Despite recent and dramatic declines in the rate of childbearing among Latino adolescents, that rate is still the highest among the major racial and ethnic groups in the United States. This fact underscores the need for effective interventions designed specifically to reduce teen pregnancy in this population. Child Trends examined the determinants of early childbearing among Latinos from multiple perspectives to develop a research-based pregnancy prevention approach for Latino adolescents. Specifically, we drew from research studies, program evaluations, and practitioner insights to identify, develop, or adapt promising program models for a Latino population.

RECOMMENDATIONS

This brief highlights ways that adolescents’ individual attitudes and behaviors, as well as family and peers, can help or hinder their desires to avoid teen pregnancy. Further, the brief addresses the need for programs and policy makers to recognize these influences and respond accordingly. Based on the findings outlined in this brief, Child Trends developed eight key recommendations for consideration in future intervention efforts. Below we discuss the findings that led to these recommendations:

- **For the large percentage of Latino adolescents who do not intend to get pregnant, programs should help adolescents better align their behaviors with their childbearing intentions.**
  Most Latino adolescents do not intend to get pregnant in the first place and have high educational goals for themselves. In light of this, programs in both educational and clinical settings need to support adolescents in better aligning their sexual and contraceptive behaviors with their intentions to delay parenthood and pursue an education.

- **Altering the views of the small percentage of Latino adolescents who want to get pregnant or get a partner pregnant during the teen years, or who at least feel ambivalent about pregnancy, will require a different approach.** Programs should seek to identify and address the benefits that these adolescents perceive to be associated with a pregnancy—such as connecting with their families, their peer groups, or their intimate partners. This understanding can help programs do a better job at reaching out to these adolescents.
With this goal in mind, programs may want to give a high priority to helping teens build strong, respectful relationships, as well as to helping teens align their personal goals with their sexual and contraceptive decisions.

- **Communicate and engage with parents.** Parent-adolescent communication strategies should help Latino parents and adolescents become more comfortable speaking with each other about relationships, sex, contraception, and pregnancy prevention. Communication strategies that have been found to be effective for parents could also be incorporated into how messages are conveyed in the intervention itself.

- **School-based approaches offer many advantages for pregnancy prevention efforts**, including easy access to recruit and retain teens, promising outcomes across a range of measures, and the ability to coordinate with efforts to improve school performance.

- **Consider peer approaches to adolescent pregnancy prevention (such as through a school-based intervention or peer mentoring).** When implementing school-based and peer-to-peer approaches, providers should keep in mind that both positive and negative peer characteristics exert considerable influence on adolescent intentions and behaviors. In addition, it should be recognized that adolescent perceptions of their peers’ sexual behaviors can be influential, regardless of their peers’ actual behaviors.

- **Partners are often overlooked or forgotten altogether in existing pregnancy prevention curricula for Latino teens.** Pregnancy prevention programs should include a focus on relationships, such as improving communication between partners. For example, programs can provide opportunities for males and females, both separately and as couples, to engage in role playing about how to make decisions about sex within the context of unequal power dynamics.

- **Consider multi-pronged approaches in both educational and clinical settings that target, not only Latino adolescents, but also their parents and partners.**

- **Pregnancy prevention programs should address cultural values and beliefs.** When integrating Latino cultural values and beliefs into programming, cultural appropriateness goes beyond Spanish-language translation. Providers should consider levels of acculturation of both the adolescent and the adolescent’s family and should attempt to break myths around potential gender stereotypes and attitudes such as machismo and marianismo, which reflect traditional gender roles for Latino men and women which often dictate societal norms and behavioral expectations.

### ADOLESCENT CHILDBEARING AMONG U.S. LATINOS

Hispanic\(^1\) females, among major population groups, have had the highest teen birth rate in the United States since the late 1990s; and the vast majority of Latino adolescent births are either unwanted or mistimed.\(^7\) Despite recent declines in adolescent childbearing among all groups, projections indicate that 28 percent of Hispanic females will have a baby by age 20, compared with 11 percent of white females and 24 percent of black females.\(^6\) Between 2007 and 2011, the adolescent birth rate among Hispanics dropped by 34 percent, the largest decline among all racial/ethnic groups.\(^5\) This decline has been due in large part to fewer Hispanic teen females getting pregnant—rather than more Hispanic teen females having abortions (in fact, the abortion rate for Hispanics also has been declining). Yet despite this notable progress, according to preliminary birth data from the Centers for Disease Control (CDC), in 2011, Hispanics continued to have the highest teen birth rate at 49.4 births for every 1,000 adolescents, compared with 47.4 for non-Hispanic black adolescents and 21.8 for non-Hispanic white adolescents.\(^8\)

