

*Teen Pregnancy among
Asians and Pacific Islanders
in California: Final Report*



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO



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Summary Findings from "Teen Pregnancy among API Communities: The Importance of Understanding Subpopulations," a collaborative project of the UCSF National Center of Excellence in Women's Health, the UCSF Center for Reproductive Health Research & Policy, and Asians and Pacific Islanders for Reproductive Health; funded by The California Wellness Foundation.

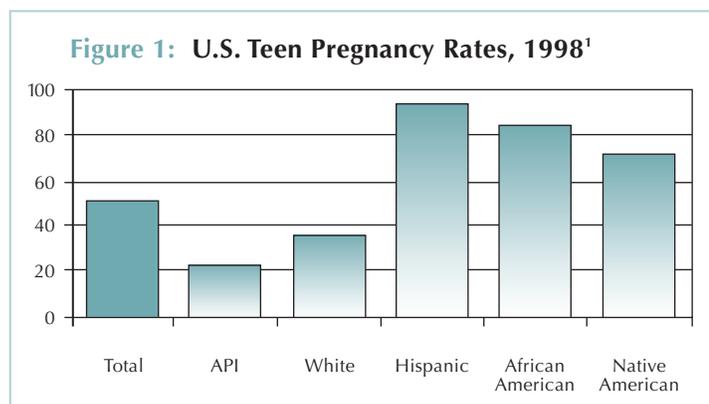
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APIs: A Story of Omission and Aggregation

Over the past two decades, there has been a national focus on the issue of teen pregnancy. However, the agenda created to address this important issue has been based on an incomplete understanding of the available data. Figure 1 presents the picture of how teen pregnancy has been constructed as a racial/ethnic issue.¹ The impression given is that teen pregnancy is not a concern for Asians and Pacific Islanders (APIs).

The diversity of the API subpopulations that comprise this aggregate, however, is obscured. As a result, API communities are often ignored by public health campaigns, policy makers, and community services programs working on the critical issue of teen pregnancy prevention. In 2000, a

collaborative project was developed with the goal of debunking the myth that adolescent pregnancy is not an issue for the API community and to inform policy makers of the need to provide resources to support teen pregnancy prevention efforts in the API subpopulation communities.



Over the past two years a team comprised of members of the UCSF National Center of Excellence in Women's Health, the UCSF Center for Reproductive Health Research & Policy, and Asians and Pacific Islanders for Reproductive Health have sought to understand teen pregnancy as an issue that includes API communities. The project, "Teen Pregnancy among API Communities: The Importance of Understanding Subpopulations," was funded by The California Wellness Foundation as part of its Teen Pregnancy Prevention Initiative. The project has two concentric goals: It seeks to include APIs in the discussions about teen pregnancy while simultaneously understanding the large context in which the problem of teen pregnancy is situated and constructed. To meet these goals the project team has undertaken a series of activities: 1) an analysis of teen births among APIs using the California birth certificate data, 2) an analysis of utilization of California state family planning services provided through the FamilyPACT program, 3) interviews with community representatives regarding how they see the issue of teen pregnancy, 4) direct work with API youth to understand how they negotiate the issues of teen pregnancy and teen pregnancy prevention, 5) an analysis of the role of teen pregnancy in welfare reform efforts, and 6) the development of policy recommendations.

This article presents highlights from each of these project activities. A full report of the project findings and conclusions can be ordered from the UCSF Center for Reproductive Health Research & Policy at <http://reprohealth.ucsf.edu>.

The Importance of Disaggregation

According to the 2000 Census, approximately 3.8 million APIs currently live in California.² Although they comprise only 4% of the national population, APIs make up over 11% of the population in California and 36% of all APIs living in the US reside in the state.³ By the year 2020, it is estimated that between 7.4 and 8.5 million APIs will live in California.^{4,5} The Californian API adolescent population (ages 10 –19) will also increase nearly 45 percent from 1995 to 2005, to roughly 750,000 youths.⁶

Table 1 presents the distribution of APIs in California by subpopulation.² Chinese and Filipinos make up the largest majority of APIs with nearly 27% and 25%, respectively, followed by Vietnamese (12%), Korean (9%), Asian Indian (8.5%) and Japanese (8%).⁷ Nearly half of the Filipino population in the United States lives in California,⁸ and the state also has the largest Hmong population in the United States at approximately 70,000.⁹

The API population, however, comprises more than 50 distinct ethnic populations with large variations in national origin, language, culture, socioeconomic profile, immigration experiences, and levels of acculturation. Aggregation of the data continues to keep API teen concerns hidden, with limited resources and services directed at addressing their needs. Throughout this project, disaggregation of the data related to teen pregnancy has been a project goal.

