



2016

Teen Pregnancy Among Latinas: A Literature Review

Kathleen E. Keogh

Fordham University, kkeogh2@fordham.edu

Follow this and additional works at: <https://fordham.bepress.com/swjournal>

 Part of the [Feminist, Gender, and Sexuality Studies Commons](#), [Gender and Sexuality Commons](#), [Latina/o Studies Commons](#), [Race and Ethnicity Commons](#), and the [Social Work Commons](#)

Recommended Citation

Keogh, K. E. (2016). Teen Pregnancy Among Latinas: A Literature Review. *21st Century Social Justice*, 3 (1). Retrieved from <https://fordham.bepress.com/swjournal/vol3/iss1/5>

This Article is brought to you for free and open access by DigitalResearch@Fordham. It has been accepted for inclusion in 21st Century Social Justice by an authorized editor of DigitalResearch@Fordham. For more information, please contact considine@fordham.edu, bkilee@fordham.edu.

High Teen Pregnancy Rates Among Latinas: A Literature Review

Kathleen E. Keogh
Fordham University

The overall decline of teen birth rates in the U.S. is problematized by persistent racial disparities in these rates. Latina teens are especially affected, as they have the highest teen birth rate of any racial or ethnic group. High teen birth rates among Latinas even persist in locales where the overall teen birth rate is below the national average, such as Suffolk County, NY. Socioeconomic, racial, and cultural factors contribute to the birth rate for Latina teens. Traditional strategies for teen pregnancy prevention, such as comprehensive sexuality education and increased healthcare access, inadequately address Latino cultural values that normalize teen pregnancy. Instead, these strategies may reinforce oppressive racial, ethnic, and gender constructs for Latina teens. In order to effectively reduce teen pregnancy among Latina teens, programs must be anti-oppressive and culturally competent.

Keywords: Latina youth, teen pregnancy, prevention, sexuality education

Although teen birth rates in the U.S. have declined significantly in the past two decades, teen pregnancy remains a critical social problem (Centers for Disease Control and Prevention [CDC], 2015). While teen pregnancy is only one consequence of risky sexual behaviors (e.g., multiple partners and early sexual debut), its effects are particularly problematic on individual, societal, and intergenerational levels (Carlson, McNulty, Bellair, & Watts, 2014; McCave, 2007). On an individual level, teen mothers are less likely to finish high school than their non-parenting peers, jeopardizing their opportunity for future economic advancement (Aparicio, Pecukonis, & Zhou, 2014; Doğan-Ateş & Carrión-Basham, 2007; McCave, 2007; Noone et al., 2014). This low educational attainment means that 70% of teen mothers will receive public assistance within five years of childbirth, and 40% of those mothers will remain on public assistance for five years (Doğan-Ateş & Carrión-Basham, 2007; Suffolk County Legislature Task Force on Teen Pregnancy [SCLTFTP], 2011). Nationally, the combined cost of public assistance, healthcare, and other expenses for teen mothers cost the U.S. \$9.4 billion in 2010; New York spent \$337 million on similar costs (CDC, 2015; National Campaign, 2015). Teen pregnancy not only inhibits individual achievement and incurs government spending, but it also affects the next generation. Children who are born to teen mothers are more likely to be of lower birth weight and to experience cognitive delays, which may negatively affect their school performance (Aparicio et al., 2014; Doğan-Ateş & Carrión-Basham, 2007; Noone et al., 2014; McCave, 2007).

Finally, the children of teen mothers are more likely to become teen parents themselves, perpetuating a cycle of low educational attainment and decreased future opportunities (Aparicio et al., 2014).

Among the most problematic aspects of teen pregnancy are the socioeconomic, racial, and ethnic disparities in teen pregnancy rates. Impoverished teens have a greater chance of becoming pregnant than their wealthier peers due to a perceived lack of future opportunity (Kearney & Levine, 2012; Stanger-Hall & Hall, 2011). Racial and ethnic disparities persist as well, with Latina teens having the highest birth rate of any racial or ethnic group in the U.S. (National Campaign, 2015). The present paper focuses on Latina teens in Suffolk County, NY; while teen pregnancy rates in Suffolk County are lower than national rates, the Latino population in Suffolk is steadily growing, and local rates of Latina teen pregnancy echo national disparities (Kallick, 2010; SCLTFTP, 2011). Overall, intersecting socioeconomic, gender, and cultural systems affect the high rates of pregnancy for Latina teens. To justly and effectively address this social issue, programs and services must be culturally competent and anti-oppressive.

