

The Sexual Health of Latina Adolescents—Focus on Assets

From Research to Practice

Introduction

In the past, most public health and social science research focused on deficits when considering the well-being of American adolescents whose families were originally from Latin America.* That is, the research focused either on problems (such as rates of HIV infection, unintended pregnancy, school dropout, or gang membership) or unmet need (such as health insurance coverage or culturally appropriate education and health services).

Since the mid 1990s however, research has increasingly focused on the strengths and assets of Hispanic adolescents and on the support they receive from their families, communities, and cultures. Research has linked assets—such as healthy self-esteem, high aspirations for the future, and positive coping and communication skills—with responsible decisions about sex and with positive sexual health outcomes. These assets can help to protect young Latinas from unintended pregnancy and HIV or other sexually transmitted infections (STIs).

This document briefly highlights sexual health data on young Latinas and then summarizes the findings of asset-focused research. Its aim is: 1) to assist youth-serving professionals to identify and incorporate youth development strategies into their programming; and 2) to encourage policy makers, at all levels, to make fiscal and policy investments that will promote the sexual health of young Latinas.

What Does Sexual Health Data Say about Latina Adolescents?

A comparison of data from Youth Risk Behavior surveys in 1991 and 2001 showed that, among 15- to 17-year-old Latinas, the proportion reporting reliance on *no* method of contraception at most recent sex *fell* from 33 to 20 percent across the decade while the proportion reporting use of condoms *rose* from 28 to 45 percent. The proportion of young Latinas reporting use of both pills and condoms *rose* 16-fold (from 0.3 to five percent).¹

At the same time, sexual health indicators for teenage and young adult Latinas have lagged behind those of young white women and have sometimes been better and sometimes worse than indicators for young black women. For example:

- In 2003, 46 percent of Latina high school students reported ever having had sexual intercourse compared to 43 percent of white and 61 percent of black female high school students.²
- In 2003, 52 percent of sexually active high school Latinas reported condom use during most recent sex, compared with 57 and 64 percent, respectively, of sexually active white and black female high school students.²
- In 2002, teenage women accounted for half (50 percent) of all new HIV cases reported among 13- to 19-year-old youth. Although Latinas represented less than 16 percent of U.S. young women ages 13 through 19, they accounted for 20 percent of these HIV cases. Among women ages 13 through 19, Latinas accounted for 16 percent of AIDS cases diagnosed in 2003.^{3,4,5}

* Throughout this document, the term ‘Hispanics’ indicates people of *both sexes* whose ancestry is Latin American; ‘Latinas’ indicates females only; ‘Latinos’ indicates males only. ‘White’ and ‘black’ refer to non-Hispanic whites and non-Hispanic blacks.

- Among American women ages 15 through 19 in 2000, the overall pregnancy rate was 84 pregnancies per 1,000 women. The rates were 138, 71, and 153 per 1,000 Latina, white, and black teens, respectively.⁶
- Among American women ages 15 through 19 in 2003, the overall birthrate was 42 births per 1,000 women. The rates were 82, 27, and 65 per 1,000 Latina, white, and black teens, respectively.⁷

Generalizations and Discrimination—How Do They Affect Latinas?

Much of the research has assumed that young Latinas come from a homogeneous group and, thus, that findings pertinent to some are probably pertinent to most or all. This is both inaccurate and also inappropriate. Why? Hispanic people represent a variety of cultures, assets, and achievements. In fact, this highly diverse group may share *only one* characteristic—that they were born or can trace their family roots to Hispanic ancestors and/or to countries in Latin America. For example, Hispanics may: be of Native American/Asian, European, and/or African origin; hold traditions that blend Native American, African, and/or European cultures in a variety of ways; adhere to Roman Catholicism or other Christian traditions and/or hold West African, Native American, and/or local belief traditions of varying strength and importance; speak Spanish (with strong regional and national idiomatic differences) or a Native American language (such as Mayan) or English or Portuguese, or they may speak some combination of these languages.^{8,9}

