

HISPANIC ADOLESCENT FERTILITY DIFFERENTIAL:
BEHAVIORS AND HYPOTHESES

by

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Adolescent pregnancy is a national problem that affects every racial, income, and ethnic group in every area of the country (Children's Defense Fund, 1988). "While relatively high adolescent birth rates in the United States have well-documented, serious and adverse consequences for the adolescents themselves, for their progeny, and for society, the determinants are many and complex and are only partly understood" (Alan Guttmacher Institute, 1986, p. xiii). During the past decade, adolescent pregnancy and childbearing has come to be viewed as a serious and consequential problem by most Americans. The impact of adolescent childbearing affects the individual, family, and community in areas such as: school completion; repeated births; poverty; and welfare receipt. Adolescent pregnancy and childbearing implicitly deal with issues and problems directly related to sexual activity, contraceptive use, abortion, and relinquishment of children. To varying degrees, rates of premarital sexual activity, contraceptive use, pregnancy, and abortion among teens rose during the 1970s and leveled off during the 1980s (National Center for Health Statistics, 1985).

Although many people regard the problem of adolescent pregnancy as a racial and ethnic problem, the reality is quite different. The statistics do not support the myth that adolescent pregnancy is a minority group problem (Children's Defense Fund, 1985). But minority teens are disproportionately likely to give birth, and consequently

account for a disproportionate share of the adolescent births each year. Data from the National Center for Health Statistics (1985) and Mott (1985) reveal that Hispanic adolescents accounted for 9 percent of the population but 13 percent of the adolescent births. Hispanic teen birth rates were almost twice as high (1.9 times) as white rates (National Research Council, 1987). Hispanic teens, however, are not two times as likely to become sexually active or pregnant before their eighteenth birthday; reflecting the fact that it is differences in the use of contraception and abortion, rather than differences in sexual activity, that explain racial and ethnic differences between Hispanics and Anglos in adolescent childbearing (National Center for Health Statistics, 1985).

The intent of this report is to examine the fertility differential of Hispanic adolescents in comparison to the majority Anglo society. To fully understand and appreciate this problem one needs to take into consideration the social, psychological, and cultural parameters of Hispanic adolescents. These aspects of the Hispanic population will provide a backdrop for speculating about probable causal relationships regarding the high fertility differential of the Hispanic adolescent compared to Anglo adolescents. This report will begin by examining the composition and profile of Hispanics in the United States. Issues concerning ethnic identity and acculturation to the Anglo

American society will be addressed. An overview of current Hispanic adolescent fertility behavior will be analyzed (the data will primarily address the female adolescent, although realizing that adolescent pregnancy profoundly effects the male adolescent and parents of both adolescents), followed by a presentation of hypotheses intended to increase insight into the minority fertility differential (disproportionate variation in fertility by race and ethnicity). These hypotheses provide a framework within which to evaluate the relative merits of "structural", "cultural" (subcultural), and "minority group status" hypotheses as they pertain to Hispanic fertility behavior. The importance of the nuclear and extended family systems, and specific components of emotional and social-psychological factors, in the Hispanic family, will be discussed. Concepts and principles relating to adolescent development are presented with cultural sensitivity to the Hispanic population. The discussion of adolescent development will focus primarily on sex-role development and identity in the Hispanic family systems context. Research, which has attempted to provide a theoretical application of the fertility differential models of the Hispanic adolescent population, will be examined. Lastly, intervention strategies will be discussed with particular attention given to the "cultural guidelines" of the Hispanic community in mental health services. It is important to bear in mind the tremendous scope of the topic

of Hispanic adolescent pregnancy and fertility. As is true of most human behavior, adolescent pregnancy is an extremely complex phenomena.

Ethnic Identity

DeBlassie (1976) lists several terms used by Hispanics to identify themselves: Mexican American, Latino, espanol, gente espanola, gente mexicana, hispano-americano (hispano), mexicano, manito, surumato, pachuco, cholo, and pocho. In addition Latin-American, Spanish-speaking, white persons of Spanish surname, Mexican, Latin, Spanish American, and Chicano are used. Moreover, while the U. S. Census Bureau (1970) classifies Hispanics as white, many Hispanics characterize themselves as "non-white", either bronze or brown are preferable.

Who is considered to be Hispanic? According to de la Garza, Bean, Bonjean, Romo, & Alvarez (1985), if one includes only those from Mexico or those whose direct antecedents are from Mexico, then we exclude South Americans, Central Americans, Cubans, Puerto Ricans and others who both participate in the culture of, and experience the discrimination directed toward Hispanics. If one classifies Hispanics on the basis of Spanish-speaking ability, then one may exclude those of Latin American or Spanish ancestry who are second or third generation Americans whose use of Spanish is "confined to a variable mix of isolated words and phrases and highly inventive in

syntax" (DeBlassie, 1976, p. 28). Spanish surname as a criterion presents similar problems, included are: Filipinos and many American Indians as well as Anglos who have married those of Spanish surname; excluded are those who have changed their names (e.g. Martinez to Martin) and women of Spanish surname who have married those without a Spanish surname and the children of such a marriage.

Obviously there are differences within this population identified as "La Raza". It is not a homogeneous group. It is difficult to identify a "common denominator". Nevertheless the group is considered homogeneous by the majority society. Yet Baron (1979) reports that "whether from California, Chile, Peru or Mexico, whether residents of twenty years' standing or immigrants of one week, all the Spanish-speaking are lumped together as 'interlopers' and 'greasers'" (p. 6). Hispanics have been classified as a minority group by the dominant society. Standards commonly used to identify non-white groups (e.g. physical appearance) as well as the standards used to identify white ethnic minorities (e.g. language, speech, and cultural patterns) have distinguished the Hispanic population (de la Garza, et al., 1985).

Efforts at establishing who the Hispanic is are further confounded by an apparent lack of agreement within the ethnic group itself insofar as labels are concerned (DeBlassie, 1976). Principal terms applied to people of

Mexican, Central and South American, and Spanish origin have changed over time and vary considerably even today.

Scholars are still uncertain of the derivation of the term "Hispanic," which can be traced to the age before the Spanish conquest of the New World (de la Garza et al., 1985). For purposes of continuity and consistency the term Hispanic will be used to encompass all persons of Latin American or Spanish ancestry.

In the American society, the push toward the "melting pot", in which all cultural groups were to "melt" together, did not succeed. Kennedy (1980) believes that, instead of the "melting pot", in reality there was an attempt at cultural shaping by the middle-class toward white middle-class values. These values were characterized by the beliefs that: (a) individuals are the masters of their fates and responsible for what happens to them, (b) individuals are separate from the world and the world can be controlled and developed, (c) activism (doing, as opposed to being) is the dominant means of problem solving and decision-making, (one's worth is measured by one's achievements) (4) individual rights are more important than group responsibilities and goals (DuBois, 1972; Hodgkinson, 1962; Leigh & Peterson, 1985; Staples & Mirande, 1980). The minorities were to assimilate these values without the white middle-class assimilating the other cultures' values. This leveling (not melting) has now been challenged by numerous

cultural groups as they fight for their own life styles, identity, values, perceptions, and interests (Kennedy, 1980).

These white middle-class values are very different from the values in many other cultures. In the traditional Hispanic family, for example, the needs of the family are viewed as superseding those of the individual (Alvarez & Bean, 1976; Chandler, 1979; Delgado & Humm-Delgado, 1982; Keefe, Padilla, & Carlos, 1979). Some have values almost directly opposite those of the American middle-class. Many social patterns, customs or folkways are not inherently "right" or "wrong", but they are important because their observance by everyone makes large areas of life predictable (Brown, 1972).