History of Teen Pregnancy

According to Fonda, Eni, and Guimond (2013), teen pregnancy was not considered a social problem until the mid-twentieth century. Before then, unwed mothers were viewed as lacking morals for deviating from heteronormative family structures (Fonda et al., 2013). In 1976, the Alan Guttmacher Institute issued the first

report deeming teen pregnancy an urgent social problem—a view that persists today (Fonda et al., 2013). From a social constructionist perspective, teen pregnancy has been historically constructed based on racial and ethnic stereotypes. Pregnant, middle-class white teens are individually pathologized for defying norms of white female sexuality, while pregnant teens of color are collectively viewed as hypersexual and deficient due to their race (Fonda et al., 2013). While the problematization of single motherhood perpetuates overall assumptions about female sexuality, young or unwed fathers remain conspicuously absent from the discussion.

Demographics

National rates of teen birth and pregnancy have decreased significantly in the past few decades (Minnis et al., 2013). In 2014, the live birth rate for teens 15–19 years old was 24 births per 1,000 teens, representing a sharp decline from the 1991 rate of 61.8 births (CDC, 2011, 2015). The teen pregnancy rate, which includes pregnancies that did not result in live birth, was 57 per 1,000 girls in 2010—a 51% drop since 1990 (National Campaign, 2015). However, these numbers must be viewed critically as they exclude birth and pregnancy rates for adolescent females between 10 and 14 years old and rates of teen fatherhood. This general decline in teen birth rates is mitigated by persistent racial and ethnic disparities. Latina teens have the highest birth rates of all racial and ethnic groups at 38 births per 1,000 girls (National Campaign, 2015). In New York, Latinas have a birth rate of 35.8 births per 1,000 teens, more than twice the overall state rate of 17.7 births; Suffolk County's teen birth rate is lower still at 8.8 births (New York State Department of Health [NYDOH], 2014). However, Latina teens in Suffolk have a pregnancy rate of 27.3 births, while the rate for black adolescents is only slightly higher at 28.2 births (NYDOH, 2014). The two towns with the second and third highest teen birth rates countywide, Brentwood and Central Islip, also have the greatest Latino populations in Suffolk County. (NYSDOH, 2015; U.S. Census Bureau, 2010). Finally, 11% of Latino families in Suffolk County live below the poverty line, more than any other group (NYDOH, 2014). This is especially salient given the positive correlation between poverty and teen pregnancy (Kearney & Levine, 2012).

Socioeconomic Systems and Teen Pregnancy

A number of scholars agree that low socioeconomic status (SES) is a major factor in the disproportionately high pregnancy and birth rates of Latina teens (Aparicio et al., 2014; Carlson et al., 2014; Minnis et al., 2013; Mollborn, Domingue, & Boardman, 2014). Economic oppression on a macro scale affects Latina teens on micro and mezzo levels. On a micro level, Latinas of low SES perceive fewer opportunities for educational and vocational advancement (Kearney & Levine, 2012; Minnis et al., 2013; Noone et al., 2014). Minnis et al. (2013) found that Latina teens may view pregnancy as a precipitant to adulthood when traditional achievements, like high school graduation, are considered unattainable. Similarly, Mann (2013) contended that Latina teens may not consider the barriers they may face as teen parents to be greater than those they face as members of an ethnic or racial minority. Minnis et al. (2013) also pointed out that undocumented Latina teens may turn to parenthood in lieu of higher education, as some policies prohibit them from obtaining financial aid. However, Winters and Winters (2012) found that pregnancy rates for disadvantaged teens decreased during stable economic periods, suggesting that teens will delay pregnancy when presented with realistic opportunities. From a social constructionist perspective, Latina teens have developed a group norm about teen pregnancy that is shaped by socioeconomic factors; the meanings they attribute to motherhood are tied to their perceptions of macro structures (Carlson et al., 2014; Hardcastle et al., 2011). Ultimately, these norms do not protect against the adverse outcomes of teen parenthood.

