Reducing the Latina Teen Birth Rate in Baltimore City

Tilly Gurman, MPH
DrPH student Johns Hopkins University Bloomberg School of Public Health
January 9, 2004

I. Introduction

During the 1990s. due to both decreased sexual activity and increased contraceptive use among teens, the teen pregnancy and birth rates declined in the United States.[12] Nevertheless, the US continues to have higher rates of pregnancy, abortion and birth among teens compared to other developed countries.[23] In the US, over three-quarters of teen pregnancies each year are unintended, and more than a third end in abortion.[4]

If a teen decides to continue with a pregnancy and give birth, there are consequences for the teen mother, her baby and to society as a whole. When compared to women of similar socio-economic status who delay child bearing, teen mothers are more likely to end up on welfare, with almost half of all teen mothers and over three-quarters of unmarried teen mothers beginning to receive welfare within five years of the birth of their first child.[5] Approximately 25% of teen mothers have a second child within 2 years of their first birth.[6] Although approximately 70% of teen mothers complete high school.[6] one study found that teen mothers complete, on average, about 2 years less school than women who wait until after age 30 to have their first child,[7] One of the implications of finishing less school is that the earning potential of teen mothers may be less than their counterparts who did not have birth during their teen years.

Babies born to teen mothers are also more likely to be born prematurely and low birthweight,[8] and therefore may suffer from related health problems such as increased incidence of infant death, chronic respiratory problems, mental retardation, cerebral palsy and hyperactivity.[5]

The data presented above illustrate why teen pregnancy remains an important public policy issue in the United States. Closer to home, in Baltimore City, teen pregnancy, especially among Latinas also challenges the public health and public policy infrastructure. This paper will offer

insight into the situational context, explain key determinants, and introduce an innovative multi-faceted approach to address this challenge.

II. Situational Context

Latinos[*]—the biggest minority group in the US— are a relatively young and high fertility population.[9] Latinas also have the highest teen birth rate nationally.[5] In Maryland, the 1999 Latino teen birth rate (births per 1,000 girls aged 15-19) was 59, an increase of 34% from 1991.[10] The birth rate among White teenagers, on the other hand, was 27, a 27% decrease from 1991.[10] Furthermore, between 1991 and 1999, the teen birth rate decreased 12% in the US among Latinas, decreased 22% in Maryland among all teens, yet increased 34% in Maryland among Latina teens.[10] [1112]

These national and state trends combined with population growth trends of Latinos in Baltimore highlight the need to address Latina teen pregnancy in Baltimore. Between 1990 and 2000 in Baltimore, the overall population decreased 11.5%, while the Latino population increased 45.5%.[1314] Recent census data indicate that 11,061 residents Baltimore's total population of 651,154 identify as Hispanic.[15] It is important to note that these figures may be underestimates since undocumented immigrants may fear repercussions of being discovered and thus not be counted.[16] What these numbers make apparent, however, is the fact that Latino population in Baltimore City has been expanding while the overall city population has been decreasing. Furthermore, health care facilities have witnessed an increase in the number Latino

[*] Note that in this paper the terms Latinos and Latinas are used to refer to individuals of Latin American origin. Latino(s) can refer to the general population or if referring to males. Latina(s) refers to females of Latin American origin.

patients they serve. For example, Planned Parenthood of Maryland saw a 73% increase of Latino patients between 1998 and 1999 alone.[16]

