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The voice of Latino adolescent parents: a focus group approach

Brenda Pereda

Brenda Pereda, MD

Candidate

Biomedical Sciences

Department

This thesis is approved, and it is acceptable in quality and form for publication:

Approved by the Thesis Committee:

Deborah Helitzer, ScD , Chairperson

Eve Espey, MD, MPH

Rameet Singh, MD, MPH

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Brenda Pereda

B.S., Biochemistry and Molecular Biology
University of California Santa Cruz
2000
Doctor of Medicine
Michigan State University College of Human Medicine
2007

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Abstract

Background

Adolescent Latina mothers are at high risk of rapid repeat pregnancy with poor economic, educational and health outcomes. Identifying barriers to use of the most effective contraception—long acting reversible contraceptives (LARC)—in adolescent Latino parents may help in the development of strategies to reduce unintended pregnancy in this high risk group.

Objectives

Primary Aim:

- To identify the barriers to use of LARC by Latina adolescent mothers.

Secondary Aims

- Understand the context of contraceptive conversations and decision making.
- Explain factors that influence contraceptive adoption and adherence.
- Explore the Latino adolescent male's perspective on contraception.

Methods

A sequential, qualitative approach was used. Data collection included a total of seven focus group sessions four with Latina adolescent mothers (n=20) and three with Latino adolescent fathers (n=9) until thematic saturation was reached. Self- identified Latino parenting adolescents aged 15-24 were recruited using radio advertisement, posted flyers, and personal community engagement. A question guide was developed with input from national experts and pilot tested with Latino adolescent fathers and mothers. Transcripts were reviewed independently by the research team and led to the development of a coding scheme. Coding was conducted by two separate coders and confirmed by a third auditor.

Results

Themes surrounding barriers to LARC use by Latina adolescent mothers include: lack of knowledge about LARC, fear surrounding "the procedure-device in the body," discontinuation of a LARC due to side effects, lack of knowledge regarding LARC and difficulty navigating the medical system. Themes surrounding the Latino male's perspective include: distrust of contraceptive effectiveness, lack of access to contraceptive information and primary concern for STI rather than pregnancy prevention. Both groups voiced a desire to avoid unplanned pregnancy but "the heat of the moment" outweighed the risk. Factors involved in adoption and adherence of a LARC method include a "pain free" procedure with minimal side effects. Participants had a favorable concept of subdermal implants (LARC). They cited desire to use peer to peer education in a community setting using local culture to create strategies to educate young Latinos about successful LARC use.

Conclusions

Latino adolescent parents expressed the need to use effective contraception to prevent unintended pregnancy. A community peer-to-peer health promoter

model was most acceptable to adolescent Latino parents to create culturally compatible contraceptive education interventions.

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Rationale

The objective of this study was to obtain a deeper understanding of the contraceptive experiences of Latino teen mothers and fathers in New Mexico, and specifically, of barriers they face in successfully avoiding unintended pregnancy through the use of long acting reversible contraception (LARC).

Health behaviors in Latino populations, such as contraceptive use and non-use are influenced by a complex set of core Latino values and other sociocultural factors. (1). Latinos have a strong adherence to core cultural values with close connections to family and cohesive social networks emphasizing interpersonal relationships. Latinos view their community as an extension of their family. These relationships inform health care decisions and often supersede the advice of health care practitioners.(2-4) A challenge in Latino reproductive health is the need for contraception yet the conflicting/clashing values of modesty and respect, leaving sexually active adolescent women particularly vulnerable. (5, 6) The family unit is changing and Latino youth in the United States (U.S.) are straddling two competing cultures, their native culture and their adopted one.(7) When a Latina adolescent becomes a mother, a different set of factors influencing health behavior come into play. In one study, Gilliam concluded that Latina teens are legitimized as sexual beings only when they become parents; similarly, their contraceptive needs become accepted in the family and community at that time.(8) Becoming a mother or father also puts each teen in a

unique position to reflect on the parent role and how it informs their contraceptive experiences.

Klerman and colleagues evaluated an intervention involving family planning workshops and counseling for first time teenaged parents on welfare in three U.S. cities. Ethnic backgrounds, sexual activity, contraceptive use and their relationship to the incidence of repeat pregnancies over a 2-year period were evaluated. Half of participants in the intervention were pregnant at two years from having their first baby irrespective of using a contraceptive method. This study found that teens with low education and low basic skills had the highest risk of a repeat pregnancy and that the intervention was not associated with reduced rates of repeat births.(9) Studies of other interventions have revealed similar findings, suggesting our limited understanding of the complexity of adolescent sexual behavior and pregnancy intention.(4, 10, 11)

Adolescents do not represent a homogenous group; a minority show ambivalence toward pregnancy as compared to their peers. Studies of adolescents that examine perceived advantages and disadvantages to teenage childbearing showed that the majority of adolescents considered teenage childbearing a disadvantage.(12, 13) Consideration to how pregnancy and childbearing are conceptualized will help create community specific interventions that may help delay childbearing. (14) Additionally, an approach that interrogates the problem from the perspective of participants may yield more opportunities to

engage the community and create interventions that are specific and culturally acceptable. Community based participatory methodologies employ this approach, showing promise in addressing disparities and success in capturing hard to reach participants. (15)

The National Campaign to Prevent Teen and Unplanned Pregnancy has powerful teen initiative campaigns that address teen pregnancy in the Latino community. *Demasiado Joven* is a video of teen parents and their experiences. It shows how teen pregnancy is connected to social issues but most importantly portrays how Latino youth are themselves interested in preventing unintended pregnancy. (16) The unintended pregnancy rate in the United States is significantly higher than in other developed countries, (17) with approximately half of the unintended pregnancies resulting from nonuse of contraception and half from inconsistent or incorrect use and contraceptive failure. (18) Ample evidence suggest that LARC methods are highly effective, safe with high satisfaction and continuation rates (19). Unfortunately these methods are underutilized in the United States in part due to access. A recent study highlights the effectiveness of LARC compared to short acting methods such as pills, patch or ring, with LARC being 20 times more effective at preventing pregnancy.(20) LARC methods have great potential to reduce rates of unintended pregnancy in adolescents.(21) Peipert et al recently showed a significant reduction in teenage birth rates with the use of LARC from national rate of 34.3 per 1000 to 6.3 per 1000.(22) This study shows great promise and highlights the acceptability of LARC in the adolescent population.

Rates of LARC use among U.S. women increased from 2.4 in 2002 to 5.6 % in 2006-2008. An important factor contributing to wider IUD use is providers' willingness to place IUDs in younger women. Compared to the general population, Latina women have a higher prevalence of IUD use at 8.4%, illustrating their acceptance of highly effective methods. However, uptake in the 15-19 year old age group was only 3.6%.(23) The low prevalence of IUD use in adolescence emphasizes the need for continued work in increasing LARC use. Roncancio and colleagues examined effective contraception use and the role of acculturation in Latinas. Findings suggest increasing acculturation, as defined by these researchers leads to improved use of effective contraception. (5, 24) This information further supports the need to understand the context of the individual.

