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# Puerto Rican Mother-Child Communication about Sexuality and Sexual Health: Results from an Ethnographic Community Survey in Springfield, MA

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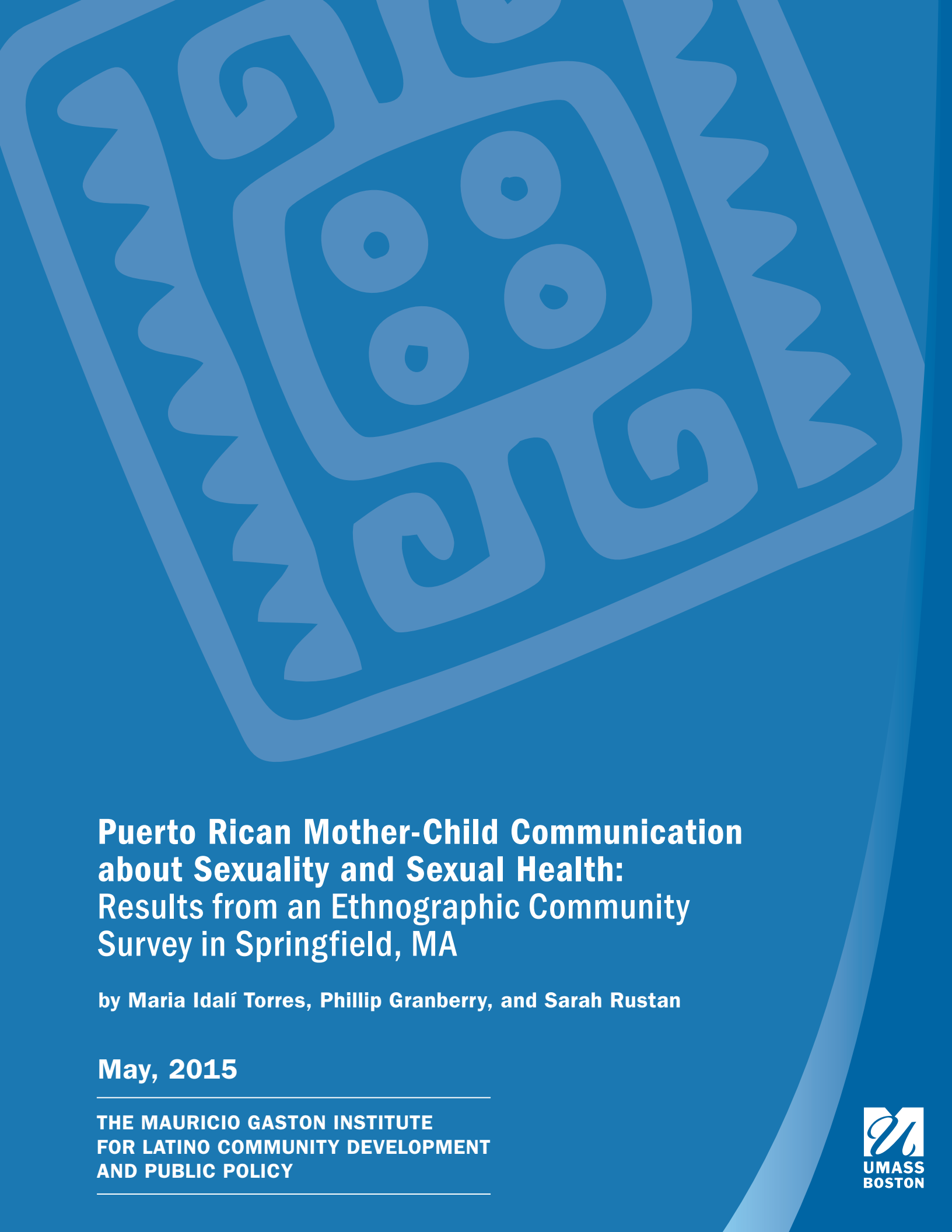
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# **Puerto Rican Mother-Child Communication about Sexuality and Sexual Health: Results from an Ethnographic Community Survey in Springfield, MA**

by Maria Idalí Torres, Phillip Granberry, and Sarah Rustan

**May, 2015**

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## Acknowledgements and Partners

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*Por Ahí Dicen*: Evaluating the Effectiveness of a Spanish Media Campaign to Promote Puerto Rican Mother-Child Communication about Sexuality and Sexual Health Protection

*Por Ahí Dicen* (PAD) is a project that seeks to highlight the experience of Puerto Rican mothers' communication with their children regarding sexuality and sexual health, as well as the environmental and social factors that could be shaping this communication.

The main goals of PAD are (1) to develop a theory-based and culturally responsive Spanish-language media campaign that connects with Puerto Rican mothers about their role in communication about sexuality and sexual health protection, and (2) to implement and evaluate the impact of this media campaign on Puerto Rican mothers' outcome expectations, self-efficacy, and mother-child communication regarding sexuality and sexual health protection.

PAD is a research project of the Center of Health Equity Intervention Research (CHEIR), which is a partnership between UMass Medical Center, UMass Boston's Gastón Institute, and the Puerto Rican Cultural Center (PRCC). CHEIR is funded by the National Institute of Minority Health and Health Disparities (NIMHD) #P60MD006912. Its mandate is to (1) develop and test new interventions to eliminate health disparities; (2) train the next generation of health equity researchers; and (3) promote the engagement of under-represented populations in education and research.

Community Advisory Committee Members: Ivette Cruz, Zaida Luna, Marilu Medina, Tamara Medina, Brenda Mulero, Melissa Ramos, Yanitza Rivera, and David Silva.

