Hispanic/Latina Teen’s Reproductive Experience: The role of culture and context

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Learning Objectives

- Learn about the heightened vulnerability of Hispanic adolescents in the USA
- Identify contexts unique to the Hispanic community that impact teenage pregnancy and birth
- Identify specific values unique to the Hispanic community that impact teenage pregnancy and birth
- Recognize the impact that culture and context have on Hispanic/Latina teen pregnancy
Why Focus on Hispanic Adolescents?

Teenage birth rates have gone down across the country and across ethnic groups. However:

- Geographical, racial, and ethnic disparities in teen births are still prevalent
- Hispanic adolescents are more likely to become mothers than adolescents of other ethnic groups

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Why Focus on Hispanic Adolescents?

- Hispanic adolescents’ birth rates are highest in all states except in Arkansas
- Hispanic adolescents have highest rate of repeat births of all adolescents
- By 2030, Hispanic adolescents will make up >25% of all adolescents in USA
Why Focus on Hispanic Adolescents in Oklahoma?

- OK ranks 24th in Hispanic population, but 4th in Hispanic adolescent births
- Within Hispanic adolescents, those of Mexican origin are more vulnerable to unplanned pregnancy and births
- The Hispanic population in OK is overwhelmingly of Mexican origin

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Why Focus on Hispanic Adolescents in Oklahoma?

Teen Birth Rate over 1,000 live births among 15-19 year-old teens (Martin, Hamilton, & Osterman, 2017)

<table>
<thead>
<tr>
<th>Birth Rate Selected States</th>
<th>United States</th>
<th>Oklahoma (2nd highest)</th>
<th>Massachusetts (Lowest)</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>22.3</td>
<td>34.8</td>
<td>9.4</td>
<td>9.0</td>
</tr>
<tr>
<td>White</td>
<td>16</td>
<td>30.6</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>31.8</td>
<td>37.1</td>
<td>14.1</td>
<td></td>
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<tr>
<td>Hispanic</td>
<td>34.9</td>
<td>51.6</td>
<td>31.9</td>
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Study Methodology

- Exploratory study using CBPR approach at the Latino Community Development Agency in Oklahoma City.

- Sampling techniques:
  - Purposeful critical case and intensity sampling techniques
  - Service providers (N=33), parents (N=14), total 47

- Data Collection:
  - Focus groups (Spanish)
  - In-depth interviews with parents (Spanish)
  - Demographic questionnaires
  - Document analysis

- Data analysis
  - Qualitative and Quantitative methods

Participants

- **Staff/Providers** = 33
  - Women 80%
  - 23 - 55 years old
  - High school 10%
  - Undergraduate 80%
  - Graduate 10%
  - Country of birth
    - Mexico, Colombia, Peru, Venezuela, Nicaragua, Uruguay, Argentina, USA

- **Parents** = 14
  - Women - 71%
  - 33 - 51 years old
  - No high school = 71.4%
  - High school/GED = 28.6%
  - Country of birth
    - Mexico (13)
    - Guatemala (1)

Total N = 47
Data Collection and Analysis

- LCDA staff conducted recruitment, made appointments, and set up groups
- Social Work research assistant helped with attendants’ list, consent forms, other forms, voice recording, note taking, kept track of compensation to group participants
- Researchers facilitated groups and took notes as well
- Researchers conducted in-depth interviews separately
- Independent contractor transcribed recordings
- Researchers coded transcripts separately using pre-determined themes; identified new codes; re-analyzed data until reaching consensus. Researchers translated quotes.
## Themes Explored

<table>
<thead>
<tr>
<th>Groups with Staff/Providers</th>
<th>Groups with Parents</th>
<th>In-depth Interview with Parents</th>
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</thead>
<tbody>
<tr>
<td>Perspective on sexuality and teens’ sexuality</td>
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<tr>
<td>Knowledge/Experience Hispanic teen pregnancy/birth OKC Metro</td>
<td>Knowledge/Experience Hispanic teen pregnancy/birth OKC Metro</td>
<td>Personal experience with daughter who became teen mother</td>
</tr>
<tr>
<td>Cultural/Contextual factors perceived to impact teens’ sexuality and reproductive behavior</td>
<td>Their communication with their children regarding sexuality and reproduction</td>
<td>Their communication with their children regarding sexuality and reproduction</td>
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## Categories of Findings

