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Teenage Pregnancy and Parenthood: The Young Mother in the Puerto Rican Family

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Lillian, Iris, and Ana—each a teen mother, each has successfully completed her school year. Blanca, Carmen, Moritza—three teenage mothers officially withdrawn from school. The rate of teenage childbearing among Puerto Ricans has not changed significantly over the past decade; as with other white and non-white children, I have observed at Lee High School an increase in the number of mothers who are thirteen to fifteen years old, a decrease in the older teens. What has changed, and dramatically so in the last few years, is the number of Puerto Rican young women who attempt to remain in school through their pregnancies and after the babies are born.

The Puerto Rican young mothers seem to fall into three categories. Many marry as soon as they are pregnant (or are suspected to be pregnant or feared to have lost their virginity) and drop out of school immediately. A number continue in school during the pregnancy with excellent attendance, are consistently highly motivated, are high achievers academically and form close relationships with teachers and supportive staff; they attend right up to the time of delivery but as soon as the babies are born, contact with school ends abruptly and the mothers become drop-outs. The third group, albeit a small one, remain in school after their babies are born; following high school graduation, some go on to post high school vocational or college programs. The student-mothers in this group must survive a very stressful time right after their babies are born—torn between demands of family and home—school and the world outside. Attendance may be sporadic for a time and the obstacles and dilemmas will continue daily (especially when they return to the comprehensive high schools), but they, quote unquote, make it. The student-mother in this final group re-entering the regular high school must make a social adjustment to peers, former and new teachers, the guidance staff and administrators. She must cope with the anonymity which accompanies attending a school with 1200 students (while McCabe School for Young Mothers had approximately 70), adhere to attendance and tardy policies for all students, and adjust her self-image to being a student for six hours a day. Daily she experiences conflict as struggles with her dual development—as an adolescent and as a mother.

My interest in developing a unit about the Puerto Rican young mothers derives from a feeling that the school system is the last formal institutional link with education for the young Puerto Rican mothers, especially those in the second group. If we lose this young mother during her pregnancy or shortly thereafter, she will most likely remain forever educationally and economically behind; at age 13, 14, or 15, we are committing a young family to a life time or poverty. In five years, this child enters the school system and within ten years we will encounter this student in our junior and senior high classrooms. While there must also be collaboration with

community health and social service agencies, the classroom provides the opportunity for primary prevention of social problems (unemployment, delinquency, pregnancy) and for intervention where and when these problems exist.

OBJECTIVES

To provide background information regarding the outcomes of pregnancy for the Puerto Rican students in our schools.

To enhance teachers' awareness and understanding of the home life of the Puerto Rican young mother and her family.

To examine interventions which may help more Puerto Rican young parents remain in the system until educational goals have been realized.

To explore available formal and informal family and community networks for Puerto Rican young women.

To provide lessons to supplement material on teenage pregnancy for use in Grade 9 Urban Studies classes and Grade 12 Psychology and Sociology classes.

Angel Luis Martinez introduces his paper, "The Impact of Adolescent Pregnancy on Hispanic Adolescents and Their Families", with a general discussion about Hispanics, and about Hispanic adolescents in particular. Some highlights of the data included in his introduction are:

12 million persons of Spanish origin are living in the United States—7,200,000 are Mexican

1,800,000 are Puerto Rican

700,000 are Cuban

2,400,000 "other" Hispanics

The estimate of all Hispanics, including undocumented, is 19 million.

Families headed by Hispanic women are twice as likely to have incomes below the poverty level.

Hispanic women are less likely to participate in the labor force.

Hispanics account for 5% of the total population, 4% of the civilian labor force, and 6% of the unemployed.

Hispanic adolescents represent 24% of this population (compared with 20.3% adolescent population for the general population).

Almost one half of Hispanics are under the age of 18.

One out of 3 lives at or below poverty levels.

About half live in the inner cities of America.

About half have completed High School.

By the mid-80's, it is expected that Hispanics will represent the largest minority population in the United States, with adolescents representing a higher proportion of the population than adolescents in other white and non-white groups. The median age for Hispanics is 20.5 years, as compared to 28 for the overall population. The percentage of youth under 18 within the Hispanic population is 44.2%, compared to 42.3% of the Black population, and 33.2% of white. The implications are that the Hispanic youth population will continue to increase over the next decade and will account for a larger percentage of adolescent problems (unemployment, early childbearing) generally.

The major sources of data on adolescent problems, and specifically on adolescent pregnancy and childbearing, do not separate Hispanics. This is true in the Guttmacher Institute reports on teenage pregnancy nationwide and the City of New Haven, Department of Health 1981 Birth and Death Crosstabulation Report. Hispanics are included in the term, white and other; the term, non-white, refers to Blacks (which may include some persons of Hispanic heritage), American Indians and Orientals.

And, as Martinez points out, and my research confirms, there are no research reports on Hispanic adolescent fertility in the United States. To date, the information available about Hispanic teens and pregnancy is derived from small sample studies in urban neighborhoods (ie. data from the Hill Health Center here in New Haven). These reports provide some statistical information and samples of clinical observations from which we can begin to develop programs and policies to meet the needs of Hispanic adolescents and their families.