Mezzo systems, especially families, also impact the rates of teen pregnancy among Latinas. Minnis et al. (2013) and Noone et al. (2014) found that strong parental support was associated with lower pregnancy rates. However, issues related to low SES, like familial disruption and parental incarceration, may prevent the provision of such support (Minnis et al., 2013). Low parental supervision has also been linked to increased risky sexual behavior and high teen pregnancy rates among Latinas (Carlson et al., 2014; Doğan-Ateş & Carrión-Basham, 2007). As Carlson et al. (2014) explained, low SES contributes to low parental supervision, as many low-income parents hold jobs that limit their ability to monitor teens after school. Because black and Latina households make up the majority of these low-income households, Latina teens are disproportionately affected by a lack of supervision and are thus at a higher risk for pregnancy (Carlson et al., 2014). Afterschool activity participation may mitigate parental supervision, and has been linked to lower rates of teen pregnancy among Latina teens (Doğan-Ateş & Carrión-Basham, 2007). However, teens reported that a lack of afterschool activities increased the amount of unsupervised time teens spent together (Noone et al., 2014). In turn, this increased the risk for pregnancy.

Race, Socioeconomic Status, and Teen Pregnancy

While racial disparities in teen pregnancy persist, scholars disagree about whether race causes these disparities (Carlson et al., 2014; Doğan-Ateş & Carrión-Basham, 2007). Carlson et al. (2014) and Winters and Winters (2012) found no significant relationship between race, risky sexual behaviors, and high teen pregnancy rates, suggesting that other variables may mitigate racial disparities. Instead, SES has been directly correlated with high teen pregnancy among Latinas (Mollborn et al., 2014; Winters & Winters, 2012). As Latina teens tend to have lower socioeconomic status than their white peers, they are at a higher risk for teen pregnancy (Carlson et al., 2014; Mollborn et al., 2014). From a social constructionist view, race does not exist outside its ascribed meanings, which include ascriptions of class (Hardcastle et al., 2011). Likewise, SES is racialized through media narratives, political discourse, and social interactions. Race and SES may thus affect teen pregnancy only in the current social context where they are given meaning together, rather than independently. Mann (2013) also challenged the dissociation between race and SES in affecting teen pregnancy rates, suggesting that a colorblind narrative substitutes SES for race in discussing rates.

Latino Culture and Teen Pregnancy

While the Latino community is quite heterogeneous, many of its members share several values that affect high teen pregnancy rates, such as the veneration of motherhood (Aparicio et al., 2014; Doğan-Ateş & Carrión-Basham, 2007; Mann, 2013; Noone et al., 2014). Aparicio et al. (2014) argued that as motherhood is considered a pinnacle of Latina femininity, some Latina teens may become pregnant to advance their social status. Others may be influenced by the fact that Latino culture often normalizes young motherhood, which is at odds with the problematization of young motherhood in the dominant culture in the U.S. (Aparicio et al., 2014). According to Mann (2013), this makes it difficult for Latina teens who may struggle between fulfilling Latino cultural norms and assimilating to dominant U.S. standards. Even if Latina teens want to prevent pregnancy, they may face the added difficulty of learning about or obtaining contraceptives, as Latino parents are less likely to communicate information about contraception to their children than parents from other groups (Doğan-Ateş & Carrión-Basham, 2007). Aparicio et al. (2014) also asserted that Latino teens may forgo contraceptives, fearful of their parents' reac-

tion to it. Finally, although Latino families provide more support for pregnant teens compared to non-Latino families, these teens still face the individual, academic, and socioeconomic consequences of becoming teen parents in the U.S. (Doğan-Ateş & Carrión-Basham, 2007; Mollborn et al., 2014).

Analysis: Feminist, Social Constructionist, and Social Justice Frameworks

Social constructionism and intersectional feminist theory can be used to analyze the disproportionately high pregnancy rate of Latina teens. First, Latino culture is embedded within and negotiated by dominant U.S. culture, which is generally patriarchal, heteronormative, and individualistic (Mann, 2013). Latina teen pregnancy is problematized within this culture based on such norms, and is constructed differently in Latin American countries. Latino and U.S. gender norms are similarly in conflict. From a feminist perspective, dominant culture in the U.S. encourages delayed childbearing so women can pursue education and a career, while Latino culture generally valorizes motherhood (Aparicio et al., 2014). The literature dichotomizes these trajectories, rather than examining them as constructs that influence Latina teens and their sexual decision-making. It is thus important for culturally-competent pregnancy prevention programs to address Latino values while educating teens on the concrete, adverse outcomes of teen parenthood in U.S. society. Ultimately, Latina teens in the U.S. will experience these outcomes regardless of the cultural values they hold and practice, and sensitive intervention will respect these values while promoting healthy decision-making.

