

PREDICTORS OF PREGNANCY RATES AMONG YOUNG LATINAS

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Predictors of High Pregnancy Rates among Young Latinas

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Abstract

The study examined predictors of high pregnancy rates among young Latinas in the U.S. Previous studies have shown that young Latinas have the highest teen pregnancy rates in the country (National Vital Reports, 2011). Though the rates for Latinas have declined, Latinas continue to have the highest teen pregnancy rates among all ethnicity groups (Center for Public Policy Priorities National Report, 2007; Maternidad Latina Promoting Child and Maternal Care, 2008). Studies show the rate to be more than twice when compared to White/Caucasian girls (National Vital Reports, 2011). The study proposed to better understand why Latina girls have such an alarming teen pregnancy rate. The participants consisted of 73 girls that identified themselves as Latina/Hispanic and were between the ages of 15-30. Most of the participants were from the border region with Mexico. The women that participated were not married and did not have children. Cultural beliefs about whether Latinas believed contraception use harmed their health, caused illness, or made them look promiscuous were measured. Other measurements included their opinions about having unprotected sex with someone they loved and trusted, about whether they had to be in love to have a baby, about whether using contraceptives was wrong because they valued a child's birth, and whether the discussion of sex with parents was considered taboo, among other beliefs. These beliefs were

correlated with their beliefs about their likelihood of getting pregnant, of having an unplanned pregnancy, of how much and how soon they intended and wanted a baby. The results showed that Latinas' beliefs about contraceptive use causing illness or harming their health was correlated with their perceived likelihood of getting pregnant $r(71) = .30, p < .01$, having an unplanned pregnancy $r(71) = .32, p = .01$, and how soon they wanted to have a baby $r(71) = .35, p < .01$. Their opinion about having unprotected sex with someone they trusted and loved was related to their perceived likelihood of getting pregnant $r(71) = .33, p < .01$, having an unplanned pregnancy $r(71) = .39, p < .01$, and how soon they intended to have a baby $r(71) = .48, p < .01$. Their opinion about not using contraceptives because they prevented a child's birth was related to how soon they want a baby $r(71) = .37, p < .01$ and how soon they intended to have baby $r(71) = .35, p < .01$. Thus, there are cultural beliefs that are linked with behavioral intentions and perceived chances of getting pregnant. Hopefully this research clarifies factors that are linked to Latina pregnancy rates. Such an understanding will help policy makers and service providers better address these concerns.

Introduction

Statistics show that Hispanic young girls have more than twice as many unplanned pregnancies compared to White/Caucasian young girls (National Vital Reports, 2011). Latina girls' pregnancy rate per 10,000 is 83 compared to the White Non-Hispanic girls' pregnancy rate of 26. Rates for women aged 18-19 years in 1999 ranged from 95.3 per 1000 for non-Hispanic women compared to 200.4 for Hispanic women (Ventura, S.J., Abma, J.C., Mosher, W.D. 2003). In 2002, twenty-four percent of Hispanic females compared to eight percent of non-Hispanic white teenagers experienced higher birth rates before the age of twenty (Abma, J.C., Martinez, G.M., Mosher, W.D. & Dawson, B.S. 2004). Moreover, lifetime pregnancies in 1999 ranged from 2.7 for non-Hispanic white women to 4.1 for Hispanic women (Ventura, et.al. 2003). Mexican born Mexican-American girls, however, are more likely to become pregnant if sexually active and more likely to give birth if pregnant than American-born Mexican-American and non-Hispanic White girls (Aneshensel, Becerra, Fielder, Sculer, 1990). According to the Center for Public Policy Priorities National Report (2007), Texas has the worst teen birth rate in the country. It was reported that Texas teen birth rate is 63 births per 1,000 females aged 15-19. The Center for Public Policy Priorities National Report (2007) also ranked the states of Texas and California, first and second, as having the highest pregnancy rates among Latinas. The overall teen rate has dropped by 44 percent since 1991. Without that decline, the authors calculated, there would have been 3.4 million more babies born to girls by 2010. And, although there has been a significant decrease in pregnancy rates among teens, young Latina girls still have the highest pregnancy rates in

the nation and tend to become pregnant at an earlier age than teens of other ethnicities (Maternidad Latina Promoting Child and Maternal Care, 2008). According to Maternidad Latina Promoting Child and Maternal Care (2008), Latinas have had the highest teen birth rate of any ethnic minority since 1995 and about half of Latina teens become pregnant at least once before age 20, a rate that is twice the national average.

The increasingly high number of unplanned pregnancies among young Latina girls poses a major issue because many children born to Latina girls will live in poverty and be uninsured. The Center for Public Policy Priorities National Report (2007) also shows that the state of Texas ranks 7th as having the worst child poverty rate in the nation, and 1st with the highest rate of uninsured children in the nation. Moreover, neural tube defects in newborn babies is a major health issue. Many newborn babies suffering from these defects are a consequence of unplanned pregnancies in the Latino community. According to Arizona State University, Hispanic children are at a higher risk for this condition due to low socioeconomic status, obesity, diabetes and misconceptions regarding folic acid. The Centers for Disease Control reported that out of every 10,000 births, 4.17 Hispanic children are born with spina bifida (one of a handful of conditions known as **neural tube defects**) compared to 2.64 non-Hispanic blacks and 3.22 non-Hispanic whites. Issues in Latina Health (2012) stated that evidence has shown that the Latinas as a whole are using birth control at rates far lower than non-Hispanic whites, a fact that is likely partly responsible for the high rates of teen pregnancy in the Latino community. Of all racial groups, Latinas report the lowest rate of birth control use during their first sexual encounters (Issues in Latina Health, 2012). When asked whether they

used any birth control method the last time they had sex, only 36 percent of Latinas said yes, while 72 percent of non-Hispanic whites reported they used birth control.

