A study of Mexican-American pregnant teenagers and their mothers in the East San Jose School District

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A STUDY OF MEXICAN-AMERICAN PREGNANT TEENAGERS AND THEIR MOTHERS IN THE EAST SAN JOSE SCHOOL DISTRICT

A PROJECT PRESENTED TO THE SCHOOL OF SOCIAL WORK OF SAN JOSE STATE UNIVERSITY

In partial fulfillment of the Requirements for the Degree MASTER OF SOCIAL WORK

BY LUCIA A. VINDIOLA AND JIM GOUVEIA

MAY, 1989
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Within the last decade unprecedented attention has been given to the issue of adolescent pregnancy. The alarm stems from the serious and complex problems associated with teenage pregnancy, not only to the teenage mother herself but to her child and society as well.

Regardless of one's political philosophy or moral perspective, the basic facts are disturbing: more than one million teenage girls in the United States become pregnant each year, just over 400,000 teenagers obtain abortions, nearly 470,000 give birth (National Research Council, 1987, p.1).

What are the consequences and realities of such startling statistics? What does this mean for the young woman who chooses to follow through to term with her baby and rear him/her? What does this mean for the disproportionate number of minority young women, who are becoming mothers outside of marriage with little education? Many of the consequences of teenage pregnancy are discussed in a report by the National Research Council, *Risking the Future* (1987) that include the following:

**HEALTH**

1.) Health risks and outcomes of adolescent pregnancy and childbearing show that pregnant teenagers, especially those under 15, have higher rates of complications, maternal
morbidity and mortality and premature and/or low birthweight babies.

EDUCATION
2.) Young women who give birth while they are in junior high school or high school complete on an average fewer years of school, are less likely to earn a high school diploma, and are less likely to go on to college and graduate school than those who delay childbearing until their twenties.

EMPLOYMENT
3.) In part because of their educational deficits and larger family size, adolescent mothers are less likely to find stable and sustainable employment than their peers who delay childbearing.

DEPENDENCY ON WELFARE
4.) Teenagers who become mothers are disproportionately poor and dependent on public assistance for their economic support. Recent estimates of 1985 outlays (Moore and Burt, 1982; Frustenberg, 1976; Presser, 1974), suggest that total welfare-related expenditures attributable to teenage childbearing has nearly doubled in the past 10 years, to $16.6 billion. This is a conservative estimate because it only includes expenditures from the three major welfare programs AFDC, Food Stamps and Medicaid.

CHILDREN AT RISK
5.) In addition to the numerous health risks that the
children of teenage mothers face, they are also at greater risk of lower intellectual and academic achievement, social behavior problems, and problems of self control. In addition, data (Moore, 1986) suggest that they may be more likely to become adolescent parents themselves than are the children of older mothers.

Adolescent fertility and subsequent births have become major social, economic, personal and political problems. Teenage pregnancy and motherhood have been addressed in many research efforts to try and understand shifts, outcomes and reasons for this phenomenon. In this search for answers and prophylactic measures, the investigators find a severe lack of information and research about Mexican-American teenagers.

Although little information is available for minority groups other than blacks, recent population data suggest that the birthrate for Hispanics is increasing. In 1982, the birthrate per capita was 17.7 for White non-Hispanics, 58.2 for Blacks and 24.1 for Hispanics. Teenage childbearing is more frequent among Mexican-American and Puerto Rican women living in the United States than their white counterparts (Encyclopedia of Social Work, 1986, p.40).

According to Becerra and De Anda (1984), in their discussion of Mexican-American adolescents "It is particularly important to examine issues related to adolescent pregnancy in regard to this group, for approximately 40 percent of the Mexican-American population are under 18." (p.173) The lack of information on this
population can only hinder our progress towards creating prevention and education programs designed to meet the unique needs of this underrepresented group.
STATEMENT OF PURPOSE

This exploratory research was designed to obtain information about Mexican-American pregnant teenagers and their mothers. The researchers looked at the maternal history, generational family patterns, communication, acculturation and social support groups. It was the researchers' intent to gather information that is presently lacking in current research and to provide some ground for further in-depth studies. The researchers hoped to provide some insight into unwed motherhood among Mexican-Americans, repeated family patterns, acculturation, and mother-daughter communication and teenage pregnancy. The research also looks at age at first pregnancy, marital status at the time of birth, and the acceptance of the teenager by the family of origin during and after pregnancy. This study was not intended to rigorously test a highly formalized hypothesis. It is intended to examine the variables involved in the increasing phenomenon of Mexican-American teenage pregnancy and subsequent single motherhood.
RESEARCH QUESTIONS

The researchers were interested in answering the following questions with regard to Mexican-American pregnant teenagers serviced by East San Jose School District within a major metropolitan area in the Western United States.

1. What generational family patterns are evident between Mexican-American mothers and their pregnant teenage daughter?

2. What are mother-daughter patterns of communication between Mexican-American mothers and their pregnant teenage daughters?

3. At what level of acculturation are the Mexican-American mothers and their pregnant teenage daughters? (Determined by the dominant language spoken in the home.)

4. Are Mexican-American pregnant teens accepted by their families during and after the pregnancy?

5. From whom does the Mexican-American pregnant teens receive social and emotional support?
CHAPTER 2
Review of Literature

This review of literature will examine mother/daughter communication, Mexican-American acculturation and generational family patterns in relation to teenage pregnancy. Traditional theories will be explored as well as less prominent writings on these subjects. The review will also cover the lack of literature regarding Mexican-American pregnant teens and their unique circumstances and needs.

Teenage Pregnancy

The amount of information in the literature regarding Mexican-American adolescent pregnancy is nearly nonexistent.

Although data on Hispanics is included in recent surveys of sexual and fertility behavior, the samples are frequently too small to permit statistically meaningful national estimates according to the relevant variables e.g., age, marital status...information concerning trends in the sexual and fertility behavior of Hispanic teenagers is incomplete and not comparable to that for racial subgroups. National Research Council, 1987,p.7).

The literature is either exploratory in nature with little statistical relevance, or generalized to total Hispanic populations with little specific information about Mexican-Americans. Throughout the chapter "trends in Adolescent Sexuality and Fertility" in Risking the Future.
(1987), the authors repeatedly states that data concerning sexual activity, pregnancy intention, abortions, and adoptions are not available for Mexican-American teenage population. In light of the stark absence of information on Mexican-American teens, the review of literature will focus on general populations and theories. Specific research or studies that deal with Hispanic or Mexican-American pregnant teens will be interjected.

A report by the Alan Guttmacher Institute (1985) comparing 36 other developed countries with the United States indicated that the United States leads nearly all other developed nations of the world in rates of teenage pregnancy, abortion and childbearing. In addition, the report showed the maximum difference in birthrates between the U.S. and other countries occurred among the most vulnerable teenagers, girls under 15.

The U.S. is the only developed country where teenage pregnancy has been increasing in recent years with the U.S. rate for 15-19 year olds standing at 96 per 1,000 (83 per 1,000 for whites) compared to 14 per 1,000 in the Netherlands, 35 in Sweden, 43 in France, 44 in Canada and 45 in England and Wales. (Guttmacher, 1985, p.1).

Planned Parenthood reports that there are 1.1 million teens who become pregnant yearly and that seventy-five percent of teen pregnancies are unintentional; 9,773 babies were born to teens under 15, and 181,161 babies were born to teens aged 15, 16 and 17 in 1986. In 1982 the number of live
births in Santa Clara County was 22,518, a 14.2% increase from 1970. This information is revealed in the following table as identified in the State of California, Department of Health Services, Center for Health Statistics, 1981.

LIVE BIRTHS BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1970</th>
<th>1982</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 and under</td>
<td>25</td>
<td>144</td>
<td>+476.0%</td>
</tr>
<tr>
<td>16 - 19</td>
<td>2,558</td>
<td>1,838</td>
<td>-28.1%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>7,065</td>
<td>6,644</td>
<td>-5.9%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>8,911</td>
<td>11,863</td>
<td>+33.0%</td>
</tr>
<tr>
<td>35 and over</td>
<td>1,162</td>
<td>1,569</td>
<td>+35.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19,721</td>
<td>22,518</td>
<td>+14.2%</td>
</tr>
</tbody>
</table>

LIVE BIRTHS BY ETHNICITY-1981

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>% of Total</th>
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<tbody>
<tr>
<td>White</td>
<td>11,932</td>
<td>53%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6,108</td>
<td>27%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,903</td>
<td>13%</td>
</tr>
<tr>
<td>Black</td>
<td>906</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>669</td>
<td>3%</td>
</tr>
</tbody>
</table>

TABLE 1

The U.S. leads the developed world in teenage births, four in 10 young women will become pregnant at least once before they are 20, and over 80% of teen pregnancies are unintended. Half of all teen pregnancies end in abortion and of those who do give birth, 94%, keep their babies. (National Research Council, 1987, p.15)

In 1981, the total number of births in California was 55,880; of that total, Whites had 21,968, Blacks had 8,667, Mexican-Americans 22,397, other 2,084, and unknown 764.
Mexican-Americans lead the live birth rate with 22,397. Singh (1986) showed that California rated second in the nation for teenage pregnancies and births.

