

# Latina Adolescent Health

## Issues at a Glance

### The State of Latina Adolescents' Health

Latinos comprise the fastest growing racial/ethnic group in the United States. Over the next 20 years, experts estimate that the number of Latino teens will grow by 60 percent while the total teen population will grow by eight percent. By the year 2020, one in five teens will be Latino.<sup>1</sup> In addition to the challenges all youth encounter during the transition to adulthood, social, cultural, economic, and biological factors influence the state of Latina adolescents' health. Some of these factors may place Latinas at risk, while others may assist in protecting their health. The complex interaction of these factors can also affect Latina teens' life choices, resiliency, and development.

- While teen pregnancy rates have dropped across all ethnic groups over the past decade, the decline has been smallest among Latinas.<sup>2,3</sup> Between 1990 and 1997, the pregnancy rate among Latina teens dropped by 11 percent, compared to 23 percent among African American teens and 26 percent among non-Hispanic white teens.<sup>2</sup>
- African American teens had a higher pregnancy rate than Latinas in 1997 (154 per 1,000 women versus 133). However, African American teens also had a higher abortion rate (63 per 1,000 women versus 35), thereby bringing their birth rate below that of Latinas.<sup>3</sup>
- Among teens, Latinas had the highest birth rate in 2000 (94 per 1,000 women ages 15 to 19). By comparison, the teen birth rate among African Americans was 79 per 1,000; among Native Americans, 68; among non-Hispanic whites, 33; and among Asian Americans, 22.<sup>4</sup>
- Latinas had the smallest decrease in teen birth rates compared to other ethnic groups. Between 1991 and 2000, the birth rate decreased by nearly 12 percent among Latina teens, compared to over 31 percent among African American teens, over 24 percent among non-Hispanic white teens, and over 20 percent among both Asian Americans and Native Americans.<sup>4</sup>
- Latino youth are at a disproportionate risk for HIV infection. Through December 2001, Latino young men and women represented 20 percent of the cumulative reported AIDS cases among teens, although they accounted for only about 12 percent of the total U.S. teen population. Latina and African American young women together accounted for 84 percent of AIDS cases among women ages 13 to 19, although, together, they represent about 26 percent of women this age.<sup>5,6</sup>
- Between 1988 and 2000, Latina teens had higher rates of chlamydia and gonorrhea than did non-Hispanic white teenage women.<sup>7</sup>

### Sexual health indicators underscore Latina teens' sexual activity and limited use of contraception, including condoms.

- In 2001, 44 percent of Latinas in grades nine through 12 reported ever having had sexual intercourse, compared to 41 percent of non-Hispanic white and 53 percent of African American young women.<sup>8</sup>
- The percentage of female teens using any method of contraception at first sexual intercourse was lowest for Latinas (57 percent), compared to non-Hispanic whites (81 percent), Asian Americans and Native Americans (77 percent each), or African Americans (68 percent).<sup>3</sup>
- Nearly 54 percent of sexually active Latino high school students reported using a condom at most recent intercourse, compared to 67 percent of sexually active African Americans and 57 percent of sexually active non-Hispanic whites.<sup>9</sup>

## Factors Affecting Latina Adolescents' Health

Many young Latina women face changing cultural norms, discrimination, poverty, and limited access to health care<sup>10</sup>—issues which can place them at high risk for unintended pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. Key factors in Latina adolescents' health include the following:

### *Poverty*

Latinos living in the United States are disproportionately affected by poverty. In 2000, Latinos comprised 12 percent of the total U.S. population, but over 20 percent of those living in poverty.<sup>6,11</sup> Twenty-three percent of Latinos were living in poverty, compared to 10 percent of non-Hispanic whites.<sup>6</sup> Latinos were less likely than non-Hispanic whites to have graduated from high school (57 versus 88 percent) and were more likely to be unemployed (seven versus three percent).<sup>11</sup> Living in poverty exacerbates stress, health risks, and unhealthy behaviors.<sup>12</sup> Because of limited economic resources, Latino families may also live in low-income areas characterized by high rates of crime and violence and by limited opportunities. In addition, Latinos living in these areas may experience limited access to health care because fewer health care providers work in these communities.<sup>13</sup>