This paper addresses several variables that may explain why Latinas are at a higher risk for high pregnancy rates. Among these variables are personal beliefs based on cultural values (whether sexuality issues should be discussed openly, whether decisions about sex should be left to men, whether it is right or wrong for unmarried women to have babies, whether contraceptives should be used when having sex, whether one has to be in love to get pregnant, etc.). These variables may be linked with Latina's intentions and likelihood of getting pregnant, and how soon and how much Latinas want to get pregnant. Latina girls are becoming pregnant at an alarming young age, and I hope this research identifies predicting factors of high Latina teen pregnancy rates so that actions can be taken in order to decrease the pregnancy rates.

The discussion of sex is considered a taboo subject in many Mexican families (Maternidad Latina Promoting Child and Maternal Health, 2008), and unfortunately, the lack of conversations concerning sexuality, sexual protection and pregnancy is associated with the risk of pregnancy. The airing of sexual issues openly is considered inappropriate and disrespectful among many Latinos (Van Oss Marin & Gomez, 1996). Thus, Latino adolescents compared to their non-Hispanic white counterparts are less likely to discuss sexual behavior and condom use with their parents (Baumeister, Flores & Marin, 1995; De Anda et.al., 1988), and communication with parents has been shown to be inversely associated with the risk of pregnancy (Adolf, Ramos, Linton, & Grimes, 1995). Baumeister, Flores, and Marin (1995) studied a group of pregnant and nonpregnant Latina female adolescents (13 to 19 years) and found that teens receiving information on

sexuality from their parents are less likely to become pregnant. Lacking knowledge about the importance of contraceptives may place Latinas at greater risk for pregnancy. Latinas may also be at risk because they may not feel comfortable asking their male partners to use a condom because they are worried their partner will see them as promiscuous. For instance, I remember I was once having a conversation with my mother concerning sex and how protecting one from sexual infections is important. I discussed with her how if my sexual partner did not have a condom with him then it would be a good idea for me to carry a condom with me since the use of contraceptives is of major importance in the practice of sex. She looked at me in awe and asked me what would the guy I was about to have sex with think of me. She mentioned how that on my part would be degrading and he would most probably think I am sexually active and promiscuous. Thus, many Latina girls do not feel in control of their contraceptive decisions.

And just as it may be uncomfortable discussing and negotiating condom use with a partner, discussing sexuality and sexual practices with a healthcare provider can be just as intimidating and embarrassing for most Latina teenage girls. Discussing sex openly is not in line with traditional Latino values of modesty and chastity for girls and young women (Maternidad Latina Promoting Child and Maternal Health). For example, I remember telling my mother how I wanted to visit a gynecologist when I was in my teenage years just to make sure everything was okay with me, and she replied that I should only visit a gynecologist once I become sexually active. Not only did she mention one should start visiting a gynecologist once someone becomes sexually active, but for the gynecologist to be a female instead of the male since it can be embarrassing for another male to look at your body parts and even more to talk about sexual issues.

In addition to the factors just address, according to Maternidad Latina Promoting Child and Maternal Health (2008), machismo (gender roles) and marianismo are some of the factors that affect high pregnancy rates among young Latinas. Machismo is the gender role of a man that holds traditional masculine values and emphasizes strength and control over women, including making decisions about sex. Men are perceived as being more knowledgeable regarding sexual matters (Machismo) and therefore are held responsible for making decisions about contraception (Issues in Latina Health, 2012). Marianismo is about females being chaste before marriage and virtuous in marriage and motherhood. Women are supposed to refrain from talking openly about sex because they may be perceived negatively. The lack of knowledge about sexual matters and the use of contraceptives may place Latinas at greater risk for pregnancy has already been addressed. But of equal importance is the idea of chastity and virtue. Growing up I was brought up with the idea that the best way to win a man's heart was to be not only innocent and pure in my thoughts but to maintain my virginity until marriage and to have children in order to form a family. According to Issues in Latina Health: Teen Pregnancy (2012), marianismo places a strong emphasis on maternity. For example, Fennelly (1993) stated that the maternal role is highly valued among Latinos. For Latinas, pregnancy may signify the accomplishment of a planned goal-namely, becoming an adult. Studies show Latinas desire to start families earlier and have more children (Issues in Latina Health: Teen Pregnancy, 2012). Erickson (1998) noted that for many young women, pregnancy is the first time they have a prestigious position in the family and society.