1. **Staff/Providers’ knowledge about teens’ sexuality and teen pregnancy**
2. **Service needs**
3. **Barriers to sexual and reproductive health**
4. **Parents’ view of sexuality, values, and communication with children**
5. **Gender differences**
6. **The value of respect**
Staff/Providers’ knowledge about teens’ sexuality and teen pregnancy

- Discrepancy between wishes by parents and adolescents and adolescents’ behavior. Wish: no sexual activity <18. Practice: Initiate <18 (congruent national statistics male/female Hispanic adolescents)
- Differences by national origin. Natives: date same age. Immigrants: male partners are 3-4 years older
- Cases at LCDA: pregnancy by age 15, no birth control, no knowledge of SRH, little to no adult supervision, child care responsibilities.
- Abstinence emphasized at home and at school
- Parents’ knowledge of SRH is limited and often incorrect

Staff/Providers’ knowledge about teens’ sexuality and teen pregnancy

- Pregnancy for these adolescents is a life sentence and no options are considered, other than motherhood. “Some of the girls consider abortion, but they feel compelled to clarify that they are not bad people. They tell me ‘please, don’t think bad about me, I am a good girl’.”
- Abortion and adoption are hardly ever explored due to strong religious ideas and beliefs about motherhood and family. To abort or place a child for adoption would go against the value of familismo.
Staff/Providers’ knowledge about teens’ sexuality and teen pregnancy

- Lack of law enforcement in bars: young teens get in, meet older men
- Rearing practices enforce rigid gender roles that instill women’s submission
- Parents’ adhere to patriarchal view of sexuality
- Teen pregnancy brings sense of failure, embarrassment to family
- Mother-daughter bond is strengthened-protective role of mother
- Teen pregnancy brings increased attention and services to teens—better food at home, WIC, Medicaid, help at school. This highlights underserved conditions

Staff/Providers’ Quote

“Youth are very misinformed and lack sources of reliable information about sexuality, contraception, and sexual health. This increases their vulnerability to trust the misinformation available to them. Regrettfully, it is the same for many parents.”
Staff/Providers’ Quote

“Many parents are hoping and waiting to sign the permission form for the school to do the talk about sexuality; they want the school to deal with that.”

But there is no sex education in schools...

Staff/Providers’ Quote

“I think sexual taboos in our community relate a lot to religion... many parents do not talk about sexuality with their children. It is something that is not allowed by their religion, dad and mom are afraid and will not cross that door. This is how it has been for generations”
Service needs

Parents’ and Teens’ Needs:
- Medical services
- Professionals who can talk with adolescents
- Workshops on women’s body image to promote acceptance, self-esteem, negotiation skills, “recognition of oppression within their own culture”
- Workshops for divorced families—emphasis on father’s involvement
- Culturally competent services for men

Service needs

Staff/Service Providers’ Needs:
- Administrative support to process the cases they encounter and collaborate between agencies
- Training to increase their own knowledge of sexual and reproductive health and rights
- Unrestricted funding so that they can incorporate sexual and reproductive health topics
Barriers to sexual and reproductive health

- Infrastructure – waiting lists, transportation, physical space within agencies
- Socio-economic – no health insurance, costs, work demands/schedules, limited English proficiency, lack of bilingual services providers
- Legal restrictions – age, immigration status
- Parents’ beliefs, expectations, knowledge of and opinions about sexuality that are transmitted inter-generationally
- Social isolation, low levels of education: This widens gap between parents’ and teens’ world

Parents’ view of sexuality, values, and communication with children

- Knowledge acquired through friends, experiences, coworkers. Rarely from home or school
- Their own experiences with motherhood/fatherhood in adolescence became a passage to adulthood

“Most of us did not have the knowledge to prevent pregnancy when we got married...even now, we don't fully understand how contraceptive methods work.”

“When I saw my daughter, it changed my life completely. I became responsible.”
Parents’ view of sexuality, values, and communication with children

The arrival of adolescence and the awakening of Hispanic teens’ sexuality brings anguish to both girls and parents who don’t find a way to engage and talk.

“I tell my daughter, if you get pregnant, your freedom is over, forget about parties, I won’t carry your child around.”

Parents’ view of sexuality, values, and communication with children

Parents equate sexuality with intercourse; for women this equals pregnancy and motherhood. Socialization negates women’s expression of sexuality without a reproductive intent. Otherwise, it is promiscuity. The opposite idea is held for men’s behavior. Congruent with Gender Mystique (Jaes Falicov, 1998)

“Men continue their life as usual, as single men, they are rarely responsible.”
Gender Differences

- In line with international findings (WHO, 2014), this study attests how impactful gender norms are throughout one's life course.
- Women's and men's identities are reinforced by popular media outlets within Mexican culture.
- Women are socialized to follow men's lead. Thus, asserting their wishes/opinions would be a transgression—greater vulnerability to pregnancy!

