



Curriculum Units by Fellows of the Yale-New Haven Teachers Institute  
1984 Volume III: Hispanic Minorities in the United States

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## **1984: Culture and Conflict: A Discussion of the Experience of the Young Chicana and the Young Puerto Rican Parent**

Curriculum Unit 84.03.05  
by Kathleen London

*Newcomer* : Marisol was born in Sabanaseca, Puerto Rico. When she was eighteen, she came to New Haven to live with her sister. A physical examination is required for school entry. When Marisol realized that she was pregnant, a translator helped the school counselor have Marisol sign permission for the release of her health record. As feared, the record confirmed that the city health department had given her a MMR vaccination which is potentially dangerous to the fetus in the first trimester. Fortunately Marisol gave birth to a healthy daughter indicating that she was most likely just into the second trimester when the shot was administered. Marisol lives alone now with her daughter in a three room flat; she has dropped out of school.

*First Generation* : Jose is seventeen years old, a high school senior. His mother speaks a little English; she calls him by Jose while his friend, Denise, calls him Joey. Denise is a junior in the high school; as a freshman she was identified for the gifted program but attendance problems and a significant drop in her academic achievements required a change in her program. Their son will be two years old this summer. Denise is six months pregnant with their second child. Though the options of termination or placement for adoption were considered in counseling, Jose is determined that she will have and keep the baby. He is hoping for a girl.

*Second Generation* : Rose is sixteen years old. She is a tenth grader and is five months pregnant. Though Rose was doing very well in her Spanish class at school, she dropped it despite her counselor's advice. While she does not appear to like Carlos very much, Rose seems resigned to the fact that her parents have invited him to live in their home and that she and Carlos will be married; their grandchild will be baptized in the Catholic Church.

*Newcomer* : Juanita Cabrera has two children, lives alone, and is unemployed. She arrived from the Dominican Republic three years ago and speaks English with apparent distaste and difficulty. She is nineteen.

*First Generation* : Pete Morales, seventeen, was born in Texas. His parents were born in Sonora, Mexico. They speak mostly Spanish. He speaks mostly English: "There ain't no jobs; school sucks; everywhere we go they lie to us. So we get high and mess around. If somebody gets pregnant, at least you have some excitement."

*Second Generation* : Nadine Ayala doesn't speak Spanish. She takes it in school. All of her friends speak English and her boyfriend's family has never known Spanish. Her parents were born in Denver, and the family now lives in Berkeley. She is fifteen and pregnant. (Martinez, 1981, p.326)

The profiles of the newcomers, first and second generation adolescent parents are intended to demonstrate the diversity among Hispanics in the United States. The young people reflected in the profiles need our help; we can not afford to lose them or their children. If we, in the process of education, can develop a better understanding of the complex familial, social and environmental forces which lead to early and inappropriate pregnancies, we can be the first step in primary prevention.

Our students are affected by many unseen influences: government social and economic policies; social service, health care and educational bureaucracies; advertising and the media; family dynamics; cultural and generational changes. They are often victims of the very systems which propose to help them (the most glaring example being the welfare system). Hispanic students are often in conflict situations in which they may be unaware of the clash between traditional values and contemporary realities. During a recent interview with a young Puerto Rican school-age mother, I asked her if she knew what “machismo” meant. No, she had no idea what the term meant. Yet the essence of the conflict she was experiencing, and the anger she ultimately expressed, was connected with her feeling that she had no right to question her young husband’s troublesome, independent behavior. Minority students are constantly researched and studied but rarely are the findings shared with them. Such information might help them to consider the behavior they observe in others and to gain an understanding of their own behavior. Our students need education regarding the historical influences, social policies, and environmental conditions which affect their daily lives.

Often my students, school-age mothers in the high schools, react angrily to newspaper or magazine articles with captions such as, “Babies Having Babies”. “Who are they to call us babies?” they ask. Yet, in a learning atmosphere which facilitates discussion and probing, these students can explore the meaning of such phrases. They can face the issue openly that yes, some adults are critical of teenagers having babies and as a result these adults may be punitive in their interactions with young parents. Through discussion, students can confront their anger (rather than attempt to bury it), possibly recognize that their anger was a cover for their feelings being hurt, and hence move forward to examine the realities of teenage pregnancy and why it is a concern for everyone—themselves, parents, educators.