Familismo (family-centeredness) is another factor that influences the high pregnancy rates among young Latinas. According to Maternidad Latina Promoting Child

and Maternal Health (2012) the family is the basic unit of social structure for many Latinos. Cultural psychologists characterize Latino culture as a collectivist culture that prioritizes warm, emotionally positive social interaction (Marin, 1993; Sabogal, F., Marin, G., Otero-Sabogal, R., VanOss Marin, B., & Perez-Stable, E.J. 1987; Sanchez-Burks, Nisbett, & Ybarra, 2000; Triandis, Marin, Lisansky, & Betancourt, 1984) and places special importance on close family relationships (Marin, 1993; Sabogal et.al., 1987). Having children is the main way the family grows and becomes connected to other families. Research has shown that Latino teens experienced greater support for their pregnancies than did non-Latino pregnant teens (Luthar, 1998). Within this context, having a baby, even if it means having a baby at a young age is often not subject to negative social stigma. Latinas have reported highly positive attitudes toward pregnancy and motherhood that are consistent with family values in some studies. In other words, having a baby even in your teens is seen as welcoming for many Latino families. For example, pregnant Latinas have been found to report highly positive attitudes toward pregnancy and motherhood and more support from the infant's father and family relative to others (Engle, Scrimshaw, Zambrana, & Dunkel-Schetter, 1990; Zambrana, Dunkel-Schetter, Collins, & Scrimshaw, 1999). Pregnant Latinas also report more frequent and satisfying interactions with family compared with other racial groups (Sagrestano, L.M., Feldman, P., Killingsworth-Rini, C.K., Woo, G., & Dunkel-Schetter, C. 1999). Parent-adolescent communication in Latino families, however, is likely to increase when a pregnancy has occurred (Lloyd, 2004). This communication is more likely to happen because Latinos, generally, place great importance on having children (Padilla & Baird, 1991). For instance, in the border city where I grew up where 96% of the population

identifies themselves as Hispanic or Latino, I saw girls in middle as well as in high school getting pregnant. I never quite understood why some of my classmates got pregnant at such a young age or what they went through when telling their parents. One of my close friends got pregnant at the age of 19, and I remember how unsure she was about what to do and whether she would abort or not, although she strongly believed she would not. She confronted her family about this, and to her surprise, found that her parents supported her. Initially, she feared her parents would kick her out of the house. To this day whenever she wants to go out of town or out with her friends her parents will gladly take care of her child. A baby is seen as a blessing for many Latino families. Thus, within the Latino community parents and families will support a pregnant woman and will welcome the child.

Pregnancy prevention messages may be misunderstood as preventing families from growing by some Latina girls, i.e. not being able to have as many children as they would like. The Latino culture is greatly influenced by the Catholic religion. Catholic beliefs and values teach refraining from using birth control, contraceptives, or anything that prevents a child's birth (Issues in Latina Health, 2012). The Catholic religion also emphasizes how sex before marriage is unacceptable and that intercourse should only be performed when married since it is seen as an act of love not lust. A couple of friends mentioned to me how they would like to get on birth control, but that their parents will not permit them because they would be committing a sin. I remember when I first asked my mother if I could use birth control because I was having terrible cramps. I had heard how birth control eased the pain. She seemed hesitant at first but then agreed. When my mother discussed the issue with my father, he questioned how it was possible that she

was allowing me to get on birth control. My mother then explained to my father about the pain and how the birth control pills could alleviate the pain. He then accepted I get on birth control. The use of contraceptives is seen as unacceptable among many Latino families. Moreover, Hispanic parents are less approving of birth control methods than non-Hispanic White parents (Bersamin, 2002). According to Issues in Latina Health: Teen Pregnancy (2012), women who subscribe to the religious beliefs that sex outside of marriage and contraceptives is wrong are more likely to refrain having sexual intercourse until marriage. Paradoxically, some women will engage in other sexual activities, such as oral sex. These groups of Latina girls are opposed to birth control and contraceptives but are still at risk for STDs (Issues in Latina Health, 2012). Hispanic females have the lowest use of contraceptive methods at first intercourse, and Hispanic families generally hold more conservative views toward condom use (Abma, J., Chandra, A., Mosher, W.D., Peterson, M.A., & Piccinino, L.J., 1997).

Issues in Latina Health (2012) points out that one study that focused on low-income, Spanish-speaking Latinas found that many women were misinformed about hormonal birth control, which is considered to be one of the most effective methods by health care workers. Many Latinas in the study did not know of the benefits of using birth control and many feared harmful side effects. For example, some believed the birth control would make them permanently sterile and others feared the possibility of birth defects. Others believed that birth control could damage their health when it came to getting pregnant. I can relate to this. I remember that my mother as well as many of my friends and friends' mothers would claim that the use of birth control could cause one to become sterile for life as well as cause birth defects and harm your health. According to

Issues in Latina Health (2012), these fears could be caused by a lack of quality of sex education.

Regarding birth control utilization, Issues in Latina Health (2012) points out that the most common reasons why Latinas do not use a condom is simply because they trust their own partner or were not able to convince their partner to use a condom. Disparities in pregnancy rates are attributed, in part, to contraceptive use. Hispanic males and females, for example, are less likely to use contraceptive protection at first sex encounters compared to other racial groups (Abma, et.al.,2004; Ranjit N. et.al. 2001). I know many of my friends who are in relationships and most of them if not all do not use contraceptives. They feel there is no reason to use a condom since they are in a relationship with someone they trust and care for. The fact that contraceptives are not used when being in a relationship is more of a matter of trust rather than health for many Latina teens. They relate trust with not needing to use condoms since they are with someone with whom they love and feel safe.