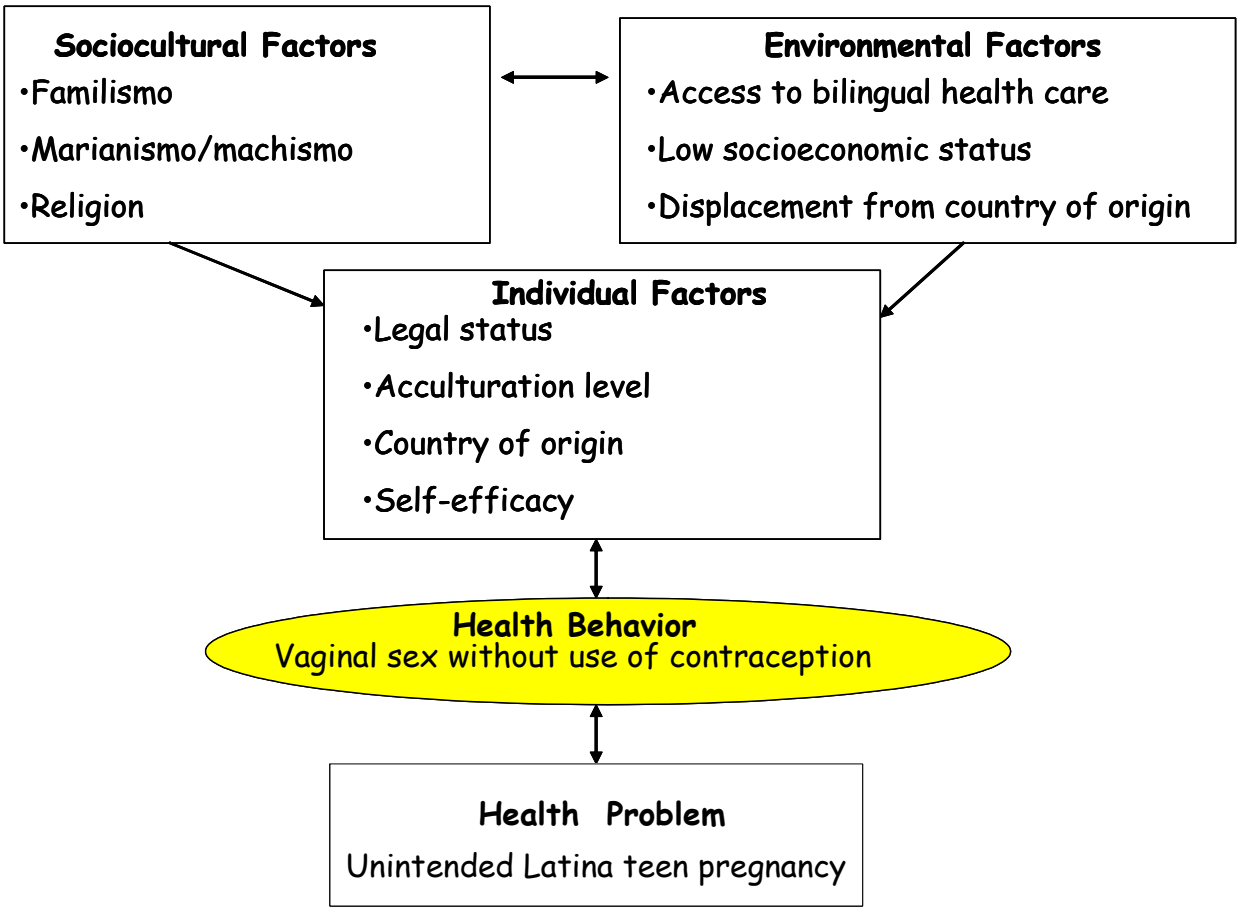
Studies illustrate that although Latina teens may be less likely to engage in sex compared to White teens, they are less likely to use contraception when they have sex and are more likely to parent a child once pregnant.[17] The Youth Risk Behavior Surveillance System (YRBSS) illustrates that adolescent Latinas are more likely to have had sex before age 13 than White adolescent females.[18] In addition, compared to White adolescent females, Latina adolescents are less likely to use condoms or birth control pills the last time had sex.[18] For example, in one study of high school students, approximately 10% of Latinas reported using birth control pills the last time they had vaginal sex, compared to almost 27% of White female teens.[18] Looking at epidemiological trends of STDs, such as HIV, provides another snapshot about Latinas and unprotected sex. Among Latinas, heterosexual contact is the most commonly documented exposure category.[19] In other words, Latinas are getting HIV more often due to unprotected sex as opposed to injection drug use. Since an effective way to prevent the sexual transmission of HIV is through using condoms, this last finding suggests that when Latinas have sexual intercourse, they might not be using condoms.