THE SCHOOL EXPERIENCE FOR THE PUERTO RICAN PREGNANT TEENAGER AND YOUNG PARENT

We don't know or understand how they (Puerto Rican, Mexican, or other Hispanic young people) are affected by cultural displacement or the conflicts they experience between their families' cultural expectations and external values of American society. (Ooms, p.330)

We do know that Hispanics drop out of school much more frequently than whites and blacks; and among the major reasons cited are pregnancy, getting married, and home responsibilities. 6.9% of whites, ages 18 to 22, are dropouts for these reasons, 14.7% for blacks, and 19.6% for Hispanics. Frank F. Furstenberg, Jr. in his paper, “Burdens and Benefits: The Impact of Early Childbearing on the Family”, delineates some of the positive outcomes for young mothers studied in Baltimore and Philadelphia. Those young mothers who experienced higher degrees of educational and economic success benefited from consistent and long term (several years) familial support, remained in their parents’ homes during their pregnancies and following the birth of the children, had cooperative and collaborative baby-sitting and childrearing arrangements, and had remained single. The majority of the subjects in the studies were black, some white and some Hispanic. The experience for the Puerto Rican teenagers I have worked with, and certainly also for a number of black and white young mothers, contrasts sharply. We can generally predict that the Puerto Rican young mother:

- will not receive long term support from her immediate family
- will be expected to sever her ties with her family and assume more of a role with the baby’s father’s family
- will be expected to establish an independent household
- will be expected to care for her child herself
- will be expected to marry the father of the child.

For many of the families discussed in the Furstenberg paper, the child had a positive impact on the family, in some cases financially (increased welfare benefits), in some cases emotionally (avoiding the empty nest for the maternal grandmother or bringing respite and a more positive focus to a troubled family situation). In contrast, since the Puerto Rican young woman moves away from her nuclear family and attempts to establish her own household, she reaps few benefits in terms of family; rather she will face the physical responsibilities of maintaining a household (cleaning, cooking, errands) as well as taking on the emotional problems of her husband—often a teenager himself or an older, unemployed, unskilled man. The Puerto Rican young woman may be esteemed for bearing a child, but will be required to conform to the traditional cultural norms. She will receive little or no help from family in her efforts to continue her education or to assert herself in other ways. Though some grandmothers and other relatives may verbally express support for her continued education, most likely they will not perceive fully the daily physical and emotional support she needs as she attempts to meet school’s academic and administrative demands.

CASE STUDIES

The following case studies are composite profiles based on experiences working with young Puerto Rican mothers during the past six years. Each reflects the school age mother’s educational, health, and social needs.

Ana

Ana is 17 years old, an Educable Mentally Retarded (EMR) junior in high school. She was born in Puerto Rica in April, 1967. Her son was born in June, 1981. She and her son are currently living with her mother, stepfather, and siblings: boys ages 9 and 10, girls ages 7 and 15.

Ana moved to New Haven with her mother and an older sister when she was three. (Her mother, though here now 14 years, speaks no English.) For the next eleven years, Ana lived with her mother, step-father and sisters and brothers; they changed neighborhoods frequently and she attended seven different elementary schools.

When Ana was 14, she ran away from home (end of her 8th grade) and moved to Bridgeport with her "husband", age 25. She went to the clinic each month for a pregnancy test; she learned that she was pregnant in October. At that time, she and her husband moved back to New Haven; they moved into an apartment above her aunt's. She heard about the McCabe Center for Young Mothers through another young mother and went to visit the school with her. She was enrolled as a 9th grade EMR student. During the year at McCabe, she was very quiet (though she seemed to understand English, she spoke very little), managed adequately in the small classes, sat with the other Puerto Rican girls with whom she spoke Spanish (if she spoke spontaneously at all). She was always on time and had excellent daily attendance. She rarely spoke voluntarily to the nurse or social worker; if asked how things were going, a simple, "okay, non problems", was the reply. Her son was born in June, 7 lbs, 4 oz. Her mother had met her at the hospital and Ana had a normal delivery.

In September she returned to Lee High School and was placed in bilingual EMR classes. In November, she moved into the Cross district (Ana, husband, child on one floor, mother and family above). At Cross, she was programmed for regular classes. When her records arrived weeks later, and the counselor realized she was EMR, she was put in all EMR classes and when the counselor realized she was also a mother, she was offered the Parenting class. Throughout the year, she was quiet in class, participated when asked, spoke Spanish informally (and with lively animation at times) with three other Puerto Rican girls in the Parenting class.

During the winter months, a social worker at the hospital noted that Ana was often observed sitting in the Emergency Room waiting area with her son late in the evenings. That spring, her mother moved to another part of town and she, her son and husband moved several blocks away. Her mother continued to baby-sit but Ana had to walk a considerable distance with the baby and then walk to school; she was often tardy and was threatened with suspension for three days if the tardiness continued (11 days is the limit.)

During the summer, Ana had a CETA job working at a playground. In September, she returned to Cross as a junior. During the first days of school, she requested time to see the Parenting teacher/advisor alone. Clearly, during the summer months, she had begun to plan this meeting carefully. "Is it true that a teenage girl who doesn't like sex is crazy?" Over the next few weeks, Ana attended the Parenting classes and met individually with the Parenting teacher/advisor. Together they agreed on the need to seek counseling on a regular basis and a health care plan for herself through the hospital. Her husband was threatening to keep her from attending school; she was being abused nightly and held in the apartment forcibly at times.

