

“You Gotta Start Thinking Like a Parent”: Hopes, Dreams, and Concerns of Ethnic Minority Adolescent Parents

Katrina Dornig, Deborah Koniak-Griffin, Janna Lesser, Evelyn González-Figueroa, Margarita Castaneda Luna, Nancy Lois Ruth Anderson, & Blanca Corea-London

ABSTRACT

This study explored the lived experience of parenting that may inform individual health practices and behavior of young, ethnic minority, primarily Latino parents, participants in a HIV prevention intervention. Narrative accounts from parents ($N = 90$) were analyzed to illuminate the impact of parental protectiveness and aspirations for the child. Focus groups ($n = 23$) were utilized to generate a nuanced understanding of young parenthood. Self-reflective, complex, and multidimensional perspectives on parental protectiveness emerged along themes: (a) “growing up thoughtful,” (b) “you gotta start thinking like a parent,” (c) “togetherness and bonding,” (d) “better life,” (e) “the neighborhood,” and (f) “expectations and pressure.” Implications are discussed with a focus on integrating the concept of parental protectiveness into a strengths-based perspective.

Teen pregnancy has been a public health concern and topic of study for many years. In the United States, nearly one million teens become pregnant each year, and almost half of those teens carry their pregnancies to term (Henshaw, 2003). Young parenthood has long been related to a wide range of adverse physical, emotional, and socioeconomic outcomes for the mother and child. These include increased poverty, social isolation, higher potential for child abuse and neglect, and increased subsequent pregnancies (Culp, Culp, Osofsky, & Osofsky, 1991; Musick, 1993; Ruff, 1990). To date, the dominant narrative in research literature about teen parents has been one of risk and deficit. However, whereas adolescent pregnancy and parenthood can indeed be a time of great challenge and strain, it can also provide a *window of opportunity*, when teens are already engaged in the health care system, to encourage health-promoting behaviors (Ickovics, Niccolai, Lewis, Kershaw, & Ethier, 2003; Koniak-Griffin, Lesser, Uman, & Nyamathi, 2003; Lesser, Oakes, & Koniak-Griffin, 2003; Meade & Ickovics, 2005; SmithBattle, 1995; Williams & Vines, 1999).

Teen parents are a particularly high-risk subpopulation for acquiring sexually transmitted infections (STIs) and HIV. The incidence and prevalence rates of STIs are higher among adolescent females than any other age and gender group, and the rates are particularly high among those who are pregnant (Ickovics et

al., 2003; Lesser et al., 2003). Risk behaviors that are associated with adolescent pregnancy and parenthood—such as early initiation of sexual activity, unprotected intercourse, multiple high-risk partners, drug/alcohol use, gang involvement, use of shared needles for body piercing or tattoos, school truancy or dropout, and a history of incarceration—also put young parents at risk for STIs and HIV/AIDS (Koniak-Griffin & Brecht, 1997; Lesser et al., 2003; Talashek, Peragallo, Norr, & Dancy, 2004). In this sense, teen pregnancy can be considered a marker for current and future sexual risk behavior and adverse health outcomes (Meade & Ickovics, 2005).

Parenting programs are frequently designed to promote the well-being of young parents and their children. Several investigations support the effectiveness of parent education programs for adolescent mothers in terms of increasing knowledge of child development, improving parent-child interaction skills, changing parental attitudes, and decreasing sexual risk behaviors (Barlow & Coren, 2000; Coren & Barlow, 2001; Coren, Barlow, & Stewart-Brown, 2003; Koniak-Griffin, Lesser, Nyamathi, et al., 2003; Mann, Pearl, & Behle, 2004). Furthermore, evidence suggests building *maternal protectiveness* is an element to enhance motivation for sexual risk reduction with teen mothers and, thus, facilitate an improvement in the lives and health of young mothers

(Koniak-Griffin, Lesser, Nyamathi, et al., 2003; Lesser et al., 2003). The construct of maternal protectiveness refers to the mother-child emotional attachment that positively influences parental behavior (Koniak-Griffin, Lesser, Uman, et al., 2003; Lesser et al., 2005; Lesser, Oscós-Sánchez, Tello, & Cardenas, in press). Young parent programs aimed at health promotion and risk reduction may be effective vehicles to foster the development of *parental protectiveness*, increase health-promoting behaviors, and decrease risk behaviors among teens.

Limited research has examined the personal experiences of young parents (mothers *and* fathers), their feelings about parental roles, and their unique needs and social circumstances. Even less research has focused on young Latino parents. This paper reports the results of a two-phase, qualitative fieldwork study that arose from a larger, quantitative study evaluating a six-session HIV prevention program for young, primarily Latino, mothers and fathers; the program was called Respecting and Protecting Our Relationships: HIV Prevention for Teen Fathers and Mothers (RPOR) (Lesser et al., in press). A unique focus of the original study's couple-focused curriculum was an emphasis on developing parental protectiveness to motivate healthy sexual decision-making and reduce risky sexual behavior.