Racial and Ethnic Fertility Differential

Little is known about the specific factors that sustain Hispanic fertility in a country whose other social groups generally have much lower fertility. Differences in the fertility of racial and ethnic groups for all-aged women have been observed in U.S. Census data since the mid-nineteenth century (Bean & Swicegood, 1982; National Center for Health Statistics, 1985). Whereas the higher fertility of many immigrant groups disappeared in subsequent generations, Hispanics (among others) have maintained fertility rates higher than the national average (Bradshaw & Bean, 1972).

Many of the political and programmatic decisions about strategies for dealing with at-risk teens and teen parents are either implicitly or explicitly influenced by beliefs about how the adolescent pregnancy problem plays out across racial and ethnic groups. While there are many subtle differences in the reproductive behavior of white, black, and Hispanic adolescents that are worth discussing, there are some basic points from research efforts of the National Center for Health Statistics (1985) and the National Research Council (1987) that need clarification:

1. Minority teens do not account for the majority of adolescent births.
2. Minority teens, however, are disproportionately likely to give birth among teens who give birth.
3. These higher birth rates are not solely or even primarily due to racial and ethnic differences in rates of premarital sexual activity. Rather they reflect the cumulative effects of racial and ethnic differences at each point of decision-making (marriage, sexual activity, contraceptive use, and abortion).
4. These incremental differences in marriage and reproductive decision-making seem to be linked to higher rates of poverty and lower academic skills among black and Hispanic young women. Similar socioeconomic pressures also effect male adolescents.

Statistics from the National Research Council (1987) and estimates from the National Survey of Family Growth (1982) illustrate that premarital sexual activity rates among adolescent Hispanic, Black, and white women from 15-19 are within close range of one another, for example: 47.1% (Hispanic), 58.5% (Black), and 44.7% (White) of teens in the

age group have had pre-marital intercourse. Sexual activity does not always lead to pregnancy. Consistent use of contraception significantly reduces the probability of conception. However, many teenagers, especially Hispanics and Blacks (Lindemann & Scott, 1982), often do not use any form of birth control. If they do, they tend to be inconsistent or ineffective users. When a non-marital pregnancy occurs, there are several alternatives for resolution, including abortion, marriage, adoption, and childbearing outside marriage.

Data from the National Center for Health Statistics (1985) show that there were about 323,000 births to white adolescents, 140,000 births to black teens, and 62,000 births to Hispanic adolescents (two-thirds of whom were Mexican-Americans). White adolescent women accounted for 68 percent of all teen births, 62 percent of the births to school-aged teens (younger than 18), and 52 percent of the births to unmarried teens. Only among teens younger than 15 did the number of non-white births exceed the number of white births. Thus, the numbers do not support the myth that teen pregnancy is a minority group problem. But minority teens are disproportionately likely to give birth, and consequently account for a disproportionate share of the teen births each year. In 1985 Hispanic teens accounted for 9 percent of the population, but 13 percent of the teen births (National Center for Health Statistics, 1985; U. S.

Bureau of the Census, 1985). By the time they turn 18, 7 percent of whites but 14 percent of Hispanics have given birth. These percentages indicate that Hispanic school-age teens are twice as likely as white school-age teens to be mothers. Fewer than two out of 10 white teen women (18 percent) have become mothers by their twentieth birthday, compared with almost three out of 10 Hispanic teen women (28 percent) The Children's Defense Fund (1988) provides statistics to support the fact that Hispanic teens are definitely more likely to become parents than white adolescents.

Once pregnant, decisions about pregnancy outcome determine whether an adolescent becomes a parent. Decision-making processes imposed upon a pregnant adolescent include alternatives such as: adoption; abortion; giving birth; parenting; marriage; etc. It is the racial and ethnic difference in decisions at those steps, not difference in rates of sexual activity (Lindemann & Scott, 1982), that account for most of the difference in rates of early childbearing between white and minority teens (National Center for Health Statistics, 1985; National Research Council, 1987).

In 1985 there were an estimated 800,000 Hispanic 15- to 19-year old women in the United States (National Research Council, 1987). Slightly less than half of these young women were sexually active (47.1 percent). The National

Center for Health Statistics (1985) reports that twenty-two percent of all Hispanic teens (about half of the sexually active Hispanic teens) had ever used some method of contraception. That year, 8.2 percent of all Hispanic young women gave birth. There are no abortion data, and therefore the relative importance of differences in contraceptive use and abortion cannot be determined for Hispanics. Hispanic teens were 1.9 times as likely as white teens to give birth in 1985, but were no more likely to be sexually active. The differences that exist in early childbearing between white and Hispanic young women, therefore, may be accounted for by differences in decisions made about contraception and abortion (Bean & Marcum, 1978; National Center for Health Statistics, 1985; National Research Council, 1987). It may be concluded that there is a high correlation between the less frequent use of contraception and abortion and the higher birth rate reported on Hispanic adolescents in comparison to Anglo adolescents.

These incremental differences in reproductive decision-making are linked to higher rates of poverty and lower academic skills among Hispanic young women (Children's Defense Fund, 1988). White or Hispanic, one of every five 16 to 19 year old young women with below average academic skills coming from poor families was a teen mother in 1981 (National Research Council, 1987). White or Hispanic, only 3 to 5 percent of 16- to 19-year-old women with solid

academic skills, whose families had above-poverty incomes, were teen mothers that year (National Center for Health Statistics, 1985). Decisions regarding contraceptive use, abortion, and birthing alternatives may be the result of social and cultural pressure and of the submission and passivity imposed on all women, especially women of an oppressed population (Lindemann & Scott, 1982). Factors and variables of the social and cultural influences on decision-making, resulting in a higher fertility differential for Hispanic women will be presented in the following section.

Fertility Differential Hypotheses

Explanations of the observed differences in the fertility rates of minority groups have focused primarily on either structural variables or factors more directly related to minority group membership (Bean & Marcum, 1978; Goldscheider, 1971; Goldscheider & Uhlenberg 1969). The residual differential fertility of racial and ethnic minorities can be explained in theoretically opposed ways. The relative causal importance of structural and cultural factors is relevant to a more in-depth understanding of the higher adolescent fertility rates (Lopez & Sabagh, 1978). There are three approaches (structural, cultural, and minority group status hypotheses) presented to provide a framework for continued research on adolescent fertility differentials in relation to the Hispanic population.

The fertility behavior among Hispanic women may be best understood by considering the generally inferior educational and socioeconomic opportunities available to them (Bean & Swicegood, 1985). In this sense, an explanation of Hispanic fertility patterns emphasizes the importance of structural factors in constraining fertility decisions. The structural hypothesis will be considered initially.

Structural

Structural explanations stress the socioeconomic position of the subpopulation, relative to that of the majority. These hypotheses link fertility behavior to social and economic characteristics such as income, occupation, and education (Lopez & Sabagh, 1978). Because higher fertility rates are generally associated with lower socioeconomic status, the higher-than-average fertility rates of some minority groups are interpreted as the consequence of their lower-than-average socioeconomic status (Bean & Frisbie, 1978; Bean & Swicegood, 1985; Sorenson, 1985). Therefore, Hispanics with lower socioeconomic status, under this proposition, would be more likely to have a higher fertility rate. In the extreme, a socioeconomic hypothesis would predict the elimination of fertility differences, that have characterized racial and ethnic subgroups, as socioeconomic differences are eliminated.