In November, following a severe beating, she fled with her son. Her mother agreed to let her come home; two weeks later, her mother said that Ana had stayed away long enough to teach her husband a lesson and that it was her duty to go back 'home' now. Working with the Parenting Teacher/ Advisor, the hospital social worker and through the intergenerational housing project (a special program which seeks to place young mothers and

their children in the homes of senior citizens), Ana found a room for herself and her son. She stayed there for two months. Her mother continued to baby-sit but distance and transportation costs were problems. Her mother reminded her daily that she was disgracing the family—it was not proper for a young lady to be living alone. Ana and her son resumed living in her mother’s apartment. On several occasions her step-father has allowed her “ex-husband” entry into the house because he says he has a right to see his son. Ana had continued in the counseling weekly. Her personality at school is quite changed; she appears happy most of the time. It is apparent when she has an occasional night with little sleep—a difficult evening due to her step-father’s drinking, a dispute with mother, a family upset over her younger brothers troublesome behaviors, verbal abuse from step-father; but she seems to be gaining strength daily in her commitment to achieving her educational goals—senior year, a Nurse’s Aid Program, high school graduation.

Moritza

Moritza is 15, living now in an apartment with her 17 year old husband. Their daughter is one year old. Moritza was a 7th grade student with excellent attendance (despite periodic trips to Puerto Rico); she tested far above grade level in math and reading and maintained straight A’s during most of her elementary and middle school years. She had known her husband Tony for about a year; he would meet her in the afternoon and walk her home from school (usually accompanied by Moritza’s little sister). Moritza and Tony had intercourse once—and she became pregnant.

She and Tony discussed the problem. She wanted to stay in school until the baby was born. He had no money for an apartment and there was not enough room at his house for her and the baby. Moritza attended the McCabe Center during her pregnancy and continued living at home with her mother (age 30, working full time) and her father (age 35, working) and her younger sister. As the pregnancy progressed, she and her mother began to talk more and more and to plan for the baby; her mother’s initial response to the reality of the pregnancy was one of sadness and resignation—she said she knew her daughter was probably pregnant. Moritza’s father refused to talk to Moritza or his wife for several weeks. Moritza’s grandmother agreed to babysit for the infant. Though her baby was born in the late fall, Moritza continued at the McCabe Center for the remainder of her eighth grade year (rather than returning to the middle school). Her attendance was sporadic at times (her grandmother sometimes had ‘things’ to do—redetermination at the Welfare office, hair appointments) in the morning. Some days Moritza said she was just too tired to come but she always made up her work and maintained a good average. In September of the next school year, Moritza entered Lee High School as a freshman. She was frequently tardy—walking ten blocks to her grandmother’s home with the baby, five blocks back to school. Sometimes her grandmother was not home when Moritza arrived in the morning and there was no phone to call ahead and check; on these days she would be absent. At school, she had a full freshmen program: Urban Studies, English, Physical Science, Basic Algebra IA, Parenting and she had requested a sewing class to learn a trade. By the end of the first school quarter, Moritza had 11 tardies and 12 absences (20 allowed for the year). She worked with the Parenting Teacher/Advisor to document with doctor’s notes the absences related to the child’s health and these were excused—but not without a lengthy lecture from her school administrator.

Moritza looked very unhappy at school; she was always alone when I saw her in the halls. One day during class with me she shared that her father was still not talking to her; also he would not let her walk outside with her sister (two years younger)—it was not right because Moritza was no longer a virgin. Another Puerto Rican girl said she had had the same experience, which seemed to make Moritza feel better about her situation.

Meanwhile, her plans to marry her baby’s father continued; his family was helping to prepare an apartment for them in their neighborhood across town. In December, she and the baby and Tony moved into their own

apartment. There was a shower for Moritza and she and Tony received everything they needed for their household. Tony work rotating shifts in a factory nearby. He seems to treat Moritza well, his family is affectionate and warm with her. In some ways Moritza is currently better off—removed from the daily stress in her family’s home and accepted by them now as she fulfills their expectations for her as wife, mother and homemaker.

Iris

Iris is nineteen, married, has one child (a son, Roberto) and is a high school graduate. She works full time as a dental assistant and her son—age 3—is in a full time day care center.

Iris was 16 when she became pregnant, a junior in high school. She had been going with Angel for 3 years; though he did not graduate from high school, he had a good job as a semi-skilled technician at an aircraft plant. Iris was very upset when she learned that she was pregnant; though she had never met with her guidance counselor or discussed her plans with anyone, she had planned to go on to college, possibly away from home. She considered in her own mind terminating the pregnancy, but knew that her mother and her boyfriend would disapprove; she felt she would not be able to do it without telling them. She told her mother and she discussed the pregnancy with Angel and his family. Iris and Angel were legally married and moved to their own apartment.

From the beginning, Iris’ mother gave a clear message. “I will help you until you finish high school. Then you are on your own.” (Iris’ mother had also almost finished high school but dropped out to have a baby; she had learned English and had worked in a home for the elderly.) Iris had a very healthy pregnancy, attended all pre-natal appointments, and continued her excellent school performance at the alternate school for pregnant girls. She never spoke to anyone at the school about her former career plans; her goal now was high school graduation. Her son was born in June and she returned to her regular high school.

She joined the Parenting classes; she had completed her math and science requirements and chose a business course of study for her senior year. She consistently made a positive contribution to the Parenting class; she was mature and carried with her a quiet, but determined, demeanor. Though conflicted some days due to disagreements with her husband (he might criticize at times—her fault if the baby had a cold, she should stay at home like other wives) and occasionally difficult interactions with her mother, she remained calm but firm, clear and direct in making her educational needs known to both husband and mother. She would not compromise here.