III. Key Determinants

In order to create an effective pregnancy prevention effort that is culturally appropriate, it is critical to consider and understand the factors that might influence sexual behaviors among Latina teenagers. Specifically, there exist certain sociocultural, environmental, and individual factors that play important roles within the context of unintended teen pregnancy among Latinas. A conceptual framework is one way to illustrate the relationship between these factors and the

health problem of interest, unintended Latina teen pregnancy. (See "Figure 1: Conceptual Framework for Latina Teen Pregnancy in Baltimore".) The illustration presented suggests that broad sociocultural and environmental factors influence eachother while also influencing the individual. It is the ultimately, the individual, however, who engages in the health behavior, vaginal sex without the use of contraception. This behavior then may result in an unwanted pregnancy. The remainder of this section explains, in greater detail, the specific sociocultural, environmental, and individual factors that are important to consider.

FIGURE 1: CONCEPTUAL FRAMEWORK FOR LATINA TEEN PREGNANCY IN BALTIMORE



Sociocultural Factors

Latino sociocultural norms and values, which differ from norms and values of other cultures, may influence sexual behaviors.[20] Furthermore, sociocultural factors also influence how Latinos view health and access health care. [21-24] Some cultural norms that may influence these trends include belief in the importance of family (familismo), gender roles (machismo and marianismo), and religion.[11;16;22;25-27]

Familismo

The central role of the family (*familismo*) influences the decision-making process, in which decisions may be made collectively rather than individually.[22] In other words, a patient seeking health care services may want to involve family members in her decision-making process.[28] Similarly, the notion of independence may not be the norm among Latinas seeking services at health care facilities, including places that offer family planning or other reproductive health care services. Familismo may also influence a feeling of ambivalence toward getting pregnant or even encourage pregnancy among Latina teens, since they may feel that their families will be able to offer support.[25] The implications for immigrant Latina teens that may be displaced from their family are addressed in the Individual Factors Section.

Machismo/Marianismo

Traditional female gender roles (*marianismo*) encourage chastity among Latinas and can disempower a Latina in a sexual encounter.[29 27] In contrast, male gender roles (*machismo*) are less disapproving of sexual activity, which can elucidate rates of greater sexual experience among Latino males than females.[20] The belief is that females should protect virginity and that sexuality is taboo. Males, on the other hand, are encouraged to be sexual. Furthermore, females are seen as the nurturers while males are the decision-makers. There is a potential, therefore, that these gender roles may affect birth control knowledge and usage, including the ability of females to negotiate condom use.[27]

Religion

Religion is an important part of the lives of many Latinos. In one national study of Latino adults, 68% reported that religion is important to their everyday life. Along the same

lines, 45% of Latinos reported attending religious services at least once a week. The predominant religion practiced among Latinos is Roman Catholicism, followed by Evangelical/Born-again Christian. Approximately 76% of foreign-born Latinos and 59% of US-born Latinos reported being Roman Catholic compared to 11% and 20%, respectively, who reported being Evangelical.[30] An implication for pregnancy prevention is that Roman Catholic doctrine disapproves of family planning, viewing contraception such as birth control pills and condoms as deleterious to the Catholic lifestyle. In other words, Latina teens who are practicing Catholics may frown upon the notion of using contraception and place themselves at risk if they decide to have sex.

At the same time, there has been mixed findings about the importance of religion in reproductive health decisions. One study, which compared US-born Latinas to US-born non-Latinas and foreign-born Latinas found sexual risk behavior was not associated with religiosity. [26] Another study looking at unintended pregnancy among women in Chile, found religiosity to be protective against unintended pregnancy.[31]

Environmental Factors

The environment in which a Latina teenager lives also has the potential to influence what life choices she has available and ultimately the decisions she can make. Three environmental factors that are integral components of Latina teen pregnancy are access to bilingual health care, socioeconomic status, and displacement from country of origin.

