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A Positive Deviance Inquiry Of Communicative Behaviors That Influence The Prevention Of Hispanic Teenage Pregnancy

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A POSITIVE DEVIANCE INQUIRY OF COMMUNICATIVE BEHAVIORS THAT
INFLUENCE THE PREVENTION OF HISPANIC TEENAGE PREGNANCY

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A POSITIVE DEVIANCE INQUIRY OF COMMUNICATIVE BEHAVIORS THAT
INFLUENCE THE PREVENTION OF HISPANIC TEENAGE PREGNANCY

By

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THESIS

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My sisters Brenda and Cecilia are my best friends. I am the oldest sibling so I have to set an example, and my biggest purpose is to set a good example for them. Cecy and Brenda you are my greatest motivation to succeed, thank you for supporting me throughout my graduate work, and for always believing I could do it.

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Abstract

Teenage pregnancy is a highly complex problem and the arrival of a baby affects multiple lives – directly and indirectly – in a rippling chain reaction. The odds of finishing school or college are highly stacked against teenage parents, and the future of the children who are born to teen parents is fraught with challenges. Rates of teenage pregnancy are especially high among Hispanics, and even higher among those who live in the border city of El Paso. This research project was an exploration of what communicative behaviors keep some young Hispanic women in the city of El Paso free of teenage pregnancy (labeled as Positive Deviants) while their peers face the issue.

Positive deviants (PDs) were screened through a sieve of multiple criteria: They had to be Hispanic females enrolled in college, have no children, have a mother or a sister who became pregnant as a teenager, belong to low socio-economic status, and involved in a long-term relationship with a boyfriend or partner. Some 764 screening surveys were administered and 22 participants were selected for in-depth interviews, participating sketching, and life-mapping activities. From the interviews, both the social network and the intrapersonal communication were analyzed to find key PD practices.

Communicative practices that were identified as being effective in the prevention of teenage pregnancy included: The importance of parents emphasizing the importance of their daughters' finishing school; the setting of clear expectations about work-home and in-class/out-of-class activities in consultation with the teenager; an emphasis on extracurricular activities that reinforce goals and expectations; reinforcement and support of such messages through other family members; the role of trusted male members to provide affirmations, guidance, and direction for the teens; harnessing the role of older siblings through trusting relationships; and if

talking about teenage pregnancy, emphasizing the gains achieved without a pregnancy instead of talking about loss through failure.

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Preface

When I was brainstorming some possible thesis topics with my advisor, Dr. Arvind Singhal, he would listen patiently and then pose the question: So what? What difference will this study make? That set me on the path to look for a topic that had meaning, relevance, practicality, and something that I could apply in my community.

One day, when talking to my youngest sister Brenda, who is seventeen years old and attending high school, she casually mentioned that a girl from her school got pregnant. It brought back memories of the time when my family and I moved from Ciudad de Juarez in Mexico to El Paso, Texas. I was seventeen years old and was in my senior year of high school. I was the exact same age that my sister is now, but yet, we had a completely different perception of teenage pregnancy. In Juarez, during my first few years of high school, I did not encounter any schoolmate who got pregnant, or knew a young man who got a girl pregnant. On the other hand, as soon as I started my senior year in high school in El Paso, I recurrently saw girls getting pregnant. Surprisingly, most people seemed to be okay with this, and it seemed a normal state of affairs, just as it seemed to be for my sister Brenda.

Encouraged by Dr. Singhal about the importance of this topic, I started doing research about teenage pregnancy, learning that the Hispanic population represented the highest adolescent pregnancy rates. I soon became more and more interested in the topic and the causes of teen pregnancy. First I got immersed in searching for literature that addressed the topic and the results that the different studies found. After detecting that most of the studies presented the negative causes of the problem, and being exposed to the Positive Deviance approach to social change in two consecutive graduate classes taught by Dr. Singhal, my topic began to crystallize.

After working with Dr. Singhal on several iterations of my thesis proposal, it was presented to my larger committee, and subsequently approved.

My outside committee member, Dr. Núñez-Mchiri, encouraged me to go out to the community and to get involved with teenage issues so I could begin to acquire first-hand knowledge on the topic. She opened many doors for me. I visited the Child Crisis Center in El Paso, where I learned about the No Kidding program, a youth mentoring program where teen parents go to area high schools and talk to the students about the pitfalls of teenage pregnancy. I participated in the Mother-Daughter/Father-Son Career Day and after I talked about my research interests I was invited by different area schools to talk early about pregnancy. It allowed me to talk to young students about this issue, and to gain a deeper understanding of where they were coming from. In addition, I was invited to serve on the committee that organized the “Stay Teen Day,” and also asked to serve on the Media Task Force for the El Paso County Regional Teen Pregnancy Prevention Coalition.

This involvement in matters directly related to my thesis topic provided an informed perspective of the situation of teenage pregnancy in my community, helping me understand different points of views through direct experience. These experiences greatly helped me craft my screening questionnaire to identify positive deviants, and gave me a peep into the world of field research where things often do not go according to plan, and one constantly needs to adjust, adapt, and do the best that one can in a given circumstance.

As my thesis unfolded, I realized that my timelines and personal deadlines were secondary, and it was more important to identify a sufficient number of positive deviants, and be willing to honor the schedules of those who agreed to be my interviewees. I learned a lot from,

and about, the 22 PD teenage Hispanic girls I interviewed, and am grateful to them for their candid reflections on what allowed them to prevent teenage pregnancy.

Moreover, I found myself empathizing and seeing my own life experiences reflected in the respondents' stories, and had to hold myself back so I could truly listen to them. Over time, as I gained hands-on proficiency in conducting interviews, I noticed that my original questionnaire had become more fluid as I better grasped what questions were working and in what order. The only thing I did not change was the order of my first ice-breaker questions: I would ask them about their life in general, their high school experience, etc., before we started talking about pregnancy.

At my thesis defense, I felt the completion of a research cycle. I found myself with my committee members, my mother, my boyfriend, and one of my friends, to witness the culmination of a year and a half years worth of effort and learning. During this journey I discovered many things about my community, my professors, my school, my family, my friends, and myself. Above all, I learned about the communicative behaviors of some remarkable Hispanic teenagers who were able to avoid pregnancy. I am eager to see what life holds next for me.

Chapter 1

Introduction

"It's hard to raise a child when you're still a child"

-Anonymous

The United States-Mexico border region is a location where two cultures connect and interact, allowing for the formation of a hybrid culture that combines values and morals, lifestyles, ways of speaking and much more. The present study will analyze how this environment affects the Hispanic¹ teenage female population and their sexuality, and especially what role their communicative behaviors play in the enactment of their sexuality and prevention of teenage pregnancy.

Teenage pregnancy is a problematic situation with obvious social, emotional, and physical repercussions: "Medical complications like preterm birth, poor maternal weight gain, pregnancy-induced hypertension, anemia, and sexually transmitted diseases are strongly associated with teenage pregnancy" (Banerjee, et. al., 2009). Since the female body is still

¹ Labels carry their own baggage and the term "Hispanic" was chosen based on the participants' responses. They were asked to select a term to define themselves among the following terms: Chicana, Latina, Mexican, Mexican-American, and Hispanic. The majority selected Hispanic. We use the terms "Chicano" or "Latino" if such is used in direct quotes, otherwise we stay with Hispanic. The term Chicano is often used by different writers who "see themselves as members of a 'historically and structurally oppressed group'" (Rinderle, 2005, 296). Latino is portrayed in various studies signifying the one thing that is shared by all: origin in a Latin American country (Hayes-Bautista & Chapa, 1987). Mexican means that a populations comes from Mexico. The Mexican American population is the largest and most rapidly developing ethnic group in the United States today (U. S. Bureau of the Census 2001); also "Mexican Americans have a distinctive cultural heritage and a unique pattern of immigration" (Parke et al. 2004). The term "Hispanic connotes middle-class standing, support for the status quo, and a desire to downplay one's Indian ancestry" (Acuña 2000, 408–9; Mirandé 2002, 3).

developing, “teenage pregnancy is often referred to as ‘at-risk pregnancy’ and is of grave concern within medical environments and society. Teenage women face a greater risk of obstetric complications than women in their twenties” (Banerjee, et. al., 2009).

The present chapter discusses the social consequences of having an early pregnancy among Hispanic teens. Data and trends on this topic are presented at a national, state and city level for El Paso, Texas. The possible causes of teenage pregnancy are also explored. The basic tenets of the Positive Deviance approach are spelled out and examples of its application are provided, raising implications for its use in understanding the prevention of teenage pregnancy.

Consequences of Early Pregnancy

Each case of a teen getting pregnant can lead to many rippling consequences for both the mother and the baby, not to mention the accompanying social taboos and stigma (Melby, 2006; Gilliam, 2007; Denner, Kirby, Coyle & Brindis, 2001; Talashek, Norr & Dancy, 2003). As discussed by Melby (2006), “Research shows that children of teen mothers are more likely to be poor, uneducated and unruly than other kids.” In this sense, teen pregnancy is a problem with a vicious loop, where the children of teenage mothers begin their life with a tremendous disadvantage.

According to the *How Healthy is El Paso Report*, “El Paso County had a higher percentage of births to teenage mothers than the United States and Texas in 2004” (Reyes, 2008).

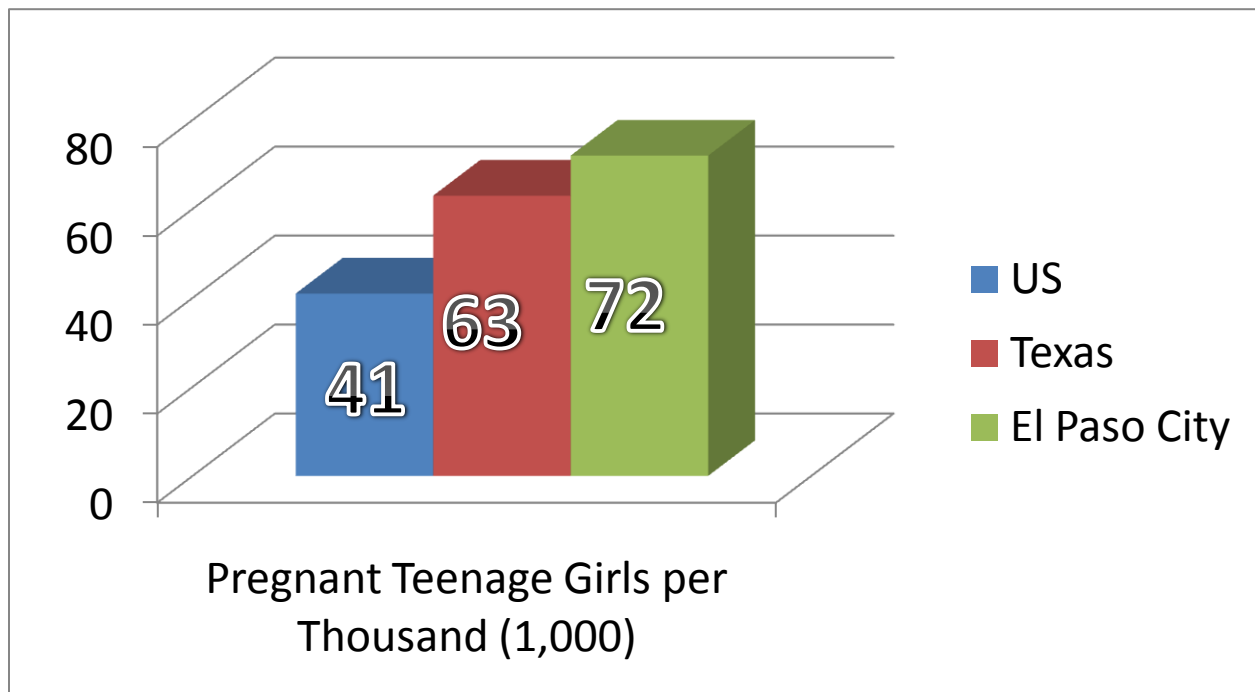


Figure 1: Teen Pregnancy Rates according to the US Census Bureau, 2007

Several studies explain the reasons behind the increasing rates of teen pregnancy among Hispanic women (e.g. Talashek, Norr, & Dancy, 2003; Lindenberg, Solorzano, Vilaro, & Westbrook, 2001; Denner, Coyle, & Brindis, 2001; Dogan-Ates & Carrion-Basham, 2007; Abel & Greco, 2008). Melby (2006) summarizes the key reasons:

Hispanic girls who become pregnant are less likely to have an abortion; the taboo against teen pregnancy isn't strong in many Hispanic communities; Hispanic teens may not have access to health care services; teenagers who've recently arrived in the U.S. are less likely to use condoms during intercourse; there may not be enough pregnancy prevention programs aimed at Hispanic teens, [and] creating programs for Hispanic teens isn't easy because of the diversity of the nation's Hispanic population.

A number of programs target the prevention of teen pregnancy among Latinas. “Plain Talk” (“*Hablando Claro*”), for example, is a comprehensive, community-based pregnancy prevention effort developed by the Annie F. Casey Foundation” (Melby, 2006). Furthermore, abstinence

programs have been developed, such as the Family Action Model for Empowerment (FAME), which promotes healthy relationships within the family and “abstinence as a positive choice for youth” (Abel & Greco, 2008). There are several other teen pregnancy preventions programs, however, the problem of teenage pregnancy continues to persist and is on the rise in the United States.

The present study is based on the premise that perhaps the solutions to this problem lie with the Hispanic teenagers, who despite being in a relationship and being at very high-risk, have found a way to stay pregnancy-free, both due to their social network and their intrapersonal communication. This study argues that solutions to teenage pregnancy may be identified by Hispanic teenagers who averted becoming teenage mothers. Therefore, this research is focused not so much on finding explanations and causes for the occurrence of teenage pregnancy; on the contrary, this study focuses on identifying behaviors of young Hispanic women facing multiple risks yet who have somehow managed not to become pregnant. This study examines 22 young Hispanic women’s narratives as evidence of positive deviant behavior. Positive deviant behavior is uncommon behavior within a society that against all odds is solving a problem that other members of the community face, as will be further examined in this chapter.

The Positive Deviance Approach

The Positive Deviance approach is based on the observation that in every community there are certain individuals or groups whose uncommon behaviors and strategies enable them to find better solutions to problems than their peers, while having access to the same resources and facing similar or worse challenges (Pascale, Sternin, and Sternin, 2010; Singhal, Buscell, & Lindberg, 2010; Singhal & Dura, 2009). The Positive Deviance approach is an asset-based, problem-solving, and community-driven approach that enables the community to discover these

successful behaviors and strategies to then develop a plan of action to promote their adoption by all concerned (Singhal, 2010; Positive deviance Initiative, 2009).

Young Hispanic girls who against all odds and high-risk factors have not become pregnant by the age of 18 to 28 years old represent, from this perspective, a clear example of Positive Deviance. If they can remain pregnancy-free, then it becomes useful to explore what actions, behaviors, and practices they engage in that allow them to achieve better outcomes than their peers. In this study, I am especially interested in young Hispanic women who avoided getting pregnant earlier in their lives and how their communicative behaviors—their patterns of communication with their partners, parents, siblings, mentors, and friends—that help them avoid pregnancy. By examining the communicative behaviors of young Hispanic women who avoid getting pregnant, this study aims to find communicative behaviors and patterns that can be replicated by the rest of the population to prevent teenage pregnancy.

