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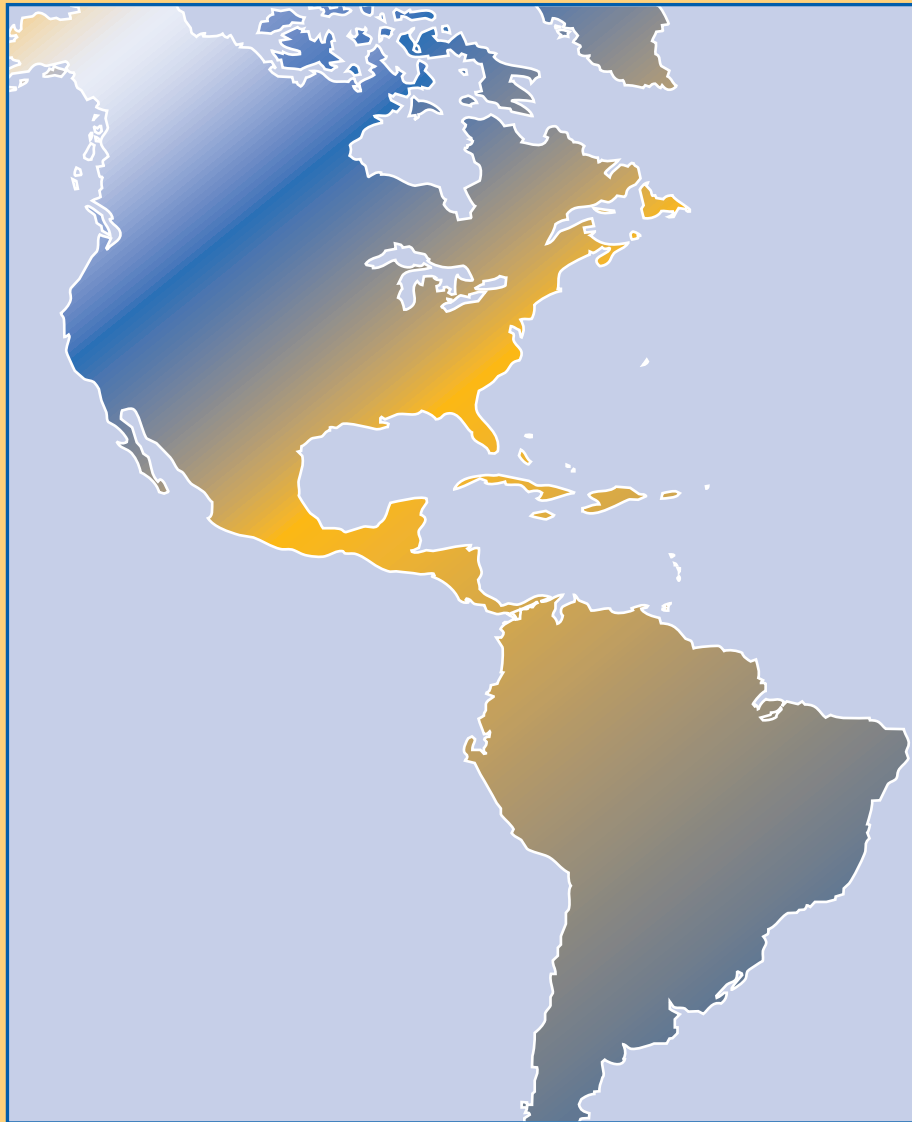
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# Educational Barriers, Social Isolation, and Stable Romantic Relationships Among Pregnant Immigrant Latina Teens

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Latina teen birth rates, particularly those of immigrant Latinas, surpass those of any major racial/ethnic group. Little is known about how immigration experiences influence early childbearing. Fourteen pregnant Latina immigrant teens were interviewed regarding their feelings about pregnancy and birth control, educational and vocational expectations, and their partners' influences. Common themes included feelings of isolation, barriers to education and future opportunities, and a heavy reliance on partners as a stable source of emotional and financial support, all of which appeared to influence teens' desire for pregnancy. Findings suggest the need to help immigrant youth overcome barriers to education and work and to offer them culturally and linguistically appropriate clinical care including birth control information and services, preconception and prenatal care, and assistance navigating the system.