Access bilingual sexual health care

Literature documents that there are disparities in access to health care between Latinos and whites. In 2001, 35% of Latinos did not have insurance, compared to only 12% of Whites.[32] Between 1999 and 2000, Latinos were two times less likely to have a regular source of health care.[32] In 2000, 27% of Latinos did not visit a health care provider, compared to 17% and 15% for African Americans and Whites, respectively.[32] Furthermore, in 2000, Latinas in the US were three times less likely to receive prenatal care in a timely manner compared to Whites.[32] These disparities can be partly attributed to low levels of cultural competence among health care professionals and lack of high-quality bilingual services.[21;33-35]

Lack of cultural understanding by staff, in conjunction with language problems, have been identified as being a major health care access barrier for Latinos.[23;36-38] Providing an interpreter when needed can reduce medical errors[34] and increase the patients' perception of a welcoming health care facility.[3638] Similarly, not having an appropriate interpreter is associated with negative patient satisfaction.[37;39;40] For example, in a study conducted at an urban university-affiliated clinic, patient satisfaction was lower among individuals who used untrained interpreters, such as a family member, compared to patients who were seen by providers that spoke their language or received appropriate interpretation services.[39] In addition, quality interpretation can increase the likelihood that a patient understands medication instructions and returns for care even if they owe money for services previously rendered.[36;38]

Displacement from country of origin

Recent immigrants, who are displaced from their country of origin, may leave behind their families. Furthermore, regular communication with family members in their home country may

be cost-prohibitive. As part of ensuring their survival in the United States, they may be forced to navigate a culture and system that is foreign to them. As they try to negotiate their new life, they may desire emotional support once available from their family. Given the importance of familismo in the Latino culture , displaced individuals may seek other sources of support since their extended family may no longer be nearby.[28] Such displacement has implications for Latino teens, as "disrupted social structures that accompany immigration likely influence sexual relationships and reproductive health outcomes".[26] In other words, Latina teens, in search of establishing a sense of family support, may place themselves at risk by becoming sexually involved with men before they are emotionally ready to do so. Given that these teenagers might not be using contraception when they engage in sex, what might result from their quest for finding a surrogate source of support is an unintended pregnancy.

Socioeconomic status

One's socioeconomic status has implications on an environmental level since one's financial resources impacts where an individual can afford to live and the types of conditions in which one lives. One's neighborhood may also impact the types and quality of resources available. Furthermore, one's socioeconomic status can impede access to health care services. Approximately 50% of Latinos report having annual household incomes of less than $30,000. Only 29% of Whites, on the other hand, report similar household incomes.[30] The disparity widens when comparing foreign-born and US-born Latinos. Among foreign-born Latinos, 57% reported annual household incomes of less than $30,000 compared to 37% of US-born Latinos. Education can also be tied into socioeconomic status, as it can affect one's employment possibilities. Among foreign-born Latinos, 55% report less than a high school education,

compared to 23% of US-born Latinos.[30] This link is evident in comparing the types of occupation between foreign-born and US-born Latinos. Approximately 65% of foreign-born Latinos work in blue collar jobs, compared to 28% of US-born Latinos. Correspondingly, 31% of foreign-born Latinos work in white collar jobs, compared to 69% of US-born Latinos.[30]

Individual Factors

Legal status

Legal status may affect whether or not Latinos seek health care services.[1641] Even among Latinos, there are disparities depending on language and immigrant status. The Kaiser Family Foundation reported that if an individual does not speak English proficiently and is not a US citizen, they are more likely to have greater problems with accessing health care services.[41] In addition, the study found that the ability to communicate with health care providers was also impacted by the combination of limited English proficiency and not being a US citizen. Specifically, the study found the following:

> "Latino citizens were less likely to report good communication with their medical providers than white citizens (about 65% vs. 73%). Non-citizen English-speaking Latino adults were as likely as their citizen counterparts to report good communication (66%), but less than half (46%) of non-citizen Spanish-speaking Latino adults reported this way."[41]

This finding underscores how communication problems impacts not only Latinos, but how the severity of the problem is greatest for Spanish-speaking Latinos who are not US citizens.

