

Adolescent Pregnancy among Latina Women in the US: A Summary of Contributing Factors

Introduction

Unintended adolescent pregnancies among Latina women have been persistently high in the US (Rocca & Harper 2012). Since 2002, teenage birth rates have changed very little and remain the highest of any racial or ethnic subgroup (MacDonald et al. 2009). In California, the Latina teen birth rate in 2009 was almost two times higher than the statewide average teen birth rate (Minnis et al. 2012). 72% of all adolescent births in California and 33% of all births nationwide were to Latina women (Biggs et al. 2010). Due to the rapid growth of this subpopulation in states such as California with a significant immigrant population, reproductive health is a key subject for continuing study. This brief report examines the various factors that contribute to this phenomenon. Since data specific to Latina immigrants is difficult to find, this report will focus on the experience of Latina women in the US. Additionally, since studies often do not specify country of origin, this report defines “Latina” as women of Mexican, South and Central American, Cuban, and Puerto Rican origin.

Broader Implications

Teenage pregnancies have significant consequences for the health of the mother and child, but they also impact a woman’s ability to pursue economic and educational opportunities (Rocca & Harper 2012). Adolescent pregnancy is associated with increased rates of subsequent poverty for the mother and greater risk for behavioral problems, neglect and low educational attainment for the child (Dehlendorf et al. 2009). Therefore, the broader impact extends to societal and familial health beyond the individual. Annual public costs due to teenage pregnancies in 2008 were

close to \$11 billion, including health care, foster care, increased incarceration among children of teenage parents and lost tax revenue due to lower educational attainment and employment among teenage mothers (CDC).

Cultural Factors

Cultural factors enter the picture at two stages; they impact attitudes towards teenage sexuality as well as perceptions of contraceptive use. In terms of the latter, safety concerns and misconceptions about contraceptive are especially prevalent among immigrant, minority communities due to low access to medical care and information. Additionally, cultural norms might act as barriers to communication about reproductive health and might create skepticism about the motivations and capabilities of medical systems and drug companies (Rocca & Harper 2012).

However, native culture has also shown to act as a protective factor. Acculturation is the process by which immigrants and their children adapt to cultural and social norms within the host country. Amongst families whose migration was motivated by the parents’ desire to improve socioeconomic opportunities for their children, teenagers tend to receive stronger support for their education (Minnis et al. 2012). The link between education and teen pregnancy will be explored in depth later.

An interesting cultural factor that remains to be studied further is the difference between attitudes towards pregnancy in native US adolescents compared to immigrant or minority adolescents. While “teenage pregnancy” is painted as an evil by US media and popular culture, several studies reveal more positive attitudes towards pregnancy among Latina adolescents compared to their white counterparts. Perceived benefits to

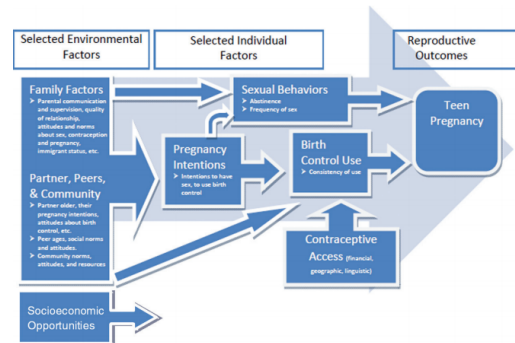
childbearing include creating connections to partners and family, happiness, and fulfilling gender roles (Rocca & Harper 2012). One qualitative study shows that Latino parents send conflicting messages through the value placed on educational opportunities alongside the value placed on the role of motherhood and the attention given to teen mothers. Consequently, teenagers might view pregnancy in connection with the transition to adulthood (Minnis et al. 2012). It remains to be seen whether and how these attitudes affect contraceptive use and method choice (Rocca & Harper 2012).

Socioeconomic Factors

Socioeconomic disparities and inequities have been consistently found to increase the risk for adolescent pregnancy and sexual decision-making. The 'weathering hypothesis' proposes that long-term exposure to socioeconomic inequities leads to negative health outcomes.