*Por Ahí Dicen* Research Team: Principal Investigator: María Idalí Torres; Co-Investigator: Phillip Granberry.

Research Associates: Melissa Colón and Sarah Rustan.

UMB & UMA Graduate Research Assistants: Mayara Fontes, Iesha Ramos, Ana María Sánchez, Ethan Schein, and Paloma Suárez. Undergraduate Research Assistants: Joseli Alonzo, Luis Bañuelo, Daniela Bravo, Ivelisse Caraballo, Norma Fuentes, Josibel Garcia, Natalie González, Sophia Grim, Eriliza Guerrero, Tomás Hernández, Mario Hernández-Santiago, Nátalia Medina, Ruth Medina, Luis Natal, Aída Palencia, Beninson Peña, Carolina Ramírez, Kianny Ramos, Lina Rosario, and Karol Zapata.

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## Introduction

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This bilingual report presents data from an ethnographic survey on the experiences of Spanish-speaking Puerto Rican mothers communicating with children ages 10 to 19 regarding sexuality and sexual health. Results of this survey will be used as baseline data to evaluate a media campaign promoting Puerto Rican mother-child communication. This Spanish media campaign was implemented from March to May, 2015 using public service announcements in television, radio, and newspapers and on public transportation.

In this report, we use three main concepts with specific definitions: mother, sexuality, and sexual health protection, defined as follows.

*Mother* is defined as the female adult in the household who identified herself as having the primary mothering role for the children and adolescents at the time of the interview. This report includes data from 174 mothers, 21 grandmothers, 1 sister, 1 aunt, 1 foster-mother, and 7 in unspecified relationships. We refer to all these primary caretakers as “mothers.”

*Sexuality* is defined by the Pan American Health Organization as the “core dimension of being human which includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love, and reproduction.”<sup>1</sup> In our study, we define sexuality as a manifestation of a person’s whole being, including thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles, and relationships. This definition included feelings such as love, emotions, and pleasure as well as communication about individual preferences such as one’s relationship with one’s own body and expressions of emotions to other people.

*Sexual health protection* entails knowledge of the functioning of organs related to sexuality and access to necessary skills and resources for protection against unintended pregnancies, sexually transmitted diseases, and other negative health outcomes.

The first section of this report includes descriptive data from a random sample of 205 interviews with Puerto Rican mothers with children 10 to 19 years old. This represents a response rate of 77 percent out of the 266 mothers identified as eligible for the study.

The second section makes recommendations to public health educators, practitioners, and policy makers in Springfield, MA on improving communication about sexuality and sexual health protection.

<sup>1</sup> Pan American Health Organization, Promotion of Sexual Health: Recommendations for Action, 2000. <http://www.paho.org/>

## Methodology

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The data presented in this report was obtained from a community rapid ethnographic survey<sup>2,3</sup> in Springfield, MA. All of our research protocols were approved by the University of Massachusetts Boston's Institutional Review Board (#2012013).

The first phase of the fieldwork occurred between October and December 2012. We first randomly selected 100 census blocks from 297 blocks in 10 census tracts with at least seven percent of households having a Puerto Rican mother and at least one child 10 to 19 years old, based on data from the 2010 Census<sup>4</sup>. Six teams, each composed of an undergraduate student and a community resident, ethnographically mapped these 100 blocks and identified the 2,252 households that were included in the final sample.

The second phase of the fieldwork required visiting these selected households. We began with a three-day training that included an overview of Por Ahí Dicen and survey research protocols. Those trained were 15 UMB students and 15 Springfield residents who worked as interviewers from June 2013 to January 2014. Each team of paired interviewers was assigned a list of randomly selected addresses in a census block and instructed to knock on the door of each address up to four different times and screen a household for eligibility. If a household contained an eligible Puerto Rican mother, the interview team introduced the survey and attempted to recruit her to participate. As a token of appreciation, mothers received a \$25 gift card for participating in the survey.

The interviews were conducted in Spanish and averaged 56 minutes. When the mother agreed, the interview was audio-recorded. The survey instrument consisted of questions regarding a mother's (1) household, (2) neighborhood characteristics and civic participation, (3) communication about sexuality and sexual health, and (4) media access.

## Results

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### Characteristics of the Mothers

The average age of the mothers or caregivers was slightly over 40 years old and ranged from 20 to 73 years old, suggesting that both older siblings and grandparents provided care for children. Mothers lived in households that averaged four members with the largest household containing eight members. The majority of the women were born in Puerto Rico (70%), while only 14% were born in Massachusetts. The island-born women had resided in the continental United States for an average of 20 years. Household incomes were low, with 57% earning less than \$25,000 per year and 45% reporting not having sufficient income to cover their needs. Thirty-nine percent of the women rated their general health as excellent or very good.

Figure 1 contains information about individual characteristics including marital status and educational attainment of the sample population of 205 women. Forty percent of the women had never been married, with 30% married at the time of the interview and 26% separated or divorced. The remaining 4% were widowed. The mothers had low levels of educational attainment, as 41% did not complete high school.

<sup>2</sup> LeCompte, M. D., & Schensul, J. J. (1999). *Analyzing and interpreting ethnographic data*. Walnut Creek, CA: AltaMira Press.

<sup>3</sup> Trotter RTI, & Schensul J. (1998). Methods in applied anthropology. In R. H. Bernard (Ed.), *Handbook of methods in cultural anthropology* (p. 717). Walnut Creek, CA: AltaMira Press.

<sup>4</sup> U.S. Census Bureau, American Community Survey, 2010 Decennial Census SF2 and DP01 generated by Phillip Granberry using American FactFinder. October 1, 2012.