While some of my friends have mentioned they dislike condoms, there are those who have mentioned that condoms are uncomfortable to them or that the use of it is not as pleasurable. A couple of my friends have mentioned how their sexual partners dislike using condoms or when they are about to have sex their partners will willingly lie to them about having a condom on. A few of my friends have commented how using condoms does not feel the same when having sex and that the use of condoms can even be uncomfortable for them. This is another reason why many Latinas may refrain from using condoms. Some girls will engage in unprotected sex, but have their boyfriends withdraw before ejaculation. Unfortunately, many Latinas who find using contraceptives to be

uncomfortable or who engage in sex with boyfriends who do not ejaculate are still at risk for transmitted sexual diseases and pregnancy.

Moreover, people may be judged based on whether they carry or do not carry condoms. For example, a lot of my friends have mentioned to me many times how you can tell if a guy constantly has sex if he carries condoms with them. They feel that if someone is prepared to have sex then they are more likely to be promiscuous. Someone who is not prepared for sex is seen as being more trustworthy and reliable and the use of condoms can even seem unnecessary. For example, a guy is not perceived as being sexually active and therefore it is unlikely for him to have a sexually transmitted disease.

Hypothesis

This study is an exploratory one that examines beliefs and their links to pregnancy risks. There were ten predictor variables that asked about cultural beliefs. Five criterion variables asked about the Latina's intentions and likelihood of getting pregnant, as well as how soon and much Latinas want to get pregnant.

While the study is exploratory, I advance a few hypotheses based on my variables of interest. I expect that some of these beliefs will be predictive of pregnancy risks.

Hypothesis 1: Likelihood of getting pregnant will be linked to believing contraceptives harm their health or can cause illness, because in the Latino community women are raised to believe that contraceptives can prevent you from giving birth and harming your body.

Hypothesis 2: Likelihood of having an unplanned pregnancy will be linked to having to be in love in order to have a baby, because generally many Latinas feel that it is okay to have a child with someone you are emotionally involved with.

Hypothesis 3: How much they want to have a baby will be linked to having unprotected sex if you trust and love someone, because young Latinas feel that there is no need to use contraceptives if they are being sexually active with someone whom they are emotionally involved with.

Hypothesis 4: How soon they want to have a baby will be linked to believing contraceptives should not be used because they prevent a child's birth, because in the Latino community many people are raised to believe that anything that prevents a child's birth is unacceptable.

Hypothesis 5: In what time frame they intend to have a baby will be linked to having unprotected sex with someone they trust and love, because generally young Latinas who are emotionally involved with someone will be more likely to want a child at a young age.

Method

The population in this study consisted of women ranging from the ages of 15-30 and who identified themselves as Hispanic/Latina and who were not married and had no children. Most of the women in the study were from Texas, specifically from the border of Mexico and the United States. Most of the women were high school or college students. The reason these women were selected is because this study focused on young Latinas' beliefs. The fact that many of them were from the border means that they may have been influenced more by the Latino culture.

The survey consisted of questions related to cultural beliefs, questions about their intentions and likelihood of getting pregnant, and how soon and how much Latinas want to get pregnant (see appendix B). Examples of questions about beliefs include: Sexuality issues should not be discussed openly with parents, People that openly talk about sex are probably more promiscuous, It is important for a woman to be chaste until she is married, Women should allow men to make the decisions about sex. Dr. Roque Mendez and I worked together to come up with the following scales. These cultural beliefs were measured using a 6 point scale that ranged from Strongly Agree to Strongly Disagree. Examples of questions about the intentions and likelihood of Latinas getting pregnant include: How much do you want to get pregnant? How much do you want to have a baby? How soon would you like to get pregnant? How soon would you like to have a baby? These questions were measured using a 5 point scale that ranged from Very Much so to Not Much at all, Very Soon to Not Soon at all, and Very Soon to Not Too Soon. Finally, demographic questions about age, race/ethnicity and socio economic status were also included (see appendix B).

A qualtrics program that made the survey available online was used. The participant was able to access the site when given a link through Facebook. The participant was provided a consent form that outlined the purpose, risks and benefits of the study as well as contact information in any case that the participant felt uneasy about the survey or had questions concerning the study. The consent form also stated how they could refuse to participate in the study even if they had already started the survey and that they were under no obligation to conduct the survey. The survey took about 10-15

minutes to complete and it consisted of approximately 60 questions. A summary of the results was available to those who requested it via email.