A Latina's use of contraception is strongly influenced by her male partner. However, while men play an important role in Latina sexual behavior the male perspective has infrequently been included in research on contraception. Few studies have looked at adolescent Latino men and their perceptions of and roles in contraception decision-making. The importance of promoting the reproductive needs of men is underscored by the following facts: half of men who have sex with women receive no reproductive health care; fewer than 10% of men who report a clinic visit receive any contraceptive or family planning services including condoms (25); men aged 25-49 are involved in 1.1 million unplanned births and 800,00 abortions annually; poor and minority men are at higher risk of unplanned pregnancy.(26) Although women disproportionately bear the burden of

reproductive health decisions and their consequences, men play a role as partners. A framework that recognizes men's contribution to women's reproductive health and includes the importance of women and men's partnership in reproductive health decision-making can be beneficial to women. (27)

The primary goal of this research is to identify barriers to use of long acting reversible contraception (LARC) in Latina adolescent mothers. Second, we were interested to understand the context of contraceptive conversations and decision making and in exploring the Latino adolescent male's perspective on contraception. Prior exploratory work in contraception with young Latina women has provided insight to barriers to contraception. However, these studies did not include barriers to LARC use and the male perspective was not included. (28). The current study is designed to yield outputs that can inform a culturally based intervention in reproductive health to improve LARC uptake. We would like to design and implement this intervention in the context of community and youth empowerment: where community voices are heard and where capacity building occurs for youth and their community, including mentorship cultural revitalization and renewal. In this study and future work, we chose to focus not on the vulnerabilities of the Latino cultural group, but rather to emphasize the robust cultural buffers that Latinos share such as cultural identity, ethnic pride, familism, spirituality and religiousity. (29) We believe that our efforts to acknowledge social conditions and focus on developing excellent coping strategies with use of

cultural strengths has helped engage participants in this study and will guide creation of sustainable interventions to help reduce health disparities, including reproductive health disparities faced by Latinos.

Specific Aims:

Primary Aim

- Identify barriers to use of long acting reversible contraception (LARC) in Latina adolescent mothers.

Secondary Aims

- Understand the context of contraceptive conversations and decision making between the Latina teen and her partner
- Explain factors that influence contraceptive adoption and adherence
- Explore the Latino adolescent male's perspective on contraception.

Significance and Innovation

Teen parents have competing demands that de-prioritize education and contribute to diminished future opportunities and outcomes. Factors that contribute to ineffective teen pregnancy prevention programs include flawed methodologies in outreach, incomplete understanding of Latinas' health behaviors and the difficulty teens confront in accessing medical services that are culturally appropriate. The proposed research addresses an important health disparity and has the potential to reduce Latina teen pregnancy or improve birth spacing among teen mothers, leading to improved health outcomes for teen mothers and their children.

The primary contribution of the proposed research will be to identify barriers to LARC use by Latino adolescent mothers and fathers. There is a gap in the literature about the male and female Latina parent perspective on barriers to effective contraception and youth-informed group-specific interventions to improve contraception use. The proposed research is innovative because it provides a missing key element from the existing literature—the perspective of Latino parents, both men and women, in identifying barriers to improved use of the LARC methods, those most likely to make a difference in teen pregnancy reduction. These perspectives will be critical in the next step of developing a culturally based Latino parent-informed intervention to increase Latina LARC use.

Methods

Overall Design

Sociocultural factors are complex and play a significant role in contraception decisions. We lack knowledge of barriers specific to LARC use by adolescent Latinas. The information we seek is best acquired through qualitative methods. We used focus group methodology to identify Latino adolescent mothers' and fathers' perspectives on barriers to use of LARC methods by Latinas.

Participatory Approach

"Lessons from a Repeat Pregnancy Prevention Program for Hispanic Teenage Mothers in East Los Angeles" highlights the importance of understanding the needs of the community, assessing the participant's perspective and aligning the goals of an intervention with the goals of the participants.(30) We found that using community based participatory strategies was the most successful approach in engaging hard to reach youth in Albuquerque, New Mexico. Despite limited data on this approach in conducting reproductive health research, we found that shifting the focus from researcher agenda to community and participant perspective was successful in eliciting the social and cultural factors that influence reproductive health.

Sample

We focused on parenting adolescents 15-24 years old in our sampling frame for two reasons: 1. Parenting adolescents are legitimized as sexual beings in Latino culture and most have had experience with some form of contraceptive. (8) We thought this population would be information-rich and willing to discuss their contraceptive experiences in a group format. The initial age range was 15-18 for both mothers and fathers. However in the initial recruitment, many fathers were ineligible because they were too old. We amended our protocol to increase the age range to 15-24 for both mothers and fathers in order to capture an adequate sample of Latino fathers.

Short acculturation scale for Hispanics

The short acculturation scale for Hispanics (SASH) assesses behavioral and cultural values and aspects of acculturation. We chose to incorporate only the language portion of the scale to keep the registration form manageable as well as to analyze whether acculturation influences contraception use or non use. The short acculturation scale can reliably identify Hispanics who are low or high in acculturation. The original scale includes 12 items related to language use, media and ethnic social relations. The scale can be reduced to four items in the language portion (SASH) without sacrificing predictive value, validity or reliability. Reliability: coefficient alpha for language was .90 with good evidence suggesting

the scale has good psychometric properties with Hispanics of different origins. Scores of 1-2.99 differentiate less acculturated respondents, scores above 2.99 are considered more acculturated. (31)

Data Collection

Between September 2012 and January 2013, bilingual and multicultural focus group leaders conducted seven focus groups in Albuquerque New Mexico to determine barriers to use of LARC methods.

Focus group guide development

The principal investigator with the assistance of Dr. Richard Krueger, a national expert in focus group methodology, created a preliminary discussion guide based on a compilation of beliefs, values and other factors that may impact contraceptive usage informed by literature review. Through an iterative process, family planning content experts and our research team reviewed the guide to capture themes of high value. These themes include the context of contraceptive conversations, factors important in adoption of and adherence to contraception, and barriers to effective contraception, particularly LARC methods. Careful consideration was given to wording, sequence and content. The initial discussion guide was pilot tested by two teen mothers and two teen fathers; their input was valuable in determining whether the guide would be effective to answer our

primary research question, barriers to LARC usage. The question guide was translated into Spanish using a professional translator and a team of content experts to reconcile the versions. Modifications to the discussion guide were made after the pilot and iteratively with the input of participants after each focus group.

Recruitment

Eligibility criteria included self-identified parenting Latinos between the ages of 15-24. Consistent with the approach used by the U.S. census, no "verification" took place regarding self-identified ethnicity. Participants provided written informed consent. This study was approved by the University of New Mexico IRB.

Participant recruitment occurred in two stages: Latina teen mothers were recruited from the wider community using community based events and social media. One recruitment event took place at the popular New Mexico State Fair, where a booth advertised the study at "*Veranazo*" a highly attended youth event. Additionally, advertisements were placed on La Kalle KKRG 101.3 radio station, Kiss FM 97.6 and La Jefa 501.3 reaching 47,000 Latinos aged 15 -18 over an 8-week period. "Splash pages" advertising the study were placed by the radio stations on their websites.