Table 1 shows a marked increase in live births among teenagers in Santa Clara County. Santa Clara County appears to be mirroring the national and statewide trends with a marked increase in teenage births to young women between the ages of 15-17, for the years 1970–1982. Of interest to this study, especially in Santa Clara County, is that 27% of those births were to teenagers of Hispanic heritage, the second largest percentage in the county.

We must carefully look at the cause, the effect and then develop a well designed culturally sensitive, financially backed plan to meet the challenge of prevention ahead of us. The personal, social, economic and health costs are too high for any individual or society to pay.

Communication

Communication is best described by Satir (1972) in her book Peoplemaking:

I see communication as a huge umbrella that covers all that goes on between human beings. Once a human being has arrived on this earth, communication
is the largest single factor determining what kinds of relationships he/she makes with others and what happens to him/her in the world about him/her. (Satir, 1972, p.30)

She identifies the family as the factory where individuals are made and personalities are developed. She labels the parents or adults in the family as the "peoplemakers".

She asks how this production of people is accomplished and exclaims "communication". Children must rely on experiences with people around them and messages given to them to determine their worth as a person.

Family communication differs from other human communication only in its emotional intensity. Because of the intimate nature of the relationships involved, any miscommunication in the family is likely to be more painful and the consequences more serious than in other human groups. (Sieburg, 1985, p. 71).

Mother-daughter communication in relation to teenage pregnancy has been looked at in several different studies, (Fox & Inazu, 1980, Fisher, 1986, Newcomer & Udry, 1985) these studies show that while communication about sex was inadequate, when communication about sex was present, the mother usually assumed that role.

The studies also indicated that the impact of having received sex instruction within a familial context seemed marked, as suggested by later ages of coital initiation and more effective contraceptive practice among teens who indicate that parents were their first or major source of sex information. (Fox, Greer, Inazu, 1980, p.29).

Fox and Inazu (1980) go on to discuss the racial
differences in communication patterns especially around the topics of conception, sexual intercourse, and birth control. The more sensitive the subject matter, the greater the disparity between the proportion of black and white mothers who have never talked. This study showed that Black mothers spoke more often about these sensitive areas than did their white counterparts.

Becerra and De Anda (1984) found that mothers, teachers and doctors were the most likely educators about birth control for Mexican-American teen mothers. Becerra and de Anda state: "It is interesting that the younger white adolescents were dependent on their mothers for information, while the English-speaking Hispanic adolescents were more likely to name a teacher as their first source of knowledge." (p.21).

They further explain that sexual matters are less likely to be openly discussed in Mexican families than in White non-Hispanic families.

Another study by Inazu and Litton Fox (1980), discusses the influences of daughters' sexual behavior by the mother through direct education and instruction of facts about sex. They state that mothers are agents of social control through activities such as supervising or monitoring their daughter's dating behavior and setting curfews. Jessor and Jessor (1974), found that the more supervision exercised by the
mother, the less the problem behavior (including sex) for both male and female children.

Inazu and Fox (1980) point out that:

"...aside from the direct impact of mothers on teenage sexual behavior, mothers can be expected to influence their daughter's sex behavior indirectly through their presence and availability as a source of socio-emotional support...the daughter is more likely to internalize her parent's standards and values if she respects and likes them and feels she is respected and liked in return." (p.82)

The mother's role in the daughter's life is very important in terms of her behavior and values. If the mother is distant and noncommunicative then the daughter will most likely seek outside support for limit setting. The mother's ability to parent her daughter in a clear and open fashion will foster a much healthier and open communication pattern.

Inazu and Fox (1980) cite several studies that show evidence that non-virgins are more likely to have poorer communication with their mothers. Other studies (Chilman, 1974; Fox and Inazu, 1979; Kantner and Zelnik, 1972) suggest that these young women have less affectionate relationships with their mothers (Jessor and Jessor, 1974).

In a research review, Fox (1980), discusses the lack of communication between mother-daughters in reference to sex. Much of the literature on the family suggests that parents and children do not communicate directly or positively about sex, sexual values and contraception (Bell and Buerkle, 1961;
Dubbe, 1965; Kirkendall & Cox, 1967; Skolnick, 1973). Some go so far as to claim that parents and children cannot communicate about sexuality within a familial context (Nace, 1962). Fox, as well as others, concludes that there is limited communication within the home.

Clearly not many children receive much direct instruction about sexuality, sexual intercourse, or fertility regulation from their mothers. Of those who do, however, the results seem to suggest that communication, however minimal or even inaccurate, is associated with the following patterns of sexual behavior: the forestalling or postponement of a child's sexual activity and more effective contraceptive practices on the part of the child. (p.25)

The research emphasized that the link between communication and children's sexual behavior is not clear or well-established and that considerably more research is needed. The researchers feel that a special focus is needed in the area of mother/daughter communication and why communication about sex appears to be so difficult for so many families.

Acculturation

In 1937, Everett V. Stonequist chronicled the experience of a culturally different person adjusting to Anglo-American society. He outlines in his book, The Marginal Man, the following stages of adjustment:

A comparative study of the available evidence suggests that the marginal man has at least three significant phases in his personal evolution: 1) a phase when he is
not aware that the racial or nationality conflict embraces his own career; 2) a period when he consciously experiences this conflict; and 3) the more permanent adjustments, or lack of adjustments, which he makes or attempts to make to his situation."

Stonequist (1957) goes on to define "marginal man" as one who is poised in psychological uncertainty between two (or more) social worlds; reflecting in his soul the discords and harmonics, repulsions and attractions of these worlds, one of which is often 'dominant' over the other; within which membership is implicitly if not explicitly based upon birth or ancestry (race or nationality); and where exclusion removes the individual from a system of group relations. Marginally can be viewed as a negative adjustment by an individual to a new culture, one that is plagued with disharmony, confusion, stigma and mental illness.

De Anda (1984) explains the bicultural model as a means of understanding the process by which an individual learns to function in varying degrees within two systems - the minority culture and the majority society. She feels that minority individuals must learn to function in two environments, their own culture and that of the mainstream society. De Anda goes on to explain that the minority individual learns two distinct behavioral repertoires to use within the minority and majority societies. However, this theory does not explain the different levels of success among different ethnic groups. De Anda (1984) lists six factors that affect
the degree to which a group can become bicultural:

1. The degree of overlap or commonality between the two cultures with regard to norms, values, beliefs, perceptions and the like.
2. The availability of cultural translations, mediators, and models.
3. The amount and type (positive or negative) of corrective feedback provided by each culture regarding attempts to produce normative behaviors.
4. The conceptual style and problem-solving approach of the minority individual and their mesh with prevalent or valued styles of the majority culture.
5. The individual's degree of bilingualism.
6. The degree of dissimilarity in physical appearance from the majority culture, such as skin color, facial features and so on (p.46).

The variation in these six factors and their interactions account for different levels of biculturalization. These variables can serve to facilitate or impede dual socialization. De Anda (1984) states that the extent of an individual's proficiency in the language of a particular culture can either enhance or impede the socialization process."...an individual conversant in the language is more likely to be exposed to a greater number of models and mediators and to a wider range of learning situations...Obviously, the bilingual person has the greatest opportunity to become a bicultural individual" (p.106).

De Anda (1984) postulates a positive acculturation process where an individual can function within the dominant culture while maintaining his/her own ethnic identity. The level of success varies with the ability to blend in physically, linguistically and culturally.
Therefore, the researchers will use degree of bilingualism as an indicator of the level of acculturation for this study, in a manner similar to De Anda's research.