### **Educational Outcomes, Health and Social Services for Hispanic Youth**

High rates of educational failure following adolescent pregnancy have been well documented. (Guttmacher Institute Report, 1981, p. 30) The school-based programs for pregnant students and school-age parents in New Haven have had a positive impact on increasing the number of young parents who successfully complete high school. However, a significant number of young mothers continue to drop out, either during their pregnancy or following their return to their junior high or high school setting. This is particularly evident among Chicana and Puerto Rican young mothers. The barriers to the young mother’s educational success include: lack of motivation in the face of obstacles (ie. the student is already educationally behind; she may be age 17 in the ninth grade); the lack of quality day care for infants; inadequate shelter; inability to resolve conflicts with mothers (the infant’s grandmother) and other women in the family who may be critical of the young mother’s efforts to stay in school; school attendance and tardiness policies; mother’s or child’s health problems; the absence of a significant person (mother, sister, aunt, husband) participating routinely to support the young mother’s efforts to continue her education. In my experience working with young Puerto Rican mothers, this final barrier is the most significant and probably accounts for the fact that a high percentage of the Puerto Rican school-age mothers drop out of school as compared with their black and white peers. As Salguero discusses in his paper, “The Role of Ethnic Factors in Adolescent Pregnancy and Parenthood”, this may have to do with the family’s response to the maturing adolescent girl in the family. In his study of young mothers in the Hill section of New Haven, 39% of the Hispanic young mothers were living with their partners

at the time of conception. The young mother who is living independently or with her husband or boyfriend is more likely to drop out of school; she has more responsibilities in her home and less familial support for her continued education. On the days his mother needs a translator to go to court with her and his younger brother, Maria misses school. On the days her husband can not drive her to school, Moritza does not attend because he will not let her go alone. As a mother and as a wife or girl friend, the young Puerto Rican female is expected to carry out such duties and accepts his authority. Educators, administrators and support staff need to consider the conflicts between the traditional values and the expectations for Hispanic females and the demands of our schools. Students need to know how these conflicts relate to educational failure, and perhaps more importantly, they need to understand the roots of these conflicts.

There are more than twelve million persons of Spanish origin living in the United States. Approximately 7,200,000 are Mexican, 1,800,000 are Puerto Rican, 700,000 are Cuban and 2,400,000 are considered “other” Hispanics. The estimate of all Hispanics, including undocumented, is nineteen million. (Martinez, 1981, p. 327) Hispanic adolescents represent approximately 24% of this total, compared to a 20.3% adolescent population for the general population. It is estimated that by the 1990’s, Hispanics will represent the largest minority in the United States; based on current statistics and fertility rates among Hispanics, we can assume the Hispanic population will be youthful and will account for a high percentage of the problems connected with youth in this country—delinquency, truancy, unemployment, drug abuse, and teenage pregnancy. Within the Hispanic adolescent population, there is diversity in terms of educational level, the meaning of ethnic identity, of economic status, of religious affiliation and degree of participation in church activities. The degree of assimilation is varied within generations living under one roof, amidst neighborhoods and church groups, in the same city, on the East and West coasts, and within the interior regions of the country. The differences in the acculturation patterns challenge us to avoid generalizing and stereotyping and to examine our understanding of broad concepts associated with Hispanics (ie. Machismo, the church’s influence, the value of motherhood) as they exist in a process of evolution and change for individuals and for families.

More specifically it is important to examine the relationship of these concepts to our understanding of fertility among Hispanics. How does the concept of machismo or the Church influence a young woman’s contraceptive practice? Some may assume that machismo means that all Hispanic males are opposed to the use of birth control when it may actually mean, not that he is opposed to the use but, that he views contraception as the woman’s responsibility. The Church may have been a powerful influence in the past (and may still be for many) but today the Church may be less an authority on morality and may not affect a women’s desire for appropriate and safe family planning methods. The value placed on motherhood (versus education or career achievement) may be more pronounced among lower income Hispanics and may account for the higher fertility—a rate not evident among Mexican American women with higher incomes and in socioeconomic environments. (Urdaneta, 1979) Misperceptions regarding these concepts may negatively affect the provision of optimal preventive educational and health services.

