbearing rates are Tulare and Kings County (SEE California, 2017). Looking into the Hispanic culture and interviewing women who were once teen mothers can help identify gaps in current prevention programs of common risk factors that have not been identified before. This data can help develop adequate cultural prevention programs. This would assist the current prevention programs to better suit the needs of the Latino adolescent population. These programs can be designed according to the participant's perspectives, of what they believe led them to become teen mothers. A qualitative study determined that Latino parents preferred that their daughters delay motherhood in order to have greater educational opportunities. However, the value that was put on childbearing and the attention given to adolescent childbearing sent mixed signals to their daughters (Minnis, Marchi, Ralph, et al, 2013).

The purpose of this study is to generate knowledge, through a phenomenological reduction, on the characteristics that may lead to elevated teenage pregnancy rates among Latinos. This will be accomplished by interviewing women with a past experience in adolescent childbearing.

### **In what context does this problem occur**

This problem occurs all over the United States but this study will focus on the community of the Central Valley. The specific population this problem affects significantly is Latino adolescents. The context of this problem occurs within rural towns across the Central Valley in

California. Within these towns, there are elevated numbers of Latino residents with a high rate of teen parents and teen pregnancy. Young Latina mothers and their children are being affected by the problem since the negative consequences associated with teen pregnancy are difficult to overcome. Health, education, and social service professionals are impacted by the lack of information when providing services to this population.

### **Who is typically affected by the problem**

There are several groups that are affected by this problem. Teen moms are mentally and emotionally not ready to become a parent. Among teens that have experienced early motherhood, rates of depression are estimated to be between 16% and 44%. The rates decrease significantly to 5% and 20% when compared; the prevalence of depression among non-pregnant teens and adult females (Hodgkinson, Beers, Southammakosane, & Lewin, 2014).

The environment that comes with parenting is stressful. Rates of stress are high among teen mothers with young children. 30% of mothers reported clinically high levels of stress. Teen moms were found to spend the majority of their young adult life parenting their children isolated and in a low economic status. This suggested that a significant number of adolescent mothers were not provided with the resources and social support that can alleviate stressors connected with raising a young child (Huang, Costeines, Kaufman, & Ayala, 2014).

The children of teen parents are affected because they are born to adolescents that many times are not mentally and financially ready. The society is also affected because a majority of teen parents will depend on government assistance. Data shows that teen parents do not reach high education attainment, therefore making it difficult not to rely on government assistance. In the U.S teen moms get their high school diploma by age 22 in contrast with 90% of teens that do

not have early childbearing experiences (Honig, 2012). In 2010, the United States suffered a substantial financial burden caused by births that involved adolescent females. The cost amounted to nearly \$10 billion in health care and public assistance. In addition, the nation took an income loss as a result of lower educational attainment and reduced earnings among children born to adolescent mothers (Secura, Madden, McNicholas, Mullersman et al, 2014). Social workers are affected because they lack information on how teen pregnancy is looked at from the Latino culture can affect the way they can help teen parents and teenagers who are at risk of teen pregnancy. Efforts to reduce adolescent's childbearing is centered on sex education and prevention. Looking at the teen pregnancy epidemic here in Tulare County can reflect that culture may have a great influence. The problem not only affects the adolescent once, it continues to create barriers that may last a lifetime.

### **What is the scope of the problem?**

This issue affects this population on a micro, mezzo, and macro level. On a micro level, it affects the individual who is the teen parent emotionally, physically, and mentally. Kids are not mentally or emotionally ready to parent a child (Wilson, 2013). In a mezzo level, a teen parent can be affected socially and her education may be at risk. The teen parent may be looked down on and this could lead to low self-esteem and isolation. In a mezzo level, the child being born to the teen parents are more prone to suffer from health and cognitive disadvantages. Children of teenage mothers have higher chances of having low school attainment and drop out of high school, give birth as a teenager, and face unemployment (Centers for Disease Control and Prevention, 2017). In a macro level, this population is affected by policies that will oppress them. Many times, educational institutions are not supportive of teen parents which lead them to drop out of high school. This can cause the teen parent and their child to be dependent on

government assistance. The issue not only affects the individual but society as well.

### **What do social workers typically do in addressing the problem**

Social workers usually address teen parents in connecting them to the best services to help them when they become teen parents. Social workers are focused on assisting teen parents not necessarily in preventing them from becoming teen parents. There are several programs and agencies that serve teen pregnancy population. On a national level, there are several organizations that work in teen pregnancy prevention. The Office of Adolescent Health, The National Campaign to Prevent Teen and Unplanned Pregnancy, and the Centers for Disease Control and Prevention are organizations that work together decrease teen pregnancy rates. At a state level, there are many organizations that committed to reducing teen pregnancy like California Department of Public health and The California Wellness Foundation. Adolescent Family Life Program (AFLP) is program aims to improve the health of the pregnant teen and her baby. This program's goal is to increase the graduation rate of the pregnant and parenting teens. The program receives monthly contact and case management by social workers, who provide prenatal care, family planning information, and nutrition and finance education (California Department of Public Health). Tulare Community Health Clinic is a program that aims to reduce teen pregnancy rates by the implementation of sex education. This program educates adolescents about sexually transmitted diseases and the consequences that come with unprotected sex. Tulare County Office of Education/Family Life Education is a program created to reduce unwanted teen pregnancies. This is a school health program that takes place with a series of classroom activities. The CAL-LEARN Program encourages teen parents and pregnant teens to obtain their High School diploma. It provides the teen parent with child care, transportation, monetary incentives, and educational expenses. These programs are intended to help teen parents

overcome barriers that may lead to teen parenting. Social workers empower teenage mothers to use their strengths to graduate from high school.

As social work professionals, the prevention concepts need to be focused intervention as well which is usually associated with teen parents. The information gathered can offer insights for social workers. Future social workers can use the information and can consider an adolescent's environment and culture not only individual decisions. Social workers working with Latino communities and Latino adolescents, can assist the by advocating for the development of individualized services; and taking an active role in shifting attitudes towards Latino teen pregnancy vulnerabilities.

### **What do we need to know?**

We need to know why teens in the central valley are at a higher risk of experiencing early motherhood, from a teen mother's perspective. Gathering their perspective can help identify an area that has not been examining in depth and with this specific sample. Their lived experience may shed some light on risk factors that exist in their culture. This information can assist social workers in advocating for the removal of potential barriers that may be increasing the risk of teen pregnancy. Researchers speculate that the high rates of teen pregnancy among Latinas could be related to their own cultural values (Killoren, Zeiders, Updegraff, et al 2016). This could be related to the traditions of women marrying at a young age and obviously enter the teen parent cycle. Many teens belong to families who have a teen parent cycle and are unaware because it is seen as a social norm for older generations. Religion is important in Hispanic communities. These factors may impact families not being open about sexuality and reproduction system. Parents do not educate their daughters or sons about sex. This leaves their female teenagers

vulnerable and unaware of the potential risks of being sexually active.

### **Final research question**

What characteristics influence high teen pregnancy rates among Latinas in the Central Valley?

The expected findings are for the teen parents to describe similarities in their environment that they believe led to becoming a teen parent. The contributing factor is anticipated to be the lack of sexual education given by their parents. The way their tradition and beliefs shaped their decisions that led to teen parenting. This information can be used to determine if there are themes in the Latino culture that increase teen pregnancy. This could be significant knowledge of teen pregnancy preventative methods. This insight can help families, communities, educational institutions, social service agencies and health centers when working with adolescents who are Latino and impoverished.

### **Conclusion**

In conclusion, the description of teen pregnancy, the context of it, and who it affects is stated in this chapter. This study is important because it can gather knowledge that can help society, future generations, social service agencies, and families. Social intervention is crucial in alleviating this problem and having knowledge of what environmental/cultural factors that may increase the vulnerability of teen pregnancy is important.

### **Chapter 2: Literature Review**

This literature review will discuss research regarding teen pregnancy. Latina adolescent pregnancy rates will be the main focus; however, minimal data will also be included on other ethnicities. It will also highlight themes found in the literature such as poverty, teen pregnancy

impacts and teen pregnancy among Latinas. This literature review will identify gaps in previous research about teen pregnancy, particularly among the Hispanic/Latino community. This study is aimed to examine Latina adolescent motherhood from the mothers' own perspectives, exploring their attitudes towards the issues that they described as being factors that led to teen pregnancy. The information gathered can help future social workers (in social services or medical field), families and the community have insight on what Latina adolescents face in their environment and how to guide adolescents with prevention and intervention teen pregnancy. Acquiring this knowledge can help practitioners in the Central Valley be better equipped for prevention and intervention regarding teen pregnancy. This can translate to any adult working with adolescents having knowledge from Latina teen moms and utilize that to help guide them in decreasing their chances to become teen parents.

### **Historical overview of the problem**

Teen pregnancy is a factor that can alter an individual's life outcome emotionally, socially, physically and economically. It is a public health concern. Adolescents exposed to early motherhood are the most risk of mental health issues, low academic attainment and to live impoverished (Secura, Madden, McNichola & Mullersman, 2014). Adolescents who become pregnant enter a cycle that can lead to an impoverished life. When an adolescent has a child, the ability to obtain human capital is significantly limited by responsibilities associated with raising a child (Diaz, & Fiel, 2016). There are several groups that are affected by this problem like the teen mothers, their children, and society.