Results

The data was loaded into an SPSS file. Correlation analyses were performed to test the relationships among the variables. Initially, 110 participants took part in the study but some of them were eliminated because they didn't answer all the questions, they did not identify themselves as Latina/Hispanic, had children, or were married. Seventy three women remained in the sample. Ages ranged from 16 to 25 years and the median was 21 ($M = 20.65$, $SD = 1.89$) (see Figure 1). Forty Latinas reported living with parents and 32 of them reported not living with parents. In their education, 6 had not graduated from high school, 5 graduated from high school, 51 were in college or had some college, 7 were college graduates and 4 were in graduate school (see Figure 2). In their socioeconomic background, 3 considered themselves working class, 10 lower middle class, 42 middle class, and 18 considered themselves upper middle class (see Figure 3). Sixty two and eleven women reported they were and were not, respectively, in civil unions. Thirty seven women reported using condoms (including sometimes) and 36 reported not using condoms. Different N s in the correlations reflect the loss of subjects due to missing data.

The results showed that the five hypotheses were supported. Significant correlations between cultural beliefs and perceptions of likelihood of getting pregnant were found (See Table 2). For instance, the belief that contraceptives harm health or can cause an illness was linked to the likelihood of getting pregnant $r(73) = .296$, $p < .05$. The belief that it is okay to have unprotected sex if you trust and love someone was

linked to the likelihood of having an unplanned pregnancy $r(73) = .378, p < .01$, how much they wanted a baby $r(73) = .406, p < .01$, and in what time frame they intended to have a baby $r(73) = .484, p < .01$. The belief that contraceptives should not be used because they prevent a child's birth was linked to how soon they wanted to have a baby $r(73) = .366, p < .01$.

In addition to the five hypotheses being supported, I also found the following significant correlations (See Table 2). The belief that contraceptives harm your health or cause an illness was linked to the likelihood of having an unplanned pregnancy $r(73) = .324, p < .01$. The belief that it is okay to have unprotected sex with someone you love and trust was linked to the likelihood of getting pregnant $r(73) = .335, p < .01$. The belief that you have to be in love to have a baby was inversely related to the likelihood of having an unplanned pregnancy $r(73) = -.345, p < .01$ as well as the likelihood of getting pregnant $r(73) = -.242, p < .05$. The belief that using contraceptives before marriage looks promiscuous and less trustworthy was linked to how soon they want a baby $r(73) = .347, p < .01$. The belief that contraceptives should not be used because they prevent a child's birth was linked to when they intend to have a baby $r(73) = .353, p < .01$. The belief that contraceptives harm health or can cause an illness was linked to how soon they want a baby $r(73) = .348, p < .01$. The belief that you have to be in love to have a baby was inversely related to how soon they want a baby $r(73) = -.252, p < .05$.

Table 1
Descriptive Information

	N	Mean	Std. Deviation
DV Likelihood of getting pregnant	73	2.49	1.701
DV Likelihood of unplanned pregnancy	73	1.90	1.064
DV How much want a baby?	72	1.56	.803
DV Intend to have baby in	72	4.44	2.562
Baby at young age is accepted	71	2.75	1.222
Using contraceptives before marriage looks promiscuous and less trustworthy	73	2.37	1.399
Contraceptives not be used because prevent a child's birth	73	2.21	1.518
Contraceptives harm health or cause illness	73	3.10	1.609
Unprotected sex if you trust and love	73	2.82	1.602
Be in love to have a baby?	73	6.29	1.307

Table 2
Summary of Intercorrelations

	Baby at young age is accepted	Using contraceptives before marriage looks promiscuous and less trustworthy	Contraceptives not be used because prevent a child's birth	Contraceptives harm health or cause illness	Unprotected sex if you trust and love	Be in love to have a baby?
DV Likelihood of getting pregnant	.026	-.035	.159	.296*	.335**	-.242*
DV Likelihood unplanned pregnancy	.208	-.143	.057	.324**	.378**	-.345**
DV How much want a baby?	.204	.184	.156	.105	.406**	-.229
DV How soon want a baby?	.113	.347**	.366**	.348**	.153	-.252*
DV Intend to have baby in	.232	.170	.353**	.220	.484**	-.037

