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CONTRACEPTIVE KNOWLEDGE AND INTENTIONS AMONG
LATINA TEENAGERS EXPERIENCING THEIR FIRST BIRTH

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INTRODUCTION

This article describes the social context of pregnancy, contraceptive knowledge, past birth control use and plans for future contraception for 233 adolescent women of Mexican origin and/or descent delivering their first child in one of two Los Angeles hospitals. The teenagers described here were part of a larger sample of 518 women interviewed in 1981 and 1982. Although this paper focuses on adolescents, the adult group is briefly discussed for purposes of comparison.

The literature on adolescent pregnancy is much less complete for Hispanic populations in the United States than for Blacks and Caucasians. In addition, distinctions between Hispanic subgroups like Puerto Ricans, Mexicans, Cubans and Mexican-Americans are not always made. Since these distinctions can be important (1), we have specified the subgroup wherever possible when comparing our sample to groups studied in the research of others. In this paper the term Hispanic is used when the literature refers to all subgroups or the subgroup is unspecified. Mexican-American is used specifically for persons of Mexican descent residing in the United States, most often in the Southwest. Most of the literature on Mexican-Americans is based on samples from Texas and California. We use Latina to refer to our own sample of primiparous teenagers and adults.

Studies of sexual and contraceptive behavior among adolescents show that adolescent women in the United States typically have poor knowledge about human reproduction, exhibit poor contraceptive use patterns, and experience a high proportion of unintended pregnancies. In 1979 births to teenage mothers accounted for 16 percent of all births in the United States, and 29 percent of first births. An estimated 74 percent of pregnancies to women aged 19 and younger are unintended. For women aged 15 to 17 the percentage unintended rises to 87 percent.(2) A recent study of ethnic variation in contraceptive use indicates that Hispanic adolescents in New York delayed seeking contraception longer than did Blacks and Caucasians after they had become sexually active. They were also least likely to have reported previous contraceptive use and the most likely to already have been pregnant. Hispanic adolescents in New York who had never been pregnant were also more likely to come to the clinic seeking a pregnancy test.(3)

Another study of ethnic differences in adolescent sexual and con-

traceptive knowledge, attitudes and behaviors indicated that only 17 percent of the sexually active Hispanic adolescents in the study had used contraception the first time they had intercourse. Only 21 percent reported always using contraception in the present or most recent relationship. Thirty-six percent (36%) said they never used any kind of contraception. When they did use birth control, these Hispanic adolescents relied primarily on the pill and condoms. (4)

The 1980 census showed that the birth rates of Hispanics were twice those of non-Hispanics even though 49 percent of the Hispanic population reported using birth control, a figure similar to the non-Hispanic rate.(5) Several studies have shown that Mexican-American women are no less successful at contracepting than the general population.(6,7) Rather, studies of Hispanic fertility in the United States consistently show a desired family size greater than that for most other cultural groups.(9,10) Many studies indicate that the desired number of children for most Mexican-American women in the United States is a little more than three.(11,12)

Although they desire larger families than women of the dominant cultural group, Mexican-American women generally have favorable attitudes toward contraception for spacing children after the first child is born.(13,14,15,16,17) Methods used most often by and most acceptable to Mexican-American women are oral contraceptives, the IUD, coitus interruptus and rhythm. Tubal ligation is the preferred method of birth control for those who have completed their families.(18,19,20,21)

In 1980 the birth rate for 15 to 19 year olds in the United States was 52.4 per 1000.(22) In Los Angeles county it was 57.1 per 1000.(23) For Hispanic teens in Los Angeles County the birth rate was 96.7 per 1000. This is the highest rate for the major ethnic groups in California, and nearly four times that for white teens (26.8/1000).(24) In this paper we examine factors which may help to clarify the reasons for this high birth rate among Latina adolescents in Los Angeles.