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\(^1\) For this brief, “Hispanic” is used when referencing national datasets that use the term Hispanic to identify their populations; otherwise we will use the term Latino. The two terms represent the same population.
THE CONTEXT OF LATINO ADOLESCENT CHILDBEARING

The factors that influence Latino adolescent reproductive health fall under four broad categories:

- Individual attitudes and behaviors
- Family and parents
- Peers and other school-related factors
- Romantic partners

Other contexts, such as socioeconomic and cultural influences, also seem to shape Latino reproductive health intentions and behaviors,⁵⁻⁷ although their roles seem less clear.

THE ROLE OF INDIVIDUAL ATTITUDES AND BEHAVIORS

Lessons from research studies

Changing attitudes and beliefs about sexual behavior and pregnancy intentions can affect risk behaviors, including engaging in sexual activity and not using contraception.

Adolescents’ intentions to have—or not have—a baby are important in that expressing an ambivalent or positive view about being a teen mother is a risk factor for adolescent pregnancy for Latinos.⁸ The vast majority of Latina adolescents say they do not want to get pregnant.⁸⁻¹⁰ Nevertheless, Latinos are more likely than are other youth to express interest in having an early birth or to be more ambivalent about having one.¹¹ Adding to these seeming paradoxes, a longitudinal study found that most pregnancies among Latina teens occurred among teens who reported they “definitely did not want to get pregnant.”¹⁰

Higher academic performance and engagement are linked with delayed sexual activity. Among all adolescents, better school performance is directly associated with delayed sexual onset,¹² while school attachment and involvement are associated with less sexual risk-taking and lower pregnancy rates.¹³,¹⁴ One nationally representative study found adolescents who dropped out of high school were more likely to get pregnant than those who did not drop out.¹⁵ Achieving good grades is associated with fewer risk factors related to adolescent childbearing for Latinos such as delayed sex, less sexual risk taking and lower rates of pregnancy.¹⁶⁻¹⁸

Lessons from adolescent pregnancy prevention program evaluations

Few evaluations of pregnancy prevention programs serving Latinos examine behavioral outcomes. Surprisingly, none of the evaluations that we identified used births as an outcome measure. Only one program examined pregnancy, and just a handful examined contraceptive use. Most assessed attitudes and beliefs; almost all of these programs showed success in improving Latino adolescents' knowledge, attitudes, or beliefs.¹⁶⁻¹⁸ In contrast, programs that sought to improve pregnancy intentions showed success only about half of the time.¹⁶⁻¹⁸
Lessons from on-site program provider interviews

Interviews with program providers revealed some promising program strategies to improve Latino adolescents’ attitudes and beliefs in an adolescent pregnancy prevention program.

Including cultural concepts and discussing the pros and cons of these concepts can help to make program materials meaningful for adolescents and can improve knowledge, attitudes, intentions, and the capacity to accomplish what one sets out to do. For example, programs can discuss the concept of machismo in a way that fosters a sense of taking care of family, which is positive, while recognizing that this concept also can limit communication between young men and women, which has negative consequences for the correct and consistent use of contraception. However, it is important to keep in mind that cultural norms are somewhat fluid and can vary among Latinos from different countries of origin or economic backgrounds.

Beyond cultural concepts, programs for Latino adolescents may also need to incorporate other components that have particular relevance for this population. For example, sessions to help youth set academic goals, navigate romantic relationships, and learn how to negotiate contraceptive use may be particularly important for programs working with Latino adolescents.

THE ROLE OF FAMILY AND PARENTS

Lessons from research studies

Specific factors linked to teen childbearing among Latinos include the frequency of parent-child communication, the content of parent-child communication, parental approval—or disapproval—of adolescent sexual activity, parental supervision, and parent-adolescent relationship quality.