Educational efforts and counseling responses must also be considered in the historical and contemporary context of sex roles and the family (Murillo, 1970, p. 97). An Hispanic male adolescent may have a difficult time with a female teacher when he is unaccustomed to dealing with females in positions of authority. A female student may politely (passively) agree with a counselor’s advice while in fact she is deeply conflicted. Her strong values regarding courtesy may prevent her from confronting or questioning authority. Consequently, the adolescent Chicana’s use of the health care system, and specifically family planning services, may be unsuccessful. Unable to explore and communicate her conflicts with the counselor, she may leave, not use the recommended method or prescription, and, fearful that she has disappointed the counselor, not return.

## **Contraceptive Use Among Hispanic Teenagers**

The question I am most frequently asked by teachers and administrators concerns the use of contraception. Why, when birth control is so readily available, don't they use it? The answer is not simple. Namerow and Jones in their study "Ethnic Variation in Adolescent Use of a Contraceptive Service"(1982), obtained data from 3858 patients in New York City; they compared black, Hispanic, and white teenagers' experiences with a contraceptive service. The number of studies including Hispanics is small, as are the numbers of patients reported on. However, some of their findings regarding Hispanics provide insights which may be helpful to educators and counselors, and which may be of interest to students. The age difference at first visit (the mean age of black patients was the lowest, while that of whites was the highest) may be related to the different ages at which members of each ethnic group initiated intercourse. By age 13, 17% of the black patients had had sexual intercourse, 8% of the Hispanic, and 7% of the white.

The length of time between first intercourse and first visit to the contraception clinic was calculated: 14.2 months for blacks, 14.7 months for Hispanics, and 7.7 months for whites.

Clearly this long interval between initial sexual intercourse and first clinic visit explains some early pregnancies. Hispanic teenage girls were most likely to have already experienced a pregnancy. Hispanic patients who came for the first time were more likely to be coming for a pregnancy test than for contraception. Also, Hispanic patients were less likely to return for subsequent visits within the two year period of this study. Hispanics and whites had almost equal revisit rates. Hispanics tended to be less likely to accept oral contraceptives or intrauterine devices (I.U.D.s) and, of the three groups, most likely to accept condoms or foam. The authors conclude that the Hispanic patients deserve special attention because of the increased chances of an unplanned pregnancy occurring between the time of first intercourse and the time of a first clinic visit. They suggest more directive counseling focused on the socioreligious context in which Hispanic adolescents seek contraception be provided to increase their acceptance of more effective methods than condoms and foam. The studies which I have referred to provide information which tell us a lot about what Hispanic teens are doing, but not alot about why.

## **Machismo, Virginity, and Motherhood**

What is meant by machismo and how does this concept affect the use of birth control and family planning methods for Puerto Ricans and Chicanos? Machismo is part of a "configuration of male dominance ascribed to Hispanic males." (Acosta-Belan, 1979, p.54). The machismo tradition gives great emphasis to a stylized male behavior pattern usually characterized by sexual conquest, heavy drinking, ability to humiliate, and physical encounter in order to prove to others that he is macho, a man. A prominent aspect of machismo discussed in the literature is the masculine need to demonstrate virility by siring many children; this thought may have negative connotations. But, the concept also includes positive elements of courage, honor, respect for others, as well as adequate provision for one's family. (Urdaneta, 1979, p.195) Urdaneta finds contradictions within the definition of machismo and the idea that Hispanic men oppose the use of birth control due to the machismo tradition. One contradiction is that the fathering of as many offspring as possible may conflict with the component of machismo which places value on the man's ability to support his family. Individual Hispanic males may define and value components differently; one may value family honor more than sexual virility, another may value courting and sexual conquests more than providing for one's family.