La tasa de nacimientos entre adolescentes latinas, en particular de las latinas inmigrantes, supera la de cualquier otro grupo racial/étnico. Poco se conoce sobre cómo la experiencia de inmigración influye en la maternidad precoz. Catorce adolescentes inmigrantes latinas embarazadas fueron entrevistadas para conocer sus sentimientos sobre embarazo, anticonceptivos, expectativas educativas y vocacionales, y sobre la influencia de sus parejas. Los temas comunes incluyen sentimientos de aislamiento, de barreras educativas y de oportunidades futuras así como también una gran dependencia económica y emocional en sus parejas. Todos estos factores parecieran haber influido en el deseo de embarazo por parte de las adolescentes. Los resultados sugieren la necesidad de ayudar a las jóvenes inmigrantes a superar las barreras de acceso a la educación y trabajo, como también ofrecerles una atención clínica apropiada desde el punto de vista cultural y lingüístico, ofreciéndoles información sobre anticonceptivos, servicios de salud, atención prenatal y asistencia para navegar en el sistema.

**Keywords:** teen pregnancy; immigration; Latinas; educational aspirations; contraceptive services

Despite steep declines, California's Latina teen birth rate (45.0 per 1,000 girls aged 15–19 years in 2010) is substantially higher than the state average (29.0), representing nearly three quarters (73%) of all teen births (California Department of Public Health, 2012). About one quarter (26%) of these births are to immigrant Latina youth (Pew Hispanic Center, 2009). When compared to U.S.-born Latinas and non-Latinas, immigrant Latinas are even more likely to be married, live in poverty, earn significantly less, and not to go as

far in school (Pew Hispanic Center, 2009). Nurses have a key role to play in assessing the strengths and challenges faced by immigrant youth when they access clinical care. Studies of Latina teens show that they are less likely than their peers to use effective contraception and to use it consistently and to face challenges accessing birth control (Anderson, Santelli, & Morrow, 2006; Dailard & Richardson 2005; Sugerman et al., 2000). New immigrants, particularly unauthorized immigrants, may face additional obstacles accessing birth control and services

because of the lack of insurance, limited English, and community isolation (Fuentes-Afflick & Hessol, 2009; Harari, Davis, & Heisler, 2008). The extent of barriers experienced may depend on the connectivity of the communities where these new immigrants arrive. A national study of Mexican Americans found that recent immigrants living in areas populated by more Spanish speakers or more Latino immigrants had better access to health care. Conversely, for U.S.-born Mexican Americans, living in such areas was negatively associated with access to care (Gresenz, Rogowski, Escarce, 2009).

There is some evidence indicating that immigrant Latina youth are less likely to use contraceptives than native-born Latinas and non-Latina Whites, yet more likely to initiate sex later (Brindis, Wolfe, McCarter, Ball, & Starbuck-Morales, 1995; McDonald, Manlove, & Ikramullah, 2009; Wilson, 2009). Frost and Oslak (1999) interviewed 187 low-income, primiparous adolescents including 120 Latinas (about half U.S. born) attending urban and rural prenatal care clinics in California. Foreign-born Latina teens, compared with U.S.-born Latinas and African Americans, were more likely to report the pregnancy was intended; the young women also reported more support for childbearing by the baby's father and were more likely to lack long-term life plans or to have modest educational/career plans (Frost & Oslak, 1999).

Age of immigration is also associated with several socioeconomic indicators. Latino immigrant youth who arrive in the United States by the age of 10 years are very similar to native-born Latino youth regarding educational attainment, labor market outcomes, language skills, and rates of family formation, whereas those youth who immigrate to the United States later perform far worse (Grogger & Trejo, 2002; Hill, 2004). Timing of immigration also appears to be associated with some reproductive health outcomes (Wilson, 2009). On certain risk behaviors, recent migration may be protective. Recently arrived Latina immigrant youth report lower levels of drug use, drug use in conjunction with sex, and a lower average lifetime number of sexual partners than more established immigrants (Brindis et al., 1995; Weiss & Tillman, 2009).