Recruitment for teen fathers was more difficult than anticipated. Our creative recruitment strategies went beyond identifying male participants in clinical settings or through their female partners. Despite the strategies listed above, only a limited response occurred. The study team developed additional approaches to recruit teen fathers including networking in the community and direct personal engagement in public settings. The "International District" is a local Albuquerque neighborhood with a high Latino youth population and busy pedestrian traffic. Direct observation demonstrated numerous Latino youth on the street between 3-5 pm on weekdays. Discussions with local business owners indicated favored places for youth to "hang out." Additionally, owners of local barber shops, tattoo parlors and clothing stores granted permission to approach their clients for study recruitment. The principal investigator directly approached groups of young men and introduced the project. This strategy was met with enthusiastic responses from potential participants. Groups were organized by phone calls to interested participants. Additionally, weekend events, like the popular Marigold Day of the Dead Parade, were populated by young Latino parents and yielded potential participants of both genders.

Teen father focus groups, like those of the teen mothers, were scheduled to occur at El Chante Casa de Cultura. Teen fathers rarely showed up to this venue. Hearing from teen fathers that flexibility was critical to their participation, the focus groups were ultimately conducted at the location of the teen fathers' choice. One group occurred at "Yung Forever", a local clothing label and store

owned by two young Latino fathers. The second group occurred at a coffee shop. After no participants presented for the group the night before, one participant called and said "I have three "cats;" can you do the group now?" The principal investigator drove to the coffee shop, bought lunch and conducted the group.

Conducting focus groups

Up to 10 men or women were invited to participate in each group, with a goal of ~5 participants in each group. Participants were grouped by language preference and gender, such that Spanish-speaking fathers were in one group, English-speaking fathers in another, Spanish speaking mothers in another and English speaking mothers in another. A total of 7 focus groups were conducted, four with mothers and three with fathers. Each focus group lasted approximately an hour and a half hour. All groups were led by the same bilingual multicultural moderator and observed by the same note-taker. Participants were served a traditional New Mexican dinner and received a $50.00 gift card. Prior to engaging in discussion, participants completed a confidential registration form assessing social, demographic, and acculturation factors, (language items from the short acculturation scale) (31), as well as self-reported sexual history and contraceptive use. The focus groups were conducted according to established methodology. (32)

All focus groups followed the question guide format. The focus groups for mothers met at a community venue, El Chante Casa de Cultura, a local art gallery for New Mexican and Chicano Artists, in a convenient and accessible location in downtown Albuquerque. Focus groups for mothers were held in the evening hours, with daycare available for their children.

After the focus group, a "debrief" was held between the co-moderators and participants to address and clarify any erroneous information brought up during discussions and to follow up on unanswered questions. At the conclusion of each focus group, the co-moderators debriefed, discussing effectiveness of the discussion guide, the session, and prevalence of themes generated. Enrollment for the study continued until thematic saturation was achieved, after seven focus groups.

Analysis

Demographic characteristics were abstracted from the registration form. Focus group recordings were transcribed by a professional service, and the data were entered into a qualitative data management program (Nvivo 10) and coded. A content analysis approach is used to determine common themes related to the categories addressed in the discussion guides. We identified emergent themes within and across focus groups. Coding involved three steps. First, two coders reviewed the text line by line to identify relevant themes. Open coding resulted in

a list of words and phrases representing the broad array in the communication process and content characteristics. The two coders met to perform axial coding, in which the broad list of initial themes is condensed into a codebook that organizes themes into hierarchical categories. In the last step, a third auditor coded the transcripts to verify theme summary and resolve discrepancies.

Confirmatory Session

During the debrief portion of the focus groups any participants interested in hearing the results and giving feedback about the accuracy of our interpretation were asked to text our research phone with their phone number and first name. We recruited 10 focus group participants and 6 additional Latino parents from the community. We had 10 young fathers participate in the data review. Participants received $50.00 cash. We held the community meeting in the same venue as the focus groups, El Chante Casa de Cultura, and provided dinner. We reviewed each major theme and obtained consensus to include the findings in a manuscript.

Results

We conducted 4 focus groups with adolescent mothers (n=20) and 3 focus groups (n=10) with adolescent fathers between the ages of 19-24 (fathers) and 15-22 (mothers). A total of 29 participants were included in the analysis. One participant was excluded from analysis secondary to leaving within the first 10 minutes of the discussion.

Characteristics of Latino Adolescent Fathers

Characteristic	Number of Individuals (n)	Percent %	Average	Range
Country of origin				
US	9	100		
Age (in years)			20.8 y/o	19-24 y/o
19-20 y/o	5	55		
21-24 y/o	4	44		
Acculturation			4.64	4.25-5.0
Education completed				
Grades 6-8	1	11		
Grades 9-12	3	33		
Grade 12 or GED	3	33		
Some college	2	22		
Relationship				
Single living w/ partner	6	66		
Single not living w/ partner	2	22		
Other	1	11		
Lives with:				
Parents	2	22		
Girl friend	4	44		
Friend	1	11		
Alone	1	11		
Other family	1	11		
Age of partner (in years)			24 y/o	17-36 y/o
Employment Status				
Home with baby	3	33		
Student	1	11		
Working	4	44		
Unemployed	1	11		
Number of people living in household				
1-2	2	22		
3-4	3	33		
5-6	1	11		
7 or more	3	33		

Table 1. Characteristics of Latino adolescent fathers: Short acculturation scale for Hispanics, 4 item language portion with same predictive value, reliability and validity coefficients as the 12 point short acculturation scale. Range1-5 (31)

Characteristics of Latino Adolescent Mothers				
Characteristic	**Number of Individuals (n)**	**Percent %**	**Average**	**Range**
Country of origin				
Mexico	9	45		
US	11	55		
Age (in years)			18 y/o	15-22 y/o
15-16 y/o	2	10		
17-18 y/o	13	65		
19-20 y/o	3	15		
21-22 y/o	2	10		
Acculturation			3.15	1.5-5.0
Education completed				
Grades 6-8	3	15		
Grades 9-12	10	50		
Grade 12 or GED	5	25		
Some college	2	10		
Relationship				
Married	1	5		
Single living w/ partner	10	50		
Single not living w/ partner	6	30		
Widowed	1	5		
Other	2	10		
Lives with:				
Parents	14	70		
Boyfriend	5	25		
Friend	1	5		
Age of partner (in years)			21.16 y/o	17-26 y/o
Employment Status				
Home with baby	3	15		
Student	16	80		
Working	1	5		
Number of people living in household				
3-4	6	30		
5-6	9	45		
7 or more	5	25		

Table 2. Characteristics of Latino adolescent mother: Short acculturation scale for Hispanics, 4 item language portion with same predictive value, reliability and validity coefficients as the 12 point short acculturation scale. Range1-5 (31)

Acculturation

Fathers differed in degree of acculturation from mothers. Fathers average acculturation score was 4.64 with a range of 4.25-5.0. Mothers average acculturation score was 3.15 with a range of 1.5-5.0.

Presentation of data

Themes that emerged from this exploratory study have been organized into **5 domains** as outlined below. This section reports details for each theme.