In addition, data collected from interviews with Mexican-American women suggest that a large proportion of the women's partners were not opposed to the use of birth control; rather the men appear to view contraception as the woman's problem and the woman's choice. (Urdaneta, 1979, p.195)

A discussion of the reasons for, and consequences of, adolescent pregnancies must include consideration of the female role within the Hispanic family and the values and conflicts surrounding virginity and motherhood. Juan Morcano in his essay, "Puerto Rican Women, Culture and Colonialism", discusses machismo which defines "women as everything men are not". Women are defined as mothers, wives, housekeepers, weak and fragile creatures to be protected. The definition of femininity demands that women be gentle, passive, submissive, and pure. The Church continues to be a vehicle for this ideology and Puerto Rican society still distinguishes between 'pure' women (Virgin Mary's) and 'loose' women or prostitutes. This concept places tremendous pressure on the adolescent Hispanic female in the United States as she attempts to define herself and adjust to her emerging sexuality amidst conflicting traditional values and today's mixed messages and mores.

The Hispanic woman lives in a context in which the role of mother has an extremely high social value. (Martinez, 1981, p.335). Motherhood offers a resolution to the potential conflict surrounding the question of the adolescent's morality and virginity.

Moritz, a 13 year old Puerto Rican, ran away with her boyfriend (age 25) because she was being accused by her step-father of being a whore. Certain that he had convinced her mother and aunts that she was no longer a virgin, ashamed and powerless in the face of his abuse, she fled with a man whom she says she did not love. The only acceptable way to return to the community was pregnant or married. Though he abused her frequently (usually when he had been drinking), she was determined to conceive. Pregnant, she was able to return to her family and her neighborhood, escape being labeled a whore, and maintain her honor.

However, Urdanta's research indicates that "indigent Chicanas do not perceive themselves exclusively as wives and mothers." (Urdaneta, 1979, p. 191). Whether by choice or necessity, 20% of the women interviewed indicated they would seek work if their options were not limited by low educational achievement, minimal job skills, lack of child care services, lack of transportation and lack of money to pay for required physical examinations. Unfortunately, while the young adolescent may observe the realities of these obstacles, she may still seek motherhood as a desirable alternative—having a baby in an attempt to define her role in the family and society, give her life a sense of immediate purpose, establish her identity in an acceptable, respectable manner.

Mexican Americans have the highest birthrate of any ethnic group in the United States (Urdaneta, 1979, p. 191). This rate is 50% higher than that of the overall United States population. This exceptionally high fertility has been attributed to cultural factors such as Catholicism and a socialization process that leads Chicanas to regard childbearing and childrearing as their main function in life. Yet, research indicates that this is true only of the Mexican-American women of low income and low educational levels. Urdaneta compared the fertility of two distinct groups of women—the medically indigent and the business and professional Chicanas; her findings suggest that neither the cultural patterns of Mexican American nor the structure of Anglo society alone is sufficient to explain the high fertility rate of lower class Mexican-American women. Cultural explanations advanced in the literature inadequately account for her observations. Among the variables which have been advanced as the explanation for the high birthrate, she discusses Catholicism. 89% of the Chicana population interviewed were Catholic. Yet not one voiced objections to birth control use on religious grounds. Those who were on birth control (usually the Pill or I.U.D.) acted as if it was medicine prescribed by the doctor and had little if any relationship to the Church's stand on contraception. Others believed that the Church is changing and seemed not to be concerned with the Catholic dicta on the use of birth control.

In my experience working with Puerto Rican young mothers, it seems clear that the Church has had an

influence on them. While it is possible that their mothers' like the Chicana women in Urdanet's study, may have changed their views about the Church following the births of several children, they do not communicate this change to their daughters. While these slightly older women may no longer be strongly influenced by the Church's position for themselves, they may use the Church to back up their protection of their daughters. Indeed, I have observed a marked change in the adolescent's point of view following the birth of her first child. While she may have stated religious reasons for not using birth control in the first place, she is anxious to avoid a second pregnancy immediately. She is likely to voice opposition to abortion as a resolution to an unplanned pregnancy (first or second), but she is often more receptive to the use of an effective method of birth control.

The following case study is based on the experiences of several school-age Hispanic mothers with whom I have worked. The profile provides insights into the etiology of pregnancy among Hispanic adolescents and details the outcomes for the young mother. A classroom lesson using the case study is included in the activities section of this unit.