Very little research has looked specifically at the childbearing experiences of Latina immigrant teens. This study sought to describe pregnant Latina immigrant youths' social contexts, future goals, and reasons for becoming pregnant to explore how immigration may have influenced their childbearing decisions. In the California counties of Fresno and Los Angeles in which the study was conducted, the Latino population is about 49% (22% foreign born) and 48% (36% foreign born), respectively (U.S. Census Bureau, 2009). This in-depth qualitative study interviewed pregnant immigrant Latina teens regarding their pregnancies and life contexts. The current analysis explores portions of the interviews with the immigrant teenagers that were devoted to questions about their friendships, partners, educational goals, and reasons

for pregnancy. Comparisons with the adult immigrants in the original sample were not included because adults were solely queried about their teenage years; many did not have immigration experiences to report at that time. Other topics, such as access to birth control and relationships with parents, which also influenced Latina teen childbearing, are published elsewhere (Biggs et al., 2010; Minnis et al., 2012; Schwartz, Brindis, Ralph, & Biggs, 2011).

## METHODS

### Design

The data for this analysis was collected as part of a larger study of Latina teenage and adult childbearing in California. The study was based on semistructured, face-to-face interviews with Latina women who were pregnant with their first child. A structured interview guide focused on the respondents' experiences and feelings about pregnancy and birth control and educational and vocational expectations and experiences. The adult and U.S.-born interviews were purposefully excluded from this analysis to specifically explore the experiences of teenage immigrants. Human subjects approval was obtained for the study protocol from the California Department of Public Health and the University of California, San Francisco.

### Sample

The sample included 14 foreign-born Latina teenagers (15–19 years old), in their second or third trimester of pregnancy, and living in Fresno or Los Angeles counties. The pregnancy signified the first child that they planned to raise; however, they may have been pregnant before but experienced a miscarriage or abortion.

The sample was a convenience sample recruited from community clinics and health education programs that serve primarily low-income clients. At these sites, recruitment flyers were posted, staff made announcements during prenatal and health education classes, and eligible patients were informed about the study by health workers.

### Interview Protocol

All study instruments were first developed in English, then translated into Spanish, then independently translated back into English to check for accuracy. Sixteen pilot interviews were conducted to test, revise, and finalize the study instruments and to train the interviewers. Interviews were audiotaped and conducted in the participants' language of choice (Spanish or English) by one of three Latina, bilingual, and bicultural interviewers. Each participant received a \$50 gift card upon completing the interview. The interviews included a brief quantitative survey followed by a longer qualitative component and lasted approximately two hours.

## Data Analysis

Data from the quantitative section of the interviews was analyzed using Stata Version 9.0. The audio-recorded open-ended interviews were transcribed and entered into QSR Nvivo qualitative software to facilitate data management, coding, and analysis. All Spanish language interviews were translated into English before coding. The analytic team was composed of two of the authors of this study as well as three additional researchers with a masters or doctoral degree in a health-related field. Each interview transcript was reviewed by at least two members of the research team, and a summary memo was prepared for each interview to highlight key themes. Three researchers reviewed a random number of these memos to confirm the consistency of coding and the validity of themes. The analytic work was organized according to structural codes corresponding to questions in the qualitative interview guide; responses for each structural code were reviewed and summarized by two members of the research team. Following the analysis of the structural codes, key overarching themes were identified, described, and coded. Formal synthesis of the qualitative findings was conducted through regular discussions and written memos summarizing discussions and readings. Differing perceptions of emerging themes were resolved by research team consensus. This article explores themes that emerged from the interviews with the immigrant teens regarding their educational opportunities, romantic relationships, and pregnancy intentions.