Methodology

The data described here were collected as part of the Latina Birth Project at the UCLA School of Public Health. From July of 1981 through September of 1982, 291 low risk women of Mexican origin or descent having their first baby were interviewed at some time during the last six weeks of pregnancy and again during their postpartum stay in one of two hospitals in Los Angeles county. An additional 227 women were interviewed postpartum. Data on the medical course of labor and delivery were extracted from the women's medical records. (It is important to note here that women were recruited at 36 weeks gestation or beyond, so that women who elected to terminate an unwanted pregnancy were omitted from this study population.) All women planning to deliver in the two study hospitals who met the project criteria were approached and relatively few women refused to participate. The analyses described here are based on a teenaged subsample which comprised 43 percent of the entire sample of 518 women. There were 233 women aged 13 to 19 who constitute the sample for this paper.

Independent Variables

Age Groups

The teenagers in this sample were divided into two age groups for many of the analyses. The age groups selected were 13 to 16 year olds

and 17 to 19 year olds. Sixteen was chosen as the cutoff point for the younger age group because the literature on the psycho-social development of adolescents indicates that by age 16 most adolescents have made the transition from what Piaget calls concrete operational thought to formal operational thought which is characteristic of adult thinking. In addition, middle adolescence, the period of establishing independence, is generally resolved, and the teenager has moved on to the major task of late adolescence, the establishment of a personal identity.(25) The ages of the women are based on their self report at the time of delivery.

Level of Acculturation

Acculturation was measured using the Szapocznik scale (26) and a few additional items mentioned below. Responses to the questions about Latino culture showed a high degree of involvement in that culture with very little variability in the study population. Orientation to American culture, however, did show variability. Factor analyses were done on responses to questions concerning women's preferences for American cultural events, speaking English, number of years lived in the United States, self-identification and urban and rural place of birth. Most of the variance was accounted for by the first principal component of the factor analysis. Therefore, a single score for each woman, consisting of the sum of her measures on each particular item multiplied by the item's weighting in the factor analysis, was computed. The higher the woman's score, the more comfortable she was with American culture.

Relationship to the Baby's Father

The measure of the baby's father's support was a composite factor score constructed from the weights on factor loadings in the first principal component of the factor score. Ten social support measures were included in the analysis. The first factor, with 73 percent of the variance, had significant loadings on items related to the baby's father. Items with loadings of .45 or more were the quality of the woman's report of her relationship with the baby's father, whether she thought his attitude toward her had improved during the pregnancy, whether he planned to help support the baby, her marital status, and finally the general belief that women are afraid that men will leave them while they are pregnant. The higher the factor score, the lower the level of support from the baby's father.

Dependent Variables

Birth Control Knowledge

Knowledge of contraceptive methods was assessed by asking each subject if she knew if there was anything she could use to avoid becoming pregnant. After the subject volunteered her responses a list of birth control methods she had not mentioned was read aloud, and she was asked if she recognized the method or not. A birth control knowledge score was constructed using this list of responses for 12 methods (oral contraceptives, IUD, condom, withdrawal, suppositories, cream/jelly, rhythm, Depo-Provera injections, diaphragm, tubal ligation, vasectomy). The responses were scored as follows:

mentioned method before hearing = 2

recognized after hearing = 1
did not recognize method = 0

The knowledge score was determined by summing the values over the 12 item list of methods. Possible scores ranged from 0 to 24. The higher the woman's score the more familiar she was with birth control methods.

Past and Future Birth Control Use

For each of the 12 methods of birth control, the woman was asked whether or not she had used that method in the past or intended to use it in the future. A score was constructed for both past use and future intended use. Responses were scored as follows:

intending to use method = 1
not intending to use method = 0

Thus, the responses about future use reflect acceptability of birth control methods and include, for each woman, not only the method she intends to use postpartum but also other methods she may use at a future date. Each score was determined by summing the responses over the list of 12 methods for both past use and future use. Possible scores ranged from 0 to 12, with a high score indicating use of more methods in the past or planned for the future.