**Figure 1: Individual Characteristics**

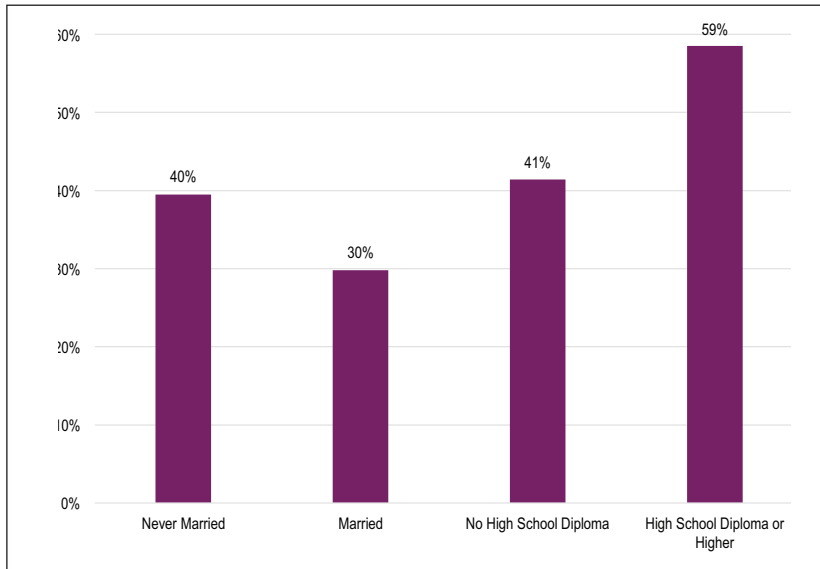
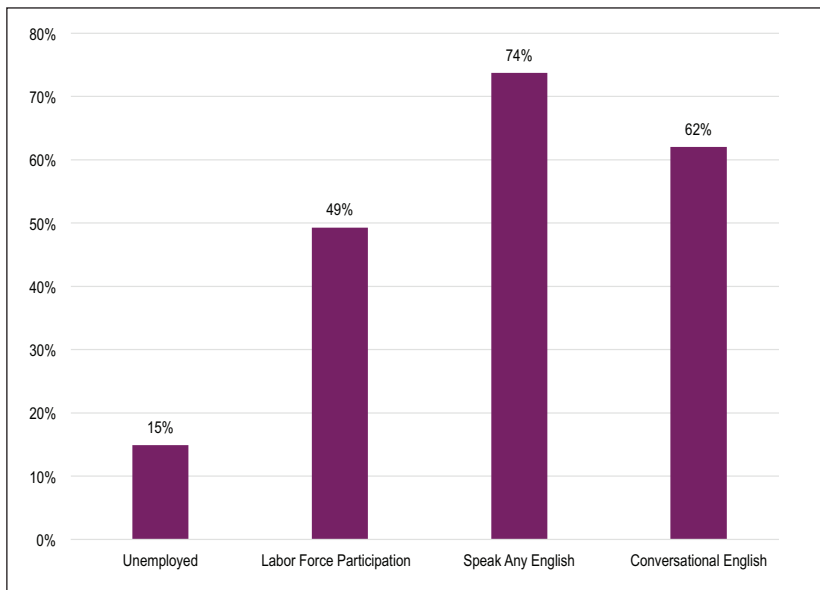


Figure 2 contains additional information about labor force participation and English language ability. The labor force participation rate for our sample was 49%, slightly lower than the 54% labor force participation rate of all women in Springfield reported by the American Community Survey in 2013.<sup>5</sup> Of those in the sample who were in the labor force, only 7% were unemployed compared to 14% for all women in the city. Even though this sample consisted entirely of Spanish-speaking mothers, 74% of them spoke some English, and of those who did, 62% spoke English well enough to carry on a conversation.

<sup>5</sup> U.S. Census Bureau. 2013 American Community Survey generated by Phillip Granberry using American FactFinder. November 1, 2014.

**Figure 2: Additional Individual Characteristics**



## Neighborhood Characteristics and Civic Participation

The overwhelming majority (83%) of Puerto Rican mothers in our surveys were renters. This was significantly higher than the citywide figure of 53% estimated by the 2013 American Community Survey. On average, women in the survey had lived at their present address for five years and in their neighborhood for seven years.

Public safety appeared to be a significant concern. During the time they have lived in their neighborhood, 20% of the mothers or someone living in their home had been the victim of a robbery or physical attack. Only 44% of the mothers felt very safe walking in their neighborhood during the daytime. Thirty-five percent of the mothers did not go out at night. Of the women who went out at night, only 12% felt very safe walking in their neighborhood after dark.

Figure 3 provides information about perceived problems in the mother's neighborhoods. As expected with the above experiences of a physical or property crime, 72% of mothers' perceived assaults and robberies as a problem (identified as either a big or small problem). In addition, they reported drugs and substance abuse, with 80% identifying both illegal drugs and drug and alcohol abuse as sources of problems. The mothers also reported sexually transmitted infections (74%) and vandalism and graffiti (49%). Furthermore, they identified problems with young adults, with 84% expressing issues with high school dropouts and 78% with teen pregnancy.