Positive Deviance is described as an approach that is uniquely successful in extremely difficult situations, where perhaps other approaches have failed (Singhal, 2010; Durá & Singhal, 2009, 2010; Singhal & Dura, 2009a, 2009b; Walker, Sterling, Hoke, & Dearden, 2007; Spreitzer & Sonenshein, 2004; Fowles, Hendricks, & Walker, 2005; Bradley, et. al., 2009; Andersen, 2008). Since El Paso County has very high teenage pregnancy, a Positive Deviance inquiry may be especially useful to conduct here to explore strategies and examples that may be shared with youth, parents, educators, health advocates, medical practitioners, and other individuals and organizations interested in addressing the issue of teenage pregnancy at the local, state, or national levels.

For the purpose of this study, the positive deviants have been identified as Hispanic female teenagers that remained pregnancy free during their adolescent years, and are now at the

ages of eighteen to twenty eight years old. In addition, they came from families with low incomes, with mothers that became pregnant at an early age, who have been in a relationship with a boyfriend(s) for some years, and still managed to finish high school and attend college.

Examples of Positive Deviance

The Positive Deviance approach and its applications is explained by using three different examples: The first example illustrates the origins of Positive Deviance, the second illustrates what makes positive deviants different from their peers, and the third shows the importance of being mindful of nuances, subtleties, and small details in employing the Positive Deviance approach.

The Origins of Positive Deviance in Vietnam

The case that gave birth to the Positive Deviance approach was in Vietnam. Jerry Sternin, who later co-founded of the Positive Deviance Initiative, was in 1990 appointed the Director of Save the Children in Vietnam, and asked to combat rampant childhood malnutrition in Vietnam. Sternin, working with local health and development partners, found some poor families in Thanh Hóa Province who had managed to avoid malnutrition without access to any special resources. They “represented the Positive Deviants. ‘Positive’ because they were doing things right, and ‘Deviants’ because they engaged in behaviors that most others did not” (Singhal, Sternin, & Durá, 2009). He found that some mothers were adding the greens of sweet potato plants, while other mothers were adding tiny shrimp and crabs to their children’s meals; actions that were not common among others. Some mothers were also feeding the children three to four times a day, instead of the customary two meals a day, breaking the bigger meals into smaller portions so that no extra resources were wasted. Other mothers engaged in “active” feeding, making sure their children finished their meal. The norm was to put the bowl of food in front of the child so the

children would eat some, perhaps drop some, and waste some. Some mothers washed their children's hands before and after they ate. These mothers, because they were engaging in behaviors that were not the norm, represented positive deviants.

Researchers decided that Positive Deviance enables communities to discover the wisdom they already have, and then to act on it" (Singhal, Sternin, & Durá, 2009). Since people are naturally resistant to adopt new behaviors, and dislike being told by others what to do, Sternin and his counterparts focused not so much on telling people how to act, but rather focusing on the action itself. They launched a two-week nutrition program in participating villages, where caregivers learned how to cook with sweet potato greens and tiny shrimps (resources that were available to local families), and actively fed their children, taking care of hand hygiene, and giving them smaller and more frequent food portions. The mothers also monitored the weights of their children for two weeks, and the results were visible: The children were becoming healthier.

Over time, the lessons learned in Thanh Hóa were amplified and diffused in other parts of Vietnam. "The Positive Deviance intervention became a nationwide program in Vietnam, helping over 2.2 million people, including over 50,000 children improve their nutritional status" (Singhal, Sternin, & Durá, 2009). The key learnings from this intervention were the following: First, people learn best by experiencing and acting out the desired behaviors, so the typical linear approach of KAP (i.e., Knowledge leads to Attitude change, leads to Practice) was operationalized in reverse. Second, the realization that the solution to the problem often lurks within the people and with those who may not have access to special resources. And, third, an intervention program has a better likelihood of sustainability when the local people show each other how to solve the problem, this representing "social proof" to them that people in their

same situation from the same community are able to solve the problem and no external help or resources are needed to maintain the solution.

Finding Positive Deviants in Uganda

Northern Uganda has suffered from a civil conflict since 1986 that involves the guerrilla soldiers of the Lord's Resistant Army (LRA) who are pitted against the Ugandan national army. During this conflict, thousands of young girls were abducted by the LRA. If they were lucky enough to survive and return to their villages, they faced many problems reintegrating within their own communities. Many abducted women were alienated and stigmatized by their communities for having sided with the enemy, mothering their children, and for serving as spies and soldiers against their own people. The alienated girls often engaged in transactional sex to obtain food or for a place to sleep. However, not all girls practiced transactional sex. Some girls, the positive deviants, found ways to make an alternative living and managed to reintegrate themselves better than others.

Singhal and Durá (2009) found that the positive deviant girls would engage in several simple practices to support themselves without having to resort to transactional sex, such as: picking up extra loads of firewood; filling an extra jerry can of water to sell, working in collaboration with friends to share tasks of baby-sitting, seeding, harvesting, and selling their crops; working an extra hour or so in their gardens while others rested; saving money and reinvesting, and growing and selling multiple seasonal crops. These practices were accessible to all the girls but few engaged in them. Here lies the value of the positive deviant inquiry: it allows other community members to identify the successful behavioral strategies of the positive deviants within their own (Singhal & Durá, 2009). This self-identification is significant as it comes from their people and can be valued more, and most importantly replicated and sustained.

Small “Deviant” Actions Lead to Big Reductions in Hospital-Acquired Infections

A third example of the Positive Deviance approach is the case of reducing hospital acquired infections (HAI), specifically Methicillin Resistant *Staphylococcus Aureus* (MRSA), in U.S. health care organizations. The HAIs occur because health care workers do not always follow proper hygiene protocols. This example examines the front-line health care workers in Billing’s Clinic in Montana, where the Positive Deviance approach was implemented. This case, involves hundreds of small “deviant” actions, behaviors, and practices that are reducing HAIs in significant ways. The hospital involves its vast pool of employees, doctors, nursing staff, housekeepers, therapists, technicians, pastors, and social workers, into finding behaviors that prevent MRSA transmission (Singhal, 2010; Singhal, Buscell, & McCandless, 2009). Examples of these Positive Deviance behaviors at Billings and other US hospitals include:

- A patient who refuses to make eye contact with a doctor or nurse if he does not hear the tap run or the sanitizer’s dispensing swish. He then alternatively looks at the wash basin and the health care provider until the non-verbal equivalent of “please wash your hands” is understood.
- A physician purposely sees his MRSA patients last during rounds, a simple practice that greatly reduces the risk of transmitting MRSA.
- An ICU nurse disinfects a patient’s side rails several times during her shift to keep MRSA from being picked up and spread.
- A transporter who places a clean sheet between himself and a MRSA patient to avoid direct microbial transfer.
- A physician stops wearing his tie, his white coat, and long sleeves, all vectors for the spread of MRSA infections, and thus encourages others to adopt his practices.

Before the Positive Deviance approach was implemented in Billings Clinic, Montana, hand-hygiene issues were seen purely in terms of technical issues to be fixed. The knowhow of fixing the transmission of MRSA was expected to come from experts. However, positive deviants emerged from all walks of life: physicians, nurses, patients, transporters, housekeepers, and others involved in daily interactions with MRSA infected individuals.

The three preceding examples are only a small sample from all the cases that have employed the Positive Deviance approach around the world. However, these cases demonstrate the key attributes of this approach, including the importance of identifying positive deviant behaviors and practices that lead ordinary people to achieve extraordinary outcomes.

Summary

The purpose of the present research is to analyze the Positive Deviance behaviors of young teenage Hispanic girls who have, against all odds, found ways to remain pregnancy free during their adolescent years and are now enrolled in college. This study explores the actions, behaviors, and communicative practices that have facilitated these young women to overcome a number of obstacles, leading to better outcomes than their peers. Consistent with the Positive Deviance approach, this study believes that the wisdom to solve the problem already exists within the community. The role of the researcher is to help the community uncover this existing wisdom and then to facilitate a process, as a next step, to share and amplify it within the community.

The next chapter reviews the literature related to sexuality and teen pregnancy among the Hispanic population, and the Positive Deviance approach. Chapter 3 outlines the methodology employed in the present study, including focus groups, in-depth interviews and participatory

sketching. Chapter 4 reveals the key results and findings, and Chapter 5 presents the conclusions and implications of this study.

Chapter 2

Literature Review

This chapter will review the literature on topics related to teenage sexuality, issues of sexuality in U.S. Hispanic communities, communicative behaviors that influence Hispanic teenage pregnancy. The Positive Deviance approach will then be reviewed and research questions posed.

Studies on Teenage Sexuality

Several studies have looked at parental communication processes among White and Black populations with respect to teenage sexuality. Wright (2009), for instance, noted that White Anglo mothers are usually the ones that communicate with their daughters about sexual issues because fathers tend to believe that speaking to their sons is their major responsibility. Wyckoff, Miller, Forehand, Bau, Fasula, Long, et al. (2008) found that among African-American populations, both parents communicate with their children about matters of sexuality. That is, parental communication across gendered lines is more fluid among Black populations. There is extensive evidence to suggest that African-American and Hispanic teens are at higher risk for pregnancy, relative to Whites, controlling for other factors such as socio-economic status, education, and the like. Wyckoff et al., (2008) have found that:

African-American youth are particularly at risk with more African-American boys (27%) having initiated sexual intercourse by age 13 than their Hispanic (11%) and white (5%) counterparts. The same pattern was found among girls: 7% of African-American female students had initiated sex before age 13 compared with 4% of their Hispanic and 3% of their white counterparts. (p. 650)

The authors conclude that pre-adolescence is the appropriate time for parents to initiate discussions on preventive sexual messages with their children. In this respect, the cultural context and prevailing socio-cultural norms about parental involvement in discussions of

sexuality become important. Parents can take different approaches when discussing this topic with the adolescents, one of them is abstinence.

When discussing the previously implemented programs to prevent teen pregnancy, McKee (2008) notes the relative ineffectiveness of the abstinence-only programs. McKee (2008) notes:

In 1996, U.S. Congress signed a five-year bill allocating \$250 million for the states to promote sexual abstinence outside of marriage as the only acceptable standard of behavior for young people. However, a 2006 report revealed that by age 18, six out of 10 females and more than five in 10 males have had sexual intercourse. (p. 214)

McKee (2008) goes on to discuss the characteristics of sex education programs necessary for them to be successful: “Experience has shown that sex education programs that have brought results in disparate societies and cultural contexts deploy community-based, holistic tactics to drive beneficial social change rather than resorting to ineffective abstinence-only sex education” (p.214). This is a call for a holistic approach that is mindful of cultural context is heeded in the present exploration of communicative factors that prevent Hispanic teen pregnancy.

Sexuality within the Hispanic Community

Gavin, MacKay, Brown, Harrier, Ventura, Kann, et al. (2009) conducted a study to identify the sexual behaviors of Hispanics and Blacks who were between 10 to 24 years old. The authors found that “Pregnancy rates for female Hispanic and non-Hispanic black adolescents aged 15–19 years are much higher (132.8 and 128.0 per 1,000 population) than their non-Hispanic white peers (45.2 per 1,000 population)” (p. 1). Further, they found that “In 2004, the highest pregnancy rates for adolescents aged 15–19 years were reported among Hispanic and non-Hispanic black adolescents (132.8 and 128.0, respectively), compared with 45.2 among non-Hispanic white adolescents” (p. 9). Due to the higher teenage pregnancy rates within the

Hispanic population, this study focuses on this specific population to find preventive behaviors within the participants.

According to Garcia (2009), Hispanics have a sexual subjectivity that is reflected in how they talk about sex and their first sexual activity: “The experiences of Latina girls in my study revealed how racial/ethnic and gender identities intersect with sexual identities to shape how they approached their sexual initiation, which was characterized by two types of relationships—love and caring” (p. 602). The young women often justify their sexual encounters on account of love; or on account of their connection and closeness to their partner. The ones that emphasized love wanted their experience to be special in a long-running romantic relationship. The young women who emphasized the connection and closeness to their partners did not have those romantic expectations. They talked about dividing their feelings and knowing that a sexual gratification is not the same as love (Garcia, 2009).

Garcia (2009) also looked into the political, economic, social and cultural contexts that surround the girls when they become mothers. In this study, the average age for a girl to become pregnant was 15 years old. Garcia (2009) argued that the acculturation process increases the chances of Hispanic girls becoming pregnant. Second-generation Hispanic girls, for instance, view the loss of the virginity differently from their mothers. As they become more settled in the United States, Latinas expect more sexual freedom. Following the same idea, Talashek, Norr and Dancy (2003) stated, “less acculturated (less than 5 years in the United States) pregnant Mexican American teens were older at first intercourse, completed fewer years of schooling, sought prenatal care later, had older partners, and were more likely to be married and/or employed than were their more acculturated counterparts” (p.208). Garcia’s (2009) study seems to associate Mexican values with the delay of sexual intercourse.

Acculturation, defined as a “process by which immigrants adopt the attitudes, values, customs, beliefs and behaviors of a new culture” (Abraido-Lanza, Chao, & Florez), seems to be an issue in the Beaulaurier, Craig and De La Rosa (2009) study, where researchers found that acculturated Hispanics seem more likely to engage in risky sexual activity, not necessarily knowing the risks. The authors also discuss the influence of traditional Hispanic family values, gender roles, religion, socioeconomic factors, health, and health care as an integral part of the transmission of HIV and AIDS within the Hispanic female population. Beaulaurier, Craig and De La Rosa (2009) argue that those values impact sexuality and gender roles: “Adherence to traditional Latino values for women, such as monogamy, and reluctance to engage in sexual activity with multiple partners may serve as protective factors for avoiding HIV infection” (p. 55). These studies seem to suggest that acculturation, and adherence to traditional Latino values for women, actually serve as a protective force/factor helping Latinas avoid transmitting HIV/AIDS.

Benavides, Bonazzo and Torres (2006) studied the cultural characteristics of the Hispanic community and took them into account to develop a model to prevent HIV transmission. The cultural characteristics that were salient were familialism, allocentrism, fatalism, gender roles, power distance, and time orientation. These cultural characteristics seem relevant in the case of Latina teenage pregnancy research and are defined below:

Familialism

Familialism is considered to be a crucial part of the HIV prevention process. The family or *familia* is the main unit of Hispanic society, “It involves feelings of unity, reciprocity and trust” (Benavides, Bonazzo & Torres, 2006, p.84). Familialism can engender parent-child

communication about sex. This characteristic is decisive when discussing teenage pregnancy and how the participants may or may not feel the support from their families.

Allocentrism

Allocentrism is collectivism, a sense of membership among the Hispanic community. It refers to the sharing of information and helping each other. If communication between parents and children is difficult, participating in communal activities can serve as icebreakers to initiate a conversation.

Fatalism

Fatalism means that people are guided by faith, and they believe they have little control over their future. Fewer options can create a greater sense of fatalism. So, if the parent-child communication creates a space for broaching more options, more control can be exercised over sexuality.

Gender Roles

Gender roles are linked to the concept of *machismo* within the Hispanic community, where the males act out their “manliness” over females. This may lead to unprotected sex and multiple sex partners. But if communicative behaviors emphasize *machismo* as being protective of one’s partner, it could be positive.

Power Distance

Power distance is about the respect that takes place between Hispanic parents and children, where the children may be afraid of openly communicating with the parents. This is an important factor when discussing taboo topics such as sex and pregnancy.

Time Orientation

Time orientation can affect when the Hispanic community is time-oriented to think about the present time and less about the future. The idea is to promote the contrary. Here parent-child communication that included conversations about future personal and career goals could be harnessed positively.