## RESULTS

### Description of the Sample

The immigrant teens were evenly distributed between Fresno and Los Angeles (Table 1), with roughly equal numbers of younger teens (ages 15–17 years) and older teens (ages 18–19 years). Most of the respondents were born in Mexico. Eight teens were unauthorized immigrants, three were legal residents, two had pending legal status, and one was a naturalized citizen. Five teens were established immigrants who had been living in the United States for more than 10 years, having immigrated at age 6 years or younger, whereas the remaining 9 teens were recent immigrants who came to the United States at age 12 years or older. Four teens, all established immigrants, felt they spoke English “very well.” Most (8) respondents reported that their parents had less than a high school education and that (10) the baby’s father had not graduated from high school (not shown).

### Stable Romantic Relationship With the Baby’s Father

Most teens (13 of 14) described having a serious and committed relationship with the baby’s father at the time of their pregnancy. Two respondents, both recent immi-

grants, were married and five were cohabiting but not married. Two of the 13 relationships that were described as serious at the time of their pregnancy had ended by the time of the interview. For many, having a baby with their male partner was intended and seen as a natural evolution of their relationship. Some respondents described the mutual decision with their partner to get pregnant because they loved each other, that their partner was quite happy when they found out about the pregnancy (“he was thrilled to death!”), and that their partner was supportive emotionally and financially. One recent immigrant described being very ready to get pregnant with her partner:

I decided to do it [get pregnant] . . . obviously because I was doing well with my partner. We had known each other for a while and everything was going well, and it was something that . . . I wanted . . . In spite of my age, what makes me even more sure about it is that I have my partner and I know he’s a responsible person, too.

—recent immigrant, age 16 years, Fresno

In some cases, the couple chose to get pregnant to make their relationship stronger or because this was something their partner really wanted. A recent 16-year-old immigrant from Fresno explains: “My husband has never had children. That’s why [I got pregnant] . . . He wanted me to get pregnant because he wanted a child.”

### Feelings of Social Isolation

Nearly all teens described having few friendships in the United States and a feeling of social isolation. Often this feeling of isolation was a result of their immigration, leaving family or friends behind, limited knowledge of English, and knowing few people in the United States. Several recent immigrant teens explained that they “have no friends here,” having left them all behind in Mexico. An 18-year-old teen describes her feeling of social isolation stemming from her migration to the United States.

When I was 13 when I came to this country . . . At first everything was really hard. It was a radical change: I didn’t know anyone here, I didn’t speak the language, and school and everything was really hard for me.

—recent immigrant, age 18 years, Fresno

At times, participants explained that their primary sources of social support were living outside of the United States. One recent immigrant teen described her mother who lives in Mexico as the person who is “always supporting me, guiding me, and giving me advice so I can be a better person and everything.” Another recent immigrant teen moved to the United States from Mexico with the father of her baby who had recently been deported, contributing to her feelings of loneliness.

For some teens, difficult relationships with their parents or being far from their families resulted in their partners

TABLE 1. Sample Description (N = 14)

Characteristics of Respondents	Total	Recent Immigrant (Migrated After Age 11 Years)	Established Immigrant (Migrated Before Age 7 Years)
Total	14	9	5
Location of interview			
Fresno, California	7	4	3
Los Angeles, California	7	5	2
Age, years			
15–17	6	4	2
18–19	8	5	3
Birthplace			
Mexico	13	8	5
Guatemala	1	1	0
Legal status			
Naturalized citizen	1	0	1
Legal resident	3	2	1
Pending	2	1	1
Unauthorized	8	6	2
English proficiency			
Speaks it very well	4	0	4
Speaks it “OK”	1	0	1
Speaks it poorly or not at all	9	9	0
Education			
Less than high school or none	11	8	3
High school graduate	2	1	1
Some college/vocational	1	0	1
Received public assistance in past year	14	9	5
Married at time of pregnancy	2	2	0
Mother’s education			
Less than high school or none	7	5	2
High school graduate	2	1	1
Some college/vocational	2	2	0
Don’t know	3	1	2
Father’s education			
Less than high school or none	9	6	3
College graduate or more	2	2	0
Don’t know	3	1	2
Age of the father of the baby, years			
15–17	1	0	1
18–19	4	2	2
20–25	6	4	2
26–29	2	2	0
Missing	1	1	0

Continued

**TABLE 1. Sample Description (N = 14) (Continued)**

Characteristics of Respondents	Total	Recent Immigrant (Migrated After Age 11 Years)	Established Immigrant (Migrated Before Age 7 Years)
Age difference between respondent and father of baby, years			
0–2 years	7	3	4
3–5 years	1	1	0
>5 years	5	4	1
Missing	1	1	0

being perceived as their only or one of their only sources of emotional support. As one 15-year-old teen explains,

He's the one that told me to stay in school. I wanted to drop out and he told me that he was going to support me with the baby, with school; with everything—he's helping me a lot. . . . He's the only one that helps me right now.

