



FINAL REPORT

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In order to better understand the large differences in teen pregnancy and birth rates among Latinos, African-Americans, and Whites in Texas, researchers from the Population Research Center at the University of Texas at Austin conducted the Texas Teen Opportunity Project (T-TOP). T-TOP investigated whether Latinos hold different community norms than do African-Americans or Whites regarding factors that may put teens at risk for pregnancy – their orientation toward the future, communication about sex, and contraceptive use and relationships. To address these questions, race/ethnicity-specific focus group interviews were conducted with young women and men who were not yet parents, young women and men who were already parents, as well as the parents of adolescents in four of the largest cities in Texas.

This report highlights the following *key findings* in the areas of **youth development**, **parent-teen communication about sex**, and **contraception and sexual relationships**, as well as similarities and differences by racial/ethnic group, gender of youth, parenting status of youth, youth compared to parents of teens, and the acculturation status of Latino parents of teens.

Key Findings

Youth Development

- Youth and parents of teens overwhelmingly expressed that education—whether graduating from high school or moving on to college or some other form of vocational training—is important to set the stage for a better future. Findings suggest similar norms across all groups – that is, by race/ethnicity, gender, parenting status, and acculturation.
- The ideal time for youth to start work is during the high school years, and work is considered valuable in terms of teaching responsibility, maturity, and independence, and ideally should provide practical training. Youth and parents of teens also felt that by age 25, young people should be in jobs that are career-related (especially Latino parents of youth), professional/mental jobs (especially African American parents of youth), or whatever makes them happy (especially White parents of youth). Findings suggest similar norms across all groups for the importance of completing high school, but differ by race/ethnicity of parents of teens for what youth should be doing by age 25.
- The ideal time to become a parent for the first time is when a person is emotionally mature, financially secure, and in a stable relationship. Findings suggest similar norms across all groups.
- Both youth and parents believed young people need expanded, more comprehensive school-based sexual health education programs. Findings suggest similar norms across all groups.

Key Findings, continued

Parent-Teen Communication

- There is strong normative support from both parents and youth for open communication between parents and teens about sex. Findings suggest similar norms across all groups.
- Norms surrounding the content of communication messages about sex differed somewhat by gender; otherwise, findings suggest similar norms across all groups.
- Less-aculturated Latino parents want to be empowered to talk to their children about sex. Both Mexican-educated mothers and fathers of teens expressed this view, while other parents did not.

Contraception and Sexual Relationships

- Texas teens face several barriers to using contraception consistently: lack of information, lack of access, fears and embarrassment about using contraception, and unwillingness to use contraception. For the most part, findings suggest similar norms across all groups.
- Youth and parents often state that both partners do not share equal responsibility for preventing and dealing with a pregnancy, with young women most often shouldering these responsibilities. Norms differed somewhat by race/ethnicity.
- Youth commonly describe poor quality relationships with sexual partners in which communication and trust surrounding contraceptive use and preventing pregnancy is limited. Some differences were identified: more African American and Latina young women than White women and more non-parenting young men than parenting men mentioned mistrust in their sexual relationships.

Summary of Differences

For the most part, the findings in T-TOP reflect **differences in norms** by gender and, to a lesser degree, by racial/ethnic group:

- **Expectations of work roles by age 25 differ by race/ethnicity for parents of teens:** Latino and African American parents, more often than White parents, hold the norm that by 25, youth should be in career-related or professional jobs.
- **The content of communication messages differs somewhat by gender:** young men more commonly hear the message that it is acceptable to have sex as long as it is “protected” and young women more commonly hear the message to wait to have sex.
- **Less-acculturated Latino parents want help talking to their teens about sex:** no normative support was found among other parents in asking for help to talk to their teens about sex.
- **One gender difference was found in the barriers to consistent contraceptive use:** young men more often expressed a desire for experiencing pleasure as a barrier to using condoms.
- **The responsibility to prevent pregnancy rests unequally on young women; depending on gender, some racial/ethnic differences were found:** young women, especially young Latinas, more commonly said that it is the young women’s responsibility to prevent pregnancy. Young women also mentioned pressure from their partners to not use condoms. Additionally, Latino young men less often than other young men noted the financial and legal responsibilities of becoming a parent.
- **Poor relationship quality among youth interferes with contraceptive use; depending on gender and parenting status, some racial/ethnic differences were found:** more African American and Latina young women than White women and more non-parenting young men than parenting men mentioned mistrust in their sexual relationships surrounding contraceptive use.

In addition to the normative differences above, the findings in T-TOP also point to **differences that relate to more limited access to resources** or to differences in the ability to achieve one’s goals:

- Youth believe that education is important to achieve a better future, but some face so many obstacles that they believe these educational goals are not attainable. Obstacles were specifically mentioned by young Latina females, young Latino males, and young White males.
- While Latina females share the norm with other groups that working during high school is important for personal growth, they more commonly mention that working in high school is an economic necessity in order to help support their families.
- African American young women and African American mothers of teens more often believe that the goal of a stable relationship, financial security, and emotional maturity before becoming parents is not attainable.
- Young women who are already parents think that information about preventing pregnancy from school-based sexual health education classes comes too late.
- Less-acculturated Latino parents, who are more comfortable in Spanish, were among the only groups to say they want help talking to teens about sex.

Our findings on normative and resource-related differences may shed some light on why Latinas are at higher risk of pregnancy and childbearing than other groups. While no one difference can explain the higher risk among this group, the findings as a whole suggest that young Latinas face a number of important challenges to preventing a teen pregnancy, such as structural barriers to achieving socioeconomic attainment and gender-related barriers to using effective contraception, and may lack information resources from their parents if they are from less-acculturated families.

Implications and Recommendations

With the exception of the differences mentioned, the findings suggest that norms surrounding teen pregnancy in Texas do not vary greatly according to racial/ethnic group, gender of youth, whether the youth was a parent or not, youth compared to parents of teens, and the acculturation status of Latino parents of teens; in other words, teens and parents from all groups expressed strikingly similar views. These results point to the following **implications and recommendations** for reducing pregnancy among teens in each racial/ethnic group in Texas that were examined.

1. A strong foundation for a stable, secure future will benefit all youth, regardless of whether or not they are already parents.
2. Young people desire alternatives to college that provide practical training and work experience to set the stage for better jobs in the future.
3. Programs designed to discourage teen pregnancy should not focus on changing ideals, but instead increase available resources to achieve existing youth goals of becoming a parent in adulthood.
4. There is wide community support across racial/ethnic groups for the expansion of school-based sexual health education programs.
5. Parents and youth across racial/ethnic groups show very strong support for more frequent and open conversations between parents and teens.
6. Less-aculturated Latino parents desire tools to help them discuss sex and sexuality with their teens.
7. Much work needs to be done to reduce the barriers to consistent contraceptive use that sexually active adolescents face in Texas.
8. It is important to develop community norms in which both partners share responsibility for preventing and addressing the responsibilities associated with pregnancy.
9. There is a need to promote healthy relationships and healthy decision-making surrounding sex among youth.

I. INTRODUCTION

Texas has one of the highest teen birth rates in the country: 64 births per 1000 15-19 year olds, compared to 43 per 1000 for the United States as a whole.¹ This overall rate masks large differences between racial/ethnic groups in the state: Latino teens give birth at a rate of 98 per 1000 compared to 68 per 1000 for African Americans and 33 per 1000 for White teens.¹ And, while teen birth rates in Texas have declined since 1990, the declines are much steeper for African Americans (42%) and Whites (32%), compared with 6% for Latinos.¹

According to the Centers for Disease Control and Prevention (CDC)'s 2009 Youth Risk Behavior Surveillance (YRBS) study, 52% of Texas high school students have had sexual intercourse at least once, which is higher than the national average (46%).² More male high school students in Texas are sexually experienced (54%) compared to female students (49%). Moreover, there are differences in sexual experience by race/ethnicity: 63% of African American high schoolers have had sex compared to 54% of Latinos and 45% of Whites.² In addition, teen contraceptive use varies by racial/ethnic group. The 2009 YRBS also found that among sexually active youth, Latinos reported the lowest use of condoms (54%) compared to Whites (60%) and African Americans (62%) and significantly lower oral contraceptive pill use than Whites (10% for Latinos, 22% for Whites, and 7% for African Americans).²

The **Texas Teen Opportunity Project (T-TOP)** was conducted in order to better understand these racial/ethnic differences in teen birth, sexual activity, and contraceptive use in Texas. T-TOP investigated whether Latinos hold different community norms than do African-Americans or Whites surrounding factors that may put teens at risk for pregnancy – their orientation toward the future, communication about sex, and contraceptive use and relationships. To address these questions, race/ethnicity-specific focus group interviews were conducted with young women and men who were not yet parents, young women and men who were already parents, as well as

parents of adolescents in four of the largest cities in Texas.

Organization of the Report

This report starts with a description of the data collection methods as well as descriptions of the youth and parent focus groups. This is followed by three sections for the areas of (1) youth development, (2) parent-teen communication about sex, and (3) contraception and sexual relationships. Each of these sections starts with a brief summary of what research has found on that topic and then shows what was discovered with the T-TOP findings. The report concludes with policy implications and recommendations for the future drawn from the findings.