Table 1: APIs in California, 2000 Census²

Race/Ethnicity	#	%
Asian	3,697,513	10.9%
Asian Indian	314,819	0.9%
Chinese	980,642	2.9%
Filipino	918,678	2.7%
Japanese	288,854	0.9%
Korean	345,882	1.0%
Vietnamese	447,032	1.3%
Other Asian	401,606	1.2%
Pacific Islander	116,961	0.3%
Native Hawaiian	20,571	0.1%
Guamanian/Chamorro	20,918	0.1%
Samoan	37,498	0.1%
Other Pacific Islander	37,974	0.1%

Project Results

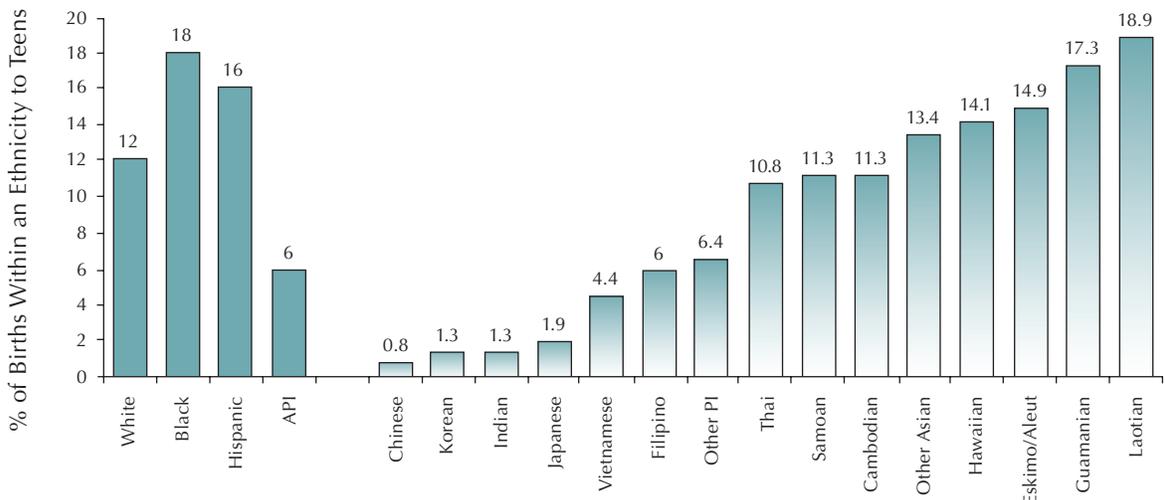
1. Teen births among APIs in California

Utilizing the California Birth Certificate Data for years 1989-1998, analysis was conducted for 15 subpopulations of APIs: Chinese, Japanese, Korean, Indian, Filipino, Vietnamese, Cambodian, Thai, Laotian, Samoan, Guamanian, Eskimo/Aleut, Hawaiian, as well as two residual categories for other Asians and other Pacific Islanders. Eight variables of interest were included in the analyses of teen births: ethnicity, marital status, age of mother and father of baby, mother’s education level, foreign-born status, health insurance status, use of prenatal care, and zip code of residence. When disaggregation is taken into account, the teen birth picture for APIs is very different from the picture presented earlier in Figure 1.

As an aggregate, fewer than 6% of births to APIs in California are teen births, whereas the proportion for whites is double that figure at 12%, for Hispanics 16%, and for African-Americans 18%. This aggregate figure, however, masks the very high proportion of teen births among certain API subpopulations. The Laotian community, for example, has 19% of its births to teen mothers and the Guamanian has approximately 17%. Among Cambodians and Thais, 11% of births are to teen mothers. At the other extreme, fewer than 1% of Chinese births are to teen mothers, and fewer than 2% of Japanese, Korean and Indian births are to teens. The Vietnamese and Filipinos are close to the overall average for APIs. Data for the 15 subpopulations is presented in Figure 2.