Iris used the opportunity in the Parenting class and in individual counseling time to air her grievances (ie. the difficulties of cooking, cleaning, being in charge of the baby, keeping husband happy) and she maintained a generally positive outlook. She was particularly animated during class discussions about adolescent sexuality and contraceptive planning; she expressed interest in gaining as much knowledge as she could about her own body and was very interested in learning about sex education and children—agreeing with the instructor that it was a good idea to give children the proper names of the parts of the body.

During the winter of her senior year, she took a part time job at a fast food restaurant. Parenting Program staff worried that this would be too much for her to handle. She did not want to put the baby on welfare and yet needed extra money in the winter to pay additional bills (heat, holidays). Up every morning at 6, prepare breakfast for family, dress baby, walk a fair distance to mother’s, walk back to school, school from 8:25 until 1:30, housework, errands, appointments, prepare husband’s dinner, work from 6 p.m. until 11:00. Walk home from work. During the weeks she was working nights, her mother sometimes kept the baby overnight. Her

husband disapproved and gradually he agreed to sit alone with the baby while Iris was working.

As graduation approached, Iris indicated that she was feeling let down. All this effort—for what? To graduate and stay home? She was not planning to have another child for awhile. After all, she'd managed school and work and home—now she'd just be home. Earning minimum wage was discouraging—yet what else was she qualified to do?

In May, a speaker came to the Parenting classes to discuss infant and toddler dental care. Iris seemed very interested. She and I discussed the possibility of a training program at the technical college. Within one week, Iris secured the application, completed it, and was scheduled for an interview. June—and she'd been accepted. A one year certificate program. Semester One required classes, 9 to 5; semester two, a placement in a health agency to train as a Dental Assistant. She investigated starting salaries and job benefits and decided to do it. Her mother had a child entering kindergarten; since she would be home another year due to the school hours and transportation, she agreed to care for her grandson for one more year. (She planned to return to work when her child entered first grade.) On the days when she was unable to sit, the paternal grandmother agreed to help.

Iris graduated from the program one year later. When she came to visit me (she'd hardly had a free moment all year to call and say hello), she had three job offers with private dentists and wanted advice deciding which one to accept.

Iris had a strong self-image of herself as a mother—supported by the expectation of her mother and mother-in-law—that she was the mother of her child. Though she had her own ideas about handling the baby's illnesses and behaviors—she was not threatened by their input and deferred to them while the baby was in their care. She chose a health care facility near her mother's house to facilitate appointments and emergency needs.

Iris—bright, mature, attractive, independent, and determined. Her mother, the mutual love and respect between mother and daughter, the fact that Iris was a little older than some of her peer young mothers contributed to her current success. Carefully defined goals and consistent, realistic plans to achieve them and the dependability of the family support network (including her husband who at age 23 seemed not too young and not too old to resist learning, growing, and changing)—I sense that their young child will not become a young parent.

Martinez argues that in order to develop programs and policy for Hispanic adolescents, we must have data gathered from Hispanics. We can not rely on data in which Hispanics are grouped with "white." From the small amount of information gathered about Hispanic young mothers (he refers to samples from interviews conducted in San Francisco with Hispanic women, their parents, siblings and friends), Martinez reflects on the cultural issues to be considered.

For many of the Hispanic girls, the traditional values have not changed. The sense of 'familia'—encompassing extended family and older members deserving respect and having authority—is still very strong. It is difficult to imagine the enormity of the conflict Ana faced—to obey her mother and stay with an abusive man or to defy tradition and become independent and assertive. We must understand the Hispanic family—the traditional values and sex roles, patterns of dating, courtship, and marriage. The Hispanic woman lives in a context in which the role of mother has an extremely high social value, but Moritza—bright, academically oriented and wanting to continue school—had no sense of clarity of peace in her daily life until she'd met her family's expectations. We must understand the family's response to the young Puerto Rican woman's

pregnancy if we are providing health, educational and social services she needs. The majority of young mothers in the United States become drop outs or push outs (Martinez, p.338). I look forward to the possibility of hearing the term, stop out. Like Moritza, the very young mother may be forced by family (or health reasons) to remain at home for a time after the baby is born. She should be permitted to 'stop out' and be welcomed back into the high school setting when she is able to resume, a year later, maybe two years later.

The Furstenberg work dispels the stereotype of the adolescent mother as “a social isolate, removed from parental or conjugal support” (Furstenberg, p. 68). The majority of young mothers in the studies conducted did not fit this characterization. Sadly, the stereotype of the social isolate is not a myth for many of the Puerto Rican young mothers I have worked with, but rather a reality. Blanca, Carmen, and Moritza know what it is like to be alone in a tiny apartment all day, afraid to go out alone because their husband will be angry, unable to talk to a friend, a relative or neighbor, or estranged from their own mothers at a very young age. For each of these young women, we can assume there are two more young mothers with whom the school system lost contact before they even became pregnant.

As educators, it is important to recognize the realities which threaten the Hispanic young woman's success:

She is likely to be behind educationally (age 16 in the 7th grade is not uncommon) due to transitions between Puerto Rico and the mainland, and because education is not esteemed by her culture, especially for women.

She probably has had little or no education about her body, puberty, sexuality, female health care.

The men in her life (father, step-father, absent father, brothers and friends) maintain traditional and rigid views of females: girls will become mothers, homemakers, wives.

She will be encouraged by her mother to marry young to protect her virginity.

She most likely lives in a female headed household supported by AFDC; there are few male or female role models in her urban environment; she is surrounded by unemployed, uneducated men, dependent, passive women.