### **Impact on Teen Mothers**

Teen moms are not mentally and emotionally ready to become a parent. Among teens

that have experienced early motherhood, rates of depression are estimated to be between 16% and 44%. The rates decrease significantly to 5% and 20% when compared; the prevalence of depression among non-pregnant teens and adult females (Hodgkinson, Beers, Southammakosane, & Lewin, 2014).

The environment that comes with parenting is stressful. Rates of stress are high among teen mothers with young children. 30 % of mothers reported clinically high levels of stress. Teen moms were found to spend the majority of their young adult life parenting their children isolated and in a low economic status, which further affects their risk factors. This suggested that a significant number of adolescent mothers were not provided with the resources and social support that can alleviate stressors connected with raising a young child (Huang, Costeines, Kaufman, & Ayala, 2014).

### **Impact on Children**

The children of teen parents are affected because they are born to adolescents that many times are not mentally, financially ready and physically are still developing their goals if they have any have been detoured. Infants of adolescent mothers are three times more likely to die before they reach their first year of life. In addition, children born to teen mothers commonly demonstrate emotional and psychological problems. For instance, these children compared to children born to older mothers show high levels of attachment and behavior problems during early childhood and to experience delinquency and early sexual activity during adolescence (Ateş & Basham, 2007).

### **Impact on Society**

Society is also affected because a majority of teen parents will depend on government

assistance. Data shows that teen parents high do not reach high educational attainment, therefore making it difficult not to rely on government assistance. In 2010, the United States suffered a substantial financial burden as a result of teenage pregnancy. This cost billions of dollars in health care and public assistance. (Secura, Madden, McNicholas, Mullersman et al, 2014).

### **Theoretical Framework**

This study will explore the lived experiences of women who were once teen moms. The participants will be post-teen moms from 21-33 years old. Social Learning Theory can help explain the reason as to why many Latino adolescent females are following the same path to teen pregnancy. In order to attempt to understand their experiences and factors that led to early motherhood, their environment has to be looked at.

Social learning theory was developed by Albert Bandura. Bandura highlighted that behaviors were majority learned through life experiences. Life experiences and culture can mold an individual's behavior, (dysfunctional actions, fears, thoughts, feelings, moods, etc). Fundamental learning mechanisms come through interpersonal learning experiences, for example, the experiences one has with a group, family, community, society, or an organization. Social learning theory highlights how people can process information to influence how their immediate environment dominates their behavior. Observation is vital in an individual's learning process. Individuals watch their role models and learn a new behavior (that behavior can be positive and functional or negative and dysfunctional). Social learning theory combines learning principles and cognitive processes and the effect of observational learning to explain an individual's behavior. One component that is important in these approaches is self-efficacy. Self-efficacy is a person's belief about the ability to behave a certain way that leads to expected

outcomes. Latina teens come from a culture that teen pregnancy has been historically accepted as a norm long for many Latino families. This population is trapped in a cycle that is hard to break. Latino parents have grown in a family where sexual education many times is not talked about and tabooed. This behavior is passed on from generation to generation and is seen as an outcome many teens will fall into the cycle. Modeling is very important in a social learning approach. This community is modeling teen pregnancy; therefore, the outcome is high teen pregnancy rates among this population (Ashford & LeCroy, 2010).

Social learning theory is learning theories that attempt to explain social behavior. There are some learning models that support social learning theory. These learning models are respondent conditioning, operant conditioning, and observational learning. The basic ideas that derive from social learning theory are that human behavior consists of what a person does through observable behavior or unobservable behavior. Every thought, feeling, cognition, and speech are all considered behavior. Behaviors are primarily learned through life experiences. Life experiences and culture can mold an individual's behavior, (dysfunctional actions, fears, thoughts, feelings etc.). Fundamental learning mechanisms come through interpersonal learning experiences, for example, the experiences one has with a group, family, community, society, or an organization.

Systems theory can help understand the reason as to why many Latino adolescent females are following the same path to early motherhood. Systems Theory assists in developing a holistic perspective of person's in-the-environment. Some components of systems theory are ecological systems and family systems. Interventions that are commonly used when applying this model are genograms and Ecomaps (Thyer, Sowers, & Dulmus, 2012).

According to ecological systems theory, individuals can be understood only by the context of the systems that they live in. People and their surrounding environments are part of a system that influences each other. The interactions between systems will help identify what common factors the participants share (Ashford & Winston LeCroy, 2010). The main focus of this theory is how human interfaces with its environment. This framework highlights the individual, their situation, and the systems in their environment. Focusing on all those factors can paint an overall picture of how the Latina adolescent is shaped by the factors and also how the teen moms shape the factors too.

According to systems theory, the behavior of an individual is influenced by many factors such as their family, culture, and community. An individual cannot act alone; in contrast, it is always interconnected with other systems. In this case, that system (teen mom) is part of another system (her family) and every part of a system is a system themselves. This creates a whole unit of interchanging systems. This theoretical framework provides a lens where one can see the individual but also their multiple levels (Thyer, Sowers, & Dulmus, 2012). In this study, the women who were once adolescent mothers are a system. The family, culture, community, neighborhood, the school would be the interchanging systems. Examining the participants and their interchanging systems can help understand why the individual behaved the way she did and reached early motherhood.

### **Empirical Literature**

The research was primarily conceptual; however, some quantitative and qualitative data were reviewed. Many of the studies interviewed the participants in order to gather data. Other studies gathered data from previous studies and examined the data, creating themes.

## **Quantitative**

Ganchimeg et al, (2014) utilized secondary analysis using cross-sectional data. Their objective was to instigate risk of adverse pregnancy outcomes within adolescents. The participants were females giving birth in 359 health facilities during a four-month period.

Honig (2012) used secondary data from a larger study to evaluate if a pregnancy prevention program was effective. Participants were 180 African or Latino/Hispanic teen mothers from an urban area. The research objective was to explore if adolescent parents with a higher level of stress and lower social support experience higher levels of depression. Kearney and Levine examined multiple sources of data to understand the perception of teen pregnancy and parenting nationally and historically. The researchers examined four main sources of data. The sources were National Surveys of Family growth, The Family and Fertility Survey, Data from Risky Behavior Surveillance, and Natality data from Vital Statistics system. The study's objective was to understand why the adolescent childbearing rate is so high in the United States and why it matters. Secura et al (2014) did a quantitative study. The researchers analyzed pregnancy, births, and abortions rates among females 15 to 19 years of age, who were in a cohort study that educated them on contraceptive methods. The data was compared to other national data. The participants were 1404 females ages 15-19. The aim of the study was to evaluate if the program implemented was effective in reducing teen pregnancy.

Kearney and Levine used a quantitative study to investigate the role of income inequality rates in teen mothers. They used individual-level data from the United States and other developed countries. The empirical analysis compared outcomes. Using five waves of data from a national survey of Family Growth and cross-national variation outcomes from a popular source

called Fertility and Family Surveys. The framework used to exam the data was the culture of poverty. The authors developed a model of economic of despair to understand the results. Ateş and Basham (2007) investigated the role of three groups of risk and protective factors (e.g., individual, family, and extrafamilial) that are connected with teen pregnancy among Latinas. They utilized a survey to gather information from 94 Latina adolescents. The researchers reported that protective factors were identified as high grades and career aspirations, extracurricular activities, religion, and having friends who model non-risky behavior (Ateş & Basham, 2007).

### **Qualitative**

Wilson (2010) interviewed a sample of 131 mothers and fathers. The participants were all from a different ethnic background and their ages ranged from 27-54. Researchers used a Health Belief model to interpret the results. Minnis et al. (2013) conducted a qualitative study to explore the high and the relating influences of teen pregnancy and teen moms among foreign and U.S born Latinas. The participants were 369 pregnant or teen moms foreign or U.S born Latinas ages 15-19 or 22-30 from two Counties in California. Schwartz, Brindis, Ralph, & Biggs (2011) interviewed 31 Latinas regarding their perception of their male partners. This study resulted that their male partners played a significant role in their decisions regarding birth control and plans regarding life after baby, for example continuing their education.

### **Conceptional**

A couple studies were conceptional. Farber (2012) gathers literature on the historical background, multiple environments, and individual risks, cumulative effects of poverty, ethnicities, and development disadvantages. Examining the literature Farber presents confusion

and a hypothesis on adolescent childbearing in the United States. Hodgkinson, Beers, Southammakosane, & Lewin (2013) provided an analysis of the mental health challenges connected with adolescent parents. The researchers identified barriers that may prevent adolescent mothers from seeking mental health services. In addition, they examined interventions for this vulnerable population that can be integrated into primary care services.

**Describe characteristics of subjects who were typically included in the study.**

The characteristics of the participants were parents of young adolescents, young mothers, and Latinas. Many of the quantitative studies gathered their data from adolescents who had given birth in recent months. The researchers interviewed parents of the teen moms or the teen moms themselves.