—established immigrant, age 15 years, Fresno

The strong ties they perceived to have with their partners may have contributed to the feeling of social isolation for some of the teens. One recent immigrant teen described, "I hardly had any friends, because I was married and my husband took me to school and picked me up when it was over." This teen and her husband wanted to have a baby so that she "wouldn't feel so lonely when he went to work. I was always left all alone." Similarly, another teen describes looking forward to having a baby because "I'm going to have someone to be with and to keep me company most of the time." In other cases, strict parental monitoring or unsafe neighborhoods resulted in many teens spending most of their free time at home away from friends.

[My parents] really kept an eye on me . . . to be sure I didn't get pregnant or something like that. Because you know how L.A. is . . . So they kept a close watch on me and didn't let me go out with girlfriends who were a bad example. . . . It's really ugly. A lot of people have been raped; there are a lot of fights.

—established immigrant, age 18 years, Los Angeles

### Barriers to Education

Many teens in this study had aspired to go to college; but by the time of the interview, these educational goals had been lowered. Some teens had already dropped out of high school prior to becoming pregnant and only four teens, all of whom had lived in the United States most of their lives, were still in school at the time of the interview (two in school full time and two in school part time). All recent immigrants in the sample were no longer in school. Many of the teens who had dropped out of school indicated that they were still planning to go back to high school and graduate after the baby is born, yet many lowered their educational expectations. The reasons for lowering their school goals were usually directly related to their experiences with immigration—moving to a

new place, not knowing English, not being eligible for financial aid, and lack of social networks. Some of those with unauthorized legal status felt that even if they were fortunate enough to finish college, their prospects for finding rewarding work after graduation were low. One established immigrant describes how her unauthorized status prevented her from pursuing college:

I didn't go to college because I didn't have a Social Security number, and they were going to charge me a lot without that . . . And that's why I didn't go to college. I did want to go. But after that I didn't want to anymore.

—established immigrant, age 18 years, Fresno

Language barriers were frequently mentioned as limiting recent immigrants' pursuit of an education and after school activities. When a move would force her to attend a new school, a recent immigrant teen described how the fear of starting over and her lack of English prevented her from continuing her education, even though she had been a good student in Mexico.

I didn't like the idea of starting all over again . . . , especially since I had trouble with the language. It was something that seemed really hard to me, very . . . I didn't want to have to go through everything I went through when I first came here.

—recent immigrant, age 16 years, Fresno

Another recent 16-year-old immigrant from Fresno explained how she never considered college because of her lack of English: "I don't want to [go to college] because almost everything's in English here and I don't understand it well and . . . I can't, because of the language problem."

Lack of English embarrassed one 19-year-old respondent: "I didn't volunteer because I didn't speak English. I was actually ashamed to do sports and those things because I didn't speak English."

Both recent and established immigrant respondents recognized that it was important to obtain a high school diploma. Although many respondents also aspired to go to college, this was often viewed as a luxury. Most respondents had never had a family member and very few had friends who had gone to college, often referring to family responsibilities as taking precedence over any of their individual dreams or aspirations. A small number of teens described a college degree as having little value.

Although most teens viewed college as beyond their reach, recent and established immigrants alike felt that their parents strongly valued, encouraged, and supported their pursuit of an education. As one established 19-year-old immigrant from Los Angeles explains: "My mom wants a better future for us and she's pushing us to go forward to finish high school. She really cares about education." Uniformly, respondents explained that their parents would be quite disappointed if they did not finish their schooling; and in cases when the respondents had abandoned their education, parents were described as being very disappointed.