Benavides, Bonazzo and Torres (2006) also developed an interventional model to encourage more sexual responsibility among Hispanic teens. The three-way model included a group formed by a facilitator, a Hispanic parent, and a Hispanic adolescent. The facilitator encouraged and supported a process that allowed for an understanding of the parents' and adolescents' social context. The process also facilitated dialogue about risk taking and promoted a parent-adolescent partnership on actions and their evaluation (Benavides, Bonazzo & Torres, 2006, p.92). This model can be replicated for my study when diffusing the results, besides the transmission of information, this technique encouraging dialogue within the family might help the participants find answers and initiate an open line of communication.

Teen Pregnancy within the Hispanic Community

A review of literature related to teen pregnancy within the Hispanic community notes several salient factors that can act as triggers for teenage pregnancy: economic status, cultural and traditional values, education, intrapersonal communication factors, such as self-esteem, and communication with both parents and partners (see Denner, Kirby, Coyle, & Brindis, 2001; Talashek, Norr, & Dancy, 2003; Dogan-Ates & Carrion-Basham, 2007; Gilliam, 2007; Abel & Greco, 2008; Garcia, 2009; Biggs, et. al., 2010).

Socio-Economic Status

Teen pregnancy is related to many factors, and a key one is socio-economic status (SES): "Latinas' higher rates of poverty [...] place them at higher risk of teen pregnancy and also

translate into fewer resources to cope with the difficulties of teen parenting” (Biggs, et. al, 2010, p.78). Furthermore, poverty has been found to be directly related to teen pregnancy (Hayward, Grady, Billy, & Bill, 1992; Kirby, Coyle, & Gould, 2001). A study by Denner, Kirby, Coyle, and Brindis (2001) investigates how four communities decreased teen pregnancy incidence, despite their high rates of poverty. The authors found that social capital levels were higher in these communities: the communities had more social networks, and institutional collaboratives (Denner, Kirby, Coyle, & Brindis, 2001). Even though socio-economic status can be a determining factor to engage in risky behaviors, it can be supplemented with social networks that empower people and motivate them not to follow negative common patterns.

Cultural and Traditional Values

In her study with Latina women in the gynecology clinic at the Outpatient Care Center at the University of Illinois at Chicago and Easter Seals Day Care (a community site providing day care for children of low income women), Gilliam (2007) discussed how very traditional cultural values get in the way of communication between parents and daughters about sex. Further, Gilliam (2007) pointed out that open communication between partners on sexual matters barely exists, for example, there is a severe lack of communication about condom use: “Overall, the role of male partners in contraceptive use and pregnancy prevention is poorly understood” (Gilliam, 2007, p. 52). In her interviews with Latina women that experienced adolescent pregnancies, she found that open communication with their mothers about contraception was also missing. So communication with parents and partners is stifled, increasing the likelihood of a Latina pregnancy.

A study by Melby (2006) also focused on the cultural aspects related to Hispanic teen pregnancy. Melby (2006) explained that Hispanic girls who become pregnant are less likely to

have an abortion, a choice mediated perhaps by religion and financial resources. Also, the idea of a pregnant teen is relatively not so taboo within the Hispanic community, given the high incidence of occurrence and the high value placed on family. Further, the likelihood of pregnancy was higher as the teens may not have access to healthcare services, including condoms. Melby (2006) also argues few programs existed for Hispanic teens to prevent teen pregnancy, and creating them, and customizing them, was difficult because of the diversity of the Hispanic population.

Education

The study by Talashek, Norr and Dancy (2003) presented the importance of education in the prevention of risky behaviors: “Sexual risk taking is strongly related to school progress” (p.207). When talking about teen pregnancy specifically, Dogan-Ates and Carrion-Basham (2007) cite Hogan and Kitagawa (1985) to mention that “low academic achievement and low career aspirations are strongly associated with the risk of teen pregnancy” (p.556). Dogan-Ates and Carrion-Basham (2007) found in their study that non-pregnant girls had higher GPA’s, had regular time to do their homework, and spent more time reading books or magazines. In addition, Gilliam (2007) emphasized the importance of education as an alternative to childbearing. Education presents a positive correlation with prevention of pregnancy, decreasing sexual risk and providing alternatives to child-bearing.

Intrapersonal Communication

Dogan-Ates and Carrion-Basham (2007) found the relation between self-esteem, locus of control and sexual behavior of teens. The authors found that pregnant Latinas presented higher self-esteem than non-pregnant adolescents, and those where the locus of control was seen as being outside of them, represented a risky population. Dogan-Ates and Carrion-Basham (2007)

found in their study that “the NP (non-pregnant) and P (pregnant) adolescents did not differ in self-esteem and locus of control scores. These findings, however, were consistent with previous studies that found no relation among teen pregnancy, self-esteem, and locus of control” (p.565). According to this study, self-esteem has little or no influence over risky behaviors.

In the next section, the salient communicative factors, including strategies used by young Hispanic women in negotiating their sexuality with their partners, will be explained.

Positive Deviance and Hispanic Teen Pregnancy

The principles of the Positive Deviance approach will be applied in this study to uncover the wisdom that already exists among Latina girls who, against all odds, avoid teenage pregnancy. The Positive Deviance inquiry is used as a mechanism for identifying communicative behaviors of the young women, their parents, their friends, their mentors, and their partners that help to obviate pregnancy. The focus is not only on the communicative behaviors of the girls, but also on the interactional relationships they have with their family, friends, and partners. This study thus explores the different factors that can affect a teen’s decision to have sex, and if they so, decide to look for ways not to become pregnant.

Most of the past research, as evidenced by the studies reviewed above, focus on the problems associated with teenage pregnancy and not on finding solutions that could be put into practice. This investigation is designed to find solutions that already exist and to amplify them.

The Tenets of Positive Deviance

What are some of the key conceptual tenets of the Positive Deviance approach?

#1. Positive Deviance enables communities to discover the wisdom they already have, and then to act on it (Singhal, Sternin and Durá, 2009).

In the pioneering Positive Deviance case in Vietnam, the problem tackled was malnutrition among Vietnamese children. The challenge was the following: “To implement a large scale program to combat childhood malnutrition in a country where two thirds of all children under the age of five suffered from malnutrition” (Singhal, Sternin & Durá, 2009, p. 1). Poor families who had healthy children were the positive deviants. Originally, the goal was to research and identify what these positive deviant mothers were feeding their children. The Positive Deviance inquiry found that some poor mothers added greens of sweet potato plants and tiny shrimps and crabs from the rice fields to the children’s meals. Some others fed their children four smaller meals a day instead of two big ones, making sure no food was wasted, and washing the hands of children before and after they ate. So, the wisdom to solve the problem of malnutrition existed within the community.

#2. Positive Deviance practices must be accessible to all; they are often simple and can be implemented immediately (Singhal and Durá, 2009a; 2009b).

Singhal and Durá (2009a; 2009b) conducted a study on a Positive Deviance project that focused on reintegrating war abductees in northern Uganda into the community. When the abducted girls returned to the community, they were treated as pariahs because they had sided with the rebel army. When they came back, they had no education and no support. Positive deviant women in this study practiced a number of activities instead of engaging in transactional sex to make a living, including: pickingd extra loads of firewood for selling, working collaboratively with friends in the fields, exhibiting polite behaviors with community members, and working an extra hour or two in the garden to earn money. All of these practices, accessible to all returned abductees, were Positive Deviance behaviors. When these Positive Deviance behaviors were amplified, the results were highly encouraging: abductees were no longer

engaging in transactional sex as a way of earning money. They found other practices, gaining self-esteem and saving money for reinvesting in their business or for a rainy day.

The key point here is that the Positive Deviance practices must be accessible to all. They are often simple behavioral changes, and immediately actionable.

#3. Positive Deviance is an approach most suited for intractable social and behavioral problems when most other behavioral change approaches have failed (Durá and Singhal, 2009)

Durá and Singhal (2009) write about how the problem of school dropouts was addressed in the Misiones Province of Argentina. The children were dropping out of school so they could help their parents in the field, planting cassava branches, harvesting tobacco, and weeding. Only 56% of students made it past grade three (Durá & Singhal, 2009, p.3). So what were the behaviors practiced by the positive deviants that allowed them to stay in school? In the one or two schools that had higher retention percentages, the Positive Deviance practices included the following: the teachers welcomed parental involvement in school so they could feel part of the school activities. This resulted in their taking more interest in the progress of their children. Also, unlike other schools, the Positive Deviance school provided breakfast (most others provided lunch), which allowed for students to have high energy levels from the first hour. In the schools that provided lunch, the students had a difficult time concentrating in their classes, especially on an empty stomach.

The lesson from Argentina was that often seemingly intractable problems can be addressed by the Positive Deviance approach.

#4. The Positive deviance approach values the wisdom of “unusual suspects,” or those individuals who may otherwise be overlooked. (Singhal, Buscell, & McCandless, 2009).

Singhal, Buscell and McCandless (2009) conducted a study on hospital-acquired infections, especially the transmission of Methicillin-resistant *Staphylococcus aureus* (MRSA) and how it could be controlled. Describe in one sentence if you can, what MRSA is, we can't assume your reader knows this. In one clinic, the surgeon saw MRSA patients at the end of his rounds to not risk contaminating the non-MRSA patients. A nurse placed a clean sheet between herself and the patient to avoid direct contact. A transporter had developed a technique of rolling his gown and gloves into a disposable ball, thus reducing the risks of infection. Some doctors did not wear ties, white coats, and long sleeves. When these practices of "unusual suspects" were discovered and amplified, infection rates at the X medical facility dropped.

#5. Positive Deviance is based on the premise that the community learns by doing i.e. by acting out the newly discovered Positive Deviance behaviors (Singhal, Sternin, & Durá, 2009).

Positive Deviance is a practice-based approach that encourages people to act their way into a new way of thinking, instead of the traditional cognitive processing route of "thinking one's way into acting." Once Positive Deviance behaviors are identified, facilitators work with the community to design a program whereby people can act out the Positive Deviance behaviors. If the practice outcomes are positive, their attitudes and awareness-knowledge align themselves naturally.

So, in summary, the Positive Deviance approach can solve complex social problems by basing actions on the wisdom that already exists within the community. If some people within the community, against all odds, have found a way to solve a problem without any extra resources, then there is social proof that the problem can be solved, and with existing resources.

Based on the above review of literature on Hispanic(o) teenage sexuality, as well as an explication-explanation? of the key tenets of the Positive Deviance approach, the following research questions guide this inquiry:

RQ1: What are the specific intrapersonal communication behaviors and practices that the Positive Deviance girls engage in that help them avoid pregnancy?

RQ2: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their partners that help them avoid pregnancy?

RQ3: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their parents and family that help them avoid pregnancy?

RQ4: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their friends and mentors that help them avoid pregnancy?

In the next chapter, we discuss the methodology and data-collection procedures to address the above research questions.

Chapter Three

Methodology

The present chapter discusses the methods and data-collection procedures employed to conduct this research study. At the outset, it may be useful to mention that prior to engaging in data-collection, the present researcher completed IRB training. An IRB application was then filed and subsequently revised. Once the approval was received, the consent forms were distributed and signed before any data was collected.

Site of Research

For the purposes of this study, Hispanic female college students from a mid-sized state university in the U.S. southwest were interviewed. The factors considered to select this university included easy access to the campus and contacts that could help with the present research. This university is primarily a Hispanic-serving institution with a student body that is about 80% Hispanic, and it is located on the Mexico-U.S. border.

Selection of Respondents

In the Positive Deviance approach, the main focus is on people who, against long odds, are able to find ways to overcome a particular problem. For this study, interviews were done with young women who, located in the vectors of vulnerability, were able to avoid pregnancy as adolescents. The literature suggests that women who come from households with low socio-economic status, and whose mothers became pregnant as teenagers, and did not attend college, might be especially vulnerable. Talashek, Norr and Dancy (2003) discussed the socio-economic status (SES) as a crucial teen pregnancy factor. Poverty is directly related to teen pregnancy (Talashek, Norr and Dancy, 2003; Denner, Kirby, Coyle, & Brindis, 2001). Another important criterion for the present study was that our respondents had been in a steady boyfriend-girlfriend

relationship for at least 18 months. By examining the behaviors of teenagers who were the most vulnerable to become pregnant but who had found ways to avoid it, we could gain insights on what may work for other vulnerable members of the community. The above criteria were followed to determine if the girls fulfilled the established conditions. A basic Yes/No Positive Deviance screening survey comprising the above criteria was employed with female, college-going Hispanic students between the ages 18 to 28.

After securing permission from several professors on the campus, I went to numerous classes and administered the Positive Deviance screening surveys. The surveys were voluntary, and if the students participated, they filled out an informed consent form with the questionnaire. The screened students were given the option to check whether they wanted to be contacted or not to participate in an in-depth interview. A total of 764 screening surveys were administered, of which 56 were eligible candidates for the in-depth interviews. Among the eligible candidates, 22 agreed to be interviewed in-depth and signed an informed consent form.

In-depth Interviews

Several exploratory informal focus groups with young, college-going Hispanic women were conducted in early 2010 (before the research formally started) in order to determine the approach of this investigation. The participants provided insights and ideas to initiate the interviewing process. Based on the literature review and the focus groups, a semi-structured, in-depth interview protocol was administered to the respondents to identify the specific practices and communicative behaviors that they engaged in which helped them avoid pregnancy. Further, participants were asked about the specific behaviors of their boyfriends, parents, friends, and other influences that explained their interactions, including behaviors that helped them avoid pregnancy.

The in-depth interviews were conducted in a comfortable indoor space on the university campus. The interviews' length ranged from 30 to 75 minutes. The participants were very cooperative and quite forthcoming during the in-depth interviews. In addition, the participants were asked to determine what term they normally use to define themselves, among the following terms: Hispanic, Chicana, Mexican, Mexican-American, and Latina. The majority of the participants decided on Hispanic, therefore we chose to use this term throughout the study and in the analysis of this work. They were also asked to create a sketch with the enumeration of three key or critical events that had a significant influence on their lives.

Participatory Sketching

Another method used for this study is participatory sketching (sometimes called “photovoice”). According to Singhal and Dura (2009), participatory sketching (PS) has emerged as a participant-oriented method to collect data at a low cost. Authors such as Rattine-Flaherty and Singhal (2009); Greiner, Singhal, and Hurlburt (2007); and Edwards and Planganyi (2008) have engaged in participatory sketching to elicit participant-centered information. Rattine-Flaherty and Singhal (2009) used PS to collect impressions from health *promotoras* in the Peruvian Amazon about how their lives had changed because of listening to *¡Bienvenida Salud!*, a popular radio program, and participating in community-based health activities. Emira was a *promotora* whose life was positively affected by this program. Figure 2 presents the sketch that Emira drew of herself.

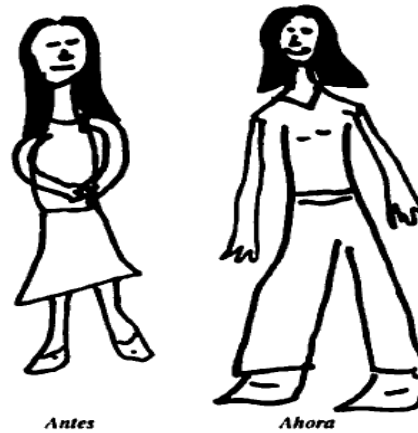


Figure 2: Emira's self perception before and after her involvement in the intervention

Flaherty and Singhal (2009) noted that Emira's emotional public rendering of her sketch with other *promotoras*

evoked highly emotional discussions and responses; the dialogue generated through these emotional interactions helped to connect participants, fostering a palpable sense of community; and further, the public nature of deliberations allowed participants to view their experiences from multiple perspectives, reflecting both *self-development* and *collective development*. (p.727)

By placing the means of producing knowledge in the hands of people, a facilitator or researcher can gain insights into people's lived experiences, which were previously overlooked, rejected, or silenced. According to Flaherty and Singhal (2009), the sketch's narrative becomes a participatory site for wider storytelling, community discussion, and action.