Characteristics of the Women

One of the criteria for a woman to be included in the study was that she had to be of Mexican origin or descent (she, her mother, or her grandmother was born in Mexico). In this sample of teenaged women delivering in two hospitals in Los Angeles County, 93 percent were born in Mexico. Thirty-six percent (36%) were born in a large city, 50 percent in a small town, and 14 percent in a rural area. Twenty-nine percent (29%) of these women had been in the United States for less than one year, and 71 percent for six years or less. Considering the short United States residency of the sample, it is not surprising that 81 percent of these women preferred to use Spanish if they had to give a lengthy explanation, and 78 percent of the interviews were conducted entirely in Spanish. Similarly, 89 percent of the women identified themselves as Mexicanas, nine percent (9%) as Mexican-Americans, and only two percent (2%) as Chicanas. Thus we are describing a sample of recent immigrants who identified themselves primarily as Mexicanas who are likely to be familiar with and influenced by traditional practices from Mexico while at the same time they are faced with a different set of cultural pressures, behaviors, and life circumstances in the United States. In this paper we refer to this sample as Latinas. The entire sample of 518 women was homogeneous in cultural affiliation; the adult women, however, were significantly more likely to self identify as Mexicana ($X^2 10.297$, $DF=1$, $p=.001$).

The average age of the teen sample was 17.5 years. Twenty-two percent (22%) of the sample were 13 to 16 years old, and 78 percent were 17 to 19 years old. The mean number of years of formal education was 7.8 years. Fifty-five percent (55%) of the teens had completed eight years of school or less, and 73 percent had completed nine years or less. Fifty-seven percent (57%) of the women were married. Over half (61%) of the single women were planning (or hoping) to marry.

The average age of the adult women was 23.8 years, and they had com-

pleted a mean of 7.5 years of education. There was no difference in the mean number of years of completed education between the teens and the adults. Seventy percent (70%) of the adult women were married, and a little less than half (47%) of the single women were planning (or hoping) to marry.

The sample was chosen to represent women of lower socio-economic status by approaching only patients who did not select private care, but were patients either at county prenatal clinics or at the prenatal clinics associated with the two hospitals where they delivered. The level of education attained and occupation of both the women and their partners reflect this.

Results

Fertility History

The study included only low risk women experiencing their first full term pregnancy. Women were excluded if they had had a previous pregnancy that had progressed beyond 20 weeks gestation or if they had had three or more abortions or miscarriages. In the teen sample only six percent (6%, N=14) of the women had been pregnant before. None of the 13 to 16 year olds had previously been pregnant. All of the pregnancies reported had occurred to women who were in the older age group (17 to 19 year olds) at the time of the interview. Nine (64%) of these pregnancies miscarried. Five (36%) were aborted. Only one subject had had two previous pregnancies. The first was terminated by induced abortion and is included in the figures above. The second was miscarried. The older teens were significantly more likely than the younger teens to have had a previous pregnancy ($X^2=8.311$, DF 1, $p=.02$). The adult women were also significantly more likely than the teens to have experienced a previous pregnancy (21.217 , DF=1, $p=0.0001$).

The teens who had had a previous pregnancy were no different from those who had not regarding whether or not their pregnancies were planned or whether or not they enjoyed a good relationship with the father of this baby. Women who had been pregnant before, however, knew more about birth control than those who had not previously been pregnant ($t=3.166$, $p=.01$). They were also slightly more likely to have used contraceptives in the past than those who were experiencing their first pregnancies, although this relationship did not reach statistical significance ($t -1.769$, $p=.08$).

Reactions to the Pregnancy

The women were read a series of possible responses regarding the degree to which this pregnancy was planned. These responses ranged from actively seeking the pregnancy to not wanting it and planning to give the child up for adoption. Table I summarizes the responses of the teens regarding the status of this pregnancy. About half (54%) of the pregnancies among these teenagers were planned. (It is important to note here that women were recruited at 34 weeks gestation or beyond, so that women who elected to terminate an unwanted pregnancy were omitted from the study.) However, there was very high acceptance of the pregnancy among this sample regardless of whether or not it was planned. Forty-five percent (45%) of the pregnancies were not planned, but the women reported that once they found out they were pregnant they wanted the child. Only one percent (1%) of the teens in this sample said they did not want to be pregnant but would keep the child anyway.

These findings are similar to those of Becerra and de Anda who found that 63 percent of pregnancies to Spanish speaking Mexican-American adolescents and 22 percent of those to English speaking Mexican-American adolescents in their Los Angeles sample were planned.(27) These findings are also consistent with observations regarding the importance of the maternal role in Latino culture, emphasized by virtually all writers

Table I. Was This Pregnancy Planned?