My mom would have liked me to continue my education, to go to college. And not just study a profession, but to go even further if I could. . . . I think that's what my mom has always wanted . . . And now that I haven't finished, she doesn't say anything to me about it, but now she says I should study English.

—recent immigrant, age 19 years, Los Angeles

Another recent immigrant teen describes very supportive parents but who are mindful that their unauthorized status may limit opportunities for attending college in the United States.

My mom and my dad both wanted me to go to school and graduate . . . As far as we know, people who are undocumented can't go to college here. But they told me to go as far as I could here (high school, if possible) and then they would support me to go to college in Mexico and everything.

—recent immigrant, age 16, Fresno

### Feelings About This Pregnancy

The women in this study expressed a range of responses regarding the timing and "wantedness" of their current pregnancies. Sometimes, a respondent's feelings about pregnancy intention did not fit clearly into a predefined category, such as "wanted," "mistimed," or "unwanted." Based on our classification of pregnancy intention, most respondents (9 of 14) considered their pregnancies as intended or planned, particularly among recent immigrants (7 of 9). Three teens (two recent immigrants and one established immigrant) described their pregnancies as unintended, and two (one recent and one established immigrant) described a feeling of ambivalence regarding their pregnancies.

Several teens felt that the pregnancy would bring to them positive experiences, such as having someone to accompany them, love, and give a good education and upbringing. The baby also was viewed as an opportunity to raise a child with their partner and strengthen their relationship. Many teens saw the pregnancy as an opportunity to create meaning or direction in their life, in the absence of other opportunities. Some looked forward to having a baby at this time because it was an opportunity for them to mature, to become motivated to reach their goals, to take better care of themselves, and to give someone

else the opportunities they did not have. One recent immigrant teen explained: "There will be new experiences, new knowledge. It [having a baby] makes you mature and grow as a person." Another recent immigrant teen noted, "It gives you even more reason to do your best."

Teens also pointed to the challenges the baby could bring, such as the difficulty of finishing school, paying for things for the baby, and raising the child. The teens with intended pregnancies had mostly lived only a few years in the United States and described very positive feelings about their pregnancies and about having a baby at this point in their lives. As one 16-year-old teen describes:

I was already planning to get pregnant; I had been planning it. So when I found out I was pregnant I was extremely happy . . . Since it was something I wanted and that I'm really looking forward to it, that's what makes me feel good . . . Obviously, I'm not really mature because I'm only 16 years old, but I think I decided to do it because it was like a need that I felt all of a sudden, this desire to have a baby, to have my own child.

—recent immigrant, age 16 years, Fresno

Several teens with intended pregnancies mentioned that their partners were influential in their decision to get pregnant. As one 16-year-old recent immigrant with a 29-year-old partner explains: "I wanted to have a baby and so did my partner. That was the main reason [I got pregnant]."

Two of the three respondents with unintended pregnancies felt their partners played a role in their getting pregnant. "He wanted a kid. I wasn't trying,—not right now. . . . I love him and he wanted a kid. So that was the main reason I came up pregnant." Two recent immigrants who also had unintended pregnancies attributed their pregnancies to lack of information about birth control. "[I got pregnant] because I didn't use protection. I didn't know anything about that."

Two respondents expressed feelings of ambivalence with respect to the timing and wantedness of their pregnancies. One recent 19-year-old immigrant from Los Angeles explained, "I felt strange. I didn't know what to do. I felt overwhelmed at that moment." The other teen, an established 15-year-old immigrant from Fresno, explained that she got pregnant to distance herself from the difficult relationship she had with her primary caregiver, her grandmother, and move in with her partner. She expressed great concerns regarding her family's reaction to the pregnancy "I felt scared because . . . I didn't know how they [my grandparents] were going to react to that when I told them that I was pregnant."

### Reasons for Not Using Birth Control

None of the teens in this study were using birth control at the time of their pregnancy, mostly because of their desire to get pregnant and feeling that the relationship with their partner had become more serious. The use of birth control seemed to challenge the trust in a relationship.