Related to the idea of sketching was the idea of mapping key life events, a technique that was broached during my proposal defense. In the sketching-mapping exercise, the respondents in the present study were encouraged to portray key events or decision-points in their lives so that explanations about their decisions to control their reproductive biology could find utterance. Inspired by techniques used by Ramirez (2009) in the analysis of gender relations and *machismo*, the participants were given the freedom to craft whatever they wanted (e.g., plot their life's narrative, draw sketches, use text, etc.). The participants were encouraged to identify three

important events in their lives that were critical in influencing their ideas and behaviors to avoid pregnancy at a young age. This exercise was carried out after the in-depth interview was conducted so that the participants were comfortable with their surroundings, the topic, and with me, the researcher. The preceding in-depth interview also served as a memory jogger for them, easing the way into the sketching and life event mapping. The graphical grids sketched on a timeline allowed participants to select/identify key events that served as critical drivers/motivators in their decision making processes.

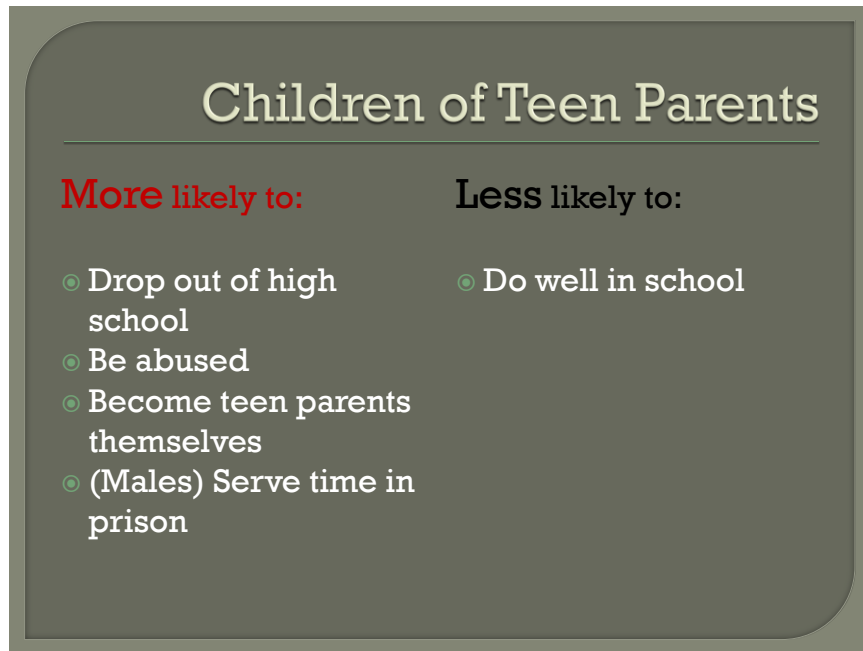
Participatory sketching and mapping provided a means to obtain a deeper participant-centered view of their interactions with their partners, parents, and friends, which have implications for their non-pregnant status against all odds. These sketches were narrated by the participants, and follow-up questions were asked in order to obtain clear and focused information. As stated by Singhal and Dura (2009a), participatory sketching can be used for taboo topics, allowing the respondents to express themselves: “Also, participatory sketching allows participants to respond to questions in a non-rushed manner through multiple visual images which, in turn, result in richer and deeper explanations often wrought with emotion” (Singhal and Dura, 2009a, p. 25). This method reduces the power distance between the researcher and the participant, allowing the participant to fully express him or herself.

Contextual Learning by Doing

An important part of my methodology and data collection involved a strong component of “learning by doing.” With the guidance and support of my outside committee member, Dr. Nunex-Mchiri, I participated in numerous community-centered activities to gain a deeper contextual understanding of teenage pregnancy among young Hispanic women in El Paso.

Acting on Dr. Núñez-Mchiri's recommendations, I contacted the Mother-Daughter/Father-Son Program at my university site. The program was planning a career fair for elementary and middle school children and they asked me to participate in a session titled "Parents as partners: Overcoming challenges and achieving success." I made two presentations with a total of sixty participants, including parents, students, teachers, counselors, and school principals. I started by telling my story, talking about myself and my family, my motivations for completing an education, and such. I showed pictures of places I have visited (U.K., Indonesia, Rwanda, and others) through the university programs. I presented myself as a graduate student whose thesis topic centered on the prevention of teen pregnancy and how parents are decisive factors in the children's health and development. When I introduced my topic, some parents were reluctant to stay for the presentation, I had to explain that I was not going to be explicit about sexual matters, but would focus on available data, the value of informed decisions, and how to address the challenges that Hispanic teenagers faced.

I presented data on the current situation with respect to teenage pregnancy and the topic's precariousness and importance in the community of El Paso. Local information was presented and zip codes with the highest teenage rates were established. When I noted that one in five sexually active teens reported to first have sex at the age of twelve, the parents seemed shocked. The next part of the presentation emphasized the importance of making informed decisions. The various risk factors and challenges were emphasized: emotional and physical risks for the mother and the baby, stigma towards teen pregnancy, conflicted social relations, lack of economic support, absence of adequate prenatal care, mental depression, poor nutrition, and poor living conditions. Not only did I talk about the problems faced by teen parents but also problems for children of teen parents (see slide).



Parents as Partners: Overcoming Challenges and Achieving Success Slide

I also played a short video of the popular MTV show “Teen Mom.” The show which began its run in 2009 presents the challenges that four teenage girls face as they take care of their babies, struggling to balance their teenage aspirations with their adult responsibilities. The video was followed by an interactive section which among other activities involved a reverse-role play: the parents were the asked to play the role of daughters or sons, and the children played the role of adults and parents. By reversing the roles in a safe environment, both sides gained a deeper sense of the other party’s perspective.

To end the presentation, as recommended by Dr. Núñez-Mchiri, I posed a challenge to the audience (see slide):

Challenge for You

- Are you willing to change the teenage pregnancy numbers?
- Do you want to live up to the high expectations , or conform to the stereotypes?
- What are YOU -- as a mother, as a daughter, as a father, as a son – going to do to prevent teenage pregnancy?

Parents as Partners: Overcoming Challenges and Achieving Success Slide

The purpose of provoking the audience was to incite actionable results. I wanted the audience to leave the presentation believing that the solution to the problem of teenage pregnancy lay with them. After the presentations, I interacted with numerous teachers and counselors from area schools, and two of them – Scotsdale Elementary School and North Loop Elementary School – invited me to make presentations in the schools.

I did several presentations in the two elementary schools for big and small groups, reaching approximately 150 students in both locations. The topic was the same: “Overcoming Challenges and Achieving Success.” I adapted the previous presentation for the new audience, removing the census data and sticking to the challenges that teenagers faced and emphasizing the value of making informed decisions. It was harder for me to break the ice with the children (who ranged from 8 to 13 years old); however, by accentuating the fact that I was there to provide information and not to tell them what to do made them more perceptive and attentive. In the

spirit of “positive” asset-based approaches, I refrained from emphasizing the “Don’t get pregnant” message, but always highlighted the possibilities. I also planned and executed more hands on activities with the school children (e.g., puzzles, role plays, sketching of their goals, etc.). This time, my presentation ended on a strong note and included the following slide on life-changing decisions:

“Sometimes it's the smallest decisions that can change your life forever.”



Parents as Partners: Overcoming Challenges and Achieving Success Slide

Again, my purpose was not to preach, but to create a space for reflection and deliberation.

The various outreach and interactive activities as described above – with young teenage boys and girls, their parents, their teachers, counselors, and other community members – allowed me to experience first-hand the contextual environment of teenage pregnancy in the El Paso area, sharpening my resolve about the value of more conversations, dialogues, and informed decision-making. Such a contextual learning-by-doing exercise also made me think hard about the nature

of the target audience, how to engage them through activities and role plays, and the implications it may have for designing interventions. Above all, I felt I was more equipped and empowered to contextually process the responses of my respondents, the subject of the next chapter.

Chapter 4

Results

In the present chapter, I draw upon the in-depth interviews with the positive deviant respondents (i.e., young Hispanic women who remained pregnancy-free in the face of overwhelming odds) and other data that were collected through sketching, and analysis of significant life events, to answer the research questions that were posed.

Intrapersonal Behaviors and Practices of Respondents

RQ1 asked: What are the specific intrapersonal communication behaviors and practices that the Positive Deviance girls engage in that help them avoid pregnancy?

Our respondents provided a wide range of responses with respect to avoiding pregnancy, exuding confidence, as well as showing signs of vulnerability, and everything in-between. Some of the participants were confident about what they wanted from life, and a number of them muddled through, not knowing what they wanted: “Oh, I didn’t know anything about myself; Not a lot of people [boys] really knew me, they just kind of saw I was around” (Participant 455, November 8, 2010). Participant 298 also describes herself as an insecure person: “I was one of those insecure kids. I just grew up like that, my parents sheltered me and I didn’t know how to do things in order to find myself” (September 28, 2010). For participant 298, this low self-perception, she noted, led her to engage in risky sexual behaviors. On the other hand, participant 640 felt confident in high school: “I started to get a lot more attention from the boys, I was confident in high school, even when I was a freshman” (Participant 640, November 16, 2010). Participant 640 spent most of her out-of-class time practicing flags during the four years of high school, bringing high motivations to finish high school and get a college degree.

Several respondents pointed to the trust that their parents placed in them, something which they reminded themselves of constantly. Participant 640 and 593 emphasized that they valued their families the most; hence they could not see themselves letting them down. Participant 593 noted: “My parents trust me a lot; this trust is the reason why I want to reciprocate and do not do bad things” (November 18, 2010). This close relationship with parents and preservation of trust makes the participants think twice about getting pregnant.

Some participants noted the hard work and sacrifices of their parents, and how they rose above difficult times, strengthening their resolve to be good children. Participant 645, who adores her parents, noted: “I think they are so cute and I love them so much, and they work a lot, a lot, a lot. My dad is always working, [...] Saturdays and Sundays they work, they want to get me a lot of stuff. I really don’t ask for it. I really don’t need it. They just wanna give it to me” (November 18, 2010). This respect for her parents kept participant 645 out of wild parties and out of trouble; keeping her confident and focused on her path.

Some participants mentioned how faith and religion provided a sanctuary. Participant 364 dedicated plenty of her free time to engaging in church activities, which kept her out of trouble: “I value having my core family values, church, and God. Not just going to church but you need to have a good relationship with God, and that goes hand in hand with having a good relationship with your family” (Participant 364, November 11, 2010). Participant 191 echoed a similar sentiment: “I value my faith and religion” (Participant 191, October 12, 2010). Guided by faith-based values, these participants found guidance for life and reassurance about their worth from engaging with church and God.

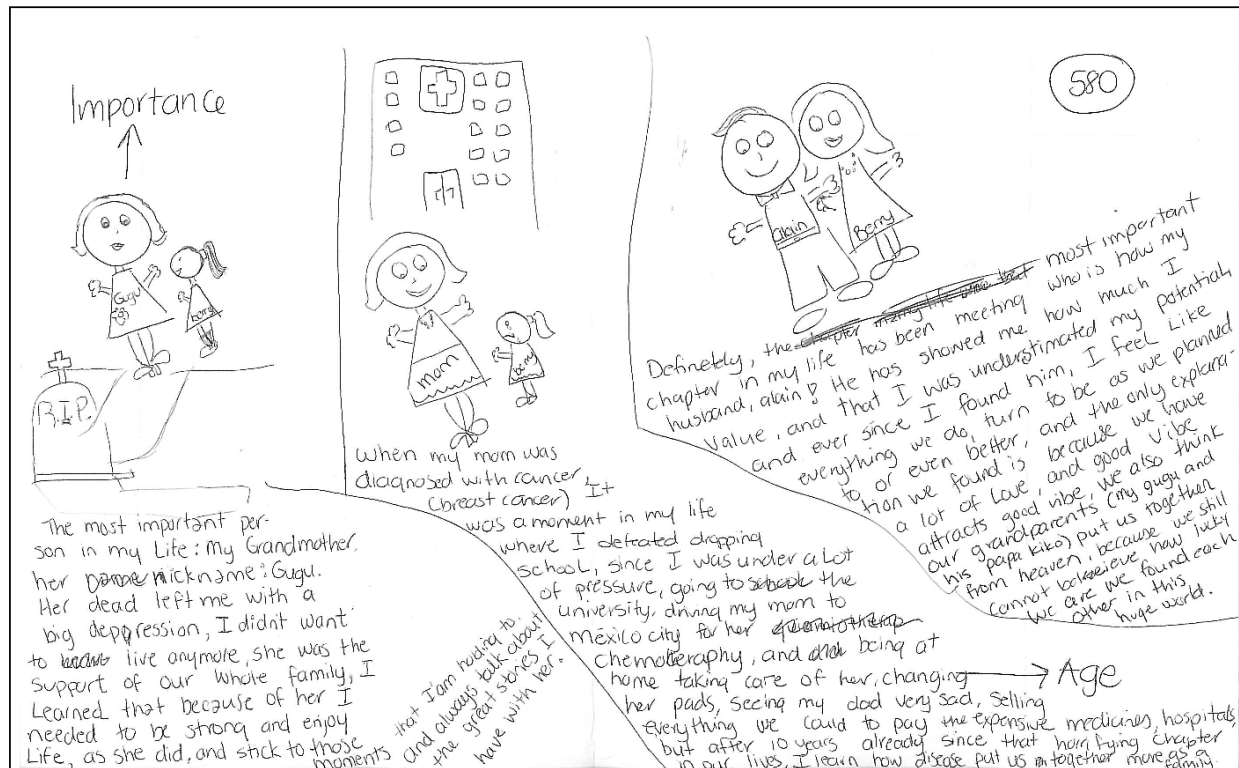
Extracurricular activities helped keep several of our respondents “out of trouble.” As participant 640 noted: “I worked with flags. That was the center of everything. I had practice in

the mornings, afternoon, and that's how I met my boyfriend, [...]. So I spent a lot of time in school” (Participant 640, November 16, 2010). Further, such activities enhanced her confidence, her ability to carry herself in front of a crowd, and her self-esteem. Participant 206 emphasized a similar idea: “I was involved a lot in school's activities. That kept me busy. I was like in five different organizations and I had to keep my grades up because I wanted to graduate in the top five” (Participant 226, September 16, 2010). The involvement with different extracurricular activities helped this participant to find people with similar interests and goals, who supported and motivated each other, keeping them away from trouble.

Some respondents learned their lessons the hard way. Participant 205 was involved in an abusive relationship and it was not until she ended it that she realized that there was more to life than having a boyfriend. She started getting involved in school activities: “I spent a lot of times in activities during the lunch hour and after school. I was always busy doing something. On Friday nights, I had football games and I wouldn't get home 'til like six, seven o'clock. Then I would do homework” (Participant 205, September 8, 2010). She kept a sharp focus and her grades got better. She felt that she was focusing more on school and her future. She emphasized that this translated into being more cautious when selecting a boyfriend and being careful about avoiding a pregnancy at any cost.