### *Access to Health Care*

Latinos are among those least well-served by the U.S. health care system. According to the U.S. Census in 2000, 33 percent of Latinos lacked health insurance, as compared to 10 percent of non-Hispanic whites and 19 percent of African Americans.<sup>14</sup> According to one study, one in three Latina adolescents is uninsured.<sup>15</sup> In a study of Latino students in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades, 20 percent said they had nowhere to go for medical attention.<sup>15</sup> Compared to older Latino teens, younger adolescents reported more unmet health care needs, which may reflect their lack of access to routine care, their lack of knowledge as to how to access care, or their lack of experience in knowing what kinds of help to seek for specific problems.<sup>15</sup>

Despite their risk for unprotected sexual activity, Latina teens receive little information about contraception and family planning.<sup>13</sup> Fewer prevention and health care delivery programs serve Latina teens than serve any other ethnic group. School-based interventions and health care services reach only a fraction of Latina teens, due in part to the substantial school dropout rate in this population.<sup>12</sup> Additional factors limiting Latina teens' access to health care—including reproductive health care—include language barriers and a lack of cultural sensitivity among many health care providers.<sup>15</sup>

### *Racism and Discrimination*

Latinos in the dominant U.S. culture may encounter racism and discrimination, particularly related to their traditions, native language, and coloring. The predominant, non-Hispanic white culture may sometimes perceive Latinos as different and, therefore, “minority,” may hold lower expectations of them, and may offer few opportunities for Latina young women to reach their full potential.<sup>12</sup> In this way, institutionalized racial/ethnic discrimination may also limit Latinas' economic, academic, and professional achievements.<sup>12,16</sup> The combination of low expectations from society and their own expectations for the future may result in Latina teens' engaging in unprotected sexual activity.<sup>12,16</sup>

### *Acculturation and Biculturalism*

Acculturation can be defined as the process in which one acquires the skills necessary for life in a new environment. As Latina teens adopt the norms and practices of the dominant U.S. culture, they often distance themselves from traditional “protective” behaviors, including culturally held rules regarding sexuality.<sup>10,12</sup> One study found that Latinas born in the United States engaged in higher risk sexual behavior than did foreign-born Latinas: 58 percent of U.S.-born Latinas were 15 years old or younger at first intercourse, compared to 23 percent of foreign-born Latinas. In addition, 46 percent of U.S.-born Latinas reported multiple sex partners over the past six months compared to 17 percent of foreign-born Latinas.<sup>17</sup> Nevertheless, some Latina teens with little acculturation may also be at risk. For example, less acculturated Latinas often lack adequate information about their own body, contraceptive options, negotiation skills, and health care resources.<sup>17,18</sup>

Latina teens, growing up between two different cultures, may embrace elements of each, thereby developing a bicultural identity.<sup>19</sup> At times, the norms and expectations of these two cultures can clash, creating tension between traditional parents and their bicultural children. For example, bicultural Latina teens may seek to assert their independence—arousing conflict with many parents' traditional cultural values of interdependence and cooperation. If traditional parents try to impose their values on their children, bicultural Latina youth may feel increasingly alienated.<sup>20</sup> Culturally-based tension between Latino youth and their parents may strain the parent-child relationship and lessen the potential for open communication.<sup>12,19</sup>

## ***Familismo (The Family)***

Family bonds run deep in Latino culture, and Latino family members often feel a strong, mutual responsibility to support and care for one another. Families may be a significant source of guidance and social support. Family traditions emphasize cooperation and collective needs over individual needs.<sup>19</sup> The cultural importance of social connections and family ties also means that family members often play an important role in influencing the health of Latina teens. For example, in one study Mexican and Puerto Rican mothers said they often monitor their daughters' behavior, with the help of extended family members, in order to protect them from unintended pregnancy. The daughters usually interpreted this supervision as a gesture of caring and concern.<sup>10</sup>

One study found that, when Latina mothers discussed their personal beliefs and values regarding sexuality with their 13-year-old teens, these talks were related, a year later, to adolescents' abstaining from or delaying initiation of sex.<sup>20</sup> However, other studies found that when Latina mothers emphasized shame and secrecy in discussing sexual behavior, their daughters sometimes resorted to deceit to circumvent what they saw as attempts to control their behavior.<sup>10,21</sup> Given that family and culture frequently loom large in the lives of Latina teens, the role of parents and other family members can be significant in providing positive guidance and emotional support.<sup>10,12,21</sup>

## ***Gender Roles***

The cultural importance of family and motherhood sometimes encourages young Latinas to become mothers during their teenage years. Since motherhood is highly valued in Latino culture, Latina young women may not view pregnancy as a negative consequence of unprotected sex.<sup>20</sup> Indeed, some Latinas expect that having a baby will result in increased devotion from the baby's father because, in Latino culture, he may be expected to take responsibility for providing for his family.<sup>22</sup> Less acculturated Latinas are more likely to espouse such traditional gender role beliefs, while more acculturated Latinas often perceive greater life choices and options for women.<sup>12</sup>