Armando Padilla (1980) states that there are five dimensions important in determining acculturative change. The first is "language familiarity and usage." (p.49) He states that language has been one of the most frequently examined variables to measure acculturation. The assumption generally is that there is a positive relationship between familiarity with the language of the host culture and acculturation. He points out that most literature neglects the reality of bilingualism and the ability to speak the host country language at work, school, social functions but speak native language at home, with friends and relatives. He next discusses cultural heritage and measures acculturation by one’s knowledge of cultural artifacts and material specific to one’s own culture or that of the host country. He points out that preferences are not viewed as mutually exclusive of one culture or the other.

Padilla (1980) explains that the other dimensions are less obvious in their relationship to acculturation, but are equally important. They are: 1) the ethnicity factor which includes the maintenance of ethnic pride and personal and group identity, 2) that an individual who is monolingual in the host country language has little knowledge of cultural
artifacts, 3) and an individual who identifies with his own culture of origin, is not totally acculturated yet. Finally, acculturation depends in part on both the degree of inter-ethnic interaction and inter-ethnic distance and perceived discrimination: "Ethnic groups whose members are slow to interact with the members of the host culture will show a slower rate of acculturative change than will ethnic groups who find interaction easy." (p.50).

Inter-ethnic distance may hinder the acculturation process also by keeping certain groups isolated and making interaction with the broader society more difficult. Padilla (1980) points out that this five dimensional model of language familiarity and usage, cultural heritage, ethnicity, ethnic pride and identity and inter-ethnic interaction or distance, may not apply to all cultural groups in transition, and that it was developed specifically with the Mexican-American in mind. He adds that cultural awareness and ethnic loyalty are essential in any analysis of acculturation.

Murguia (1974) feels that the traditional assimilation/acculturation theories do not take into account the political overtones of the Mexican experience in the United States. He, instead, feels these theories deal with individuals who travelled here from other countries and who freely chose to leave their homelands and make a new start in a different country. He describes it thus:
The Chicano people are a colonized society living in an area, Aztlan or the American Southwest, conquered by imperialist 'manifest destiny' Anglo Americans... The Chicano people have been dis-inherited from their land, have been victims of cultural rape, and are at the bottom of a socio-economic system which discriminates against them. They are truly colonized because they have no say in the political and economic areas which control their lives. Their neighborhoods are controlled by outside Anglo interests. (p.8-9).

Murguia (1975) discusses how mainstream social scientists have used an assimilationist perspective to view the Mexican-American people, "...seeing them as undergoing processes similar to those experienced by the various European immigrant groups who arrived in America in the nineteenth and early twentieth centuries." (p.1).

The unique experience of the Mexican-American must be considered when creating a model of acculturation. Comparisons with other peoples must be criticized due to the extensive gap in common experiences and realities that make the Mexican American situation different today. Programs implementing prevention models for Mexican-American pregnant teens must have a studied awareness of her unique acculturation process and the obstacles that will not allow her into the mainstream. Ramirez and Castaneda, (1974) discuss the misunderstood experience of the Mexican-American:

As a distinctive ethnic population, Mexican Americans have been frequently referred to as the 'least Americanized' of all American ethnic groups 'unassimilable', and 'foreign.'
These descriptions are often used as explanations for the educational and economic plight in which the majority of the Mexican American population finds itself today... Social scientists and educators have long viewed the Mexican-American population with utter amusement for its failure to follow the historical patterns of acculturation and assimilation that have been attributed to many other major ethnic groups. (p.2)

In several studies (Becerra and De Anda, 1984; Darabi and Ortiz, 1982; Alan Guttmacher Institute, 1985; The National Center for Health Statistics, 1985) the results indicated that acculturation to American values is more likely to lead to single motherhood.

Becerra and De Anda (1984), established in their study with Mexican-American adolescent females, that the level of acculturation plays a key role in determining whether the adolescent will marry as a result of being pregnant. They also concluded that the converse is true, that acculturation to American norms is more likely to lead to unwed mothers for Mexican-American adolescents.

In another study, Darabi and Ortiz (1982) discussed adolescent women of Mexican origin. They revealed that Mexican-American adolescents are "far more likely to give birth within marriage." (p.30) The researchers found that with increasing assimilation into American society, and increasing distance from traditional norms, Mexican-American young women will be far more likely to engage in premarital sex and to bear their first child outside of
marriage. "...when young Mexican women who had a first premarital birth before the age of 22 are examined in terms of their socio-economic and generational status, out-of-wedlock childbearing is shown to increase with the degree of assimilation." (p.30)

The National Center for Health Statistics (1985) reports that: "Native-born Hispanic women were slightly more likely than their foreign-born counterparts to be unmarried when they gave birth (27 percent vs. 23 percent)" (p.127). And in addition: "Native-born Hispanic women who had babies in 1981 were much more likely to be teenagers than were foreign born Hispanics (25 percent vs. 14 percent)." (p.128).

Finally, the Alan Guttmacher Institute (1985) reports that Hispanic teenage women are more likely than either non-Hispanic whites or blacks to have been married. "About one-fifth of Hispanic women aged 15-19 have been married compared to less than one-tenth of non-Hispanics in this age group." (p.101)

The acculturation process needs to be considered when looking at the adolescent pregnancy phenomenon among Mexican-Americans. Research indicates that the psychological impact of acculturation can be acute, creating confusion and lost identity. The lost identity, or the feeling of not belonging can lead to anomie and loss of self. The effect of growing up as a minority in a rigid, dominating, ethnocentric, white
majority culture can leave one's ego and psyche damaged. The compounded issues for Mexican-American adolescence, such as assimilation, racism, and contrasting generational values between traditional and mainline American values, must be considered when looking at a young woman's ability to successfully guide her life through adolescence.

The research to date indicates a complex process of assimilation and acculturation with the inability and inflexibility of the majority culture to allow certain groups to fully assimilate. It also points out the need for maintaining pride and investment in one's cultural identity for survival in this situation. Minority people's struggle to belong often lead them to reject and cast off traditions from their country of origin for those of the dominant culture. This can create new problems and leave massive voids and conflicts. The example of the young women who come into motherhood without a partner for support is a case in point. The literature indicated that the more assimilated the young Mexican-American woman becomes, the more likely she will have her child outside of marriage (Becerra and De Anda, 1984).

Family Patterns

Familial influence on their offspring is well known and
widely researched (DeMause, 1974; Rollins and Thomas, 1975; and Inazu and Litton-Fox, 1980). The family is looked at as the socializing agent that prepares children for adulthood and all the responsibilities that are associated with adulthood. DeMause (1974) writes that the child rearing techniques that are used for cultural transmission, learning of roles, and self development are so important that it has been suggested that "the central force for change in history is neither technology nor economics, but the psychogenic changes in personality occurring because of successive generations of parent-child interaction." (p.3)

Rollins and Thomas (1975) found that generalizations of the impact of familial patterns have been backed empirically by studies that say "the greater the supportive behavior of parents toward children, the greater the culturally-valued child behaviors such as self-esteem, academic achievement, creativity and conformity." (p.42)

The family and parental impact on the values, socialization and self-concept are vital when looking at teenage pregnancy, its cause and prevention. Several studies about the generational patterns that impact the adolescents' behavior and attitudes toward permissive sexual practices and values, indicate that the mother's age, marital status and attitudes at her first birth increase the probability that her offspring will become parents before the age 18. Inazu
and Litton-Fox (1980) write:

The mother's past and current marital status and marital sexual activities may provide a model for her daughter's own behavior. Studies have shown for example that teenage mothers are more prone to have daughters who themselves become teenage mothers. Card (1978), Presson (1975), and Wilson (1979) found that girls whose mothers were teenage mothers and whose mothers gave birth to them illegitimately were more likely to become premaritally pregnant. (p.83)

When looking at parent-child communication about sex and adolescent sexual knowledge, the researchers find that mothers who came from a home where sex was not talked about have a difficult time discussing it with their daughters (Inazu and Litton-Fox 1980). Even though the home may not be the best place for the transmission of factual material about sex or birth control it is an important source for the transmission of values and attitudes about sex. Fisher (1980) found that "children who can talk to their parents about sex are less likely to engage in sexual activity and are more responsible in their approach to sexuality. Their behavior is just a reflection of their parents' values." (p.525)

Akpong and Davis (1976) reported that "female-headed households were more likely to have initiated coital activity prior to age 15 and were more likely to have had more than one sexual partner by the time they were in attendance at a clinic." (p.24) This indicates that the mothers' values, beliefs and behavior around sexual promiscuity or dating is
reflected in their daughters' behavior and attitudes around sex and relationships.

Becerra and De Anda (1984), discuss the impact of generational patterns among Mexican-American adolescents. They found that the Mexican-American adolescent may perceive one factor as reflecting a permissive attitude on her family's part toward early childbearing, and that it may also be the age at which her own mother first became pregnant.