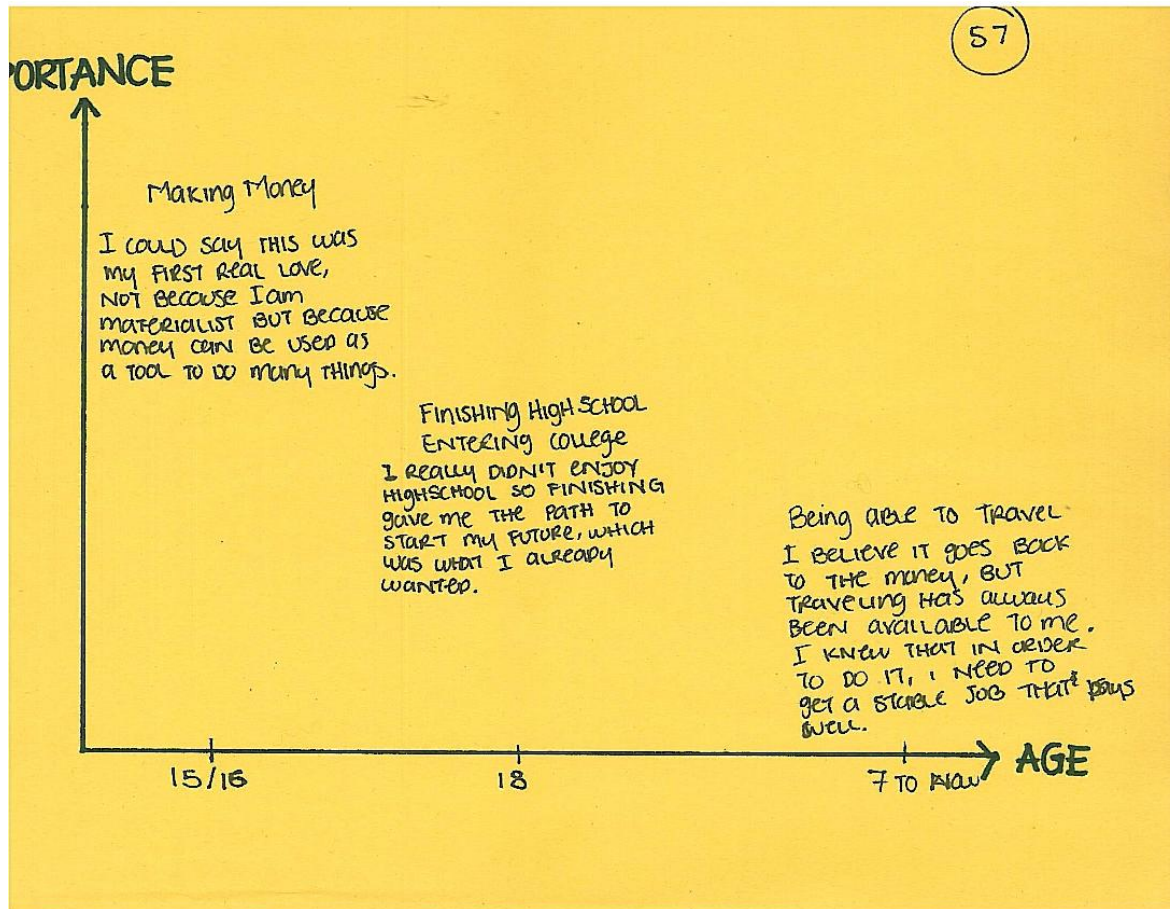
Participant 580 also talked about how her life's resolve was strengthened through difficult times – the loss of her grandmother, and then the illness of her mother. Through her sketch, she also emphasized how now she is well situated for a happy married life with the support of her husband. In the sketch, she draws three timeframes of her life: (1) as a little girl, (2) a girl who grew up suddenly in the face of her mother's illness and responsibility, and (3) a

happy adult next to her husband, ready to start a new life. The accompanying words are self-explanatory.



Sketch of Participant 580

Participant 57's sketch emphasized that economic factors and the notion of upward social mobility were key in her life. To do so, education was a very high priority. She seems to be always looking for independence and translating this into monetary success. The goal-oriented approach and self-expectations seem to be the principal motivator for this participant to achieve her goals. Toward this end, she would do everything she could to prevent getting pregnant.



Sketch of Participant 57

In sum, respondents provided many reasons for staying “out of trouble” (i.e., for avoiding pregnancy), the importance of honoring the trust their parents had placed in them, and to not let them down was a big motivation to finish school and enroll in college. Many emphasized how hardships strengthened their resolve to do something with their lives, and how faith and religious upbringing helped anchor their life. Many got involved in school and extracurricular activities, and looked upon their careers as their ticket to upward social mobility.

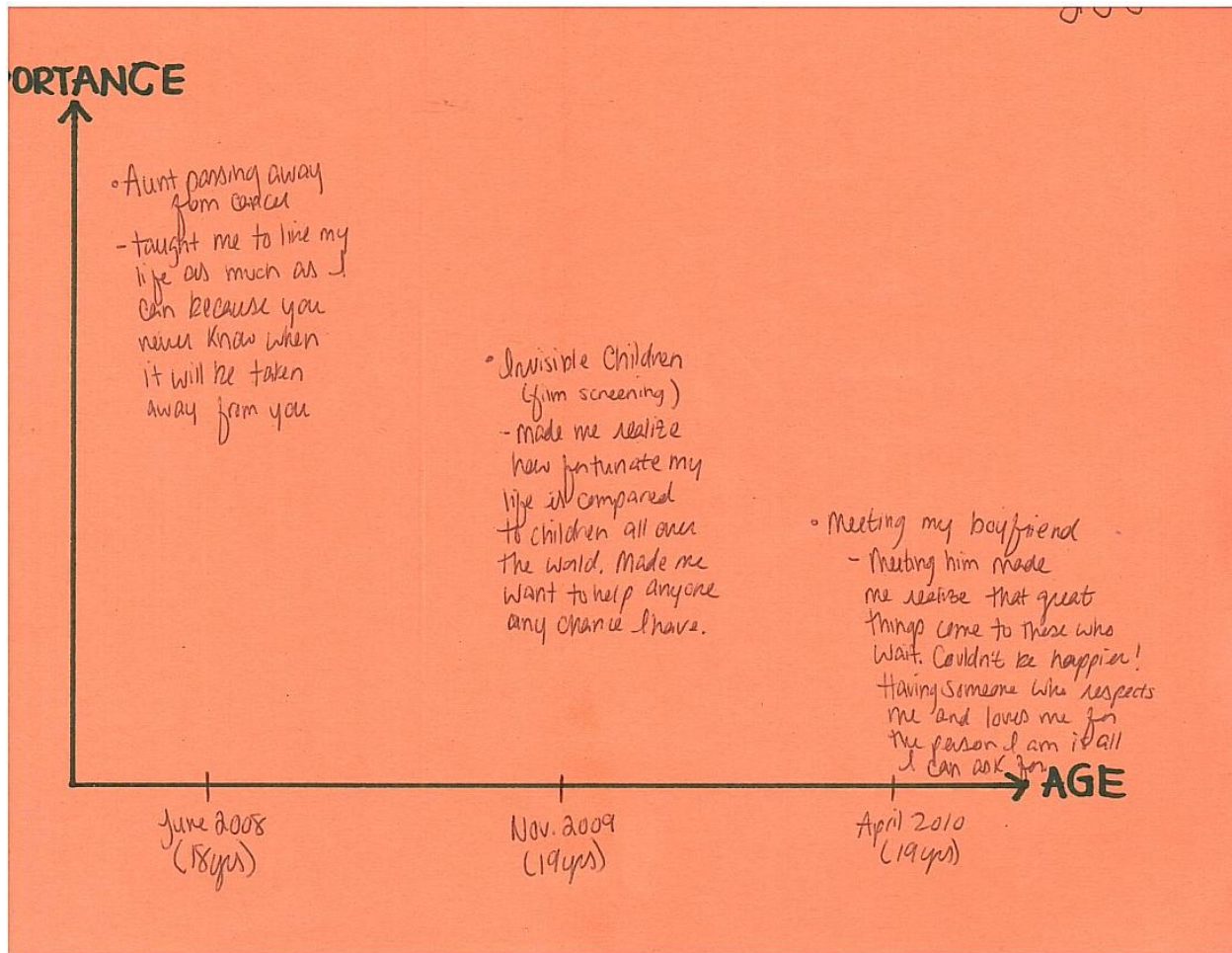
Interpersonal Behaviors and Practices of Partners

RQ2 asked: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their partners that help them avoid pregnancy?

Our respondents did not have very much to say about the behaviors of their partners with respect to avoidance of pregnancy. If anything, the prevailing partner practices were to push for sexual activity, without protection. High school relationships were described as shallow by the participants. Most of the relationships illustrated by the participants were not serious or formal, characterized by a lack of communication about sexual topics: “In high school, we [she and her boyfriend] didn’t really care about anything; it was just about going to the next game, going to go eat” (Participant 455, November 8, 2010).

Participant 580 noted that even though she had been in a long term relationship while in high school, she did not feel ready to become sexually active. Her boyfriend pressured her into having sex and finally convinced her: “He told me he wanted to have sex but I felt I wasn’t ready. He kept trying to convince me, telling me that it would be very special if we had sex before I turned eighteen. He manipulated me into doing it. I finally agreed” (Participant 580, November 17, 2010). This participant feels that she had no need to have sexual relations, she had no desire. Besides, they rarely used any protection. She lived terrorized of getting pregnant; on the other hand, she noted that he wanted her to get pregnant so they could marry.

The sketch of participant 226 emphasizes how it is important for girls to not rush into having sex with boys, but to wait to find the right partner. In her sketch, she discusses how the passing away of her favorite aunt led her to decide to live her life to the fullest, but responsibly. In addition, this participant relates how meeting her boyfriend was an important event in her life. The message: “wait to find the right person” (i.e., be an adult before engaging in sexual relations).



Sketch of Participant 226

In summary, our respondents did not have very much to say about the behavioral practices of their boyfriends and partners with respect to avoidance of pregnancy. Most felt that high school relationships were shallow and the boys just wanted to have fun. Respondents' pointed to the importance of waiting for the right person to come along, and not being in a hurry to jump into bed.

Interpersonal Behaviors and Practices of Parents and Family

RQ3 asked: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their parents (or other family members) that help them avoid pregnancy?

Our respondents provided a wide range of responses with respect to the role of parents, grandparents, siblings, and other family members in helping them avoid pregnancy. The influence of family members was direct and indirect, by example and vicariously, and through words, innuendos, and sometimes silence. Different relationships developed.

Most of the respondents presented a similar family pattern: Not much of a communicative relationship with the father. Some were brought up by single mothers, who may have remarried, but most did not have a father. As one noted: “I didn’t have a father; the guy that would tell me to respect myself, to make sure to take care of myself. I never had that; I don’t even know what that is” (Participant 198, September 16, 2010). If they reported having a relationship with their father, they noted that communicatively it was shallow, often fraught with difficulty, and included trivial topics, such as school and sports: “We [she and her stepfather] don’t have a good one [relationship]. It’s always been, we’ve always bumped heads up until now. We just have very different opposing views about things. Sports is the only thing that connected us” (Participant 211, September 17 & 29, 2010).

Interestingly, the roles of father aside, there was little communication with any of the parents about sex. Most mothers framed early pregnancy as something bad and scared the participants into not having children: “We talked about pregnancy, but never about sex. My parents are closed-minded; up until today they are not open to talk about that topic” (Participant 279, September 21, 2010). Participant 211 noted that her mother found contraceptive pills in her room, and took the opportunity to talk to her about pregnancy issues:

When I was sixteen she found contraceptives in my room, she already knew, she told me: 'This is what's going to happen, you're having sex, you're gonna get pregnant and you can't take care of a child at this age, there's no way. I would support you but you have to finish school and get a job. It's gonna be hard.' She told me her experience, 'if you get pregnant this is what's gonna happen, you're gonna take care of the baby, you're gonna have to be on welfare, I've never been on it, why should you?' (September 17 & 29, 2010).

Participant 211 acknowledged that she could identify with what her mother said and by listening to her mother's experiences she got scared and decided she did not want to get pregnant.

As noted previously, a number of participants revealed their fear of disappointing their parents by getting pregnant. This was due to strong value-based traditions, religion or faith, and morality. An example was the case of participant 211, who mentioned that her parents were very strict and emphasized morals and values: "I guess the morals and values that she [mother] emphasized in us: don't do any wrong, don't hurt others, don't do things that will harm you, respect the family, that sort of thing" (Participant 211, September 17 & 29, 2010). She talked about the ethic of care that her mother demonstrated even when she was rebellious, and would leave her house for days; her mother would look for her everywhere: "She'd cry and look for me, call the police. My friends were doing the same thing but their parents didn't care. Mine did" (Participant 211, September 17 & 29, 2010). This ethic of care – commonly described in definitions of familialism, where the family or *familia* is the main unit of Hispanic society – eventually made the difference.

Furthermore, due to their effort to avoid direct conversations about sex with their children, parents would bestow that responsibility on the school. When participant 455 was asked if her parents would talk to her about sex, she mentioned that her parents left sex education to the school, they would just sign the consent forms: "No, they let the schools do that [sex education]. Whenever they found out that the middle schools were talking about sex or STDs,

they would sign up for it” (Participant 455, November 8, 2010). The same case was presented by participant 298: “No pregnancy and sex was ever talked about in my house. They would sign a paper to let the school teach me. They didn’t want to talk about it, they wanted to leave it for someone else to talk about” (September 28, 2010). Most of the participants wished for more parental involvement in their sexual education.

However, there were some sporadic examples of parents discussing sexual topics with their daughters:

I was about 16, in high school, when we first started talking about this [sex]. When I got into high school my mom really started talking to me about it, I guess because I was around the same age she got pregnant, so she would tell me more about it. Basically just if I needed to go to a doctor, to get me on the pill, just stuff like that. She was more about protection. My dad would say the same thing, and just to try and wait. He was more about abstinence (Participant 88, October 27, 2010).

Some of the participants identified close relationships with other members of the family, such as brothers and sisters, aunts and uncles, cousins, and grandparents as being an important influence in their lives. Participant 580 was devastated when her grandmother passed away: “We lived in a matriarchy, my grandmother was the one who made all the decisions for everyone, sons, daughters, everyone.” (November 17, 2010). Often, because of the absence of a father-figure, many of the respondents’ grandparents were authority figures and caregivers: “My parents helped her [mother] a lot raising us, [...] my dad was there. I could see he partied a lot, he cheated on my mom a lot, but my grandparents were always there. I still live with them” (Participant 640, November 16, 2010). This participant describes being with her grandparents all the time and them taking care of her. Participant 570 talked about attending school where her grandmother was a teacher. She was on top of things, always making sure that she was making good progress in school.

Interestingly, a number of the positive deviant participants felt that they did not really have a choice of not going to college. The message from home – whether from a mother or grandparents – was for them to finish college: “All of my siblings graduated from college, and I’m the last one, they would emphasize that I had to go to college no matter what, because to them there was no other option” (Participant 274, September 29, 2010).