Acculturation level

One study reports that among Latinos in the US, 47% are Spanish dominant, 28% are bilingual, and 25% are English dominant.[30] These figures differ according to whether an individual is foreign-born or US-born. Among foreign-born Latinos, 72% are Spanish dominant, 24% are bilingual, and 4% are English dominant. Among US-born Latinos, on the other hand, 4% are Spanish dominant, 35% are bilingual, and 61% are English dominant.[30] Language ability is considered a proxy of acculturation, with Spanish dominant considered less acculturated than bilingual or English dominant individuals.[28] Level of acculturation may affect health in the ability of individuals to access health care as well as beliefs an individual may hold about health and illness. Recent immigrants tend to be less acculturated than those who have been in the area longer.[2827;28] Similarly, more acculturated individuals may stress independence from the family and ascribe less to cultural norms.[2827] For example, adhering to gender roles tend to be stronger with less level of acculturation.[27]

Previous research has suggested ways in which acculturation may impact the problem of teen pregnancy among Latinas.[11;12;25;26;42] One study found that moderately acculturated Latinas had lower intentions to use contraception and that they had a higher risk for unintended pregnancy.[12] Unger and Molina [12] state, "Social norms and low self-efficacy may place moderately acculturated Latinas at high risk for unintended pregnancy and STDS". They continue, "moderately acculturated Latina women may perceive that their friends and family members do not support their use of contraceptives and/or do not use contraceptives themselves, and this may cause them to forego contraceptive use in order to conform to normative expectations".[12] It is also believed that as immigrant Latino teenagers undergo the process of

acculturation, they may be torn between the cultural norms of their families and the norms of their US-born peers. This internal struggle may influence the "the dynamics within sexual partnerships and a young woman's ability to use contraception".[26]

Country of origin

Similar to acculturation, the literature shows that an individual's country of origin may influence sexual experience and related risk behaviors.[42] The Latino population in Baltimore is ethnically diverse, with 27% Mexican, 20% Puerto Rican, 5% Cuban, and 48% Other (which could represent various groups such as South Americans and Central Americans).[14] Exploring the cultural diversity that exists between these groups may conclude that a one-fits-all program may not be the most appropriate. For example research has indicated that Mexicans and Central Americans are more conservative about issues such as divorce, childbearing out of wedlock, and acceptability of abortion compared to other Latino groups.[30] Unfortunately, available Baltimore data do not indicate which Latino sub-groups are at greatest risk for teen births.

The Latino Consortium of the American Academy of Pediatrics Center for Child Health Research states "Failure to perform subgroup analyses can result in missing critical findings that can affect child health, policy, and advocacy".[43] Until such data is available, any pregnancy prevention program that is created must ensure that the needs of Baltimore's Latino ethnic groups are represented. Prior to having detailed quantitative information, such as from population-based surveys, about these subgroups, alternative ways to gather information should be considered. For example, in-depth interviews and focus group discussions with Latina teens from specific countries could be conducted to offer greater insight into the context on a local level. It would also be useful if each focus group discussion only includes participants from the

same country so that the group is as homogenous as possible. The themes that come out of each group can then be compared with the themes from the other groups and ultimately identify unique and common needs that a pregnancy prevention program should address.

Self-efficacy

Self-efficacy is confidence in one's ability to engage in a particular behavior when needed. Self-efficacy can be an important tool in reducing sexual risk.[44] In pregnancy prevention, self-efficacy can impact a Latina teen's confidence in her ability to negotiate condom use with her partner as well as her ability to correctly use a chosen method of birth control. Research underscores the importance of self-efficacy among adolescents[44-46] and Latinas.[3147]

IV. Intervention Strategy

The previous sections have offered the empirical data to elucidate the complex issues surrounding Latina teen pregnancy in Baltimore. This information can then be used to determine what an effective intervention strategy might look like. What results is a recommendation to promote emergency contraceptive pills (ECPs) through a multi-faceted strategy. Before going into details, it is important to explain why ECPs are an appropriate innovation to introduce to Latina adolescents.