Note: N=71

*p<.05, **p<.01

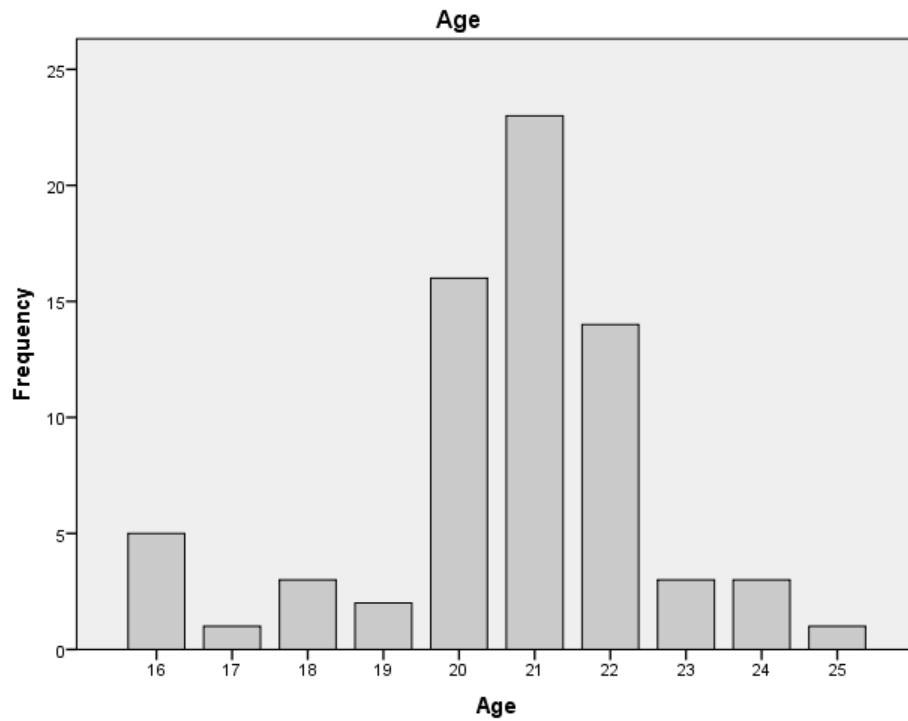


Figure 1: Age of participants

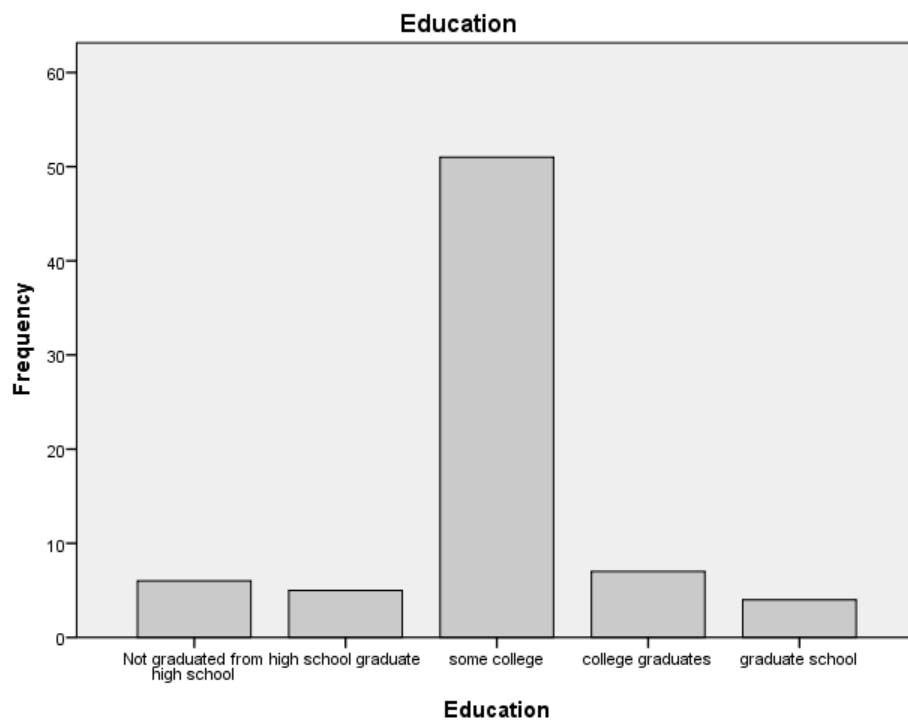


Figure 2: Level of Education of Participants

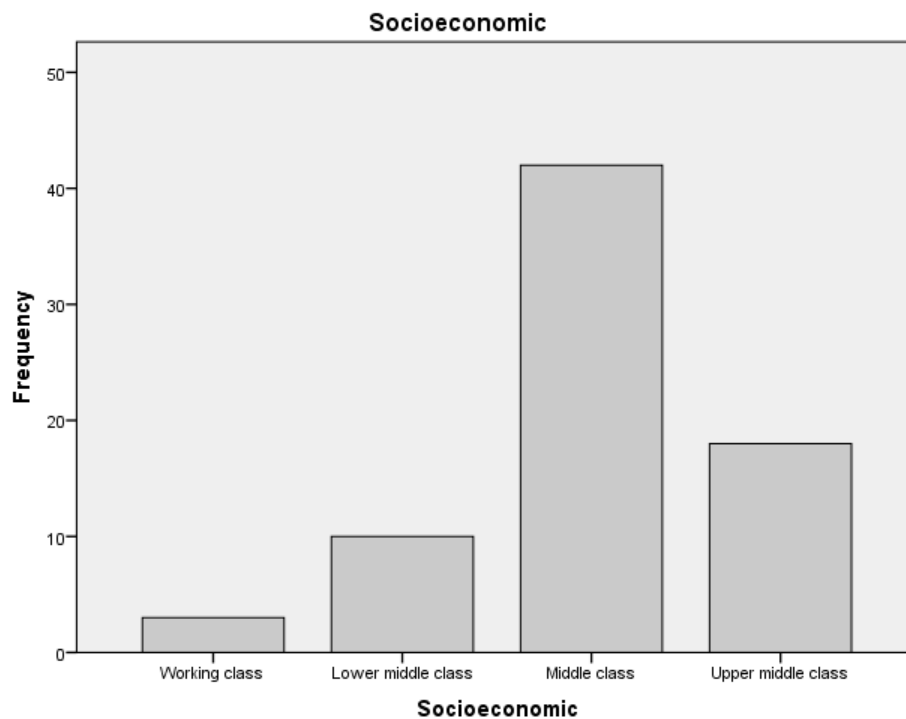


Figure 3: Socioeconomic background of participants

Discussion

Summary of results

The findings showed that the participants' cultural beliefs were related to their opinions about pregnancy. For instance, beliefs about contraceptives harming health and keeping one from having children predicted perceived likelihood of getting pregnant and how soon they wanted to have a baby, respectively. The importance that culture places on maternity and family, beliefs found in Marianismo and Familismo weighs heavily on Latinas becoming mothers in order to form a family. Moreover, trust and love, beliefs emphasized by the Catholic religion and Marianismo serves to explain why Latinas are