In addition, most of the Positive Deviance participants expressed that while their parents or family members did not have sex or pregnancy-related conversations with them, a common substitute for sex conversations was “finish school”: “I have the support from her [my mother] and I always know that school is first” (Participant 196, October 7, 2010). The message from home is not about not having sex, but rather couched as: “If you don’t finish school you are no one” (Participant 580, November 17, 2010). Additionally, the women discussed associations they made when they were teens:

Association #1: Sex = Pregnancy

Several participants stated that they did not engage in sexual relations because of the fear of getting pregnant: “I made that decision [not having sex] because of my religion and fear. I was afraid of what could happen” (Participant 274, September 29, 2010). Participant 396 recounted not having sex in high school because of her fear: “I was too scared and I didn’t want to be pregnant” (November 4, 2010). She never had a boyfriend in high school because of such a belief. Even when the participants were educated about sex and pregnancy, the more they knew about pregnancy and STDs, the more they were afraid of sex: “I associated sex with pregnancy and diseases” (Participant 593, November 18, 2010). The strong association between sex and pregnancy made them abstain from any sexual contact.

Association #2: Pregnancy = Failure

A great number of the participants perceived getting pregnant as failing: “[I thought] about how I wouldn’t be able to finish school, and go to college and succeed. I guess a child would bring me down, kind of a burden to have a child right now” (Participant 455, November 8, 2010). The situation of participant 593 was different; she was in school and worked full-time. Her sisters got pregnant as teenagers and did not have good experiences. As a result, the family had the idea that pregnancy meant failure and when they saw a pregnant adolescent they would have strong remarks about her: “That’s too bad, her life is over, and she won’t even stay with the boyfriend” (Participant 593, November 18, 2010). The participants who had a relationship with their parents were scared of disappointing them; therefore pregnancy was seen as failure.

Association # 3: Finishing School = Being Pregnancy Free

For participant 298, being in school meant not being pregnant. Her mom got pregnant when she was a teenager; subsequently she faced harsh consequences: “My mom would always tell me I should focus on education because she was a teen mom, got married at fifteen and had a baby at seventeen, dropped out of high school” (Participant 298, September 28, 2010). The participant’s mother related her experiences to the participant to keep her from getting pregnant. In order to succeed in school, the participant had to remain pregnancy free.

Association #4: Finishing School = Success

For most of the participants’ families being in school meant having a ticket to a good life. Most of the participants were encouraged to finish college and this was perceived as a major accomplishment that would ensure success in life: “My mom always emphasized school, which is very important to have more opportunities” (Participant 242, September 27, 2010). Participant 298 received the same message: “With an education, we’ll get further in life” (September 28, 2010). Participant 279’s father would tell her to study: “My dad has always told us that he wants

us to study and get a degree, he wants us to be independent and have a life where we can support ourselves and not depend on anyone else” (September 21, 2010). To gain independence, financial and otherwise, her strongest tool was education.

Reinforcement from multiple family members about the value of school was seen as helpful. Participant 396 related a story where her mother wrote her a letter advising her to do better in school and to think about her future. Participant 396 admitted that it was not until her aunt talked to her and told her the same things that she finally realized it was for her benefit. She was, in essence, looking for reassurance from someone she respected and at the same time not to have the mother’s pressure. She explained:

When she [mother] told me something I would listen, but I guess just hearing it from somebody else it made me think, then that’s two people already telling me. I kind of work that way, if my mom tells me something, but then I go to you know, even my aunts, uncles and I have people telling me the same thing then it starts kicking in, okay what the hell am I doing?
(Participant 396, November 4, 2010).

It seems that the repetition of the same message, or at least its reinforcement from multiple trusted sources, is an effective tool to emphasize the value of completing high school, and thus preventing pregnancy.

The role of elder siblings as trusted sources was especially emphasized. As noted previously, there was little conversation between the parents and the participants about the topic sex and pregnancy. Nevertheless, participants who had older sisters found trusted confidantes especially when the older sister engaged in reciprocal conversations, including sharing her own personal experiences: “She [older sister] trusted me with her stories, ever since I am seventeen she opened up to me, making an effort for me to open up to her” (Participant 242, September 27, 2010). In addition, participant 242 discusses how by maintaining a good relationship with her older sister, she was able to both receive and give advice:

My older sister is the one that impacted me the most, she told me: ‘Remember this: if you do something, if you get pregnant, the only one facing the consequences is you. You will have the baby, you will drop out of school, and you will have the responsibility. So, before you do something, all of your life, think about the consequences. When you think you can handle the consequences of your actions, then you can do whatever you want.’ (September 27, 2010).

Occasionally, such openness and trust came from conversations with mothers. Participant 640 could relate and empathize with her mom when she opened up during a difficult time (i.e., when she was separating from her husband). Participant 640 related that her siblings, she, and her mom became closer after facing this hardship together. They relied on each other to overcome the obstacles, and for participant 640, seeing her mother vulnerable and disadvantaged, brought them really close: “When they finally ended it [marriage] she was really miserable, she was, she didn’t want to get out of bed and I was just always there for her. It was a really tough time for her and she needed someone to talk to, and I was always there” (November 16, 2010).

A handful of participants revealed that they liked it when their parents’ actions were congruent with their words. On the other hand, incongruity was confusing and seemed like double-speak: “I liked that my mom would say that sexual intercourse was not a bad thing. What I didn’t like was that she would say that but then act a different way. If I would mention something about it, my mom would turn red. She was not congruent” (Participant 242, September 27, 2010). This closed the opportunity for further conversations.

Several participants commended their parents who took action when they saw that their daughters were “in trouble”. These parents decided to take the necessary precautionary measures to avoid problems before they got out of hand. Transferring schools was one solution that the parents pursued when they saw their daughters as being in trouble.

Transferring their daughter to another school was an action taken by a handful of parents who detected their daughters were not in good company, or at risk for not completing school.

Transferring their daughters to a different school allowed for a change of scene, an opportunity to start afresh, and meet new people. Also, usually, the new school was closer to home so the parents could be somewhat more involved. Participant 211 narrated what her parents did when she was neither attending school nor doing her homework:

My mom moved me to Andres because she worked there and she thought it would be a good idea for me to be there to keep an eye on me. I guess it was the people I was hanging out with that made my mom think I would go down the wrong path, so she wanted me closer to her. It didn't stop me from doing my own thing but prevented me from getting into further trouble.
(Participant 211, September 17 & 29, 2010).

Participant 88 mentioned that her parents transferred her to a different high school because she wished to be a nurse: "I wanted to apply there [Silva Health Magnet] and they told me I should, that I should do what I wanted. They supported me" (October 27, 2010). Even though this was not the parents' original idea, it provided a different school environment for participant 88: "There weren't that many people [at Silva]. So they would closely push you to do certain stuff, like getting stuff ready for college, and stuff like that, so obviously they focused more on the students at Silva" (October 27, 2010).

Many of our participants' learned from their mothers what not to do with their lives. As we know, most of the participants had mothers who became pregnant when they were in their teens. Some of the mothers engaged in conversations with their daughters explaining what they went through when they got pregnant at a young age, convincing their daughters not to follow in their footsteps. Participant 88 describes a conversation with her mother, when she portrayed pregnancy as "emotionally hard." The mother's advice was the following: "It's just hard, I wouldn't want that for you, it would make your life harder than if should be at that age" (Participant 88, October 27, 2010).

Furthermore, other respondents' mothers framed their stories more positively. Participant 396, who needed a boost in applying herself more fully to the rigors of high school, received a letter from her mother when she was a junior:

She wrote me a letter telling me just how I needed to apply myself to school and how she did the same under difficult circumstances. She had to take a bus with a baby, worrying about me. And that she could've easily just sat on the couch and collected food stamps, but she didn't. So she doesn't understand how I can't do better in school when the only person I have to care of is myself.

(Participant 396, November 4, 2010).

One participant's mother emphasized the importance of completing school and how participant 396 needed to "think about her future and shape up." Her mother was worried that her daughter would not complete school and that would be a big loss. This served the participant to wake up from her self-induced apathy and slumber to take charge.

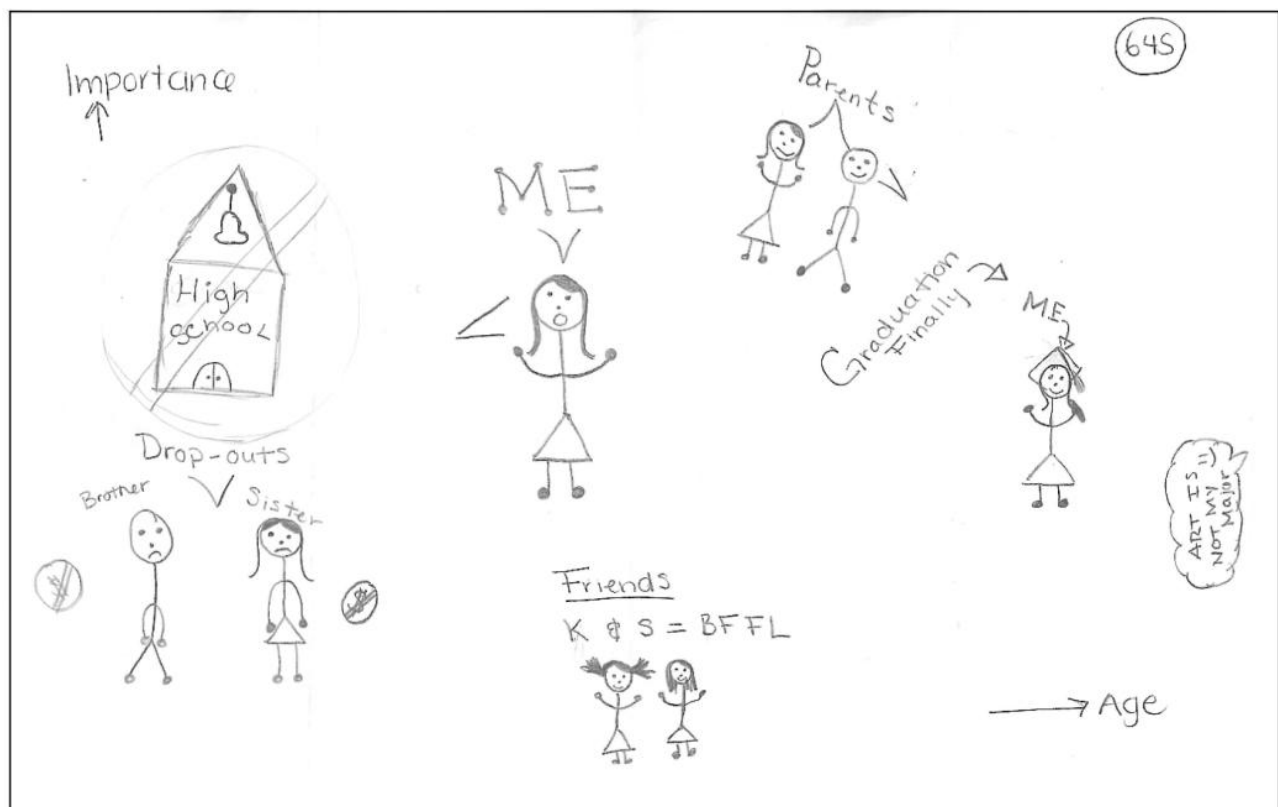
Participant 580 learned lessons from her sister who got pregnant. She recalled that it was a difficult time for the family; the parents had a really hard time accepting it. "I used to cry a lot, because I could hear my sister crying every night" (Participant 580, November 17, 2010).

Participant 580 was there with her sister through her pregnancy so she would not go through it alone: "I felt that I didn't want a baby because with my nephew I knew what it was to have one" (November 17, 2010). This participant acknowledges her sister's efforts, and points out that moment as the turning point to decide she did not want to get pregnant.

For some participants' their motivation for not becoming pregnant was the "great expectations" family members had from them. Being the eldest among five sisters, participant 279 felt the pressure to be an example for her sisters: "I've always felt pressure to do the right thing. I wouldn't like to get pregnant, mostly because of my sisters, I wouldn't like it. I am their example" (September 21, 2010). Participant 279 was loved and taken care of by her mother, and this made her live up to their expectations. A similar situation was presented by participant 364,

she listened to her mother speak very highly of her to the rest of the family: “Look at her report cards, she got all A’s, and look at her TAKS test results, she got really good scores. I was there and she would always speak very highly of me and my sisters. That’s something that made me feel really good. I didn’t want her to be embarrassed of me” (Participant 364, November 11, 2010). Participant 364 mentioned she would be heartbroken if she ever put her mother in an awkward position.

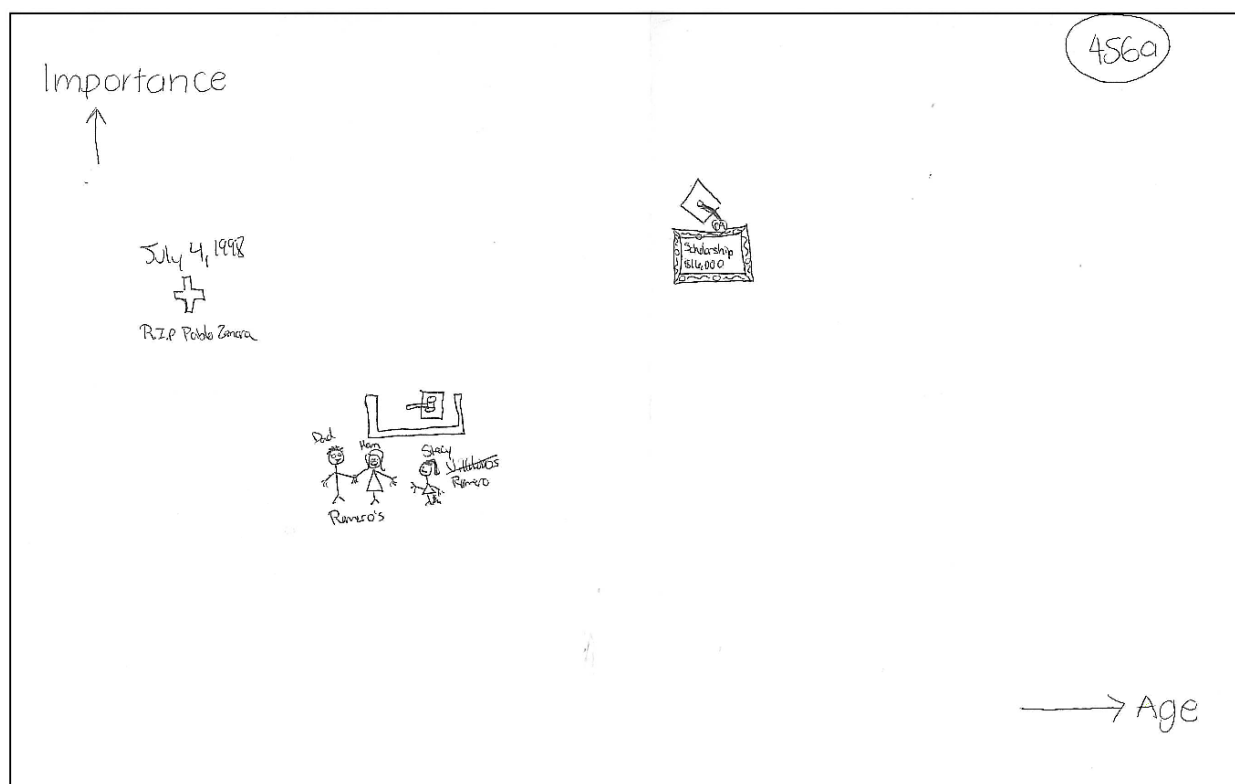
Participant 645’s sketch depicts three key life events: (1) Siblings dropping out of high school and her staying the course, (2) the support of her best friend, and (3) high school graduation. Participant 645 is represented at the center of the drawing: she is big and her body language connotes achievement on account of earning her education.