Frequency of parent-child communication seems to lessen the chances that an adolescent will have or father a baby, although factors such as acculturation may reduce the positive effects of frequent communication. Several studies found that more frequent parent-child communication was associated with a decreased risk of sexual initiation,¹⁹ a lower frequency of sexual intercourse and fewer sexual partners,²⁰ and more consistent contraceptive or condom use.²¹⁻²² However, some studies found mixed effects or no effects on this measure.²³ '²⁴'¹⁹⁻²⁵

The content of parent-child communication also matters. Evidence suggests that Latino parents may be more reluctant to talk about sex and reproductive health with their children than are other parents.²⁶'²⁷ Additionally, when Latino families do discuss sexual activity, most of the discussion with adolescents focuses on avoiding sex.²⁶ However, direct conversations between Latino parents and teens about sex and birth control that include teens’ talking about their own experiences can help improve teens’ knowledge about condoms and accurate sexual terminology.²⁸⁻³⁰

Some studies find a link between parents’ attitudes and expectations about sex, childbearing, and use of contraception and Latino adolescents’ behavior. Latino teens who think their parents have permissive attitudes about their sexual activity may be more likely to engage in risky sexual behaviors than other teens. Indeed, parents’ disapproval of teen sex has been associated with reduced rates of teen pregnancy²² and with fewer sexual partners²⁰ although research finds mixed results for these outcomes.²²⁻³¹

Practitioner Insight #1: Parental engagement can promote successful implementation of an adolescent pregnancy prevention program.

"Parents will determine if the students are involved [in the program]. Making sure they [parents] have enough information and knowledge about the program... they take ownership [of their adolescent’s attendance]."

"Once you talk to the parents and let them know what [the program] is about and . . . how it will benefit them, it’s [recruitment] not much of a challenge."
Parental supervision can lower risks that may result in an adolescent pregnancy. Several studies have found that parental supervision is associated with less intention to have sex,³² a reduced number of sexual partners,²⁰'³² and delayed sexual initiation among Latino youth.²⁴'³² In one study, Latino teens with less parental monitoring were more likely to ever have had sex, report not using contraception at least once or the last time they had sex, and report they would keep the baby if they found out today they were pregnant.³⁴

Relatively few studies have examined the quality of Latino adolescent relationships with their parents, but those that have find that relationship quality may ward against teen pregnancy. Stronger parent-adolescent relationships among Latinos are associated with delayed timing of first sex,³³ but not with condom use.³⁵ Further, interviews with adolescents and their parents found that more conflict in a family is associated with engaging in a greater number of risky sexual behaviors.³⁶

Lessons from adolescent pregnancy prevention program evaluations
Few pregnancy prevention programs serving Latino teens that have been evaluated contain a parent component.⁹ This relative dearth is surprising given the importance of family, or familismo, in Latino culture. More research is needed to determine whether and how these programs work for preventing pregnancy.

A small number of programs contain a parent component. These programs were successful at improving parent-child communication,¹⁰ knowledge about sexual health,¹¹ and condom use,¹² but not at improving teens’ self-efficacy or intentions to avoid childbearing. Of the programs that contained a parent component and measured sexual activity outcomes, about half were successful at reducing adolescent sexual activity.¹³'¹⁴ The one program with a parent component that measured pregnancy did not appear to make any difference in reducing participants’ risk of having a baby.

Lessons from on-site program provider interviews
Despite the relatively small number of adolescent pregnancy prevention programs that have included a parent component, most program providers interviewed for this project acknowledged that engaging parents is crucial to program success. Providers also acknowledged the need to make their programs especially relevant to Latino adolescents and their parents. At the most basic level, this could include the use of Spanish-language materials to engage parents.

The program providers identified additional strategies for engaging parents and families in the recruitment, retention, and implementation of these programs.

Face-to-face interaction with parents and building rapport with them can promote and bolster parental engagement. Because minors need to obtain active parental consent to participate in most pregnancy prevention programs, providers stressed the importance of getting Latino parents to buy into the program. To obtain parental buy-in, program staff highlighted the need to build rapport and trust with Latino parents, and they noted that the best way to do so is through face-to-face interaction. Prior research has demonstrated that Latino immigrant families, in particular, are more likely to participate if they have met the recruiter in person or talked with the recruiter on the phone, or if they learn about the program from a friend they trust.³⁷ Contact with parents also helps program providers enlist parents

Practitioner Insight #2: Comunication between parents and children about pregnancy-related topics is a challenge in many Latino families.
"There are a lot of families that don’t talk about it, and even in the house they don’t have conversations about this topic so when we have them learn about the reproductive system and the opposite sex they’re kind of like should I be seeing this? They start questioning because it’s not something they are used to."
to motivate adolescents to attend the program and to identify barriers to attendance. Once rapport is established, recruiters can provide parents information about the program and how it can help their adolescent.