1. Perceptions and experiences of Latino mothers and fathers regarding parenting and birth control use.
2. Barriers to LARC use by adolescent mothers
3. Barriers to contraception use in Latino fathers
4. Factors contributing to adoption and adherence of a birth control method
5. Factors contributing to contraceptive decision making

1. Perceptions and experiences of Latino mothers and fathers regarding parenting and birth control use.

- Perceptions and thoughts before having a baby
- Parenting experience
- Birth control experiences: conclusion figure

Perceptions and thoughts before having a baby:

Adolescent mothers in our study respond in diverse ways to social cues. They often feel conflicted about their sexual behavior and the unrealistic expectations of their family and community that they will not engage in premarital sex. On the one hand adolescents are unrealistic about the risk of an unplanned pregnancy, yet most participants engaged in unprotected sex at some point prior to a pregnancy, thinking *"It won't happen to me."*

They also rely on their partners: *"He takes care of me,"* a phrase used for "pulling out" (withdrawal) during sex. There was a significant level of shame and embarrassment at the need to use birth control. *"if I get birth control others might think I'm a slut".* Some thought that having a baby might give them freedom from their strict parents, but realized after giving birth that *"a baby actually ties you down."* We found that there is a spectrum of feelings around sex and social/cultural expectations. For example on one extreme a few participants perceive young parenthood a norm *"In most Hispanic families, we all have our babies really young. So it's not really anything to have our babies once you're already out of school"* On the other extreme early parenthood was perceived as negative with future loss of opportunities *"My older sister, since I started to have relations, she took me [to get] pills at a clinic because she also got pregnant at 15 years of age. She told me that she didn't want that to happen to me….she wanted me to have an education"*

Adolescent fathers were generally not conflicted about the social or cultural expectations associated with their sexual behavior. The community expects that a young man will engage in sexual activity. The norms are straightforward with the message to "protect yourself." However most were not using any form of protection (i.e. condoms) and were willing to take the risk: *"If we get pregnant we'll deal with it"* Others thought it was not their responsibility. "*It's up to the girl to protect herself- I'm not the one having the kid: it's up to her with that shit."* Overall for young male Latino adolescents the message is: its normal to have sex but protect yourself.

Parenting experience:

Adolescent mothers unanimously report how difficult it is to be a teen parent. The majority report the hardships of being a single parent, highlighting the reality of partners "walking out" during a pregnancy, minimal support for completing high school, difficult financial situations due to limited education, employment or transportation. Many cite the breakdown of traditional cohesive family support when family members are deported due to illegal immigration status.

"*It's hard because I was 13."*

"I went to school and I quit. I went back and it was more hard."

"I got pregnant at 15. My mom got deported when I was 2 months pregnant so I basically stayed here by myself."

"My baby's daddy's not with me. He doesn't help at all."

"It's difficult to be a single parent and take care of everything"

Experiences with type of birth control:

Withdrawal

Withdrawal and condoms were the most popular forms of birth control used by our participants when they first became sexually active. We found that withdrawal was more enjoyable to both mothers and fathers however not reliable, often resulting in a pregnancy.

Positives described by both mothers and fathers *"Sex feels better without a condom"*

mothers:

"Can't trust guys to pull out."

"It is hard to enjoy sex because you are worried about getting pregnant."

"He pulled out and I got pregnant anyway."

fathers:

"Don't want to pull out."

"I never pull out. I mean—once that blood rushes, you can't really think. That's like 90 percent of men."

Condoms

Condom use was limited by cost, availability and decreased sensation during sex. Participants understand the benefits of condom use including prevention of pregnancy and sexually transmitted diseases (STDs). Factors that influence young fathers to use or not use condoms are described in figure.1

Positive attributes of using a condom described by mothers:

"prevents STD's, they are safe, I trust condoms"

Positives attributes of using a condom described by fathers:

"prevents STD's, only thing men can use for birth control"

Negative attributes of using a condom described by mothers:

"don't like the feel: It is like licking a popsicle with the plastic on top"

"don't always work-can break"

Negatives attributes of using a condom described by fathers:

"expensive"

"don't always have them"

"don't like the loss of sensation"

Limited access to and ambivalence about condom use were barriers. Fathers report getting condoms from family and friends or stealing them. When that is unsuccessful they resort to no condom use.

"It is ten bucks for a box of condoms or a bottle of alcohol at the store. I'll take the bottle and go get drunk and go have sex- no condoms."

"I never use condoms. You catch an STD, you catch an STD."

Factors that Influence Adolescent Males' Use of Condoms

Fathers who are not likely to use condoms	Fathers who sometimes use condoms	Fathers who tend to use condoms
They don't like the feel of condoms	If you have one when you need it If you just met the girl First few months of the relationship If the girl asks for one	Concerned about STI's
	If you've been drinking	
	If the girl doesn't want one If you consider her your girlfriend If you believe the girl doesn't have an STD If you believe the girl is using birth control If you believe you are too young for semen to be viable If you believe pulling out works If you don't or can't afford to buy condoms	

Figure 1. *Arrow indicates the direction those factors tend to influence behaviors

"If you're in a relationship for two months you probably are using condoms. Then if you're like, "You want to be my girlfriend?' She's like, 'Yeah' You're like… once she says she's you're girl, you're just like no more condoms."

"I've had unprotected sex with girls a lot of times, but I thought I wasn't mature enough- like my body- I guess- wasn't mature enough to have kids yet" "Not everyone is rich in the world. I think right now they are high budgeting condoms, which people are saying, "fuck it" why buy them? I'll just save my money."

Oral contraceptive pills

Oral contraceptive pills were used early in the course of sexual initiation. They were thought of as less scary to initiate. However they were harder to use consistently and were thought of as unreliable.

Positive attributes described by mothers:

" less scary than other methods, regulates periods"

No positives described by fathers.

Negative attributes described by mothers:

"It is easy to forget to take them."

"Have to do it everyday"

"Method can't be trusted"

"Pills stress me out"

Negatives described by fathers:

"not reliable, heard it was linked to breast cancer"

"I don't want to be like every morning I wake up, 'Good morning. Don't forget to take your pill"'

Depo-provera

Depo-provera was used at initiation of a relationship, when a sense of commitment was established between partners and the perceived risk of STDs and needing to use condoms was decreased. "Once she says she's you're girl, you're just like, "No more condoms." Depo-provera is acceptable to young women; however the three month visit was challenging if clinics were not accessible due to distance. Side effects were also a barrier to continued use.

Positive attributes described by mothers:

"*only need to get it 1 time in three months, shortened my periods"*

Negative attributes described by mothers:

"weight gain, moodiness, cramping, nausea, bleeding"

Negative attributes described by fathers:

"I don't know if it is good for her. I don't mind the shot, as long as it just don't get her fat"

Intrauterine Device

IUD's were generally obtained after the birth of the first child, they were perceived to be harder to obtain, have more side effects and scary to try.

Positive attributes described by IUD users- mothers:

"Long lasting, safe, don't have to remember"

Positive attributes described by fathers:

"You can trust it"

"Long lasting"

Negative attributes described by IUD users- mothers:

"Bleeding and discomfort"

Negative attributes described by fathers whose partners have used an IUD:

"They fall out"

"Girlfriend always complaining that it hurts"

"Can't have hard sex"

"Worried it would hurt my penis"

"Girlfriend got pregnant with it"

Negative attributes described by non IUD users- *mothers:*

"Scared, afraid"

"Worried it will hurt"

"Don't like the idea of it inside me"

"Could move, get lost"

"Gives you cyst"

"Worried it would poke partner"

"Side effects sound scary"

Transdermal Implants

Overall implants were viewed positively by users. They were thought of as safe, convenient with tolerable side effects.