The purpose of our qualitative study was to increase understanding of the contextual beliefs, attitudes, and values related to parenting that might influence the behavior of young parents. It was also an opportunity to understand the perceptions of young parent participants related to the key curriculum construct: parental protectiveness. Understanding young parent perspectives—their hopes, dreams, and concerns for their babies and themselves—is instrumental to the design of relevant and effective social welfare family health interventions as well as to better inform clinical practice and health policy.

Literature Review

Research findings demonstrate women of all ages make numerous positive behavioral changes during pregnancy (e.g., improved diet; reduced tobacco, alcohol, and illicit drug use; and reduced involvement in violent activities) (Hunt, Joe-Laidler, & MacKenzie, 2000; Hunt, Joe-Laidler, & MacKenzie, 2005; Miller, 2001; Moore & Hagedorn, 1999; Nyamathi & Lewis, 1991; Nyamathi & Vasquez, 1989). Furthermore, in a growing body of research, some adolescent mothers describe motherhood as a time that offers an alternative life course, gives meaning to their life, provides hope for a better future, inspires responsibility, and leads to positive behavior change (Anderson, 1990; Arenson, 1994; Hunt et al., 2005; Lesser, Koniak-Griffin, & Anderson, 1999; Sciarra & Ponterotto, 1998; Seamark, & Lings, 2004; SmithBattle, 1995; Williams & Vines, 1999).

Investigations of both teen mothers and fathers suggest the experience of having children can be transformative, leading to significant, positive behavior change (Foster, 2004; Hunt et al., 2005; Hughes, 1997; Lesser et al., 2003; Lesser et al., in press; Lesser, Tello, Koniak-Griffin, Kappos, & Rhys, 2001). Compared with adolescent mothers, relatively little is known about adolescent fathers, even though studies indicate they share similar concerns with their female partners about the well-being of their child and adopt healthier personal behaviors due to their parent role (Lesser et al., 2001; Lesser et al., in press; Powell, 1995). These findings

reveal that urban, low-income, ethnic minority young men also feel concern, respect, and responsibility for their children, consider their role as father to be central to their identity, want to be actively involved in childrearing (emotionally and financially), and feel that being a father contributes to their own development as individuals (Allen & Doherty, 1996; Marsiglio, 1993; Rivera, Sweeney, & Henderson, 1985).

In this qualitative study, direct accounts from young parents themselves were analyzed through qualitative techniques to explore the meaning of parental protectiveness and to understand how hopes for their children might impact parents as individuals. These accounts came from a specific written intervention activity, "Letter to My Baby," and follow-up focus groups for a deeper, more nuanced understanding of the participant lived experiences of parenthood.

Background and Context for Qualitative Study

Respecting and Protecting Our Relationships: HIV Prevention for Teen Fathers and Mothers (RPOR) was a randomized clinical trial designed to evaluate the effects of a bilingual (English and Spanish), six-session, 12-hour, couple-focused, and culturally sensitive HIV prevention program for young Latino parents. The objective of RPOR was to reduce risk for sexually transmitted HIV among primarily Latino parenting adolescents in Los Angeles. Parental protectiveness was fostered throughout the program by specially designed curriculum writing activities and through discussions to enhance the positive aspects of relational norms (e.g., protecting the family) and to motivate reduction of risky sexual behavior. The curriculum also included skill-building activities, videos, and group discussions. For a full discussion and explication of the theoretical framework informing RPOR and the specific curriculum activities, see Lesser et al., 2005.

The exercise of interest for this supplemental study occurred during the sixth and final session of the intervention. In this session, the teens were asked to individually write a "Letter to My Baby." In it, they were asked to identify their hopes and dreams for their child and to identify two things they could do now to provide a safe future life for their baby. After a period of writing independently, participants rejoined the group to read and discuss their letters.

Method: Supplemental Qualitative Study

Design

Qualitative methods are particularly useful to develop in-depth, rich, and nuanced accounts of the lived experiences of research participants. This two-phased study utilized qualitative fieldwork strategies to understand the experience of parenting through the eyes of the young parents themselves. These strategies can reveal what people think and show us the meanings of their everyday experiences (Spradley, 1980). This approach is particularly appropriate in studies of marginalized populations whose experiences and social contexts may have been historically excluded from research. Ethnic minority teen parents could be considered as one such marginalized group.

In the first phase of this study, we analyzed the letter data to better understand participant perceptions and experiences of the curriculum construct, parental protectiveness, and to develop

conceptual areas for further in-depth exploration and refinement in the focus groups. Congruent with grounded theory analysis procedures, the concept of parental protectiveness was utilized as a *sensitizing concept* (Charmaz, 2006). This initial concept was a starting point and tentative tool for developing our ideas and analysis of the data. Thus, as we began our analysis, we were particularly interested in how the young participants understood their experiences as parents and if/how this role affected their own behavior as individuals. The first phase (analysis of the letters) helped us to develop themes that were grounded in the participant experiences and perceptions of parenthood. The second phase (focus group interviews) allowed us to take the thematic findings that appeared in the context of the letters and explore them in more complex and nuanced ways.