One recent immigrant teen explained that if she had used birth control, “he’d feel awful, he’d feel she doubted him or didn’t trust him.” Another recent immigrant explained that if she used birth control her partner would feel bad and “he’d say, “Why don’t you want [to get pregnant]? We’re together, so why? Do you have doubts about me, or do you not trust me.” Similarly, an established immigrant explained that she didn’t discuss birth control with her partner for fear that her partner would think she was “sleeping around.” Fear of side effects and lack of information about birth control or where to get it also contributed to lack of birth control use. One teen explained that she didn’t use birth control “because no one ever talked to me about it and I was embarrassed.” Two established immigrant teens mentioned that they had been using birth control at some point in the year prior to their pregnancy but had stopped because of the side effects and the belief that “it was going to take a while” to get pregnant.

Although not necessarily given as a reason for not using birth control, about half of the teens expressed some concerns about infertility. Concerns about the ability to get pregnant were evenly split between established and recent immigrants. The most common reason for this concern was the “inability” to get pregnant in the past (prior to this pregnancy) while not using birth control, whether the respondent was intentionally trying to conceive or not. It is unclear how long those periods without birth control use lasted. One respondent mentioned she had gone 3 months without getting pregnant while having unprotected sex. Another reported receiving information from health care providers that had led her to believe she was infertile. Concerns of infertility sometimes stemmed from knowing others with fertility problems, thereby contributing to lack of birth control use.

I was always scared like what if I can’t get pregnant? But there was no reason for that. It’s just me, you know. An idea that you get . . . ‘Cause you hear that a lot of people can’t have kids and stuff. But then it’s like what if I’m one of them? So like I got scared. . . . I don’t even want to use birth control because they say that if you use it for a certain time, you can’t have kids no more.

—established immigrant, age 19 years, Fresno

## DISCUSSION

Findings from this study highlight the challenges faced by Latina youth stemming from their experiences with immigration. Most pregnant Latina teens in this study came from families with low incomes and low educational attainment. Although recognizing that education is important to achieve a better future, their immigration experiences, particularly the financial, language, and legal circumstances associated with immigration, made it very difficult for them to further their education, limiting their future aspirations. The barriers to furthering their education were particularly evident among recent

immigrants, none of whom were in school at the time of the interview. Their struggles with language and sense of limited future opportunities are highlighted in other studies of Latino immigrants (Hopkins et al., 2011; Streng et al., 2004). Lowered educational aspirations are likely to result in decreased motivation to prevent early childbearing (Kearney & Levine, 2012). This is supported by our finding that most study participants was actively seeking pregnancy and was not in school. Several studies have linked limited educational expectations and lower educational achievement with teen pregnancy and/or childbearing among teens overall, including Latinas (Beutel, 2000; Driscoll, Biggs, Brindis, & Yankah, 2001; Kearney & Levine, 2012; Young, Martin, Young, & Ting, 2001). Latino youth, particularly immigrant Latinos, are significantly more likely to feel disengaged in school and to drop out of school when compared to mainstream youth, which increases their risk of pregnancy (Cataldi, Laird, & KewalRamani, 2009; Manlove, 1998).

Another compelling finding was the extent to which the participants, particularly recent immigrants, described feeling socially isolated because of language barriers, being apart from their families and friends, and being new to the U.S. culture. For most of these women, their partners became important sources of stability, where they were able to receive emotional and financial support and fill a social void. At the same time, their partner’s older age and readiness for parenthood, and their unfavorable views about their use of birth control, heavily influenced their partner’s desire for pregnancy (see also Schwartz et al., 2011). The large age difference between male and female partners in this study, paired with their feelings of social isolation may be indicative of power imbalances that constrain Latinas’ ability to contribute to sexual decision making and also may be indicative of intimate partner violence or reproductive coercion (Zukoski, Harvey, Oakley, & Branch, 2011). Furthermore, teen parenthood is not viewed as an obstacle to achieving future goals but as a means of strengthening the relationship with their partner and of having someone to accompany them and to parent, with the potential of ameliorating their feelings of isolation. Having a baby at this time in their lives is described as a natural and logical next step, given the seriousness of their relationships. These findings suggest that male partners should be incorporated in any interventions aimed at preventing or coping with early childbearing for this population. In addition, this group of foreign-born Latinas may be operating in a very different framework potentially viewing themselves as young adult women ready for childbearing.