Figure 2:

Percentage of All Births Within an Ethnicity to Teens by Ethnicity in California, 1989-1998



In addition to overall birth data, sub-analyses were conducted for each subpopulation that includes:

- Percentage of births to teens
- Average age of teen mothers
- US and foreign-born status
- Average age difference with father of baby
- Percentage of births to married teens
- Percentage initiation of prenatal care (PNC) in 1st trimester
- Health insurance coverage for PNC
- State map locating hot spots for teen births

A summary table of results for each population was produced.

An example for the Laotian community is presented in Table 2. In the case of the Laotian community, it is important to highlight that 59% of the girls are married at the time they give birth. This figure is distinctly different from the one included in the national dialogue on teen pregnancy where 79% of births to teen mothers are considered "out-of-wedlock."¹⁰ This analysis shows that efforts directed at promoting abstinence until marriage may not address the needs of teens giving birth within the Laotian community.

Table 2: CA Laotians Teen Births, 1989-1998

Percentage of births to teens	18%
Average age	17.3
Foreign-born	95%
Average age difference with partner	5.2 years
Married	59%
Prenatal care in 1st trimester	57%
Medi-Cal	90%
Potential target communities:	
Stockton, Fresno, Central Sacramento, Moreno Valley	

Limitations of the analysis: Most commonly data is reported as pregnancy rates for the population of interest. Teen pregnancy rates are calculated as the number of pregnancies divided by the population, usually presented as pregnancies per 1,000 teens. To conduct these calculations three variables are required: number of births to the population, number of abortions to the population, and the number of female teens in the population. The analysis conducted for this project was only able to calculate the first of these figures—number of births.

Currently there are no accurate data sources for abortions to API subpopulations. California does not collect data on the number of abortions for any population, thus limiting even the ability to estimate the number of abortions for the API community as a whole. The estimation for abortions among the API population at the national level has been developed using data from independent periodic surveys of abortion clients and reports to the CDC from states that do have abortion reporting requirements (most of which, do not collect data specifically for APIs but rather for the category of "other"). As such, the estimated number of abortions for APIs is not well established. In addition, given that births vary so dramatically across API subpopulations, it should be assumed that abortion numbers would vary as well. As such, utilizing the aggregate estimate for abortions for APIs, even if available, would result in highly problematic calculations for API subpopulations. Given these limitations, pregnancy rates cannot be calculated for API subpopulation youth.

In utilizing the birth certificate data, the project calculates the proportion of all births that are to teens, by subpopulation. A limitation of this methodology is that the results reflect the age structure of the subpopulations. That is, if a group has many young members, as with recent immigrants, then as a whole the group will have relatively more births to young women in the 15-19 year age group than to older women, compared to that of a subpopulation with an older age structure. To construct a teen birth rate that is clean of the age structure of the population, Census data of how many women in each sub-population live in California at the time is required. However, since the API population is rapidly growing, and the increases are uneven among the different ethnicities, the 1990 Census data is too obsolete for that purpose. At the time the analysis was carried out for this project, the specific 2000 Census data needed to construct the denominators to calculate teen birth rates were not yet available. The project team plans to calculate teen birth rates for this data once the Census files are released.

2. Utilization of California state family planning services provided through the FamilyPACT program

California's innovative FamilyPACT (Planning, Access, Care and Treatment) program provides comprehensive family planning services including STD screening and treatment, pregnancy tests, contraception, and HIV screening and counseling to low-income women and men who are at or below 200% of the federal poverty level and who do not have insurance or Medi-Cal (Medicaid) for services. Most adolescents in California are eligible to receive FamilyPACT services, since eligibility is calculated on the basis of personal income, rather than family income. Analysis, based on the billing and claims data from the FamilyPACT program, 1997-1998, shows that API teen enrollment in the program comprises 6% of total teen enrollment, a relatively smaller proportion than the percentage of API teens in the state population (11%).