A qualitative study examined the influence of socioeconomic factors on teen pregnancy by conducting interviews with pregnant foreign and US-born Latina adolescents, alongside Latina women who had delayed childbirth into adulthood, in two counties in California (Minnis et al. 2012). They specifically examined resources for educational and career development opportunities as well as family aspirations and expectations. Many teenagers told a narrative of a disinterest in school prior to their pregnancy, which often led them to leave school to complete requirements in other ways. In many of these cases, gender roles and expectations from the home country communicated low employment expectations and ages 17-19 as an appropriate age for pregnancy, translating in the US to a low emphasis on education. In contrast, adult participants spoke of school as an environment of recognition and as a step to future

educational and employment goals. Direct parental value for education is important, as long as it is coupled with resources, skills and knowledge (Minnis et al. 2012). A greater maximum level of parental education is correlated with lower teen pregnancy rates for both US-born and foreign-born Latina women, but it is probable that this indicator acts as a proxy for higher income, greater communication with adults and a better living environment (Dehlendorf et al. 2009).



Pathway of Risk and Protective Factors (Biggs et al. 2010)

Knowledge about Contraceptives

A study utilizing data from the 2009 National Survey of Reproductive and Contraceptive Knowledge examined whether differences in knowledge and attitudes surrounding contraceptives explain disparities in the effective use of contraceptive methods among Latina, white and black women. Findings indicated that knowledge was lower among Latinas. This is consistent with qualitative and quantitative findings from other studies, indicating that patient and public education about contraceptive options could be instrumental in creating change. Additionally, Latinas held more fatalistic attitudes towards the timing of pregnancy, which could prevent them from seeking contraceptive knowledge and could lower their resource use (Rocca & Harper 2012).

Access to Contraceptives

The 2006-2008 National Survey of Family Growth (NSFG) showed that approx. 9% of Latinas at risk for unintended pregnancy were not using a contraceptive method. (At-risk can be defined as “women who are sexually active, not pregnant or seeking pregnancy, and able to become pregnant”). Interestingly, according to the same study, 27% of Latinas compared to white women were likely to use hormonal methods, but long-acting reversible contraceptive methods (such as IUDs) were more common among Latinas than white or black women. This might be due to the popularity of these methods among foreign-born Latinas, revealing the strong influence of cultural attitudes from countries of origin (Rocca & Harper 2012).

The reason for low access to contraceptive resources is not completely understood, but there are several contributing factors. Provider and health system attitudes and biases might impact women due to how health care providers perceive race, ethnicity or education. Additionally, many vulnerable populations do not have health insurance and might not be able to access publicly funded contraceptive resources, even if they are available (Rocca & Harper 2012).

The Role of Immigration

Legal and linguistic barriers associated with immigration are risk factors for many foreign-born teens, by reducing access to educational and professional opportunities. In many cases, immigration laws directly limit access to financial aid and higher education, as well as access to health insurance and contraceptive resources. The most direct barrier is language, especially for teens that immigrated during adolescence. Yet, beyond difficulties with English comprehension and language skills in the classroom, teens are unable to adapt to the new social environment (Minnis et al 2012).

Overall, there is a demonstrated link between greater use of English and sexual experience. Although there is no direct link between English language use and condom use, condom use with a long-term partner is more common among English language-dominant women (MacDonald et al. 2009).

There is an interesting dynamic surrounding the ‘generation’ of immigration. US-born and second or higher generation adolescents are more likely to be sexually active or report higher sexual risk. However, rates of childbirth, premarital births and unintended pregnancy are higher for first-generation immigrants. There is still a need for research that correlates generation status with contraceptive use (MacDonald et al. 2009).

Public Policy Implications and Recommendations

The issue of unintended adolescent pregnancy among Latina women is inextricably linked to socioeconomic status, low access to contraceptives and cultural norms that create gender expectations alongside mistrust of medical resources. In order to tackle the issue, it is necessary for public policy and public health systems to address each of these needs. It is essential to create effective and culturally sensitive education programs for both young women and men, particularly programs that reach adolescents who are no longer in school. On a much larger scale, it is important to support legislation to pass the DREAM act and to ensure that Dreamers, or deferred action lawful residents, have access to health insurance and medical resources. In order to create lasting change, the education system needs to be made more accessible to both immigrant students and parents, allowing early conversations that instill students with a sense of practical possibility and encouragement to attain higher education.

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