Response	N	%	%
Yes	123	54	54
No, but we wanted a baby at some point.	42	18	72
No, but once I knew I was pregnant, I wanted the child.	62	27	99
Did not want the baby, but will keep it	03	01	100

on the Mexican-American family.(28,29,30,31,32,33) The teens who said their pregnancies were planned were more likely than those with unplanned pregnancies to enjoy good relationships with the father of their child ($t=5.6534$, $p=.0001$). They were also more likely to be married than those who had not planned their pregnancies ($X^2=16.986$, $DF=1$, $p=.0001$).

Contrary to our expectations there were no differences between the age groups (13-16 and 17-19 year olds) regarding whether or not the pregnancy was planned. Acculturation, however, was a factor in that teens with planned pregnancies were less acculturated to American culture than those whose pregnancies were unplanned ($t=1.992$, $p=.005$). This same relationship was found by Becerra and de Anda. Greater acculturation to American society was associated with a reduced proportion of planned pregnancies among the Mexican-Americans teens in their sample.(34) The teens showed a slight tendency to have more unplanned pregnancies than the adults, although the relationship did not reach statistical significance ($X^2=3.457$, $DF=1$, $p=.06$).

The women were also asked how they felt when they found out they were pregnant. Responses to this question also indicated a high acceptance of the pregnancy. Eighty-four percent (84%) of the teens said they were happy. Eight percent(8%) said they were afraid. Only three percent(3%) reported they were sad, nervous, or did not want to be pregnant. Another five percent (5%) said they did not know. There was no appreciable difference between the two teenage groups, nor between the teens and the adults, in these women's reactions to the pregnancy. Those women who reported a good relationship with the father of the baby were also more likely to have been happy when they found out they were pregnant than those who reported poor relationships, who were more likely to react with surprise, anxiety, fear, or another similar emotion ($t=-2.8532$, $p=.005$). Similarly, married women were more likely to be happy about the pregnancy than unmarried women ($X^2=5.462$, $DF=1$, $p=.02$).

Future Childbearing Intentions

Although most of the teens in this sample welcomed their pregnancies and the beginning of their families, this does not mean they were uninterested in planning the number and timing of successive children. Seventy-eight percent (78%) of the women interviewed postpartum said they wanted more children. Fifty-four percent (54%) said they wanted a total of two children, 34 percent said they wanted three children, and the remaining 12 percent said they wanted between four and six children. When asked postpartum, the mean number of children desired by these teenaged women was 2.3 (N = 201). This question also appeared on the prepartum interview, and the mean for the 105 respondents who answered it at that time was 2.5 children desired. Table II compares the prepartum and postpartum responses for the teens in this sample.

The women were asked on the prepartum interview how many children they thought the father of their baby wanted. Their statements indicated that the women thought their partners desired larger families than they themselves did. Table III summarizes the desired family size reported by the woman for herself and for the father of the baby. While 88 percent of the women wanted three or fewer children, only 66 percent of the partners wanted three or fewer. While only one percent (1%) of the women said they wanted more than six children, 14 percent said they thought the father of their baby wanted more than six children. Ten was the upper limit mentioned for the father's desired family size. The mean number of children desired by the partners of these teenaged women was 3.5 children, one more child than the mean for the women.

The pattern for the adult women did not differ from that exhibited by the teens. The mean number of children desired for the adult women was 2.6 on the prepartum interview (N=140) and 2.2 on the postpartum interview (N=244) and for their partners, 3.9.

Table II. Desired Family Size of Respondent Comparing Prepartum and Postpartum Responses.

Desired #	Prepartum %	Cum %	Postpartum %	Cum %
1	20	20	23	23
2	31	51	41	64
3	36	88	26	90
4	09	96	07	97
5	01	97	02	99
6	02	99	01	100

financially, 83 percent of these women said yes, and another five percent (5%) thought he probably would. Ten percent (10%) said the father

did not plan to help support the child, and another two percent (2%) said he probably would not do so. There was no significant difference between the two age groups in whether or not the father of the baby planned to help support the child.