“Males teach females about sex and males decide whether or not they use a condom.” – Service Provider

Staff/Providers’ Quote

“Boys are allowed to have more relationships and make more decisions about their sexuality than girls. Here in the Hispanic community, alcohol is prevalent in teens’ decision to have sex. Culturally, it is the girl the one responsible to make the decisions to not have lots of sex because of fear of becoming a prostitute. For the boy; however, he is told the more sexual partners he has, the more ‘macho’ he is.”
Staff/Providers’ Quote

“Boys and girls are treated differently. In the same family, the son is told he may arrive late; after all, he can’t get pregnant. I have many parents that bring young men to my classes; the parents often say ‘yes, tell him everything’. When I say, I am going to teach about how to use condoms, parents reply “of course”…when I ask (about) the daughter…parents often reply “oh no, not her; she is just a cute little girl’. A few months or a year later, the same girl is pregnant”

The value of respect

• Respect involves a clear hierarchical category of relationships. It includes: obedience to authority, deference, decorum, and public behavior (Calzada & Fernandez, 2010).
• Sexual topics produce anxiety, fear, embarrassment
• Parents don’t want to make a mistake, traumatize children with sex information, or convey approval for sexual engagement
• Talking about sex blurs the hierarchal functioning parent – teen; it would undermine parents’ authority—thus: disrespectful
The value of respect

- Lack of knowledge adds uncertainty and uneasiness
- Parents lose face if they admit that they don’t know, it is embarrassing to them and it challenges their authority
- Authority is reinforced through a non-permissive stance related to the adolescents’ sexual activity
- Because of the above, RESPECT becomes a barrier for parents and children to talk about sexuality

Parents’ Quote

“I want them to continue to respect me; I want to make them think I say no and no, sex no, no, no. If I tell them ‘here are some birth control pills,’ it’s like saying ‘go and have sex’

“...it is very difficult for me as a parent to discuss sexuality with my child”
Contextual Factors

- No sex education at school
- Underperforming schools
- Permissive environment at school
- Peer pressure to be sexually active
- No extra-curricular activities
- Permissive attitude of police in bars
- Limited teen supervision
- Sexualized media reinforced by parents
- Barriers to access birth control (from transportation to immigration status)
- Religion – dominant is Oklahoma culture
- Societal opposition to sexual and reproductive health education

Cultural Factors

- Rigid gender role socialization
- Socialization gives men more freedom
- Socialization encourages men to be leaders and women to be followers
- Concept of Respect-Respeto inhibits communication
- Parents experience teen pregnancy as well
- Large families-female teens have child care responsibilities
- Acceptance of early family formation
- Religious beliefs within family reinforces gender roles, heterosexual/intercourse view of sexuality, opposition to abortion
- For women: Sexuality=Intercourse=Motherhood
- For men: Sexuality=Virility=Exploration
- Parents’ belief that teaching about sexuality signals permission to be sexually active (congruent with national studies)
Conclusions

- Staff/Service providers are also in need of support to process the cases they encounter and increase knowledge of sexual and reproductive health
- Hispanic parents want to learn to communicate with their children about sexuality and reproduction. However,
- They prefer that a professional be the one in charge of teaching adolescents about sexual and reproductive health matters
- Female adolescents are socialized to be followers, but their external environment requires self-confidence, assertiveness, and decision making skills to be successful

Conclusions

- For female adolescents, saying no to men’s advances feels as a transgression of what they have learned—socialized to follow
- Women’s identities are reinforced by parents’ chosen media
- Parents’ values are transmitted inter-generationally, shaped by acculturation and education
- None of the participants mentioned self-pleasure or self-exploration as part of comprehensive sex education
Recommendations

- Interventions need to consider preferences that may be rooted in cultural aspects that could hinder the application of learned skills
- The value of respect needs to be incorporated in programs and interventions in order to understand what is acceptable to parents and how to navigate this cultural aspect
- Schools should monitor adolescents’ behavior while at the same time provide opportunities to teach sexual and reproductive health

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Recently accepted for publication in the PubMed journal “Social Work in Health Care”

E-mail us to get a pre-publication copy of the article.

Questions?

THANK YOU - GRACIAS

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