II. METHODOLOGY

Study Design and Recruitment

In T-TOP, 49 focus groups with youth and parents of teens were conducted. Participants were recruited from community-based organizations in Austin, Dallas, El Paso, and Houston, from the three largest racial/ethnic groups in Texas: Latinos, African Americans, and Whites. These groups included 18 focus groups with young women aged 15-21, 18 groups with young men aged 18-24, and 13 focus groups with parents of teens (Table 1).

Youth participants were further stratified by whether or not they were already parents; as such, nine focus groups were conducted with young parenting women, nine with young women who were not parents, and equal numbers of parenting and non-parenting male youth. Parents of teens qualified for inclusion if they had at least one child aged 12 to 19.* Latino parents of teens were stratified according to acculturation, defined as whether the parent completed all or the majority of his/her education in the United States or Mexico.** Focus groups were conducted from June through September 2009.

Table 1. Distribution of Focus Groups by Age, Gender, Race/Ethnicity, and Parenting or Acculturation Status

	Latino	African American	White	Total
Youth				
Parenting teen girls, aged 15-16	1	1	1	3
Parenting young women, aged 17-21	2	2	2	6
Non-parenting teen girls, aged 15-16	1	1	1	3
Non-parenting young women, aged 17-21	2	2	2	6
Parenting young men, aged 18-24	3	3	3	9
Non-parenting young men, aged 18-24	3	3	3	9
Parents of Teens				
US-educated moms	2	2	2	6
Mexican-educated moms	2	-	-	2
US-educated dads	1	1	1	3
Mexican-educated dads	2	-	-	2
Total	19	15	15	49

*This included a small number of participants who were raising teen grandchildren as well as some who were raising teen stepchildren.

**Due to the diversity of backgrounds at one of the recruitment sites (day labor site), the inclusion criterion was expanded to include those educated in other Latin American countries. This yielded one father of a teen who was educated in Guatemala.

Experienced facilitators moderated the focus groups. Moderators for all of the African American groups were African American women. A bilingual Latina woman moderated the majority of the Latino groups. An African American woman facilitated one female Latina group and one male Latino group; a bilingual Latino man moderated three male Latino groups.* White groups were facilitated by African American and Latino moderators. Finally, all four Mexican-educated parents of teens groups were conducted in Spanish.

All focus groups addressed the following five core areas and sub-themes: (1) future goals and planning, which asked about education and training, employment, and other life goals; (2) relationships and sex, which covered sources of information about sex, parent-child communication about sex, and attitudes about sexual debut; (3) contraception, including sources of information and barriers and enablers of consistent contraceptive use; (4) conception and pregnancy, which included knowledge about the risk of conception and attitudes about teen pregnancy; and (5) ideas from the participants about policies or programs that would help address teen pregnancy in Texas.

While the core content questions and probes were similar to facilitate maximum comparability across groups, phrasing for probes differed slightly for some questions to address the gender and age composition of the group. Each focus group was tape recorded and an assistant moderator took field notes during the group. The focus group discussions lasted an average of 90 minutes. In order to better understand the characteristics of the focus groups, and to be able to assess similarities and differences among them, participants filled out a brief, anonymous sociodemographic survey after the focus group discussion was completed.

On-site childcare was provided to all groups who needed it. The majority of participants received \$40 for attending the group. After September 1, 2009, the incentive increased to \$75 for participants in the remaining adult groups for which recruitment was difficult. All participants received a bilingual (English/Spanish) list of health and service organizations in their community. Parents of teens also received brochures on parent-child communication surrounding sex published by the National Campaign to Prevent Teen and Unplanned Pregnancy. Participants gave their verbal consent to take part in the study. Parents of teen girls age 17 years and younger provided written consent for their daughter to participate. The Institutional Review Boards of the University of Texas at Austin and the Texas Department of State Health Services approved the study.

Recordings of the focus groups were transcribed into the original language of the group. Spanish language groups were transcribed by transcriptionists who were fluent in Spanish and later translated into English by a research assistant who is a native Spanish-speaker and then reviewed and corrected, when necessary, by a native English speaker. Transcriptionists removed identifiers from the transcript to maintain participants' confidentiality. All transcripts were compared against the original recordings for data quality, and omissions and errors in the transcripts were corrected.

*The bilingual Latina moderator left the project before it was completed; she was replaced by her female African American moderator colleagues for two of the remaining Latino groups and by a bilingual Latino colleague who moderated four of the remaining male groups (3 Latino groups and 1 White group).

Transcripts: Coding and Analysis

In the first stage of coding and analysis, two bilingual research assistants, assisted by a bilingual consultant with extensive qualitative data coding experience, independently coded the first two transcripts on paper following a coding scheme based on the main questions of the focus group guide. The three coders then reviewed these transcripts for consistency, discussing discrepancies and assigning codes to text once they reached a consensus. Next, the two research assistants double-coded four more transcripts to solidify their inter-coding reliability. After establishing inter-coder reliability, the research assistants divided the remaining 43 transcripts into two groups which each coded exclusively. They then met to discuss any passages about which they were unsure of the most appropriate code. The research assistant who was a native Spanish speaker coded all Spanish language transcripts. Once the research assistants coded the transcripts on paper and resolved all discrepancies in coding, the transcripts were imported into NVivo 8 and coded electronically using the same coding scheme.

In the second stage of analysis, members of the research team coded within and across the main questions of the focus group guide to identify the factors shaping adolescent pregnancy. A grounded theory approach was used, coding on common themes and comparing and recoding transcript segments as new themes were identified in the data. After identifying the primary themes, the researchers compared across group type to determine whether there were differences in the emergence of these themes. Specifically, differences were investigated on six levels: race/ethnicity, gender of youth, parenting versus non-parenting youth, youth versus parents of teens, mothers and fathers of teens, and acculturation among Latino parents of teens.

Sociodemographic Data: Data Entry and Analysis

From the sociodemographic questionnaires completed at the conclusion of each group, basic descriptive statistics were computed for the groups' participants. While each survey was coded to indicate the type of group (e.g. youth or parent) it is not possible to link participant characteristics back to statements in the focus groups. Responses from the surveys were entered into EpiData and analyzed using Stata 10.

Characteristics of the Focus Group Participants – Youth

The 36 youth focus groups yielded 214 participants. On average, each youth focus group had 7.2 participants. Table 2 presents the characteristics of the participants in the youth groups by race/ethnicity. More young men than young women participated in the study (119 young men compared to 95 young women) despite conducting an equal number of male and female groups. Male participants

outnumbered female participants among Latinos and Whites, but not among African Americans. Latino youth have mothers with lower levels of education than their African American and White counterparts. Although youth were not recruited based on place of birth or language proficiency, 12% of the Latino youth were born in Mexico and 38% spoke English and Spanish equally well.

Table 2. Characteristics of T-TOP Youth Participants, by Race/Ethnicity

	Latino	African American	White	Total
Gender/Age group, n (%)				
Young women 15-16	14 (18.9)	15 (18.5)	4 (6.8)	33 (15.4)
Young women 17-21	18 (24.3)	27 (33.3)	17 (28.8)	62 (29.0)
Young men 18-24	42 (56.8)	39 (48.2)	38 (64.4)	119 (55.6)
Age, mean				
Young women 15-16	15.5	15.7	15.8	15.6
Young women 17-21	18.3	19.6	19.5	19.2
Young men 18-24	19.8	19.9	20.3	20.0
Parenting Status, n (%)				
Parenting young women	12 (16.7)	18 (21.7)	11 (18.6)	41 (19.2)
Non-parenting young women	19 (26.4)	25 (30.1)	10 (16.9)	54 (25.2)
Parenting young men	20 (27.8)	17 (20.5)	17 (28.8)	54 (25.2)
Non-parenting young men	21 (29.2)	23 (27.7)	21 (35.6)	65 (30.4)
Mother's Level of Education, n (%)				
Less than high school	29 (39.2)	6 (7.4)	3 (5.1)	38 (17.8)
High school diploma or GED	28 (37.8)	29 (35.8)	18 (30.5)	75 (35.1)
At least some college	14 (18.9)	42 (51.9)	32 (54.2)	88 (41.1)
Do not know or missing	3 (4.1)	4 (4.9)	6 (10.2)	13 (6.1)
Place of Birth, n (%)				
US	64 (86.5)	80 (98.8)	58 (98.3)	202 (94.4)
Mexico	9 (12.2)	0	0	9 (4.2)
Other (Puerto Rico, Italy, Israel)	1 (1.4)	1 (1.2)	1 (1.7)	3 (1.4)
Language Proficiency, n (%)				
English	45 (60.8)	80 (98.8)	59 (100.0)	184 (86.0)
Spanish	1 (1.4)	0	0	1 (0.5)
No difference	28 (37.8)	1 (1.2)	0	29 (13.6)

Characteristics of the Focus Group Participants – Parents of Teens

Seventy-eight parents of teens participated in 13 focus groups, with a mean of 6.7 participants in each group. The characteristics of the participants in the parent groups by race/ethnicity are presented in Table 3.

By design, there were more focus groups with mothers of teens than fathers of teens, so women in T-TOP parent groups outnumber men. White parent participants, on average, had the most years of education, followed by African Americans and Latinos, respectively.