**What was the primary research question or hypothesis?**

One hypothesis was that acculturated pregnant adolescents that held positive attitudes toward teen pregnancy report higher pregnancy support, planned pregnancies, more financial resources and a greater support system compared to the enculturated adolescent with high levels of Mexican and endorsement of family values and traditional gender role low levels of Anglo. One primary goal of the research was to understand why the teen birth rate is so high in the United States.

**In general, how were the studies conducted?**

The studies were conducted primarily by interviewing the participants. Face to Face interviews was done with sixty-five Latina female participants. Wilson, Dalberth, Koo, and Gard, (2010), conducted focus groups that included 131 mothers and fathers of children.

Secondary analysis using facility-based cross-sectional data. The studies analyzed secondary data to evaluate prevention and teen pregnancy effects. Ganchimeg et al, (2013) used secondary analysis using facility-based cross-sectional data. The data was on the World Health Organization Multi-country survey on Maternal and Newborn Health. Another study used secondary data from a larger study. The larger study's aim was to evaluate the effectiveness of a pregnancy prevention program (Huang, Costeines, Kaufman, & Ayala, 2014).

### **What were the primary findings?**

One significant finding was poverty was a common factor in relation to teen pregnancy. Kearney and Levine (2012), stated that that teen pregnancy is so high in the United States because of social and economic problems. Sex education and communicating that information to an adolescent was seen as a barrier to the prevention of teen pregnancy. All the literature heavily emphasized the negative outcomes that are associated or accompany teen pregnancy. The immediate pre-and postnatal care, the birth, and the life outcomes are at higher risk of being negative if it comes from an adolescent mother.

### *Teen Pregnancy Impacts*

Over 11% of the births occurring in the world is to teen girls, ages 15-19 and over 90% are to low-middle class. In the year 2014, more than 8,500 children were born to California female adolescents aged 15 -17 and 228 were born to teens under age 15 (California Department of Public Health, 2016). Literature shows that adolescent childbearing cost California 956 million in 2015. That same year the teen pregnancy rate was alarming. The rates were broken by ethnicity, Non-Hispanic White 9%, Non-Hispanic Black 23%, and Hispanic 29% (The National Campaign to Prevent Teen and Unplanned Pregnancy 2017). Having a baby at a young age is a

risk factor for adverse birth outcomes and negative life outcomes for the mother and child.

Ganchimeg et al, (2013) conducted a study to explore adverse birth outcomes among females 10-19 years old worldwide. They concluded that teen pregnancies are associated with increased adverse birth outcomes. They found that teen moms were at higher risk of developing eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm delivery and severe neonatal conditions. (Ganchimeg T, Ota E, Morisaki N, Laopaiboon, et al, 2013).

Literature concludes that not only is the teen affected but also society. The society is also affected because a majority of teen parents will depend on government assistance. Data shows that teen parents do not reach high education attainment, therefore making it difficult not to rely on government assistance. In the U.S teen moms get their high school diploma by age 22 in contrast with 90% of teens that do not have early childbearing experiences (Honig, 2012). In 2010, the United States suffered a substantial financial burden caused by births that involved adolescent females. The cost amounted to nearly \$10 billion in health care and public assistance. In addition, the nation took an income lost as a result of lower educational attainment and reduced earnings among children born to adolescent mothers (Secura, Madden, McNicholas, Mullersman et al, 2014).

San Joaquin has the highest teen pregnancy rate of any region in California. In 2014, the Counties with the highest adolescent childbearing rates are Tulare and Kings County (SEE California, 2017).

### *Latina Teen Pregnancy*

Farber (2014) reviewed literature that concluded that teen pregnancy rates are higher among Hispanics and Blacks when compared to White. About 50% of all Black and Latina

female will become pregnant before reaching the age of 20, compared to only 19% of white females. These large rates of Latina teen pregnancy conclude that there may be cultural risk factors that increase rates compared to other ethnicities. Nava (2012) conducted a study that explored the variables that influence how Latino parents of adolescent's students at an urban school perceive teen pregnancy. This research concluded that Latino parent's share many of the same negative perceptions about teen pregnancy as other cultures do. However, their unique cultural difference could be impacting their communication about the topic with their kids. Nava (2012) reported that women in Mexico enter motherhood at an early age. This norm has been altered but since the parents here have never witnessed their parents communicate with them about sexuality and risky behavior, then they do not have a strong framework to model to them. Latino parents may be missing the opportunity to talk to their children about sex and teen pregnancy. This may contribute to the high rates of teen pregnancy among this specific culture. The communication level of parent-child about sex depends greatly on mothers and fathers and across racial and ethnic groups. This suggests that factors may vary in different populations (Wilson, Dalberth, Koo, and Gard, 2010). In the study conducted by Wilson, Dalberth, Koo, and Gard, (2010) participants reported that their parents had not communicated sex talk with them, and this made it challenging to do it with their own children. This barrier was most strongly emphasized by Hispanic groups. The Hispanic/Latino culture clearly struggles with communicating with their children to address sex education and teen pregnancy. Research suggests that preventing repeated pregnancy, higher education attainment, a higher level of parenting efficacy is linked to better life outcomes for teen mothers and their children. Killoren Zeiders, Updegraff, & Umaña-Taylor, (2016) similarly made the same connection in their study, which suggested that many Latina teens felt like their family supported their education and

career goals, but they did not have the skills to help them accomplish them.

In California, Hispanic females account for over 73% of teenage births and have the highest adolescent birth rate at 31.3 in 2014 (California Department of Public Health Center, 2016). Wilson, Dalberth, Koo, and Gard, (2010), examined parents and their perceptions about sex and risky behavior communication of their children. The results reported that majority of participants believed it is important to communicate to their children about sex. In addition, they believed that in doing so can be effective in reducing risky behavior, but many had failed to do it. Primary barriers were parents' perception that their children are too young and not knowing how to talk to their children about the subject (Wilson, Dalberth, Koo, and Gard, 2010). Killoren Zeiders, Updegraff, & Umaña-Taylor, (2016) suggested that Latino cultural values produce Latino adolescents that have favorable attitudes toward teen pregnancy. However, in their study, only some of the participants shared that opinion. Those participants were bicultural (American and Mexican).

### *Poverty*

Research has made a connection between poverty and teen pregnancy. Females that grow up impoverished or come from a broken home have double the chances of becoming teen parents compared to females who do not grow up in that environment (Kearney and Levine, 2012).

Kearney & Levine (2011) conducted a study that explored economic despair and the link to teen pregnancy. Their research suggested that a female adolescent that perceives socioeconomic success as unrealistic, is at greater risk to embrace motherhood at her young age. This is generated because there is minimized value to be gained by delaying the immediate

fulfillment of having a child. In contrast, when there are opportunities for economic advancement, it is more desirable to invest in human or social capital and wait to enter motherhood. Kearney & Levine (2011) suggest that an influencing factor in generating high rates of early adolescent entering motherhood in the United States, specifically in some states with the United States is the perception the female teen has of limited economic opportunity.

Research suggests that preventing repeated pregnancy, higher education attainment, a higher level of parenting efficacy is linked to better life outcomes for teen mothers and their children (Killoren Zeiders, Updegraff, & Umaña-Taylor, 2016). Kearney & Levine (2012) suggest that to address adolescent childbearing in the United States, it will require addressing social problems, in particular; the perceived and actual absence of economic opportunity among those in poverty.

### **Gaps in this literature**

The apparent gaps in the literature were that majority of it concentrated on the negative outcomes that accompany teen pregnancy and parenting. The literature did not explore Latina women who experienced teen pregnancy. Their lived experiences and the risk factors that they themselves believe that led them to early motherhood. This study will address the lack of research on Latinas who experienced early motherhood within the Fresno and Tulare counties in the Central Valley. The data gathered in this study can identify risk factors specific to the Latino culture. There is a need for qualitative studies on Latina teen mother rates in the Central Valley so that future practitioners can better understand the environment of these individuals.

### **How has the problem been viewed in the past?**

In the past teen pregnancy has been viewed as a norm but as time passed it has shifted

into a social problem. The shift occurred when research connected to teen pregnancy with negative consequences for the teen mother and the child. Teen pregnancy rates in the United States are twice as high among other developed nations (Farber, 2014). In 2015, over 229,000 babies were born in the United States to female adolescent aged 15–19 years (Center for Disease and Control and Prevention, 2017). This is a problem that has been occurring for a long time. In 1957 the highest rates adolescent childbearing was recorded. The data showed 97.3 births per 1,000 coming from teenage girls 15-19 years old (Farber, 2014). Prevention programs exist; however, the rates have shown a decrease of 40% in the last 20 years, but still remain high. A teenage girl is four times more likely to become pregnant in the U.S compared to Russia (Kearney & Levine, 2012). Over two decades ago, the U.S. teen birth rate was 61.8 births for every 1,000 teen girls. This can be compared with 24.2 births for every 1,000 teen girls in 2014. Adolescent childbearing rates have decreased in the United States since 1991 however, Hispanics have the highest rate of teen pregnancy today which is 38 births per 1,000 adolescent females (US Department of Health & Human Services, 2016).