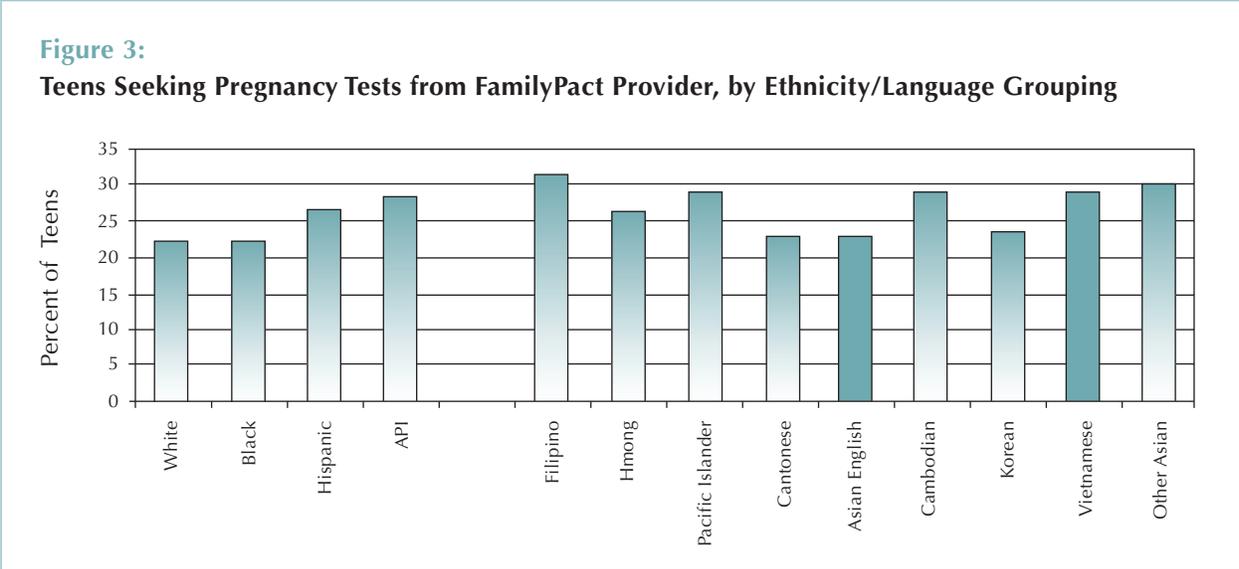
Unfortunately for the purposes of linking family planning and birth data, the FamilyPACT program does not utilize the same racial/ethnic categories as the birth certificate data. Instead, clients are categorized into three ethnicities: Asian, Pacific Islander, and Filipino. Clients can further identify by primary language: English, Cantonese, Hmong, Cambodian, Korean, Vietnamese. To develop the most complete subpopulation analysis possible within the existing data, these two fields are combined to create nine subpopulations for analysis: Filipino, Pacific Islander, Asian-English-speaking, Cantonese-speaking, Hmong-speaking, Vietnamese-speaking, Cambodian-speaking, Korean-speaking, and other Asian language-speaking.

There are, however, limitations to these classifications. For example, if an English-speaking Chinese teen seeks FamilyPACT services, she will be categorized as "Asian-English-speaking" as would an English-speaking Vietnamese teen, and an English-speaking Cambodian teen. Thus this data provides challenges to trying to understand family planning utilization by API subpopulations. Despite these limitations, analysis of the FamilyPACT data provides additional insight into the needs of subpopulations of API youth in California at risk for teen pregnancy. A breakdown of the percentage of API clients served by ethnicity/language grouping is provided in Table 3. A little over 40% of the clients served identify as Filipina. Another 30% are Asian, English-speaking clients.