Next, aside from Mann (2013), the literature ignored the sexual desires and orientation of Latina teens. Pregnancy is never connected to the possibility that some Latina teens want sexual contact, but are unable to effectively protect themselves due to certain Latino values that discourage contraception (Aparicio et al., 2014). The neglect to explore the needs of lesbian, gay, bisexual, and transgender (LGBT) teens, even briefly, is similarly oppressive (Hardcastle et al., 2011). It marginalizes these teens by imposing a heterosexist framework on teen pregnancy, assuming that only heterosexual teens engage in heterosexual sex, consensually or otherwise. Attitudes towards LGBT teens in Latino culture are likewise ignored.

Finally, the fact that Latina teens experience the negative effects of high teen pregnancy rates in such a disproportionate way is illustrative of a human rights violation. According to Article 25 of the *Universal Declaration of Human Rights* (United Nations, 1948), each individual has the right to wellbeing, and mothers

and children are given specific entitlements and protection. Persistent racial disparities suggest that the rights of certain groups, especially Latina teens, are not being justly met. As young mothers and members of an ethnic or racial minority, these teens may face greater stigmatization and fewer opportunities to access their right to wellbeing. The fact that Latina teens may feel compelled to choose early motherhood over education or a career suggests how deep-rooted these barriers are.

Addressing Teen Pregnancy Among Latinas

School-Based Sexuality Education

School-based sexuality education is a traditional route for combating teen pregnancy. The two main types of school programming are abstinence-only education (AOE), which emphasizes the postponement of sexual contact until heterosexual marriage; and comprehensive sexuality education (CSE), which promotes abstinence and safe sex (Collins, Alagiri, Summer, & Morin, 2002). Federal funding of programs has been historically uneven, with AOE receiving \$1 billion since 1996, when it was linked to welfare reform (Boonstra, 2009; Collins et al., 2002). According to Boonstra (2009), there has been a recent drive to increase CSE funding because AOE programs are ineffective in preventing risky sexual behaviors and teen pregnancy. Still, sexuality education is not federally mandated; funding is provided federally, but districts may choose which program, if any, to implement (Collins et al., 2002; Stanger-Hall & Hall, 2011). The literature reveals little about program effects on reducing Latina teen pregnancy rates, which is problematic as cultural differences may affect program efficacy.

Locally, the Suffolk County Legislature has taken steps to address teen pregnancy, noting the particular needs of Latina teens (SCLTFTP, 2011). In 2009, the County created a Teen Pregnancy Task Force to address teen pregnancy rates through research and education (SCLTFTP, 2011). The Task Force found that "limited access to culturally-tailored resources" and healthcare contributed to high pregnancy rates for Latina teens (SCLTFTP, 2011, p. 7). However, the Task Force had little power to implement education programs to address these disparities; its major outcome was the creation of a Teen Pregnancy Advisory Board to provide community education (SCLTFTP, 2011).

Healthcare Access

Increasing access to reproductive healthcare is another traditional route for lowering teen pregnancy rates for Latina teens (Chabot, Navarro, Swann, Darney, &

Thiel de Bocanegra, 2014; SCLTFTP, 2011). Chabot et al. (2014) found that limited access to family planning services correlated with higher rates of teen pregnancy, especially among black and Latina teens, and teens with low SES. Based on these findings, the authors recommended several practices to increase access and lower pregnancy rates, including confidentiality for teens obtaining services and "onsite enrollment" in family planning programs (Chabot et al., 2014, p. e5). These practices are particularly important for Latina teens, who may not want to disclose contraceptive use to their families (Noone et al., 2014). Healthcare services should also be culturally competent, as some Latina teens may prefer to use traditional healthcare providers, like the *curanderos* who offer natural treatments (Pittman, Feldman, Ramírez, & Arredondo, 2009). To reduce pregnancy rates for Latina teens, programs must legitimize non-Western healthcare while concurrently increasing access to Western services (Chabot et al., 2014; Pittman et al., 2009; SCLTFTP, 2011). By providing such a range of culturally-competent services, practitioners can incorporate Latino values into teen pregnancy prevention. Finally, the SCLTFTP (2011) has noted how immigration status also prevents Latina teens from receiving healthcare services. Undocumented teens may lack insurance or the ability to pay for services; others do not want to risk deportation (SCLTFTP, 2011). Aside from advocating for bilingual services, the Suffolk County Task Force makes no recommendations to increase Latina teens' access to healthcare.