Contrary to our expectations, even though the younger and older teens showed differences in marital status and marriage plans, there was no difference between these age groups in their relationship to the baby's father when the composite factor score was used as the measure of social support from the baby's father. Younger teens were no less likely than older teens to have poor relationships with the father of their child. Neither were they less likely to be expecting financial support from him for the child.

Overall, the teens in this sample had rather good relationships with their babies' fathers. Most of the single teens were planning to marry if they were not already married, and most expected financial support for the child even if they did not plan to marry. Only six percent (6%, N 14) of these women were not married, not planning to marry, and not expecting support for their child from its father.

The adult women were significantly more likely to be married than the teenagers ($X^2=8.534$, $DF=1$, $p=.004$), but showed no significant differences from the teens in their relationships to the fathers of their babies when the composite factor score was used as the measure of the women's relationship with the father of the baby.

Birth Control Knowledge and Use

The young women in this sample exhibited familiarity with many birth control methods (see Table IV). They were most familiar with the pill as a method of birth control. Eighty-nine percent (89%) mentioned the pill before hearing the list, and another 10 percent recognized it after hearing the list read. Only one percent (1%) did not recognize this method of birth control.

The second most widely known method of birth control was the IUD. Seventy-two percent (72%) mentioned it, and another 20 percent recognized it after hearing the method read. Only eight percent (8%) did not recognize the IUD as a method of birth control.

Condoms were mentioned by 47 percent of the sample. Another 38 percent recognized the method after hearing it. Fully 20 percent did not recognize the condom as a method of birth control even after hearing the list. The women's knowledge of foam was very similar to that for condoms, perhaps because foam and condoms are so often used together as a method of birth control. Forty-two percent (42%) mentioned foam, and another 30 percent recognized the method after hearing it. Twenty-eight percent (28%) of these teenagers did not recognize foam as a method of birth control.

Table IV. Latina Teenagers Knowledge of Birth Control Methods (X).

Method	Mentioned	Recognized	Not Recognized
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Pill	89	10	01
IUD	72	20	08
Condom	47	33	20
Spermicidal foam	42	30	28
Diaphragm	16	13	71
Tubal ligation	16	74	10
Vaginal Suppositories	09	40	51
Depo-Provera Injections	13	37	50
Spermicidal cream/jelly	11	38	52
Rhythm	09	35	56
Vasectomy	04	65	32
Withdrawal	03	51	46

Table V. Birth Control Knowledge Scores.

Score	Cumulative Frequency	Cumulative Percent
00	02	0.87
01	03	1.30
02	05	2.17
03	09	3.90
04	11	4.76
05	16	6.93
06	26	11.26

07	40	17.32
08	60	25.97
09	78	33.77
10	97	41.99
11	123	53.28
12	152	65.80

13	168	72.73
14	189	81.82
15	202	87.45
16	211	91.34
17	220	95.24
18	227	98.27

19	228	98.70
20	230	99.57
21	231	100.00

Range:	0 = No methods mentioned or recognized	
	24 = All 12 methods mentioned spontaneously	

The other seven methods of birth control were mentioned by less than 17 percent of the women. Tubal ligation ("operation for the woman") and the diaphragm were each mentioned by 16 percent of the teens, Depo-Provera ("injections") by 13 percent, spermicidal creams and jellies by 11 percent, suppositories by nine percent (9%), vasectomy ("operation for the man") by four percent (4%), and withdrawal by three percent (3%).

The methods recognized most frequently after hearing the list of methods read were tubal ligation (74%), vasectomy (65%), and withdrawal (51%). The method of birth control recognized least often by the teens in this sample was the diaphragm. Seventy-one percent (71%) of these teens did not recognize the diaphragm as a method of birth control even after hearing it read. Other methods recognized by fewer than 45 percent of these teenagers were suppositories, creams and jellies, rhythm, withdrawal, Depo-Provera, and both male and female sterilizations. Interestingly, fewer women knew about vasectomy (10%) than about tubal ligation (32%).

As discussed previously, a birth control knowledge score was constructed for each woman (see Table V). The mean score for the teen sample was 11.1. Only two percent (2%) of the women had scores of 19 or higher; 32 percent scored 13 to 18 points, 55 percent scored seven to 12 points and 11 percent scored six points or less. Eighty-two percent (82%) of the women had scores of 14 or above, which means that they had to mention at least one method of birth control as well as recognize several after hearing the list read. In fact, 98 percent of the women mentioned one or more contraceptives spontaneously.