**Figure 3: Perceived Problems in Their Neighborhoods**

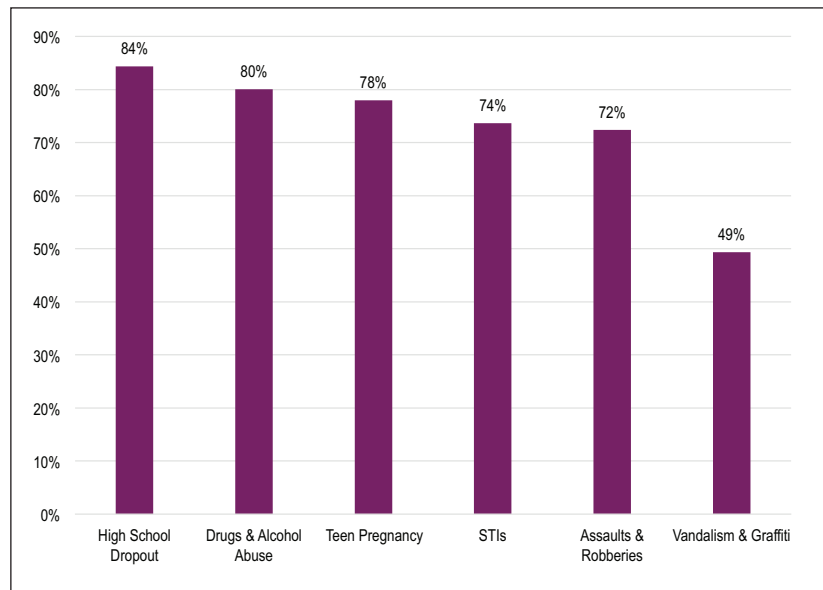
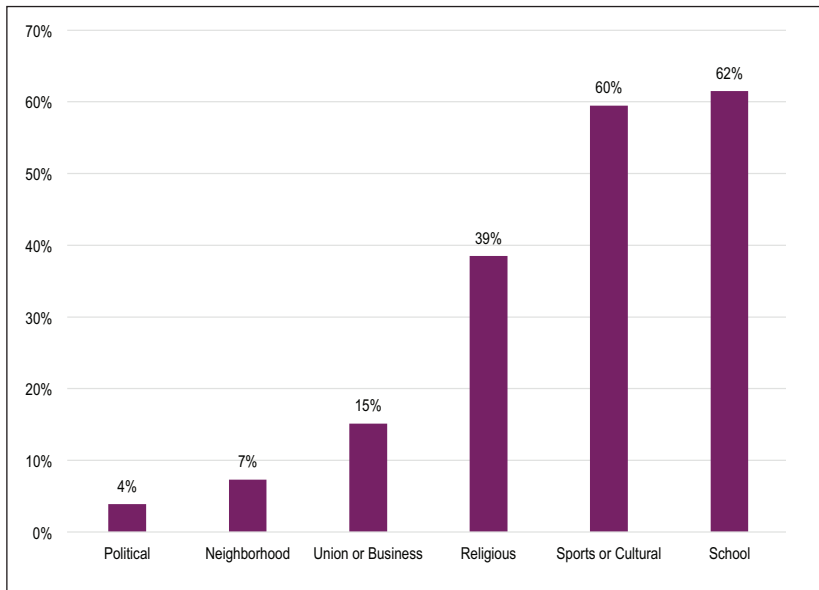


Figure 4 highlights how active these mothers were in their children's lives. During the previous year, 62% of the women had attended at least one school meeting, such as a parents' committee. In addition, 60% of the mothers had attended a sports event, concert, play, or art exhibition of their children, and the proportion increased to 64% when these events did not involve their children. Thirty-nine percent had attended a meeting or event at a church or some other religious organization. In

addition, 15% of the mothers had attended at least one meeting of a union or a professional business organization, 7% - a neighborhood meeting (such as a neighborhood watch group, a homeowners group, or a renters association), and 4% - a meeting of a political organization.

Figure 4: Participation in Community Activities



## Puerto Rican Mother-Child Communication about Sexuality

Of the 205 mothers who participated in our survey, 140 (68%) talked to their children about sexuality and sexual health protection. However, when mothers were asked to say more about the content of their communication, we observed that not all mothers reported speaking to their children in open and/or direct terms. From a subsample of 79 mothers who agreed to be recorded, we identified three types of communication: direct, indirect, and no communication at all. *Direct communication* means that mothers used specific language when referring to the body parts and behaviors associated with sexual activity. *Indirect communication* means that the mothers spoke in “coded” language such as metaphors. *No communication* means that even though mothers answered yes to communicating with the selected child in the yes/no question, they could not articulate the content and context of the conversation, or else they said that they delegated the topic to the father or other adults in the family.