Discrimination is often a factor in the lives of Hispanic Americans, as indicated by their disproportionate rates of poverty, uninsured status, and incarceration.^{10,11} Discrimination also shows up in other ways. For example, Anglo-centric youth development theory emphasizes that achieving increased independence is a critical task of adolescence. But the developmental trajectory of many Hispanic youth favors a more *interconnected*, rather than *independent*, course. Involvement in the family's relationships and increasing responsibility to the family and community are essential aspects of Hispanic youth's development that are often overlooked or undervalued by Anglo-centric professionals.^{12,13,14,15,16,17}

Some research has shown acculturation to be an asset to Hispanic youth. For example in one study, higher levels of acculturation among Hispanic students predicted better school outcomes.¹⁸ Other research has shown that acculturation can be detrimental to Hispanic youth's healthy development in non-school domains, particularly when it results in loosened ties to family and community.^{14,19,20,21,22,23,24} Yet, much Anglo-centric research in the past has focused on acculturation as an unqualified asset.

Obviously, then, it will be impossible to make useful generalizations about all or most Latina teens and young adults or to identify assets and factors that may contribute to the positive developmental trajectory of all or most of them. Nevertheless, youth development and resiliency research identifies positive assets and factors that may pertain to many young Latinas.

What Assets Help Young Latinas to Guard Themselves against HIV and Other Negative Sexual Health Outcomes?

Research identifies several assets and protective factors associated with positive sexual health outcomes among Latina youth. Among others, assets include self-esteem and having high aspirations as well as positive coping and communication skills.

- **High Self-Esteem**—Research has identified high self-esteem as important in young people's willingness and ability to use condoms and other contraception.^{25,26} Factors that contribute to high self-esteem among young Latinas include warm and supportive parent-child relationships as well as young women's positive attitudes toward life and their academic motivations and academic competence.^{9,13,16,17,19} Research also shows that bilingual students often bridge Hispanic and Anglo cultures, thereby achieving heightened self-esteem, even in the face of perceived discrimination.¹⁵ Studies have found that young Latinas who participate in sports and feel connected to school also have healthy self-esteem,^{27,28} as do Latinas who perceive their parents as monitoring them, encouraging them, and supporting them in school.²⁹
- **High Aspirations**—Research shows that youth attending college or who intend to go to college may be more intentional about using contraceptives, compared to non-college youth or those that do not see college in their future. For

example in one study, young women, including Latinas, who enrolled in a four-year college immediately after high school graduation were more than twice as likely to use condoms, more than twice as likely to use oral contraceptives, and more than four times as likely to use multiple methods (condoms *and* another method) than their peers who did not enroll in college.²⁹

A study of low-income, urban Latina high school students found that over 65 percent intended to pursue demanding, non-traditional careers in law, medicine, business, or computers or in male-dominated careers, such as aviation, astronomy, or architecture. Overall, researchers found this group of young women to be focused, purposeful, and academically able to achieve their goals.³⁰

- **Coping Skills**—Research shows that youth who use positive coping styles may be more likely to deal appropriately with pressures from partners and peers and to make healthy decisions about sex.³¹ In a study of Latina undergraduates, young women who coped well with educational difficulties also aspired to advanced degrees and took neither a fatalistic nor a passive approach to educational issues. Their most common coping responses were: 1) talking to others, especially family and friends; and 2) finding out about the problem and taking a positive, planned action to solve or address it.¹³ Even though 39 percent believed that barriers would make it more difficult to achieve their educational goals, almost all felt that they could—with work and determination—overcome any barrier that stood in their way.¹³ Other research found that many Latina adolescents used an active coping style to deal with stress. Few Latinas in this study used avoidance, passivity, emotions, substance use, religion, or distraction as favored coping styles.³²
- **Communication Skills**—Research shows that adolescents who talk with their parents about sexuality are more likely than other youth to delay the initiation of sex and, when they eventually initiate sex, are more likely to use condoms and other contraception.³³ One study found that Latinas in junior or senior high school who felt able to talk with their parents were much less likely to get pregnant than Latinas with fewer opportunities and less freedom to talk with their parents.³⁴