Table 3. Characteristics of T-TOP Parent Participants, by Race/Ethnicity

	Latino	African American	White	Total
Gender, n (%)				
Women	25 (65.8)	17 (81.0)	15 (79.0)	57 (73.1)
Men	13 (34.2)	4 (19.1)	4 (21.1)	21 (26.9)
Age, mean (range)	41.3 (28-68)	47.3 (32-84)	46.6 (32-56)	44.2 (28-84)
Years of Education, mean (range)	11.1 (3-16)	12.5 (9-17)	14.3 (11-17)	12.2 (3-17)
Place of Birth, n (%)				
US	21 (55.3)	21 (100.0)	18 (94.7)	60 (76.9)
Mexico	16 (42.1)	0	1 (5.3)	17 (21.8)
Guatemala	1 (2.6)	0	0	1 (1.3)
Preferred Language ^a , n (%)				
English	17 (46.0)	20 (100.0)	18 (100.0)	55 (73.3)
Spanish	14 (37.8)	0	0	14 (18.7)
No difference	6 (16.2)	0	0	6 (8.0)
Age of Children, mean (range)	14.8 (1-43)	17.1 (4-48)	16.6 (6-30)	15.8 (1-48)

^a 3 participants have missing values for Preferred Language.

Presentation of T-TOP's Key Findings

Next is the presentation of T-TOP's key findings in the areas of youth development, parent-teen communication about sex, and contraception and sexual relationships. Each section contains a brief review of what the research shows about the topic, followed by key points and representative quotes from the T-TOP focus groups.

NOTE: In this report, representative quotes are presented to highlight the findings and identify the gender and race/ethnicity of the speaker and whether it was spoken by a youth or parent. These identifications, however, do not imply that researchers detected a difference by race/ethnicity or gender, but to underscore the richness and variety of the participants' voices. In the cases in which differences by parenting status* or acculturation were found, that description is also noted.

* Although the research design allows investigation of differences by the parenting status of youth, when differences are detected, it is not always clear how to interpret them because becoming a parent itself can lead to changes in the themes we are investigating. For instance, non-parenting male youth were found to more often express mistrust of their sexual partners' contraceptive use than did parenting male youth. It is unclear whether the mistrust among male youth who are not yet parents promotes more consistent contraceptive use and pregnancy prevention or whether parenting male youth also felt mistrust toward their partners' contraceptive use prior to becoming fathers but, following a birth, have changed their attitudes about trust toward their partners.

III. KEY FINDINGS – YOUTH DEVELOPMENT

What the Research Shows about Youth Development and Teen Pregnancy

Teens with high educational aspirations are thought to be more motivated to prevent a teenage pregnancy than teens with lower aspirations.³ Indeed, findings from past research indicate that teens who drop out of school are more likely to give birth⁴ and those who plan to continue with their education are less likely to be sexually active and more likely to use contraception compared with other teens.^{5,6} It is likely that teens with low aspirations do not consider early childbearing to be a hindrance to their future attainment; therefore, they practice behaviors that are more likely to lead to pregnancy.⁷ Socioeconomic opportunities, as well as a host of other factors such as school- and family-level characteristics, shape the future orientation of youth toward education and employment. Because of the dramatic differences in socioeconomic opportunities between racial/ethnic groups, educational and occupational aspirations are hypothesized to account for some of the differences in their rates of teen pregnancy. However, even if aspirations are generally high among all groups, structural barriers may prevent some groups from realizing their goals.

In addition, past research indicates variation across racial/ethnic groups in norms with regard to the ideal timing for family transitions, including the transition to parenthood. Latina girls in late adolescence reported the youngest desired age at first birth and marriage, while African American

girls of that age reported the highest likelihood that they would have a birth before or without marriage.⁸ This variation is described as “...girls of different races and ethnicities are likely exposed to and evidently react to different socialized expectations of the timing of events associated with the transition to adulthood”.^{8, p.159} Others suggest that normative differences are influenced by variation in socioeconomic status (e.g. household income) and social conditions (e.g. single parent families) across racial/ethnic groups.⁹ As mentioned above, greater socioeconomic disadvantage is associated with fewer educational and career opportunities which potentially lessen the costs of early parenthood. These limited opportunities and lower costs of early parenthood may, in turn, shape norms about the ideal timing of a first birth or about having unprotected sex. Further, another line of research suggests that earlier fertility norms among African Americans in urban settings may result from poorer health prospects in middle age that create an earlier ideal time for childbearing in order to maximize maternal health and access to social networks that provide help raising children.¹⁰

Research on racial/ethnic variation in attitudes about childbearing primarily focuses on adolescent females, leaving a gender gap in our understanding due to insufficient attention to the views of young men. This makes the T-TOP study design valuable in that it includes both genders.

YOUTH DEVELOPMENT KEY FINDING #1: Youth and parents of teens overwhelmingly expressed that education—whether graduating from high school or moving on to college or some other form of vocational training—is important to set the stage for a better future. Findings suggest similar norms across all groups.

Nearly all groups (all parent groups, 34 of 36 youth groups, or 94%) expressed that education is important for a better future. Youth and parents recognized that education leads to better jobs, a higher income and standard of living, and personal growth. There were no racial/ethnic, gender, parenting, or acculturation differences detected. The following quotes illustrate these sentiments:

*“Um, high school only gives you basic skills. Um, college, like, gives you skills to get a better job. Like, you can do certain things with high school education, but if you don’t get higher education, like, you’re very limited as far as what you can do.” (Young African American woman)**

“But um, I think that you can also—whatever education you get, you know, whatever kind of training, I think people really grow from that and you just see things from, like, different perspectives. For instance, I went to college and um, the person I was before and after college is like two different people. Because I just, you know, I feel like I’ve grown so much.” (Young African American man)

They were also aware that going beyond a high school education was an important component for avoiding the day-to-day struggle of survival later in life. Parenting youth (7 of 18 groups, or 39%) more frequently mentioned finishing high school as being important for children compared with non-parenting youth (3 of 18 groups, or 17%), both in terms of financial support and role modeling. Furthermore, for many groups (10 of 36 youth groups, or 28%, and 5 of 13 parent groups, or 38%), the question of completing high school simply never occurred to them: it was an expectation, something “you’re supposed to do,” in the words of one young person. The following are some illustrative quotations:

“You know if you stop at just a high school diploma, you’re pretty much saying that I’m okay with working a minimum wage the rest of my life, which is living paycheck to paycheck, you know, living on welfare, taking money from the government. But if you continue your education, you’re saying, I want something better than that. I want to be able to take care of my kids without having to stress over money and be able to get a nice house one day, so.” (Young White parenting woman)

“At least you’ll have a lot of little kids looking up to you and stuff like that, they want to be like you and you can at least have the experience to tell all the kids you graduated and, ‘Look. Be like me. I graduated. I got a diploma and I can get any job I want. I can be what I want to be.’” (Young African American Non-parenting young woman)

“It’s just like, it’s something you’re supposed to do in—I don’t know. Like, in my household, it was never a question whether you’re going to finish it or not. You’re just supposed to do it.” (Young African American non-parenting woman)

Although not specifically asked, some youth mentioned barriers to completing high school, including daily survival needs, lack of motivation, unstable family lives, and childcare responsibilities. These barriers were only mentioned by two groups of young Latinas, three groups of young White men, and one group of young Latino men. So while every group recognized the value of education, for some, it was not a realistic aspiration or expectation. For example, one young White man expressed it this way: *“Yeah, man, I don’t think everybody—not everybody graduates high school so they’re not always thinking about, you know what I’m saying, ‘What are my plans going to be to go to a four-year university.’ I was just talking about how I’m going to put food in my mouth next week.”*

Finding continues on next page...

* As noted on page 11, all quotes identify the race/ethnicity and gender of the speaker. Parenting status and/or acculturation status are also included if researchers detected a difference on that dimension.

Youth Development Key Finding #1, continued

And for others, high school education and college were not considered important for life; this was expressed more frequently among young men (8 of 18 groups, or 44%, vs. 3 of 18 groups among young women, or 17%).

Some observations may shed light on which groups may be more vulnerable to limited educational attainment. For example, every group of Latina mothers of teens talked about education as being important to avoid the struggle of daily survival, and offered examples from their own lives. In addition, four groups of Latina youth and two groups of Latino youth also mentioned education as being important to avoid the struggle of daily survival. It may be that Latinos have fewer positive role models that demonstrate that educational attainment is both possible and important for secure livelihoods. Some observations support this notion, in that U.S.-educated Latina mothers of teens, and Mexican-educated fathers of teens did not mention high school completion as being important for college preparation. In contrast, both groups of White mothers of teens expressed the view that completing high school was an expectation.