ECPs, which prevent pregnancy after vaginal sex but prior to conception, can be taken up to 72 hours after sex. They have been well-documented as being a safe and effective way to prevent pregnancy, with the only contraindication is pregnancy.[48] Currently in Maryland, the only manner to receive ECPs is by obtaining a prescription from a clinician. Nevertheles, adolescents may benefit from ECPs since the two most commonly used methods of pregnancy

prevention among teens (condoms and birth control pills) have the potential for user error.[49] As a result, approximately 17% and 6% of adolescents age 15 to 19 who use male condoms and birth control pills, respectively, will experience method failure over the course of a year.[49] Adolescents under age 18 in one study had 71% lower odds of using contraception compared to women aged 25-34.[50] Compared to older women, adolescent females are more likely to use contraception sporadically or not at all.[6] Finally, research suggests that there is the possibility of more risk for pregnancy with less frequent sex.[50] Adolescents tend to have sex less frequently than adults and may not always be prepared for protection.[6;5152]

Barriers to ECPs by adolescent women include not knowing about ECPs, fears about side effects, misconceptions about impaired fertility, confusion with RU-486, and the timebound nature of ECPs.[53] These barriers are also relevant to Latinas. In study of low-income post-partum women, the vast majority of whom were Latinas, over two-thirds of respondents were willing to use emergency contraception in the future. Women who were more familiar with ECPs were also more willing to use it.[47] Furthermore, it was found that none of the monolingual Spanish speakers knew of the correct timing for taking ECPs.[47] Not knowing the correct timing may affect an individual's self-efficacy if she is unaware of how to take this medicine and ultimately has an unintended pregnancy after taking ECPs. A campaign about ECPs tailored to Latina teens could therefore address some of these barriers.[54;54;55;55] In Maryland, a widespread campaign about ECPs was implemented several years ago. Unfortunately, efforts to expand the campaign to the Spanish-speaking community were thwarted due to budget constraints.[56] Furthermore, the campaign was ultimately eliminated altogether due to budget cuts.

As previously mentioned, the current mode of prescribing ECPs is in response to a crisis of having engaged in unprotected sex. One alternative to this crisis response approach is

prophylactic provision of ECPs which provides a woman with ECPs before she actually needs the medication. This policy is similar to having other medicines available so that if the need arises, one can be prepared. Research shows that prophylactic provision is associated with an increase in the use of ECPs, but not with repeat usage.[54;57] Given that Latinos access health care services less frequently than their White counterparts, prophylactic provision of ECPs is not only innovative but may also be the most effective way to introduce ECPs into the Latina teen community. In other words, such a strategy may be ideal for Latina teens since it takes advantage of the opportunity to provide ECP regardless of how often they access health care services.

In order for this ECP campaign to be successful, the program should be comprised of two components. First, health care facilities and providers should receive training to create more culturally competent reproductive health services. This would help to create a welcoming space for Latinas to discuss obtaining ECPs, whether in advance or at the time of need. Second, ECPs should be promoted by Latina peers through culturally appropriate outreach.

Cultural competency training for reproductive health care staff

The Office of Minority Health (OMH) released general standards for culturally and linguistically competent health care in 2001.[35;58] They stated the following:

> "Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter. As health providers begin to treat a more diverse clientele as a result of demographic shifts and changes in insurance program participation, interest is increasing in culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction. The provision of culturally

> and linguistically appropriate services is in the interest of providers, policymakers, accreditation and credentialing agencies, purchasers, patients, advocates, educators and the general health care community. "[58]

Following the rationale set forth by OMH, in order to meet the needs of the Latino population, it is imperative to provide culturally competent bilingual health care.[1622;33;35;43;59-61] Currently, the only way to obtain ECPs is through a prescription,which requires that Latina teens come in contact with the health care system. As previously mentioned, language problems and lack of cultural understanding by staff have been identified as being access barriers for Latinos.[61] [36;62]Therefore, if an ECP promotion intervention is to truly be effective, it is imperative to ensure that the facilities where Latina teens receive reproductive health care services, such as Planned Parenthood of Maryland, offer culturally competent services.