Studies also show that adolescents who talk with their partners about sex are more likely to use contraception, including condoms, than are adolescents who have difficulty talking with their partners.^{35,36} In one study, Puerto Rican teens' ability to talk with a partner about sexual risk was associated with increased condom use.³⁷ In another study, Latinas who felt able to talk with a partner about initiating pill use were more likely to continue pill use, compared to young Latinas who felt unable to talk with their partner. Moreover, partners who knew about the pill use were also likely to approve.³⁸

What Factors Support Young Latinas in Developing These Assets?

Research identifies several factors as supportive of Latinas and protective against their initiating sexual intercourse. Factors include: enjoying close relationships with parents and extended family; feeling connected to community and culture; having positive, non-parental adult and peer role models; being involved in the community and/or in a community of faith; and having positive aspirations for the future.³⁹

Factors Related to Parents and Family

Research shows that, when family relationships are warm and supportive, parents and extended family buffer sexual risk taking among young Latinas. Specifically protective are:

- **Close and Affectionate Family Relationships**—Research indicates that Hispanic families often offer closer mother-child relationships and more open expression of physical and verbal parental affection than do Euro-American families and that Hispanic child-rearing practices often emphasize receiving support from the family rather than developing individualistic self-reliance.¹⁷ Among Latina and white college students in one study, warm paternal [but not maternal] care-giving significantly promoted older adolescents' sense of security and attachment.¹⁷

Warm and supportive relationships between Hispanic parents and their adolescent children can be directly protective against sexual risk behaviors. One study among young adults showed a significant association between warm relationships with mothers and fathers and Hispanic youth's desire to share what they perceived to be their parents' beliefs.⁴⁰ In another study among rural Mexican American junior high school students, the student's

perception that her/his values were congruent with the parents' sexual values was the best predictor of delayed initiation of sexual intercourse.⁴¹

- **Parent-Child Discussion of Sexual Health Topics**—Considerable research shows that sexual health conversations between parents and their adolescents are associated with teens' making sexually responsible decisions—to delay sex or, among sexually active youth, to use contraception and condoms.^{23,37,42} For example one study demonstrated that open, skilled, and comfortable sexuality discussions between Puerto Rican parents and their sexually active teens were significantly associated *both* with teens' increased condom use at most recent sex and also with teens' lifetime condom use.³⁷

Hispanic parents (in common with parents of other ethnic backgrounds) may be reluctant to discuss sexual health topics with their children. Yet in one study, 82 percent of Hispanic students reported discussing reproduction with their mother; 70 percent reported discussing STIs with her. Fifty-nine percent reported discussing HIV and AIDS with their father. Fifty-nine percent of Hispanic students also discussed choosing a sex partner with their mother; 39 percent discussed this topic with their father.⁴²