### *Case Study: Anna and Miguel*

Anna was born in Sabanaseca, Puerto Rico. She moved to the mainland with her mother, sisters and brothers when she was in the sixth grade. Until she was sixteen, she was living with her mother (age 38), her brothers, ages 25, 23, 20 and her sisters, ages 24 and 12, and her step-father.

When during her junior year in the high school Anna thought she was pregnant, she confided to a friend. Her friend, a young mother herself, brought Anna to see the counselor at school. Together, they arranged for a pregnancy test at the adolescent clinic at the hospital and Anna registered for routine health care at the same time. Though she was early in her pregnancy and the second marking period had just begun, she asked if she could transfer to the alternate school for pregnant girls right away. A visit to the alternate school was arranged and Anna was encouraged to invite her mother, an aunt or older sister to visit with her. On the morning of the scheduled visit, she arrived with her friend, Miguel, a senior in the vocational trades high school; he would drive her to the school in his own car.

During the interview at the alternate school, the social worker explained to Anna and Miguel that girls who were pregnant had the right to remain in their regular high school throughout the pregnancy if they chose to do so; transfers to the alternate school usually took place at the end of the marking terms. Miguel said he wasn't sure she was going to remain in school and she definitely wasn't going to attend the high school. Anna said very little during the visit; in response to questions by the social worker and the nurse regarding her thoughts and feelings about the pregnancy and her school plans, she smiled and deferred to Miguel or answered with phrases like, "We'll see. I don't know. Everything will be fine." The next morning Anna phoned her school counselor and requested a transfer; she said she was unable to come to the high school and wanted to go directly to the alternate school. Her counselor explained that Anna would have to come in person to return her books and sign out of each of her six classes.

Anna was absent from school everyday during the following week. One by one, her teachers expressed concern for her: "She's such a good student." "It's a shame. She's too young to have a baby." And those who know Miguel expressed their fears: "He's a bad one. What a temper." "He'll never let her finish school." The counselor learned from Anna's friends that she was living at Miguel's house; there was no phone so one of Anna's teachers made a home visit. They discussed her school plans and he encouraged her to think about the career plans she had expressed in class. She would need only two more credits to graduate and she was interested in becoming a medical technician. Reassured that her teachers were not angry at her and that she



needn't be ashamed, Anna came to school the next day and completed the transfer process. Her Spanish teacher loaned her the advanced level text she had been using so that she could continue her language study at the McCabe Center for Young Mothers.

Anna adjusted happily at the Center. She resumed her full academic program including English, math, human physiology, Spanish, U.S. History, and typing and added a home economics and the nursing class. Her attendance was excellent; she was absent occasionally when Miguel was unable to drive her to school or when she had a cold. Her outstanding grades continued and during the spring term she won first prize in the city-wide essay contest. She attended the Young Mothers' Clinic at the hospital on Friday afternoons and kept all her prenatal appointments. Miguel was reluctant to attend the appointments with her but Anna expressed hope that he would come around. If not, she hoped her mother would be with her during her delivery.

During individual counseling sessions at McCabe, Anna revealed that she had been living with Miguel for eight months before she became pregnant. He had been her only boyfriend since the ninth grade; her step-father didn't like him and was always arguing with her mother about Anna going out with him. He would not let her go out at night and would not allow Miguel to visit inside the house. Anna and her mother and older sister had discussed the problem. The step-father was very abusive and argumentative when he had been drinking; they decided that if Anna left, maybe her mother wouldn't have to listen to him anymore. Her mother was sad but they agreed it would be best if Anna ran away. Anna moved in with Miguel, his mother and his younger sister; his other sisters and brothers live in Puerto Rico.

At Christmas time, Anna and Miguel moved in to the apartment over Miguel's mother's. The rent was very cheap and Miguel was working; his mother helped them out when she could. Anna registered for the Women's, Infants, and Children's Nutrition program (WIC) at the hospital which provided vouchers for supplemental foods. She also received Title 19 to cover her medical costs. Anna later reflected on how happy she was during this time. Her grandmother had come from Puerto Rico and stayed with her for a month. They had so much to talk about together. And, Anna began to visit her mother every afternoon towards the end of her pregnancy; even her step father was nice to her. Her sisters and brothers were excited about the baby. She and Miguel and his mother all got along; they laughed and had fun together and Miguel would do anything Anna wanted. They'd go out for pizza and the time she wanted to go to the carnival, at first he say no but she convinced him to take her and he won her five dolls and stuffed animals. "Everything was working out. I was so happy and I couldn't wait for the baby to be born".