Phase I: Data Analysis of the Letters

The sample included participants attending the sixth and last session of RPOR whose letters were contained in our database ($N = 90$). The letters were not available for analysis from all of the participants in the intervention group for a variety of reasons, including participant absenteeism at the last session or participants taking their letter home with them that day instead of giving it to the facilitator. However, no significant differences were found in the demographic characteristics between those participants with and without a letter. Seventy-five participants wrote letters in English, and 15 wrote their letters in Spanish. Eighty percent ($n = 72$) of the participants identified themselves as Latino. Forty-three males wrote letters, and 47 females wrote letters. The participant average age was 19, with a range of 15–25. See Table 1 for further demographic information.

This phase of the study analyzed the letters written by the young parents to their babies. The letters varied in length and depth, ranging from one paragraph to two pages, but most were at least two to three paragraphs. Some letters written in English had Spanish words interspersed throughout (especially for terms of endearment such as “*mijo*”). Some of the letters also included symbols or drawings such as hearts, a butterfly, or graffiti-like initials.

To help ensure scientific rigor, three specially trained members of the research team (two of whom were bilingual/bicultural) independently conducted an analysis of the letters (Denzin & Lincoln, 2000). First, the letters were reviewed (in English and Spanish) multiple times for a general understanding of their content. Using grounded theory coding techniques, they were all read, reread, and hand-color-coded by topic. Words, phrases, or sentences from the letters were assigned *open codes*, which characterized the meaning of the data segment. After analyzing and hand-coding, the coders met to establish a preliminary codebook (a list of the most significant or frequent initial codes and categories identified across coders) (Charmaz, 2006). Some examples of these codes and categories (using words of the participants) were as follows: being there, bonding, expectations, encouragement, trust, understanding, stability, determination, pressure, friend, judgment, responsibility, avoid mistakes, and provider. At this point, the Spanish letters were translated into English by a separate bilingual/bicultural, native Spanish speaker, and then transcribed with the English letters into computer files.

Using Ethnograph software (Version 5.08) as an organizational tool, the first author read and reread the letters, then coded all the letters in English according to the preliminary codebook.

This process helped the first author to further sort, synthesize, integrate, and organize the data. Where the codes and categories overlapped, the first author collapsed them into themes. Thus, themes were made up of multiple relevant and repeating codes and categories that provided dimension and depth to the central thematic concept. Some examples of these conceptual categories and themes were as follows: values, parental support, parental change/purpose, future planning, protection and safety, family relationships, and child as healer.

Phase II: Focus Group Interviews

During the Phase II focus group process, we presented the conceptual categories and thematic findings from the letters through a “card sort” activity. The purpose of the card sort activity was to confirm and expand on the Phase I themes. The value of Phase II was the dynamic, interactive nature of the discussion group format, which prompted participants to expand on and elaborate upon the findings from Phase I. Through this group discussion, we were able to understand the conceptual categories and themes in deeper, more nuanced detail, from the perspectives of the participants, as well as to allow alternate, conflicting, or additional perspectives to come forward.

The focus groups occurred, on average, one year after completion of the intervention and completion of the 12-month follow-up evaluation (so as not to contaminate quantitative findings). A convenience subsample was randomly selected from the pool of 90 until we reached our target size (approximately 20% of the sample who wrote letters). Fourteen females and 9 males participated in the focus groups ($n = 23$). Four English-speaking focus groups and two Spanish-speaking focus groups were completed over a three-week period. In an effort to gather richer data, we organized different combinations of participants for the focus groups (two groups were with couples and the rest were female/male separate). This approach was also consistent with the exercise format the participants were accustomed to in the original program (some activities together as couples, and some individual, gender separated). These group interviews were conducted in a community-based agency and varied in size from 2–6 participants, all of whom were Latino (with the exception of one male). Participants received \$15 compensation for their time as well as child care and transportation.

Two specially trained research assistants facilitated each focus group discussion. The facilitators led the group through a “card sort” activity (also known as a “pile sort”) and group discussion. The primary purpose of the card sort activity was to stimulate conversation about the conceptual categories and themes from the Phase I analyses of the letters. The card sort is an ethnographic strategy and has been used in a wide variety of social science and health research (Anderson, Nyamathi, McAvoy, Conde, & Casey, 2001; Canter, Brown, & Groat, 1985; Morse & Field, 1995; Neufeld et al., 2004; Ryan & Bernard, 2000).

During the focus groups, each participant was given a stack of cards, similar to a deck of playing cards. Each card contained one phrase or statement that reflected a specific conceptual category or theme from Phase I data analysis of the letters. The card sort statements were grounded in the study data and used the words of the young parents themselves as much as possible (Anderson et al., 2001; Neufeld et al., 2004). To protect confidentiality, personal and contextual identifiers were removed from the statements.