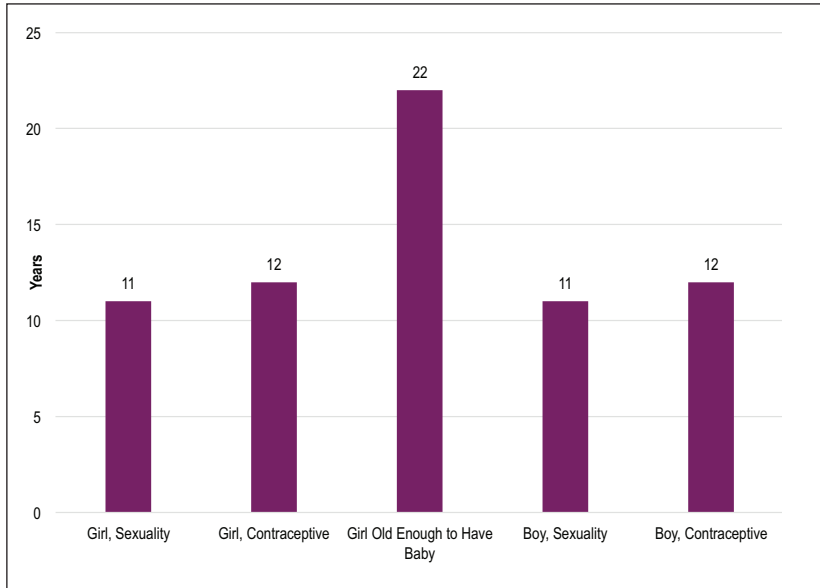


Type of Communication	What mothers say when they talk about sexuality with their child (n=79)
Direct 42%	<p>“Del uso de la marihuana, como te afecta. Del sexo como puede contraer HIV, gonorrea, toda las venéreas. Enfermedades venéreas.” (HC03) “About the use of marijuana, how it can affect you. About sex, how you can contract HIV, gonorrhea, all the venereal stuff. Venereal diseases.”</p> <p>“Bueno, de la sexualidad, tú sabe del comportamiento” (MS04) “Well, about sexuality, you know...about how to behave”</p> <p>“Pues yo hablo con el cuestión de la sexualidad sabe... De la manera de cuidarse sabe, de protegerse.” (SC04) “I talk about the matter of sexuality, you know? About how to take care of yourself, you know? How to protect yourself.”</p>
Indirect 30%	<p>“It was just about people in general. Emotions and feelings.” (LH01) “It was just about people in general. Emotions and feelings.”</p>
Non - Communication 28%	<p>“No necesita por que el me hace pregunta. So yo puedo contestar aveces tu sabes, como él es varón. Uno tiene que be like [laughs]“Déjame ver por donde empiezo”[chuckles]. Pero el entiende él es un nene bueno. Tu sabe no me sale ni na.” (HC02) “It’s not necessary because he asks me questions. So I answer sometimes. You know how boys are. One has to be like. [laughs] “Let me see where do I begin.” [chuckles]. But he understands. He is a good boy. You know, he doesn’t go out or anything.”</p> <p>“Siempre le hablo que lo primero para para ella es la educación que piense siempre primero en la educación, que siempre se lleve con todo el mundo a mí me gusta que ella se lleve con las personas” (HC11) “I always tell her that the most important thing is her education, that she should always put her education first, that she should always get along with everyone. I’d like for her to get along with everyone.”</p> <p>“Yo le hablo al de todo, de todo. De la casa, de los amigos, de las niñas, de los niños porque bay que hablarles de todo.” (MS12) “I talk to him/her about everything, everything. About the home, Friends, girls, boys because you have to talk to them about everything.”</p>

Regardless of age, of the 140 mothers who reported having spoken with the child about sexuality and sexual health, one out of four mothers reported not being very comfortable communicating with their child about this topic.

The majority of mothers (81%) believed that both mothers and fathers were responsible for educating boys and girls about sexuality. Figure 5 shows that the average age when the mothers believed a child was old enough to learn about sexuality was approximately 11 years, while at 12 years of age, they were believed to be ready to learn about contraceptives and how to protect themselves from sexually transmitted infections, or becoming pregnant/impregnating a girl. On average, the mothers believed that a girl was not sufficiently prepared to have a baby until an age of 22 years.

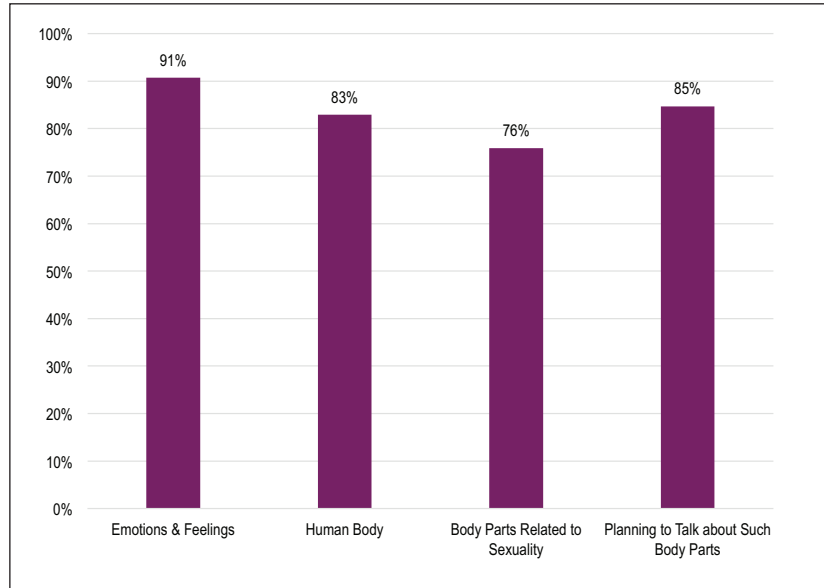
**Figure 5: Mothers' Perception about Appropriate Age for Learning about Sexuality, Sexual Health Protection, and Becoming a Mother**



When asked about their experience with teen pregnancy, 42% of mothers reported seeing teenage girls living in their neighborhood becoming pregnant over the past year, and 59% believed that Puerto Rican teenagers become pregnant more often than other ethnic groups. Even though 94% of the mothers thought that there were benefits from women putting off having children until the age of twenty years or older, only 78% thought that it was possible to reduce the number of teenage girls of any group who become pregnant. When asked about Puerto Rican women they knew with children, 86% thought that the majority had their first child before the age of 20 years, and 66% knew at least one girl who had given birth to her first child at the age of 14 years or younger.

Figure 6 suggests that mothers had a general discussion about sexuality with their children: 91% reported having spoken about emotions and feelings; 83% about the human body; and 76% about specific parts of the body that are related to sexuality (while a total of 85% were at least planning to speak with their child about this last topic).