Culturally-Sensitive Programs

Incorporating Latino culture into teen pregnancy prevention programs is paramount to reducing teen pregnancy rates (Méndez-Negrete, Saldaña, & Vega, 2006; Murphy-Erby, Stauss, & Estupinian, 2013; Wilkinson-Lee, Russell, & Lee, 2006). School-based programs are often adapted for Latino teens by translating curricula, which risks reinforcing only dominant U.S. norms (Méndez-Negrete et al., 2006; Murphy-Erby et al., 2013). Murphy-Erby et al. (2013) emphasizes that programs should instead integrate Latino cultural strengths, like *familismo*—the importance of family—and address tensions between Latino and U.S. culture. Two interventions that incorporate Latino values are *Escuelitas* and Family Festival Prevention Model (FFPM), which, rather than focus on sexuality alone, target sociocultural and familial systems to promote healthy individual and community outcomes (Méndez-Negrete et al., 2006; Murphy-Erby et al., 2013).

The program described by Méndez-Negrete et al. (2006), *Escuelitas*, seeks to develop informal supports

for Latina youth and early adolescents while building cultural knowledge and improving academic performance. Méndez-Negrete et al. (2006) found that participants in *Escuelitas* had mixed outcomes: academic performance did not significantly improve, but no participants became pregnant or dropped out of school in the year following participation. The authors noted that the mixed academic finds may be biased, as they were based on parent and teacher comments, and that the current benefits were short-term outcomes (Méndez-Negrete et al., 2006).

The second program, FFPM, was planned and implemented by Murphy-Erby et al. (2013) in conjunction with the local Latino community, illustrating the use of community and cultural strengths and resources. Murphy-Erby et al. (2013) noted that as a pilot program, FFPM has not yet been empirically evaluated for its efficacy in reducing risky sexual and teen pregnancy. However, they hypothesize that the program will reduce risky sexual behaviors and increase abstinence, given the Latino community's involvement in planning the intervention and its adaptation of an evidence-based curriculum (Murphy-Erby et al., 2013). Empirical analysis of results was forthcoming at the time of publication (Murphy-Erby et al., 2013).

Analyses of How Teen Pregnancy Among Latinas Has Been Addressed

While increased healthcare access and CSE programming have been effective in reducing teen pregnancy rates, they have not adequately investigated the root causes of racial and ethnic disparities in teen pregnancy rates. From a human rights view, increasing CSE programs is consistent with the right to an education, and increasing healthcare is consonant with the right to medical care (United Nations, 1948). However, the power for implementing programs is often held by politicians, who can deny Latina (and other) teens their rights when programs and services are inadequately funded (Collins et al., 2002). From an intersectional feminist approach, AOE is oppressive in its moralizing reinforcement of patriarchal, heterosexist structures, normative gender roles, and biological determinism (Collins et al., 2002). These dominant values exclude Latino and other cultural values altogether. Moreover, healthcare services may oppress Latina teens by pathologizing them as sexually deviant based on racial constructs and through negligence of non-heterosexual identities (Mann, 2013). Culturally-competent programs can be examined through social constructionism (Hardcastle et al., 2011). Program planners must understand Latino cultural constructions and values, which can be done by involving Latinos in program

planning. This participation can help balance Latino values with preventive education and intervention. Through a social capital lens, participatory planning uses community strengths to address teen pregnancy rates (Hardcastle et al., 2011). Finally, Méndez-Negrete et al. (2006) and Murphy-Erby et al. (2013) describe culturally-competent programs that promote family support so that Latina teens can delay pregnancy, avoid adverse outcomes, and achieve future success. Both programs are anti-oppressive in their use of community strengths and Latino values in pregnancy prevention.