Table 3: API FamilyPact Clients by Ethnicity/Language Grouping

Ethnicity/Language	% of API clients
Filipino	42%
Asian, English-speaking	29%
Pacific Islander	9%
Cantonese-speaking	4%
Hmong-speaking	4%
Other Asian language	4%
Vietnamese-speaking	4%
Cambodian-speaking	2%
Korean-speaking	2%

Analyses were conducted for both services sought and contraception received by API teens. Of particular note, is the number of teens who sought only a pregnancy test. This information has important implications for understanding risk of pregnancy among API youth since they indicate that youth are engaging in sexual activity and may not be using contraception. Overall, nearly 40,000 teens or 20% of the total number of enrolled teenagers in FamilyPACT visited the clinic for a pregnancy test and no other services. By comparison, approximately 28% of the total number of API clients receiving family planning services received only a pregnancy test. Pacific Islanders, Filipinos, and Vietnamese-speaking teens were more likely among the APIs to have a pregnancy test, with Cantonese-speaking and Asian English-speaking the least likely to request only a pregnancy test. Results for all available subpopulations are presented in Figure 3.



3. Interviews with community representatives regarding the root causes of teenage pregnancy

Data alone is inadequate to understanding teen pregnancy among API subpopulations. To help develop a contextual understanding through which to interpret the data, staff members from 10 allied organizations were interviewed about their perspectives on teen pregnancy. Together, these organizations provide a wide range of services and activities for API youth. When asked "In your opinion, how concerning are

the issues of reproductive health and teen pregnancy within the API community with which you engage?", 50% of those interviewed said it was a top priority and the other 50% said it was very concerning. When asked "Do you feel that APIs have accessible and relevant reproductive health services?", 100% of those surveyed said "no." Participants commented that "services are not culturally accessible" and "there is little or no language accessibility – everything is in English." When asked about what they saw as the root causes of teen pregnancy among APIs, the interviewees identified 1) structural inequities, 2) cultural differences between parents and youth, and 3) individual behavior (low self esteem and self confidence etc.) The interviews also explored whether these community representatives felt that teen pregnancy prevention programs addressed the root causes of teen pregnancy that they had identified. The overwhelming majority of interviewees (90%) said "no." Sample answers as provided below:

"No, teen pregnancy prevention programs mostly help middle-class white kids or they just give out condoms and other services. A lot of times, the facilitators of groups don't represent the communities. Most of these programs are not talking about the reality of class, ethnicity or other circumstances."

"No, they need to be more holistic. They mostly offer services and referrals and don't really deal with the root causes like poverty, immigration and refugee experiences. This approach is very narrow"

4. Direct work with API youth to understand how they negotiate the issues of teen pregnancy and teen pregnancy prevention

An understanding of the issue of teen pregnancy also must include listening to the voices of young women. To ensure the inclusion of these voices, two focus groups were conducted with young API women: one in Long Beach with eight Cambodian youth and one in Oakland with ten Southeast Asian youth. Girls were asked "What do you think healthy sexuality means?" Their answers included several of the themes of mainstream teen pregnancy prevention programs: "monogamy," "safe sex," and "no STD's". However, their answers also included more broad-based perspectives: "taking care of your body," "proud of being your gender," "proud of being a girl," and "having freedom to make good choices."

When asked to identify the causes of teen pregnancy, the youth spoke about the social, economic and political conditions in their lives. Specifically, they noted the lack of opportunities to engage with adults or with each other about questions or concerns they had about sexuality. One participant stated:

"I can't talk to my parents about sex because they will think I am having sex. Also, my parents are never home anyway because they are always working. With my friends, we just laugh about things because nobody wants to look stupid about it. The sex education classes are a joke because they only last a couple of hours, and nobody asks questions."

The youth also identified the lack of recreational and positive opportunities in their communities. "There is nothing to do around here, except go to the mall and that gets 'hecka' boring. Oakland youth have no place to go and that sends the message that nobody really cares about us," relayed one member. In Long Beach, members shared their concerns about how women and girls are treated as sexual objects making them vulnerable to assault, as seen in the following statement: "Sexual harassment and date rape exist with my friends and at school – that makes me feel unsafe and I wonder how many pregnancies are forced in that way." Youth also talked about low self-esteem and their lack of power as API young women. As one girl explained:

"I see a lot of my girlfriends who think lowly of themselves and don't see a future. Sometimes, getting a boyfriend and doing what he wants no matter what, is the most important thing in their lives. We have awful schools, no jobs, and no way out – at least that's how it feels to me sometimes."