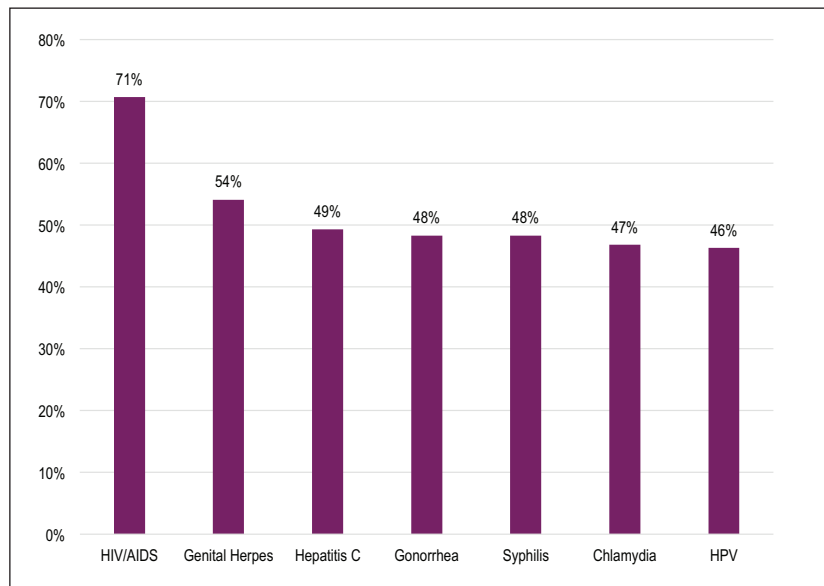
Figure 6: Puerto Rican Mother-Child Communication about Human Sexuality



## Mother-Child Communication about Sexual Health Topics

When examining questions having to do specifically with sexual health, we found a lower level of mother-child communication. Figure 7 presents data on communication about sexually transmitted infections. The topic most discussed with children was HIV/AIDS (71%) followed by genital herpes, but fewer than half of the mothers had spoken about hepatitis C, gonorrhea, syphilis, chlamydia, and human papillomavirus (HPV).

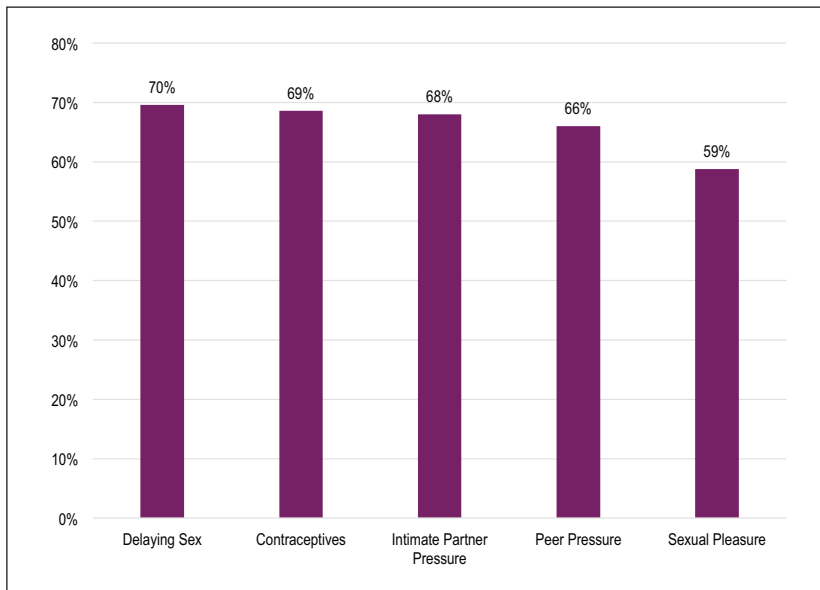
Figure 7: Communication about Sexually Transmitted Infections



Mothers reported believing that their communication was important. Seventy-five percent said that talking to their children about sexual health would increase their children’s use of contraceptives if they decided to have sex. The mothers also reported that they believed their children would listen to their conversations. When asked about communicating with a specific child in the last six months, 68% of mothers had communicated with the selected child about contraceptives, condoms, or other forms of preventing unwanted pregnancies and 65% had spoken about sexually transmitted diseases such as HIV/AIDS. It should be noted, however, that these mothers spoke about preventing pregnancy and HIV more than about such sexually transmitted infections as chlamydia, which is the most prevalent infection in the Puerto Rican community.

Figure 8 illustrates mothers’ responses to eight questions related to sexual health. In the previous six months, 70% of the mothers had communicated with their children about delaying sexual activity for the time being. Similar majorities reported having consistently communicated with their children about using contraceptives to prevent an unwanted pregnancy (69%), about sexual pressure from boyfriend/girlfriend (68%), about peer pressure to have sex (66%), and about sexual pleasure (59%).

**Figure 8: Communication about Sexual Activity**



The mothers overwhelmingly believed that children should learn about sexual health both at home and in school. As Figure 9 shows, 94% of the mothers thought they were a good source of information about sexual health, and 62% felt secure about answering any question that their child asked about sex. Seventy-three percent believed that the majority of people agree that they should speak with their children about sexual behavior, and 68% reported being comfortable speaking with their children about sexuality and how to protect oneself against health problems related to sexual behavior.