Sketch of Participant 645

If one notes carefully, in event #1 of participant 645's sketch – as the siblings drop out of school – the \$\$ signs are crossed out, representing the lack of money because of the lack of education. The last drawing represents her graduation, the parents are there and they all look happy, this is a successful moment for the family. Overall, the participant's sketch is aimed to explain how education is extremely important in her life. Again, high expectations and emphasis on finishing school influence the young woman to stay free of pregnancy.

Participant 456a sketched a similar sentiment in a simple but direct manner. She obtained a scholarship that would pay for college. For this participant, it was an extremely important event to be adopted by her stepfather, so then she could have her family and also her school to focus on.



Sketch of Participant 456a

In sum, our respondents provided a wide range of responses with respect to the role of parents, grandparents, siblings, and other family members in helping them avoid pregnancy i.e. staying “out of trouble”. While the Positive Deviance girls did not have much of a communicative relationship with their father (given many were brought up by single mothers), they yearned for a male member who would tell them to respect themselves and take care of themselves. In general, in the domestic context, early pregnancy was seen as something undesirable, and a number of participants feared they would disappoint their parents, grandparents, or siblings by getting pregnant. In lieu of direct conversations about sex, parents would often bestow the responsibility of sex education on the school system. Interestingly, a number of our positive deviant participants felt that they did not really have a choice of not going to college, and the subtext of their conversations with parents and family members led them to make several astute associations: e.g. Association #1: Sex = Pregnancy; Association #2: Pregnancy = Failure; Association # 3: Finishing School = Being Pregnancy Free; Association #4: Finishing School = Success. That is, the nature of the familial conversations was “being in school meant having a ticket to life.”

Interpersonal Behaviors and Practices of Friends and Mentors

RQ4 asked: What are the specific communication behaviors and practices that the Positive Deviance girls engage in with their friends (and mentors) that help them avoid pregnancy?

Our respondents provided a wide range of responses with respect to the role of friends and mentors in avoiding pregnancy. The general feeling was that friends affected the participants in both positive and negative ways. “Peer pressure” was a common topic. The participants noted that they got engaged in different activities because they felt pressured by friends to act in a

certain way, even if they did not like those behaviors. Participant 221 felt a lot of pressure when starting high school: “I mean, there are certain groups, right? If you wanted to be part of the cool group you have to go out and party, drinking, drugs” (September 23, 2010). She ended up going for an associate degree in cosmetology, which was demanding enough to keep her focused.

The participants saw their friends as their “partners-in-crime”: “We went to each other’s houses, we went bowling, we went partying, like Thursday to Sunday, and we just hung out” (Participant 455, November 8, 2010). However, friends had positive influence as well. As participant 455 said: “I learned about “wait until marriage” from my friend, ‘cause she is waiting until she gets married to have sex. I got that from her” (Participant 455, November 8, 2010).

In addition, the participants who had male friends tended to have a more informed point of view about the vulnerability that women face in sexual matters. Participant 455 described her experience with her male football playing friends: “I got curious when the football players started talking about all the stuff that they do, and I asked them, and I got more of the guy’s insight. Talking about it turned me off about even having sex, because they use girls just to get what they want” (Participant 455, November 8, 2010). The insight made this participant highly reluctant to engage in sexual activities. She waited.

In addition to influence of friends, many of the Positive Deviance girls highlighted the role of mentors – their teachers in high school or other individuals in their kinship network whom they could talk to. They were people that motivated them and gave them advice. Participant 364 identified her uncle’s girlfriend as her mentor: “She was the one that I would talk to about boy problems and things like that. She was young enough so I could feel comfortable talking to her about it, but yet old enough to know better and give me advice” (Participant 364,

November 11, 2010). This mentor strongly encouraged the participant to stay pregnancy free, and remained as the only source of sex education.

High expectations came from mentors as well. Participant 298 refers to her teachers from the robotics club as her mentors: “My teachers from the robotics club told me that I could do whatever I wanted. I was a smart kid, and the positive reinforcement helped. I didn’t have a lot of confidence, so that really helped” (Participant 298, September 28, 2010). Participant 298 was the youngest and her brothers were from a different father, so she always felt left out of the family. By having this support from her teachers, she found ways to meet the expectations that were set.

In sum, friends and mentors can influence decisions through mechanisms of peer pressure, peer support, or kindly guidance. Mentors – such as teachers and respected friends – provided a safe, out-of-the home perspective, including affirmations and motivations for the Positive Deviance participants to realize their potential.

Summary

Our respondents represent the positive deviants -- that is, despite being at high risk for teenage pregnancy, they managed to finish high school, stay pregnancy-free, and enroll in college. The four research questions posed were answered through the participants’ narratives, sketches, and review of salient life events.

Our respondents provided many reasons for staying “out of trouble” (i.e., avoiding pregnancy: the importance of honoring their parent’s trust). To let them down was unthinkable and represented a big motivation to finish high school and enroll in college. Their self-perception, often toughened by hardships, strengthened their resolve to do something useful in their journey. School and extracurricular activities were concrete ways of staying out of trouble.

Not much could be said about the behavioral practices of boyfriends and partners with respect to avoidance of pregnancy. Most felt that high school relationships were shallow and the boys just wanted to have fun. If anything, the onus of being pregnancy-free remained mostly with them, chiefly: wait for the right person to come along.

Clearly, parents and family members seemed to have a strong influence on the behaviors of the positive deviant girls. While communication with fathers about sexuality issues was non-existent, the girls yearned for a male member who would tell them “they mattered,” providing affirmations and support as they went through life. In family circles, pregnancy was seen as something undesirable, and a number of participants feared they would disappoint their parents and grandparents if they became pregnant, and not be a good role model for their siblings. Interestingly, parents would often bestow the responsibility of sex education on the school system. Most interesting was that most of the Positive Deviance girls believed that they did not really have a choice about not going to college, and the subtext of their familial conversations allowed them to conclude the following: Sex = Pregnancy; Pregnancy = Failure; Finishing School = Being Pregnancy Free; Finishing School = Success.

Finally, friends and mentors matter a lot, influencing decisions based on peer pressure, peer support, or astute guidance. Mentors often provided an out-of-the home comforting perspective, including affirmations and motivations for the Positive Deviance participants to realize their potential. The role of mentors in school settings and within familial networks was critical; particularly, because mothers often deferred discussions about sex and pregnancy to the schools. Having a teacher, an older sibling, or a family friend, to re-affirm a parental message seemed to be important for re-affirming the message of staying focused, “staying out of trouble,” and effectively avoiding teenage pregnancy.

Chapter 5

Conclusion

Teenage pregnancy is a highly complex problem with social and cultural repercussions for the one who becomes pregnant, their family members, and the newborn child. This research project focused on the issue of teenage pregnancy among young Hispanic women in the El Paso area. Hispanic teenage pregnancy rates in El Paso are exceptionally high: “El Paso County had a higher percentage of births to teenage mothers than the United States and Texas in 2004” (Reyes, 2008). In El Paso seventy-two girls out of 1,000 get pregnant (Reyes 2008) and the numbers have been increasing during the past years. There are several studies investigating the causes of teen pregnancy; however this study focused on finding the specific communicative behaviors of positive deviants among a sample of Hispanic teenage women – those who have found ways to be pregnancy free against all odds.

For the purpose of this study, 764 surveys were distributed at a mid-sized university in the Southwest. From the surveys the eligible positively deviant candidates were selected based on simple but very specific criteria; the eligible women participants had to be Hispanic, not have children, have a mother or a sister who experienced teenage pregnancy, have a low income, and have been involved in a long-term relationship. The participants were then contacted and interviewed in-depth. Respondents were invited to narrate and provide visual sketches of their life stories including the influence of parents, partners and boyfriends, family members, friends, and mentors in their lives, and especially in helping them stay out of trouble.

Parents, family members, and mentors seemed to play a vital role in emphasizing the importance of “finishing school,” i.e. “avoiding pregnancy”. The Positive Deviance participants

showed a fear of disappointing their family if something happened that prevented them from finishing school. In addition, “school” was used as a substitute topic to avoid (or to have) conversations about sex. The parents would emphasize school in order for the Positive Deviance girls to complete their education. As a result, the Positive Deviance participants engaged in the following associative sense-making: Sex = pregnancy, pregnancy = failure, finishing school = being pregnancy free, and finishing school = success.

Another big communicative contribution on part of parents and mentors was setting high expectations. The parents affirmed that the Positive Deviance participants had the capacity to succeed and communicated their expectations repeatedly, if not relentlessly. The participants responded positively by partaking in activities that would lead to their goals, earning an education, and consequently avoiding risky behaviors that could result in pregnancy. Participants with younger siblings also felt the responsibility to be an example for them, trying to model their “best behavior.”

Older sisters were an important influence on the Positive Deviance girls. When they opened up to the Positive Deviance participants by telling their personal stories, it created a safe space for the Positive Deviance girls to ask for advice. Then the older sisters could function as a source of information and as promoters of abstinence or safe sex. Interestingly, when the parents lectured the participants sometimes they did not take their advice just because it was coming from them. If there was some sort of reinforcement by an outsider or another family member, such as a trusted aunt or uncle or teacher, they would take the advice into consideration.

Friends could have both a positive and a negative influence. Many Positive Deviance participants described their friends as a negative influence, pressuring them to engage in risky behaviors in order to fit in. Some other participants looked upon friendships as good, where

positive messages were shared and implemented in their daily lives. High school boyfriends in particular were described as shallow and interested mostly in having “fun”.

The self-perception of the Positive Deviance participants affected their decisions. Many found themselves involved in multiple activities that kept them busy and out of trouble.

Implications

Since the communicative behaviors and practices of young Hispanic Positive Deviance girls, their family members, siblings, mentors, and friends yield better outcomes, and without access to any extra resources, they can – at least, principally, hold implications for the well-being of other young Hispanic women in the El Paso region, and beyond. Simply put, the present research points to the consideration of such strategies are the following:

1. The importance of parents emphasizing the importance of their daughters’ finishing school.
2. The setting of clear expectations in consultation with the teenager.
3. An emphasis on extracurricular activities that reinforce goals and expectations.
4. Vigilance and consultative corrective action as needed.
5. Reinforcement and support of other family members especially trusted male members, to provide affirmations, guidance, and direction for the teens.
6. Harnessing the role of older siblings through trusting relationships.
7. If talking about teenage pregnancy, emphasizing the gains achieved without a pregnancy instead of talking about loss through failure.

I have also been mulling about the practical implications of my research findings for both the academic and the El Paso teenage community, and am planning the following outcomes and outreach activities. I would like to publish my work in certain academic outlets and have some

guidance from my committee members about what they might be: *Practicing Anthropology*, *Communication Education*, *Journal of Family Communication*, *Hispanic Journal of Behavioral Sciences*, and *Journal of Social Work Practice*. In addition, I would like to publish short pieces from my thesis for the local news outlets, including *El Paso Times*, *El Diario*, *The Prospector*, and *Borderzine* so that the research insights can be made available to the directly affected populations in the community.

In addition to published outcomes, my research findings, as noted previously, hold important implications for the design of teenage pregnancy programs directed at Hispanic teenagers (both boys and girls), their parents and family members, their partners, their teachers, and counselors.

Limitations, Learnings, and Next Steps

Teenage pregnancy is not just the problem of a young Hispanic woman, but concerns society as a whole. Pregnancy is a consequence of a relationship, and the arrival of a baby affects multiple lives, directly and indirectly, in a rippling chain reaction. This research project was an exploration of what communicative behaviors keep some young Hispanic women free of teenage pregnancy while their peers face the issue.

Some communicative practices that were identified as being effective in the present study include the following: The importance of parents emphasizing the importance of their daughters' finishing school; the setting of clear expectations about work-home and in-class/out-of-class activities in consultation with the teenager; an emphasis on extracurricular activities that reinforce goals and expectations; reinforcement and support of such messages through other family members; the role of trusted male members to provide affirmations, guidance, and direction for the teens; harnessing the role of older siblings through trusting relationships; and if

talking about teenage pregnancy, emphasizing the gains achieved without a pregnancy instead of talking about loss through failure. Clearly, there are other practices of the non-communicative kind which also must play a key role.

As a researcher, this journey has been one of learnings and adaptations. It has been full of both exciting and doubtful moments. For instance, I began my Positive Deviance screening surveys and in-depth interviews with predetermined questions. As my research progressed, I realized that I had to be flexible to adapt. So, in my Positive Deviance screening questionnaire, I extended the age limit for girls to qualify to be respondents from 22 to late-20s. I did this to enlarge the pool of respondents, arguing that women who are not pregnant are those who, no matter their age, have insights on not becoming pregnant. In my in-depth interviews, I gradually changed the wording of my questions depending on the one who was being interviewed and also based on what seemed to be working better. I discovered that the order in which the questions are asked are very important too. I realized that questions about their family, friends, experiences in high school, and extracurricular activities were better asked at the beginning to build rapport, and only then to get into the more sensitive, personal topics. Such non-threatening opening questions served as an ice-breaker and a trust-builder; the participants were comfortable with the questions and opened up more. I realized that research is an ongoing learning experience.

There is a great possibility of further exploring teenage pregnancy behaviors by focusing on the other gender: that is, the positively deviant boyfriends and male partners. What motivates them, what is it that they do, which allows them to have healthier relationships with women. Also the father-daughter positive deviant relationship can be further examined to investigate how some fathers do a better job of enacting their parental role and positively affirming their

daughters while most others do not. These and other subjects could be explored in order to expand our understanding of teenage pregnancy among Hispanic populations, and beyond.

In addition to research possibilities, there exist a variety of applied possibilities (i.e., applying the learnings of the present research into programs and interventions). My applied experience in talking to parents and teenagers showed me, for instance, the value of creating engaging interactive scenarios such as role reversals, and also the value of using engaging media content, such as the MTV's "Teen Mom" program, in reaching out to the youth. It was quite clear from my applied community experiments" that youth do not have to be looked upon as empty vessels that need to be hit with the message of "Don't get pregnant." Rather, one may look at what is working with those who are at highest risk, and then find a creative and engaging way to identify and amplify that in their social system.

Appendix A

Informed Consent

Protocol Title: Communicative behaviors and prevention of Latina teenage pregnancy: An exploration of Positive Deviance

Principal Investigator: Alejandra Diaz

UTEP Department of Communication

1. Introduction

You are being asked to take part voluntarily in the research project described below. Please take your time making a decision and feel free to discuss it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

You have been asked to take part in a research study of Communicative behaviors that prevent Latina teenage pregnancy. Approximately, 20 to 25 Latinas will be enrolling in this study at UTEP. You are being asked to be in the study because you are a female “Latina” of the age of 18-22, no children, graduated from high school and are currently enrolled in college. If you decide to participate in this study, you will be given a screening survey, and if chosen to participate in an interview, your involvement will last about one hour and a half.

3. What is involved in the study?

If you agree to take part in this study, a screening survey will be given to you to see if you fulfill the criteria. If chosen, the research team will interview you and ask you to answer some questions about the relationship with your parents, partners and friends. This interview was designed to be approximately an hour to an hour and a half in length. However, please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, whichever you prefer.