Younger teens were significantly less knowledgeable about birth control methods than older teens ($t=-3.0911$, $p=.003$). The 13 to 16 year old group had a mean score of 9.7 and the 17 to 19 year olds a mean score of 11.5. Table VI presents the mean knowledge scores computed for

the teen and adult sample. Neither marital status, the quality of the relationship to the baby's father, nor level of acculturation to American culture had any relationship to birth control knowledge among these teens.

Table VI. Mean Knowledge Scores for Age Groups.

Group	Age	Mean
Teens	13-19 years	11.1
	13-16 years	09.7
	17-19 years	11.5
Adults	> 19 years	12.2

The adult women scored significantly higher than the teens on the knowledge score ($t=-3.2533$, $p=.001$). The mean score for the adult women was 12.2. It is important to note here that there was no significant difference in the level of education between the two teenage groups nor between teens and adults, so formal education alone is unlikely to be a factor in this age difference in contraceptive knowledge.

Past Contraceptive Use

Overall this sample of Latina teenagers shows very little use of contraceptives in the past. Only 11 percent reported having ever used a contraceptive method. The range of methods used in the past was also very limited. Table VII lists the methods of birth control these women had used in the past and the percentage who had used each method.

Table VII. Birth Control Methods Used in the Past by Latina Teens (X).

Method	Percent
Pill	6
Condom	4
Foam	2
Withdrawal	2

The pill was the only medical method of birth control used by these women previously, and it had the greatest past usage rate of all the methods mentioned. Six percent (6%) of the teens had used the pill in the past. Four percent (4%) had used condoms in the past, making it the method with the second highest past usage rate. Foam was in a three-way tie with rhythm and withdrawal for the third most commonly used method of birth control in the past.

There was no difference between the two teenage groups in whether or not the women had used a contraceptive in the past, or in the method used. However, those teens who were more acculturated to American culture were more likely to have used birth control in the past than those who were less oriented to American culture ($t=-2.3915$, $p=.02$). There was a tendency for teens in better relationships with the father of the baby and those who were more knowledgeable about birth control to have used a contraceptive method in the past, but these relationships did not reach statistical significance. Marital status had no relationship to past contraceptive use.

The adult women were significantly more likely than the teenagers to have used birth control in the past ($\chi^2=25.462$, $DF=1$, $p=.0001$). Twenty-nine percent (29%) of the adult women had used birth control in the past. The range of methods used in the past was also greater than for the teenagers.

Future Contraceptive Plans

Seventy-three percent (73%) of the teens in the sample reported that they planned to use one or more contraceptive methods in the future, and the remainder either did not know what method they were going to use or were not planning to contracept. The methods of choice for future use were, for the most part, the same as those the women knew most about. These are given in Table VIII, along with the percentage who said they planned to use the method.

The pill had the highest percentage of teens indicating that they would use it in the future. Fifty-three percent (53%) said they planned to use the pill. Twenty-eight percent (28%) planned to use the IUD in the future. Eleven percent (11%) reported that they intended to use condoms. Nine percent (9%) planned to use foam, and four percent (4%) rhythm, withdrawal or injections. Other methods mentioned for future use by three percent (3%) or fewer of these women were suppositories, male and female sterilization, spermicidal creams and jellies and the diaphragm.

There was no difference between the two teenage groups nor between the teens and the adults in whether the women planned to contracept or not, or in the method chosen, although the adults indicated a somewhat greater range of methods. As with past use of birth control, teens who were more acculturated to American culture were more likely to be planning to contracept in the future ($t=-1.984$, $p=.0001$). Teens who were more knowledgeable about birth control were also more likely to be planning to contracept in the future ($t=-3.9775$, $p=.0001$). Women with planned pregnancies were more likely to be planning to contracept in the

Table VIII. Birth Control Methods which Latina

Teens Report Planning to Use in the Future (X).