*Machismo* heavily influences ideas of culturally acceptable, gender-based sexual behavior for young Latino men and women. Within *machismo*, Latino men often expect to make the sexual and contraceptive decisions in the relationship, while expecting women to take a secondary role.<sup>10,22,23</sup> This unbalanced power dynamic may prevent young Latinas from making their own sexual decisions and can contribute to compromising Latinas' sexual and reproductive health.<sup>23</sup>

Condom negotiation may be difficult for Latinas. Unequal partnerships lessen women's ability to suggest using condoms, especially if men see their personal power and self-esteem as being tied to sexual freedom, spontaneity, and control over sexual activities. Condoms may also carry unspoken intimations of suspicion, mistrust, infidelity, and an accusation that a partner is diseased. Suggesting the use of condoms is also inconsistent with the public position of the Roman Catholic Church and with some males' expectations that women will conform to prescribed sex roles. Finally, women may fear repercussions from their partners if they suggest using condoms.<sup>23</sup> Young Latinas need support in building their communication and negotiation skills and in establishing shared responsibility for sexual decisions and behavior.

## ***Religion***

Roman Catholicism, the religion predominant among Latinos, strongly influences *familismo*<sup>19</sup> and through *familismo*, also strongly influences the sexual health behaviors of young Latinas.<sup>19,22</sup> For example, the Roman Catholic Church disapproves of contraception, including condoms. This disapproval may deter young Latinas from protecting themselves during sexual activity. At the same time, Latina teens in one study did not associate virginity with religious beliefs, but saw delaying initiation of sex as an expression of self-respect.<sup>10</sup>

## ***Early Puberty and Having an Older Boyfriend***

Latina teens face an additional challenge in that many experience early puberty. When asked why some girls are likely to engage in sexual activity earlier than others, participants in one study frequently attributed early physical development to early sexual involvement, either in the sense that the girls understood their physical development to be a sign that they were mature enough to engage in sexual activity or else that males mistook these girls for being older, and hence more sexually mature, than they really were.<sup>21</sup> When encountering sexual pressure, younger girls often lack the relative power and the negotiation skills and assertiveness to arrive at safe and healthy decisions, particularly if they are dealing with male partners at least three years older than they.<sup>23,24</sup>

In one study, Latinas, particularly those who were less acculturated, were more likely than other teens to have an older boyfriend.<sup>24</sup> This phenomenon may be, in part, culturally related, since in Latin America, husbands are generally at least 10 years old than their wives. While a relationship with an older male is culturally acceptable, having an older boyfriend has also been shown to be associated with increased risk for teen pregnancy and for sexually transmitted infections, including HIV.<sup>24,25</sup>

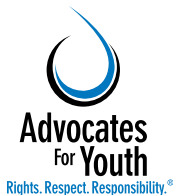
## Recommendations for Developing Programs for Latina Adolescents

The following recommendations will assist providers and communities in developing effective programs to promote the reproductive and sexual health of Latina adolescents:

- **Make programs culturally and linguistically appropriate.** To best communicate health messages to Latina teens, programs must present culturally appropriate and relevant information in the language(s) and idiom that the young women will understand. Given issues of acculturation and biculturalism among Latina youth, programs need to pay special attention to traditions and to changing cultural norms as well as to the specific Latino cultures of their clients, such as Honduran, Puerto Rican, Cuban, Brazilian, or Mexican.
- **Involve teens and their social support networks.** Involving teens as well as their families and friends in the development of the programs, messages, and services can make programs more relevant and effective for their intended audience. Families and friends can have a great impact on the health decisions and behavior of Latina youth. These people, so important in the lives of Latina teens, can also play vital roles in encouraging and reinforcing healthy choices among Latina teens.
- **Address culturally defined gender roles.** Latino cultural traditions may hinder young women's ability to openly communicate with their partners. Therefore, programs tailored for Latinas should emphasize assertiveness as well as communication and negotiation skills. Effective programs should also involve young Latino men in discussing gender roles and communication within relationships.
- **Involve communities in programs' development, implementation, and evaluation.** The best way to reach a community is by working with the community. Invite Latino youth, parents, schools, churches, and community-based organizations to participate in designing and implementing the program—from the very beginning. These partners can contribute significantly to developing a culturally appropriate and powerful program. Moreover, they will share a sense of ownership as the program develops.

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