YOUTH DEVELOPMENT KEY FINDING #2: *The ideal time for youth to start work is during the high school years, and work is considered valuable in terms of teaching responsibility, maturity, and independence, and ideally should provide practical training. Youth and parents of teens also felt that by age 25, young people should be in jobs that are career-related. Findings suggest similar norms across all groups for the importance of starting work during high school, but differ slightly by race/ethnicity for what youth should be doing by age 25.*

Most groups of youth (28 of 36 groups, or 78%) and parents of teens (9 of 13 groups, or 69%) felt that teens should start working during their high school years. There were no differences found by parenting status or acculturation. Youth and parents of teens felt working was a valuable experience for young people, teaching them how to be responsible, mature, and independent. At the same time, many groups also expressed the view that working should provide practical experience and training for later employment, but that it should not interfere with school; i.e., school comes first. Latina youth more frequently mentioned, however, that work is not necessarily a choice, in that some youth have to start working to help support their families (4 of 6 groups, or 67%). In contrast, this sentiment was not mentioned by White females and it was only mentioned in one group of African American young women. There were no racial/ethnic differences among men (it was mentioned in 2 groups for each race/ethnicity). Some representative quotations below are illustrative of these themes:

“I think they should start at 16 or 17, but I think they should apply themselves more to—study and do their homework and all that and really apply themselves.” (Latina mother of teen)

“So, I believe that if you work young and that’s better because the more young you are the more experience you get, I believe that young people have like big—like the experience they get they know how to use that experience.” (Young Latina woman)

“If your parents are—if you have two parents in the household and both of them are working and you are in the middle social class, then you probably shouldn’t work. You know, you should focus on school so you can achieve more than what they—because I was always told that parents want their children to go further than they did. So—and they’ll be great folks, but, you know, lower middle class means, you know, if you’re struggling to keep your lights on, you got to get in and start right away. So it just depends—I think it depends on the circumstances of the background of the people.” (Young African American man)

Overwhelmingly, youth (28 groups, or 78%) and parents of teens (9 groups, or 69%) felt that by the age of 25, young people should be working at jobs that are career-related. Latino parents of teens were more likely to express this view than other parents (all 7 Latino groups, vs. 1 of 3 African American groups, or 33%, and 1 of 3 White groups, or 33%). Similarly, each group of African American parents of teens expressed the view that youth should be working in professional or “mental” jobs – not in manual labor jobs. In contrast, each group of White parents of teens expressed the view that youth should be working at “whatever makes them happy.” No clear differences were found by acculturation of Latino parents, or for youth by race/ethnicity, gender, or parenting status.

Finding continues on next page...

Youth Development Key Finding #2, continued

Participants expressed ideal jobs at 25 as those with the option to go further, a job in the field in which they were trained or educated, a “stable” or “real” job, something that takes “skill,” or a job that will give one experience in one’s desired field.

Participants specifically mentioned professional or non-manual jobs as being preferable to manual labor, and both youth and parents of youth explicitly stated “not fast food” unless it was as a manager. Job training programs, internships, and vocational training or college were also mentioned as acceptable positions at that age. Below are some quotes illustrating these themes:

“At 25 our kids should be out of college and really, you know, start making it and working where they want their career to be and making, you know, \$10 an hour.” (Latina mother of teen)

“Yes, when they are 25, as she says, if they continued their education, they should have a stable job, or a job that’s going to move them towards their career.” [translated from Spanish] (Latina mother of teen)

“Twenty five, people should be working towards their career. That’s how I feel.” (Young African American man)

“I’d like them to work in a bank or with computers. I don’t know, something that’s not exhausting.” [translated from Spanish] (Latina mother of teen)

In sum, youth and parents of youth believe that work is valuable during the high school years and that youth should be gaining practical experience that will benefit their future careers.

YOUTH DEVELOPMENT KEY FINDING #3: *The ideal time to become a parent for the first time is when a person is emotionally mature, financially secure, and in a stable relationship. Findings suggest similar norms across all groups.*

The findings from the youth and parent focus groups in T-TOP suggest similar norms about the ideal time to have a first child across racial/ethnic groups and acculturation status of Latino parents of teens. Additionally, no systematic differences between young women who were parents and those who were not were observed. There is broad agreement across the groups that it is best for new parents to be emotionally mature and either in a stable relationship or financially self-supporting (all youth groups and 12 of 13 parents of teens groups, or 92%), although groups varied on what was the most important element (relationship stability, finances, or maturity):

"When they reach a certain stability. So that they can say, this is what I can offer to my kid. I have something I can give him, right?" [translated from Spanish] (Latina mother of teen)

"You have your house. You have a good job. You have like, money in the bank account saved up. And, like—that way you won't be like, "Oh my God! I'm on my last diaper!" All panicking and having to like, ask friends for money." (Young Latina woman)

Of the 19 groups that discussed a specific ideal age, the most common view (9 groups) was that it would be best to start childbearing at age 25 or later to allow time to achieve the necessary stability:

"I would say your late 20s, because, you know, you pretty much already—should have your career set out, you know, have a stable job." (Young Latino man)

Of the remaining 10 groups that mentioned an age, only two specifically said they preferred starting childbearing in the early 20s. The remainder of the groups expressed mixed opinions with some participants in the group preferring the early 20s and others a later age. Only two groups of young men and four groups of parents of teens expressed concern about waiting too long to start childbearing. None of the young mothers expressed a concern about waiting too long to start having children.

Although there is broad agreement that it would be best to have a good job and be in a stable relationship before becoming a parent, a small number of African American young women and the mothers of African American teens expressed despair of ever achieving these goals. Concern about not being able to achieve this ideal trajectory was not mentioned by young men or the fathers of teens. The following quotations represent this concern and illustrate how socioeconomic disadvantage is perceived as limiting one's ability to follow the ideal path:

R: "Exactly. When you're stable, you got something going for yourself. You ain't going nowhere. You can lose your job and got money to sit on for a while."

L: "Girl, everybody not able to do that." (African American parenting young women)

"...but I think that as a parent we want our child to have this fairy tale life where they do everything all decent and in order: go to school, graduate, establish a career, meet that nice guy or that wonderful woman, get engaged, start planning for the home, and you go through the steps where you're showing stability. And ... you have the home and you love each other for a while and then you have the child, so that would appear to me to be between the ages of twenty five and thirty. But basically I think life is life so if they're, if a couple shows some signs...of stability, it doesn't have to be the best financial situation you're going to ever find yourselves in, and if they showing a commitment to loving and, and, and raising a family, then that would be the best time for them." (African American mother of teen)

In sum, the focus group findings suggest seemingly universal norms about the ideal time for childbearing occurring after becoming emotionally mature, and achieving either relationship or financial stability.

YOUTH DEVELOPMENT KEY FINDING #4: Both youth and parents believe young people need expanded, more comprehensive school-based sexual health education programs. Findings suggest similar norms across all groups.

Attitudes toward school-based sexual health education programs were not one of the core areas addressed in the focus groups. However, nearly all parents of teens (9 of 13 parents groups, or 69%) and youth (28 of 36 youth groups, or 78%) mentioned that adolescents would benefit from having expanded sexual health education programs in schools. No differences according to race/ethnicity, gender, parenting status, or acculturation were identified, indicating that there is broad support for expanded school-based programs.

One way that both youth and parents mentioned school-based programming could be expanded was by providing sexual health education to youth at earlier ages and increasing the frequency with which these programs are presented at schools. They stated that middle school was a good time to begin these educational programs, and providing programs regularly throughout middle school and high school was seen as beneficial for youth:

J: "Well, give kids a better sexual education, information about the pros and cons of pregnancy at such an early age.

M: Let's say they—because I think they're already receiving the information, but if teachers would stress it, or every three or six months they'd give kids a special class about the topic." [translated from Spanish] (Latino father of teen)

"I think [sex education] should be definitely something that possibly is like a middle school level and high school level. And it should definitely not just be one day in a health class. It should actually be—I believe—even a course. And definitely touches on the emotional and physical parts of it and everything so you know every aspect that can come with it." (Young White woman)

As noted in these statements, youth and parents were also supportive of expanding the content addressed in school-based programs, suggesting that teens need greater knowledge about the potential outcomes of sex, such as pregnancy and sexually transmitted infections. Additionally, both youth and parents mentioned that teens also need in-depth information

on a range of ways to prevent these outcomes. Even though abstinence-centered programs were not specifically asked about, some parent groups (2 of 13 parent groups, or 15%) and some youth groups (6 of 36 youth groups, or 17%) stated that they did not believe that abstinence-centered education provides youth with all the necessary knowledge and skills they need for making healthy decisions surrounding sex. They mentioned that programs typically have limited information on contraception and that educating youth on contraceptive methods was important:

"I think they should, yeah, stress abstinence but understand that kids are still going to have sex. They still have to, like, talk to them about safe sex...Like, they don't even talk to you like 'Well, if you do have sex make sure you do this.'" (Young Latina woman)

"They need to have sex education that is not 'abstinence only' based. That doesn't work...The thing that it needs to be is a truly informative, truly sex education. And 'abstinence only' is not the way to do that." (African American mother of teen)

In a small number of groups with young women who had already had children, participants expressed concern that comprehensive information is not available until it is too late—after teens have already experienced a pregnancy and attended a school for pregnant and parenting teens:

"I went to...a school-age parent center, like when the girls are pregnant and they're in school and ...that's like, the only school that they had where they would talk about sex and like, when you have a baby, and...everything. It was actually a subject. But it was from after I was already pregnant. It was already too late." (Young Latina parenting woman)

"Yeah [have] a class [about getting the contraception that you need] ...They only do it...for the parents, who are already parents. They should do it for the others who are not parents, so they won't become parents." (Young Latina parenting woman)

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Youth Development Key Finding #4, continued

In addition to providing more detailed information on contraception, youth and parents also suggested offering programs that would address the emotional aspects of sex and development, such as having small group discussions or forums where teens could safely express their concerns:

“Put a program in school where they talk to the kids ...where they can be able to discuss [sex] openly without being ashamed or being embarrassed and you know just have an open discussion while the kids can just express themselves and let them know how they feel and what’s going on...” (African American mother of teen)

“And they could like have classes where they teach them about how—not just about sex and how the baby is made, you know, like teach the kids something about life... the steps you need to take before a kid and not just how to prevent them.” (Young White man)

School-based health education programs were clearly valued by both youth and parents of teens. In fact, the availability of programs in schools was considered so important that some in both the youth and parent groups believed these programs should be mandatory, such as a course required for completing school. While supportive of the fact that health education programs are currently offered in schools, youth and parents believed the structure and content of these programs in Texas should be expanded.