**Parental engagement with programs does not necessarily mean parental participation in program activities.** Parents don’t have to attend activities of a program in person to show their commitment to what a program is trying to do; family buy-in can come in many forms. Some programs engage families by sending activities home that parents and teens can do together. Incorporating technology such as videos and podcasts may be another particularly helpful strategy for engaging parents with low-literacy skills, but finding Spanish language materials can be a challenge.

**Effectively integrating Latino parents into these programs presents special challenges.** From their experience working with Latino families, program providers agreed that most Latino parents do not communicate with their adolescent children about sex and contraception. They also noted that Latino adolescents and parents lack basic information about reproductive health topics. For these reasons, they thought that a promising strategy for working with Latino adolescents and families was to provide learning units that encourage parent-adolescent communication about these topics and that incorporate information about the anatomy and physiology of the reproductive health system.

**Successful parental engagement needs to address cultural and family values related to sexual activity.** In addition to engaging parents, program providers stressed the importance of incorporating discussions in group sessions for teens about how families influence adolescents’ attitudes, beliefs, and behaviors about romantic relationships, sex, and contraception. For example, providers cited the Latino cultural concept of familismo, which emphasizes the importance of family, familial solidarity, and adherence to traditional gender roles within the family structure. Providers thought that discussing this concept with adolescents would increase their awareness of why their family might be so influential in their life. Two providers implementing this strategy argued that discussing these topics allowed adolescents to become aware of their own beliefs and values and how they align with those of their parents’ and of the mainstream culture. From the providers’ perspective, these discussions made issues relevant and meaningful to the adolescents and were engaging.

**Practitioner Insight #3: Strengths of Latino culture should be leveraged in teen pregnancy prevention programs.**

"...focus on machismo as well as talking to the guys about being proud of their heritage. And they do discuss some of the hardships of living in America and the conflict between American values and how it differs from their roots."

**THE ROLE OF PEERS AND SCHOOLS**

**Lessons from research studies**

Peer relationships can be an important aspect of adolescents’ educational experience because many peer groups are formed among students from the same school or classes. Increasingly, research finds that the characteristics and behaviors of friends can affect teens’ sexual health behaviors and attitudes, often positively, and Latino teens are no exception. School-related factors also play a role in shaping teens’ behaviors and attitudes. These factors include academic performance and engagement, as well as educational aspirations.

Some peer characteristics, including high levels of delinquency and poor academic performance, have been linked to sexual risk behaviors. Teens who think their peers are involved in fewer risky behaviors tend to have sex less often and teens who think their peers are involved in more risky behaviors are
more likely to intend to have sex and have sex at an earlier age.⁴¹,⁴² Notably, for Latina teens only, one study found having friends who achieved good grades decreased the likelihood of sexual initiation at an early age.¹⁹

**Teens who think their peers are resolute about safe sex are more likely to engage in safe sexual behaviors themselves.** Research indicates that teens who believed their friends encourage safe sex practices were more likely to use condoms consistently, want to avoid a pregnancy, and have fewer sexual partners.⁴³ In a similar vein, research indicates that teens who thought that their friends have had sex and do not use condoms or dislike using them are themselves at an increased risk of having had sex and not using condoms.¹⁹ Research drawn from focus groups finds that Latino teens reported more intentions to have sex if they believed it would make them popular,⁴⁴ while another study found that resistance to peer pressure was associated with delay of sexual initiation.⁴⁵

**Lessons from adolescent pregnancy prevention program evaluations**
Most of the evaluated teen pregnancy prevention programs serving Latinos were offered in schools. Holding these programs in schools yielded mixed results across outcomes related to teen childbearing. A smaller group of programs used a peer-to-peer model, which yielded more positive results across almost all outcomes, including one program that reduced teen pregnancy, which is typically a difficult outcome for which to show results.¹⁵