TABLE 1. Demographics of Intervention Participants Who Wrote Letter

DEMOGRAPHIC VARIABLE	MALE (<i>n</i> = 43)	FEMALE (<i>n</i> = 47)	TOTAL (<i>N</i> = 90)
	<i>M</i> (<i>SD</i>) <i>R</i>	<i>M</i> (<i>SD</i>) <i>R</i>	<i>M</i> (<i>SD</i>) <i>R</i>
Age	20.83 (2.32) <i>R</i> = 16.51–25.97	18.50 (1.47) <i>R</i> = 15.13–22.90	19.61 (2.24) <i>R</i> = 15.13–25.97
Years of education	11.56 (1.98) <i>R</i> = 4.00–15.00	10.85 (1.60) <i>R</i> = 6.00–13.00	11.19 (1.82) <i>R</i> = 4.00–15.00
Number of children	1.12 (0.50) <i>R</i> = 0.00–2.00	1.15 (0.36) <i>R</i> = 1.00–2.00	1.13 (0.43) <i>R</i> = 0.00–2.00
Length of relationship (months)	35.77 (20.91) <i>R</i> = 4.00–120.00	34.06 (17.51) <i>R</i> = 3.00–85.00	34.88 (19.12) <i>R</i> = 3.00–120.00
Ethnicity	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
Black	5 (11.63%)	4 (8.51%)	9 (10.00%)
Hispanic	33 (76.74%)	39 (82.98%)	72 (80.00%)
Middle Eastern	1 (2.33%)	0 (0.00%)	1 (1.11%)
Non-Hisp. White/ European American	0 (0.00%)	2 (4.26%)	2 (2.22%)
Other/Mixed	4 (9.30%)	2 (4.26%)	6 (6.67%)
Highest education completed			
4th–6th grade	2 (4.65%)	2 (4.26%)	4 (4.44%)
7th–9th grade	1 (2.32%)	5 (10.64%)	6 (6.66%)
10th–11th grade	13 (30.23%)	23 (48.94%)	36 (40%)
12th/high school graduate	18 (41.86%)	12 (25.53%)	30 (33.33%)
Some college	7 (16.28%)	5 (10.64%)	12 (13.33%)
AA degree	2 (4.65%)	0 (0%)	2 (2.22%)
Number of children			
0	3 (6.98%)	0 (0.00%)	3 (3.33%)
1	32 (74.42%)	40 (85.11%)	72 (80.00%)
2	8 (18.60%)	7 (14.89%)	15 (16.67%)

The participant was asked first to prioritize the cards in terms of what they believed best represented their experience as a young parent. They were then asked to talk about their top three cards, to comment on the importance of this idea for them, and to explain it in their own words.

Focus groups lasted approximately one and a half hours, were audiotaped, and made use of flip charts to document the data and seek clarity from the participants. Specially trained observer/recorders (one per focus group) recorded general observations onto structured field note templates designed to systematically capture verbal and nonverbal interactions between participants, events, and activities occurring in the setting (Anderson, 1987; Hymes, 1974; Sharma, 2004). A trained member of the research team, a native Spanish speaker, transcribed the two Spanish focus group tapes in Spanish. The first author transcribed the four English focus group tapes. Padgett (1998) has suggested transcription of interviews allows for a greater intimacy with the data. Handwritten, structured field notes and flipcharts from the group interviews were also transcribed for analysis. Following procedures recommended by Krueger & Casey (2000), four specially trained members of the research team, who had been present at multiple focus groups, independently analyzed the transcribed data. The two team members who were native Spanish speakers

analyzed the Spanish focus group transcripts in Spanish, and they then translated the findings into English. The analysts followed a structured analysis protocol, as described previously in Phase I data analysis, and similarly conducted analysis of the field observation data. The themes from Phase II data analysis were thus synthesized with the themes across data collection methods and phases of the study.

Results

The narratives of these young, primarily Latino parents reveal self-reflective, complex, and nuanced perspectives on parenting and parental protectiveness. The narratives emerged from both the letter and focus group accounts. The following themes were developed in the analyses:

1. “Growing up”
2. “You gotta start thinking like a parent”
3. “Togetherness and bonding”
4. “Better life”
5. “The neighborhood”
6. “Expectations and pressure”¹

¹ Quotation marks indicate participants’ language.

Theme 1: “Growing up”

The narratives of these young parents indicate that being a parent has challenged them to grow up and has created a series of “changes” in them, leading to more “responsibility,” “stability,” and “determination.” Repeatedly, the young parents wrote and spoke about changing their “bad habits” now that they had children. The following quotation illustrates this concept of positive behavioral change and personal development as a result of the challenges of being a parent:

You know, I did everything, you know, gang bang, sell drugs, all that shit, you know, just cruising. And when my girl was pregnant, when she told me, after that, like everything changed, you know. I moved from East LA toward Bell Garden and changed everything, you know, for my daughter. (focus group, male)

Whereas many of the young parents identified very positive changes that having a baby has led to in their lives, they also described a mature, realistic awareness of the challenges they faced as young parents. The following exchange among female participants in one focus group illustrates this ambivalence about the difficulty of being a young parent (the opportunities lost), while at the same time viewing their early parenthood as key to their positive and healthy development:

Participant A: ‘Cause it is hard, you know, you’re a girl. I go to work, and then I come home and I take care of my baby, and then I come home and have to cook. I have to wash clothes. I have to make sure I have groceries. I have to make sure . . . I showered my daughter. I got to make sure she ate.