Method	Percent
Pill	53
IUD	28
Condom	11
Foam	09
Rhythm Withdrawal Injections	04
Suppositories Tubal ligation	03
Cream/jelly Diaphragm	02
Vasectomy	0.5

future for child spacing ($\chi^2=3.932$, $DF=1$, $p=.05$), but neither marital status nor relationship to the baby's father had any measurable influence on whether these women planned to use birth control.

Source of Birth Control Procurement

About three-quarters of the teens responded to a question about where they planned to obtain their method of birth control. Of these, 53 percent said they planned to obtain their contraception from county clinics. Seventeen percent (17%) said they would use the medical centers where they delivered. Eleven percent (11%) said they would go to a private doctor, 10 percent to a pharmacy, eight percent (8%) to a women's free clinic, and one percent (1%) indicated they would get contraception from family or friends. These sources of birth control are consistent with the methods these women said they planned to use. Adult women gave responses similar to those of the teens.

Timid of Initiation of Contraceptive Use Postpartum

The teens in this sample were asked in the postpartum interview when they planned to begin contracepting. Thirty percent (30%) of these teens said that they did not know when they would begin contracepting postpartum, and 14 percent did not respond to the question or stated they were not in need of birth control. Of the 56 percent of the teens who gave a definite time to begin contracepting after the birth of their child, 57 percent indicated they would begin six weeks postpartum.

Twelve percent (12%) planned to begin contracepting within two to five weeks after delivery. Eight percent (8%) said they would begin contracepting some time between 12 weeks and six months postpartum. Only three percent (3%) planned to wait six months to a year before beginning to contracept. The mean time these women expected to delay contraception postpartum was 7.9 weeks. There was no difference between the two teenage groups regarding timing of contraception postpartum.

In sum, the majority of these women planned to begin contracepting about two weeks after the traditional period of sexual abstinence following the birth of a child. This period is referred to as "los cuarenta dias" ("the forty days") and it corresponds roughly to the traditional medical six weeks postpartum visit. The adult women were significantly more likely to be planning to begin contracepting earlier than the teens ($t=2.3158$, $p=.02$). The mean number of weeks they planned to wait before initiating contraception was 6.5 weeks.

DISCUSSION

The majority (54%) of the pregnancies of the teenagers in this sample were planned. This differs from findings described in the literature on adolescent pregnancy which indicate that only about 25 percent of pregnancies to all women in the United States aged 19 years or younger are planned.(35) This high percentage of planned pregnancies for our sample is consistent with another study of adolescent pregnancy among Mexican-American teenagers in Los Angeles in which the majority of Spanish speaking teens had planned pregnancies (63%), although only about one-fifth of the English speaking teens in that sample reported that their pregnancies were planned.(36) In another study of Mexican-American women along the U.S./Mexico border it was found that only 18 percent of the most recent births to Mexican-American adolescents aged 15 to 19 were planned.(37) Although this percentage is more consistent with the national data on adolescent pregnancy, this relatively lower percentage of planned births than found for the Latinas in our sample may be partly explained by the fact that the data were collected only for the most recent birth, not necessarily the first birth for these teenagers. Seventy-seven percent (77%) of the most recent births to these Mexican-American teens were categorized as mistimed, and only four percent (4%) as unwanted. This figure for unwanted births is similar to our one percent (1%) of Latina teens who said their pregnancies were unplanned and unwanted. Our finding that the majority of the pregnancies among these Latina teens were planned may reflect the fact that these were first births for these teenagers and reflect either an actual decision among these teens to become pregnant or a rationalization after the fact.

The low rate of reported use of birth control for this sample is consistent with other researchers findings that Mexican-American women generally begin contracepting only after the birth of their first child. It is also consistent with findings which suggest that first visits to family planning clinics made by Hispanic adolescents are often for pregnancy tests. Our finding that Latina adolescents in this sample who were more oriented to American culture had used birth control more often in the past also supports these research findings. This finding is different, however, from Becerra and de Anda's finding that more acculturated teens (English speakers) reported a lower rate of previous birth control use than the less acculturated teens (Spanish speakers) or the Anglo teens in their sample.(38) The high proportion of teenagers in our sample who plan to contracept in order to space their next birth is also consistent with the literature which shows that Mexican-Americans are

amenable to birth control for fertility regulation after the first child is born.