Anna's daughter was born early June. She was alone during the delivery but Miguel and her mother came to visit each day in the hospital. They named the baby Marlina Rosa—Rosa after Anna's grandmother.

Anna registered for her senior year; though she only needed two credits, seniors were required to carry five subjects and to pass four in order to graduate. Miguel's mother agreed to babysit for Rosa; Anna began to wean the baby so that she could be in school each day from 8 until 2. Miguel had graduated and was now working full time.

Anna resumed school in the fall but during September Miguel's mother went to Puerto Rico to be with her daughter who was expecting a baby. They were not sure when she was coming back. Anna began to miss school. Frequently tardy, Anna was warned that she would be suspended if she reached the eleven day tardy limit. Getting to school on time in the morning was difficult because Miguel was working the night shift and arrived home just when she had to leave for school. Sometimes the baby was fussy in the morning and he didn't like Anna to leave if the baby was awake. Anna tried to schedule the baby's pediatric appointments in the afternoon but some days she had to be seen in the morning by the allergy doctor. She missed school on

these days. Anna thought about night school but Miguel was playing on a soft ball team with employees from the plant where he worked and he wanted his dinner when he came home and before he left for work at night. By December' Anna exceeded the twenty day unexcused absence limit. She was administratively withdrawn from school.

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### Lesson One

**Objective** To provide students with terms and concepts they may encounter in reading about and discussing teenage pregnancy among Hispanic minorities in the United States.

**Procedure** *Divide students into groups of four or five. Assign a recorder for each group. Give each group four or terms written on individual large index cards. Allow 15 minutes for the students to brainstorm in their groups; the recorder will take notes on the index card. Circulate among groups to facilitate discussions.*

Review the terms on the board. Have the recorder from each group read the suggested definitions.



Prepare a worksheet for each student to record notes and definitions during the board discussion.

**TERMS:**

1. assimilation
2. acculturation
3. Chicana
4. culture
5. double standard
6. ethnic
7. ethnicity
8. emigration
9. ethnic identity
10. fertility
11. gender identity
12. immigration
13. machismo
13. macho
14. mores
15. sex roles
16. stereotyping
17. values

**Objective** To provide opportunity for students to consider the etiology of a Hispanic teenager's pregnancy and increase students, knowledge of the dilemmas which confront adolescent parents.

**Procedure**

Day One—Discussion of family, peer, and societal expectations for males and female

1. What is meant by the phrase, "gender identity"?
2. Where do individuals get messages about what it means to be a boy or a girl? man or woman? (family, relatives, television, magazines, teachers, the Church, friends, films, books)
3. What are some of the generally universal messages girls receive? boys receive?
4. List the suggested responses under columns on the board.
5. Ask students to look at the list for females and identify possible conflicts (ie. between being a mother and a student or career woman; between being passive and obedient and being a high achiever or assertive). Do the same for the males.
6. What is meant by the phrase, "double standard"? Does it still exist?

Day one—alternate—Discussion of Readons for Teenage Pregnancy

1. Consider the following ideas as possible reasons for a young teenager's pregnancy:

Desire to create something, someone to love  
Rebellion  
No birth control  
To prove she's a woman  
To prove he's a man  
Birth control failure  
Peer pressure  
Guilt or shame for being sexually active  
To avoid other pressures (alcohol, drugs, delinquency)  
To get attention from family  
To get attention from a boy  
Fear of success  
Fear of failure

2. Select a number of these suggestions and write them on index cards. Divide students into small groups to have them brainstorm regarding possible reasons. To facilitate discussions, encourage students to be nonjudgmental, to use “I” statements when speaking, and disallow any references to individual students in the class or school community.
3. Summarize discussion by listing possible reasons on the board and encourage students to consider that several factors contribute to the reality of an adolescent’s pregnancy.