The social characteristics hypothesis of sociologists Bean & Marcum (1978) argues that differences in such

characteristics as education and other factors (e.g. employment, income, social status) may account for most or all of the fertility differences between Hispanic and other white women. This view implies that "structural" assimilation with respect to education, occupation, and income will lead to the elimination of fertility differences between minority and majority groups (Bean & Swicegood, 1985). Petersen (cited in Bean & Frisbie, 1978) states that, "Race is not a cause of family size, but an index of social class" (p. 226). Bean and Marcum (1978) conclude that the structural or social characteristics hypothesis views fertility differences between majority and racial-ethnic populations as tied to differences in the distribution of socioeconomic factors. It thus contends that fertility, as a major behavioral expression of subgroup norms and values, will vary completely with the degree to which racial-ethnic groups have become socioeconomically assimilated into the majority population (Bean & Swicegood, 1985; Sorenson, 1985). By holding constant the distribution of socioeconomic characteristics, fertility differentials presumably reduce to zero.

Cultural

A second explanation of fertility differential suggests the importance of cultural heritage to the fertility behavior of some minority groups (Bean & Swicegood, 1985). This approach implies that the higher fertility of Hispanics

stems from the persistence of cultural norms and values supporting large families, such as familism--a constellation of norms and values giving overriding importance to the collective needs of the family, as opposed to the individual (Bean, Curtis, & Marcum, 1977)--or adherence to the pronatalistic positions of the Catholic church, including proscriptions against certain forms of birth control (Goldscheider & Uhlenberg, 1969). Unique norms and values pertaining to family formation are thought to reflect the history and beliefs shared by members of a minority group, regardless of socioeconomic status (Sorenson, 1985). Schermerhorn's (1970) definition of an ethnic group: "A collectivity within a larger society having real or putative common ancestry, memories of a shared historical past, and a cultural focus on one or more symbolic elements defined as the epitome of peoplehood" (p. 12). Examples of symbolic elements include kinship patterns, nationality, language, phenotypical features, and religious affiliation. This model predicts higher fertility rates for minority group members at every level of socioeconomic status. If the influence of their cultural heritage explains the higher average fertility of some minority groups, fertility would be expected to vary with measures of group members' ethnic identity (Bean & Frisbie, 1978; Bean & Swicegood; 1985; Sorenson, 1985). A positive association between fertility

and indicators of the strength of ethnic influences would lend support to a cultural hypothesis.

Minority group status

The minority group status approach suggests that, under certain circumstances, an additional social-psychological factor, consisting of feelings of marginality and insecurity among members of minority groups, comes into play in fertility differential patterns (Goldscheider & Uhlenberg, 1969). These feelings are experienced most acutely by those who aspire to greater mobility and who are, therefore, more sensitive to the obstacles placed in their path by patterns of discrimination. According to this hypothesis, such persons, who are likely to be overrepresented among the most socioeconomically advanced members of the minority group, will compensate by lowering their fertility. Goldscheider and Uhlenberg (1969) invoke this kind of explanation to account for the lower fertility sometimes observed among highly educated black women as compared to highly educated white women.

In summary, these hypotheses (structural, cultural, and minority group status) are only valuable when considering the context in which the behaviors and patterns exist. Applying theoretical hypotheses to just any population, without examining the characteristics and features of that population, may not guarantee a clear understanding of the elements accounting for the behavior in question, in that

particular population. Examining the cultural and structural components of the Hispanic family will enhance one's appreciation for the relatedness of the higher fertility differential and cultural and structural factors of the Hispanic family system. A look at family support systems will provide the framework from which to apply the theoretical hypotheses.

Family Support Systems

The Hispanic family has long been presented as a close-knit group consisting of two subconcepts: the nuclear family and the extended family (Chandler, 1979; Delgado & Humm-Delgado, 1982; Keefe et al., 1979; Martinez, 1978). Traditionally, the family maintains its position of prominence within the psychological life span of the Hispanic individual. Martinez (1978) comments:

A Hispanic in need of emotional support, guidance, food, or money expects and is expected to turn to his family first in order to have such needs met. Only in unusual circumstances or when there is no alternative available will a Hispanic or his family attempt to seek help from others. This (seeking outside help) often occurs at great expense to the pride and dignity of both the individual and the family. (p. 1)

There is a substantial literature identifying the traditional Hispanic family as an extended family structure (Chandler, 1979; DeBlassie, 1976; Delgado & Humm-Delgado,

1982; Goldscheider & Uhlenberg, 1969; Keefe et al., 1979; Martinez, 1978; Ruiz & Padilla, 1977; Sorenson, 1985) characterized by : (a) respect for the father who rules the household, (b) love for the mother who helps to unify the family, (c) formalized kinship relationships including godparents, (d) loyalty to the family that takes precedence over other social institutions. Ulibarri (1972) found, however, in his research of Spanish-speaking migrant and ex-migrant workers, that family loyalty was primarily given to the nuclear family and that the extended family system was not nearly as strong as traditionally believed. The more acculturated a family was into the American society, the less they were like the traditional Hispanic family.

The Hispanic family is typically characterized as a large and cohesive kin group embracing both lineal and collateral relatives (DeBlassie, 1976; Murillo, 1971; Rubel, 1966). Ties beyond the nuclear family are strong and extensive, and reciprocal rights and duties are connected with all relatives including grandparents, aunts, uncles, and cousins (Madsen, 1964; Mizio, 1972).

"Compadrazgo", or ritual coparenthood associated with choosing godparents, is described as an extension of the kinship system. According to Martin (1979), this ritual kinship process is achieved through an individual's formal participation in one of four ceremonies: (a) baptism, (b) first communion, (c) confirmation, or (d) marriage. The

ceremonies require members to assume the roles of "compadre" (godfather) and "comadre" (godmother). The child's compadre and comadre assume responsibility for the child's welfare, should tragedy befall the natural parents (Keefe et al., 1979). In addition, these godparents play a special role in the lives of their godchildren which parallels the natural parents, even while they are alive and functioning well. A wide-ranging constellation of "adopted relatives" fulfill either informal or formal functions. Informal members consist of close family friends and special neighbors who, over a period of years, have proven their willingness to engage in important family matters and events (Wagner & Haug, 1971). The term "como familia" (like family) is often used to describe these individuals.

The Hispanic family is the primary social support for individuals in crisis. "Ideally, the Hispanic family is a 'haven from threat and trouble' where one can always find cooperation and assistance in time of need" (Madsen, 1964, p. 425). In addition, the family is present to share and help relieve any emotional problems from which the individual might suffer (Jaco, 1957; Madsen, 1964). Hispanics are much more likely than Anglos to have large numbers of their relatives living in the community (Keefe, et al., 1979). The Hispanic kin groups are well integrated and often encompass three or more generations. Anglos, on

the other hand, tend to live apart from their extended family or have only a few related households nearby.

Religion

No description of Hispanic support systems would be complete without reference to organized religion. Religion serves as a support system for individuals in crisis. As Malinowski (cited in Delgado & Humm-Delgado, 1982) notes:

Both magic and religion arise and function in situations of emotional stress, crises of life, lacunae in important pursuits, death and initiation into tribal mysteries, unhappy love and unsatisfied hate. Both magic and religion open up escapes from such situations and such impasses offer no empirical way out except by ritual and belief in the domain of the supernatural. (p. 87)

Religion in the Hispanic culture takes two forms: organized religion (Roman Catholicism) and alternative religions (Pentecostal, Seventh Day Adventist, Jehovah's Witness) (Delgado & Humm-Delgado, 1982). Although the Roman Catholic church traditionally has been regarded as the primary religion of Hispanics and in some instances continues to be so, its influence may not be as great with some Hispanic groups, particularly Puerto Ricans, as with others.