Positive attributes described by implant users- mothers:

"it works"

"It's not inside me" (not in uterus)

"Safe"

"Long Term"

"Don't have to go back for more appointments until I want it out"

"Periods don't turn out well but there is no pain"

Positive attributes described by- fathers:

"Don't have to mess with it"

"Convenient"

"Long term"

Negative attributes described by non implant users- mothers:

"Afraid of surgical procedure"

"Afraid of gaining weight"

Negative attributes described of implant use- fathers:

"Long periods"

"Irregular periods"

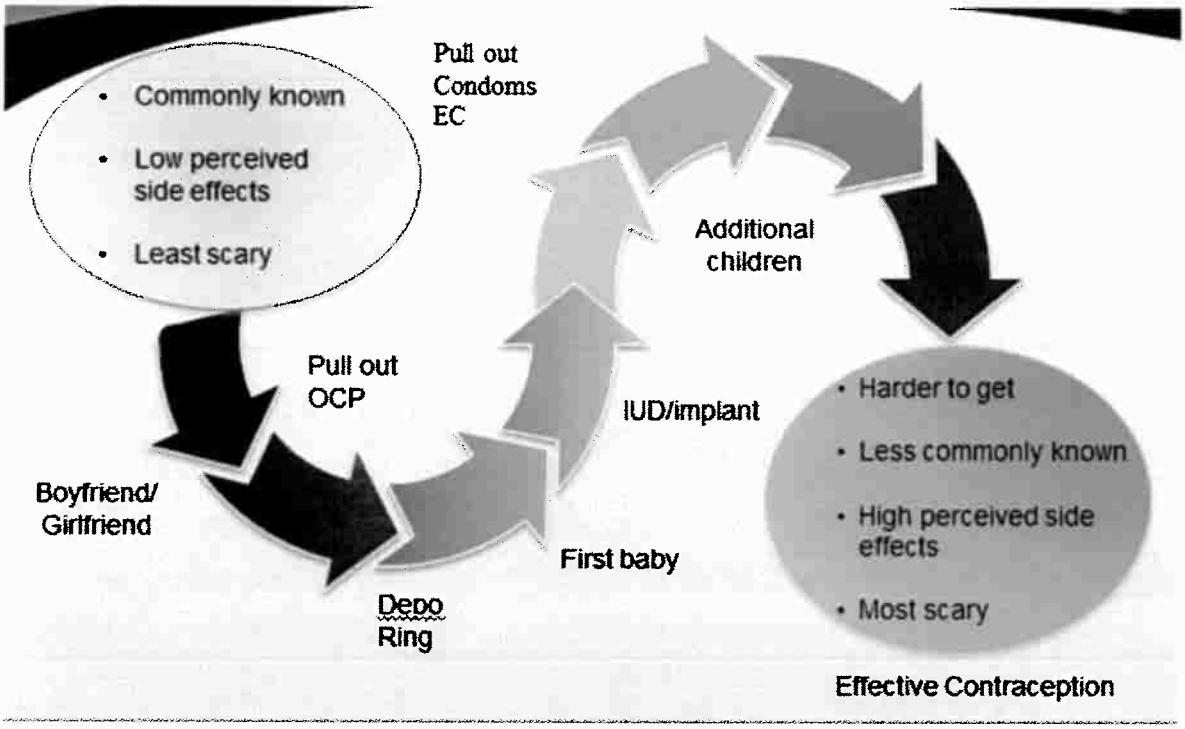

Figure 2. Birth control experience. At initiation of sex participants chose methods that are commonly known with low perceived side effects and least scary to try. First birth results from difficulty using less effective methods.

The following domain highlights the barriers to LARC use identified in adolescent mothers

2. Barriers to LARC use by adolescent mothers

- Fear
- Misconceptions and knowledge
- Discontinuation –secondary to side effects
- Partner perceptions

Fear

The biggest barrier to IUD use by adolescent mothers was "fear." Mothers expressed fear of having "a procedure," of feeling pain, of having a foreign device in their bodies. Participants had negative perceptions of IUDs. The negative perceptions came from personal histories of IUD failures, side effects, such as pain, irregular bleeding and from anecdotal and community perpetuated fears such as "the IUD didn't work …the baby came out with it in his hand."

mothers:

" I'm scared, looks scary, worried it would hurt."

"I'm scared. I heard about it. My mom and my ex-boyfriend's mom told me that I could get it and that I won't get pregnant but I'm scared" (IUD)

fathers:

" they fall out, girlfriend complains that it hurts, can't have hard sex, I'm worried it will hurt my penis" (IUD)

"Every time I hear of a chick with an IUD they're always complaining that it hurt" (IUD)

"Some women find that uncomfortable though. They don't forget about it. Mine couldn't" (IUD)

Misconceptions and lack of knowledge

Lack of knowledge and misconceptions were barriers to obtaining an effective contraceptive for some participants. Half of the participants (47%) were using a LARC at the time of the focus groups. Prior to delivery of the first child, there is limited use of effective contraception i.e. Implant, IUD. Most LARC use was initiated after the first delivery.

mother: "If I don't know about it. Duh. I ain't going to use it right?"(IUD)

father: "it can get stuck on the baby's arm" (IUD)

Navigating the medical system was a striking barrier to obtaining a LARC method; not knowing about resources like Family Planning Medicaid, distance to clinics, being undocumented, limited English proficiency, lack of friendly staff/ providers, and social workers, were deterrents to obtaining family planning services.

"They ask too many questions"

Discontinuation- side effects

Side effects such as pain and vaginal bleeding were the main contributors to discontinuation of a LARC method (IUD). Pain was associated with heightened fear and rapid request for removal of an IUD without an opportunity for providers to troubleshoot.

Negatives described by mothers who have used an implant:

"Had my period for a whole year"

"Had to have it removed

Partner perceptions

Poor partner perceptions of use of a LARC method contributed to rapid discontinuation. Poor perceptions came from not knowing about the type of method the partner was using, side effects such as pain during intercourse and male partner distrust in general about birth control's effectiveness.

fathers*:*

"When you have sex, you can't jam that shit in because it hurts."

"I didn't really care for it. I mean- it just was always in the same spot, so after a while it felt like it was going to split it [my penis]- like one of those wires that cuts cheese…"

"I've been with girls that I've felt things like that too, and I just didn't know what they were. It kind of spooked me out."

For Latina mother participants, if a LARC is free or paid through Medicaid, it is easier to adopt. Strong motivators are knowledge of safety, minimal side effects: (pain and bleeding), long term nature, comfort and availability at school. Fear is a big barrier to adopting a LARC. Partner perceptions and side effects are barriers to adherence of a LARC method. Lack of information about cost and access appear to be bigger barriers than actual cost and access.

The following domain highlights barriers to contraception use in Latino adolescent fathers.