Her relationship with her mother will begin to shift as puberty approaches; her mother, anxious to protect her daughter's virginity and fearful that her daughter will repeat her own fate, will be unable to discuss her feelings.

And, if the Puerto Rican young woman becomes pregnant, she will most likely marry, move in with her husband and his family; she will be vulnerable to subsequent pregnancies because the Hispanic man does not favor the use of birth control—fearing that she will not be loyal to him.

I have experienced (and have heard the same from bilingual teachers and counselors in the middle schools) the frustration of working with a bright, motivated, promising student—the student for whom we envision high education, scholarships, college and professional success—only to have her come in one day and invite me to

her wedding. Fourteen and married—her life script written. As educators, it is our role to help a student set educational goals, to heighten self-concept, to help a student realize the fullest personal and academic potential. Working with the Hispanic adolescent female, we must keep in mind that she must come to terms with the disparities between traditional Puerto Rican and contemporary American values, and that she risks alienation from her parents and extended family and cultural group. The educational process must provide an opportunity to discuss the emotional conflicts she may be experiencing.

Lesson I Decision Making and Pregnancy

Objective To help students consider the problem of teenage pregnancy and the impact on the family.

Time One or two class periods

Materials A copy of the Case Study for each student.

Procedure Distribute copies of Case Study.

Allow ten minutes for the students to read silently.
Ask for a volunteer to read the Case Study out loud.
Use the following questions to guide the discussion:

1. Does this story sound realistic to you? Why or why not?
2. Did anything in the story make you sad? What?
3. Did anything in the story make you angry? What?
4. Did anything in the story seem confusing? What?
5. What would you do in these circumstances? (. . .If you were the girl? the boy? one of the parents of either?)
6. What would be the best solution for a good life for the baby?

Follow up Activity:

Creative Writing: As a classroom or homework assignment, ask students to respond to the following question—

How would you change the world to fix the problems of early pregnancy?

Lesson II Young Parents and Role Conflicts

Objective To demonstrate the role conflicts young parents experience.

Time One class period

Materials Copy of Role Chart for each student

Procedure Begin the class by eliciting a definition of the term, ROLE . You may ask them to think about their various roles (in school, a student; in a peer group, a leader; at home, a son or daughter, sibling, grandchild.) Explain that everybody has many roles in live and that sometimes there are conflicts between these roles. For instance, there may be a problem or conflict when you are trying to do your homework and a parent expects you to watch a younger brother or sister.

Direct questions and comments to help students fill in the role chart on the board and on their papers, first for the teenage girl-young woman, then for the teenage boy-young man.

Encourage students to be honest about the roles of Puerto Rican teenagers. Students may need to define roles in terms of the activities in which a young person is engaged—ie. are most school age Puerto Rican males in school? employed? 'hanging out' in a store or on a corner or at home?

Sample:

Roles of a Teenage Girl-Young woman	Roles of a Mother		
	student	athlete	caregiver
	daughter	sister	nurturer
	friend	p/t employee	protector
	volunteer		teacher
			nurse/doctor at home
Roles of a Teenage Boy-Young man	Roles of a Father		
	student	musician	financial provider
	son	athlete	employee
	boyfriend		protector
			head of household
			companion
			husband

Once students have completed the chart, ask them to consider possible conflicts between the roles. As students identify conflicts, draw lines connecting the roles. Is there a conflict for a young man trying to be a student and the financial provider? Explain and discuss each conflict.

Lesson II: follow up activity—Conflict Resolution

You may wish to extend this lesson for an additional class period. Using notes from the board and student worksheets, list the major conflicts for the teenage mother and the teenage father on the board. Explain to students that where there is a conflict, there must be a resolution, outcome or effect. If a boy is frustrated

trying to find part time work to support his child and trying to stay in school, how does he feel? What are the possible behaviors we can expect?

Example: *Teenage Father*

Conflict

Student and financial provider drop out of school

Resolution

ignore financial responsibility

escape (drugs, alcohol)

act like he doesn't care

Note: The discussion of the roles of a mother and father should focus on where individuals develop their ideas about these roles—from television, magazines and other media (esp. advertising!), school.

(figure available in print form)

Lesson III The Impact of Early Pregnancy on the Family and Society

Objective To help students gain an understanding of the scope of the problem of teenage pregnancy and to demonstrate the network of health, educational, and social services which will be necessary to help the young family.

Time One class period

Materials A copy of the Case Study for each student. Chalkboard/chalk or Newsprint/marker.

Procedure Distribute the Case Study. Allow ten minutes for students to read.

Introduce board activity by explaining the need to examine an individual's educational, social and health care needs.

Make the following chart on the board:

PROBLEMS/NEEDS POSSIBLE SOLUTIONS

Education:

Health:

Social:

Sample :

Education: High School diploma day school, night school,
post high school vocational G.E.D. class, Job Core
training education for Technical school;
parenthood college; training program.

Health: Care for mother-pre-natal, clinic

post-partem private doctors
Counseling
Care for infant

Social: Shelter own apartment
 Daycare family's home

Financial assistance daycare center
Legal assistance family member

End the class with the following question: What are the possible OUTCOMES if solutions to the various problems are not available?

Lesson IV Cultural Variation: On Being a Puerto Rican Teenager

Celebrating Differences and Similarities

This lesson is for students in bilingual education classes, for Hispanic young mothers or pregnant girls, and for Hispanic young women.

Objective To provide the opportunity for Hispanic students to discuss feelings and dilemmas about life in New Haven.

To provide information on Social, Health, and Educational services in the community.