School-based programs have mixed results across outcomes related to teen childbearing. Most school-based programs improved teens’ communication with friends or partners⁴⁶ and nearly all of the school-based programs that measured knowledge outcomes worked,¹⁷ but only half of school-based programs improved attitudes or self-efficacy. Most school-based programs delayed sexual initiation¹⁹ or reduced frequency of sex for at least one gender,¹⁹ but they did not work to improve condom use.⁴¹

“**Peer-to-peer delivery,” or using teens as program facilitators, is a less common but promising way to offer programs.** All of the programs that involved adolescents in their planning and operation showed improvement on at least one measure of communication—knowledge—²² but failed to show improvements in self-efficacy or delaying sexual intercourse. These programs showed mixed results when it came to reducing sexual activity among teens who were already sexually active,²⁴,²⁵ and did not seem to improve adolescents’ condom²⁵ or contraceptive use.²⁷

**THE ROLE OF ROMANTIC PARTNERS**

**Lessons from research studies**
Most research examining the role of romantic partners relies on reports from the female. These studies examine the influence of male partners’ attitudes (as reported by females) about contraception, pregnancy, and parenthood and the characteristics of adolescents’ romantic relationship on adolescent sexual behavior.

**Partner characteristics are associated with outcomes related to teen childbearing for Latinos, particularly whether they use condoms.** Adolescents who thought their partners regarded condoms favorably were more likely to report using condoms, compared with those whose partners did not.⁷⁵,⁷⁶ Men’s older
age (relative to the female), a shorter relationship duration, and having a romantic (versus nonromantic) relationship were also associated with less likelihood of using condoms.⁴⁷,⁴⁶

**Who holds the power in relationships affects who makes decisions about sex.** Latina adolescents who acknowledged that their partners played a dominant role in decisions about sex were more likely to have sex at a younger age. Conversely, Latina adolescents who reported being motivated by their own personal goals and beliefs were more likely to have their first sexual experience at an older age.⁴⁴ Moreover, research finds that Latina adolescents who communicate with their partners about contraceptive use are more likely to use contraception than are those who do not.⁴⁶,⁴⁵

**Pregnancy intentions are a significant predictor of a teen pregnancy for Latinos.** In one study, females who perceived their partner definitely wanted a pregnancy had higher odds of becoming pregnant than did those who perceived their partner definitely did not want a pregnancy; there were no pregnancies to couples in which the girl wanted to become pregnant but her partner did not.⁹ In another study using the same data, adolescents who expressed any degree of wanting to get pregnant (in the next six months) had more than twice the odds of getting pregnant than did teenagers who definitely did not want pregnancy.¹⁰

**Lessons from adolescent pregnancy prevention programs**
Our review of the research literature suggests that romantic partners play an important role in the context of Latino teen childbearing. Many of the evaluated programs measured outcomes related to partners, such as number of partners, and partner-teen communication, but none of the programs in our review sponsored any activities or discussions for partners. This highlights an important gap in existing pregnancy prevention curricula for Latino teens.

**Lessons from on-site provider interviews**
About half of the providers thought that pregnancy prevention programs geared for Latino adolescents need to cover topics such as love, intimacy, and romantic relationships. These providers said that Latino adolescents sometimes hold negative ideas about romantic relationships and may not be accustomed to discussing contraception with others. One program provider thought that it was crucial for programs to hold discussions about the elements of healthy relationships. Another program provider thought that Latino adolescents, in particular, need to learn how to talk to partners about contraception because they seldom talk about these topics with their partners. Yet another program provider emphasized the value of giving Latina adolescents the opportunity to role play interactions and refusal communication skills with older men because of her observation that it is common for Latinas to have older partners.

**SUMMARY**
Despite high rates of childbearing among Latina adolescents, knowledge about effective pregnancy prevention programs for this group is surprisingly limited; and that is especially the case for Latinas who were born outside of the United States.