### *Lesson Three*

#### Day One—Pregnancy and Birth

Prepare for viewing the film, *MATERNIDAD*, by reviewing conception, the stages of pregnancy, labor and delivery. (Burt Saxon’s book, *Human Sexuality*, is available in all the high schools and most middle schools; it contains a chapter on pregnancy and childbirth). Also, the Time-Life film strips, *Life Before Birth*, is available in the Institute office.)

Day Two—The film, *MATERNIDAD*, is available from Planned Parenthood, 129 Whitney Avenue, New Haven, 865-5158.

#### **Questions for discussion:**

1. Describe fetal development in the first trimester, the second trimester, the third trimester.
2. How can a father participate in prenatal care?
3. What are the four basic food groups? Plan three nutritious meals for a pregnant woman.
4. Why is it important for the couple to attend the doctor routinely?
5. What does the father in the film learn in the preparation for childbirth classes?
6. How does the father participate during the labor and delivery?
7. Ask each student to think of one word to describe the actual birth. List their words on the board.
8. Invite students to compile a list of qualities or attributes to describe the ideal mother-to-be and father-to-be. The profiles could be composed as a group activity on the board or written as individual assignments.

### *Lesson Two*

Day two— *Anna and Miguel Case Study*

*Have the students read the case study included in the narrative of this unit silently and then aloud.*

**Suggested questions to guide discussion:**

1. How do you think Anna felt when she found out that she was pregnant?
2. How do you think Miguel felt?
3. What are some reasons for their pregnancy? Was it planned or unplanned?
4. Why did Anna move to Miguel's house? Did Anna's mother's response surprise you? Why or why not?
5. What events or factors in Anna's home may have contributed to her becoming pregnant?
6. Do you think the Church or the family's religion had anything to do with Anna getting pregnant?
7. Anna enjoyed having her grandmother visit and stay with her. Why did this make her happy?
8. Can you imagine what might be different about Anna's life compared to her grandmother's?
9. How does Anna's life change after the baby is born?
10. Do you think Miguel had realistic expectations about becoming a father? Why or why not?
11. Why does Anna drop out of school?
12. What do you think Anna's life will be like a year from now? five years from now?
13. In what way does the concept of machismo influence Anna's life?
14. Would Anna's life be easier or more difficult in Puerto Rico? Now? In the future?
15. Is there any evidence of the double standard in this study?
16. In what ways do you think Miguel is fulfilling his responsibility as a father and husband? In what ways is he not fulfilling his responsibilities? What are the conflicts he faces?
17. What would you do if you were Anna? Miguel?

## **THE ENGAGEMENT RING**

**Objective To provide opportunity for students to discuss their views about marriage, children, expectations about parenthood, and communication in a relationship.**

**Procedure** The 16 mm film, THE ENGAGEMENT RING, was made in New York in a Puerto Rican neighborhood during the sixties. Students will note quickly that the clothing styles are dated and the couple may not seem representative of the adults they observe. However, these observations can be useful in discussing similarities and differences for young couples today.

Day One:—The film is 25 minutes long. After students watch the film, review the main characters. List the characters and a brief description of each on the board.(ages, relationships)

Day two:—Suggested questions to guide discussion:

1. How does Pedro describe his expectations about his marriage to Isabel? In what ways are his views traditional?
2. What do you think Isabel is thinking about as he talks?
3. What is going through Isabel's mind when they go looking for an apartment?
4. What is Isabel thinking as she looks at Carmen's wedding picture? How did you feel about Carmen's children—why was the little boy unhappy? What was her little girl doing?
5. Isabel tries to tell Pedro that she is scared. What is she scared about? What does she mean when she say, "We must make it good"?
6. When Isabel goes to her friend, Estrelitta, how do you think she feels about her friend's life?
7. What advice does Estrelitta give Isabel?
8. Why does Isabel's Aunt Rosa disapprove of Isabel going to the family planning clinic? Do some people hold these views today?
9. What are some of the very traditional responses we hear from Pedro? (ie. Who taught you these crazy things? No wife of mine is going to work. My mother never worked. I don't need help.)
10. Pedro and Antonio talk. What does Antonio mean when he says, "A man can drive nails all day but that doesn't make him a carpenter"?
11. Pedro implies that he is worried that his wife may cheat on him if she uses birth control. How does Antonio respond to this?
12. Both Pedro and Isabel ask why Mrs. Agualdo didn't go for family planning. What are some possible answers?
13. How does Antonio compare the chances for Mrs. Agualdo's children and his own? Do you agree or disagree?
14. What do you think Isabel and Pedro will do?