Time Four Class Periods (either four consecutive days or one day a week for four weeks)

Day One: American Values in Mainland Society

Day Two: Family and Social Relationships

Day Three: Preventive Health Care

Day Four: Community Resources

These lessons were developed with the assistance of Hilda Perez, Social Worker, Young Mothers' Program, Yale New Haven Hospital.

Lesson IV Session 1 American Values in Mainland Society

- The Name Game:* Introduce yourself (and co-leader if you have one.) Have students move chairs into a circle. Explain the name game: each participant in the group is to say his or her name, the person to the right repeats the first person's name and says his or her name, the third person repeats the names of the first two and then his or her own name, and so on around the circle—ending with the teachers.
1. name, the person to the right repeats the first person's name and says his or her name, the third person repeats the names of the first two and then his or her own name, and so on around the circle—ending with the teachers.

2. Introduce the purpose of the classes and present an overview of the four sessions.
3. Ask the group if they can define the word, VALUES. Provide your own definition for the group.
4. Begin the discussion with the following question: What have you liked most about your life here? Go around the circle and help each person to share one thought.
5. Next, ask, "What have you liked the least?"

Allow time for discussion. Do not force any students to speak who appear to be hesitant. Discussion will most likely include religious themes (ie. the differences between the Catholic and Pentecostal churches here and in Puerto Rico) and family dynamics (feelings about brothers and expectations for behavior.)

Session 2 *Family and Social Relationships*

1. Repeat the Name Game.
2. Begin discussion with the following questions:
 - Who was in your household there?
 - Who is in your household here?
 - How is that making your life different?
3. How are boys treated differently in your family? How are girls treated differently? Why do you think there are these differences?
4. If you are unhappy or disagree with the ways things are in your house, who do you talk to?
 - Have you have some good results?
5. End this session by asking each student to write down one question about health, growth and development, or health care to be answered during session three. Collect cards. (anonymously)

Lesson IV Session 3 Preventive Health Care

1. Repeat the Name Game.
2. Define what is meant by Preventive Health Care.
3. Answer the questions submitted by the students.

Note: You will have had time to examine the questions and group them according the subjects where possible. You can expect questions to fall into four main categories:

Menstruation
Sexually Transmitted Diseases
Pregnancy (and abortion)*
Sexual Activity

You may wish to invite a social worker, pediatric nurse practitioner, or nurse-midwife to help answer questions. It will be important to end this session with a discussion of patient rights and responsibilities and a discussion about confidentiality.

You may also wish to call the health department, the hospitals or area clinics to obtain materials and pamphlets in English and Spanish.

Session 4 Community Resources

1. Repeat the Name Game.

2. Introduce this session by defining Health Care Needs (include personal, physical forms for school, counseling and decision making health care), family needs for community resources in cases of abuse or neglect, legal or financial problems etcetera, and Educational Needs (regular and alternative programs).

3. Before you discuss the health, social and educational resources, ask for volunteers to answer some of the following questions:

Where would a person go for a physical?

Where would a person go for a pregnancy test?

Where would a person go for family planning or birth control?

Where would a person go to discuss a decision regarding pregnancy?

Where would a person go who'd been abused? by a family member?

Who could you talk to if you were worried about a parent's drinking? a parent being abused?

Who could help a family if a child was not doing well in school?

4. Hand-out: Handout the RESOURCES FOR WORKSHOP and discuss each agency.

*Regarding abortion, explain that you can not answer this. Each person must make a personal decision. In order to make a decision, a person must have information about the problem and about the possible solutions. This is especially true for decisions about one's health. After a person has all the information, she or he needs to think and talk and make a decision.

RESOURCES FOR WORKSHOP

Yale-New
Haven 785-2222
Hospital
(Emergency Room)

Sala de Emergencia

Women's Center 785-4101
Gynecological Care

Family Planning

Prenatal Care

Centro de Mujeres

Cuidado ginecológico

Planificación de Familia

Cuidado pre-natal

Primary Care Center

Medical—Adults 785-2470
Pediatrics—Children 785-2471
Servicios médicos para adultos

Servicios médicos para niños

Adolescent Clinic 785-4644

Clínica de Adolescentes

Connecticut Mental Health Center 789-7300

Clínica Hispana 789-7812

Hill Health Center 432-4400

Teen Clinic 432-4407

428 Columbus Avenue

Latino Youth 776-3649

Minor Street & Howard Avenue (Esquina)

Family Planning Services of New Haven 787-8192

Servicios de Planificación de la Familia

710 Sherman Parkway

Planned Parenthood of Connecticut 865-6986

129 Whitney Avenue

Junta—Organización de Servicio a la comunidad Hispana 787-0191

169 Grand Avenue

Curriculum Unit 83.06.04

Centro San José 562-3135
Venereal Disease Clinic 772-1008
Clínica de Enfermedades Venéreas

1 State Street

YWCA 865-5171
48 Howe Street

Student Reading List

PRE-and EARLY TEENS (approximate ages 10-14.)

Boys and Sex (Amor y sexo para el)

Wardell B. Pomeroy, Ph.D.

A sexual guide for teenage boys written in a straightforward objective and non-judgmental way, using language which is easily understood. Publisher: Editorial Pax-Mexico

The Edusex Series: *Pubertad y sexo*

Adolescencia y sexo

Sexualidad responsable

Continues this excellent series through the older age levels. Each book is accompanied by a guide for teachers and parents. Publisher: Libreria Voluntad

Girls and Sex (Amor y sexo para ella)

Wardell B. Pomeroy, Ph.D.