IV. KEY FINDINGS – PARENT-TEEN COMMUNICATION ABOUT SEX

What the Research Shows about Parent-Teen Communication about Sex and Teen Pregnancy

Adolescents in the United States regularly cite their parents as the primary source for information about sexual issues.¹¹⁻¹⁴ Research suggests that parent-teen communication about sex delays sexual intercourse and encourages the use of effective contraception among those adolescents who are sexually active.¹⁵⁻¹⁷

The impact of parent-teen discussions on sexual decision-making may vary by a family's race/ethnicity.^{18,19} Results from a nationally representative sample of youth found that African-American and Latina mothers report more discomfort when discussing sexual issues than do White mothers.¹⁹ In general, Latino teens discuss sexuality less often with their parents than do African American or White teens.¹⁹⁻²¹ Additionally, compared to White mothers, Latina mothers tend to know less about sex-related issues and are more likely to dominate conversations rather than allow for a reciprocal discussion on sexuality and its consequences.²²

The content of parent-teen communication about sex also varies depending on the gender of the teen. Researchers have found that parents may be more tolerant of their teen sons engaging in early, casual sexual activity than their teen daughters^{23,24} and parents may discourage sexual activity among their daughters by emphasizing its negative consequences.²⁵ Mothers have been found to be more accepting of their sons carrying

condoms than of their daughters doing so.²⁶ This sexual double standard is not restricted to any particular racial/ethnic group²⁷ but minority mothers in particular may stress the dangers that early sexual activity can pose to their daughters' future goals.^{24,28} While a female adolescent's mother's disapproval of her daughter having sex likely delays sexual debut,^{29,30} the sexual double standard may also interfere with young women's development of risk reduction strategies.³¹

Parents have been found to make communication more effective by appearing easy to talk to, non-demeaning, trustworthy, and knowledgeable.³² A teen's perception of parental expertise, trustworthiness, and accessibility increases the frequency of discussions with their mother and decreases teen sexual activity.³³ One study found that mothers' lack of comfort, skills, and confidence may serve as barriers to their discussion of sexual topics with their teens.³⁴ Another found that mothers and adolescents who communicate openly, regardless of the topic, discuss sexuality more often than mothers and adolescents with more restricted communication.³⁵

Very few studies on parent-teen communication have included fathers of teens, leading to a gap in knowledge about fathers' norms surrounding the determinants of teen pregnancy. T-TOP attempts to fill in this gap by including discussions with fathers as well as those with mothers of teens.

PARENT-TEEN COMMUNICATION KEY FINDING #1: There is strong normative support from both parents and youth for open communication between parents and teens about sex. Findings suggest similar norms across all groups.

All groups of parents of teens and 34 of 36 youth groups (94%) called for more open conversations about sex between youth and parents. There were no racial/ethnic, gender, parenting status, or acculturation differences detected, indicating wide-ranging support for open communication about sex between parents and teens. More parents (12 of 13 groups, 92%) than youth (14 groups, 39%) shared examples of open communication in their families or social networks, suggesting that parents overestimate the openness with which the relationships with their children are perceived. For example:

"Well some...of my friends, their parents are really open about it, like they're not afraid to talk to their kids about it." (Young Latino man)

"I tell them everything. And anything that I don't know, I say, 'If there's anything that you want to know, if I don't know, I will find out for you.'" (African American mother of teen)

However, it was also very common for youth (mentioned in 35 groups, or 97%) to discuss that this ideal of open communication is not a part of their or their friends' everyday lives, though they wish it were:

"My parents never talked to me about sex either. But I think you should talk to your kids about sex. Especially since little girls right now are having sex at, like, middle school, elementary school. You really need to start talking to the kids about sex." (Young Latina woman)

A majority of parents (9 groups, 69%) also expressed that it is common for parents not to talk to the children about sex. Only one parent, however, in a group of Mexican-educated fathers, admitted that he did not to talk to his children about sex:

"Truly, I never, ever, have talked to my kids about sex. Never. I've told them to ask me if they have any questions. Don't go and ask anybody else. But I don't know if they feel confident enough, I don't know if I have given them that confidence, but we have never talked about that." (Mexican-educated father of teen) [translated from Spanish]

This quotation suggests that less-acculturated parents are open to having discussions about sex with their children but may lack the skills, words, or confidence to do so.

In order to implement this goal of open communication, youth and parents overwhelmingly endorsed that conversations about sex should occur in the context of open, involved relationships (all parent groups and 31 youth groups, or 86%). No differences were found for this norm by race/ethnicity, gender, parenting status, or acculturation. The following are quotes that exemplify this endorsement:

"The way it was done in my family was like our family is very open and blunt. And so it's kind of like they'd rather tell you what you want to know than to hear it from somebody at school. So, I always knew I could ask them questions without them necessarily thinking like oh, I'm engaging in that. So, it was pretty open for us, we could just freely ask." (Young African American man)

"I think you should tell your children, you know, 'Whatever you want to ask me, I'll tell you the truth.' Be honest. Don't be afraid. It's not something you should be afraid of. I mean when my son was little, his parts were his parts; it was a penis. I didn't call it a 'willy' or—you know I was straight up forward to it. He asked me a question and I answered it. I think you just need to let your kids know that they can come to you no matter what and ask you. And I tell him, 'I don't know all the answers. If I don't know the answers, I'll look it up and I'll tell you.'" (White mother of teen)

On the other hand, ways to achieve this goal of open conversations about sex in the context of open, involved relationships differed for youth and parents of teens. Half of the youth mentioned that it was important to be "comfortable and calm" during these conversations, but only one of the groups of parents of teens did so. This suggests that youth are more sensitive than parents to the style in which these conversations take place.

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**Parent-Teen Communication Key Finding #1,
continued**

In addition, youth from all racial/ethnic groups (20 groups, 56%), more often than parents (4 groups, 31%), brought up the “don’ts” of communication about sex, particularly to not overreact if teens ask questions about sex:

"[My mom] was like, 'You can come to me and tell me stuff.' And when I'd come and tell her, she'd get mad and blow up and want to hit on me, which made me like, 'You know I ain't telling you nothing else. I'm gonna do what I want to do without you knowing.' And that's how I got pregnant." (Young African American woman)

"Like, if the parents—like whenever you want to ask them like a question about sex but then [for them] not to assume that you're doing it just because you're asking them. And then they get all mad. Because that's how my mom is. And still to this day she's still like that. She's like, 'Oh, you're having sex. You're going to get pregnant again.' And I'm like, 'I'm not having sex. I'm just asking you. I want to ask you.'" (Young Latina woman)

In sum, there is strong normative support, across all racial/ethnic groups and from both youth and parents in Texas, for open communication about sex between parents and their teens.

PARENT-TEEN COMMUNICATION KEY FINDING #2: Norms surrounding the content of communication messages about sex differ somewhat by gender; otherwise, findings suggest similar norms across all groups.

When it comes to the content of communication messages about sex, some differences were identified depending on the gender of the youth. No differences were found between youth and parents, racial/ethnic group, gender, parenting status, or acculturation.

Young men more commonly hear the message to “be safe” and that their parents accept or tolerate them having sex as long as they are “protected” (16 of 18 male groups, 89%), but girls sometimes hear this message too (8 groups, 44%). Moreover, while the message to protect oneself was nearly universal among young male groups, young African American men discussed this theme with much more frequency than Latinos or Whites. Examples of this theme are:

“They don’t ever tell you not to, they just say protect yourself...” (Young African American man)

Oh yeah [my dad], he told me ‘wrap up.’ That’s it.” (Young African American man)

“So if they’re going to have sex, they have to be protected, that’s how it should be. Both her and him. They have to be careful. Why? Because they can catch a disease, we are talking about AIDS, about herpes, an enormous amount of diseases. She can get pregnant, or he can get a girl pregnant.” (Latino mother of teen) [translated from Spanish]

Young women, on the other hand, more commonly hear the message to not have sex or to wait to have sex (8 of 18 female groups, 44%, compared to 3 male groups, 17%):

“So, it’s like every conversation we had it was just like ‘don’t do this, don’t do that, you know, wait.’” (Young African American woman)

“They usually just say ‘don’t do it, don’t do it’ and they don’t really like talk to you all the way like the consequences. They’re just like ‘you’re not supposed to be doing this, you’re too young,’ and that’s it.” (Young Latina woman)

For parents, both mothers of teens and fathers of teens mentioned that they tell their children—both daughters and sons—to wait to have sex, they would prefer that their teens wait to have sex, or know of other parents who give that message:

“I tell [my daughter], we base much of what we do on God’s word. I mean, I tell her, ‘Honey, [sex is] a really beautiful thing. I tell her, it’s something God made, but at the right time. I tell her, I’ve taught her the fear of God, to respect God. So she knows that if she does something that is forbidden, she’s not just disrespecting herself, but God too.”) [translated from Spanish] (Latina mother of teen)

“I showed [my son], you know, what age—I told him what age that I think he should be before he even engaged in sex. And at the time I said 20. But I think I was wrong. It should have been after he got everything that he needed in life to indulge in that.” (African American father of teen)

“I had told my daughter, ‘We’re not gonna have no sex, no babies until after we was 25.’... ‘You need to go to school, go to college, and do all this and wait until after you’ve done all this before you...before you think about sex.’ Because once you do it, you’re life is...it’s all but gone.” (African American mother of teen)

The last two quotes above show that some parents link having sex with the idea that it will definitely end in pregnancy and therefore should only be engaged in when educational goals and stability have been achieved.