The ideology of the Catholic church has played a significant role in the Hispanic cultural heritage. Many

Hispanics are highly religious in the sense that they have a strong belief in God. Hispanics in lower socioeconomic levels tend to rely strongly on the belief that their plight may indeed be the will of God--"Es la voluntad de Dios" (DeBlassie, 1976, p. 39). In terms of the general scheme, "religion, religious orientations, and religious institutions are parts of social organization that influence fertility by religious ideological norms regarding family size and birth control, which in turn affect the 'intermediate' (ideal family size and birth control) variables, which in turn shape fertility levels" (Goldscheider, 1971, p. 272).

The impact of religion on fertility may have two components. The distinct fertility of religious subgroups may be merely a reflection of a matrix of social, demographic, and economic attributes that characterizes the religious subgroup. Religious group identification or affiliation is treated as an indicator of social class (educational attainment, occupational distribution, and income level), degree of urban concentration and rural experience, and social mobility patterns (Goldscheider, 1971). Accordingly, religious group membership per se is not significant but rather the social, demographic, and economic characteristics that religious group membership connotes determine fertility levels, trends, and differentials within religious groups.

The other component emphasizes that the religious training in Catholicism of Hispanic adolescents does not allow for premeditated sexual intercourse because of the teachings against premarital sexual relations. Therefore, this lack of planning of sexual relations leads to a scenario in which the use of contraceptives is decreased and thus, correspondingly, an increased birth rate results among Hispanic adolescents. According to Goldscheider & Uhlenberg (1969), "Part of the differential may be attributed to the opposition of the Catholic Church to efficient methods of contraception and to the normative encouragement of the church for large families" (p. 368).

This portion of the paper has considered the general social psychological characteristics of Hispanics in order to establish a framework for further analysis of adolescent developmental issues. The intent of the following section is to provide additional specificity about major factors that influence the lives of Hispanic youth.

Adolescence

Adolescence is an awkward age of partial dependence and incomplete independence. The adolescent is described as vulnerable, unsophisticated, and incapacitated by the process of maturation (Leigh & Peterson, 1986). The misbehavior and eccentricities of young people are viewed as normal outgrowth of biological maturation, rather than an inexcusable behavior from a standard system of behaviors

(Kett, 1977). Because of the non-adult status of the adolescent, a much greater freedom of expression in behavior is allowed. Adolescence provides the prism through which Hispanic children clarify their peer group loyalties and their significance (Saragoza, 1982). Parties, dances, flirting, and dating reflect peer preferences. Many a young male adolescent, muy Mexicano (very Mexican), knows the pain of being refused a dance by muchachas agringadas (Anglicized girls), who chuckle unmercifully at his stumbling effort to communicate in a nervous Spanish/English dialect. Nonetheless, Hispanic adolescents maintain a sense of self that is rooted in the relationship with their family (Abraham, 1986; Sorenson, 1985).

As a recent immigrant and/or farmworker, the lifestyle of the Hispanic adolescent continually reinforces family ties and contact with children of similar backgrounds (Mendelberg, 1984). Thus, peer relations for the Hispanic rarely rival the influence of family-held values. As Erik Erikson (1968) notes in Identity: Youth and Crisis, when: "...he finds out immediately, however, that the color of his skin or the background of his parent rather than his wish and will to learn are the factors that decide his worth as a pupil or apprentice, the human propensity for feeling unworthy may be fatally aggravated as a determinant of character development" (p. 124).

Saragoza (1982) finds that, for many Hispanics, the burden of poverty and white racism serves only to intensify the questioning of parents and the corresponding dependence on the peer group for a shred of self-esteem and acceptance. But when childhood approaches pubescence, the Hispanic realizes, through the "push-and-pull" of peer relations, an often stinging and confusing revelation (Saragoza, 1982). The Hispanic adolescent painfully witnesses former "white friends" withdraw their friendship. The strong familial bonds of the Hispanic family demand a immense amount of loyalty to family life and well-being, which is directly opposed to peer influences and demands. This developmental period of adolescence which is often characterized by peer relationships superseding family relationships, takes on a different meaning for the Hispanic adolescent. A sense of isolation is experienced by the adolescent due to conflict of loyalty ties to either family or friends. This sense of isolation from a significant peer group is felt in the academic context as well. Hispanics who are good students in school repeatedly state their sense of isolation (Abraham, 1986; Bryant & Meadow, 1976).

Sex-role identity

The socialization of the individual can be used as a broad category to include learning. The child learns from his/her parents, from other relatives, from

friends of his/her parents, from teachers, from older siblings (both brothers and sisters), from playmates, and in fact from nearly everyone with whom he/she comes into contact. (Murillo, 1970, p. 104)

Hispanic adolescents learn from their family (siblings, parents), culture (religion, music, theatre), and society (media, politics, government) the appropriate sex-role behaviors. The traditional model of Hispanic family life, until recently, has been the most prevalent in the social sciences (DeBlassie, 1976; Jones, 1948; Wagner & Haug, 1971). According to this view, a man has complete freedom to drink, fight and carry on extramarital relationships at will. Madsen (1973) has likened the Hispanic male to a rooster, "The better man is the one who can drink more, defend himself best, have more sex relations, and have more sons borne by his wife" (p. 22). A man is seen as overly preoccupied with sex and with proving his masculinity and sexual prowess, and "the most convincing way of proving machismo and financial ability is to keep a mistress in a second household" (Madsen, 1973, p.51).

Female/Male Socialization Process

The effect of being treated as an inferior (minority) on the Hispanic man is that he resolves his distressed powerlessness and insignificance through the personality of the macho who compensates by exaggerated nationalism and

sexism (Ramos, 1973). According to Gonzalez (1980) the Hispanic woman, like all women, becomes a reflection of the social position of the male, and her culture forces her into passivity and submission, but to an even greater extent than Anglo women since the greater the defeats of a people, the greater the oppression of the female members of the group.

Not surprisingly, the woman becomes a quiet, saintly, virginal creature who honors and obeys her husband at any cost. According to Madsen (1973), the woman is the perfect counterpart to the man:

Where he is strong, she is weak. Where he is aggressive, she is submissive. While he is descending toward her, she is respectful toward him. So strong is his control that she is expected to accept his marital transgressions and, if she does not, she is likely to be beaten. (p.22)

Murillo's (1970) research suggests that the traditional status of the sex-stereotyped roles is intact, that the Hispanic culture exhibits a well-defined pattern of beliefs and behaviors centered on popular acceptance of a stereotype of the ideal woman. This stereotype, like its macho counterpart, is ubiquitous in every social class. There is a near universal agreement on what a 'real woman' is like and how she should act. Murillo (1970) elaborates on this concept of the ideal woman:

Among the characteristics of this ideal are semidivinity, moral superiority, and spiritual strength. This spiritual strength engenders abnegation of self, that is, an infinite capacity for humility and self sacrifice. No self-denial is too great for the Hispanic woman, no limit can be divined to her vast store of patience with them of her world...She is also submissive to the demands of the men: husbands, sons, fathers, brothers. (p. 98-99).

Termed marianismo--the model for the ideal woman having been derived from the religious cult of the Virgin Mary--the female pattern of behavior has its corollary in the reciprocal male traits, termed machismo, a cult of virility, the chief characteristics of which are "exaggerated" aggressiveness and intransigence in male-to-male interpersonal relationships and arrogance and sexual aggression in male-to-female relationships (Murillo, 1970).

While the family may present a facade of patriarchy because cultural values dictate that the male should be honored and respected as titular head of the household, the day-to-day functioning of the family revolves around la mujer (the woman) (Keefe et al., 1979). The male has primary responsibility and power outside of the household, but the domestic sphere (e.g. home management, education, provider of nurturance and emotional support, discipline) is the woman's domain (Wagner & Haug, 1971). Other studies

have suggested that the woman's influence is especially strong relative to children. Mothers not only perform many domestic tasks, but they have primary responsibility for the caring of children and for setting limits on their behavior (Rubel, 1966; Wagner & Haug 1971). Ultimately, "as the madrecita (precious mother), entitled to respect and homage, she may actually dominate, in all matters that affect her children" (Tuck cited in Staples & Mirande, 1980, p. 123).