Among the 13 to 17 year olds, the mothers of one third of the adolescents in all the subgroups had also become pregnant before the age of 17....This data suggests that the probability of pregnancy in adolescence increases if the adolescent's mother was also a teenage mother, and that this is especially true for younger adolescents (p.114)

Parental influence and generational patterns cannot be overlooked when addressing the issues of teenage pregnancy. As the research points out, the probability of repeating family patterns is high as it relates to sexual values, mores, practices and subsequent teenage pregnancy and motherhood.

The complexity surrounding the issue of teenage pregnancy is apparent. Many variables contribute to the cause and the explanation of teenage pregnancy and motherhood. They include: social, personal, familial, environmental, economic and cultural. The research reviewed pointed at some of these variables and the relationships are
far from conclusive. But what does seem conclusive is that the personal, social and economic impact of teenage pregnancy and motherhood are significant at all levels: individual, familial and societal. It is important to note, especially in this study, that the impact on young minority women and their families is disproportionate and frightening.

The United States leads nearly all developing nations in rates of teenage pregnancy, abortion and childbearing and in California, Mexican-Americans lead the live birth rate for adolescents.

In this study, the researchers looked at communication patterns between mother and daughter, the acculturation process and generational family patterns. The research pointed out the importance that communication about sex, contraceptives, relationships between mother and daughter plays in the daughters' sexual values, practices and resulting pregnancy and motherhood. It pointed out the reality that this communication is missing in most households and the outcome of our inability to talk to one another can mean unintended, unwanted outcomes. When developing a prevention model for unwanted adolescent pregnancy and motherhood we need to look at improving communication within the family especially about sex, contraceptives and relationships.

For Mexican-Americans the developmental tasks of
adolescence are compounded by the process of acculturation/assimilation. This extra burden of "fitting-in" within a rigid, racist society can create certain psychological results that may lead to low self-esteem, anomie and confusion. This additional task may in some cases lead to early unintended pregnancy and single motherhood. The research shows that the level of assimilation may determine whether the young women will go into motherhood single or married, but does not indicate what the psychological impact of trying to "fit-in" can do.

Finally, the research covered familial patterns that can lead to teenage pregnancy and subsequent motherhood. The research indicated that the mother's age at the birth of her first child, her marital status and attitudes about sex have a direct impact on the daughter's attitudes and age at the time of her first birth. Like patterns of physical/emotional abuse, substance use and other dysfunction, the pattern of teenage pregnancy and motherhood must be broken, altered or at the very least brought to the awareness of those caught in the family treadmill of dysfunctional patterns.
The researchers used the descriptive research design because it described systematically a situation or area in accurate and factual manner. Issac and Michael (1981) state that the purpose of the descriptive research design is "to collect detailed factual information describing phenomenon, identify problems or justify current conditions/practices." (p.48) This research design fit the intent of the researchers to gather information on this small sector of the Mexican-American community. The researchers gathered information on generational family patterns around child birth, mother/daughter communication, acculturation and support networks. The data gathered is useful background information for planning major studies. Issac and Michael (1981) explain that because descriptive research determine what others are doing with similar problems to benefit from their experience in future plans/decisions. The results are anecdotal and give good example for more generalized and statistical findings.

The information investigated in this study make descriptive design an appropriate method of looking at
Mexican-American pregnant teens and their mothers.

Definition of Terms
For the purposes of this study the following definitions apply:

Mexican Americans - people of Mexican origin or descent to include 1st, 2nd, 3rd, and 4th generation Mexican-American.

Communication - Communication covers the whole range of ways people pass information back and forth, it includes the information they give and receive, and the ways that the information is used. Communication covers how people interpret this information. (Satir, 1972) It is the sending and receiving of messages both verbal and non-verbal.

Acculturation - For the purpose of this study the researchers will define acculturation as the preference and usage of the language of the host culture over the language of the culture of origin. This definition is as used as a measurement of acculturation in previous studies, DeAnda, 1984 and Padilla, 1980.

Generational Family Patterns - Those family patterns that are repeated by each subsequent generation, which may include parenting, values, eating styles, communication, and age at first birth. Satir, (1974), explains: "It is easy to duplicate in your family the same things that happened in your growing up. This is true whether your family was a
nurturing or a troubled one." (p.13)

Social Support - The acknowledged, identified provider of emotional and psychological support to an individual i.e., support group network. This support can come from family, friends, co-workers, social/religious agencies or individual.

Sample

The pregnant young women studied were all enrolled in a program for pregnant teens and teen mothers in the East San Jose School District called the A Better Chance, ABC Academic Program. The program serves all the schools in the district.

The researchers studied 15 Mexican-American pregnant young women, teen mothers and their mothers. The names were provided by the program director and permission was obtained in advance to contact the program participants. The need for participants was announced in class and a list of those willing to participate was gathered by the instructor, twenty names were given the researchers and then only fifteen agreed to the actual interview. The researchers arranged an in home interview with the pregnant adolescent and her mother. Confidentiality was assured by excluding any names of the participants from any written material. The questionnaires were coded for tabulation purposes only; no names were used whatsoever. The pregnant young women were between the ages
of 13-18 all of Mexican-American descent.

Two questionnaires were developed and pre-tested by the researchers. They were orally given to 15 individual pregnant adolescents' or teen mothers and their mothers or guardians, in the adolescents home. A questionnaire consisting of 54 close-ended questions, that dealt with: communication, generational family patterns, feelings of belonging and acculturation were administered to the adolescent privately for 45-60 minutes per interview. Then a separate questionnaire was administered to the mother of the adolescent, addressing the same issues. If the mother was monolingual in Spanish, the interview was given in Spanish. A total of two hours per visit was taken to complete the interviews in the home.

No time was provided between the interviews for the adolescent and her mother to discuss the questions, this assured that the answers would not be swayed by the influence of either the daughter or the mother. The interview was administered by one bi-lingual (Spanish-English) researcher, all on separate occasions.

Out of the total sample of 25 young women who responded positively to wanting to participate in the study, 15 mothers and 15 daughters, followed through with the interviews - this was after repeated phone calls and rescheduling of the appointments. The response and receptivity was open, welcome
and very gracious.

**Procedures for Data Analysis**

The researchers compared the responses of the mother and daughters. The information gathered for the daughters was tabulated separately from the mothers. The results were compared by frequencies and percentages for the different variables the researchers are looking at, i.e. communication, age, acculturation, age at time of first birth, where born, how long in the U.S., family structure, mother daughter relationship, language spoken at home, with friends, and career and education aspirations.

**Limitations**

The researchers controlled for the influence of mother upon daughter by scheduling the mother and daughter for a one time interview at the same time. Each individual was interviewed with no time lapses between interviews. The mother and daughter were interviewed separately and given no time in between the interviews to discuss the questions. Since this was a one time interview, there was no space of time for the subject to mature or change. The one time interview schedule controlled testing effects or replies. The researcher who conducted the interviews, implementing the instrument, had established proficiency in interviewing and
counseling techniques. The researcher is bilingual. The instrument was pre-tested by administering the questionnaire to two Mexican-American families and then the responses were carefully checked for accuracy and desired information, to insure validity.

The researchers scored the results in numerical form from the questionnaires. In such a small sample the results were not externally valid but did provide information for further in-depth studies.

The researchers are aware that such a small sample size, (being all teens, girls, pregnant, mothers, Mexican-American), will affect our internal validity because of the lack of random selection.

A significant variable to explore and that is lacking in this study is the issue of social class as a determinant of acculturation. Because of the limited size of the sample and the non-random selection of the participants, social class could not be separated from ethnicity. This limitation puts at question an important issue of class and accessibility to social mobility and values through economic and educational advantages.

Experimental attrition was not a problem because of the prearranged one time interview schedule we used.

The small size of this study had a definite effect on our external validity, but its intensive and anecdotal nature
can provide background information for further studies, and bring to light important variables that grounded our research questions. Due to the nature of the design and study, the reliability was limited because of the size and time constraints as well as the non random subject selection.
CHAPTER 4

RESULTS

The purpose of this study is to assess the strengths and needs of the Mexican-American pregnant teen. The researchers drew the sample from the students of Project ABC (A Better Chance) at Foothill high school in East San Jose School District. ABC provided the 15 pregnant teens and the participation of their mothers for the study. The data was analyzed by studying the results of the research questions first presented by the researchers.