more at risk for having an unplanned pregnancy at a young age. The idea that it is okay to not use contraceptives with someone you love and trust, to refrain from anything sexual, and to not openly talk or discuss sexual matters is certainly linked to the perceptions of young Latinas' likelihood of getting pregnant. These relationships were found because Latinas are influenced by the Latino culture. It also explains why Texas is the state with the highest pregnancy rates among young Latinas, since it is close to Mexico. Hence, Latinas living close to the border of Mexico are more exposed to the Mexican culture.

Limitations of the study

The study only studied relationships between variables. So, one cannot conclude causality from these relationships. Thus, this study cannot conclude how the predictor variables affected the criterion variables. Moreover, culture alone cannot be the only predictor to why Latinas have such alarming pregnancy rates, since there is still the possibility that there may be other factors that intertwine with the culture. For example, other possible factors that may influence pregnancy rates among Latinas are parental as well as peer influences. The study only examined how perceptions regarding pregnancy are related to cultural beliefs.

Methodological issues:

The way some of the pregnancy questions were framed seemed confusing to a couple of the participants. A couple of them mentioned to me that they did not know if they were being asked to answer in the present tense or future tense. For instance, they did not know how to answer in what time frame they wanted to have a baby. They were not sure if they were being asked if they wanted to have a baby right now or in the near

future. They were not sure if I was asking how much and how soon they wanted to have in the near future or in the present.

Theoretical issues:

The concepts Marianismo and Familismo overlap, but are still different. Both concepts stress maternity and the value of family, but Marianismo focuses on the gender roles that Latina girls have to abide to while Familismo focuses on the family unit being the main social structure in the Latino community. The comparisons between Marianismo and Familismo are that Marianismo emphasizes the importance of being a mother and having children while Familismo emphasized the importance of forming and protecting the family something Latinos place much value on.

Future directions

Future studies may measure parental and peer influences in greater depth. I believe that parents as well as peers can influence Latinas' cultural beliefs and opinions regarding pregnancy. Parents and peers may play a role in Latinas' beliefs regarding sex and contraceptives. Thus, a future study may examine how parents and peers can influence pregnancy rates among young Latinas. Also, how much young Latinas know about pregnancy and contraceptives needs to be examined. Questions regarding what risk factors exist when having a baby at a young age as well as why they believe contraceptives harm their health or can cause illnesses will be measured. Not having much knowledge about pregnancy and the use of contraceptives may be a predictor of the alarming pregnancy rates among young Latinas.

Conclusion

This research was motivated by the simple curiosity of trying to figure out why Latinas are the ethnic minority with the most teen pregnancy rates in the nation. It was important to ask why so many Latina girls, mainly from the border, have children and wanted to have children at such a young age.

Cultural beliefs and Latinas' perceptions on their likelihood of getting pregnant were examined, and cultural beliefs were linked to why many young Latinas do not wait to have children. Latinas form their opinions about pregnancy based on their cultural beliefs. There is definitely an important aspect in the Latino culture that serves to explain why so many young Latinas have children before the age of 20 and why their pregnancy rates are twice as much the national average. There is still much work and research to be done, but it is my hope that we have a better understanding of the issue. Such an understanding will help policy makers and service providers better address these concerns.

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Appendix A: Consent Form

EXP2012R597

Approved Oct. 17, 2012

Elia Bueno, a student at Texas State University, (email: eb1314@txstate.edu) is conducting a non-funded thesis research study that consists of questions that examine why young girls, specifically Latinas, have the highest rate of unplanned/unexpected pregnancies in the United States. Her work is being supervised by Roque V. Mendez (email: rm04@txstate.edu). You are being asked to participate because you and other participants vary in your beliefs, issues concerning your sexual experiences, and family as well as personal matters.

This research study takes approximately 15-20 minutes to complete and has 60 questions. All of your responses will be anonymous since your signature is not required in this consent form. The data will also be stored by Dr. Roque Mendez for safekeeping for a period of five years in the psychology building. You are under no obligation to participate and can withdraw from the study at any time. You may choose to not answer any question(s) for any reason. You may also choose to discontinue participation at any time without penalty. Since your participation is voluntary, refusing to participate involves no penalty.

You may experience some uneasiness and feel uncomfortable while answering questions about your beliefs, personal life, and family. For example, you will be asked questions about contraceptive use, the likelihood of getting pregnant, whether you are in a civil union or domestic partnership with the person you are most intimate with, whether you believe you have to be in love to get pregnant, etc. However, we believe that

answering these questions is non-threatening and poses little or no risk. You are not required to sign this consent form to participate. Thus, answers to this questionnaire will remain anonymous. Any questions about the research, research participants' rights, and/or research related injuries to participants should be directed to the Institutional Review Board (IRB) chair, Jon Lasser (512-245-2102; sn10@txstate.edu).