3. Barriers to contraception use in Latino fathers

- Lack of access to information
- Distrust of effectiveness
- Minimal Dialogue
- Concern for STD prevention

Lack of access to information

For Latino fathers, the biggest barrier was lack of access to contraceptive information. The fathers stated that while they felt their female partners had ample opportunity to learn about reproductive health, they themselves were only made aware of contraceptive services second hand, while their partners were being counseled by providers in the context of their current pregnancy.

"Girls have a lot more help. When the girl's at the hospital, the nurses are little chatterboxes and all that. You learn a lot."

Distrust of effectiveness

We also learned about their perceived distrust of contraception effectiveness.

"I really don't trust birth control, period."

"I didn't trust either of them. This one hurt, and that one came out" [IUD/ ring]

Minimal Dialogue

Given the limited data in the literature regarding the male's perspective in contraception conversations, we were interested in exploring if and how conversations happen. When asked: What is a usual conversation between you and your partner about protection or birth control? Do you talk about anything like that?

"I've never had a conversation about it. Ever" Not about birth control....

"It's just like, "Hey, you got birth control? Because I'm going to hit it."

"Only a couple of words—like either, "You pull it out right away," or she asks you, "Do you got a condom? Do you got protection?"

"I never pull out. I mean—once that blood rushes, you can't really think. That is like 90 percent of men."

"There was probably that small moment, every now and again, where the girl is like, "Do you have a condom?" But it really didn't matter what the answer was to them. It was just so they could feel good about themselves—I think."

We learned that contraception conversations are limited, yet adolescent males are interested in gaining tools for talking about contraception. They feel they have not seen that behavior modeled and don't have the vocabulary or knowledge about methods, aside from "condoms." A great deal about the male adolescent's experience with condoms and factors that sway them to use or not use a condom was explored. They expressed the limited interactions they have

with the medical community limiting their opportunity to become educated leaving them to rely on friends' and families' personal experience. Participants also had irregular school attendance limiting the opportunity to learn factual reproductive health.

"You find out little by little. That's how you do it"

"Just instinct"

Concern for STD prevention

Latino male adolescents are expected to be sexually active. The community as a whole supports this behavior and older female family members influence the use of "protection" which was reported to mean "using condoms." This cultural norm may contribute to the primary concern for STD prevention versus pregnancy prevention.

"I stress about…."Mostly, I think just the STD and shit. Like I mean the baby is nice, but I'd rather have a baby than have like an STD."

Factors contributing to adoption and adherence of a birth control method:

4. Adoption and adherence

- No or minor side effects
- Long term
- Available at school
- Free of charge

Factors that make it easier for adolescents to adopt a contraceptive include when it can be obtained free of charge, available at school (school based health centers), and perceived to be effective. Additional facilitating factors include when clinic staff is perceived to be friendly nonjudgmental and if the adolescent has a supportive family.

Factors that help a participant adhere to a method include contraceptives that have no or minor side effects, methods that are "pain free" (procedures) and long acting without the need for frequent visits. Institutional factors that make it harder for adolescents to adopt a method include lack of information such as not knowing about qualifications for Medicaid, where to obtain services (clinics, social services offices) and not knowing the cost or that it can be free. Additional barriers are the distances to clinics and lack of knowledge about not needing parental permission for contraception.

Social barriers are: non-supportive family (no premarital sex, double standards for young girls), shame associated with needing to use birth control and not wanting to be seen buying condoms. Women expressed fear of being judged by friends or family, having beliefs that if they obtain birth control "others will think they are promiscuous and the perception that birth control is expensive.

Factors that interfere with adherence to a method are the need to remember to use a method daily, or every three months, concerns about pain or discomfort and concerns about partner not liking it.

Factors that contribute to decision making:

5. Decision making

- Comfort, pain, fear, side effects…
- Influencers: family members, friends, boyfriend, girlfriends
- Cultural or community norms

There are factors that adolescent parents take into account when deciding on a contraceptive. On a personal level they are concerned about side effects, pain associated with getting the contraceptive, comfort and effectiveness. They are also working with influences from family, friends, relationships and from cultural and community norms. We found that before the first birth, their working knowledge about contraception is generally limited with trial and error and attempted use of less effective methods. Family members (mainly women) encourage the use of contraception. However, the messages about their use is vague; *"protect yourself," "take care of yourself" and "be safe."* Friends are powerful influencers and can be a positive or negative influence on the use of birth control, passing along information, experiences and often misinformation. The friends say, *'it feels good if you don't use a condom. It's better that way.'* We also found many instances where relationships were found to discourage use of contraception:

fathers:

Don't worry if you get pregnant we'll deal with it"

"I will pull out"

"I don't like condoms"

"Get your IUD removed it pokes me"

"I want to have a baby"

"We already have one baby, what's one more?

We found that many participants perceive early parenting a community norm.

mothers:

"I don't know any girls who haven't had kids"

"In most Hispanic families, we all have our babies really young, So it's not really anything to have your babies once your already out of school"

"Your friends say sometimes: Ay! Be a young mother!""

A number of participants mentioned that their moms got pregnant as teenagers. However, from the messages they relay to their daughters it appears as if they want to change this pattern.

"My mom's really supportive [of birth control]. She got pregnant at 17. She just wants me to try everything. "Try something new. Just do it. If it hurts just do it. You don't want that [pregnancy] to happen to you"

In summary family members want their teenagers to avoid early parenting and illness from sexually transmitted diseases. However Latina adolescents struggle with modesty and shame at needing to use contraception as well as with the expectations of delaying sexual activity.

Discussion

In this study, we explored barriers to LARC use among Latino adolescent parents. We focused on adolescent mothers and fathers instead of non-parents since discussions of contraception with teens who are already parents appear to be more socially accepted by families, community and participants. (33) We gained an understanding of the context in which behaviors occur such as environment, culture, and immigration status. We also identified unexplored topics such as the Latino adolescent perspective on contraception and the context of contraception conversations. Qualitative methods allowed us to engage a group of hard-to-reach Latino adolescent parents. Our findings will specifically benefit Latino youth in New Mexico and cannot be generalized.

Discussion of data

1. Perceptions and experiences of Latino mothers and fathers regarding parenting and birth control use.
2. Barriers to LARC use by adolescent mothers
3. Barriers to contraception use in Latino fathers
4. Factors contributing to adoption and adherence of a birth control method
5. Factors that contribute to decision making

1. Perceptions and experiences of Latino mothers and fathers regarding parenting and birth control use:

We found that adolescent mothers struggle with the different messages received by peers, family and culture (norms/expectations). The general message from

parents/family was one of disapproval for engaging in pre-marital sex and limited disclosure and communication. Peers and social group interactions normalized sexual activity and relayed the social benefits of a relationship and sexual activity. Partner factors also contributed to sexual activity and often influenced contraception disuse. Cultural norms and gender expectations were found to place our less acculturated participants at risk of unplanned pregnancy.(34, 35) Overall, we found that behaviors don't match cultural or community expectations for women and that different, often contradictory, messages influence lack of contraception use. The level of shame and embarrassment felt at the need to use birth control reflected the conflict between behavioral and cultural expectations.