### **What theoretical approaches have been used to examine the problem?**

The interpretive frameworks used for examining the qualitative studies is a social constructivism. The studies used phenomenological research to guide their data gathering. The participants were selected based on similarities. Researchers used the cultural adaptation model to examine the problem. Based on this model Killorean (2013) anticipated three possible patterns of cultural orientations. Social learning theory is an approach that is used to examine teen pregnancy. In social learning theory, it is assumed that the individual learns from her environment the teen pregnancy is positively viewed.

What types of studies (if any) have been conducted in the past (usually most recent focus)? How this research conducted and what were the major findings; may be the of theoretical processes or “outcomes” of interventions?

In the past, primarily Quantitative studies have been conducted. The rates of teen pregnancy have been quantified and examined in order to measure if rates have increased or decreased in time. Different factors have been measured such as the prevalence of mental health, low education attainment, poverty, and ethnicity. The outcomes have concluded that teen pregnancy is connected with poverty, increased mental health problems, elevated adverse birth outcomes and low educational attainment (Hodgkinson, Beers, Southammakosane, & Lewin, 2014). Qualitative studies have been conducted to explore individual lived experiences. The most recent qualitative study identifies that negative consequences of teen pregnancy vary by the individual. Mollborn (2017) argues that the tendency for statistical methods to focus on average effects has obscured potential differences in how adolescent motherhood molds young people’s lives. For example, some adolescent parents who didn’t graduate high school were already on the path to not graduating prior to becoming a young parent, while other teen mothers used their child as a motivator to get a high school diploma.

### **What is the current thinking in the field about this problem?**

When it comes to teen pregnancy, people have responded with negative perceptions. In 2004, 79% of adults in a national poll judged teenage pregnancy a “very serious” or “important” problem for the United States (Mollborn, 2017). Studies show that there are many negative factors that are connected with teen pregnancy. There are many negative outcomes associated with teen pregnancy. Adolescent pregnancies are associated with increased adverse birth

outcomes, studies showed that teenage pregnancies were at higher risk of developing eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm delivery and severe neonatal conditions. (Ganchimeg T, Ota E, Morisaki N, Laopaiboon, et al, 2013). These rates may offer an image of the distress motherhood brings to adolescents at their age. Teenage mothers experience high rates of depression, both prenatally and postpartum, compared to their non-pregnant peers and adult mothers. Rates of depression among teenage mothers are between 16% and 44%, compared to 5% and 20% the lifetime prevalence of major depression among non-pregnant adolescents and adult women (Hodgkinson, Southammakosane, & Lewin, 2013). The life outcomes of young mothers and their children are compromised. Those negative consequences are heavily influenced by the social disadvantage the teenagers are experiencing prior to becoming pregnant. The consequences are more severe in the short term than in the long term. Teenagers will experience the peak of negative consequences immediately after becoming teen mothers. The decisions made during that time will define how their future will be molded.

### **How does all this relate to and inform your study?**

This literature relates to my study because it highlights teen pregnancy among Latinas. It also identifies commonalities that have been found while researching this topic. In addition, this literature informs my study because the material gathered along with the data that the study may deliver an understanding as to why the Latina teen pregnancy rates are still the highest in the nation. Together all the data can give a response to the high rates by modifying prevention programs to fit the Latino culture. One example of how the data can inform my study is the information regarding negative outcomes among Latina teen mothers. This can help maximize the importance as to why more studies should explore Latina teen pregnancy rates, like the study that I am conducting.

### **Chapter 3: Methodology**

This chapter will provide a description of the methodology utilized to identify perceptions Latina's hold regarding the high Latina teen pregnancy rates in the Central Valley. The chapter will describe the steps taken to recruit participants, the instruments utilized to conduct the study, and how the data collected will be examined. The main researcher will explain the variables that are fundamental to the understanding of the qualitative study. Lastly, the protection of the participants and the limitations of the study will be reviewed.

#### **Operational definitions**

In order to understand this study, the concepts that are being measured will be defined. First, is the concept of teen pregnancy. The definition of "teen" pregnancy can be defined differently depending on the specific researcher; therefore, this researcher will identify with the cite that follows. Teen pregnancy is defined as a pregnancy in human females under the age of 20 at the time that the pregnancy ends. A pregnancy can take place after the start of the puberty before first menstrual period, but usually occurs after the onset of periods (Definitions, 2017). However, in this study, the term teen pregnancy will be used as a term to describe a Latina who was pregnant under the age of 20 and who resides in the Central Valley. A Latina is of or relating to females of Latin-America descent (Dictionary, 2017). The concept of teenager is defined as a person from the age 13-19, an adolescent (Definitions, 2017). The terms adolescent, teenager, and teen will be interchanged but will share the same meaning.

#### **The research question is as follows:**

What are the *perceptions* of Latina women who were former teen mothers regarding high rates of teen pregnancy among Latinas in the Central Valley?

## **Describe your research design**

### *Participants*

This study will have three to five participants. The participants will be Latinas ages 20-30, who experienced pregnancy at the age of 13-19. All participants will belong to the Central Valley community. The participants will be selected according to their lived experiences regarding teen pregnancy. They will be face-to-face interviewed. This is the most appropriate approach because not only will the researcher hear their stories and words, but will also have a visual of emotions, hesitancy and if needed to can further develop and expand the interview questions.

### *Instrument and Procedure*

The participants will be obtained using purposeful sampling methods, which is portrayed under criterion sampling, from Woodlake Family Resource Center, located in Woodlake, California. This agency will be collaborating with the main researcher to recruit participants. The Woodlake Family Resource Center is under the umbrella of the Woodlake Unified School District. The Director of the agency, will grant permission to obtain participation from the parents attending parenting classes at this agency.

This study will be administered utilizing a constructed English and Spanish questionnaire (Appendix B) that will be used by the primary researcher. All documentation utilized in this study will be available in Spanish and English. The participant will be given the choice to select what language they would like to be interviewed in.

The interview will be held in a conference room at Woodlake Family Resource Center. It will include nine open-ended questions that will follow a semi-structure interview approach. The

interview will be conducted on a one-on-one basis for approximately 35 minutes. If any additional information needs to be collected or clarified, a brief interview may take place via phone at a later date. The interview will be audio recorded and transcribed by the primary researcher once the participant has consented to the recording. The interview will be observed, transcribed, open-coded and categorized to identify common themes. The primary researcher will save the recorded audio, transcription, and the consent forms in a folder in a password protected laptop only accessible to her. The documentation will be destroyed once the study has ended.

### **Reliability and validity**

The credibility of this qualitative research will be presented in a couple of forms. This researcher will self-reflect on any biases that may interfere with credibility of the interview. Clarification researcher bias, is a credibility strategy that will allow the researcher conducting the study to state any pre-assumptions, that any influence the study. Past experiences, biases or prejudice, and will be discussed to give the opportunity for the reader to understand the researcher's position. This can help the reader identify assumptions that can influence the study (Crewell, 2013).

Reliability will be implemented by utilizing a good-quality tape recording device. The tape recording will also be transcribed. This process will ensure the researcher collects detail notes about data collected through the study (Crewell, 2013).

### **Data Analysis**

This study will use the qualitative research of a phenomenological approach. A phenomenological study explores the lived experiences of individuals regarding a concept or a

phenomenology and describes a common meaning. The participants will be selected through purposeful sampling, with the criterion sampling perspective (Crewell, 2013). This research approach permits the main researcher to examine the experiences of a phenomenon in depth.

Social Learning Theory was developed by Albert Bandura. Bandura highlighted that behaviors were majority learned through life experiences. Life experiences and culture can mold an individual's behavior, (dysfunctional actions, fears, thoughts, feelings). Fundamental learning mechanisms come through interpersonal learning experiences; for example, the experiences one has with a group, family, community, society, or an organization (Bandura, 1977).

Social Learning Theory can help understand the reason as to why many Latina adolescent females are following the same path to teen pregnancy. In order to attempt to understand their experiences and factors that led to early motherhood, their environment has to be considered and examined. Social Learning Theory highlights how people can process information to influence how their immediate environment dominates their behavior. Observation is vital in an individual's learning process. Individuals watch their role models and learn a new behavior. Social Learning Theory combines learning principles and cognitive processes and the effect of observational learning to explain an individual's behavior. One component that is important in this approach is self-efficacy. Self-efficacy is a person's belief about the ability to behave a certain way that leads to expected outcomes. Latina teens come from a culture that teen pregnancy has been a norm long ago. This population is trapped in a cycle that is hard to break. Latino parents have grown in a family where sexual education many times is not talked about. Wilson, Dalberth, Koo, and Gard, (2010), examined Latino parents and their perceptions about sex and risky behavior communication of their children. The study concluded that an elevated amount of the participants believed that communication to their children about sex was important

and in doing so can reduce reducing risky behavior, but many parents had failed to do it. Primary barriers were parents' perception that their children are too young and not knowing how to talk to their children about the subject (Wilson, Dalberth, Koo, and Gard, 2010). This behavior is passed on and is seen as an outcome many teens will get to. Modeling is very important in a social learning approach. This community is modeling teen pregnancy; therefore, the outcome is high teen pregnancy rates among this population (Ashford & LeCroy, 2010).