Even with the existence of many potential pregnancy prevention approaches, relatively few rigorously evaluated programs for Latinos have been identified. The findings of the brief indicate that, in addition to having all the same requirements for almost any adolescent pregnancy prevention program, programs geared for Latinos need to also be sensitive to individual attitudes, beliefs, intentions, and self-efficacy, as well as being sensitive to the Latino culture and to issues relevant for this group. Beyond the role of individual attitudes and behaviors, focusing on families and peers highlights the important role that relationships of all types play in shaping Latino adolescent decision-making and behaviors. Essentially,
programs should help adolescents build positive, supportive, and respectful relationships, while strategically integrating parents, peers, and partners themselves into intervention approaches to reduce adolescent teen pregnancy among Latinos. At the same time, focusing on school-level factors calls attention to the interrelated processes of early childbearing, educational achievement, and early and subsequent economic disadvantage.

CONCLUSION

Latinos represent a diverse group with a high level of sexual and reproductive risk taking. They often hold attitudes and beliefs about sexual intercourse, gender roles, and family that require unique and tailored programs to prevent adolescent pregnancy. Yet, to date, the body of research literature focusing specifically on the motivating forces behind Latino adolescent childbearing is sparse, and the number of evaluations of adolescent pregnancy prevention program serving Latinos is limited. This is especially true when it comes to evaluations of program impacts on males and evaluations that measure effects on contraceptive use and pregnancy. That said, most adolescent pregnancy prevention programs serving Latinos that have been evaluated have been found to have a positive effect on at least one outcome related to adolescent pregnancy, however attitudes and knowledge are the outcomes most often studied, not behavior.

We conclude by noting that Latino adolescents respond to many of the same program features that other adolescents do, such as well-trained, caring adult facilitators and interactive activities that engage their interest. At the same time, however, programs need to acknowledge cultural differences without stereotyping the adolescents they serve. More research holds the promise for shedding additional light on these issues.

Methods

Research Literature Review. Child Trends used PUBMED, Scopus, PsycINFO, Web of Science and Google Scholar to identify articles that met our criteria. All articles were U.S.-based and used data from 1995 or later. Search terms included: “teen,” “adolescent,” “Latino,” and “Hispanic,” and at least one of three outcomes (early childbearing, early births, early pregnancy) or at least one closely related causes (contraceptive use, condoms, birth control pill, hormonal birth control, long-acting reversible contraception [LARC], contraceptive consistency, age at first sex, sexual initiation, sexual activity and sexual debut). We limited the final set of articles to those for which the effects of each factor could be determined specifically for Latino adolescents. In total, we selected 56 Latino-focused articles for the literature review.

Program Review. We reviewed 115 programs with sexual and reproductive health outcomes in Child Trends’ Lifecourse Interventions to Nurture Kids Successfully (LINKS) database, 31 adolescent pregnancy prevention programs identified by the U.S. Department of Health and Human Services’ Office of Adolescent Health, and 46 adolescent pregnancy prevention programs identified by the National Campaign to Prevent Teen and Unplanned Pregnancy. All programs were based in the United States. Studies of programs included in this review used either randomized-control trial or quasi-experimental designs, occurred in the United States, and evaluated samples of Latino adolescents. In particular, these evaluated populations were at least 50 percent Latino, or the evaluation included a subpopulation analysis with a sample of at least 75 Latinos. We omitted programs for pregnant and parenting adolescents.

Program Implementation Review. Child Trends conducted a review of the existing research literature focused on program implementation and drew on interviews with program developers and practitioners who work with Latinos to identify strategies that contribute to successful program implementation.
We reviewed impact and implementation evaluation studies associated with programs and selected only those programs that had been evaluated over the past decade and had a focus on adolescent pregnancy prevention (23 program evaluation studies: 16 random assignment and seven quasi-experimental). We also conducted interviews with nine program evaluators and developers and 14 staff members involved in implementing pregnancy prevention programs with Latino teens. Each person in both the evaluator/developer and the provider groups received a $100 check as an incentive for their participation.

Interviews covered the following topics:

- Providers’ backgrounds and agency/organization information (for the program providers only)
- Program approach and model
- Program provider characteristics
- Recruitment and retention.
- Barriers and facilitators to implementing the program
- Perceived program effectiveness

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Editor: Harriet J. Scarupa

We gratefully acknowledge The JPB Foundation, whose grant funded this study. The study was led by Kristin Anderson Moore, Jennifer Manlove, Karen Walker, and Lina Guzman at Child Trends.

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Preventing Teen Pregnancy among Latinos: 
RECOMMENDATIONS FROM RESEARCH, EVALUATION, AND PRACTITIONER EXPERIENCE

REFERENCES


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