View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by DigitalCommons@The Texas Medical Center

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 4
Issue 2 *Accountable Communities: Healthier Neighborhoods, Healthier Children*
Article 15

2013

Understanding Perceptions about Contraceptive Responsibility Among Adolescents

Silvia T. Linares
Silvia.Linares@bcm.edu

Lisa M. Hollier
lmhollie@texaschildrens.org

Follow this and additional works at: http://digitalcommons.library.tmc.edu/childrenatrisk

Recommended Citation

Linares, Silvia T. and Hollier, Lisa M. (2013) "Understanding Perceptions about Contraceptive Responsibility Among Adolescents," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 4: Iss. 2, Article 15.
Available at: http://digitalcommons.library.tmc.edu/childrenatrisk/vol4/iss2/15

The Journal of Applied Research on Children is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu

Latinos are the fastest growing ethnic group in the United States; most of this growth is the result of births rather than immigration. Despite a significant decrease in teen pregnancy in the U.S., the proportion of Latina adolescents giving birth remains high. The rate of teen pregnancy among Latinas in 2009 was 70.1 per 1000 compared to 25.6 and 59.0 per 1000 among whites and African Americans, respectively.[1] Latina adolescents also have higher rates of repeat pregnancies compared to their white counterparts (21% vs. 15%).[2]

As women's health providers caring for young Latina women, we see firsthand the deleterious consequences of teen pregnancy on our patients. Although some obstetric risks appear to be lower among adolescents (gestational hypertension, gestational diabetes, antepartum hemorrhage, and operative deliveries), they have higher incidences of smoking and substance use, preterm birth, premature preterm rupture of membranes and late initiation of prenatal care.[3] In addition, pregnant or parenting Latina adolescents often drop out of school and feel torn between their dreams and the responsibilities of raising a child.[4] Less than 2% of adolescent mothers complete college by the age of 30.[5] Given the scope of the problem and the negative consequences, understanding the factors that influence contraceptive use among Latino teenagers is of central importance from the obstetric and social points of view.

In recent U.S. studies, contraceptive use by Latina adolescents is less common than by their Caucasian peers. For example, in a national survey of risk behaviors, the prevalence of not having used any method to prevent pregnancy was higher among Hispanic females (22.6%) as compared to white females (11.7%) and black females (17.5%).[6] When contraception is used, Latinas report less frequent use of the most effective methods. The prevalence of having used birth control pills, Depo-Provera, Nuva Ring, Implanon, or any IUD before last sexual intercourse was higher among white female (37.5%) than black female (21.8%) and Hispanic female (17.2%) students.[6]

Drs. White and Hopkins and Ms. Schiefelbein explore youths' attitudes toward contraceptive responsibility in their qualitative study. The recent literature describes several factors that may influence the use of contraception among Latino adolescents, including gender roles that lead to different expectations for male and female adolescents, especially with respect to sexual behaviors; their lack of reliable sources of information on sexuality and contraception; and their lack of awareness about where to buy contraceptives and difficulties affording them.[7-9] It also well-documented that Latina teenagers have difficulties negotiating the use of contraception with their partners, and that machismo influences young

Latino males to have early initiation of sexual intercourse, multiple partners, and less frequent condom use.[10,11]

Dr. White and colleagues found that young Latinas believe that women have the primary responsibility for contraception. This belief appears to stem from their perception that women bear most of the responsibility for raising a child. Additionally, young Latino men were less likely to identify their financial and legal responsibilities regarding pregnancy than were white and African American teens. However, the authors did not find these beliefs that contraception is a mainly female responsibility to be exclusive to Latino teenagers. Differences in perceptions of responsibility alone do not appear to explain the lower utilization of contraception among Latinos. The authors suggest that other factors, in addition to attitudes toward contraception, may play a more significant role in the lower rate of contraceptive use among Latina teens.

Given the variety of factors that impact adolescent contraceptive use, opportunities for intervention exist in the home, the schools, in healthcare clinics and in the broader community. As healthcare providers, we should be mindful of the need to provide age-appropriate counseling and education along with access to highly effective methods of contraception for adolescents of both genders. As advocates for the best health outcomes for youth, we should be watchful for policies that impose barriers to contraceptive access, particularly those that disproportionately affect minority populations.

Despite the better understanding of factors that influence contraceptive use among adolescents, there is a need for integrated models that provide a complete view of the problem and yield guidelines for effective interventions. Research that combines individual characteristics, cultural beliefs and practices, and societal factors that affect contraceptive use and unintended pregnancies is a priority. The study presented by White and colleagues moves us a step further in this direction.

References

1. Pazol K, Warner L, Gavin L, et al. Vital Signs: Teen pregnancy--United States--1991-2009. *MMWR Morb Mortal Wkly Rep.* 2011;60(13);414-420.
2. Centers for Disease Control and Prevention (CDC). Vital Signs: Repeat Births Among Teens — United States, 2007–2010. *MMWR Morb Mortal Wkly Rep.* 2013;62(13):249-255.
3. Fleming N, Ng N, Osborne C, et al. Adolescent pregnancy outcomes in the province of Ontario: a cohort study. *J Obstet Gynaecol Can.* 2013;35(3):234-45.
4. Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers, 2010. Child Trends, Fact Sheet: Washington, DC. http://www.childtrends.org/Files//Child_Trends-010_01_22_FS_DiplomaAttainment.pdf. Accessed March, 2010.
5. Hoffman SD. By the Numbers: The Public Costs of Adolescent Childbearing. Washington DC:The National Campaign to Prevent Teen Pregnancy;2006.
6. Eaton DK, Kann L, Kinchen S, et al. Centers for Disease Control and Prevention (CDC). Youth risk behavior surveillance - United States, 2011. *MMWR Surveill Summ*. 2012;61(4):1-162.
7. Larson K. An ethnographic study of sexual risk among Latino adolescents in North Carolina. *Hispanic Health Care Int.* 2009;7(3):160–169.
8. Lee Y, Poslusny S, Anderson S, Rosing H. Sexually transmitted infection prevention project as community-engaged scholarship. *Journal of Community Engagement and Higher Education*. (2009);1(1):1–9.
9. Villarruel AM, Jemmott JB, Jemmott LS, Roni, D. Predicting condom use among sexually experienced Latino adolescents. *West J Nurs Res*. 2007;29(6):724–738.
10. Rhodes SD, Hergenrather KC, Wilkin A, Alegría-Ortega J. Montaño J. Preventing HIV infection among young immigrant Latino men: Results from focus groups using community-based participatory research. *J Natl Med Assoc.* 2006;98(4):564-73.
11. Rios-Ellis B, Frates J, D'Anna L, Dwyer M, Lopez-Zetina J, Ugarte C. Addressing the need for access to culturally and linguistically appropriate HIV/AIDS prevention for Latinos. *J Immigr Minor Health.* 2008;10:445–460.