### **Methods described**

A qualitative research method was used to obtain information on the perceptions of Latinas regarding high rates of teen pregnancy among the Latino population. Six women were interviewed to collect information on their lived experiences of being a teen mother and what they believe led them to that situation.

The participants will be recruited through a flyer that will be posted and encouraged to read to possible candidates during their initial parenting class given at the Woodlake Family Resource Center. The flyer will give information regarding the study. The flyer is located in Appendix D. If the participants are interested and request information, then a letter (description of the study) will be given to them. The letter, will include a brief description of the study, the guidelines of participation, and directions on how to become a participant. This letter is located in Appendix C. If participants wish to become part of the study, the letters must be returned to the agency secretary. All letters will be kept in a locked cabinet that only the researcher will have access to. The researcher will be examining the letters on a weekly basis to review if the minimum and maximum number of candidates has been collected. When all the candidates required have been recruited the staff will be notified not to continue with the recruitment process. This will ensure the confidentiality of the participants and that there will not be

excessive participants.

The interview structure was standardized, with a general topic and specific questions asked of all participants. The interviews were conversational; questions may have been rephrased to better fit each interview. The questions (Appendix B) were open-ended, which allowed the participants full freedom of expression.

### **Limitations**

Once the study is finalized, limitations can rise upon reviewing. One limitation that can be presented in this study is that participants will be asked to recall their actions and emotions about an event on that specific time in their past. Their memories may not represent what happened in detail.

In addition, a limitation that can possibly rise is the lack of representativeness in the sample. The sample size is limited to the maximum of six participants. This sample size may not identify possible themes revolving teen pregnancy. The sample is focused on a specific population and that criterion can limit the information gathered. Exploring male perspectives of individual who experienced teen pregnancy can provide diverse information. However, this specific study is one that needs further exploration.

### **Study Influence**

This study will provide empowerment for future Latina adolescents. The rates of teen pregnancy among the Latino population are elevated. The negative impacts teen pregnancy has on a teenager is life changing. This study will attempt to gather perceptions of Latinas who faced teen pregnancy. The data gathered can help guide the community, social service agencies, health clinics, and Latino families to help prevent teen pregnancies. This will empower Latinas

adolescents to stay in school, maintain mental health wellbeing, and have the same opportunities every other adolescent has to live a successful life.

### **Protections of Human Subjects**

All data that is collected through this study will be confidential. A consent form will be given to the participants and it will be required that the participant read and sign it. This document is located in Appendix A. The consent form will contain all the information regarding confidentiality. The purpose of the signature in this form is to obtain written permission of participation and to ensure that the participant understands the terms and conditions of the study. The results of the study will be shared with the Woodlake Family Resource Center, however, the identifying information of the participants and their involvement in the study will be confidential. To ensure confidentiality, all demographic information of the participants will not be disclosed with the results.

The interview will be audio recorded and transcribed with the permission of the participant. The material collected will be kept confidential by being maintained in a locked folder saved in a password-protected laptop. The information shared by the participant will be kept safe and will only be shared with the participant's consent or if mandated by law. The primary researcher will save the recorded audio, transcription, and the consent forms in a folder in a password protected laptop only accessible to her. The only people with access to this information is the researcher, and her chair, Irán Barrera, PhD., LCSW. The documentation will be terminated once the study has ended.

All participation in this study is completely voluntary and the participants may choose to withdraw from the study at any time. There will be no sanction in the event the participant

chooses to remove themselves from the study. There will be no negative consequences in relation to University of California, Fresno, the researcher, or the Woodlake Family Resource Center. Participants have the right to only answer the questions they desire and extract themselves from the study at any time. There will be no penalty if the participant withdraws, however, the compensation (10 dollar Walmart gift card) offered for their complete participation in the study will not be given.

The study may expose participants to minimal risk. The participants are not exposed to any physical injury, legal, social, or economic risk by participating in this study. The potential risks the participant can be exposed to is psychological, by the reliving of the past. In the event that recalling past experiences causes psychological distress, the participants will be referred to a mental health practitioner for further consultation, at the interviewing site.

#### **Chapter 4: Results**

This chapter will include the findings that resulted from this qualitative study. This study was carried out by conducting one-on-one interviews. The interviews were semi-structured accommodating for any challenges that were not predetermined. These semi-structured interviews were done in an agency where the participants felt comfortable and that they trusted. The researcher geared this study based on five questions that were constructed prior to conducting the qualitative study. The questions were constructed to gather knowledge about teen pregnancy among Latinas based on the perceptions of Latinas who were teen mothers at one point. The study was conducted to acquire information that can help answer the research question which is as follows:

What are the perceptions of Latina women who were former teen mothers regarding teen pregnancy among Latinas in the Central Valley?

Teen pregnancy is a factor that can alter an individual's life outcome emotionally, socially, physically and economically. It is a public health concern. Teenagers who experience teen pregnancy are at most risk of mental health issues, low academic attainment and to live in poverty (Secura, Madden, McNichola & Mullersman, 2014). Almost half of all Latina female will become pregnant before reaching the age of 20, compared to only 19% of white females. These large rates of Latina teen pregnancy conclude that there may be cultural aspects that increase rates compared to other ethnicities (Farber, 2014). Social learning theory was developed by Albert Bandura. Bandura highlighted that behaviors were primarily learned through life experiences. Life experiences and culture can mold an individual's behavior, (dysfunctional actions, fears, thoughts, feelings, moods, etc.). This theoretical framework can guide the study by identifying if cultural or family contributed to the participants entering early motherhood (Bandura, 1977).

### **Participants**

There were six participants in this study. The participants were recruited through the Woodlake Family Resource Center in Woodlake, California. The participants all ranged from 18-37 years of age. The participants were all mothers in their teenage years (13-19). Being a teen parent was important for this study as the researcher wanted to gather knowledge that depicts what they believe led them as a Latina teen to become an adolescent mother. Majority of participants were born here in the U.S, however, two were born in Mexico. The ones born in Mexico chose to do the interview in Spanish. This meant that four of the six interviews were conducted in English and the remaining two were conducted in Spanish. Participants were asked

questions about their experiences about teen pregnancy. Participants then described their perceptions of issues that led them to become teen parents here in the San Joaquin Valley. To ensure that each participant understood the question it was repeated and explain more in depth if needed to; to clarify any possible misunderstandings.

There were no problems recruiting participants. The researcher utilized an agency that is trusted by the community which made the recruitment process easy. The participants were recruited through a flyer that was handed out at the agency and encouraged to read during their initial parenting class facilitated at the Woodlake Family Resource Center. The flyer presented information regarding the study. The candidates that relayed interest requested information and a letter (description of the study) was given to them. The letter, included a brief description of the study, the guidelines of participation, and directions on how to become a participant. The candidates returned the letters to the agency secretary. The researcher examined and reviewed the letters of interest. The first candidate was selected and she brought two other candidates with her, that also met the criteria for the qualitative study. The second candidate expressed that she had two friends that who experienced teen pregnancy and were interested in participating in the study. The researcher agreed on a date and time to schedule the interviews. The interviews were scheduled immediately the following Thursday from 9 am -1pm. The researcher only planned on interviewing three to five participants but there were six willing participants almost immediately. The participants expressed how they wanted to benefit the community by telling their experiences and help teens delay parenting among Latinas. This study empowered these women during the initial introduction of the study, which led to an easy recruitment process. The day of the scheduled interviews, the researcher introduced herself and gave each participant a consent form at the beginning of each interview. The consent form was explained in detail. Once the

participant signed the consent form and were comfortable beginning after several clarifications, the interviews began. The formal questions were asked but the researcher had to ask the questions and explain the questions by giving different examples to each participant as they were interviewed individually.

The main researcher performed all content analysis and coding. The data analysis conducted for this study revealed three main themes. The most commonly talked about perception regarding teen pregnancy among Latinas was the limited parental communication, and the lack of knowledge surrounding contraceptives. It is important to know for this study only these questions were analyzed:

3. Can you explain, what led to you to become a teen parent?
4. What knowledge did you have surrounding birth control?
6. If you can give a message to all the Latina teens in the Central Valley regarding teen pregnancy what would it be?

## **Themes**

### Parent Communication

The majority of participants said that the communication with parent(s) was either limited or non-existent. One participant states “*because my mom was the type of person that wouldn't talk to me about like that.*” She refers to not being able to talk to her mother about sex. She had to learn about sex from friends, movies, or the internet. The communication with her parent was limited. Another participant speaks about her mother confronting her after she became pregnant asking her why she didn't give her guidance and communicated with her prior to her becoming

pregnant. She said, *“my mother didn’t talk to me like how to take care of myself. Now I could have been doing my life I would have been going to college. I wouldn’t, I would have been having fun go clubbing doing whatever I wanted to do. But now I have to think twice. Like not everything goes to me. My son is my first priority.”* The participant wishes the communication between her mother and her could have been stronger. The participants share that their parents didn’t talk to them about romantic relationships, sex, pregnancy, etc. It was as if the parents assumed they would figure it out. Participant 6 stated *“My mom was so busy working to provide for me and my siblings that she didn’t have the time to talk to me.”* Further understanding, participant stated *“Now that I’m older I realize that my mother never talked to her either so she didn’t know any better.”* She further discussed *“I will be different with my children I will talk to them about everything so they can trust me.”* The communication between Latina adolescent and their parents is one thing that needs to be considered when working with this population.