## Reading List for Teachers

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Acosta-Belen, Edna, Ed. *The Puerto Rican Woman* . New York: Praeger Publishers. 1979.

Essays provide insights into contemporary issues confronting women at work and in the family in today's Puerto Rico.

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

The report contains excellent, current information regarding the educational, health, and social status of pregnant teens and school-age parents in the United States. Unfortunately statistics and data are not delineated for Hispanics.

Latin American and Caribbean Women's Collective. *Slaves of Slaves . The Challenge of Latin American Women* . 1977.

Juan Morcano's chapter, "Puerto Rico: Women, Culture and Colonialism", contains revealing information on the fertility patterns among Puerto Rican women and the United States' birth control research and practices concerning Puerto Rican women.

*Mexican Women in the United States , Struggles Past and Present* . Adelaida R. Del Castillo essay, "Sterilization: An Overview", contains statistics and facts on sterilization practices among Mexican women and provides another perspective for understanding contemporary fertility of Mexican Americans.

Ooms, Theodora, Ed. *Teenage Pregnancy in a Family Context, Implications For Policy* . Philadelphia. Temple University Press. 1981.

"The Impact of Adolescent Pregnancy on Hispanic Adolescents and Their Families" by Angel Luis Martinez includes an historical perspective on Hispanic youth culture, current demographic information, and profiles of young mothers within Hispanic families.

Sowell, Thomas. *Ethnic America* . New York: Basic Books, Inc., Publishers. 1981.

*Ethnic America* contains a section, American From Latin America: Chapter 9, The Puerto Ricans, and Chapter 10, The Mexicans. Each includes an historical view of the emigration patterns, current economic, social, and political conditions. The comparisons with other immigrants (Italian, Jewish, Irish, Chinese, Japanese) are interesting.

Wagner, Nathaniel and M.J. Haug, eds. *Chicanos . Social and Psychological Perspectives* . St. Louis: The C. V. Mosby Company. 1971.

The chapter on the Mexican American family conflicting values and social roles in Chicana families.

West, Stanley and J. Macklin, eds. *The Chicano Experience* . Boulder: Westview Press, Inc. 1979.

Chapter 8, "Flesh Pots, Faith, or Finances? Fertility Rate Among Mexican Americans", by Maria-Luisa Urdaneta contains an excellent discussion of the use of family planning health services and employs a case study approach.



## Materials for the Classroom

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*Nuestros Cuerpos , Nuestra Vida , Un Libro Por Y Para Las Mujeres* . Publicada por The Boston Women's Health Book Collective. 1979.

Available in Spanish and English, this is an excellent resource book for the high school classroom. It includes chapters on anatomy and physiology, female health care, family planning, sexual relationships and health services.

*Latino Families in the United States . A Resourcebook for Family Life Education*. Eds. Sally Andrade. Planned Parenthood Federation of America, Inc. 1983.

This bilingual edition contains an overview of Latinos (past and future demographic and sociocultural factors in the United States), a discussion of Latino family issues, guidelines for a family life education program and a good bibliography on Latino families.

*Pamphlets* available: Planned Parenthood, THE RESOURCE CENTER, 270 Bradley Street, New Haven, CT 06510:

Alerta (Sobre) Herpe

Bibliography-Libros en Sexualidad Humana

Fundamentos de la planifiacion de las familia

Para la buena salud de ella

Ser o no ser una Madre un Padre

TEensex Esta bien decir "de ningun modo"

Relaciones sexuales

ENGAGEMENT RING Color, 16mm, 25 minutes—Spanish with English subtitles

The romantic dreams of a young engaged couple come up against some harsh realities of modern urban life. Family planning message is developed in conversations between the couple and in conversation between the men. Set in New York.

MATERNIDAD

Color, 16mm, 18 minutes

This film, in Spanish, stresses the important things a young woman and man should know about health during pregnancy. The importance of care by a physician during the pregnancy is emphasized as well as proper nutrition, rest and exercise.

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