Participant B: It’s hard too, because the age we got pregnant, we’re still little girls too, but we have all that . . . it’s hard sometimes when your friends come up to you and they tell you everything they’re doing.

Participant A: Sometimes, but I wouldn’t change it for what I have now . . . I don’t regret having my daughter . . . ‘cause I think she’s like the best thing that’s ever happened to me.

The narratives of the young parents also demonstrate the difficulties inherent in juggling high school, work, relationship with partner, and parenting duties. In the following quotation, a young mother discussed the impact of becoming pregnant on her educational goals, and how those goals had to be postponed since becoming a mother:

Well, when I got pregnant, I had just graduated . . . But I wanted to go to college. I wanted to be a doctor. I wanted to do a lot of things, and that kind of just pulled me back a little bit. But, my dad’s like, “Well, you know you could still do it. It’s just gonna be twice as hard.” And I think, well, yeah, you know I’m gonna do it now, thinking of her. (focus group, female)

Theme 2: “You gotta start thinking like a parent”

The second theme, “you gotta start thinking like a parent,” addresses the multiple responsibilities teens perceive as part of their parental roles. Over and over again, these young parents (both female and male) spoke and wrote about the importance of giving unconditional love and support to their children. They

described the importance of “responsibility,” “love,” and “trust.” They identified being a “supporter,” “protector,” “listener,” and “encourager,” even in the context of difficult circumstances, strained resources, and significant environmental or social stressors. This commitment to “sticking around” is demonstrated in the following quotation:

And I tell her, like, being a dad is a 24/7 job. It’s not, you don’t get certain breaks. You don’t get hours, you know. It’s like being a mom, you know, being a parent. I stick around . . . I don’t know how you can walk away from something, a little part of you like that. (focus group, male)

As the following comments suggest, this unconditional “being there” seems to include implicit knowledge of the need to protect their children from personal and environmental risks:

I will protect you in every way that I can. I will let you be who you choose to be, but as a parent I will always ask the questions, “who, what, where, when.” It’s my job to do so and I will do it because I love you. (letter, female)

The role of a moral guide, or a communicator of values, also emerged in the teen narratives. Some values they identified include “self-esteem,” “self-confidence,” “individuality,” “hope,” “pride,” “respect,” “hard work,” and “education.” These values seem to be related to facing the inevitable “struggles of life” with hope, motivation, and persistence. These values were identified within a broader context of stable family support, parenting roles, sacrifice for the family, and responsibility to others. The following quotations express this perspective:

I love you very much, both of you. Mijo remember this—never give up in life. My dad once told me—*mientras ay vida ay esperanza*. That means while there’s life there’s hope, so I close this letter telling you once again that I love you. (letter, male)

Closely related to “teach her right from wrong” is the parental responsibility that the teens identified as “role model.” Their narratives displayed a keen understanding of needing to put the welfare of their children before their immediate desires, impulses, or concerns.

You know I want her to be in a good environment and all that. I don’t want her to be left alone. Because sometime my girl and I, we argue, and you know, and I don’t like that she just stares at us. Like, she stares at us, just looking at us, and I just tell her, “You know what, let’s take this shit somewhere,” because you know my daughter . . . We yell, we argue, and, and I don’t want her to learn that. Everything she sees, she does . . . I don’t want her to be learning bad things, you know. (focus group, male)

Theme 3: “Togetherness and bonding”

Perhaps most striking in these narratives is the frequent focus of the young parents on the importance of “communication,” “encouragement,” “bonding,” and being a “friend” to their child. This includes developing openness and “trust” by being a “good listener” and not judging. The use of “friend” seems to be related to improved parenting responsibility as well as a focus on the relational aspects of parenting

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(in addition to the "provider" aspects of the parenting role).

Well, I'll be there to just listen to her. You know, because I know some children that they can't even talk to their parents. So I want to be there and be able to listen to her, to whatever she has to say . . . I want my daughter not to be afraid to talk to me, to trust me. Have a conversation. (focus group, female)

In the case of these narratives, it is notable that the young parents reveal a sophisticated, reflective, and nuanced understanding of the balance between the positive attributes of being a "friend" and the need to be the responsible authority or provide discipline. The words of the participants reflect a process of thought and serious consideration of the roles and boundaries of parent and child. The following quotation reveals this sentiment:

She was letting her son go out there and do crack. There's a certain limit to friendship, and that's where mother begins, so mother and friendship have to be two in one. Because mother is discipline and so, friendship is, you know, someone where they can have a conversation. So there is a limit. (focus group, female)

In addition to the focus on the relationship between their babies and themselves, these young parents also identified the importance of the relationship with their partner, the father or mother of their child, and their family unit as a whole. They also identified the challenges in juggling these relational roles.

I go to counseling . . . it's like parenting counseling, because I want to learn more, you know . . . like they told me there's a time to be like a husband, and there's a time to be a dad, you know. And you, you got to learn how, you know, make the switch, they say, so you can be a dad, and a husband. (focus group, male)

Theme 4: "Better life"

Another noteworthy theme throughout the letters and focus group discussions was the expressed wishes by the young parents for their children to have better lives than they had. This included both avoiding the mistakes of the parents and having specific goals or future plans for their children. The young parents identified not wanting their children to become teen parents and wanting them to stay focused on school to "get an education" so they could be professionals.

