

Hispanic Youth in Pregnancy Prevention Programs Research: An Analysis of the Research Literature

Prepared by Luis H. Zayas, Ph.D.

In a recent Funding Opportunity Announcement, the Office of Adolescent Health (OAS) of the U.S. Department of Health and Human Services called for applications for the “purpose of replicating evidence-based programs that have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors” (p. 3). The FOA reflects our nation’s focus, more than ever, on using evidence-based, data-driven means to address public health challenges such as teen pregnancy rates. The FOA set forth 28 pregnancy prevention and youth development programs that the OAS determined were evidence-based” and effective. Applicants for funding were required to select one of the 28 programs and insure that it was implemented with “fidelity.”

The FOA is an important step in reducing the risks of teenage pregnancy, especially among minority teens. The Guttmacher Institute indicates that in 2006 the rate of pregnancy among women under the age of 20 increased after a general decline between 1990 and 2005. The decline for Hispanic women was much lower (26%) than the decline for African American (45%) and non-Hispanic White (50%) women. Moreover, when the increases in teen pregnancy from 2005 to 2006 surged, Hispanic women rose from 124.9 per 1000 to 126.6 per 1000, in contrast to the increase among African American women who rose from 122.7 to 126.3 and non-Hispanic White teens who rose from 43.3 to 44.0 in 2006. Teen pregnancies were highest in those states with the largest Hispanic populations (California, Texas, New York, Florida, and Illinois).

However, the problem with insisting on the faithful replication of 28 evidence-based programs is that the empirical evidence of interventions is usually derived from randomized control trials, with their restrictive criteria for inclusion criteria to show efficacy or effectiveness. A narrow criterion of who enters and who is excluded reduces the generalizability to others in the population. Also, insisting on fidelity to the original model further restricts the application of programs to those populations that were not included in the standardization samples. Fidelity also restricts the adaptation—the targeting and tailoring—of interventions to match the needs, values, norms and behavioral repertory of people in distinct settings (urban/rural) and of diverse ethnicities and cultures. Fidelity without adaptation not only has the potential of lowering the effectiveness of the intervention but can affect the availability, acceptability, accessibility, and uptake of the un-adapted by new populations. Cultural adaptations customarily include tailoring the intervention to characteristics of the target population without affecting the core or active therapeutic ingredients of the interventions

Given that Hispanic youth comprise a sizable portion of the population between 10 and 19 years of age and are at high risk for teenage pregnancy and early parenthood, we question the extent to which Hispanic youth were included in the 28 teen pregnancy prevention programs that were identified for selection by OAS as evidence-based.

All 28 teenage pregnancy prevention programs and curricula listed in Appendix A—List of Evidence-based Program Models (p. 38) of the FOA were subjected to an exhaustive literature search by the principal investigator and staff of the Center for Latino Family Research of the George Warren Brown School of Social Work (and Public Health) of Washington University in St. Louis. The

criteria for the selection of publications were that they have appeared in peer-reviewed publications and constituted research reports (not literature reviews or syntheses) that described the effectiveness of the intervention. If more than one report was found for a program, they were carefully read to ensure that they constituted distinct, unduplicated samples (i.e., that each study had a unique group of youth). Through exhaustive electronic and manual searches for literature, we reviewed all of the publications and extracted specific information.

Our searches yielded a total of 31 examples of unduplicated empirical tests of the teen pregnancy prevention programs. This represented all 28 OAS-selected programs and one not included in the OAS list of evidence-based programs and two replications or adaptations of one of those on the list. Based on their percentage (proportion) of all samples in the 31 studies that were reported, African American youth comprised, on average, 61.6% of participants. African American youth were participants in all but one study (the ¡Cuidate! program, an adaptation of the Be Proud program in Philadelphia and directed to Hispanic youth). In the 30 studies in which African American youth participated, they comprise about 63.7% of samples, nearly two-thirds of all youth.

Contrasting the participation rates of Hispanic youth in the studies of the evidence-based teenage pregnancy prevention programs to those of African American youth, we find a considerable difference. In the 31 reports surveyed, Hispanic youth comprised only about 18.3% of the samples. When we look at only the fifteen reports that included Hispanic youth in their samples, the average participation rate was 33.5%.

When contrasting the numbers of Hispanic participants in contrast to all youth in the studies, the results reflect a similar pattern of low Hispanic representation. In the 29 studies that reported the number of participants (one study focused on parents and another did not report totals), 28,263 youth participated in the research nationally as either intervention or control subjects. A total of 5,841 Hispanic youth participated, and they were present in only fifteen of the 29 studies on the interventions. Hispanic youth, therefore, represent about 20.6% of all studies reported. In the fifteen studies that included Hispanic youth, the total number of participants was 19,220, making Hispanic youth only 30.3% of the sample.

Despite the growth of the Hispanic youth population (i.e., between the ages of 10 and 19) and projections that Hispanic youth will constitute 29% of all youth by 2050, research on pregnancy prevention has lagged significantly in including Hispanic youth in study samples. Only about half of the 31 programs that were identified through our literature review included Hispanic youth, making them about less than a fifth of all participants. Considering that Hispanic youth are at higher risk for unplanned adolescent pregnancies in comparison to other youth, the underrepresentation of Hispanic in evidence-based pregnancy prevention studies becomes troubling.

Selecting evidence-based programs that have not included Hispanic youth in proportion to their presence in the U.S. youth population or, worse, in proportion to their high risk raises serious concerns about the potential outcomes. Moreover, without adaptation of interventions for the diverse cultures represented by Hispanics, the core therapeutic aspects of the intervention may not resonate with the needs of the target population of Hispanic youth.