Gaps exist in the literature, which must be addressed with future research. None of the programs addressed undocumented or LGBT youth. For instance, the SCLTFTP (2011) described the difficulties undocumented teens may have in accessing healthcare, but offered no solutions. It is also possible that Méndez-Negrete et al. (2006) and Murphy-Erby et al. (2013) did not explore immigration status in their culturally-competent programs due to stigmas against undocumented immigrants or the difficulties locating this group. Gaps may also be tied to issues of power, such as who funded research projects and healthcare. Additionally, neither Méndez-Negrete et al. (2006) nor Murphy-Erby et al. (2013) considered the sexuality of the Latino youth participating in their studies, instead focusing individual development and child-parent relationships. Meanwhile, CSE programs may take a narrow view of sexual activity by focusing heavily on preventing unsafe, heterosexual sexual activity, neglecting the range of sexual experiences that LGBT youth may have, and which may also result in pregnancy. Finally, much of the literature (e.g., Chabot et al., 2014 and Méndez-Negrete et al., 2006) described interventions in the Southwestern U.S. or on the West Coast. Aside from the SCLTFTP (2011) report, there was no further information on Latina teens' experiences in New York. This is also significant as many program participants were of Mexican descent, and there is a greater mixture of nationalities among Latinas in Suffolk County (Kallick, 2010).

Discussion

Although teen birth rates in the U.S. have been declining since the 1990s, racial and ethnic disparities remain. Teens of color and of low SES are disproportionately affected by high teen pregnancy rates, and Latinas teens have the highest rates of any racial or ethnic group. These high teen pregnancy rates among Latinas are related to a number of factors, including the intersection of opportunity, race, and SES; and differences between the dominant U.S. and Latino cultural

values. As a result, efforts to reduce teen pregnancy are fractured and influenced by intersecting systems of oppression. Some programs focus on school-based sexuality education and increased healthcare access, while others are attuned to Latino cultural values. Ultimately, high teen pregnancy rates among Latinas cannot be attributed entirely to cultural differences. There must be a balance between cultural understanding in the provision of a breadth of services so that Latina teens can make the healthiest, most informed decisions alone or with their families.

References

- Aparicio, E., Pecukonis, E. V., & Zhou, K. (2014). Sociocultural factors of teenage pregnancy in Latino communities: Preparing social workers for culturally responsive practice. *Health & Social Work, 39*, 238–243.
- Boonstra, H. D. (2009). Advocates call for a new approach after the era of 'abstinence-only' sex education. *Gutmacher Policy Review, 12*, 6–11.
- Carlson, D. L., McNulty, T. L., Bellair, P. E., & Watts, S. (2014). Neighborhoods and racial/ethnic disparities in adolescent sexual risk behavior. *Journal of Youth & Adolescence, 43*, 1536–1549.
- Centers for Disease Control and Prevention (CDC). (2011). Vital signs: Teen pregnancy—United States, 1991–2009. *Morbidity and Mortality Weekly Report, 60*, 414–420.
- Centers for Disease Control and Prevention (CDC). (2015). About Teen Pregnancy. Retrieved from <http://www.cdc.gov>
- Chabot, M. J., Navarro, S., Swann, D., Darney, P., & Thiel de Bocanegra, H. (2014). Association of access to publicly funded family planning services with adolescent birthrates in California counties. *American Journal of Public Health, 104*, e1–e6.
- Collins, C., Alagiri, P., Summers, T., & Morin, S. F. (2002). Abstinence-only vs. comprehensive sex education: What are the arguments? What is the evidence? Retrieved from <http://www.gsu.edu>
- Doğan-Ateş, A., & Carrión-Basham, C. Y. (2007). Teenage pregnancy among Latinas: Examining risk and protective factors. *Hispanic Journal of Behavioral Sciences, 29*, 554–569.
- Fonda, M., Eni, R., & Guimond, E. (2013). Socially constructed teen motherhood: A review. *The International Indigenous Policy Journal, 4*.
- Hardcastle, D. A., Powers, P. R., & Wenocur, S. (2011). *Community practice: Theories and skills for social workers* (3rd ed). New York, NY: Oxford University Press.
- Kallick, D. D. (2010). Immigration's impacts on the Long Island economy. *Regional Labor Review, 13*, 16–33.
- Kearney, M. S., & Levine, P. B. (2012). Why is the teen birth rate in the United States so high and why does it matter? *Journal of Economic Perspectives, 26*, 141–163.
- Mann, E. S. (2013). Regulating Latina youth sexualities through community health centers: Discourses and practices of sexual citizenship. *Gender & Society, 27*, 681–703.
- McCave, E. L. (2007). Comprehensive sexuality education vs. abstinence-only sexuality education: The need for evidence-based research and practice. *School Social Work Journal 32*, 14–28.
- Méndez-Negrete, J., Saldaña, L. P., & Vega, A. (2006). Can a culturally informed after-school curriculum make a difference in teen pregnancy prevention? Preliminary evidence in the case of San Antonio's Escuelitas. *Families in Society, 87*, 95–104.
- Minnis, A. M., Marchi, K., Ralph, L., Biggs, M. A., Combellick, S., Arons, A., & ... Braveman, P. (2013). Limited socioeconomic opportunities and Latina teen childbearing: A qualitative study of family and structural factors affecting future expectations. *Journal of Immigrant and Minority Health, 15*, 334–340.
- Mollborn, S., Domingue, B. W., & Boardman, J. D. (2014). Norms as group-level constructs: Investigating school-level teen pregnancy norms and behaviors. *Social Forces, 93*, 241–267.
- Murphy-Erby, Y., Stauss, K., & Estupinian, E. F. (2013). A participant-informed model for preventing teen pregnancy in a rural Latino community. *Journal of Family Social Work, 16*, 70–85.
- The National Campaign. (2015). The National Campaign | To Prevent Teen and Unplanned Pregnancy. Retrieved from <http://thenationalcampaign.org>