For less acculturated women the dynamic between gender roles was more pronounced. Differentiation of gender roles has been characterized by cultural concepts of *Machismo* and *Marianismo. Machismo* has been described as desired qualities for men such as being virile, courageous, protective and aggressive. *Marianismo* is described as having ideal qualities for women such as being chaste, pure, devoted to home and submissive. (36) (37) While these characterizations are stereotypic, a subset of studies has examined gender role expectations of Mexican American adolescents with findings consistent with above gender role descriptions.(38) For example, "withdrawal" is often referred to as "he takes care of me" in a Latino couple exemplifying the dynamic of the submissive woman and the virile and protective male. For more acculturated or multi-generational New Mexican women, the conflict between traditional Latino

beliefs and sexual behavior was not as strong. Some participants had maternal support for contraception use, yet other factors such as vague messages, peer and partner factors contributed to their risk of an unplanned pregnancy. These findings support prior work that utilizes the ecological framework in which behaviors occur. (35) Awareness about the complexity of relationship dynamics and context of the individual should sway our intervention efforts.

For adolescent fathers in our study, the message was clear: they had the expectation to be sexually active, but with vague messages about using "protection." Primary influencers of this message were older women family members. They expected young men to engage in sex. The message of "protect yourself" was too vague to be understood by some men. A number of participants expressed not knowing exactly what that meant until after becoming parents.

At initiation of sex, participants chose methods with low perceived side effects and least scary to try, such as withdrawal, condoms, oral contraceptives. The first birth often results from difficulty using less effective methods. After the first birth a sense of awareness of the need to use effective contraception to prevent another pregnancy becomes a priority. When barriers to LARC are encountered, discontinuation and risk of a second pregnancy is possible. Participants felt that effective contraception was less commonly understood, was harder to access, had higher perceived side effects and was the most scary. (Figure 2) Looking at

the pattern of contraception use in this community, an intervention at any time point can be beneficial to prevent a first pregnancy. However, access to youth prior to the first pregnancy was challenging. Our participants agreed and voiced the difficulty in accepting their own sexual behavior despite older siblings' or friends' advice.

"I have a sister who is going to be 14. She's very closed now. I try to talk to her like, 'Tell me if you want to have relations, I want to help you like my big sister helped me.' I want to help her. And she says, 'Ay! I don't think about that! Get out of here! Don't be filthy!' In reality, I think that she is thinking about it because, well, she has boyfriends…." -mother

Dynamics between traditional Latino norms and sexuality is complex and a reshaping of values and identity as sexual beings is a process. During the period of denial and restructuring of values, lack of information and access places these youth at risk of unplanned pregnancy. Many participants expressed difficulty in justifying to their families any travel outside of school hours to inquire about contraception, therefore, relied on friends' second hand knowledge. After becoming parents, discussing the need to prevent a second pregnancy is embraced and viewed as beneficial to the existing child and family.

2. Barriers to LARC use by adolescent mothers

IUD

Fear was a barrier to IUD use in adolescent mothers, particularly in women who had not used an IUD. The biggest fears were concerns about something being inside their body and that the IUD insertion would hurt. Many participants mentioned that side effects scared them. For women who had used the IUD, pain/discomfort and irregular bleeding produced fear, sometimes with rapid discontinuation. Misconceptions and lack of knowledge about where and how to get a method were barriers to using effective contraception. Participants generally had negative perceptions of IUDs from personal experience of IUD failures, side effects such as pain, irregular bleeding and from anecdotal and community perpetuated fears. Most of the IUD initiations (47% of participants) occurred after the first birth. When participants were not already on Medicaid or were not English speaking, navigating the medical system was difficult. Lack of information about cost and access were bigger barriers than actual cost and access. Poor partner perceptions of LARC method use also contributed to rapid discontinuation. Poor partner perceptions came from not knowing about the type of contraceptive method the female partner was using, side effects such as pain during intercourse and male partner distrust in general about birth control's effectiveness.

Implant

Participants had an overall favorable perception of subdermal impants. Favorable perceptions were associated to the device not being located inside the uterus ("its not inside me"), trust in effectiveness and safety and its long term nature. Users were willing to have irregular periods so long as its use was not associated with pain.

Culturally relevant and gender specific approaches that reach out to the community are needed to address these barriers. The overall perception of LARC was negative for IUDs but positive for implants. Interventions that assess a community's belief system around IUD use might be a first step in addressing the fear of the device. Additional targets for increasing LARC appeal could be advocating for a factual sex education curriculum normalizing adolescent physiology and contraception knowledge. Although knowledge is not highly correlated with behavior change, knowledge provides a framework for pregnancy prevention messages to be understood and potentially acted on.(39) How IUDs are imaged in advertisements can be modified to reach and reflect a younger ethnic population. Prior work has shown that ethnic minority women prefer lower efficacy methods that can be discontinued without the need for provider permission or intervention. Taking a different perspective on how young women are counseled highlighting autonomy and control may improve uptake and adherence.(40, 41) Training and updating providers' knowledge and skill set can assist with lack of comfort providing effective contraception in the school based

health centers to high-risk students. These local observations combined with community input have the potential to change the negative perceptions young adolescents have of LARC methods, specifically IUD's.

3. Barriers to contraception use in Latino fathers

A barrier to use of contraception for Latino fathers was lack of access to contraception information. Participants expressed learning about contraceptive services second hand through partners being counseled in the context of the current pregnancy. Limited knowledge both about contraceptive methods and services (i.e. access) may partially contribute to perceived lack of effectiveness and distrust in contraception. Fathers' perspectives on contraception and the context of contraception conversations among sexual partners were explored. Contraception conversations were limited and brief. They were fluent in the use of condoms with many modifiable factors swaying them to use or not use a condom (figure 1). We also found that fathers were primarily concerned with sexually transmitted infection prevention over pregnancy prevention, not surprising given that they hear messages to "protect yourself" early on from family members.. There was also a level of ambivalence among a few participants regarding risks of acquiring an STD with bragging about never using condoms. These barriers, although specific to Latinos in the Albuquerque area, are consistent with the broader context of power and social inequalities. Today masculinity in the United States is represented as heterosexual, educated,

European American with high socio-economic status. (42) When such resources are denied, lower status men seek other ways to validate their "manhood" and are active in reconstructing masculinity and maintaining agency. (43) A study by Rich and Stone 1996 reports that toughness and aggression are a means to gain status in communities when other resources are unavailable.(44) Adoption of healthy behaviors is a feminine construct that is rejected in the restructuring of masculinity, while embracing risk and fearlessness.(43) Avoiding health care is a form of social action allowing men to avoid being in powerless positions. Ethnicity, economic status and sexuality are intertwined and deeply related to the social structuring of gender and power. (42) When these barriers are placed in the context of social inequalities we can see how some behaviors are not a result of lack of access alone but of the wider backdrop of social determinants. Interventions that have been used to change behavior have usually been in the form of counseling and education with boosters of clinical interventions at the individual level. Unfortunately these are lower impact interventions limited by access, unpredictable participation, and surrogate measures of effectiveness all within the same environmental context that often prohibits healthy behaviors. Public health work has proposed a 5 tier pyramid that describes the impact of different public health interventions.(45) The base describes changes in socioeconomic factors such as poverty reduction and improved education. Without efforts to retain/engage Latinos and restructure educational opportunities and revitalize communities we will continue to work from the top of the pyramid via counseling and education without impact on determinants of health. Policy

changes are strongly needed to encourage school districts to provide comprehensive sex education curriculums that are factual and evidence based. Changes in the environmental context to encourage healthy decisions such as subsidizing condoms, training mid-level providers on the most effective contraception- LARC and provision in community clinics is priority. Advocating for traveling health clinics to neighborhoods with poor transportation or safety hazards are small efforts that have the potential to decrease teen pregnancy and to engage marginalized Latino youth.