My hopes for you are that you finish school and don't make the

same mistake I did, and also be somebody in life. (letter, female)

The teens also described wanting to avoid parenting mistakes their parents made with them. This reflects greater understanding of multigenerational family patterns, empathy for their own parents, and a commitment to individual responsibility for change.

Well, we see our parents' mistakes, you see. And then, and we see what they did wrong. And we don't want to do the same mistakes as they did. Same as us, they're going to see what we did wrong, so they're going to learn out of it. So we're learning and we're teaching, same as we're, we're teaching them, and they're learning from us. They're learning, "Oh, she did this good. Oh, but she did that wrong over there." . . . But every generation is changing to good, to better, because everybody's looking at their mistakes. (focus group, female)

Theme 5: "The neighborhood"

The young parent narratives reveal a keen understanding of the effects of poverty on the household, family relationships, and personal behavior. Further, this theme refers to a context of violence, substance abuse, gang affiliation, and incarceration. The following quotation demonstrates the effects of parents working long hours to meet the family's basic survival needs, resulting in absence from the home and the inability to provide extensive supervision for their teens:

Um, my parents were always busy, so, when it was me, it was just me . . . I was always out on the streets, and when I was out there, you know I ended up using drugs . . . and then it ended up getting worse for me. I'd come home, my mom, she would just tell me, like tell me stuff, but it'd just go in one ear, out the other, and I knew she had to go to work, so I knew I could get away with it. So, it's basically 'cause I knew that mom was busy, so I was gonna run amuck basically. (focus group, male)

In addition to being able to reflect on the struggles of their parents, the young couples in this study also reflected on the inter-generational nature of poverty—how their own financial struggles impacted the development of the relationship with *their* children.

I was out there for six months by myself. Every day, like, I would want to quit my job and come back because I kept thinking about my son . . . I wasn't used to sleeping, like, by myself, 'cause I would always sleep with him. He was attached to me. And then, like, I guess being away for that long, when I came back, he didn't, like, recognize who I was. It was like, like when she left the house, he started crying with me. And he's never done that, and that hurt me, like, a lot—like, man, my own son couldn't even recognize me, like, it was sad. (focus group, male)

The narratives reveal an environment that includes drugs, violence, gang activity, and incarceration. The following statement from a young father reveals the difficult context of parenting that was a reality for him and his partner.

Before I had my son . . . I had caught a case, and I had a warrant out for me . . . it was over, it was over for me. I went to prison,

came out, and when I came out . . . all I know is my house turned into a big old party house and my son was there . . . I'd see all kinds of traffic coming in and out . . . so I had to call social services on her . . . so I got my son. (focus group, male)

This reality includes the disruption of the parent–child relationship by two institutional forces (prison and the social services system), leading to absences from the child by both the mother and father over time. Overall, the theme highlights the role of sociostructural determinants that create risk environments that negatively impact family relationships and individual behavior.

Theme 6: “Expectations and pressure”

This theme exemplifies the effects of sociocultural and gender norms on families and individuals. The teens identified the restrictive nature of gender roles and expectations. They linked gender expectations directly to the parent–child relationship, indicating that having these kinds of rigid roles pushed their children away.

'Cause I think that's a pressure to boys that they have to be a man. Don't cry, if you fall, don't cry, 'cause you're a man . . . that kind of pushes him away too . . . and that comes . . . in the family, the macho thing. And it's true, like in Mexicans' family that's a lot in common, the macho thing . . . but it's kind of like going away. Because guys are doing . . . they're being different. And girls are being different. (focus group, female)

Whereas the teens acknowledged the limitations of strict gender roles and expectations about their children's development, the females still reported fairly traditional ideas about the roles of father and mother.

I believe that the father is . . . a stronger person, like if you need backup on something, you know, you go and you tell the father . . . the father is the, the supporter of the rules . . . yeah, he is the enforcer. He has the responsibility of going to work, coming home, resting, spending time with his children, as well as he enforces the rules. (focus group, female)

Interestingly, however, the males spoke of their role as an emotional one also, thus identifying more stereotypically “female” qualities of nurturance and love.

Most of all, I'll give you love which money can't pay for. I'll give you the weapons to protect yourself, a shield as big as your imagination, by teaching you the inside things that some people just ignor [*sic*] . . . I'll teach you how to swing that bat at the curve balls of life. My heart, my mind, my soul will be devoted to the care of you. (letter, male)

The narratives also reveal a sense of being judged by social standards or developmental norms, which could be isolating. At the same time, however, they reveal a sense of personal resilience and determination to continue forward.

I want to be able to show my daughter that . . . you could still keep your head up and keep moving. Don't look back, don't feel sorry for yourself, don't regret things . . . so just go ahead . . . like

you fell down, get up, and keep walking . . . keep moving . . . I'm gonna make it. (focus group, female)

Discussion

The results from this study offer added insight into the lived experience of young, ethnic minority parents and provide further support of our existing understanding of the contextual experience of young parenthood. The findings show young parents in this program hold complex and multidimensional perceptions of parenthood and of the factors that impact them, their babies, their partner relationships, and their health practices or behaviors.