#### Lack of birth control awareness

All participants shared that they had little or no knowledge regarding how to access contraceptives. *“I didn't know where to access, they said that it was free where you can get it nothing like that. I didn’t know you can get it without your parents knowing.”* Being knowledgeable of this information could have led them to a different outcome they believe.

One participant said *“My mom didn’t talk to me about sex, she didn’t. Nobody did. I was on my own”*. She further discussed *“I didn't know where to a get that or that it was free. Or that you can get it without your parents knowing. I didn't know anything like I didn't know how. I didn't know all that until I was pregnant.”* Once pregnant, the participants expressed that is when they

were educated about different types of contraceptives, how to access, and cost. Another participant profoundly expressed *“I don't know anything like I didn't know about birth control. I don't know where they gave free condoms. I didn't know that you can go under like a minor consent to the Family Health Care Network. I didn't know that until I became pregnant.”* The Latinas in this sample shared that in their adolescence they lacked knowledge surrounding contraceptives. Participant 2 recognized that she had some knowledge but it came too late. She explained *“I can't remember where I had heard something about getting birth control without my parents' consent, so I had gone to get birth control on my own and that month I waited for my period to start the pill but it never came because I was pregnant.”* She expresses she wished she would have known at an earlier age. Participant 3 mentioned *“I didn't have anybody to go to about sex or birth control just my friends and they didn't know much either.”* Despite having friends to ask about contraceptives that was not enough because as Latina adolescents they lacked that information too.

### Breaking the teen pregnancy cycle

The participants were asked if they can give a message to all the Latina adolescents in the Central Valley, what would it be? This study revealed that the participants shared different opinions but all agreed strongly in one thing. They gave other teens in the Central Valley advice about not becoming teen parents and not falling into a teen pregnancy cycle. One participant was very adamant about relaying a message she stated, *“don't get pregnant you'll ruin your life.”* This participant talks about the struggles that she has experienced and wishes someone would have guided her and given her this message. She continues and says, *“Honestly I think you should think about it twice and just go find support or something like it doesn't matter who.”*

She describes how she hopes Latina teens can go ask for support and guidance of a teacher, counselor, mother, neighbor, etc. Any individual that can guide them into making good decisions such as access to contraceptives and sexual education.

In addition, they shared that they did not want their child to be an adolescent parent. The teen pregnancy cycle is something they wanted their children to break. One participant described what she has done to help her teen son to break the teen pregnancy cycle. She stated *“I’ve talked to him at a very young age. I made him feel comfortable with sexuality.”* She discussed how she always aimed in having better communication with him, unlike her mother. Participant 4 shared that she planned her pregnancy as a teen but now seeing that she has experienced many of the barriers that accompany teen pregnancy she wants her child to wait and not be a teen parent. She described *“No I don’t want my daughter to be a teen mom. I want a different life for her.”* The participant shared how school and finding employment is difficult with the responsibility of raising a child. She further discussed regarding her daughter *“Unlike my parents. I’d like to talk to her and let her know how hard it is to be a teen mom because you have to struggle with school and trying to find a job to provide for her baby.”* Many of the participants interviewed did not know how they were manage it but being better at communicating with their children and offering trust is the best alternative they have to prevent their children from continuing that cycle.

### **Summary**

The major themes that emerged from this study as obstacles were limited parent communication, lack of birth control awareness, and the urge for Latina teens not to fall into the teen parenting cycle. Each participant shared how communication with parents was absent in their lives. They discussed how in their perspective that weak communication contributed to

them becoming teen parents. Good parental communication can offer guidance that teens desperately need at that stage of their life. The lack of awareness surrounding contraceptives was common among the participants. Some have little knowledge as others had none. Many of the participants did not have someone they can count on for support prior to becoming teen moms, thus leaving them vulnerable. The participants also shared a common message towards the Latina teen population. The message was for each adolescent to talk to a trusted adult about contraceptive and sexual health in order to prevent teen pregnancy. The participants discussed the hardships that accompany teen pregnancy. They further discussed that they did not want their children to follow the same path they chose as Latina teen pregnancy. There was an unexpected find which was that one participant felt differently about teen parenting. This participant expressed that she planned to become a teen mother. The anticipated response of this researcher was that the participants had all become teen parents unintentional. The participant that planned her teen pregnancy was 18 years old, which made her an adult compared to the rest of the participants that were between the ages of 15-16. The information that resulted from this study of Latina's and their experience of becoming pregnant as adolescents could shed some light as to why the teen pregnancy rates are so high among Latino community in the San Joaquin Valley.

### **Discussion**

This research provides vital information regarding what former Latina teen mothers perceive caused them to be teen mother and could be contributing to the high rates of teen pregnancy in the Latino population in the San Joaquin Valley. The researcher of this study found limited research and/ or data pertaining to Latinas who were former teen mothers'

perception of the elevated rates of teen pregnancy in the literature. The results of this study were parallel to a number of studies that have been conducted to date.

## **Chapter 5: Discussion/Conclusion**

This chapter will address the importance of the findings. The findings were based on the participant's perspectives. In addition, this chapter will discuss how information gathered can provide implications for social work practice and include recommendations for future researchers studying this topic. The main research question utilized in this research was: What are the perceptions of Latina women who were former teen mothers regarding teen pregnancy among Latinas in the Central Valley?

### **Discussion of Findings**

The major themes that emerged from this study were limited parent communication, lack of birth control awareness from the teens, and the desire for their children and other Latina teens not to fall into teen parenting cycle. Each participant shared how communication with parents was absent in their lives. They discussed how in their perspective that weak communication contributed to them becoming teen parents.

Participants recognized that looking back they wished they would have more knowledge regarding sexual relationships and contraceptives. Nava (2012) reported that women in Mexico enter motherhood at an early age. This norm has been altered but since the parents here in the U.S.A have never witnessed their parents communicate with them about sexuality and risky behavior, then they did not and possibly do not have a strong framework to model to them as teens or as current parents raising children and teens. Latino parents may be missing the opportunity to talk to their children about sex and teen pregnancy. This may contribute to the

high rates of teen pregnancy among this specific culture. The qualitative interview has influenced the participants to rethink their values and make positive changes in the way they currently communicate with their daughters and sons.

The former teen mothers stated they do not want their children to follow their footsteps and enter early parenthood. Research suggests that preventing repeated pregnancy, higher education attainment, a higher level of parenting efficacy is linked to better life outcomes for teen mothers and their children. Killoren Zeiders, Updegraff, & Umaña-Taylor, (2016) similarly made the same connection in their study, which suggested that many Latina teens felt like their family supported their education and career goals, but they did not have the skills to help them accomplish them.

### **Did you answer your research question?**

The research question of this study was answered indirectly. The information gathered from their lived experiences and what they perceived led them to become teen parents was enough to identify their perceptions regarding teen pregnancy among Latinas. The perception of these Latinas regarding teen pregnancy among the Latino community was that it happens because of limited parent communication with teens, lack of birth control awareness from the teens, and the desire for their children and other Latina teens not to fall into teen parenting cycle.

### **Limitations, Validity, and Reliability**

There are several limitations in this qualitative research recommending that the findings should be interpreted with caution. One limitation that can be presented in this study is that participants will be asked to recall their actions and emotions about an event on that specific time in their past. Their memories may not represent what happened in detail. A limitation that can

possibly rise is the lack of representativeness in the sample. Because participants were only females and only limited to six participants, this pool cannot be generalized to the entire population of Latino teen parents. The use of face to face interviews may also serve as a limitation discouraging participants who are less comfortable with speaking to strangers about a personal topic.

The credibility of this study was presented by the researcher using self-reflection on any biases that would interfere with the credibility of the interview. Reliability was implemented by utilizing a good-quality tape recording device. The tape recording was also transcribed. Furthermore, this specific process ensured that the researcher collected detail notes about data collected through the study (Creswell, 2013).

### **Implications for Social Work Practice**

The findings from this study have important implications for social work practice, policy and research. However, it is important to note that this study used a small sample of participants from a small town that self-identified as Latinas; therefore, the results should only be generalized to populations who resemble this sample.

#### *Social Work Practice*

By gaining an understanding of the experiences Latina adolescents encountered before and after becoming a teen parent, social work practitioners working with this population can provide more appropriate culturally sensitive practices to individuals who are at risk for pregnancy. For example, it is common that Latino parents often do not have conversations with their children about abstinence or topics related to sexual relationships. It is critical that social work practitioners understand this and not assume that Latino parents do speak to their children

about sex; as many intervention programs are aimed at including parents but they may not feel ready or ashamed or embarrassed (*vergüenza*) to participate. As a result, programs aimed at prevention and intervention should slowly find ways to incorporate parent participation to ensure a pathway for assessing their comfort surrounding such sensitive topics. This qualitative study indicates that limited parent communication and support are key factors in their teen parent outcome. Encouraging parent communication with teens to assist would that void that may be contributing to Latina teens entering early motherhood. The information gathered can help current practitioners (social workers, organizations, etc.) with first-hand risk factors that Latina adolescents face in their culture. In addition, acquiring this knowledge can help practitioners in the Central Valley to be better equipped for prevention strategies regarding teen pregnancy.