Puberty

Adolescence represents a distinct period in the developmental aging process. It is marked by rapid and dramatic changes in the young person's physical growth and development. The implications of these biological changes, both physical and sexual, are far-reaching and important. Bardwick (1971) suggests that Hispanic male adolescents see their developing masculinity as purely positive, pleasurable, and satisfying. Developing masculine features and characteristics is a good thing, a mark of becoming a man; masturbation and anticipation of sexual acts are pleasant. Hispanic male adolescents usually allude to this phenomena as machismo. Bardwick (1971) proposes that this stage is different for girls, however, for their sexual maturity combines anticipation of both pleasure and pain. For adolescent females, menstruation is both a satisfying mark of becoming a woman, and, for some an event that is

characterized as "unclean" or "the curse" that represents distinct hygienic problems.

Through the pubertal growth cycle, physical differences between sexes become broadened. Accepting one's physique and using the body effectively is an important developmental task of adolescence. Psychological and social development involve a series of tasks which are crucial to the development of the adolescent (Havighurst, 1972). The developmental task of adolescence, "achieving emotional independence of parents and other adult members" (Havighurst, 1972, p. 61), is often times manifested through rebellious behavior. Male adolescents, whose role models are macho, may be more likely to try to resolve their polarized roles of "loyal son" (family supported) and "machismo street gang member" (societally and peer supported) outside the home (Wagner & Haug, 1971). Hispanic female adolescents aspire to be like their older adult relatives in respect to domestic roles (e.g. disciplining, child care, etc.). The Hispanic female adolescent carries this orientation from her family of origin over to her family of procreation, thereby resolving her role transition within the family rules and boundaries. This makes her much more influenced by her family norms, such as the proscription against using contraceptives.

In summary, sex-role identity is a developmental task of the Hispanic adolescent. There exists an infinite

variety of sex-role models, although, some are more prevalent than others in the Hispanic society. From these role models the Hispanic adolescent learns sex-role appropriate behaviors for sexual expression. In order to piece together the relationship between sex-role identity formation and the Hispanic adolescent fertility differential, it would be important to understand more global influences (e. g. social, economic, cultural) on the fertility differential of Hispanic adolescents.

No custom, belief, or behavior can be understood out of its social or cultural context. Any behavior (Hispanic adolescent pregnancy), tradition or pattern, can only be evaluated correctly in the light of its meaning to the people who experience it, its relation to other elements of the culture, and the part it plays in the adaptation of the people to their environment or to one another (Brown, 1972). The interaction between environmental or contextual factors (social, economic, cultural) and Hispanic fertility differential hypotheses will provide a basis for more comprehensively understanding this problem.

Social, economic, and cultural contexts are the primary variables used in research that attempts to account for the high fertility differential in the Hispanic community. The following studies have taken microscopic analyses of the variables (socioeconomic, cultural,

minority group status) in order to improve the understanding of differential fertility rates.

Structural vs cultural

Sorenson (1985) tested the applicability of structural and minority status (cultural) hypotheses to the differential fertility expectations of Mexican-American and Anglo adolescents. The purpose was to specify the extent to which hypotheses previously advanced explain differences in the actual fertility of minority groups can also account for differences in the expected fertility of Mexican-American and Anglo adolescents. The study of fertility expectations of adolescents may help to clarify the relationship of cultural heritage and socioeconomic status to family formation patterns.

The study of adolescent expectations allows one to specify the effects of cultural and structural variables on individuals' projected fertility before these measures become biased by the inclusion of children already born or modified by the perceived desires or expectations of a spouse (Bradshaw & Bean, 1972). This sample of adolescents also provides an opportunity to observe the points at which cultural and socioeconomic factors begin to exert their potential influence on fertility.

The data used in Sorenson's research were collected as part of a survey administered to 2430 secondary students in Tucson and Nogales, Arizona in 1980. The survey included

items addressing educational and occupational aspirations and expectations, religious preference and family background characteristics, as reported by the respondents, and expected number of children. Of the 2065 students who described themselves as Anglo or Mexican-American, 1955 indicated the number of children they expect to have and were included in the study.

Findings from Sorenson's (1985) research stimulate provocative questions for further investigation. She found that Mexican-American adolescents expect larger families than do their Anglo counterparts. Differences in the fertility expectations of these respondents parallel the differences in the actual fertility rates of these groups. Two competing hypotheses that seek to explain the basis of these observed differences in actual fertility were applied to the fertility expectations of these adolescents.

The structural hypothesis emphasizes the importance of socioeconomic factors associated with fertility in its explanation of the higher than average fertility observed among members of economically disadvantaged minority groups. The applicability of this hypothesis to adolescents' expected fertility was tested by Sorenson (1985) in terms of expected socioeconomic status or socioeconomic aspirations as well as the status of the family of origin. Differences in the fertility expectations of Anglo and Mexican-American respondents do

not appear to be simply a reflection of differences in socioeconomic status.

A competing hypothesis that stresses the importance of norms and values in shaping the fertility expectations of Mexican-American adolescents was also tested. It was predicted that fertility expectations would be associated with indicators of acculturation within this group. Speaking Spanish at home, residence (which may permit or encourage the maintenance of ties with relatives and friends in Mexico), and foreign nativity of the father and respondent (if male) are all associated with higher fertility expectations. The interaction of nativity and sex suggest that ethnic identity may have a greater impact on the family-related norms and values of males than of females. For all Mexican-American respondents, the family of origin seems to play a more important role than that of peers in shaping fertility expectations (Sorenson, 1985).

The positive association of father's occupation and expected fertility is a pattern predicted by a synthesis of ethnic and socioeconomic factors for groups that have distinctively pronatalistic values. If family size is an expression of unique ethnic norms and values, higher socioeconomic status may be seen as encouraging larger family size expectations, rather than resulting in the lower fertility expectations that would be predicted by other socioeconomic interpretations of minority fertility.

Actual fertility and fertility expectations are two different phenomena, subject to different influences. Sorenson's data imply the existence of distinctively pronatalist norms and values as part of the Mexican-American cultural heritage. Mexican-American adolescents who are closely approaching the age at which they will begin their own families, appear to hold these values. That these expectations may fail to be expressed in completed fertility does not mean that distinct norms and values are nonexistent, only that other factors come to play a larger role in actual fertility.

The life circumstance and practice that bear upon the aggregate fertility of Hispanics do not occur in a cultural vacuum. They are fostered, supported, and sometimes even contradicted by the values and beliefs of the Hispanic people. As has become clear in fertility research, the kinds of variables that may be related to the fertility behavior of an individual depends upon the relation between the circumstances and practices affecting fertility outcomes on the one hand, and cultural values pertaining to appropriate fertility goals on the other (Sorenson, 1985).

Minority group status

Goldscheider and Uhlenberg (1969) attempted a test of the minority group status hypothesis, focusing on four minority groups--Blacks, Jews, Japanese Americans, and Catholics. They compiled evidence that suggested that a

new hypothesis might better explain fertility differences. This alternative interpretation, in addition to considering socioeconomic differences, acknowledged the "independent role of minority group status" (Goldscheider & Uhlenberg, 1969, p. 369). In brief, their data seemed to indicate that fertility differences do not disappear when the distribution of socioeconomic characteristics is controlled. Instead, when compared with majority whites, Catholics appeared to still have higher fertility, whereas, Jews, higher status Blacks, and urban Japanese Americans all appeared to have lower fertility. To account for these residual fertility variations, Goldscheider and Uhlenberg (1969) proposed other aspects of minority fertility patterns, a general explanation that has come to be known as the minority group status hypothesis.