All 15 participants were between the ages of 14 and 19. The following statistical table represents the distribution of ages for the sample group studied.

<table>
<thead>
<tr>
<th>Ages</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>17</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
<td>6.67%</td>
</tr>
</tbody>
</table>

TABLE 2

Whereas the study sample was limited, it included 15 teens and their mothers who met the researchers' criterion and who willingly participated in the interview process. Table 2 shows the age distribution of the sample population within this study. The ages spanned from 14 to 19 all being either pregnant or a mother at the time of the study.
Marital status of the participants is shown by the breakdown of married and non-married Mexican-American teens studied in this sample. The interesting factor in this table is that the 20.00% of the adolescents who were monolingual in Spanish were also the same 20.00% who were actually married. Using the definition of acculturation used in this study, the findings would support the literature that the less acculturated to the American society, the more likely the teen will marry.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>never married</td>
<td>11</td>
<td>73.33%</td>
</tr>
<tr>
<td>divorced</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>married</td>
<td>3</td>
<td>20.00%</td>
</tr>
</tbody>
</table>

TABLE 3

What are the generational family patterns of the Mexican-American pregnant teens and their mothers in this sample?

The responses to this question reveal the similarities in the family patterns between mother and daughter. Following are the findings:

<table>
<thead>
<tr>
<th></th>
<th>Daughter</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other pregnant teens in the family</td>
<td>73.3%</td>
<td>60.0%</td>
</tr>
<tr>
<td>First child between 17 and 22</td>
<td>86.7%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Never talked to mother re. sex</td>
<td>66.7%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Never talked with mother re. contraceptives</td>
<td>80.0%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Felt happy for being pregnant</td>
<td>20.0%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Felt scared for being pregnant</td>
<td>46.7%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

TABLE 4
These findings support the literature that the mothers past and current marital status and sexual activity may provide a model for the daughter's behavior. Studies have shown that teenage mothers are more prone to have daughters who themselves became teenage mothers (Card, 1978, Preson, 1975 and Wilson, 1979). The findings in Table 4 may indicate that patterns are repeated and mothers influence on their daughters is significant.

What are mother-daughter patterns of communication among Mexican-American pregnant teens in this sample?

<table>
<thead>
<tr>
<th>School is important</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely talked about school</td>
<td>3</td>
<td>26.67%</td>
</tr>
<tr>
<td>Never talked about school</td>
<td>1</td>
<td>13.33%</td>
</tr>
<tr>
<td>Rarely talked of homework</td>
<td>1</td>
<td>13.33%</td>
</tr>
<tr>
<td>Never talked of homework</td>
<td>10</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

Table 5

<table>
<thead>
<tr>
<th>Personal Matters</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never talk about sex</td>
<td>10</td>
<td>66.67%</td>
</tr>
<tr>
<td>Never talk about contraceptives</td>
<td>12</td>
<td>80.00%</td>
</tr>
<tr>
<td>Rarely talk about relationships</td>
<td>7</td>
<td>46.67%</td>
</tr>
</tbody>
</table>

Table 6

<table>
<thead>
<tr>
<th>Learned about Contraceptives</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>From clinics, doctors</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>From school</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>From relative, other than mother</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>From friends</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>From mother</td>
<td>1</td>
<td>6.67%</td>
</tr>
</tbody>
</table>

Table 7

Litton-Fox (1980) states that the mother has a very definite influence on the daughters' sexual behavior. The more diminished the communication the greater the probability of sexually dysfunctional behavior on the part of the
daughter. The researchers found that sexually explicit discussions are not as important as the fact that a mother is able to set a tone that allows open sexual communication.

The results back the literature regarding lack of communication between the mother and her daughter, especially around subjects regarding sex, contraceptives and relationships. In Table 5 we see that 100% of the respondents agreed that school was important to them but that 10 or 66.67% never talked about homework. Tables 6 and 7 showed a significant number never talking about sex or contraceptives with their mother and that only 1 adolescent learned about contraceptives from their mother. The majority learned about contraceptives from a clinic, school or friend.

When comparing this with the age of the respondent at initiation of sexual intercourse and the age when dating the opposite sex began we find some interesting results.

<table>
<thead>
<tr>
<th>Age when dating began</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 yrs to 13 yrs</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>14 yrs to 16 yrs</td>
<td>13</td>
<td>86.67%</td>
</tr>
</tbody>
</table>

TABLE 8

<table>
<thead>
<tr>
<th>Age at initiation of sexual intercourse</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 yrs to 13 yrs</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>14 yrs to 16 yrs</td>
<td>10</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

TABLE 9

Tables 8 and 9 show that even though the communication about sex and contraceptives is limited between their mother
and themselves the ages when intercourse and dating is being experimented with is getting younger. In table 9 we see that 5 or 33.33% of this sample started sexual intercourse at the ages of 11 to 13 years old. The results demonstrate that the Mexican-American’s support group has expanded outside her family especially for important information about sex and contraceptives. We may be able to conclude from this information that the information is sought after the initiation of sex or pregnancy.

In this study, at what level of acculturation are the Mexican-American pregnant teens and their families? (determined by the dominant language spoken in the home)

Table 10 represents the number of homes in which the dominant language was either Spanish or English.

It is important to note here that 40% of the teens lived in a home whose dominant language was Spanish, and another 20% lived in a home where Spanish is still the only language being spoken. Hence, this slow acculturation process tends to support the findings by Amado Padilla (1980), that emphasize the positive relationship between familiarity of the language of the host culture and acculturation.

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mono-lingual Span.</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>Bi-lingual Span.dominant</td>
<td>6</td>
<td>40%</td>
</tr>
<tr>
<td>Mono-lingual Eng.</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>Bi-lingual Eng.dominant</td>
<td>3</td>
<td>20%</td>
</tr>
</tbody>
</table>

TABLE 10
The responses to the following questions share many similarities. Therefore, the researchers will simultaneously discuss the results to both of the following questions.

Are pregnant Mexican-American teens accepted by their families during and after the pregnancy in this study? and

Who gives Mexican-American pregnant teens social and emotional support in this study?

Following are the findings:

<table>
<thead>
<tr>
<th>Response to</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to live at home</td>
<td>8</td>
<td>53.33%</td>
</tr>
<tr>
<td>Mother always listened to them</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>Mother always understands them</td>
<td>6</td>
<td>40.00%</td>
</tr>
<tr>
<td>Go to mother with personal concerns</td>
<td>4</td>
<td>26.67%</td>
</tr>
<tr>
<td>Go to other family with concerns</td>
<td>5</td>
<td>33.33%</td>
</tr>
<tr>
<td>Loved their mother very much</td>
<td>13</td>
<td>86.67%</td>
</tr>
<tr>
<td>Felt loved by their mother</td>
<td>9</td>
<td>60.00%</td>
</tr>
<tr>
<td>Did not come from a happy home</td>
<td>8</td>
<td>53.33%</td>
</tr>
<tr>
<td>Mother was 1st to know of pregnancy</td>
<td>6</td>
<td>40.00%</td>
</tr>
<tr>
<td>Boyfriend 1st to know of pregnancy</td>
<td>4</td>
<td>26.67%</td>
</tr>
<tr>
<td>Adolescent’s father lived in home</td>
<td>8</td>
<td>53.33%</td>
</tr>
<tr>
<td>Adolescent’s father not in home</td>
<td>7</td>
<td>46.67%</td>
</tr>
</tbody>
</table>

TABLE 11

The researchers conclude that the majority of Mexican-American teens are accepted by their families and most are given the social and emotional support needed in time of crisis. It is interesting to note that 86.67% felt love for their mothers while only 60% felt loved by their mothers. Another revealing observation is that 53.33% felt that they did not come from happy homes. In the final analysis the researchers find that the data are not consistent in every
case and that further in-depth investigation is needed to both expand the scope of the sample and to look more closely at how to elicit more consistent or perhaps more honest information from this special population.

The mother's role in the daughter's life is very important in terms of her behavior and values. If the mother is distant and noncommunicative, then the daughter will most likely seek outside support for limit setting. The mother's ability to parent her daughter in a clear and open fashion will foster a much healthier and open communication pattern.
COMPARISONS

In this section the researchers compare the similarities of both mother and daughters' responses.

The researchers first wanted to look at what generation the population was in this sample and the responses are listed in table 12 below to the question:

What is your place of birth?