### *Policy*

This research can be utilized to develop new policies in educational and health institutions that implement sexual and reproductive education. Existing policies such as The 2016 California Health Youth Act mandated school Districts to provide accurate, comprehensive, and integrated sexual health education which is a great start but due to the holistic approach does not allow for cultural sensitivity. The current educational and health policies surrounding sexual education today seem to have little impact in reducing teen pregnancy rates among Latinas. There needs to be a creative way to include sex literacy among Latina youth that include parents in a culturally sensitive way. That is, to utilize different methods in disseminating the information in a way that are not intrusive and disrespectful to Latino parents. For example, including a component of sex literacy when Latina youth visit their respective doctor. This would be an opportunity to have the parent, doctor, and youth in a position to receive critical information that is usually learned from their friends and peers that

may be harmful and incorrect leading to increased pregnancy and possible diseases. This opportunity can be done as such time as when the youth is taken to their yearly physical exam. Giving the Latino youth the opportunity to receive a sexual education both by educational and health institutions, whom they have access to, may fill in the gaps that were identified by this qualitative study. The findings mirror with my first-hand knowledge of how children as young as 11 years old are sexually active and relying on health agencies to assist them in acquiring information on topics surrounding birth control and sexual relationships.

### *Research*

Researching the perceptions of former Latina teen mothers regarding the high rates of teen pregnancy in the Central Valley can help identify contributing factors. Using their lived experiences and similar geographical environment it can aid the development of preventative practices. The intention of these preventative practices would be to reduce the rates of teen pregnancy among the Latino population. Participants strongly indicated that the limited/or non-existent parent communication was a significant factor in why they believe led them to early parenthood. This finding can indicate that the lack of communication between Latino parents and adolescent may be contributing to the high rates of adolescent childbearing. This finding mirror to Wilson, Dalberth, Koo, and Gard, (2010) regarding the communication among Latino adolescents and their parents when it comes to sexual education, they expressed not receiving any sex talk from their parents, which then made it difficult for them to have that type of communication with their children. Lack/limited communication can come in a variety of forms. One form is non-existent communication between parent and adolescent, second no sexual education provided by the parent to the teen, lastly discussing topics such as parenting, intimate, relationships, sexual education, and reproduction are not allowed.

The urge to break the teen pregnancy cycle was indicated by the participants in this research. Participants reported all Latina youth to seek information to assist them not to become pregnant during their adolescence. Furthermore, they discussed how they did not want their children and future generations to fall into the teen pregnancy cycle. Using a theoretical lens, the results from this study are greatly consistent with the Social Learning Theory. This theoretical framework highlighted how behaviors were primarily learned through life experiences. Fundamental learning mechanisms come through interpersonal learning experiences, for example, the experiences one has with a group, family, and community. Understanding Social Learning Theory, one can identify how culture and parents may be influencing why Latina adolescent females are following the same path to teen pregnancy. In this study, recognizing the behavior such as not providing sexual education to their children or becoming teen parents are behaviors that could be passed on through generations (Bandura, 1977).

Implications for policy, practice, and research focus on information that links to the major themes that emerged from this study. By implementing intervention programs Latina youth are able to receive the sexual education their parent may not be providing for them, in addition, they would receive information regarding birth control therefore not entering the teen pregnancy cycle.

### **Recommendations**

There are limited studies on adolescent childbearing specifically among the Latino community. There should be studies that research what exactly leads adolescents into early parenthood. The topic of teen pregnancy needs to be examined as a macro system. Many times, it is behavior that has been learned in their culture. Furthermore, an interesting direction for future research would be to explore the possible outcomes of Latino families who communicated

with their children regarding sexual education compared to the Latino families who did not. The results of this current study revealed that majority of the participants felt like communication with their parents would have led them to a different outcome (not becoming parents during their adolescence). These findings, while certainly relevant, bears further attention as it provides the opportunity to expand current study in a direction where certain themes can be specifically explored.

### **Summary**

In conclusion, given that existing literature shows that teen pregnancy and Latinas have a concentrated linkage, further exploration is required for investigating why the participants in this study felt like their parents nor school provided sexual education. This study offers a unique perspective of former Latina teen parents based on their lived experiences. A surprise finding of this study indicated that despite the many barriers that accompany teen pregnancy there are some Latina teens who are looking to teen pregnancy as the desired outcome. Which may be part of the system value in this culture, with this generation and/or considering first, second, etc. generational factors in the United States. Because Latina teens do not quite understand the challenges teen pregnancy generates, the professionals working with them should understand the barriers they face and how to better assist them. More qualitative studies involving more representative samples of former Latina teen mothers are needed to assist in determining factors that contribute to high rates of teen pregnancy in the Latino population. My hopes are that this study will further add to previous studies and solutions can be found in all macro levels.

## References

- Ashford, J. B., & Winston LeCroy, C. (2010). *Human Behavior in the Social Environment: A Multidimensional Perspective* (4 ed.). Belmont, CA: Cengage Learning.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall
- California Department of Public Health Center for Family Health Maternal, Child and Adolescent Health Division epidemiology. (2014). California Teen Birth Rates, 2000-2014. Retrieved from: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Data/Adolescent/Adolescent-Birth-Rates-2014.pdf>
- California Department of Public Health, (2015). Adolescent Family Life Retrieved from <http://www.cdph.ca.gov/programs/aflp/Pages/default.aspx>
- CA Dept of Education. (2018). Comprehensive Sexual Health & HIV/AIDS Instruction. Retrieved from: <https://www.cde.ca.gov>
- Center for Disease and Control and Prevention (2017). Adolescent and School Health. Retrieved from: <https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm>
- Cooper, M. G., & Lesser, J. G. (2011). *Clinical social work practice: an integrated approach* (4th ed.). Boston, MA: Allyn & Bacon/Pearson.
- Creswell, J. W. (2013). *Qualitative Inquiry & Research Design*. (3rd ed). Los Angeles, CA: SAGE Publications.
- Data USA. (2017). WOODLAKE, CA. Retrieved from <https://datausa.io/profile/geo/woodlake-ca/#demographics>

Definitions (2017). Retrieved from: <http://www.definitions.net>

Diaz, C. J., & Fiel, J. E. (2016). The Effect(s) of Teen Pregnancy: Reconciling Theory, Methods, and Findings. *Demography*, 53(1), 85-116. doi:10.1007/s13524-015-0446-6

Dictionary (2018). Retrieved from: <http://www.dictionary.com/browse/latina>

Doğan-Ateş, A., & Carrión-Basham, C. Y. (2007). Teenage Pregnancy Among Latinas. *Hispanic Journal of Behavioral Sciences*, 29(4), 554-569. doi:10.1177/0739986307308163

Farber, N. (2014). The Not-So-Good News about Teenage Pregnancy. *Society*, 51(3), 282-287.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Yamdamsuren, B., Temmerman, M., Say, L., Tunçalp, O., Vogel, JP., Souza, JP., Mori, R (2014). Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multi-country study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40-48.

HHSA (2015). Tulare County Office of Education. Retrieved from: <http://www.tularehhsa.org>

Honig, A. (2012). Teen pregnancy. *International Journal of Adolescence and Youth*, 17(4), 1-7.

Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the Mental Health Needs of Pregnant and Parenting Adolescents. *Pediatrics*, 133(1), 114-122. doi:10.1542/peds.2013-0927

Huang, C., Costeines, Y., Kaufman, J., & Ayala, J. (2014). Parenting Stress, Social Support, and Depression for Ethnic Minority Adolescent Mothers: Impact on Child Development. *Journal of Child and Family Studies*, 23(2), 255-262.

Kearney, M., & Levine, P. (2012). Why is the Teen Birth Rate in the United States So High and

Why Does It Matter? *The Journal of Economic Perspectives*, 26(2), 141-166.

Kearney, M. S., & Levine, P. B. (2011). Income inequality and early non-marital childbearing: An economic exploration of the "culture of despair". Cambridge: National Bureau of Economic Research, Inc. doi:<http://dx.doi.org.htmlproxy.lib.csufresno.edu/10.3386/w17157>

Killoren, S., Zeiders, E., Updegraff, K., & Umaña-Taylor, H. (2016). The Sociocultural Context of Mexican-Origin Pregnant Adolescents' Attitudes Toward Teen Pregnancy and Links to Future Outcomes. *Journal of Youth and Adolescence*, 45(5), 887-899

Minnis, A., Marchi, M., Ralph, K., Biggs, L., Combellick, A., Arons, S., Braveman, C. (2013). Limited Socioeconomic Opportunities and Latina Teen Childbearing: A Qualitative Study of Family and Structural Factors Affecting Future Expectations. *Journal of Immigrant and Minority Health*, 15(2), 334-340.