4. What are the risks and discomforts of the study?

Keeping the confidentiality can represent a risk, but for this study all the precautionary measures will be taken to secure the data and protect your identity. Due to the sensitivity of the issue, some

participants may be at risk of psychological or emotional distress. However this risk is minimal. If further assistance is needed, you can contact:

University Counseling Center
Summer hours:
Monday - Friday
8:00 am - 5:00 pm
Additional Fall & Spring Hours:
Monday and Tuesday
5:00 pm - 7:00 pm
Phone Numbers:
(915) 747-5302
Fax: (915) 747-5393
Email:
ucc@utep.edu
Location:
UTEP
500 W. University
202 Union West
El Paso, Tx 79968

5. What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form. You should report any such injury to Alejandra Diaz (915-317-9192) and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

6. Are there benefits to taking part in this study?

There will be no direct benefits to you for taking part in this study. This research may help us to understand and reveal positive behaviors that can prevent teenage pregnancy.

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

8. What are my costs?

There are no direct costs. You will be responsible for travel to and from the research site and any other incidental expenses.

9. Will I be paid to participate in this study?

You will not be paid for taking part in this research study.

10. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty.

If you choose to take part, you have the right to stop at any time. However, we encourage you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm.

11. Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may call Alejandra Diaz at (915-317-9192), amdiaz3@miners.utep.edu. If you have questions or concerns about your participation as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

12. What about confidentiality?

Your part in this study is confidential. None of the information will identify you by name. Upon completion of this project, all data will be stored in a secure location and the tapes will be destroyed. Only I and the faculty advisor will have access to this information.

13. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study

without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

☐

I agree to be contacted for an interview if I am chosen**.

☐

I DO NOT agree to be contacted for an interview if I am chosen.

**I understand that if I am chosen to take part in an interview, the interview will be recorded and transcribed.

Participant Name: _____ Date: _____

Phone Number: (_____) _____ - _____

Email: _____ @ _____

Participant Signature: _____

Consent form explained/witnessed by (signature): _____

Printed name: Alejandra Diaz

Date: _____

Appendix B

Questionnaire

NUMBER: _____

Please answer the following questions:

1. Are you between 18 to 22 years old?

Yes / No

2. Are you a Latina/Hispanic/Mexican-American/Chicana?

Yes / No

3. Are you pregnant or have any children?

Yes / No

4. Was your mother a teen (before 18) when she had her first baby?

Yes / No

5. Do you have any sisters that became pregnant as teens (before 18)?

Yes / No

6. Is your family income less than \$25,000?

Yes / No

7. Do you currently have a boyfriend of 18 months or more?

Yes / No

8. Have you been in a long-term relationship?

Yes / No

9. Are you currently dating?

Yes / No

Appendix C

Interview Questions

Today is _____. My name is Alejandra Diaz, I am here with participant number ____ to conduct an interview for the project Communicative behaviors and prevention of Latina teenage pregnancy: An exploration of positive deviance.

1. Family, siblings, parents.
2. High School.
3. Extracurricular activities.
4. Describe your teen years.
5. Relationship with boyfriend.
6. Friends.
7. How did you feel about yourself?
8. What kind of messages did you receive as a teen? From people and media.
9. Why did you decide not to get pregnant? Did you talk to anyone about this when you were in school?
10. Were your parents involved in the communicative process to prevent teenage pregnancy?
11. Mentors, important people in your life.
12. Where did you get information?
13. How are teenagers preventing teenage pregnancy?
14. Chicana/Mexican American/ Latina/Hispanic?
15. Participatory Sketching

References

- Abel, E. M., & Greco, M. (2008). A preliminary evaluation of an abstinence-oriented empowerment program for public school youth. *Research on Social Work Practice, 18*, 223-230.
- Abraido-Lanza A., & Chao M, Florez K. (2005). Do healthy behaviors decline with greater acculturation? Implications for the Latino mortality paradox. *Soc-Sci Med*, 61:1243.
- Acuña, R. (2000). *Occupied America: A History of Chicanos* (4th edition). New York: Longman.
- Andersen, T. H. (2008). Men dealing with memories of childhood sexual abuse: Conditions and possibilities of “Positive deviance”. *Journal of Social Work Practice, 22*, 51-65.
- Banerjee, B., Pandey, G., Dutt, D., Sengupta, B., Mondal, M., & Deb, S. (2009). Teenage pregnancy: A socially inflicted health hazard. *Indian Journal of Community Medicine, 34*(3), 227-231.
- Beaulaurier, R., Craig, S., & De La Rosa, M. (2009). Older Latina women and HIV/AIDS: An examination of sexuality and culture as they relate to risk and protective factors. *Journal of Gerontological Social Work, 52*(1), 48-63.
- Benavides, R., Bonazzo, C., & Torres, R. (2006). Parent–child communication: A model for Hispanics on HIV prevention. *Journal of Community Health Nursing, 23*(2), 81-94.
- Biggs, M. A, Ralph, L., Minnis, A. M., Arons, A., Marchi, K. S., Lehrer, J. A., Braveman, P. A., & Brindis, C. D. (2010). Factors associated with delayed childbearing: From the voices of expectant Latina adults and teens in California. *Hispanic Journal of Behavioral Sciences, 32*, 77-102.

- Bradley, E., Curry, L. A., Ramanadhan, S., Rowe, L., Nembhard, I. M., & Krumholz, H. M. (2009). Research in action: using positive deviance to improve quality of health care. *Implementation Science*, 4, 1-11.
- Denner, J., Kirby, D., Coyle, K., & Brindis, C. (2001). The protective role of social capital and cultural norms in Latino communities: A study of adolescent births. *Hispanic Journal of Behavioral Sciences*, 23, 3-21.
- Dogan-Ates, A., & Carrion-Basham, C. Y., (2007). Teenage pregnancy among Latinas: Examining risk and protective factors. *Hispanic Journal of Behavioral Sciences*, 29, 554-569.
- Durá, L., & Singhal, A. (2009). Will Ramón finish sixth grade? *Positive Deviance Wisdom Series*, 1-6.
- Durá, L., & Singhal, A. (2009). Utilizing a positive deviance approach to reduce girls' trafficking in Indonesia: Asset based communicative acts that make a difference. *Journal of Creative Communications*. 4(1): 1-17.
- Edwards, C. T., & Plaganyi, E. E., (2008). Participatory assessment of the South African abalone resource and its impact on predicted population trajectories. *South African Journal of Science*, 104, 185-191.
- Fowles, E., Hendricks, J., & Walker, L. (2005). Identifying healthy eating strategies in low-income pregnant women: Applying a positive deviance model. *Health Care for Women International*, 26(9), 807-820.
- García, L. (2009). Love at first sex: Latina girls' meanings of virginity loss and relationships. *Identities*, 16(5), 601-621.

- Gavin, L., MacKay, A., Brown, K., Harrier, S., Ventura, S., Kann, L., et al. (2009). Sexual and reproductive health of persons aged 10-24 years -- United States, 2002-2007. *MMWR Surveillance Summaries*, 58(SS-6), 1-60.
- Gilliam, M. (2007). The role of parents and partners in the pregnancy behaviors of young Latinas. *Hispanic Journal of Behavioral Sciences*, 29(1), 50-67.
- Greiner, K., Singhal, A., & Hurlburt, S. (2007). "With an antenna we can stop the practice of female genital cutting": A participatory assessment of *Ashreat Al Amal*, an entertainment-education radio soap opera in Sudan. *Investigacion y Desarrollo*, 15, 226-259.
- Hayes-Bautista, D. E., & Chapa, J. (1987). Latino terminology: conceptual bases for standardized terminology. *American Journal of Public Health*, 77, 1, 61-68.
- Hayward, M. D., Grady, W. R., Billy, J. O., & Bill, J. O. (1992). The influence of socioeconomic status on adolescent pregnancy. *Social Science Quarterly*, 73, 750-772.
- Kirby, D., Coyle, K., & Gould, J. B. (2001). Manifestations of poverty and birthrates among young teenagers in California zip code areas. *Family Planning Perspectives*, 33, 63-69.
- Lindenberg, C. S., Solorzano, R. M., Vilaro, F. M., & Westbrook, L. O. (2001). Challenges and strategies for conducting intervention research with culturally diverse populations. *Journal of Transcult Nurs*, 12, 132-139.
- McKee, N. (2008). Sex education in a fractured world: Towards a social-ecological approach. *Brown Journal of World Affairs*, 14(2), 213-225.
- Melby, T. (2006). Hispanics become focus of teen pregnancy prevention efforts. *Contemporary Sexuality*, 40 (4), 1, 4-6.

- Mirandé, A. (2002). *The Chicano Experience: An Alternative Perspective*. Notre Dame, IN: University of Notre Dame Press.
- Pascale, R., Sternin, J., & Sternin, M. (2010). *The power of Positive Deviance: How unlikely innovators solve the world's toughest problems*. Boston, MA: Harvard Business Press.
- Parke, R. D., Coltrane, S., Borthwick-Duffy, S., Powers, J., Adams, M., Fabricius, W., Braver, S., & Saenz, D. (2004). Assessing father involvement in Mexican-American families. *In R. D. Day & M. E. Lamb (Eds.), Conceptualizing and measuring father involvement*, 17–38.
- Positive Deviance Initiative*. (2009). Retrieved October 29, 2009, from 2009 Positive Deviance Initiative: <http://www.PositiveDeviance.org/>
- Ramirez, J. (2008). *Against Machismo: Young Adult Voices in Mexico City*. United States: Berghahn Books.
- Rattine-Flaherty, E. & Singhal, A. (2009). Analysing social-change practice in the Peruvian Amazon through a feminist reading of participatory communication research. *Development in Practice*, (19)6, 726-736.
- Reyes, H. (2008). *How Healthy Are We? Selected Measures for El Paso, Texas 2008*. El Paso.
- Rinderle, S. (2005). “The Mexican Diaspora: A Critical Examination of Signifiers.” *Journal of Communication Inquiry* 29(4), 294–316.
- Singhal, A. (2010). Communicating what works! Applying the positive deviance approach in health communication. *Health Communication*, 25(6): 605-606.

- Singhal, A., Buscell, P., & Lindberg, C. (2010). *Inviting everyone: Healing healthcare through positive deviance*. Bordentown, NJ: Plexus Press.
- Singhal, A., Buscell, P., & McCandless, K. (2009). Saving lives by changing relationships. *Positive deviance Wisdom Series, 3*, 1-6.
- Singhal, A., & Durá, L. (2009a). *Protecting children from exploitation and trafficking: Using the positive deviance approach in Uganda and Indonesia*. Washington D.C.: Save the Children Federation.
- Singhal, A., & Durá, L. (2009b). Sunflowers reaching for the sun. *Positive deviance Wisdom Series, 4*, 1-6.
- Singhal, A., Sternin, J., & Durá, L. (2009). Combating malnutrition in the land of a thousand rice fields. *Positive deviance Wisdom Series, 1*, 1-6.
- Spreitzer, G. M., & Sonenshein, S. (2004). Toward the construct definition of positive deviance. *American Behavioral Scientist, 47*, 828-847.
- Talashek, M. L., Norr, K. F., & Dancy, B. L. (2003). Building teen power for sexual health. *Journal of Transcultural Nursing, 14*, 207-216.
- United States Census Bureau. (2001). Census 2000. Retrieved September 3, 2005, from <http://www.census.gov/>.
- Walker, L., Sterling, B., Hoke, M., & Dearden, K. (2007). Applying the concept of positive deviance to public health data: A tool for reducing health disparities. *Public Health Nursing, 24*(6), 571-576.

Wright, P. (2009). Father-child sexual communication in the United States: A review and synthesis. *Journal of Family Communication*, 9(4), 233-250.

Wyckoff, S., Miller, K., Forehand, R., Bau, J., Fasula, A., Long, N., & Armistead, L. (2008). Patterns of sexuality communication between preadolescents and their mothers and fathers. *Journal of Child & Family Studies*, 17(5), 649-662.

Curriculum Vitae

Alejandra Diaz

My objective is to seek a position whereby my education, communication and strong work ethic skills may be utilized at a well known and established company. I have a Master's Degree in Communication from the University of Texas at El Paso (UTEP) in December 2010 – Department of Communication Outstanding Graduate Student. My thesis is titled “A Positive Deviance Inquiry of Communicative Behaviors that Influence the Prevention of Hispanic Teenage Pregnancy.” In 2007 I graduated Cum Laude from UTEP with a Bachelor's Degree in Organization and Corporate Communication and a minor in Marketing– Outstanding Academic Achievement in Organizational and Corporate Communication.

While completing my undergraduate education, I made the Dean's List every semester and was a member of the National Society of College Students. I also traveled abroad to England for a semester, for which I won a scholarship from the university's Study Abroad Program in the spring of 2007. When enrolled in the graduate program, I won two more scholarships to travel to Indonesia (summer 2009) and Rwanda (summer 2010) to conduct research. In Indonesia, the research team dedicated ourselves to analyze an environmental program (RARE) and its implications in Indonesia. In Rwanda we had several projects (e.g., women studies, community service, school projects, exchange programs, etc.).

In my community I presented on the 24th Annual Career Day for the Mother-Daguther/Father-Son Program. My topic was “Parents as Partners: Overcoming Challenges and Achieving Success” (February 20, 2010). This presentation was intrinsically related to my thesis topic: A Positive Deviance Inquiry of Communicative Behaviors that Influence the Prevention of Hispanic Teenage Pregnancy. I was contacted to do more presentations in two elementary schools: Scotsdale Elementary School and North Loop Elementary School. In addition, I was part of the organizing committee of the “Stay Teen Day” and collaborated directly with the El Paso County Regional Teen Pregnancy Prevention Coalition as part of the Media Task Force.

Moreover, my work experience started in 2006, when I started working for the Institute of Oral History at UTEP. I was transcriber and an interviewer. I took part in several projects, the main ones being Bracero Program and the El Paso Hispanic Entrepreneurs Project. The Bracero Archive from the Bracero Program (which was a joint research with Smithsonian Museum and

Brown University) won the 2010's Public History Project Award, recognized by the National Council on Public History. For this position I transcribed various interviews in Spanish, used Start Stop Universal Transcription System – software to transcribe interviews, aided in proper articulation of project through editing, participated in the interviewing process, translated documents (English-Spanish), helped in the planning process of events, helped contacting media, and did Public Relations for special events.

Additionally, I worked for the West Texas Food Bank, a non-profit organization, as a Marketing assistant starting in 2007. As part of my responsibilities, I helped promote the West Texas Food Bank within the community, helped in the planning process of events and food drives, coordinated volunteers and outreaches, contacted the media, and did clerical duties (e.g., generate reports, manage files, organize documents, use of fax and copy machine). During this time, I was also part of the Women's Conference of El Paso and participated in the planning of the El Paso Conference for Women held on February 8 and 9 of 2008. Furthermore, while working for the West Texas Food Bank, I took an internship at KVIA- Channel 7, which lasted a semester (January 2008 to May 2008). During this internship I went out on the field with reporters, contacted the Public Information Officers (PIO's), did clerical duties (e.g., filing, making phone calls), was involved in the process of News Production, was part of planning meetings for the news that were presented, and learned to use ENPS software, Associated Press News. Finally, I started working as a research assistant in 2009 for Dr. Arvind Singhal in the Department of Communication at UTEP. I was an aid in the research Dr. Arvind Singhal is conducting for the university, pre- and post-event coordinator for Gandhi, King, Mandela and Me: Together for Peace, creator and updater of a website for the Social Justice Initiative, and user of DukeNetNuke (DNN).

Ultimately, my skills include the following: highly motivated, responsible individual focused on high standards and teamwork; bilingual in Spanish and English; and proficient in MS Word, Excel, PowerPoint, Access, Share Point, Start Stop Universal Transcription System, ENPS, Adobe Reader, Picture Manager, Internet Searches, and DotNetNuke (DNN), a web content management system.