Bilingual culturally competent services include a variety of elements, including providing medically accurate interpretation services and treating patients with respect and in accordance to their cultural beliefs.[35] Part of such services may also include recruiting diverse staff and offering in-service trainings to clinic staff about cross-cultural communication skills.[35] Bilingual culturally competent sexual health care services may affect unintended pregnancy among adolescent Latinas in Baltimore in various ways. Specifically, receiving culturally competent health care could accomplish the following:

- Elicit more specific and complete information from patient
- Improve relationship between patient and health care provider and therefore may make sexual health more easy to discuss
- Increase chance that patient will return for regular care
- Foster favorable word-of-mouth advertising in community

A component of such cultural competency training could include sessions on medical Spanish specific to family planning. Such training would enable health care providers to address the safety, efficacy, and mechanism of ECPs in Spanish, thereby making Spanish-speaking Latina teens feel open to the idea of using ECPs. Being able to address the misperceptions about ECPs could potentially impact whether or not these young women would want to use ECPs. One study found that "Women who believed that EC was not an abortifacent and those who felt that it was safer were more than twice as likely to be willing to use it." [47] Other components of the training could address cultural norms of the Latino population in Baltimore as well as skills that the staff can use to improve their communication with Latina teenagers. In addition, the health care staff should receive training about ECPs. Specifically, they should learn about how ECPs work, misperceptions that Latina teenagers may hold regarding ECPs, as well as why they should consider offering ECPs prophylactically to their Latina teenage patients. Such ECP-specific information could help to ensure that health care staff address ECPs in a manner that is relevant to Latina teenagers.

Promotion of ECPs by Latina peers

Due to the disrupted family structure, peers may become an important source for guidance and support since their family may not be nearby.[2728] Using Latina peers as *promotoras*, or community health workers, could help to shift social norms in the community and normalize contraceptive use. Furthermore, promotoras could inform Latina teens about ECPs and dispel misinformation. Promotoras may also play a particularly important role among women who are illegal and may not be accessing health care on a regular basis.

The promotoras would focus not just on providing information about ECPs but also on attitudes about contraception and skills, such as making an appointment with a health care facility over the phone, which would promote self-efficacy. It is well-documented that knowledge is not enough to instill behavior change in individuals and that it is imperative to address attitudes and perceptions among adolescents about contraception and pregnancy.[4525;44]

Ultimately, promotoras would help to ensure that the outreach component of the ECP intervention is culturally competent. In other words, promotoras could introduce ECPs and address other related issues within the context of cultural values such as machismo, marianismo, and familismo. In order to obtain true cultural competence, the outreach program would have to view the promotoras as active participants. In other words, promotoras would be involved in the development, implementation, and evaluation of the program's efforts. Such a collaborative partnership is considered to be an important aspect of creating culturally competent programs.[35]

V. Conclusion

The public health challenge in Baltimore of Latina teen pregnancy can be ameliorated through the ECP campaign previously outlined. There are, however, five vital steps that such a program must take if it is to be successful. First, ensure buy-in from any relevant gatekeepers, including government officials, health care providers, community members, and Latina teens. With the buy-in of these individuals, the program will likely meet insurmountable barriers. Second, empower Latina teenagers throughout the various stages of the program. Such an effort should be made not only with the promotoras but the other Latina teenagers that the program is trying to impact. Third, obtain more accurate information about the Latino community in which

the program is to be developed. Although this paper introduced some factors that may be fundamental to the Latina teens in Baltimore, the date was primarily based on national samples. Exploring factors such as country of origin and acculturation with Baltimore Latinas would help to ensure that the program is relevant and appropriate to the target audience. Fourth, secure funding but create a system that can be sustainable once funding ends. Finally, develop a sound evaluation plan starting from the development phase and lasting throughout the implementation and post-implementation phases. Such an approach would suggest needs that must be addressed immediately in order to be successful as well as offer lessons learned from which to improve the program in the future.

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