<table>
<thead>
<tr>
<th></th>
<th>U.S.Born</th>
<th></th>
<th>Born in Mexico</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
</tr>
<tr>
<td>Daughter</td>
<td>9</td>
<td>60</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Mother</td>
<td>8</td>
<td>53.3</td>
<td>7</td>
<td>46.7</td>
</tr>
</tbody>
</table>

Table 12 indicates that a slight majority of the respondents are first generation American and the rest are emigrants to this country. The split between mother and daughter was fairly even with 60% of the daughters were born in the U.S., while 53.3% of the mothers are U.S. born. Table 12 shows that 40% of the daughters were born in Mexico compared to the 46.7% of the mothers. These results may show that the adaptation of these families is rapid especially in use of language and dating practices.
What language do you speak with your mother?

<table>
<thead>
<tr>
<th></th>
<th>Spanish</th>
<th>English</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Daughter</td>
<td>6</td>
<td>37.50</td>
<td>7</td>
</tr>
<tr>
<td>Mother</td>
<td>12</td>
<td>75</td>
<td>3</td>
</tr>
</tbody>
</table>

TABLE 13

When comparing the responses to the question: What language do you speak with mother? The results shown in table 13 help demonstrate the generation acculturation process as defined by the researchers, that language signifies the level of acculturation within a family. The mothers predominantly spoke Spanish with their own mothers (75.%), whereas their daughters, only 37.50% spoke Spanish with their mother, 43.75% spoke English and 12.50% spoke Spanish and English. The adoption of the English language as the mode of communication within the Mexican-American household demonstrates the assimilation and acculturation of succeeding generation.

Do/Did you talk about sex with your mother?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter</td>
<td>1</td>
<td>6.67</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Mother</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6.67</td>
</tr>
</tbody>
</table>

TABLE 14
When comparing mother/daughter responses to their respective communication about sex with their mothers, the results in table 14 indicated a strong correlation between the two generations. Most mothers (93.33%) responded that they never talked about sex with their mothers; the daughters' responses were similar, 26.67% rarely spoke with their mother about sex and 66.67% never spoke to their mothers about sex. This repeated pattern of poor communication between mother and daughter about sex is obvious as demonstrated above.

Did you talk about contraceptives with your mother?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mother</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

TABLE 15

The response from this question, about communication regarding contraceptives had similar results as in table 14. Table 15 shows that 93.33% of the mothers never spoke to their mothers about contraceptives; and that 80.00% of the daughters never speak to their mothers about contraceptives. We can see a minimal shift in that 20% of the daughters sometimes speak to their mothers about contraceptives. This may indicate more awareness of the importance of discussing the issues that face adolescents today.
At What age did you start to date?

<table>
<thead>
<tr>
<th></th>
<th>11-13yrs</th>
<th>14-16yrs</th>
<th>17-19yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq. %</td>
<td>Freq. %</td>
<td>Freq. %</td>
</tr>
<tr>
<td>Daughter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>13.33</td>
<td>86.67</td>
<td>0.00</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>13.33</td>
<td>53.33</td>
<td>33.33</td>
</tr>
</tbody>
</table>

Table 16 shows that the difference between the mothers and the daughters' generation in regard to the age when they first begin to date seem similar, but the trend seems to be heading towards a younger age for the onset of dating. Table 16 shows that 13.33% of the daughters start dating from 11 through 13 years of age and 86.68% start between the ages of 14 through 16; The mothers responded with 13.33% between the ages of 11 through 13, 53.33% through the ages of 14 through 16 years old, and 33.33% between the ages of 17 through 19 years.

At what age did you learn about sexual intercourse?

<table>
<thead>
<tr>
<th></th>
<th>11-13yrs</th>
<th>14-16yrs</th>
<th>17-18yrs</th>
<th>18-above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq. %</td>
<td>Freq. %</td>
<td>Freq. %</td>
<td>Freq. %</td>
</tr>
<tr>
<td>Daughter</td>
<td>5</td>
<td>33.33</td>
<td>60</td>
<td>6.7</td>
</tr>
<tr>
<td>Mother</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Table 17 shows that the difference between the mothers and the daughters' generation in regard to the age when they first begin to date seem similar, but the trend seems to be heading towards a younger age for the onset of dating. Table 16 shows that 13.33% of the daughters start dating from 11 through 13 years of age and 86.68% start between the ages of 14 through 16; The mothers responded with 13.33% between the ages of 11 through 13, 53.33% through the ages of 14 through 16 years old, and 33.33% between the ages of 17 through 19 years.

The responses to this question are reflective of the respondents' first sexual experience. Table 17 shows that 33.3% of the mothers first had sex at the ages of 14 through
16, whereas the daughters responded that 60% began sexual relations at that same age. Thirty-three percent of the daughters began sexual relations between the ages of 11 through 13. Only 6.67% of the daughters began sex between the ages of 16 through 18, compared to their mothers, 33.33%. This indicates a younger age when these adolescents are initiates of sexual intercourse without the needed education about such a serious step towards adulthood.

Who did you tell first when you got pregnant?

<table>
<thead>
<tr>
<th></th>
<th>mom</th>
<th>rela</th>
<th>boyfr</th>
<th>fri</th>
<th>other</th>
<th>husb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Daughter</td>
<td>6</td>
<td>40</td>
<td>2</td>
<td>13.3</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
<td>20</td>
<td>1</td>
<td>6.7</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>

TABLE 18

The researchers were attempting to ascertain the daughters' supportive network by asking who they felt close enough to inform them of such a personal matter. The results were surprising in that the mothers depended more upon their family in this time of crisis, whereas the daughters went to their boyfriends, friends and others instead. This may indicate that the daughters' support network has broadened and they have more resources such as counselors to go to when in crisis. Surprisingly, 40% of the daughters went to their mothers with this information, while only 20% of the mothers went to their mother to confide when in crisis.
DO YOU FEEL LOVED BY YOUR MOTHER?

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>%</th>
<th>Freq.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very much</td>
<td>10</td>
<td>66.7</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>most of the time</td>
<td>4</td>
<td>26.7</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not sure</td>
<td>1</td>
<td>6.7</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>no I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>don’t think so</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

TABLE 19

The researchers were looking for daughters' feelings of acceptance by their mothers by asking if they felt loved by them. The result showed that 60% felt very loved by their mothers, 6.67% felt loved most of the time, 26.67% sometimes felt loved and were not sure, and 6.67% responded "no, I don’t think so." The mothers' responses to the same question were virtually identical. In this population, it would be safe to state that most of the respondents felt accepted and loved by their mothers.
CHAPTER 5

Conclusions

The objectives of this investigation were to provide a description of Mexican-American pregnant teenagers in the East San Jose School District. The researchers sought to gather information about cross generational communication patterns, level of acculturation, age at first pregnancy, familial support, marriage patterns, social and emotional support and sex education sources. The researchers interviewed both the pregnant adolescents and their mothers in search of a generational pattern.

The investigation results mostly followed the literature in regards to Mexican-American pregnant teens and communication, emotional support, generational patterns and acceleration. The majority of our study, 66.66% were 17 and 18 years of age and of those, 26.66% of the teens were sexually active at 14 and 15 and became pregnant as a result. These results differ from California standards, which show that the age group 15 and under has increased 476% between 1970 to 1982 for live births, and that 16-19 years old births have developed to 28.1% from 1970. The ethnic breakdown shows Hispanics make up 27% of the total live births, below whites at 53%. (State of California Department of Health Services Center for Health Statistics, 1981)
When looking at whether the Mexican-American pregnant teen in this study married after finding out they were pregnant, or after the baby was born, correlated with the literature in that the 20% of the respondents who were married at or after the birth of their baby were also the 20% who were married. The literature indicated that the more acculturated, the less likely the teenager will marry and the less acculturated and traditional the family remains, the more likely she will be married. The limitations the researchers see is that language alone is a poor indicator of acculturation, and that a family can maintain their language of origin and still be very acculturated. The other factor the researchers feel is crucial to look at is the issue of social class. Because of the small sample size and the selection process of the sample the researchers could not separate social class from ethnicity. Social class is a very important variable when looking at acculturation and assimilation and should not be ignored. When looking at the generational family patterns of the Mexican-American pregnant teens and their mothers in this sample, we found a strong consistency in generational patterns in age at first pregnancy, and in communication about sex and contraceptives as well. The most striking similarities are that both mother and daughter had pregnant teens in the families; continuing the researcher found also that the daughters never talked
with their mothers regarding contraceptives and the pregnant
teen mothers' never spoke to their own mothers about
contraceptives. There were some shifts when it came to
talking about sex with their mothers. The investigation
showed that 66.7% of the pregnant teens never talked to their
mothers about sex, whereas 93.% the pregnant teens' mothers
never talked to their mother about sex. It was interesting
to note that 20.% of the pregnant teens felt happy about
being pregnant.