There are benefits to participating in the study. Your participation may provide a better understanding of why Hispanic/Latina girls have the highest rate of unplanned/unexpected pregnancies in the United States.

A summary of the results will be made available to you via email, if requested. You may also contact Elia Bueno (eb1314@txstate.edu) or Roque Mendez (rm04@txstate.edu) and request the study's fundings. You will be provided with a copy of this consent form on request.

Thank you, Elia Bueno

If you wish to keep a copy of this consent form, please print it now before consenting below.

I have read and understand this consent form. I voluntarily agree to participate in this research.

- Yes
- No

Appendix B: Survey

1. How old are you?

- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26 and above

2. What is your race/ethnicity?

- White
- Hispanic/Latina
- Black
- Asian

- Other

3. Do you live with your parents?

- Yes
- No

4. Are you married?

- Yes
- No

5. If unmarried are you cohabiting, in a civil union or domestic partnership with the person you are most intimate with?

- Yes
- No

6. What is the highest level of education you've obtained?

Level of education

- Not graduated from high school
- High school graduate
- Some college
- College graduates
- Graduate school

7. What do you consider your socio-economic status to be?

Socioeconomic level

- Working class
- Lower middle class
- Middle Class

- Upper middle class
- Upper class

8. Do you use contraceptives?

- Yes
- No
- Sometimes

9. How much do you know about pregnancy?

- None
- Very Little
- Little
- Some
- More than average
- A lot

10. Do you currently have a child or children?

- Yes
- No

The following questions are about your and those persons closest to you decisions, circumstances, and personal reactions.

11. How likely are you of getting pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided

- Somewhat Likely
- Likely
- Very Likely

12. Would you consult your parents before getting pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

13. Would you consult the one you are intimate with before getting pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

14. How likely are you to have a pregnancy that is unplanned/unexpected?

- Very Unlikely
- Unlikely
- Somewhat Unlikely

- Undecided
- Somewhat Likely
- Likely
- Very Likely

15. Would you have to be in love to have a baby?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

16. Would have to be in love to get pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

17. Would you feel embarrassed if you got pregnant?

- Very Unlikely
- Unlikely

- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

18. Would you be more likely to get pregnant if your friend or friends had babies?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

19. Would you be respected more by your friends if you got pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

20. Would you be respected more by your friends if you had a baby?

- Very Unlikely

- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

21. Would your mom get upset if you got pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

22. Would your mom be upset if you had a baby?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

23. Would your mom support you emotionally if you got pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

24. Would your mom support you emotionally if you had a baby?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

25. Would your dad be upset if you got pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

26. Would your dad be upset if you had a baby?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

27. Would your dad support you emotionally if you got pregnant?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

28. Would your dad support you emotionally if you had a baby?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat likely
- Likely

- Very Likely

29. If you got pregnant it would be embarrassing for your parents?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

30. If you had a baby would it be embarrassing for your parents?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

31. The decision to get pregnant would be mine alone.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely

- Likely
- Very likely

32. The decision to have a baby would be mine alone.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

33. If I got pregnant I would do what my mom wants me to do.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

34. If I got pregnant I would do what my dad wants me to do.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided

- Somewhat Likely
- Likely
- Very Likely

35. If I got pregnant my mom would let me do whatever I want.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

36. If I got pregnant my dad would let me do whatever I want.

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

37. How much do you want to get pregnant?

- Very much so
- Much so
- Not much

- Not much at all

38. How much do you want to have a baby?

- Very Much so
- Much so
- Not Much
- Not Much At All

39. How soon would you like to get pregnant?

- Very Soon
- Soon
- Neither
- Not Too Soon
- Not Soon At All

40. How soon would you like to have a baby?

- Very Soon
- Soon Neither
- Not Too Soon
- Not Soon At All

41. I intend to get pregnant in

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

- 6 years
- 7 years
- 8 years
- 9 years
- 10 years

42. I intend to have a baby in

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years or more

The following questions are about cultural beliefs that may be held by people in the local community or city. Indicate the extent to which you would agree or disagree with these beliefs, by using the six point scale below.

Strongly disagree, Disagree, Somewhat disagree, Somewhat agree, Agree, Strongly Agree

43. Sexuality issues should not be discussed openly with parents.

- Strongly Disagree

- Disagree
- Somewhat Disagree Somewhat Agree
- Agree
- Strongly Agree

44. People that openly talk about sex are probably more promiscuous.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

45. It is important for a woman to be chaste (keep her virginity) until she is married.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

46. Women should allow men to make the decisions about sex.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree

- Agree
- Strongly Agree

47. Having a baby at a young age is something that is accepted.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

48. A young unmarried woman who has a baby should be accepted by the family.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

49. Using contraceptives before marriage makes those who use them look promiscuous and less trustworthy.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

50. Contraceptives should not be used because they prevent a child's birth.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

51. The use of contraceptives can harm your health or cause an illness.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

52. It is alright to have unprotected sex if you are in a relationship with someone you trust and who loves you.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