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**Parent-Teen Communication Key Finding #2,
continued**

The idea that sexual activity ends in pregnancy ties into the message that many youth hear from parents about the negative consequences of sex. No gender differences, however, were apparent with this theme: (12 of 18 female groups, 67%, and 10 of 18 male groups, 56%):

“From the parents that I know they...just state what can happen like ‘Oh, you’re going to get pregnant and how are you going to finish school and it’s just going to be harder for you.’ Like they just state all the things that how your life will be much harder which I guess will scare the kids not to have sex.” (Young Latina woman)

“Well, like I have a lot of friends that they told, you know, like, ‘When you have sex you end up pregnant so it’s going to mess up your life basically.’ And that’s what they [parents] tell them.” (Young Latina woman)

“[My uncle] was showing me by the other example. Like don’t do too much because look at your sister. And my sister was having baby after another baby after another baby. ... ‘You got to look at your other uncle’ and then he was on child support giving his whole check to the game, you know what I’m saying?” (Young African American man)

In sum, results from these focus groups show that the young men more often than young women say they hear the message that sex is tolerated as long as it is protected sex while young women more often say they receive the message to wait to have sex. Parents of teens say they give the message to wait to have sex to both their daughters and sons. Both young men and young women hear the message to wait to have sex and about the negative consequences of sex.

PARENT-TEEN COMMUNICATION KEY FINDING #3: Less-acculturated Latino parents want to be empowered to talk to their children about sex. Both Mexican-educated mothers and fathers of teens expressed this view, while other parents did not.

Less-acculturated parents are open to having discussions about sex with their children but may lack the skills or words to do so. Results further suggest that Mexican-educated parents support educational programs targeting parents to help them develop the tools, words, and confidence to discuss sexuality with their teens. Three of the four groups of Mexican-educated participants voiced support for programs designed to help parents talk to their children about sex. The only other group to voice support for help was a US-educated Latina mothers group. Both Mexican-educated mothers and fathers of teens expressed this view. For example:

"[Provide] a mandatory class for all parents. They should go, get trained, because nobody is born a parent. You learn how to become a parent...Like when you divorce you have to go to parenting classes. The same here...having us in these classes for learning how to talk about sex with our children." [translated from Spanish] (Mexican-educated mother of teen)

"I think it's important to educate these kids' parents. Sex education for kids in third or fourth grade, right? That they already do, but I think they need to bring the parents in, to teach them how to talk to their children." [translated from Spanish] (Mexican-educated mother of teen)

"Teach parents too. So that we can teach our kids. I think we have to discuss how to educate parents." [translated from Spanish] (Mexican-educated mother of teen)

"Well, I think most important is to give parents appropriate support, and communication, about sex, communication with children." [translated from Spanish] (Mexican-educated father of teen)

Moreover, Mexican-educated parents also encourage other parents of teens to seek out more information about sex and pregnancy to be better prepared to address these complex issues with their teens. For example:

"Be prepared, get more education, as parents, stop being afraid of this taboo topic, be able to talk to them,...because if you don't know how to tell them, well, then it's really hard. Be prepared, as parents." [translated from Spanish] (Mexican-educated father of teen)

"Get some education themselves, first. ... So they can give their children the right information." [translated from Spanish] (Mexican-educated mother of teen)

In sum, Spanish-speaking parents who were educated in Mexico and now live in Texas endorse the idea of having discussions with their children about sex, and want the schools to help them achieve this goal. At the same time, they exhort other parents to get more information to be able to break through this "taboo topic."

V. KEY FINDINGS—CONTRACEPTION AND SEXUAL RELATIONSHIPS

What the Research Shows about Contraceptive Use Among Adolescents and Adolescent Sexual Relationships

Over half (52%) of Texas high school students are sexually active, yet fewer than 6 in 10 (57%) used a condom at last sex and only 14% used oral contraceptive pills at last sex.² Past research has divided barriers to consistent contraception use into five categories: (1) geographic access – how easy or difficult it is to physically access family planning services; (2) economic access – how affordable contraception is, including transportation and costs incurred to miss work to get supplies; (3) information access – ability to make informed choices about choosing and continuing with contraceptive use; (4) administration access – which include medical barriers, inconvenient clinic hours, and long waiting times; and (5) psychosocial access – overcoming fears, uncertainty, and societal expectations to be able to obtain contraception.³⁶ Overcoming psychosocial barriers is especially important for young people to obtain contraceptives.³⁶

Furthermore, greater frequency and more consistent use of contraception have been found among couples in relationships where both partners are responsible for contraception and share in contraceptive decision-making.³⁷⁻³⁹ Few studies have focused on racial/ethnic differences in norms regarding contraceptive decision-making and responsibility, despite research suggesting that attitudes surrounding contraception may

contribute to racial/ethnic differences in overall contraceptive use.⁴⁰⁻⁴³ Findings from this literature have noted differences in attitudes about contraceptive responsibility and decision-making across racial/ethnic groups, with Latinos more commonly reporting that women are responsible for contraceptive use.^{39, 43-45} However, with few exceptions,^{45, 46} these studies have not investigated the way in which attitudes toward gender roles and relationships influence norms surrounding contraceptive responsibility.

In addition to these norms, other important factors which may affect contraceptive use among adolescents are communication and relationship characteristics. Communication about contraception is associated with increased use of contraception prior to first sex, more consistent use of a method, and women's continuation on hormonal methods.⁴⁷⁻⁴⁹ Researchers also note that the type, duration, and quality of relationships can affect partner communication about contraception and, in turn, contraceptive use.^{46, 48, 50-56}

By presenting a diversity of youth voices, T-TOP is able to further assess these influences and any variation across racial/ethnic groups, and increase understanding of how these factors affect youth's decision-making about sex and contribute to disparities in contraceptive use.

CONTRACEPTION AND SEXUAL RELATIONSHIPS KEY FINDING #1: Texas teens face several barriers to using contraception consistently: lack of information, lack of access, fears and embarrassment about using contraception, and unwillingness to use contraception. Norms differed somewhat by gender; otherwise, findings suggest similar norms across all groups.

A large number of barriers get in the way of sexually-active Texas youths' consistent use of contraception. These include lack of information about contraceptive methods and the likelihood that they will get pregnant, lack of access to contraception, fears and embarrassment about using contraception, and the desire to not use contraception to increase pleasure or for the thrill of taking a risk. No differences were detected by racial/ethnic group, between parents and youth, youth parenting status, or acculturation. Differences were detected by gender for one barrier, however: it was more common for young men to state that the desire for pleasure or thrill seeking was a barrier to consistent contraceptive use (15 of 18 groups, or 83%, vs. 6 of 18 groups among young women, or 33%).

Information barriers are commonly cited as getting in the way of consistent contraceptive use: 28 of 36 youth groups (78%) and 11 of 13 parents of teens group (85%) mentioned barriers such as a lack of knowledge about contraceptive methods and misinformation about how reproductive systems work, particularly by underestimating their vulnerability to get pregnant. For instance:

"I've heard, like, some of my friends say that, like, for their first time, like ... that they wouldn't get pregnant on the first time. ... I've heard other people say that if you're on your period and you have sex you won't get pregnant. Like, I've heard people actually tell me that." (Young African American woman)

"Like, if they did it one time without using like, anything, they would probably think that, you know, 'She's not going to get pregnant because she didn't end up pregnant the first time.'" (Young Latina woman)

"Well, it's just ignorance. They don't know their bodies. They don't know how the human body works. They are not aware about—the consequences, they are not aware of the consequences." [translated from Spanish] (Latina mother of teen)

Youth and parents described lack of access to contraception as a financial barrier and, to a lesser degree, as a transportation barrier, or wanting to avoid getting parental consent (19 youth groups, or 53% and 9 parents of teens groups, or 69%). The following quotes illustrate this idea:

"They don't have money for birth control." (Young African American woman)

"Some people don't have insurance." (Young African American woman)

"If they can't get them from their friends or in school or wherever for free, I mean, how are they going to get it?" (Latina mother of teen)

"And the other ones, they don't know how to go about in getting it. They can't go to the family doctor because the family doctor is gonna ask for consent from the parents." (White father of teen)

"Like, if you're not 16 yet, you're not going to have a car to go to the store and you need a pack of condoms." (Young White woman)

Fears and embarrassment about using contraception are a third set of barriers to consistent contraceptive use for Texas teens: 21 of 36 youth groups (58%) and 8 of 13 parents groups (62%) mentioned fears as a barrier. These include fears that parents or other adults will find out the teen is sexually active, embarrassment about asking for or buying contraception, and fears of side effects, as the following quotes show:

"They don't want their parents to know that they're having sex. ... So if they buy condoms and if they leave condoms wrappers or just something like that—their parents are going to know that they're having sex." (Young Latina woman)

"Embarrassment. They don't want to be seen in the store buying condoms." [translated from Spanish] (Latina mother of teen)

Finding continues on next page...