In their view, higher Catholic fertility constitutes an exception, reflecting the pronatalist norms of Catholicism. Their general explanation is applied to the lower fertility of Jews and certain segments of the Black and Japanese American populations. To account for this lower fertility, they suggest a social-psychological explanation postulated in terms of the "insecurities associated with minority group status" (Goldscheider & Uhlenberg, 1969, p. 370). Their first assumption is that minority couples are acculturated, that is, that they embrace the norms and values of the larger society,

including those pertaining to socioeconomic attainment (Bean & Marcum, 1978). Full realization of these goals, or complete assimilation, however, does not often occur. Hence, some minority couples find themselves becoming assimilated on some dimensions (e.g., education or occupation), but not on others (e.g., primary group attachments or intermarriage). This discrepancy in the degree to which different types of assimilation are experienced places minority couples in marginal positions, thus producing insecurities with respect to the socioeconomic attainment that has occurred. To counteract such feelings and to solidify their socioeconomic position, minority couples limit childbearing. Such an effect is presumed to operate most strongly among those minority couples who are sufficiently socioeconomically assimilated to experience this kind of insecurity (i.e., among higher status couples).

Keeping with Goldscheider and Uhlenberg's (1969) view that understanding minority fertility requires the recognition that general minority fertility tendencies result from an averaging of various patterns within subgroups of the minority. Minority fertility patterns reflect individual differences in such factors as identification with the minority group, interaction with other minority persons, and variation in socioeconomic position relative to other members of the minority group.

In this same vein, Goldscheider (1971) noted:

The nature of minority group identification assumes that intergroup social contact is fostered, particularly in primary group relations. Indeed, the quality of minority group cohesion and integration becomes a key axis of fertility heterogeneity within the minority group. In this sense, differentials within subgroups must be interpreted. The degree of minority group integration and the accentuated marginal position between acculturation and structural separation will determine the behavior patterns of minority group members, all other things considered, vis-a-vis the majority community.

The possibility of an interaction of the effects of ethnicity and socioeconomic status suggests additional models of fertility behavior. In their analysis of minority group status and fertility, Goldscheider and Uhlenberg (1969) predict an interaction of ethnicity and socioeconomic status resulting in fertility even lower than that of the majority among those minority individuals of higher-than-average socioeconomic status. (p. 297)

In summary, the findings and conclusions from research on fertility differentials may allow for a greater understanding of the underlying values and issues that play a role in the higher fertility differential behavior of

Hispanic adolescents. Research is often times the cornerstone from which intervention strategies are conceived. An important element in formulating applicable and culture-appropriate intervention strategies related to issues of the high fertility differential of the Hispanic adolescent, is understanding the perception of the Hispanic adolescent and family toward adolescent pregnancy. This portion of the paper will elaborate on the presumable competing and compatible value systems between the Hispanic culture and the helping profession.

Value Systems

The value system of the Hispanic family that perpetuates the occurrence of adolescent pregnancy is a basic factor in determining the need for intervention programs designed to lower adolescent fertility. Respecting norms and values which serve as guidelines for culturally-acceptable expectations and/or behaviors of adolescent fertility is an initial step for helping professionals to take. It is imperative that mental health professionals recognize the strong influences (e.g. pronatalistic attitude of the Catholic church, high fertility intergenerational patterns, aspirations of fulfilling sex-stereotyped role models of the ideal woman) which may encourage and promote a higher fertility rate for the Hispanic population in comparison with the Anglo society.

Mental health professionals attempting to impose values relating to their own expectations (e.g. lower adolescent fertility rates in the Hispanic culture) may not be very successful because of their negligence in respecting and appreciating the established values of the Hispanic society. Intervention strategies to control the Hispanic adolescent pregnancy rates need to evolve from the Hispanic adolescent or family who perceive the pregnancy as a problem or concern and not from helping professionals who want to impose their standards of what is a legitimate family size. Intervention objectives (lowering Hispanic adolescent fertility) of helping professionals may not always be compatible with the goals and aspirations of the Hispanic adolescent and family. Issues of appropriate intervention policies and if intervention is needed at all, are complex and difficult to resolve when there are competing value systems. If the Hispanic adolescent desires to have a child to achieve a higher status among her peer group or to fulfill her prescribed cultural role as a woman and mother within her family system, and the helping professional desires to curb adolescent pregnancy rates and consequences thereof, then conflict of objectives occurs.

The following section will consider probable intervention strategies and programs working with pregnant and non-pregnant Hispanic adolescents. Cultural

sensitivity to values and beliefs relating to fertility expectations and behaviors will be protected, regardless of the helping professional's beliefs or biases. Essentially, intervention goals will be defined by adolescents participating in programs and services provided by clinics or agencies.

Discussion

Policy makers, clinicians, educators, and program designers can draw upon information about Hispanic ethnic identity, fertility differential behaviors and hypotheses, Hispanic family support systems, etc. to comprehend and design appropriate strategies, therapies, curricula, and programs in addressing the problematic nature of Hispanic adolescent pregnancy. Implications for intervention strategies in the areas of counseling and education will be addressed in this discussion section.

It is critical, from an intervention perspective of adolescent fertility and pregnancy, that a mental health professional or educator be able to accommodate to the client's cultural expectations. Minuchin (1974) defines meeting cultural styles as the first order of an initial interview. Accommodating to cultural etiquette, involves knowing what the Hispanic adolescent defines as polite behavior and exhibiting that behavior to help the adolescent feel at ease. Minuchin (1974) comments:

A therapist uses mimesis to accommodate to a family's

style and affective range. He adopts the family's tempo of communication, slowing his pace, for example, in a family that is accustomed to long pauses and slow responses. In a jovial family, he becomes jovial and expansive. (p. 128)

In a culturally diverse environment where prediction of interaction style is difficult, an educator, therapist or program planner, who is aware of the range of cultural etiquette behaviors possible in his/her area and has some notion of the probabilities of certain kinds of behaviors, can adopt a more appropriate interaction style.

In view of the findings of research that have tested theoretical fertility differential hypotheses, it may be suggested that Hispanic cultural influences have a substantial impact on the adolescent fertility and pregnancy outcome behavior. In order to address problems and issues related to fertility and/or pregnancy with a Hispanic female adolescent, it would be important to be aware of the cultural parameters dictating sexual expression. Sexual intimacy (intercourse) before marriage is culturally considered to be inappropriate behavior for the Hispanic girl. Any violation of that tradition may put the adolescent in direct conflict with her family of origin, thereby cutting her off from one of her most important resources.

If the adolescent is non-questioning of cultural values and attitudes, which are held firmly intact by the family system, then a more traditional approach in counseling the adolescent may need to be taken for resolution of the problem. Under the circumstances of an unplanned adolescent pregnancy, abortion is not an alternative and adoption would not be approved of by the family nor the barrio. Additional reinforcement or pressure to have and keep the child is exerted by the father of the child, in order to fulfill his societal prescription of being macho and his prominent familial function of fathering many children. Therefore, the only decision to be made by the pregnant Hispanic adolescent is whether to bear the child as a single parent or compound the problem by initiating a teenage marriage. Addressing the problem from a culturally acceptable perspective presents a more limited scope of options.