Dr. Pomeroy writes in an open way without moralizing and not discourage teenage girls from engaging in sexual activities if they are psychologically ready. Publisher: Editorial Pax-Mexico.

Love and Sex and Growing Up (Lo que Cambia en Ti durante la Adolescencia)

Eric W. Johnson and Corrine B. Johnson

A book for pre-adolescents which covers a broad range of topics. Helps a young person to think about what being a man or a woman means in today's world. Publisher: Editorial Pax-Mexico

Pronto Sere Adolescente

Federico Boix

The facts of pubertal development and human reproduction are simply and directly told to pre-adolescents.
Publisher: Editorial Nova Terra, S.A.

Sex: Telling it Straight (Sexo sin rodeos)

Eric Johnson

A simple but honest treatment of those topics in human sexuality of greatest concern to adolescents. It presents positive views on sex without preaching or moralizing. Publisher: Editorial Pax-Mexico.

LATER TEENS (Approximate ages 15-18)

Pregnancy, Birth and Family Planning

Alan F. Guttmacher

A straightforward presentation of the facts of human reproduction and family planning. Publisher: Editorial Pax-Mexico.

Sex Before Twenty : New Answers for Youth Helen F. Southard

In this book, teenagers are encouraged to take responsibility for themselves in discovering their full roles as sexual persons. Publisher: Editorial Pax-Mexico

Pamphlets about menstruation, vaginitis and methods of contraception are available in English and Spanish from Planned Parenthood League of Connecticut and Yale New Haven Hospital Women's Center.

Films for the Classroom available from:

Planned Parenthood, 129 Whitney Avenue

New Haven, CT 06510 865-0595

Engagement Ring Color, 16mm, 25 minutes—Spanish with English Subtitles

The romantic dreams of a young engaged couple come up against some of the harsh realities of modern urban life. The Planned Parenthood message is skillfully woven into this moving human story set in New York's Puerto Rican neighborhood.

Adolescent Sexual Conflict—Are We Still Going To The Movies? Color, 16mm, 14 minutes

This film focuses on a young couple who while on a picnic reveal that their relationship is suffering because of their inability to agree on the amount of sexual involvement they should have with each other. Through their narrative we learn of the preconceived notions they have of the ways men and women should react to each other.

Are You Ready for Sex

Color, 16mm and 8mm Fairchild #7007 cartridge 24 minutes

Focuses on clarifying personal values and making responsible sexual decisions. Through dramatizations and

student discussions, questions about sexual responsibility, pressure from other teenagers, maturity, personal values, contraception and sexual abstinence are examined.

Running My Way, Color, 16mm, 25 minutes

This excellent film explores the emotions and reactions experienced by an eighth grade girl feeling pressured by peers (girls and boys) to have intercourse.

I'm Seventeen, I'm pregnant and Don't Know What To Do, Color, 16mm, 28 mins.

One out of 11 U.S. children is born to an unmarried mother. This film brings to life the problems of pregnant single women and their babies by documenting the true story of one girl who sought help.

Teenage Father, Color, 16mm, 30 minutes

A documentary drama focusing on the innermost thoughts and feelings of a 17 year old boy who finds himself involved in an unplanned pregnancy. Powerful and thought-provoking, this film won the 1979 Academy Award for a docu-drama.

Teenage Mother—A Broken Dream, Color, 16mm, 15 minutes, Carousel Film

A case study of a 15 year old pregnant girl. Through interviews with her, her mother and commentary of the interviewer, much of the information contained in the publication "11 Million Teenagers" is presented in an interesting and informative manner.

Reading List for the Teacher

Martinez, Angel Luis. "The Impact of Adolescent Pregnancy on Hispanic Adolescent and Their Families." *Teenage Pregnancy in a Family Context, Implications For Policy*, Ed. Theodora Ooms. Philadelphia: Temple University Press, 1981. pp. 326-344.

This paper includes information gathered from the few studies available on Hispanic pregnancy and ends with a list of potential research topics.

Sadler, Lois, M.S.N. and C. Catrone, MA. "The Adolescent Parent: A Dual Developmental Crisis." *Journal of Adolescent Health Care*. 1983; 4:100-5.

This paper examines developmental characteristics of adolescents and beginning parents. In the case of many teenage parents, specific developmental tasks of adolescence affect and may potentially conflict with the tasks of early parenthood.

Savitt, D. Jill. "Sex Roles, Courting and Marriage Among Puerto Rican Teenagers." *Human Sexuality and Human Society*, New Haven: Yale New Haven Teachers Institute, Summer, 1981. pp. 34Ð.

This paper provides excellent discussion of traditional male and female roles and contemporary dilemmas for early adolescents. It contains creative lessons and appropriate reading materials for middle school students.

Sowell, Thomas. *Ethnic America, A History*. "The Puerto Ricans", Chap. 9. New York: Basic Books, Inc., 1981.

This chapter provides information on the history of Puerto Rican migration to the mainland and discusses contemporary social issues for Hispanics.

Teenage Pregnancy : The Problem That Hasn't Gone Away, New York: The Alan Guttmacher Institute. 1981.

This report contains statistics on many aspects of teenage sexuality: sexual activity and marriage, contraceptive use, pregnancy and its resolution, adolescent births, consequences of teenage childbearing, sex education, family planning services and contraceptive research, services to pregnant teenagers, adolescent parents and their babies.

(In print) Salguero, Carlos, M.D. , M.P.H. "The Role of Ethnic Factors in Adolescent Pregnancy and Motherhood", *Teenage Parenthood* , fall, 1983.