Mollborn, S. (2017), Teenage Mothers Today: What We Know and How It Matters. *Child Dev Perspect*, 11: 63–69. doi:10.1111/cdep.12205

Nava, M. (2012). Parent's perceptions of teenage pregnancy (Order No. 3526338). Available from ProQuest Dissertations & Theses Global: The Humanities and Social Sciences Collection. (1040725744). Retrieved from <https://search-proquest-com.htmlproxy.lib.csufresno.edu/docview/1040725744?accountid=10349>

Schwartz, S. L., Brindis, C. D., Ralph, L. J., & Biggs, M. A. (2011). Latina adolescents' perceptions of their male partners' influences on childbearing: findings from a qualitative study in California. *Culture, Health & Sexuality*, 13(8), 873-886. doi:10.1080/13691058.2011.585405

Secura, G., Madden, T., McNicholas, C., Mullersman, J., Buckel, C., Zhao, Q., & Peipert, J. (2014). Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy. *The New England Journal of Medicine*, 371(14), 1316-1323.

SEE California. (2017). California works to curb teen pregnancy. Retrieved from <http://www.seecalifornia.com/health/teen-pregnancy.html>

The National Campaign to Prevent Teen and Unplanned Pregnancy (2017). California Data. Retrieved from: <https://thenationalcampaign.org/data/state/california>

Thyer, B. A., Sowers, K. M., & Dulmus, C. N. (2012). *Human Behavior in the Social Environment: Theories for Social Work Practice*. Wiley.

Tulare Community Health Clinic. (2015). Retrieved from <http://www.tchci.com/home.html>

U.S Department of Health and Human Services, (2016). Office of Adolescent Health. Retrieved from: [hhs.gov](http://hhs.gov)

United States Census. (2016). Tulare County Quick Facts Retrieved from: <http://quickfacts.census.gov>

Wilson, R. (2013). *From barbies to babies: The effects of teen pregnancy and teen parenting*.

Wilson, E. K., Dalberth, B. T., Koo, H. P. and Gard, J. C. (2010), Parents' Perspectives on Talking to Preteenage Children About Sex. *Perspectives on Sexual and Reproductive Health*, 42: 56–63. doi:10.1363/4205610

**Appendices**  
**Appendix A: Consent Form**

Consent Form

There is minimum risk in participating in this study, however reliving past experiences may bring some discomfort. In case this occurs, the researcher will facilitate the referral to see an on-site health professionals that can help. You will have the option to answer as many questions as you desire. The benefit to participating in this study is that your lived experiences could help other professionals and interventionist gain knowledge on what risk factors of teen pregnancy Latina adolescents face in their culture. This can better assist future Latina adolescents in teen pregnancy prevention.

With your permission, the interview will be audio recorded, and additional notes may be recorded. The data collected will be remain confidential with the researcher, but will be shared only with your permission, or as mandated by law. Direct quotes may be used without identifying information. The interview will only take place once, but may be asked for clarification of responses via phone at a later time. By signing this document, you give the researcher permission to analyze and transcribe material collected during the interview. The researcher will maintain all data collected in a safe, locked file, and will destroy after four years.

Your participation in this study is completely voluntary and you may choose to withdraw from the study at any time. There will be no sanction in the event that you choose to remove yourself from the study. There will be no negative consequences in relation to University of California, Fresno. You have the right to only answer the questions you desire and extract yourself from the study at any time.

During the interview if you experience distress and would like to obtain services, the researcher will facilitate a referral to an on-site mental health provider, Rebecca Dias MFT intern, who provides free mental services, at Woodlake Family Resource Center located at 168 N Valencia Blvd, Woodlake, CA 93286 (559) 564-5212.

Please feel free to contact the researcher at any time at (559) 827-5821, if you have questions about this study. You also the option to contact the chairperson, Irán Barrera, PhD., LCSW at (559) 278-4468. If you have any questions about your rights as a participant you can call Dr. Kris Clarke, University IRB person (559) 278 2985, or California State University, Fresno Committee on the Protection of Human Subjects, (559) 278-4468.

The participant will receive 10-dollar gift card from Walmart.

YES, I agree to be recorded via audio \_\_\_\_\_

NO, I do not agree to be recorded via audio \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Formulario de Consentimiento

Existe un riesgo mínimo al participar en este estudio, sin embargo, revivir experiencias pasadas puede generar cierta incomodidad. En caso de que esto ocurra, el investigador facilitará la referencia para ver a un profesional de la salud en el lugar que pueda ayudarlo. Tendrás la opción de responder tantas preguntas como desees. El beneficio de participar en este estudio es que sus experiencias vividas podrían ayudar a otros profesionales e intervencionistas a obtener conocimientos sobre los factores de riesgo del embarazo adolescente que las adolescentes latinas enfrentan en su cultura. Esto puede ayudar mejor a futuras adolescentes latinas en la prevención del embarazo adolescente.

Con su permiso, la entrevista será grabada en audio, y se podrán grabar notas adicionales. Los datos recopilados serán confidenciales con el investigador, pero solo se compartirán con su permiso o según lo exija la ley. Las citas directas se pueden usar sin identificar la información. La entrevista solo tendrá lugar una vez, pero es posible que se solicite una aclaración de las respuestas por teléfono más adelante. Al firmar este documento, le da permiso al investigador para analizar y transcribir el material recopilado durante la entrevista. El investigador mantendrá todos los datos recopilados en un archivo seguro y cerrado, y lo destruirá después de cuatro años.

Su participación en este estudio es completamente voluntaria y puede optar por retirarse del estudio en cualquier momento. No habrá sanción en el caso de que elija retirarse del estudio. No

habrá consecuencias negativas en relación con la Universidad de California, Fresno. Tiene derecho a responder solo las preguntas que desee y extraerse del estudio en cualquier momento.

Durante la entrevista si tiene problemas y desea obtener servicios, el investigador facilitará una referencia a la pasante de Rebecca Dias MFT, que brinda servicios mentales gratuitos, en el Centro de Recursos Familiares Woodlake ubicado en 168 N Valencia Blvd, Woodlake, CA 93286 (559) 564-5212.

Si tiene preguntas sobre este estudio, no dude en comunicarse con el investigador en cualquier momento al (559) 827-5821. También tiene la opción de contactar al presidente, Irán Barrera, PhD., LCSW al (559) 278-4468. Si tiene alguna pregunta sobre sus derechos como participante, puede llamar al Dr. Kris Clarke, miembro del IRB de la Universidad (559) 278 2985, o al Comité de Protección del Humano de la Universidad Estatal de California, (559) 278-4468.

El participante recibirá una tarjeta de regalo de 10 dólares de Walmart.

SÍ, acepto grabarlo por audio \_\_\_\_\_

NO, no acepto grabarlo por audio \_\_\_\_\_

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

## Appendix B: Questions

- How did you first learn you were pregnant?
  - Prior to finding out you were pregnant, what were your feelings about parenting?
  - Can you explain, what led to you to become a teen parent?
  - What knowledge did you have surrounding birth control?
  - What do you wish you would have known then, that you know now regarding teen pregnancy?
  - If you can give a message to all the Latina teens in the Central Valley regarding teen pregnancy what would it be?
- 
- Cómo supo por primera vez que estaba embarazada?
  - Antes de saber que estabas embarazada, qué opinabas sobre la crianza de los hijos?
  - ¿Qué crees que te llevó a convertirte en una madre adolescente?
  - ¿Qué conocimiento tenías sobre el control de la natalidad?
  - ¿Qué desearías haber sabido entonces, que ahora sabes?
  - Si puedes dar un mensaje a todas las adolescentes latinas en el Valle Central sobre el embarazo adolescente, ¿cuál sería?

### **Appendix C: Informative Letter**

Dear potential participant,

My name is Sandra Ambriz; I am a student at California State University, Fresno working on Masters in Social Work. I am conducting a study on teen pregnancy among Latinas in the Central Valley. Your participation in this study would be appreciated. Before you make decision if you are pregnant or under the age of 18, I ask that you do not participate.

The requirements are that you are: female, ages 18-30, Latina, and experienced pregnancy when you were 13-19 years old.

The study will attempt to gather information surrounding teen pregnancy among Latinas. Please not that any information you provide will be kept confidential.

The study can inform families, practitioners, social service agencies, and health clinics working with Latino adolescents.

If you decide to participate in the study please take this letter to the secretary Alma Alvarado, at the Woodlake Family Resource Center. You will leave your contact information in the letter and you will be contacted by researcher.

Thank you,

Sandra Ambriz

## Appendix D: Certificate of Training



## Appendix E: Flyer

# Participants Needed

For a study on Teen Pregnancy among Latinas

Requirements:

- Female
- Age 18-30
- Experience pregnancy from 13-19 years old
  - Latina

For more information please see the Alma Alvarado secretary at the Woodlake family Resource Center

**Participants will be given 10\$ Walmart Gift Card**

# Se Ocupan Participantes

Para un estudio sobre embarazo adolescente entre latinias

Requisitos:

- Mujer
- Edad 18-30