As echoed in studies of non-Latinas, these teens described fear of contraceptive method side effects and infertility concerns (Gilliam, Davis, Neustadt, & Levey, 2009; White, Rosengard, Weitzen, Meers, & Phipps, 2006) as well as limited birth control knowledge and communication skills, suggesting a need to improve Latina teens’ knowledge and communication skills surrounding birth control and assuage their fears about infertility. In

addition to improved access to contraceptive information and services, Latina immigrant teens would benefit from strategies aimed at teens desiring pregnancy. This group of immigrant teens overwhelmingly described intended pregnancies and partners committed to fathering their babies, holding the perception that pregnancy offers a tangible opportunity and a meaningful pathway to adulthood. Thus, there is a need to identify strategies and programs that offer immigrant youth more opportunities for meaningful education and work so that teen childbearing is viewed as an obstacle to achieving future goals. If immigrant teens are not given opportunities to reach educational and career goals, the cycle of teen pregnancy, poverty, and low educational attainment is likely to continue and to adversely impact substantial proportions of our low-income communities. In addition, the increasingly negative context for immigrant rights and eligibility for social, health, and economic benefits, as has been documented in the anti-immigrant backlash noted in the states of Mississippi and Arizona, is also going to further negatively impact the provision of viable alternative opportunities to this population, even among those who have been well established in this country.

This study has several limitations. First, it relies solely on self-report and respondents' perceptions cannot be objectively validated making it difficult to discern whether women's descriptions of stable romantic relationships are a product of romanticism or actually stable. Another study limitation is that it used convenience sampling thereby limiting the generalizability of the findings. The young women may have been more willing to participate in this study because they had more stable relationships and positive feelings about their pregnancies. Having stable relationships and a large proportion of intended pregnancies may be a unique characteristic of this group. Although this study is limited by its small sample size, it allowed for our in-depth exploration of the experiences of this unique population. Such in-depth inquiry is not possible with larger, more structured studies (Crouch & McKenzie, 2006). This study's findings point to the need for continued research into understanding the personal, contextual, and structural factors associated with early childbearing of immigrant youth. In particular, more extensive quantitative analyses of national datasets examining the subpopulations of Latino immigrants and teens with intended pregnancies would add to the sparse literature available on this population. Furthermore, investigation into the clinical approaches that are most successful in serving immigrant Latina families is needed.

This study has several implications for nurses and other health care providers. Nurses can help Latino youth connect to available services, particularly programs that increase immigrant teens' future educational and work opportunities and strengthen their social support networks. Immigrant populations may need additional support in navigating health systems and in connecting to needed services. Health professionals are also key to increasing teens' motivation to

use birth control effectively, by dispelling common misperceptions surrounding birth control and infertility concerns. Although an assessment of participants' mental health was beyond the scope of this study, participants' feelings of social isolation suggest that nurses should screen this population for mental health and intimate partner issues that could require professional intervention and increased availability of psychosocial counseling. Nurses are well positioned to help address the feelings of loneliness that characterized many of these teens by referring them to programs that help strengthen their support network and help them cope with the sense of loneliness and disorientation after arrival in the United States. It is also important that health professionals be cognizant that for some teens, teen parenthood may result in some positive consequences. A review of qualitative studies found that in addition to hardship, teen parenthood can be positively transforming and that the baby can bring stability to their lives and a greater sense of social support (Clemmens, 2003). Thus, adopting nonjudgmental, culturally and linguistically appropriate approaches when interacting with this population is particularly important given that so many of the pregnancies may be intended and planned. These teens will need access to culturally sensitive preconception, prenatal care, and interconceptual care, as well as help through pregnant and parenting programs, programs aimed at increasing their English language skills, the ability to successfully finish high school, attend and graduate from college, and find employment.

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