- **Parental Concern that Teens Protect Themselves via Abstinence**—An often-noted aspect of Hispanic parent-child relationships has been an emphasis on 'virginity'. In fact in one recent study, immigrant fathers from Mexico said that they wanted their daughters to delay sex as a *strategy* to ensure the daughters' graduation from college. One father's statement reflected other fathers' feelings. "[I would talk about sex with her] simply to clarify and to motivate her to take care of herself, so she can take care of herself in all respects. But above all, that she would not stop attending school. That is my main concern. I do not want her, *for any reason*, to stop attending college."⁴³ Another study mirrored these concerns. In it, Latina mothers and daughters generally agreed that pregnancy prevention is important and that the ideal time for having children is after graduating from college and establishing a career. Although these Latinas viewed virginity as important, they saw its value as coming, not from religious beliefs or practices, but rather from its usefulness in assuring economic well-being.²³
- **Parental Value for Education**—Research shows that many Hispanic parents value education highly and that parenting strategies often contribute to the college achievement of young Latinas. Such strategies include strong parental commitment to the importance of education; parental facilitation of the student's autonomy; and an array of nonverbal expressions of support for educational goals and tasks. In one study, young Latinas' immigrant parents clearly viewed an American education as the best and only route for their daughters to escape poverty. Despite the fact that the parents understood little about the details, goals, or requirements of a college education, they supported every educational effort made by their daughters—including permitting them to break with traditional ethnic customs, such as living at home or socializing only at home.⁴⁴
- **Parental Monitoring**—Research indicates that parental monitoring of teens is often associated with less sexual and other risk taking behavior. For example, one study focused on highly acculturated Latinas who lived in an impoverished urban area. The young women were exposed to a great deal of violence and drug use in their community. Yet, the Latinas who also had more consistent family routines and more maternal monitoring also reported less risk taking behavior. The mothers monitored their daughters' contact with non-family and talked openly with their daughters about sexual risks.²⁹ Another study found that supervised social time and time spent on sports and in activities with family significantly reduced the incidence of risk-seeking behaviors among young Hispanics. For both males and females, involvement in home activities was protective against risk-seeking behaviors and promoted conventional societal and cultural norms.²⁷
- **Parental Education about Ethnicity and Discrimination**—Research also links parents' education of their children about ethnic discrimination with the children's awareness of their own ethnicity, pride in their ethnicity, and healthy outcomes. In one study of families where parents were little acculturated, the children had a good understanding of ethnic prejudice and also had high levels of ethnic knowledge. These youth often responded to incidents of discrimination and prejudice with a proactive approach—such as talking, expressing disapproval, or affirming their culture and ethnicity. This appeared to be the most psychologically positive way of coping, as evidenced by the higher degree of self-esteem among adolescents who used this approach. Parents of these youth paid considerable attention to social problems and achievement, emphasizing cultural pride in the face of discrimination.²⁴ Perhaps as a result of such attention to discrimination, Latinas in another study were likely to believe that effort would be key to their

success. In the study, 68 percent of young Mexican Americans believed that effort is the key to success while 18 percent credited ability and only 15 percent credited external factors like luck or fate.⁴⁵

Factors Related to Community and Culture

Research indicates that supportive community can be critical to the healthy development of young Latinas. In one study of 15- to 17-year-old Latinas, researchers found that young women in some impoverished communities had unexpectedly low birth rates. Specifically, these teens lived in small communities (sometimes within a larger city) of low density and with a small proportion of resident adults who were born in the United States. A high percentage of the residents were Hispanic immigrants from one original country or region. The communities had characteristics of *colonias*—an Hispanic majority with close ties to the home country.²¹ Characteristics of supportive communities of this type include the following:

- **Residents Choose to Live in the Community**—They choose to live and/or work in the community in order to be close to family, to use and share informal networks of support, and to share in monitoring children.²¹
- **Community Members Share Cultural Norms**—Community residents share cultural norms, supporting family messages about sexual behavior and family connectedness, and monitoring the activities of young people.²¹
- **Community Members Care about Young People**—In these communities, adults’ feelings about teens are mostly positive. “These are good kids, all know each other, and watch each others’ back... they have respect.” Such communities offer residents social capital and strong, shared, cultural norms.²¹
- **Community Members Have a Mutual Goal of Supporting Children and Families**—Residents say their community “feels that family is very important, and that family, school, and community agencies all work together to ensure their kids have a future.”²¹
- **Community Members Staff Community Organizations**—Youth might go away for college, but many return to work in their community and give back to it. Community-based organizations are truly ‘of’ the community, not merely staffed by people of similar ethnicity.²¹

In addition, research identifies other characteristics of supportive communities:

- **Community and Family Foster Ethnic Identity**—Research shows positive associations between ethnic socialization and ethnic identity development.⁴⁶ Community and family can be critical to youth’s developing a strong sense of ethnic identity, and ethnic socialization and ethnic cultural values can be protective of adolescents. Research has identified cultural assets that support Latina teens in making healthy sexual decisions—assets that include trusted adults, supportive community, supportive teachers, career aspirations, ties to their family’s culture, the ability to access services, negotiation skills, and residential stability.⁴¹

As noted earlier in this paper, assimilation can be both supportive and unsupportive to young Latinas. One study found that Hispanics’ self-esteem was positively associated with their assimilation into mainstream American culture.¹⁹ In another study of female respondents originally from 14 Latin American countries, more highly acculturated Latinas had higher levels of sexual communication with new partners and more condom use with new sexual partners.⁴⁷ On the other hand, they also had a higher number of new sex partners in the past 12 months.⁴⁷ Other studies have shown that infants of more highly acculturated Latinas are more likely to be born at low birth weight, compared to infants of less acculturated Latinas.^{48,49}

- **Youth Retain Cultural Allegiance to their Family and its Values**—Research shows that, although acculturation increases and home culture orientation diminishes across generations, many Latina adolescents retain allegiance to their Hispanic familial values.⁵⁰ Such familial values can be important for young people. A study of first-year Hispanic college students showed that many held a strong sense of family interdependence along with high motivation to attend college—for both family and personal reasons. These youth had strong ethnic identity as well as clarity about their goals. They were well-adjusted and secure, embedded in their family and ethnic group. At the same time, they also had a strong individual sense of motivation and direction. Researchers judged them likely to remain in college and graduate.⁵¹

Recommendations

Many Latinas already possess critical assets that can support them in making healthy choices about sex. In addition, their families, communities, and cultures may offer important support to young Latinas. While acknowledging and addressing deficits is important, a focus on deficits can be demeaning, disempowering, and self-defeating. A focus on assets can, by contrast, promote self-esteem, self-efficacy, and hope for the future. The lessons learned from the research on Hispanic youth can and should be incorporated into programs for young Latinas, including those that address reproductive and sexual health. We recommend the following actions for policy makers and program planners and for Hispanic communities and community-based organizations to address reproductive and sexual health among young Latinas.

1. **Promote Appreciation of and Respect for Hispanic Cultures**—Hispanic cultures are rich in values and traditions that can help young Latinas to make healthy choices. It is past time for Anglo-centric policy makers to let go of the ‘melting pot’ theory and to understand that denying cultures does not erase them, it merely drains some of their vitality and dims some of their best aspects. Appreciating Hispanic cultures can support young Latinas in developing self-esteem and self-efficacy and in achieving a healthy future.⁵²
2. **Promote Cultural Competence**—Cultural competence includes avoiding cultural generalizations, listening instead to people’s social construction of their own ethnic identity, and working to understand the social realities that they face.^{53,54} A practical example of this would be Anglo youth-serving professionals’ revisiting the idea that autonomy from the family is a *universal* task of adolescent development. Anglo youth-serving professionals could also work to appreciate Hispanic values of family responsibility and interconnectedness.¹²
3. **Provide Parents with Support in Discussing Sexuality with Their Children and Youth**—Parent-child discussions are critically important to youth’s identifying and clarifying their own values with respect to sexuality. Young people say that they want their parents to discuss sexuality with them. For example in one study, Puerto Rican youth rated as important, that “parents should be more supportive of teens, so if they are having sex, they can encourage them to use condoms.”^{55,56} But, parents may need support, reassurance, and encouragement to talk with their children about sex. Latina mothers in another study said they would welcome support from school, community-based organizations, and other mothers in addressing sexually related topics with their daughters.²³ Schools should offer workshops—in Spanish and English—on parent-child communication regarding sex.
4. **Provide Culturally Appropriate HIV/STI Prevention Education**—Schools should provide culturally appropriate HIV risk reduction that addresses—among other things—cultural aspects of health and health communication, acculturation, knowing one’s partner’s sexual history, condom use, and reducing the number of one’s new sexual partners.⁴⁶ Schools should actively involve Hispanic parents in their children’s education and assure Hispanic parents that their input is welcome and needed.
5. **Provide School-Wide Support to Hispanic Students and Their Families**—Hispanic students often encounter unacceptably high rates of institutional barriers (such as discrimination and little access to staff resources) that can impede their progress at school. Hispanic students and their parents also report experiencing more barriers (such as language barriers, racism, and inaccessible staff) to participating at school than do non-Hispanic parents and students. Parents and family play a particularly important role in protecting Hispanic youth from the negative consequences of poverty, discrimination, and life in an Anglo-centric society. Academic encouragement and being able to talk with parents about important life issues, along with support and encouragement by school staff, can assist Latinas to achieve even more academically and to experience even greater success at school.¹⁸