On the other hand, if the adolescent seems to be more differentiated from her family of origin then perhaps new intervention strategies could be experimented with in an educational or therapeutic setting. The delivery of fertility related services (e.g. therapy, education) should take into account the cultural preferences of Hispanic female adolescents. When counseling Hispanic women on birth control techniques, the counselor should be aware of the probable resistance of birth control methods designed

to be used prior to sexual intercourse (A. P. Jurich, personal communication, September, 19, 1988). Birth control methods, such as: oral contraceptive; implantation devices; etc., which are further removed from the sexual act, will be more culturally-acceptable as an effective fertility control measure by Hispanic women. Considering the pervasive disapproval of pre-marital sexual relations by the Catholic Church, the more removed the form of birth control from sexual intimacy, the more likely contraception will be utilized. There is a higher probability that adolescents will use birth control pills as opposed to foam, condoms, or diaphragms because of the less intimate nature of the birth control method.

Regardless of the ingenuity of making fertility control methods accessible to Hispanic adolescents, the result will likely remain constant--pregnant Hispanic adolescents. The cultural prescription against the use of effective birth control and abortion and the cultural status achieved by having a child, encourage the expectations that Hispanic females will be likely to become parents. This premise of a forever-revolving population of pregnant adolescents warrants considerable attention in providing services related to consequences of pregnancy. Pregnant adolescents no longer heed messages about prevention, rather, the emphasis from helping professionals should focus on providing adequate pre-natal care and neo-

natal services. By understanding the serious health status of an infant in a neo-natal unit, the new mother may be discouraged to becoming pregnant again. Although, the severity of a premature birth is not seen as positive, it may serve as the impetus for the mother to consider birth control methods to prevent a return trip to the neo-natal unit. If a mental health professional or educator establishes a healthy rapport with a Hispanic adolescent client and respects cultural boundaries and limitations in this delicate situation, there may be a better chance that the adolescent will consider fertility-related information to prevent a repeat pregnancy. Hispanic women should have the right to choose contraceptive methods, abortion, adoption, abstinence, and/or sterilization without undue persuasion or coercion from mental health professionals. But, empowering Hispanic female adolescents to make significant decisions regarding their future fertility may not be supported by cultural norms of the Hispanic population. A mental health professional may be well-advised to take a cautious approach to encouraging Hispanics to take on responsibility for their own destinies.

Providing fertility related services as a family life educator may require special considerations in the Hispanic population. A family life educator working with teens in an adolescent parenting program will benefit the adolescent

and the program by recognizing the established support network of the traditional nuclear and extended Hispanic family. Responsibilities and demands of parenting during adolescence can be overwhelming. Pooling resources from a variety of sources may aid the adolescent parent in dealing with the burdens of parenting at an early age. The Hispanic adolescent may have an advantage over an Anglo adolescent parent by having a well constructed family support system already intact to assist in childcare and emotional and financial. A family life educator would enhance a parenting program by regarding the Hispanic family support network as an integral element in the transition stage from adolescent pregnancy to adolescent parenting.

There are real dangers if cultural differences are ignored and the client's choice of words, nuances or inflections in stating his/her problems and needs are not fully explored, understood, appreciated, and incorporated into the intervention format. If these therapeutic dimensions are not heeded, then the perception of these services as being irrelevant (e.g. contraceptive material, abortion clinics, adoption agencies) for this population will continue to exist.

Previous research has provided a foundation from which to construct innovative and more refined theoretical models in order to explain the fertility differential in the

Hispanic population. Research possibilities in assessing causality of the high fertility differential of Hispanic adolescents, may be furthered by considering cultural variables influencing the probability of an adolescent becoming pregnant and/or a parent. Cultural components of the Hispanic lifestyle seem to be highly correlated with the high fertility rate of this ethnic group. Identifying variables that interact with the decision-making processes (contraceptive use, abortion, abstinence, etc.) of Hispanic adolescents, may facilitate a better understanding of what elements are involved in determining if a Hispanic adolescent becomes pregnant and bears the child or not. Variables which measure the degree of acculturation of the Hispanic adolescent to the Anglo society, such as: language spoken in the home; housing arrangements; adherence to traditional values and attitudes; etc., may suggest correlations between the acculturation process and the possibility of using contraceptives and/or abortion services in affecting the fertility rate. It would be predicted that Hispanic adolescents who rate high on an acculturation scale, would be more likely to consider alternatives of contraception, abortion, and adoption in response to sexual relations and consequently, pregnancy.

Richer (1968) explains that, as children broaden their contact from the family of origin to the outside world, other alternative sources of ego-enhancement are available.

The intensity of both the positive (e.g. support, comfort) and negative (e.g. punishment) family features diminish with more gratification of the individual being met outside the family system. Applying Richer's (1968) principle to the Hispanic adolescent's situation, it would seem reasonable to expect that the more involved the adolescent becomes in peer, school, and community activities in the Anglo society the lesser amount of importance given to the Hispanic family standards and rules. Greater exposure to other support systems implies that gratification and ego-enhancement could be met outside the family support system network and therefore, consequences of deviant family behavior (adolescent pregnancy) may not be as traumatic for the adolescent. Behavioral-exchange theoretical concepts would speculate that the loss to the Hispanic adolescent of the family support due to a pregnancy, abortion, or use of contraceptives would be compensated by the support of extra-familial members (e.g. peers, educators, neighbors, etc.). It would be fitting to use this concept of behavioral-exchange in factoring out relevant variables in determining the likelihood of Hispanic adolescent pregnancy.

At the very least, intervening into the cycle of adolescent sexual behavior is an uphill battle. Early education of human sexuality development and responsibilities and consequences of sexual relations would

seem to be an attempt to combat the serious problem of the disproportionate Hispanic adolescent pregnancies in the United States. Further exploration of Hispanic values, beliefs, coping mechanisms, and self-concepts in relation to the whys of Hispanic adolescent pregnancy may provide the insight to effective resolution of this situation. Failure to understand these culture specific characteristics and traits often means that Hispanics are labeled as people with many personal and social deficits. In the pluralistic situation, one can understand and interpret the family system only when one knows the nature of the culture from which it obtains its plan for its way of life and to which it lends its' loyalty (Claydon et al., 1977).

References

- Abraham, K. G. (1986). Ego-identity Differences among Anglo-American and Mexican-American Adolescents. Journal of Adolescence, 9, 151-166.
- Alan Guttmacher Institute (1986). Teenage Pregnancy in Industrialized Countries. New Haven: Yale University Press.
- Alvarez, D. & Bean, F. D. (1976). The Mexican-American Family. In C. Mindel & R. Habenstein (Eds.), Ethnic Families in America. New York: Elsevier Scientific Publishing Co., Inc.
- Bardwick, J. (1971). Psychology of Women. New York: Harper & Row.
- Baron, A. (1979). The Utilization of Mental Health Services by Mexican-Americans: A Critical Analysis. Palo Alto, California: R & E Research Associates, Inc.
- Bean, F. D., Curtis, R. L., & Marcum, J. P. (1977). Familism and Marital Satisfaction among Mexican American: The effects of Family Size: Wife's Labor Force Participation, and Conjugal Power. Journal of Marriage and the Family, 39, 759-767.
- Bean, F. D. & Frisbie, W. P. (1978). The Demography of Racial and Ethnic Groups. Austin, Texas: Academic Press.