Contraception and Sexual Relationships Key Finding #1, continued

“Like being on it too long, you’ll bleed for a long time. It’ll scare people or maybe it’s—maybe putting stuff up you, the little birth control they put up you and it’ll get stuck or, you know some—scared basically.” (Young African American woman)

“Because sometimes, some people get sick over the symptoms of the medicine.” (Young African American man)

Another barrier that prevents youth from using contraception consistently is that teens are not motivated to use contraception because they believe that sex feels better without it or that they are curious, want to experiment to find out how sex feels without contraception, or because they want to take a risk. Twenty-one of 36 youth groups (58%) and 12 of 13 parent groups (86%) cited these reasons as barriers to consistent contraceptive use, as the quotes below illustrate. Within the youth groups, males more often cited a lack of motivation to use contraception (15 of 18 male youth groups, or 83%, compared to 6 of 18 female youth groups, or 33%):

“D: It’s cool, I mean, they’re just...”

J: It’s fun. I mean, you know?”

P: It’s natural.”

(Young Latino male group)

“Yeah. If it feel this good using one, I wonder how it feel without using one?” (Young African American man)

[Moderator: So, why does she not use any kind of contraception do you think?] “Because of the adrenaline rush.” (Young Latina woman)

Youth and parents also identified other barriers to consistent contraceptive use, such as difficulties in talking to sexual partners about contraception and getting caught up in the “heat of the moment,” which are discussed in further detail in the following sections. In sum, Texas youth who are sexually active experience a large number of barriers to using contraceptives consistently.

CONTRACEPTION AND SEXUAL RELATIONSHIPS KEY FINDING #2: Youth and some parents often stated that both partners do not share equal responsibility for preventing and dealing with a pregnancy, with young women most often shouldering these responsibilities. Norms differed somewhat by race/ethnicity.

In discussing contraceptive use among sexually-active teens, youth and parents talk about how gender roles and expectations influence which partner in the couple is responsible for contraception. Depending on gender, norms differed somewhat by race/ethnicity. More specifically, young women are seen as having more responsibility than young men to prevent pregnancy, with young women, and especially young Latina woman, more commonly voicing this attitude. Young women also mentioned pressure to not use condoms. Moreover, African American and White young men more often noted the financial and legal responsibilities of becoming a parent than Latino young men. No differences were found between youth and parents or by youths' parenting status or parents' acculturation.

Both youth (28 of 36 groups, or 78%) and parents (11 of 13 groups, or 85%) discussed norms and attitudes that placed the greatest responsibility for contraception on women. One of the main reasons that the majority of youth and parents put the weight of responsibility for preventing pregnancy on young women is that an unplanned pregnancy has more obvious physical implications for young women compared to young men. Among youth, this attitude was more commonly mentioned in focus groups with young women (9 of 18 groups, or 50%, compared to 5 of 18 young male groups, or 28%) and was particularly prominent in groups of young Latina women (5 of 6 groups, or 83%); there were no racial/ethnic or gender differences among parents of youth. The following quotes illustrate this attitude:

"Our society, as we have seen here, says, no way, if she got pregnant, then it's the girl who got pregnant. It's her responsibility; we take that responsibility out of boys. I mean we excuse them. 'You didn't get pregnant; she did.'"

[translated from Spanish] (*Latina mother of teen*)

"[It's more her responsibility] because she's the one getting pregnant, you know what I'm saying?" (*Young Latino man*)

"But like, the guy, if he gets you pregnant he can take off. I mean, it doesn't hurt him. You're the one that's going to get screwed with getting big and having the baby." (*Young Latina woman*)

However, a small number of female youth voiced their disagreement with the norm that women are responsible for the pregnancy and felt that both partners were really responsible:

"Like in my case, [my son's] grandma just tells me like—that it's my fault that I got pregnant...And I think it was both our fault." (*Young Latina woman*)

"Because a lot of times guys—if the girl does get pregnant...Usually, they'll be like, 'Well, you should have brought that [a condom]. You should have been the one to say something.' So, just putting the blame on the girl. I think it's both their responsibilities because both people are doing it." (*Young White woman*)

Following a birth, young women also believe they continue to have the majority of the responsibility in caring for the child believing the male partner does not have the same obligations or responsibilities and can leave after finding out his partner is pregnant. However, there were indications that there may be some inconsistencies between what young women and men believe are the responsibilities and expectations for each partner if a birth does occur. For example, some young men were aware of the financial and legal responsibilities of having a teen birth, such as paying child support:

"Yeah, it happens so I mean it's my responsibility to make sure someone else doesn't get pregnant. Because ... you're locked in. You either have to pay for the rest of your life... or you're forced to be part of this kid's life." (*White young man*)

This attitude was mentioned somewhat more often by African American (5 of 6 groups, 83%) and White young men (5 of 6 groups, 83%) than among young Latino men (2 of 6 groups, 33%).

Finding continues on next page...

Contraception and Sexual Relationships Key Finding #2, continued

Another reason that young women are often held more responsible for preventing pregnancy is that they are seen to have more self control while young men are described as reckless and willing to accept any opportunity to have sex, regardless of risk. Both parents (8 groups, or 62%) and youth (20 groups, or 56%) expressed this view. By having more self-control young women are believed to be in a position to take the initiative and use their own method of contraception, insist that a condom is used, or refuse sex if no contraception is available:

“I mean, if he’s not willing to slip on one, it’s her responsibility to super glue her knees together and say, ‘Uh-uh. No glove, no love.’” (White father of teen)

“If [a guy doesn’t] have a condom or anything, you know, I think...most guys are like, they won’t pass it up. Guys are naturally more reckless, girls need to, you know, go out and protect themselves as far as that.” (Young Latino man)

“Sometimes [guys] won’t want to wear [a condom]. But if it’s up to you and you know that sometimes guys aren’t responsible, you have to take care of yourself.” (Young Latina woman)

Finally, even though both young women and men endorsed the idea that young women are the ones responsible for ensuring contraception is used, young women also mentioned that they feel pressured by their partners to not use condoms:

“Because it also—you have pressure, like, from—they say, like, the guys. Like, they’ll tell you, ‘Don’t. No. Don’t use a condom. It’ll feel better.’ Or—you know? It’s really—it’s harder on you and harder because people put pressure on you.” (Young Latina woman)

Although attitudes indicating a lack of mutual responsibility for using contraception and preventing pregnancy were common, they were certainly not universal. In many groups, both youth (22, or 61%) and parents (6, or 46%) did express more egalitarian views of responsibility surrounding sex, and some young women with personal experiences of being held responsible for their pregnancy also voiced that they believed that both young men and women needed to take equal responsibility.

CONTRACEPTION AND SEXUAL RELATIONSHIPS KEY FINDING #3: *Youth commonly describe poor quality relationships with sexual partners in which communication and trust surrounding contraceptive use and preventing pregnancy is limited. Some differences were identified: more African American and Latina young women than White women and more non-parenting young men than parenting men mentioned mistrust in their sexual relationships.*

Youth described several norms and expectations about contraceptive use (contraception was important for preventing pregnancy and sexually transmitted infections; contraception should be discussed with one's sexual partner; both young men and women should be prepared with and use their own methods of contraception; and contraceptive use was a sign of respect for one's partner) and then described a range of ways in which these norms and expectations were realized (or not) in their relationships. These relationships ranged from those in which the couple communicated about contraception and both partners were committed to ensuring method use to those couples who had discussions but did not trust their partner to be committed to use contraception to those in which communication was awkward or completely absent. Some differences were identified: more African American and Latina young women than White young women mentioned that their partners saw using condoms as a sign of mistrust. Moreover, non-parenting young men more commonly expressed mistrust in their partners than did parenting young men.

An example of the challenges that youth experience when discussing contraception with their sexual partners is exemplified in the following quote:

"I mean I don't remember the last time I talked to my girl about a condom. I think—I mean it wasn't cool, you know what I mean, to talk about it with your parents or with your friends or using them, let alone with your partner when you're fixin' to do it, you know. It's awkward." (Young Latino man)

In addition, youth mentioned that thoughts of using contraception or asking their partner about contraception only occurred to them in 'the heat of the moment'—a time when it is likely more difficult to use a contraceptive method. In fact, in 29 of 36 youth groups (81%), participants stated that getting 'caught up in the heat of the moment' was a barrier to contraceptive use:

"Sometimes it's just like you're in the moment and it's like nobody, nobody thinks to just, 'Oh, we need to get this.'" (Young Latina woman)

As the youth in this group later discussed, knowing you can get caught up in the heat of the moment was a reason to always be prepared with contraception. When a method wasn't immediately available or easily accessible, youth reported they would have sex without contraception rather than look awkward, "ruin the mood," or lose the opportunity to have sex with their partner.