New findings emerge from this study in themes about relational factors (concern for the partner relationship and empathy for the family of origin) and socioenvironmental issues (reflection on the impact of social context and gender roles). Additionally, the findings reveal a capacity for nuanced self-reflection and empathy for others that represent further psychosocial developmental processes of adolescents. Rather than reflecting a concrete, black-and-white, self-focused way of thinking, the young parents are able to reflect on the complex experience of parenthood—both the pride and hopes they have for their children and partner relationships as well as the challenges of learning how to balance parenthood and partnership or marriage.

Our study expands on the developing body of knowledge about parental protectiveness by including teen mothers *and* fathers. Furthermore, it provides a window into parent perceptions about their partner relationships. Results also confirm and expand upon knowledge focusing on parental protectiveness vis-à-vis parent behavior change, risk reduction, and health promotion practices. In particular, the following results corroborate prior findings: the transformative nature of parenthood (leading to positive behavioral changes and risk reduction), the challenges of young parenthood (personal, social, environmental, and economic), the focus on values (responsibility, respect, hard work, and education), the importance of parental roles and unconditional support (being a provider, teacher, and friend), and wanting a better life for their children (Anderson, 1990; Arenson, 1994; Hunt et al., 2005; Lesser, Anderson, & Koniak-Griffin, 1998; Lesser et al., 2001; Lesser et al., 2003; SmithBattle, 1995; Spear & Lock, 2003; Williams & Vines, 1999).

Findings may have been stimulated in the original intervention, as the curriculum sought to help participants build empathy for others and thus develop more relationships of harmony and well-being in their lives (Lesser et al., 2005). Relational values such as respect, responsibility, and equality were core values woven into the curriculum to help develop parental protectiveness (the parent–child emotional attachment that positively influences parental behavior). Additionally, curriculum exercises were designed to prompt reflection on issues of gender-specific norms, emotional attachments, power between young men and women, and how these issues influence sexual decision making and risk taking. If, in fact, the curriculum did stimulate these ways of thinking, it is noteworthy that over a year later, participants are still talking in focus groups about the powerful effects of individual values, interpersonal roles, and context on family relationships, parenting, and personal behavior.

Given that the quantitative intervention (RPOR) was an HIV prevention and health promotion program, it is interesting to

note very few parents wrote or spoke about HIV/STIs or sexual health issues. This may simply be a reflection of the reality of their lives. HIV/AIDS does not seem to be perceived as an imminent threat for these young parents. Rather, social and environmental risks—violence, alcohol and drug misuse, and lack of economic and educational opportunities—are identified as more pressing concerns. Findings suggest for this group of teens, protection is a key concern and physical safety is not a given in their environment. The findings also suggest an understanding of the powerful effects of the social environment, or the neighborhood, on personal behavior.

Whereas both data collection methods (letter writing and focus group discussions) sought to understand the voice and perspective of the participant, they reflect different processes (writing versus talking). In our study, the letter writing was a snapshot, individual perspective written for the participant's child. The focus group discussion, on the other hand, was an interactive, extended conversation with one's peers. The letter writing was generally less complex and detailed, and it often seemed to represent symbolic ideals and values. The focus group elicited richer, more nuanced accounts of young parenting from the participants, expanding upon the practical successes and challenges of their daily lives.

Implications

A major goal of this study was to broaden our understanding of the participant experiences of parenthood so that both the content and process of family health promotion and parenting programs can reflect what is significant, meaningful, and relevant from the perspective of these young parents. The data reflect some young men and women use their experiences of young parenthood, and the concomitant feelings of parental protectiveness, as a source of renewed hope for their future and as inspiration for positive behavior change. The young parents emphasize a relational perspective, one in which they are a "friend" and "communicator" to help their children negotiate the "troubles of life" (risks). They connect a lack of "togetherness" or "openness" to child risk behaviors such as drinking, drug use, and unprotected sex. A question for practitioners is how to best capture the relational strengths evidenced in these findings.

Pregnancy or young parenthood may be an important moment of optimism, an opportunity to build an empathic relationship, a strong therapeutic alliance, and to link young parents to resources and support (Williams & Vine, 1999). A primary focus needs to be on building a clinical relationship with both young mothers and fathers to help them turn their hopes, dreams, and intentions for themselves and their children into sustained behavioral change. It will be key for practitioners and health promotion programs to maximize this "window of opportunity" that young parenthood presents for behavior change and health promotion. More emphasis is needed on offering services for fathers, young couples, or families.