The teens in this sample reported wanting on the average only 2.5 children for those asked prepartum and 2.3 for those asked postpartum, which is somewhat lower than the usually reported desired family size for Mexican-American women of three (3) children. They also exhibited good knowledge of the existence of contraceptive methods, planned to use birth control to space their children and, in general, planned to use effective methods of contraception to attain their goals. Our finding that the teens thought their partners wanted about one more child than they themselves reported wanting indicates that the role of the partner in birth planning and contraceptive use among Latina women deserves further research.

The method of birth control the teens in this sample said they intended to use are generally the same methods which other researchers report are preferred by Mexican-American women. The pill and the IUD especially are methods of choice for Latina women. Although limited, the acceptability of foam and condoms and the diaphragm was not expected for this sample, because Latina women usually prefer coitus independent methods of contraception. These barrier methods may be gaining popularity among adolescents because of their high effectiveness when used properly and the limited range of side effects associated with them. Another possibility is that these women were planning to breastfeed and knew they were unlikely to receive the pill or the IUD for this reason.(39) Withdrawal and rhythm have both been reported by other researchers as methods of birth control in use among Mexican-American couples, and teenagers often use these methods. The low rate of planned use of tubal ligation is understandable given the age range of this sample and the fact that they are just beginning their families. Vasectomy has never been a method of birth control much used by persons of Mexican descent. If sterilization is the chosen method after completion of family size, then it is usually the woman who is sterilized.

Although the level of familiarity with birth control methods among these teens seems adequate, the knowledge scores may not reflect these women's knowledge of birth control methods at the time they began having intercourse. Rather they may reflect knowledge of birth control methods gained during prenatal care. The low level of past contraceptive use and the finding that only a little over half of the pregnancies were planned lead to the suspicion that although the pregnancies may be welcomed after they occur, many of these teens drifted into motherhood (and perhaps marriage) by having unprotected intercourse. Although over half the teens in this sample were married, we have no data on the sequence of marriage and pregnancy. Since these women were interviewed in the last trimester of pregnancy, it is not unreasonable to assume that some of them may have married after the pregnancy occurred.

Studies of adolescent pregnancy in the United States suggest that pregnancy is an unplanned and for the most part undesired product of early sexual activity which prematurely thrusts the young woman into parenthood, and less often marriage. Typically, it is thought that the father of the baby plays a very uncertain and peripheral role unless he marries the girl. In view of the results from this study of Latina adolescents experiencing their first birth, this generalization from the dominant culture may not be particularly applicable. Some authors on the Mexican-American family have expressed the idea that pregnancy among adolescents is a common phenomenon and an accepted part of life, and that abortion is rarely an alternative for Mexican-American or Hispanic adolescents particularly, although more acceptable for older women who

already have children. (40,41,42)

Most of the women in this study welcomed their pregnancies even though only a little over half had been planned, and about three-quarters of these women were in stable and good relationships with the father of the child. Only six percent (6%) of these teens reported no expectation of any kind of involvement from the father of the child. Perhaps this reflects a cultural difference in family orientation and role expectations for women. For Latinos, the family is very important and being a mother is an expected and highly respected role. Our finding that the more acculturated adolescents tended to report that their pregnancies were unplanned supports this assertion, as does the similarity between teenagers and the adult women regarding relationship to the father and reaction to the pregnancy. The high degree of involvement of the male in these adolescent pregnancies may also be related to cultural differences in family orientation and expectations. Pregnancy for these Latina adolescents seems to be more a natural passage to adult status and familial roles than a problem to be overcome.

Although the information presented here leads to the conclusion that pregnancy among these Latina teenagers may be perceived as a normal step in the life process and may be culturally appropriate, the authors do not mean to suggest that pregnancy among these very young women is appropriate from the public health perspective. Rather, we describe our results to indicate possible reasons for the high birth rates among Latina adolescents in Los Angeles, and to highlight the need for intervention. For whatever reasons, a significant proportion of the Latina teens in this sample found themselves pregnant unintentionally; most of the sample had never used a contraceptive method; and about 37 percent did not have any definite contraceptive plans postpartum. There is much room for improvement of Latina teens control over their fertility.

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