In other cases where youth discussed contraception with their partner, they mentioned that they could not necessarily rely on their partner to be committed to contraceptive use. Fifteen of the 36 youth groups (42%) expressed this concern. For example, young women noted that they did not think their partners would be prepared with condoms. A few young women even mentioned that a partner had told her he had put on a condom, but she was unsure if he had actually done so. As noted earlier, young women also expressed feeling pressured to *not* use contraception, particularly condoms. Others described male partners who felt that condom use indicated a lack of trust in the relationship. This was more commonly mentioned in groups with African American young women (5 of 6 groups, or 83%) and Latina women (5 of 6 groups, or 83%) than young White women (1 of 6 groups, or 17%).

Finding continues on next page...

Contraception and Sexual Relationships Key Finding #3, continued

Young men also expressed mistrust in their sexual partners' contraceptive use. No differences across racial/ethnic groups were identified; however, non-parenting male youth more often expressed this view (6 of 9 male non-parenting youth groups, or 67%, compared to 3 of 9 male parenting groups, or 33%). Young men stated that they only felt confident in using their own condoms, rather than their partners', or preferred to use condoms because they could not trust that their partner was using her birth control method effectively—if at all:

“That birth control thing ain’t always that. You know people can say that they’re on birth control all the time. Show you the pills and everything, but it don’t mean they taking them...That condom, that’s one hundred percent, you know that...condom.” (African American Non-parenting young man)

The lack of confidence that young women and men feel towards their partners' responsibility to use contraception even extended to the point of thinking that their partner was intentionally trying to get pregnant or cause a pregnancy, which youth attributed to their partners' insecurity in the relationship. However, despite young men and women's fears of their *partners'* pregnancy intentions, they did not indicate a motivation to purposefully become pregnant or cause a pregnancy.

Youths' expectations for contraceptive use are not always realized in their sexual relationships. As previous research suggests, this may be because these are more casual sexual encounters where opportunities for communication and the development of a relationship do not occur. Alternatively, these may be relationships that are or are becoming more serious but youth have become sexually active prior to having developed more comfortable communication and gained a better knowledge of their partners' goals and intentions.

VI. SUMMARY OF DIFFERENCES

For the most part, the findings in T-TOP reflect differences in norms by gender and, to a lesser degree, by racial/ethnic group. Below is a summary of the primary **differences in norms** that emerged:

- *Expectations of work roles by age 25 differ by race/ethnicity for parents of teens:* Latino and African American parents, more often than White parents, hold the norm that by 25, youth should be in career-related or professional jobs.
- *The content of communication messages differs somewhat by gender:* young men more commonly hear the message that it is acceptable to have sex as long as it is “protected” and young women more commonly hear the message to wait to have sex.
- *Less-aculturated Latino parents want help talking to their teens about sex:* no normative support was found among other parents in asking for help to talk to their teens about sex.
- *One normative difference was found by gender in the barriers to consistent contraceptive use:* young men more often expressed a desire for experiencing pleasure as a barrier to using condoms.
- *The responsibility to prevent pregnancy rests unequally on young women; depending on gender, some racial/ethnic differences were found:* young women, and especially young Latina women, more commonly said that it is the young women’s responsibility to prevent pregnancy. Young women also mentioned pressure to not use condoms. Also, Latino young men less often than other young men noted the financial and legal responsibilities of becoming a parent.
- *Poor relationship quality among youth interferes with contraceptive use; depending on gender and parenting status, some racial/ethnic differences were found:* more African American and Latina young women than White women and more non-parenting young men than parenting men mentioned mistrust in their sexual relationships surrounding contraceptive use.

In addition to the normative differences above, the findings in T-TOP also point to **differences that relate to more limited access to resources** or to differences in the ability to achieve one’s goals, such as stability and educational attainment. The following summarizes those findings:

- Youth believe that education is important to achieve a better future, but some face so many obstacles that they believe these educational goals are not attainable. Obstacles were specifically mentioned by young Latina females, young Latino males, and young White males.
- While Latina females shared the norm with other groups that working during high school is important for personal growth, they more commonly mention that working in high school is an economic necessity in order to help support their families.
- African American young women and African American mothers of teens more often believe that the goal of a stable relationship, financial security, and emotional maturity before becoming parents is not attainable.
- Some young women who are already parents think that information about preventing pregnancy from school-based sexual health education classes comes too late.
- Less-aculturated Latino parents, who are more comfortable in Spanish, were among the only groups to say they want help talking to teens about sex.

Our findings on normative and resource-related differences may shed some light on why Latinas are at higher risk of pregnancy and childbearing than other groups. While no one difference can explain the higher risk among this group, the findings as a whole suggest that young Latinas face a number of important challenges to preventing a teen pregnancy, such as structural barriers to achieving socioeconomic attainment (i.e., high poverty rates, residence in poor neighborhoods) and gender-related barriers to using effective contraception, and may lack information resources from their parents if they are from less-aculturated families.

VII. IMPLICATIONS AND RECOMMENDATIONS

1. ***A strong foundation for a stable, secure future will benefit all youth, regardless of their parenthood status.*** Some of the ways in which individuals, schools, and communities can provide youth with a strong foundation for achieving their educational and employment aspirations and expectations include evidence-based programs that build resilience among youth at young ages; promotion of universal high school education and promotion of community norms for the expectation to complete high school.
2. ***Young people desire alternatives to college that provide practical training and work experience to set the stage for better jobs in the future.*** Providing youth with flexible school/work arrangements during high school, internships and other practical training experiences, along with time management and tutoring assistance as needed, may also help them realize their longer term occupational aspirations.
3. ***Programs designed to discourage teen pregnancy should not focus on changing ideals, but instead increase available resources to achieve existing youth goals of becoming a parent in adulthood.*** Given the finding of a universal norm that the ideal time to have a first child is in adulthood, programs designed to encourage youth to delay childbearing until they finish school and obtain employment are unlikely to be helpful since youth already endorse these ideals. A more fruitful approach might be to increase youths' exposure to successful role models and involvement in meaningful activities. Greater opportunities to build social ties with young adults from similar backgrounds who have delayed family formation until after achieving emotional, financial, and relationship stability may provide youth with hope for the future and help them realize the ideals they expressed.
4. ***There is wide community support across racial/ethnic groups for the expansion of school-based sexual health education programs.*** Youth and parents agree that programs should begin when youth are in middle school and continue regularly through high school. Programs should provide comprehensive, in-depth information about adolescent sexual health and development. Along with this, programs need to address the different messages about sex that young women and young men receive, and to develop messages that will effectively empower all youth so that teens have the information and skills to make healthy decisions.
5. ***Parents and youth across racial/ethnic groups show very strong support for more and more open conversations between parents and teens.*** It is important to raise community awareness that teens want their parents to talk to them about sex and contraception in an open and honest way. Given the research findings that parent-teen communication about sex delays sexual intercourse and encourages the use of effective contraception among teens who are sexually active, it is important to develop and strengthen programs that focus on improving parent-teen communication.
6. ***Less-aculturated Latino parents desire tools to help them discuss sex and sexuality with their teens.*** Spanish-speaking Latino parents would likely welcome additional information on pregnancy prevention for youth and tools for discussing sex and sexuality with their teens. This skill-building could be part of school-based sexual health education for their teens as well as community programs that work with Spanish-speaking parents.

Implications and Recommendations, continued

7. ***Much work needs to be done to reduce the barriers to consistent contraceptive use that sexually-active adolescents face in Texas.***

Information barriers to consistent contraceptive use could be reduced by strengthening sexual health education programs in schools and community settings. Financial access barriers could be reduced by improving access to preventive care and family planning services for low-income sexually active youth. This could be achieved if more youth were enrolled in the Texas Medicaid Women's Health Program. Barriers to use that arise from an unwillingness to use condoms because of a desire for enhanced pleasure are more difficult to counteract. Innovative programs that significantly reduce the psychological barriers to consistently using contraception must be developed.

8. ***It is important to develop community norms in which both partners share responsibility for preventing and addressing the responsibilities associated with pregnancy.***

Given the various attitudes that lead youth and parents to perceive that young women have a greater responsibility for pregnancy, efforts to promote more equal responsibility should be multi-faceted. Therefore, it would be important to increase awareness among both men and women regarding the emotional, financial and legal responsibilities of a birth; provide alternative messages and role models for young men that promote self-control, respect and safety as positive characteristics; and value young women's efforts to prevent a pregnancy and develop their contraceptive self-efficacy.

9. ***There is a need to promote healthy relationships and healthy decision-making surrounding sex among youth.*** Some of the ways in which individuals, schools and communities can encourage healthy developmental choices among youth include addressing sexual health issues in school-and community-based education programs, developing youths' skills and comfort communicating about sex, including contraceptive negotiation, and providing youth with positive role models and mentors from similar backgrounds who can offer guidance in these areas as youth become sexually active.

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