This is clearly an important part of the findings which
supports the literature about communication and generational
family patterns. Litton -Fox (1980) stated that "The more
diminished the communication the greater the probability of
sexually dysfunctional behavior on the part of the daughter".
(p.30) The researchers feel that the findings in this
investigation reinforce the importance of open communication
between mother and daughter, especially around sexual
practices and values. The results are significant because it
really shows how important mother/daughter relationships are
and the importance of communication. This must be reinforced
in our school programs, community based programs and teen
pregnancy programs. The results may indicate that there is a
shift in patterns in that 27% more daughters talk to their
mother about sex than their mothers did.

As far as dating patterns go, and age at first sexual
I. encounter, the results were significant: 86.6% of the teens started dating from ages 14 through 16 (which is not so far from the norm for this age group). Thirty three percent had their first sexual encounter between the ages of 11 through 13; while 60.% had their first sexual encounter from ages 14 through 16. For young women of this age group to be sexually active without communicating with their mothers about their own sexuality and regard for their bodies is a set up for early unplanned pregnancy. The results show that teenagers' knowledge about contraceptives was obtained from any outside source other than their mothers'.

This lack of information coming from the family also reflects the values and mores being passed down through communication or example. The researchers feel strongly about improving culturally sensitive counseling services to at risk youth. Integrating communication classes into the mainstream curriculum, and providing parenting classes for parents especially around sexuality and adolescence should be a part of school curriculum.

When the researcher looked at acceptance of the pregnant Mexican-American teens by their families, and where they receive their emotional support, the researchers identified mixed findings with some contradicting results. Although 53.3% of the teens live at home only 33.3% felt their mother listened to them. Furthermore, 40.% said they felt their
mother understood them, but only 26.6% of the teens said they would go to their mother with their personal concerns. These mixed results indicated that the majority of the respondents come from homes with poor communication, and marginal relationships. While just over half live at home with their families, 86.6% felt love for their mothers but only 60.% felt loved by their mothers'. The teens' perception of not being heard, understood or loved demonstrated in the result that 53.33% of the teen respondents did not come from a happy home. The family environment and relationship can determine whether the members feel supported, listened to, understood, loved and accepted. Generational patterns will continue unless the child, adolescent is receiving what is necessary for strong ego strength, positive self-esteem, acceptance and feeling of security. If the mother never received what she needed it will be difficult to pass that on.

In the final analysis the researchers find that the data indicates that there is a need for further in-depth investigation to both expand the scope of the sample and to elicit more consistent or perhaps more honest information from this special population. The following quote best expresses the results of this research.

"...aside from the direct impact of mothers on teenage sexual behavior, mothers can be expected to influence their daughter's sex behavior indirectly through their
presence and availability as a source of socio-emotional support... the daughter is more likely to internalize her parent’s standards and values if she respects and likes them and she feels respected and liked in return." (Inazu and Fox, 1980, p.82)

The mother’s role in the daughter’s life is very important in terms of her behavior and values. If the mother is distant and noncommunicative then the daughter will most likely seek outside support for her own limit setting. Mothers ability to parent her daughter in a clear and open fashion will foster a much healthier and open relationship.
The overall results point towards prevention. If generational patterns are a reality, and maternal behavior plus communication patterns are repeated, then it is vital for the survival of this community to intervene with the pregnant teens and the teens that are mothers. The Schools, Youth Programs, Community Agencies, and community Schools must understand the patterns that are repeated in this population and the need to build open communication, and develop positive self-esteem among our youth. The researchers feel that a comprehensive program to prevent adolescent pregnancy and motherhood is inadequate. Our society deals with the outcome, impact and consequences of adolescent pregnancy and motherhood but does little to prevent this from happening. Intervention through education, outreach and research is vital to prevent children from becoming mothers. Children who are not prepared physically, emotionally, mentally, socially, developmentally, economically or educationally. This takes understanding, sensitivity and societal commitment to creating programs that are culturally, economically and educationally sound. This commitment takes financial backing and prevention minded planners with tools that can be applied to the general population and specific minority groups with specific needs.
at the same time

Programs like A Better Chance in East San Jose is a
great beginning for the need for prevention. This program
caters to a special population with special needs and
provides for those needs in an institutional setting. As a
society we must accept that not all children will fit a
certain model and that the need to create creative and
adaptable programs is essential. Though there are many
programs that provide for the educational and financial needs
of this population we see that the lack of prevention
incorporated in the curriculum perpetuates the patterns that
the researchers have discussed in this study.

The researchers would recommend the following:
1) Communication - The lack of communication can create
numerous barriers to getting needed and accurate information
about sex, contraceptives and relationships. The researchers
recommend that similar units in communication be required in
the mainline curriculum. The researchers feel it vital that
the parents of adolescents participate in the educational
process and be mandated to attend two workshops a year
regarding communication and adolescent development.
2) Parenting - Society does not have training on how to be a
parent and it is the most important job in determining our
future. The researchers recommend that parenting classes be
offered not only in the special programs developed for
pregnant adolescents but in the mainline curriculum as well.

3) Self Esteem Building - Racism has a negative impact on the minorities psyche that affects their self image and self determination. The researchers feel that self-esteem units be incorporated into the main stream curriculum and racism and its impact be incorporated as well.

The researchers feel it is important to mention that a structural change may be warranted in this society because of the institutionalized racism, classism and sexism. These realities create barriers for human potential and growth and may be the ultimate prevention we can offer young people in this society. These issues need to be addressed, discussed and resolved in order to provide opportunity and access to the bounty that this society has to offer. Mexican-Americans have historically and presently been exploited and disenfranchised and we cannot exclude that as a partial explanation to the increasing numbers of pregnant Mexican-American adolescents. The hopelessness and feelings of alienation that racism and classism create limits scopes, darkens the future and enhances feelings of powerlessness.
I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Committee on 02/29/88 by:

Principal Investigator: Im Gouveia and Lucia Vindiola

Protocol # 7274

Project Title: DATA COLLECTION OF HISTORICAL FAMILY PATTERNS THAT ATTRIBUTE TO TEENAGE PREGNANCY AMONG MEX-AM ADOLESCENTS AND MOTHERS

I recommend the following action (indicate one):

1. Approved for clearance as involving minimal risk to Human Subjects
2. Approved for clearance with risk to Human Subjects
3. Approved for clearance when the following conditions are met:

   [ ]

4. Return to principal investigator for following reasons:

   [ ]

5. Expedited review (specify conditions(s) that merit expedited review):

   [ ]

Approved with minimal risk [ ]
Approved with risk [ ]
Not Approved* [ ]

Signature: [ ]
Date: 5/4/88

San Jose State University Foundation
One Washington Square
San Jose, CA 95192-0139
(408) 924-1400

* Return to SJSUF for full HSIRB review:
Historical Family Patterns Among Mexican-American Pregnant Teenagers and Their Mothers

Interview #__________ Age ________

Place of birth_________________________________How long in U.S.________

Level of education_________ Occupation________________________

Father's occupation__________ Mother's occupation________________________

Marital status_______________ Does father reside in home?____

When were you married?________________________

Did you grow up in a large city or small town?________________________

Does your father take an active role in children's care?________ ______

Who was the main disciplinarian?________________________

How many brothers and sisters do you have?______ Brothers_____Sisters____

How many children do you have?________

What position are you in the family?(1st,2nd,3rd,etc.)________________________

What language is spoken in the home? Monolingual- Spanish Only________

Bilingual 1)Spanish 2)English____

Monolingual-English Only________

Bilingual 1)English 2)Spanish____

What language do you speak with your mother?(Spanish, English)________

What language do you speak with your friends?(Spanish, English)________

Do you live with your mother?________________________

If not, where does your mother live?________________________

How frequently do you talk with your mother?

3 times a day____ 2 times a day____ Daily____ 3 times a week____

Do you talk about illnesses?