KEOGH

- New York State Department of Health (NYDOH). (2014). *Suffolk County health indicators by race/ethnicity, 2011–2013*. Retrieved from <http://www.health.ny.gov>
- New York State Department of Health (NYDOH). (2015). *Suffolk County: County/ZIP code perinatal data profile – 2011–2013*. Retrieved from <http://www.health.ny.gov>
- Noone, J., Allen, T. L., Sullivan, M., McKenzie, G., Esqueda, T., & Ibarra, N. (2014). Escuchando a Nuestros Jóvenes: A Latino youth photovoice project on teen pregnancy. *Hispanic Health Care International, 12*, 63–70.
- Pittman, S. A., Feldman, J. B., Ramírez, N., & Arredondo, S. (2009). Best practices for working with pregnant Latina adolescents along the Texas-Mexico border. *Professional Development: The International Journal of Continuing Social Work Education, 12*, 17–28.
- Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: Why we need comprehensive sex education in the U.S. *PLOS ONE, 6*.
- Suffolk County Legislature Task Force on Teen Pregnancy (SCLTFTP). (2011). *Suffolk County Task Force on teen pregnancy*. Retrieved from <http://legis.suffolkcountyny.gov>
- United Nations. (1948). *The universal declaration of human rights*. Retrieved from <http://www.un.org>
- U.S. Census Bureau. (2010). American FactFinder. Retrieved from <http://factfinder.census.gov/>
- Wilkinson-Lee, A. M., Russell, S. T., & Lee, F. C. H. (2006). Practitioners' perspectives on cultural sensitivity in Latina/o teen pregnancy prevention. *Family Relations, 55*, 376–389.
- Winters, L.I., & Winters, P.C. (2012). Black teenage pregnancy: A dynamic social problem. *SAGE Open, 2*, 1–14.

Acknowledgements

The author would like to thank Dr. Laura Wernick at the Fordham University Graduate School of Social Service for her support in the development and preparation of this article.

Author Information

Kathleen E. Keogh, MSW, received her Master of Social Work from Fordham University. She has always been passionate about women's rights and gender equity, and her internship at the Economic Opportunity Council of Suffolk, Inc., has affirmed her commitment to these rights on a local level. Ms. Keogh's interests include reproductive health disparities, gender-based violence, and the intersection between social justice and the arts. She enjoys creative writing in her spare time, and her poetry has been published in *Ragazine*. Address correspondence about this article to Kathleen Keogh at: kkeogh2@fordham.edu.