HUMAN SEXUALITY: SPANISH LANGUAGE RESOURCES

Prepared by SIECUS, the Sex Information and Education Council of the U.S., 1855 Broadway, New York, New York 10023.

Until fairly recently, there have been few sex education materials written in or translated into Spanish. While the following list of resources and materials is by no means comprehensive, it should provide the teacher or counselor working with a Spanish-speaking population with a general knowledge of the variety of material and programs available.

The Spanish-speaking world includes seventeen Latin American nations, Spain, and parts of the United States, and includes a diversity of cultural and social traditions. The resources presented here are reflective of this diversity.

This resource list is divided into two general categories: organizations which provide a variety of resources or programs, and specific publications written in or translated into Spanish. Except where indicated, the materials on this resource list are not available from *SIECUS*.

RESOURCE ORGANIZATIONS

For the most part, these organizations are national or local family planning agencies in the various Spanish-speaking countries, but several commercial, public health, or multifaceted counseling agencies are also included. Except where it is specifically noted, the resource materials prepared or distributed by these organizations deal primarily with birth control or family planning information. To obtain further information as to the specific publications, materials, and programs available, you should write directly to the organization at the indicated address.

UNITED STATES

Instituto del Hogar

Los Mirtos 151, Hyde Park

Apartado 20155

Rio Piedras, Puerto Rico 00928

Publishes a series of publications on sex education and preparation for marriage.

International Planned Parenthood Federation

Western Hemisphere Region

111 Fourth Avenue

New York, New York 10003

A general clearinghouse for information on family planning materials and programs available throughout the western hemisphere.

International Union Against the Venereal Diseases and Treponematoses (Unión Internacional contra las Enfermedades Venéreas y las Treponematosis)

Regional Office for the Americas

1790 Broadway—Room 1402

New York, New York 10019

Distributes brochures and pamphlets on venereal disease.

Kimberly-Clark Corp.

Life Cycle Center

Neenah, Wisconsin 54956

Distributes pamphlets related to menstruation and feminine hygiene.

Personal Products Company

Box X6

Milltown, New Jersey 08850

Distributes menstruation and feminine hygiene publications, and a 16mm film with Spanish narration.

Planned Parenthood/World Population

Department of Information and Education

810 Seventh Avenue

New York, New York 10019

Publishes a series of pamphlets and brochures, and a 16mm film with Spanish narration, on family planning.

Planned Parenthood of New York City, Inc.

Family Planning Resources Center

44 Court Street

Brooklyn, New York 11201

Distributes family planning materials designed primarily for use with Puerto Rican populations.

Tampax, Incorporated

5 Dakota Drive

Lake Success, New York 11040

Distributes menstruation and feminine hygiene materials.

LATIN AMERICA

Argentina

Asociación Argentina de Educación Familiar

Juan Agustín García No. 2048 Buenos Aires

Chile

Asociación de Educación Sexual

Eliecer Parada No. 2447

Santiago

Consejo Nacional de Orientación Familiar

Agustinas 853—Oficina 917

Santiago Publishes a bi-monthly journal, *Orientación Sexual*, and various family planning and sex education materials.

Colombia

Asociación Colombiana de Facultades de Medicina

Programa de Educación Sexual

Calle 45—7— Piso

Bogota

Putolishes a journal, primarily for professionals.

Costa Rica

Asociación Demografica Costarricense

Apartado Postal 2815

San José

Distributes a translation of SIECUS Study Guide #1, "Educación Sexual," and various family planning materials.

Centro de Estudios Sociales y de Población

Apartado 49

San José

Centro de Integración Familiar

San José

Centro de Orientación Familiar

Apartado 288

San José

Produces a regular radio program, "Educación Sexual", and a correspondence course on love, marriage and family planning, and various family planning materials.

Dominican Republic

Instituto Nacional de Educación Sexual

Apartado 1497

Santo Domingo

Ecuador

Centro Ecuatoriano de

Educación Sexual

Av. Sta. Prisca y Pasaje

Farget No. 109

Quito

El Salvador

Asociación Demográfica Salvadore-a

Apartado Postal 1338

San Salvador

Publishes Un Dilema: La Educación Sexual.

Guatemala

Asociación Pro Bienestar de la Familia de Guatemala (APROFAM)

Apartado Postal 1004

Guatemala

Publishes a series of brochures and pamphlets on sex education, marriage, reproduction, and family planning.

Oficina Integrada de Orientación Familiar

14 Calle 8-51—Zona 1

Guatemala

Honduras

Asociación Hondure-a de Planificación de la Familia

Apartado Postal 625

Tegucigalpa, D.C.

Publishes pamphlets on reproduction, family planning, psychosexual development, and a study of the sexual attitudes of Honduran youth.

Peru

Asociación Peruana de Protección Familiar

Casilla Postal 2191

San Isidro

Lima

Venezuela

Asociación Venezolana de Orientación Familiar y Sexual (AVOFYS)

Apartado 80442

Caracas 108

Publishes a newsletter, and various family planning materials.

SPAIN

Cromosoma "X"

Revista de la Generación y de Sexología

Administración I.M.M.

Avda. José Antonio, 475

Barcelona

A monthly journal on reproduction, sexuality, and sex education.

Instituto Genus

Enrique Granados, 116

Barcelona, 8

Publishes a series of publications dealing with various aspects of sexuality, genetics, and psychology.

SIECUS Report, May, 1973

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