Youth participating in the APIRH's flagship organizing program, HOPE for Girls, conducted a media audit to situate their opinions in relationship to the mainstream discourse about teen pregnancy. Over 200 articles regarding teen pregnancy from local newspapers throughout California were reviewed. Overall, the youth found that the media messages consistently framed the issue as a "national problem," and oftentimes describe teen pregnancy as a central cause for the country's economic and social ills. They concluded that the overall debate and media obsession with the issue of teen pregnancy has helped to reinforce the economically, culturally, and socially acceptable race and gender roles for low-income women and girls of color. The youth identified several recurring messages about teen pregnancy:

- Solutions seek primarily to impact the individual-level behavior.
- Incentives help establish individual behaviors that display good moral judgment (i.e. waiting until marriage, abstinence, etc.).
- Girls and women who are not fully capable of controlling their sexual appetites are central causes for society's increasing poverty. This increasing moral bankruptcy comes at the expense of the responsible taxpayers and their pocketbooks.
- Government intervention in the form of stringent social and economic policies and legislation can help turn the tide of teen pregnancy and "out-of-wedlock" births that are burdensome to society.
- Shame is a common emotion that comes with unmonitored sexuality, especially amongst youth.

To counter this perspective, the girls proposed working with policy makers and media messengers to articulate messages that do not come at the expense of girls' and women's health, but that identify the root causes for America's problems as the unequal distribution of wealth and racist practices and policies still in effect in society. The goal of this new approach is to reframe teen pregnancy within the context of fighting for reproductive freedom as defined below.

"A girl/woman has reproductive freedom when she has the power and resources to make healthy choices for herself and her family, at home, work, school, and all other areas of her life."

5. Analysis of Welfare Reform

Both the community representatives and the youth identified the issue of welfare reform as central to understanding teen pregnancy in API subpopulations. In regards to the impact of welfare reform, both youth and service providers spoke mostly about the negative effects of the policy. When asked to identify the main consequences of welfare reform on API youth and their families, service providers relayed their feelings of frustration. Many participants were unhappy with the new stipulations of welfare reform which they felt prevented poor families from being able to move out of poverty as seen in the following statement: "With the five year limit coming up, we are seeing a lot of our families being bumped off of the roles. These are families with hard working parents who are holding down two to three jobs and they are still not able to earn enough to support themselves and their kids. This hurts our communities and our youth – how are they supposed to have a future?" Participants shared their dismay over the ways in which TANF recipients were

treated. They cited the lack of available interpreters, the invasion of privacy by social workers, the dead-end job placements, and the overall disrespect shown by government staff, as consistent ongoing issues. When presented with the major components of welfare reform and asked about its effect on teen pregnancy prevention, many focus group participants talked about the regressive values behind the policy. For example, some of the youth challenged the use of paternity identification. One youth questioned, "what does that have anything to do with whether the girls should get assistance? That's discrimination – if a girl doesn't want the father of the baby to be involved then that shouldn't affect her ability to get help for her child!" Other focus group participants felt that the "pro-marriage" and "family cap" tenants of the policy mirrored the right-wing agenda of controlling the reproductive rights of women in the United States. "This is an outright attack on the rights of poor women! The government doesn't dictate the number of children middle-class families have and they should not be trying to promote the notion that a nuclear family is the best for everyone," exclaimed one participant.

The project builds from these perspectives by providing an analysis of teen pregnancy within the formation and implementation of welfare reform. In summary, the analysis supports the idea that low-income and poor women of color often bear the brunt of these policies. By promoting abstinence-only programs, mandating that teenagers receiving assistance live at home, providing a paternity requirement, and dictating a cap on children who are eligible, law-makers are severely restricting the reproductive freedom of poor women and their families.

6. Policy Recommendations

The overall report makes several dozen policy recommendations of which seven are listed here:

- Teen pregnancy should be recognized as an important issue for API communities
- Data should be collected by subpopulations at all levels of policy making and program development
- API communities experiencing high teen births should have access to resources, services, and programs related to teen pregnancy prevention
- Programs and services should be designed specifically to address the unique cultural and linguistic features of API subpopulations of high need
- Programs and services should address the root causes of teen pregnancy
- The dialogue of teen pregnancy should be reframed with a context of reproductive freedom
- Welfare reform should be seen as central to understanding teen pregnancy among API communities

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