- Bean, F. D. & Marcum, J. P. (1978). Differential Fertility and the Minority Group Status Hypothesis: An Assessment and Review. In Bean, F. D., & Frisbie, W. P. (Eds.), The Demography of Racial and Ethnic Groups (pp. 189-211). New York: Academic Press.
- Bean, F. D. & Swicegood, G. (1985). Mexican American Fertility Patterns. Austin, Texas: University of Texas Press.
- Bradshaw, B. S., & Bean, F. D. (1972). Some aspects of the fertility of Mexican Americans. In C. F. Westoff & R. Parke, Jr (Eds.), Demographic and Social Aspects of Population Growth (pp. 140-164). Washington, D.C.: U.S. Government Printing Office.
- Brown, I. C. (1972). Man and Culture. In R. Shinn (Ed.), Culture and School. San Francisco: Intext Educational Publishers.
- Bryant, B. & Meadow, A. (1976). School-related Problems of Mexican-American Adolescents. Journal of School Psychology, 14, 139-150.
- Chandler, C. R. (1979). Traditionalism in a Modern Setting: A Comparison of Anglo- and Mexican-American Value Orientations. Human Organization, 38, 153-159.
- Children's Defense Fund (1988). Adolescent Pregnancy Prevention Clearinghouse, Teenage Pregnancy: An Advocates's Guide to the Numbers. January/March.

- Claydon, L., Knight, T., & Rado, M. (1977). Curriculum and Culture. Sydney, Australia: George Allen and Unwin.
- de la Garza, R. O., Bean, F. D., Bonjean, C. M., Romo, R. & Alvarez, R. (1985). The Mexican American Experience. Austin, Texas: University of Texas Press.
- DeBlassie, R. R. (1976). Counseling with Mexican American Youth. Austin, Texas: Learning Concepts, Inc.
- Delgado, M. & Humm-Delgado, D. (1982). Natural Support System: Source of Strength in Hispanic Communities. Social Work, 27, 83-89.
- DuBois, C. (1972). The dominant value profile of American culture. In R. Shinn (Ed.), Culture and School. San Francisco, California: Intext Publishers.
- Erikson, E. H. (1968). Identity: Youth and Crisis. New York: Norton.
- Goldscheider, C. (1971). Population, Modernization, and Social Structure. Boston: Little, Brown and Company.
- Goldscheider, C. & Uhlenberg, P. R. (1969). Minority Group Status and Fertility. American Journal of Sociology, 74, 361-372.
- Gonzales, S. (1980). Towards a Feminist Pedagogy for Chicano Self-Actualization. Frontiers, 80, 48-51.
- Havighurst, R. J. (1972). Developmental Tasks and Education. (3rd ed.). New York: David McKay.
- Hodgkinson H. L. (1962). Education in Social and Cultural Perspective. Englewood Cliffs: Prentice-Hall, Inc.

- Jaco, E. G. (1957). Social Problems in Mental Disorders in Texas. Social Problems, 4, 322-28.
- Jones, R. C. (1948). Ethnic Family Patterns: The Mexican Family in the United States. American Journal of Sociology, 53, 351-364.
- Keefe, S. E., Padilla, A. M., & Carlos, M. L. (1979). The Mexican-American Extended Family as Emotional Support System. Human Organization, 38, 144-152.
- Kennedy, C. (1980). A Case for family life education. In C. E. Kennedy (Ed.), Readings in Family Education. Manhattan: KSU Family Center.
- Kett, J. F. (1977). Rites of Passage. New York: Basic Books, Inc., Publishers.
- Leigh, G. K. & Peterson, G. W. (1986). Adolescents. Cincinnati, Ohio: South-Western Publishing Co.
- Lindemann, C. & Scott, W. (1982). The Fertility Related Behaviors of Mexican American Adolescents. Journal of Early Adolescence, 2, 31-38.
- Lopez, D. E. & Sabagh, G. (1978). Untangling Structural and Normative Aspects of Minority Status-Fertility Hypothesis. American Journal of Sociology, 83, 1491-1497.
- Madsen, W. (1964). Value Conflicts and Folk Psychiatry in South Texas. In A. Kiev (Ed.), Magic, Faith, and Healing (pp. 420-440) New York: The Free Press.

- Madsen, W. (1973). the Mexican Americans of South Texas.
(2nd ed.). New York: Holt, Rinehart, and Winston.
- Martinez, R. A. (1978). Hispanic Culture and Health Care.
Saint Louis: The C. V. Mosby Company.
- Mendelberg, H. A. (1984). Split and Continuity in Language
Use of Mexican-American Adolescents of Migrant Origin.
Adolescence, 73, 171-182.
- Minuchin, S. (1974). Families and Family Therapy.
Cambridge: Harvard University Press.
- Mizio, E. (1972). White worker-minority client. Social
Work, 17, 82-87.
- Mott, F. (1985). Pace of Early Childbearing Among Young
American Mothers. Ohio State University, unpublished
paper.
- Murillo, N. (1970). The Mexican American Family. In N. N.
Wagner & M. J. Haug (Eds.), Chicano (pp. 97-108).
Saint Louis: The C. V. Mosby Company.
- National Center for Health Statistics (1985). Advance
Report of Final Natality Statistics. Monthly Vital
Statistics Report, 36. Hyattville, M.D.: U.S.
Department of Health and Human Services.
- National Research Council (1987). Risking the Future.
Washington, D.C.: National Academy Press.
- Petersen, W. (1961). Population. London: The Macmillan
Company.

- Ramos, S. (1973). Psychoanalysis of the Mexican. In L. I. Duran & H. R. Bernard (Eds.), Introduction to Chicano Studies. New York: The Macmillan Company.
- Richer, S. (1968). The economics of child rearing. Journal of Marriage and the Family, 30, 462-466.
- Rubel, A. J. (1966). Across the Tracks. Austin, Texas: University of Texas Press.
- Ruiz, R. A. & Padilla, A. M. (1977). Counseling Latinos. The Personnel and Guidance Journal, 55, 401-408.
- Saragoza, A. M. (1982). Mexican Children in the U. S.: The Central San Joaquin Valley. De Colores Journal, 6, 64-74.
- Schermerhorn, R. A. (1970). Comparative Ethnic Relations: A Framework for Theory and Research. New York: Random House.
- Sorenson, A. M. (1985). Fertility Expectations and Ethnic Identity Among Mexican-American Adolescents. Sociological Perspectives, 28, 339-360.
- Staples, R. & Mirande A. (1980). Racial and Cultural Variations Among American Families: A Decennial Review of the Literature on Minority Families. Journal of Marriage and the Family, 42, 887-903.
- Ulibarri, H. (1972). Social and attitudinal characteristics of Spanish-speaking migrant and ex-migrant workers in the Southwest. Sociology and Social Research, 50, 361-370.

- U. S. Bureau of the Census, (1985). Statistical Abstract of the United States 106th ed. Washington, D.C.: U.S. Department of Commerce.
- Wagner, N. N. & Haug, M. J. (1971). Chicanos. Saint Louis: The C. V. Mosby Company.

HISPANIC ADOLESCENT FERTILITY DIFFERENTIAL:
BEHAVIORS AND HYPOTHESES

by

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ABSTRACT

Hispanic adolescents are disproportionately likely to give birth, and consequently account for a disproportionate share of the adolescent births in the United States each year. Hispanic adolescents are not more sexually active than other ethnic or racial groups. However differences in the use of contraception and abortion, rather than sexual activity, explain fertility differentials in adolescent childbearing. This paper examines available research on the Hispanic adolescent fertility differential in relation to the majority society. It also explores, through fertility differential hypotheses, the question of why Hispanic adolescents are more susceptible to higher fertility rates. The ethnic identity formation of the minority group and the nuclear and extended family support systems are examined, as are principles relating to adolescent development in the Hispanic culture. Adolescent development perspectives focus primarily on sex-role development and identity within the Hispanic family context. Based upon the information gathered, implications and strategies for Hispanic adolescent counseling and education are developed. Guidelines for cultural sensitivity and awareness in a therapeutic setting are presented, along with an appreciation of cultural etiquette. Issues for future investigation, concerning the identification of variables in the decision-making process of pregnancy, abortion, adoption, and use of contraceptives within a cultural framework are explored.