**Figure 9: Attitudes about Sexual Health Communication**

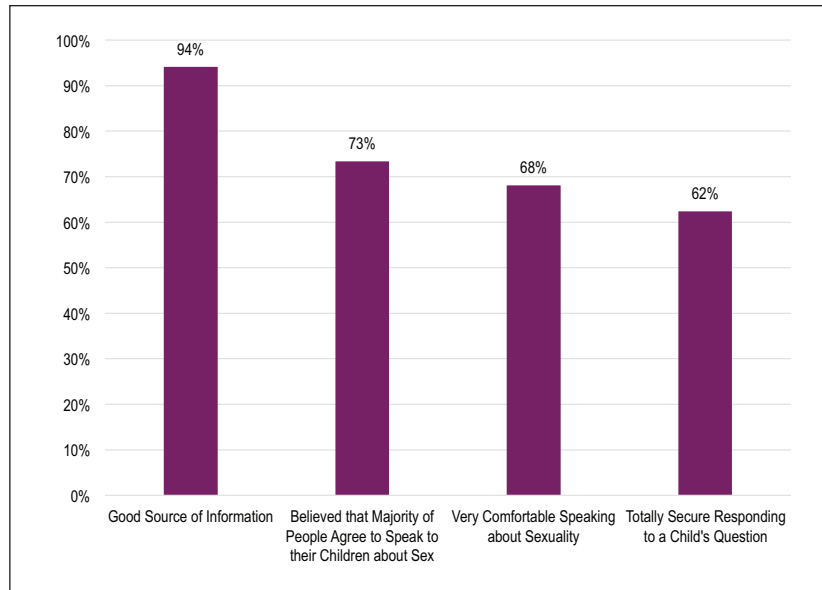
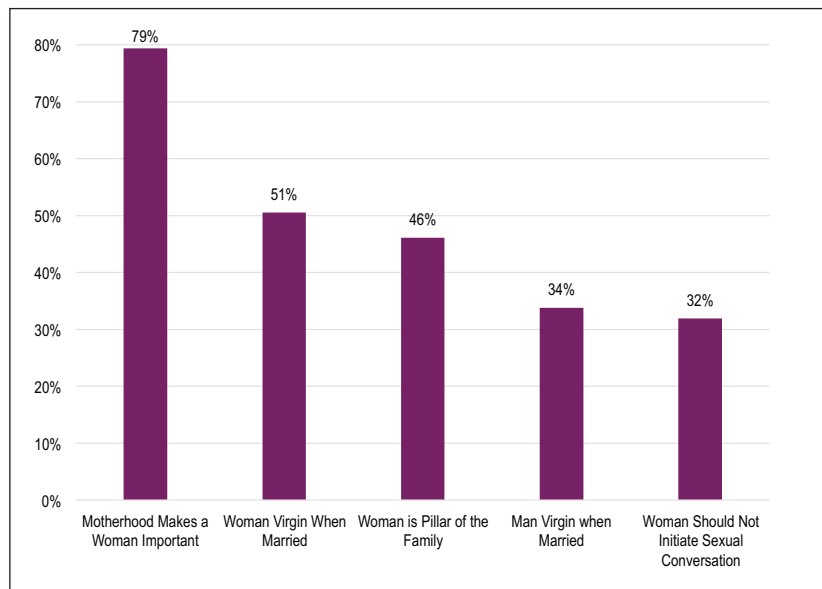


Figure 10 identifies five ideas about the role of women, men, and sexual behaviors that mothers communicated to their children. Seventy-nine percent of the mothers said they had told their children that a woman becomes an important person when she becomes a mother, and 46% had told their children that a woman was the pillar of the family. A majority of the mothers (51%) had told their children that a woman should be a virgin until she marries, compared to 33% for men, and 32% had told their children that a woman should never initiate conversations about sexual relations with a man. A subsequent analysis suggested that mothers who reported having told their children the four ideas associated with the role of women also tended to speak more about sexual health topics, regardless of their religious experience and family values.

**Figure 10: Ideas Regarding Women's and Men's Roles**



## Sources of Health Information

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Ninety-six percent of the mothers reported the Internet as a very or somewhat important source of health information, followed by doctors (90%) and family and friends (76%). The survey did not ask about Internet access in the home, but 63% of the mothers reported using Facebook, Twitter, or some other Internet-based social media application.

## Utilization of Local Spanish-Language Media in the Last 30 Days

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We asked the mothers about their exposure to Spanish-language media in Springfield in the 30 days prior to the interview. Seventy-five percent of the mothers reported having watched Spanish-language television programs, and 50% of the mothers listened to Spanish-language radio programs, while approximately 25% of mothers reported having read a Spanish-language newspaper. We found no differences in the mothers' trust of Spanish- and English-language media.

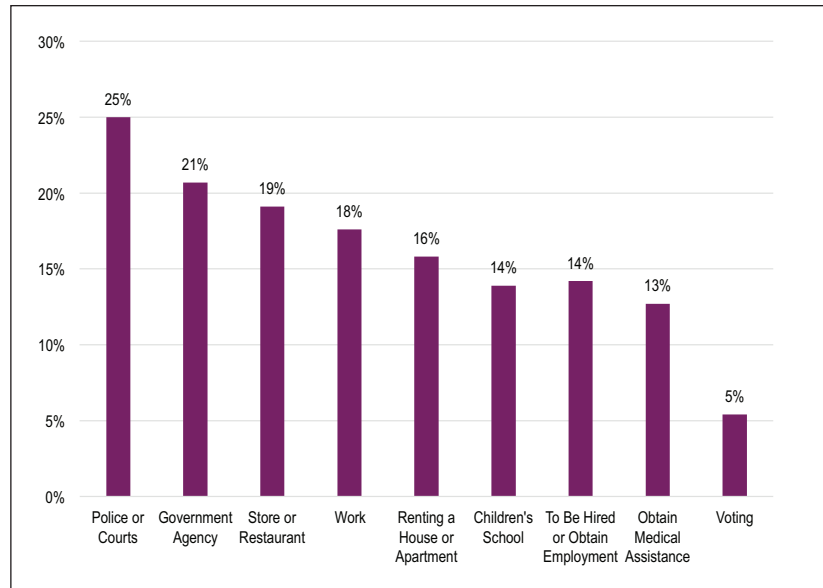
## Discrimination

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The Por Ahí Dicen community advisory committee expressed an interest in learning whether Puerto Rican mothers experienced any discrimination. Our survey asked each mother if she had ever felt discriminated against because of her race, ethnicity, or color. The questions did not identify if this discrimination was specific to Springfield. Figure 11 shows that a quarter of all mothers had felt discriminated against by the police or courts, and 21% identified government agencies as the source of discrimination. Other categories of discrimination were store or restaurant (19%), work (18%), housing (16%), children's school (14%), being hired (14%), medical care (13%), and voting (5%).