Findings from this study suggest when working with teen parents in health promotion programs, a strengths-based and systemic, contextual perspective should be used along with a focus on individual behavior change. The teen narratives demonstrate the ability to reflect on themselves and their parenting behaviors as well as how those behaviors might affect their children. The desire and intention to be encouraging and "good" role models to

their children is striking, and it is a key parenting strength upon which to build. The teens also demonstrate a mature willingness and ability to take responsibility for themselves and their actions, regardless of what they did or did not receive from their parents and families of origin. Even when the young parents speak of remaining hurt or sadness from their relationships with their parents, they seem able to identify the intergenerational process of family dynamics and "mistakes." They describe using this knowledge and emotional experience to help reflect on their own process as parents. Clinical relationships and community-based, participatory health promotion programs should be developed to expand on existing self-protective behaviors and family strengths so that young parenthood does not constrain opportunities for the future.

Practitioners can utilize letter writing with clients to identify strengths and resources as well as personal and environmental areas of vulnerability or concern (Bandura Cowley, Farley, & Beamis, 2002). The process of letter writing may also serve as a powerful starting point for a collaborative therapeutic relationship by demonstrating that the client's ideas and beliefs will be heard and respected. Letter writing can serve as a concrete and safe way for adolescents to explore their developing identity and a way to identify desired behavioral change for the future. In the case of young parents, this process includes an exploration of the kind of lives the adolescents want to create for themselves and their children. This practice is particularly relevant for young parents, who need to learn quickly how to anticipate the needs of their children, engage in abstract problem solving, and plan for the future.

Within the context of a parenting or health promotion program, letter writing can serve as an elaboration on or rehearsal of important discussions that occurred over the course of the workshop (White & Murray, 2002). It can stimulate follow-up discussions, with either the partner or the group. Letter writing enables young parents to be the authors of their future planning, to identify and prioritize what is of key importance for their unique lives and families. Letter writing can be the first intentional step to strengthening health behaviors and family relationships. Finally, letters can be used as historical reminders of intentions and as measures to evaluate progress toward one's goals.

Even within existing socioenvironmental limits, it is still useful to develop individual-level interventions that build empathic therapeutic relationships, identify and capitalize on existing strengths, and promote responsibility and healthy decision making. In our RPOR intervention and focus groups, young parent participants were enthusiastic to be with other young parents, to trade stories, to learn from one another, and to build support and community. Thus, it is imperative to develop continued support mechanisms such as ongoing parent support groups, educational workshops, and counseling opportunities.

Whereas individual skill-building approaches can be efficacious, it is not clear that focusing on individual-level limitations can overcome the significant social and environmental barriers that impact the lives and opportunities of these young parents. Their stories reveal a sense of isolation and lack of support while also demonstrating a commitment to parenting. Goals such as helping teen parents delay a second pregnancy, improve self-esteem, increase parenting skills, and reduce sexual risk behaviors are all worthy. However, there is an equally pressing need

to develop programs that identify opportunities for support and strengths in the community. In other words, we need to address the individual-level risk behaviors while also addressing the community-level structural factors that contribute to shaping risk environments. In particular, the social and economic inequities that constrain the lives of young teen parents—access to quality education, health care, family planning, affordable housing, and economic opportunity—need to be addressed.

Limitations & Conclusion

The findings from this study are limited in that the participants represent a specific group of adolescent teen parents, primarily Latino, living in Los Angeles, from low-income, urban neighborhoods who participated in a six-session HIV prevention program. Caution must be taken not to generalize these findings to young parents in other contexts. Selection bias may also be a limitation of this study, because those who chose to participate in the program and/or the focus groups may be more interested in health and parenting than those who declined participation. Further, all of the letters written by the participants were not available to be analyzed; therefore, some viewpoints may have been missed in this discussion. Finally, due to the requirements of the quantitative parent study, the focus group interviews were held after the one-year follow-up assessment. It seems, however, that some of the study's rich relational and contextual/environmental findings were accessible only because the focus groups provided a window into the *lived experience* of parenting over time. Findings from this study increase our understanding of the multidimensional context of young parents' lives and of their perceptions of the impact of parenthood on behavioral change. This, in turn, can better inform our future research questions, clinical health promotion programs, and policy decisions.

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Katrina Dornig, MA, MFT, is a PhD candidate, UCLA, School of Public Affairs, Department of Social Welfare. She also works part time as a family therapist in community mental health. **Deborah Koniak-Griffin**, EdD, RNC, FAAN, is professor and Audrienne H. Moseley Endowed Chair, Women's Health Research Director, Center for Vulnerable Populations Research, UCLA, School of Nursing. She also volunteers as a nurse practitioner at Venice Family Clinic. **Janna Lesser**, PhD, is assistant professor, University of Texas Health Science Center at San Antonio, School of Nursing, Department of Family Nursing Care. **Evelyn Gonzalez-Figueroa**, PhD, MPH, was project director, Young Parents Project, UCLA, School of Nursing, and currently works as associate director, international, AIDS Project Los Angeles. **Margarita Castaneda Luna**, MSW, is a community health consultant. **Nancy Lois Ruth Anderson**, PhD, RN, FAAN, is professor and director, Participatory Research and Community Partnership Core, Center for Vulnerable Populations Research, UCLA, School of Nursing. **Blanca Corea-London**, MA, is a community health consultant. Correspondence regarding this article may be sent to the first author at kdornig@mac.com or P.O. Box 3216, Los Angeles, CA 90078.

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