4. Factors contributing to adoption and adherence of a birth control method

Factors that sway adolescents to adopt a contraceptive is when the method can be obtained free of charge, available at school (school based health centers), perceived to be effective and "pain free. Factors that help adhere to a contraceptive method include no or minor side effects, long acting without the need for frequent visits. Unfortunately these factors were not a reality for many of our participants. Availability at school was mentioned as a top motivator for accessing contraception decreasing the need to travel, to lie about an after school clinic visit or to struggle maneuvering the medical system. Youth advocacy should include provision of effective contraception through securing grants that provide contraceptives free of charge, expanding services and training school base health providers on provision of the most effective

contraceptives known to decrease rates of unintended pregnancy.(22) Additionally, disseminating findings such as these to community clinics, social service offices and local groups.

During recruitment, our participants were effective at corresponding through text messaging. Utilizing this technology can be beneficial for patient concerns, decreasing the need for contraceptive maintenance such as a "string check" for an IUD, while allowing an opportunity to provide reassurance. Including partners in counseling may also be beneficial in educating men about LARC while providing an opportunity for shared decision making among the couples. This approach may work in couples where gender roles are heavily followed.

System-level barriers that make adoption of a LARC method difficult include lack of information; qualification for Medicaid, how to apply, service locations and undocumented status. Additional barriers are not knowing they don't need their parent's permission to obtain contraception. The most effective environment to overcome these barriers is the provision of contraceptive services at school based health centers (SBHC). Providing on-site contraception is in line with the Health Impact Pyramid of changing the environmental context to encourage healthy options.(45) The strategy is to provide all needs such as financial assistance (i.e., Medicaid application) and contraception in the places where students are located. In schools without SBHC, use of traveling clinics and models such as patient navigator programs could be tried, especially in states

with a high density of ethnic minorities. Work in cancer health disparities suggest benefit in getting clients needed services with use of these programs.(46) In family planning a pilot program could be assessed for its effectiveness in helping teens navigate the medical system.

5. Factors that contribute to decision making

Contraception decision making is heavily influenced by family, friends, relationships, culture and community norms as discussed above. Friends are powerful influencers on the use of birth control passing along information, experiences and often misinformation. This underscores the need for factual sex education in the school setting. Parenting becomes a strong motivator to use effective contraception with thoughtful consideration about side effects, comfort and effectiveness.

We found that many participants perceive early parenting as a community norm since there are ample examples of young Latinas in their community as parents. All mothers expressed their love for their children yet they also expressed the difficulty in being teen parents and the desire to have waited until they were older. Participants were very vocal about their need to hear the whole picture of the hardships and the limited future opportunities that can occur as a result of a teen birth *before they get pregnant.* Changing community norms is slow but necessary and starts with modeling and setting high educational expectations for

Latino youth as well as improving educational opportunities(47). Ironically, many school districts in locations with high teen pregnancy rates oppose a factual sex education curriculum and strong SBHC that focus on reproductive health. Early childbearing is tightly linked to low educational attainment and education advocates must consider these barriers for Latino youth.

Limitations and Strengths

Our study was restricted to Hispanic parenting youth, so the ability to generalize results is limited. Participant selection was based on a purposive sample of Latino adolescent parents. Recruitment was broad and from the greater community representing Latino youth of Albuquerque. The purpose of the findings was to identify areas and themes around which to build interventions specific to Latino youth of Albuquerque. Strengths of our study included the rich data generated on Latino parents' perspectives on barriers to contraception. The presence of peers during group discussions was helpful as all participants were teen parents with early sexual experiences, lack of knowledge and similar barriers to contraception. Discussions were fluid and comfortable while capturing the subculture (i.e., jokes, small talk, laughing, disagreements, interactions among participants). Another strength of the study was the use of an independent auditor to verify the data. The auditor received the transcripts and created a separate code book that was compared to the original. Community feedback helped to obtain verification from the community and to give the community an opportunity to voice how and what data should be presented.

Additionally, our recruitment strategy and non-traditional implementation was dynamic and engaging.

A potential methodological limitation to using focus groups is the concern that this method alone is sufficient to capture the experiences of our participants. Literature argues that obtaining sensitive information may require more than focus groups. In depth interviews may be required to obtain data on actual knowledge and experience, suggesting that focus groups may elicit more socially acceptable answers. (48) These conclusions may apply more for non-parent adolescents who are initiating sexual activity and struggling with tradition, lack of knowledge or access, while engaging in risky sexual behavior that they may perceive as not socially acceptable.

However, for adolescent parents in our study, their "parent" status allowed them to engage in more open discussions about sex and contraceptive needs and the focus group discussions appeared honest, realistic and open. Most participants came with a friend, creating an environment safe for discussion. Methods that would strengthen our findings include triangulating our focus group data with a post-interview questionnaire or the comparison of findings with focus group data obtained in another region of New Mexico.(49)

Conclusion

In the Southwest, multiple challenges are faced by Latino youth, including issues of immigration, undocumented status, access to healthcare and education. Because of this diversity strategies that help postpone childbearing that are community specific are needed. Qualitative research methodology allowed us to understand the barriers to use of effective contraception and to elicit the voice of the community. Our approach helped establish trust in the community; fostered co-learning and most importantly examined and addressed *community-identified* needs. A commitment to addressing the disproportionate rate of teenage births in the Latino community calls for a paradigm shift in how we interrogate the problem, from a researcher-focused approach to a community-based approach. Using community based participatory research was a successful strategy to engage hard-to-reach Latino youth and holds great promise for research related to healthcare disparities. Our research addressed social, economic, environmental determinants as well as the cultural and power dynamics between community, researchers and the medical establishment. We hope to implement contraception interventions informed by this study in the near future.(15)

Lessons Learned:

One of the biggest lessons learned in the process of this work is that community partnerships take time to develop and that community trust is *not* automatic. A misconception going into this project was the expectation that I would benefit

from the trust granted to me as a clinician and as a Latina mother. I struggled with the distrust and the idea of not being part of the community because of my affiliation with the university. In retrospect I applaud the community for examining my motives and my presumed contributions; although my work has just begun I do envision this preliminary work a starter to decreasing health disparities for the youth of New Mexico.

A parting thought… I always knew about the notion of "internal wisdom and resilience" that many of these young parents confirmed. Does it develop from being in constant survival mode, from growing up poor or from the immigrant experience that many of the participants shared. I'm still not sure but I am sure that given the opportunity to postpone or space childbearing, these young Latino parents could be incredibly successful.

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