Universities can also do much more to support Latina undergraduates. In a study of Hispanic undergraduates, those who felt supported by family, peers, faculty, and college made the best emotional and academic adjustment to college. The researchers concluded that universities may best encourage Hispanic undergraduates by ensuring their access to faculty and institutional support and by maximizing their opportunities to receive support from their families and other Hispanic students.¹⁶ In another study, researchers recommended involving parents in college activities so that Latina undergraduates can talk more easily with their parents about the barriers and difficulties they experience at college.¹³

6. **Involve Youth in Designing Programs and Policies**—Youth see themselves as having a vital role in community improvement. They welcome opportunities to partner with adults in meaningful ways.^{52,53,54} Youth’s active involvement in designing, implementing, and running programs can help assure that the programs effectively meet young Latinas’ needs.
7. **Involve Communities**—Young Latinas, especially those living in poverty, need role models—successful Latinas who have gone to college and/or established careers and who contribute to their communities. At the same time, communities need to work to ensure that Hispanic high school students—male and female—have opportunities to go to college, get a job, or receive job training, as needed. In addition to programs promoting college education, job skills, and employment, communities should also offer programs to enhance cultural, ethnic, and racial awareness and understanding as well as mentoring programs to ensure that teens have adult role models in their communities.^{55,56}
8. **Train Health Care Providers**—Health care providers recognize the importance of being trained in cultural competence. For example, in one study among mental health professionals who deal with both Hispanic and non-Hispanic youth, 89 percent considered cultural factors to be very important when evaluating Hispanic children and youth, but only 54 percent considered themselves highly successful in accurately determining youth’s levels of acculturation when assessing the cultural aspects of symptoms. About 75 percent wanted culturally focused training.⁵² At the same time, programs should increase the proportion of health care providers and clinic staff who speak Spanish.
9. **Make Family Planning Services Accessible**—Studies show that accessible family planning services do not encourage teens to have sex but do encourage sexually active teens to use contraception. Because poverty is often detrimental to youth’s ability to make healthy choices about sex, accessible, low-cost or free family planning services may be essential to young Latinas’ ability to make healthy decisions about sex. In fact, data from the National Survey of Family Growth suggest that an increase in convenient family planning services can encourage sexually active young Latinas to use contraception.³⁹
10. **Design Culturally Appropriate Health Care Services and Public Information Campaigns**—Latinas’ strong sense of family identification and commitment to family support systems is an important factor to consider in designing health care programs for them. Planners should also document Latinas’ support for reproductive and sexual health services. In media messages to Latina communities, programs and policy makers should emphasize health care as a means to protect fertility, childbearing, and healthy pregnancies.^{56,57,58,59,60}

Conclusion

Latina adolescents and young adults face daily barriers, posed by the dominant Anglo culture, to achieving a healthy, satisfying, and successful life. However, Hispanic families, communities, and cultures and Latinas’ own abilities offer tremendous assets that can support young women in building a better future for themselves and their families. Public policy and funding, schools and universities, health care providers, and Hispanic communities can do much to foster Latinas’ development by building on assets rather than focusing on problems.

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