Of the 205 mothers interviewed, 81% identified problems with their children's schools, including problems with individual teachers, student safety, and student behavior. These problems may not always have involved discrimination, but the high percentage suggests that there may be a disconnect between the school system and Puerto Rican families.

Figure 11: Feeling Discriminated Against



## Recommendations

This study focused on Puerto Rican mother-child communication about sexuality and sexual health. Its main finding is that Puerto Rican mothers communicate with their children about sexual health topics in general terms, but the content of communication does not always include information about protection against unintended pregnancies, HIV and other sexually transmitted infections, or other health problems related to sexual behavior. This has implications for other topics related to sexuality including screening for cancer of the prostate, cervix, and colon.

Based on the data presented in this report, we make the following recommendations to:

### Local Policy Makers

Our results show that Puerto Rican mothers believe that children should learn about sexuality and STI contraction by age 12. Mothers see schools as partners in educating their children about sexuality and sexual health protection. Local policy makers should consider extending the current sex education curriculum framework to middle school.

### Teachers and Educators

Our results show that specific language about the human body and human sexuality is vague and limited at best. It is important that the school health curriculum provide specific language through the names and functions of body parts, as well as information about sexually transmitted infections that mothers do not always provide at home.

## **Health Practitioners**

Our results indicate that Puerto Rican mothers in Springfield trust their medical doctors as a very important source of health information. This suggests that mothers welcome assistance from their children's doctors to help communicate information about sexual health topics. Like school teachers, health practitioners can assist in direct communications with children and model to mothers how to talk to their children about the changes in the human body and how to protect their sexual health. As with teachers, health professionals can help mothers maintain open lines of communication with their children regarding changes in their bodies and how to protect themselves from diseases.

## **Mothers**

Our results indicate that most Puerto Rican mothers believe that they talk to their children about sexual health and that they are a good source of information for sexual health topics. They also believe that what they say to their children will contribute to their better future. However, nearly one-third of the mothers who participated in the study do not communicate about sexual health at all. Moreover, among those mothers who say that they do communicate with their children about sexual health topics, many communicate only in indirect terms: they avoid naming the specific parts of the body involved in sexual health, and/or they fail to convey information and skills by which their children can protect themselves against unplanned pregnancies and sexually transmitted infections. Mothers who successfully talk to their children can lend support to other mothers to further develop their sexual health communication skills.

## **Parent Education Programs**

Existing programs need to integrate support systems for mothers to talk to their children about sexuality, sexual health, and other sensitive topics. Because mothers tend to talk more to their daughters than their sons, parent education programs must be sensitive about gender differences in all their activities. It is important that mothers consistently provide the same messages about the sexual health topics to their daughters and sons. Programs should be supportive of Puerto Rican mothers' values about motherhood while simultaneously provide communication strategies to facilitate mother-child conversations about sexual health protection. Mothers seeking to learn more about how to talk to their children, ages 10 to 19, about sexuality and sexual health protection should contact [PorAhiDicen.umb.edu](mailto:PorAhiDicen.umb.edu)



The Mauricio Gastón Institute for Latino Community Development and Public Policy conducts research on and for the Latino population in Massachusetts. Our goal is to generate the information and analysis necessary to develop more inclusive public policy and to improve Latino participation in the policy making process. The Gastón Institute has consistently documented the Latino experience in Massachusetts through research and publications directed at scholarly audiences as well policy makers and Latino community leaders and institutions. The Institute's research structure promotes community capacity and uses participatory research methodologies and partnerships with community residents and organizations. As part of its effort to give back to the community, the Gastón Institute presents audiences with data collected by the Institute's projects. Our extensive reports on demographic, economic, educational, and health issues facing the Latino communities can be downloaded from [www.gaston.umb.edu](http://www.gaston.umb.edu).



## About the Authors

Maria Idalí Torres is the current director of the Gastón Institute and an Associate Professor in the Department of Anthropology at the University of Massachusetts Boston. She is an applied anthropologist with a specialty in community health education, community participatory action research, and rapid assessment methodologies. She has a PhD from the University of Connecticut. After twenty years of planning, implementing, and evaluating health programs in schools and community settings, she moved to an academic setting to conduct research and teach. Dr. Torres' research and publications have focused on the promotion, protection, and maintenance of health in Puerto Rico and Massachusetts. She has received numerous awards for her work, including the grant that supported the data collection and analysis for this report.

Phillip Granberry is a social demographer who specializes in unauthorized migrants in the United States. He worked with various community-based organizations assisting recently arrived U.S. migrants before earning a PhD in Public

Policy from the University of Massachusetts Boston in 2007. His research focuses on Latinos in the United States. One part of this research has addressed the formation and use of social capital among Mexican migrants in Los Angeles County, and another part of this research has addressed demographic trends of Latinos in New England. He currently teaches in UMass Boston's Economics Department and is a Research Associate at the Gastón Institute.

Sarah Rustan is a Research Associate with an expertise in law, policy, and society. She obtained her PhD from Northeastern University. Her professional background includes broad experiences in the nonprofit sector, including research as well as nonprofit and cultural management. Her past research has examined diverse topics ranging from charitable giving to women in the workforce. At present, she is working on the role that nonprofit organizations play in promoting the development of social capital.

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