Always____ Often____ Sometimes____ Rarely____ Never____
Do you talk about shopping for food?
Always__ Often__ Sometimes__ Rarely__ Never__

Do you talk about school?
Always__ Often__ Sometimes__ Rarely__ Never__

Do you talk about homework?
Always__ Often__ Sometimes__ Rarely__ Never__
Do you talk of chores in the house?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you talk about friends?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you talk about relatives?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you talk about relationships?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you talk about sex?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you talk about contraceptives?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you feel your mother listens to you?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you feel your mother understands you?
Always____ Often____ Sometimes____ Rarely____ Never____

Do you want your mother to understand you? Yes____ No____

At what age did you start dating? _________

At what age did you learn about birth control? _________

From whom? Immediate family____ Friends____ Relatives____ Clinic____ School____

At what age did you learn about sexual relations? ___________

Who did you first tell when you first found out you were pregnant? _______

How do you feel about your pregnancy? _______________

Who listens to your personal concerns most of the time? _______________

Has anyone in your family had a child before they turned 18? _______

At what age did your mother have her first child? _______________

Do you feel you come from a happy home? _______________
Do you feel your mother and father love each other? Yes, very much

- Yes, most of the time
- Sometimes, not sure
- No, I don't think so

Do you feel loved by your mother? Yes, very much

- Yes, most of the time
- Sometimes, not sure
- No, I don't think so

Do you love your mother? Yes, very much

- Yes, most of the time
- Sometimes, not sure
- No, I don't think so

Do you talk with your mother about your plans for the future?
Always ______ Often ______ Sometimes ______ Rarely ______ Never ______

Is school important to you? Yes ___ No ___

Do you want to further your education? GED ______
- High School Diploma ______
- College ______
- Technical Training ______

Do you like who you are? Yes ___ No ___

Where do you see yourself in 5 years?
In School ______ Living with my own parents ______
In a job ______ Living on my own ______
Married, at home ______ Living with my boyfriend ______
Married and working ______
AGREEMENT TO PARTICIPATE IN RESEARCH BY
SAN JOSE STATE UNIVERSITY

INVESTIGATOR: LUCIA VINDIOLA, JIM GOUVEIA

TITLE: HISTORICAL FAMILY PATTERNS OF HISPANIC PREGNANT TEENS

Your child is invited to participate in a research study that is investigating the family history and values of pregnant teens and their mothers. The results of this study should further our understanding of the problems and strengths in these families, in order to provide better services for them.

I understand that

1) My child will be asked questions about her behavior and interaction with her mother, this should take on longer than one hour.

2) The possible risks of this study are that my daughter may experience some discomfort in discussing her behavior or personal history.

3) The possible benefits of this study are that she may become more aware of issues related to growing up.

4) There are no alternative procedure for gathering this information.

5) The results from this study may be published, but any information from is this study that can be identified with my daughter will remain confidential and will be disclosed only with my permission or as required by law.

6) The compensation of participating in this research is, attending a self-esteem building workshop, being held in May, at project A.B.C.

7) Any questions about my daughter’s participation in this study will be answered by Lucia Vindiola 942-1635 or Jim Gouveia 427-2053. Complain about the procedures may be presented to Dr. Hector Garcia or Dr. John Brown at 924-5800. For questions or complaints about research subject’s rights, or in the event of research-related injury, contact Serna Stanford, PH.D. at 924-2480.

8) My consent is given voluntarily without being coerced; my child may refuse to participate in this study or in any part of this study, and I may withdraw my consent at any time, without prejudice to my relationship or my daughters with SJSU, her school, or Project A.B.C.
9) I have received a copy of this consent form for my file.

HAVING READ THE INFORMATION PROVIDED ABOVE, I HAVE MADE A DECISION WHETHER OR NOT MY CHILD MAY PARTICIPATE. MY SIGNATURE INDICATES THAT MY CHILD MAY PARTICIPATE AND IS WILLING TO PARTICIPATE.

<table>
<thead>
<tr>
<th>DATE</th>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>RELATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>DAUGHTER'S SIGNATURE</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>INVESTIGATOR'S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
AGREEMENT TO PARTICIPATE IN RESEARCH BY
SAN JOSE STATE UNIVERSITY

INVESTIGATOR: LUCIA VINDIOLA, JIM GOUVEIA

TITLE: HISTORICAL FAMILY PATTERNS OF HISPANIC PREGNANT TEENS

I have been asked to participate in a study that is investigating the family history and values of pregnant teens and their mothers. The results of this study should further our understanding of the problems and strengths in these families, in order to provide better services for them.

I understand that

1) I have been asked to complete questions about my behavior and interaction with my mother, this should take no longer than one hour.

2) The possible risks of this study are that I may experience some discomfort in discussing my child's or my own personal history.

3) The possible benefits of this study are that I may become more aware of my relationship with my daughter.

4) There are no alternative procedure for gathering this information.

5) The results from this study may be published, but any information from this study that can be identified with my daughter will remain confidential and will be disclosed only with my permission or as required by law.

6) The compensation of participating in this research is, attending a self-esteem building workshop, being held in May, at project A.B.C.

7) Any questions about my daughter's participation in this study will be answered by Lucia Vindiola 942-1635 or Jim Gouveia 427-2053. Complaints about the procedures may be presented to Dr. Hector Garcia or Dr. John Brown at 924-5800. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Serna Stanford, PH.D. at 924-2480.

8) My consent is given voluntarily without being coerced; my child may refuse to participate in this study or in any part of this study, and I may withdraw my consent at any time, without prejudice to my relationship or my daughters
with SJSU, her school, or Project A.B.C.

9) I have received a copy of this consent form for my file.

HAVING READ THE INFORMATION PROVIDED ABOVE, I HAVE MADE A DECISION WHETHER OR NOT MY CHILD MAY PARTICIPATE. MY SIGNATURE INDICATES THAT MY CHILD MAY PARTICIPATE AND IS WILLING TO PARTICIPATE

------------- ------------------------------
DATE        SUBJECT'S SIGNATURE

------------- ------------------------------
DATE        INVESTIGATOR'S SIGNATURE
MOTHER

Mexican-American Historical Family Patterns Among Pregnant Teenagers and Their Mothers

Interview #: _______ Age: _______

Place of birth: ________________ How long in U.S.: _______

Level of education: ___________ Occupation: ______________

Father's occupation: ___________ Mother's occupation: ___________

Marital status: ________________ Did father reside in home?: _______

When were you married?: ________________

Did you grow up in a large city or small town?: _______

Did your father take an active role in children's care?: _______

Who was the main disciplinarian?: ________________

How many brothers and sisters do you have?: _____________

How many children do you have?: _______

What position are you in the family (1st, 2nd, 3rd, etc.)?: _______

What language was spoken in the home?: Monolingual Spanish Only: _______

Bilingual 1) Spanish 2) English: _______

What language did you speak with your mother?: (Spanish, English): ______

What language do you speak with your friends?: (Spanish, English): ______

How long did you live with your mother?: ________________

If not, where did your mother live?: ________________

How frequently did you talk with your mother?:

3 times a day: __ 2 times a day: __ Daily: __ 3 times a week: __

Did you talk about illnesses?:

Did you talk about shopping for food?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about school?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk of home work?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk of chores in the house?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about friends?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about relatives?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about relationships?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about sex?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you talk about contraceptives?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you feel your mother listened to you?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you feel that your mother understood you?
Always__ Often__ Sometimes__ Rarely__ Never__

Did you want your mother to understand you? Yes__ No__

At what age did you start dating? ________

At what age did you learn about birth control? ________

From whom? Immediate family__ Friends__ Relatives__ Clinic__ School______
At what age did you learn about sexual relations? ______
Who did you first tell when you first found out you were pregnant? ______
How did you feel about your first pregnancy? ______
Who listened to your personal concerns when you were growing up? ______
Has anyone in your family had a child before they turned 18? ______
At what age did your mother have her first child? ______
Do you feel you come from a happy home? ______
Do you feel your mother and father loved each other?
Yes, very much ______
Yes, most of the time ______
Sometimes, not sure ______
No, I don't think so ______
Definitely not ______
Did you feel loved by your mother?
Yes, very much ______
Yes, most of the time ______
Sometimes, not sure ______
No, I don't think so ______
Definitely not ______
Did you love your mother?
Yes, very much ______
Yes, most of the time ______
Sometimes, not sure ______
No, I don't think so ______
Definitely not ______
Did you talk with your mother about your plans for the future? ______
Always ______  Often ______  Sometimes ______  Rarely ______  Never ______
Was school important to you? Yes ______  No ______
Do you want to further your education?
GED ______  High School Diploma ______
College ______  Technical Training ______
Do you like who you are? Yes ______  No ______
Where do you see your daughter in 5 years?
In School ______  Living with you ______
In a job ______  Living on her own ______

over
Married, at home       Living with her boyfriend
Married and working
REFERENCES


