

A FUTURE WITH PROMISE:

A Chartbook on

Latino Adolescent Reproductive Health



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INTRODUCTION

The U.S. Latino population has grown rapidly in recent years, making it the largest ethnic minority group in the U.S.^{1, A} More than one-third (36%) of the 35.3 million Latinos counted in the 2000 U.S. Census were younger than 18, compared to only a quarter (24%) of whites.² Latinos account for 16% of the total U.S. youth population; by 2025, they are projected to make up one-quarter of the youth population.³

Like all large ethnic groups, Latino youth come from a variety of family backgrounds, have various resources, experiences, talents, and skills, and have diverse goals for the future. Much of this variety stems from the effects and experiences of immigration and/or growing up in an immigrant or ethnic minority household. Most Latino youth were born in the U.S.; however, most are also being raised by immigrant parents. Another source of diversity within the Latino youth population is national origin. Latinos in the U.S. represent approximately twenty countries in Latin America, each with its own culture, geography, and history.⁴

High adolescent pregnancy and childbearing rates are one of the most important issues facing the Latino community. Since the mid-1990s, Latinas have had higher teen birth rates than any other major racial/ethnic group in the U.S. While there has been a slight decline in Latina teen birth rates in recent years, the decline has been much smaller than those for whites and African Americans. In 2001, the Latina teen birth rate was 86 per 1,000 female 15-19 year olds. In other words, just over one in twelve Latinas between the ages of 15 and 19 gave birth in 2001.⁵

This pattern represents an enormous challenge for young Latino parents, their families, their communities, and the country. While some teen parents manage to successfully raise their children, most confront a host of obstacles to financial, family and emotional well-being. Compared to mothers whose first birth occurred after adolescence, teen mothers are more likely to be poor, less likely to have finished high school, less likely to be employed and less likely to be married.⁶ Each of these factors increases the odds that their children will suffer negative consequences such as poor

physical and mental health, poor academic performance, delinquency and substance abuse.⁷ Moreover, children of teen parents are more likely to continue the cycle by becoming teen parents themselves.⁸

Although the U.S. continues to have higher teen birth rates than all other western industrialized nations, the recent trend in this statistic is steadily downward. Overall birth rates among 15-19 year olds in the U.S. declined 25% during the 1990s, from 60/1,000 teens in 1990 to 45/1,000 in 2001. The birth rate for white teens declined by 29% from 1990 to 2001 (42/1,000 to 30/1,000). African Americans experienced the steepest drop in rates, falling from 116/1,000 in 1990 to 74/1,000 by 2001, a 36% decrease. During the same period the Latina teen birth rate fell by only 14%.⁹ Thus, the myriad of factors that influence whether adolescents become teen parents, ranging from sexuality education to the provision of family planning services to the state of the economy, exerted greater downward forces on whites and African Americans than on Latinos. Given the growth in the Latino youth population, it is imperative that we learn how to influence the attitudes and behaviors of Latino teens in ways that reduce their birth rates and ensure their well-being.

This has proven to be a daunting, but not insurmountable, challenge. Until recently, little attention has been paid to Latinos by either researchers or health practitioners. Much about the Latino youth population remains unknown. One reason for this lack of knowledge and expertise is a poor understanding of Latino culture and its role in the lives of Latino youth. It is also necessary to gain a greater understanding of the effect of coming of age in a community that is, to a great extent, shaped by immigration. Related to this is a greater understanding of how young people and their families navigate within and between their cultures of origin and the majority culture in the U.S., how youth adapt to the larger culture and society and how this affects their values, behaviors and goals. Finally, because Latinos experience high rates of poverty, lower educational levels, and less access to health insurance and health care, we need to learn more about how socioeconomic disadvantage interacts with aspects of culture and the immigration and acculturation process in the lives of Latino youth.

^A Note: Data sources vary in their definition and use of race and ethnicity terms. In this chartbook, "Latino" is used in place of "Hispanic." Throughout the chartbook, "white" refers to "non-Latino white."



The first purpose of the chartbook is to compile, in one place, key demographic information that has been gathered about areas in the lives of Latino youth that affect their fertility.

These data come from a variety of sources, including centers within the U.S. Department of Health and Human Services, the U.S. Department of Education, and other federal agencies, as well as universities and foundations. The second purpose is to provide a context for these facts and figures. In order to provide meaning to the many percentages, rates and trends presented in the following chapters, the authors have drawn on work by numerous scholars from a variety of disciplines and with different perspectives. It is hoped that the combination of statistics and sociological, psychosocial, anthropological and other research approaches will give the reader a richer and more nuanced understanding of the reasons for the current situations of Latino youth. In addition, this combination also reveals the gaps in our knowledge and understanding of these situations and thus directs the reader to where future efforts ought to be focused.

Introduction: References

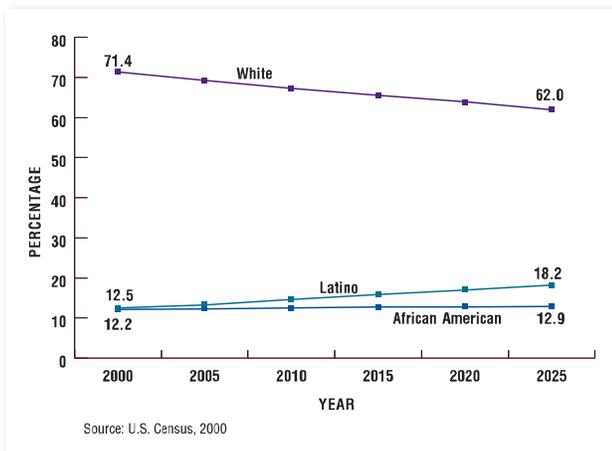
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- 2 Therrien, M. and Ramirez, R.R. (2001). The Hispanic population in the United States: March 2000. *Current Population Reports*, P20-535. Washington, DC: U.S. Census Bureau.
- 3 U.S. Census Bureau. (2000). Statistical abstract of the United States: 1999. (Table 24. Projections of Resident Population, by Age, Sex and Race: 2000 to 2025).
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- 9 Ventura, S.J., Hamilton, B.E. and Sutton, P.D., 2003, op. cit. (see reference 5).



Chapter 1: POPULATION

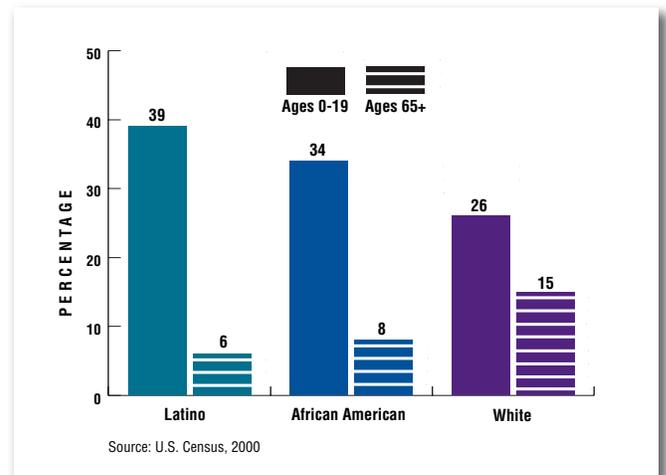
In 2000, there were 35.3 million Latinos in the U.S. comprising 12.5% of the total population. This represents a 58% increase since 1990, when the 22.3 million Latinos counted by the 1990 Census equaled 9% of the U.S. population.¹ During the same time, the overall population increased by 13%. Latinos are now the largest racial/ethnic minority group in the country, slightly edging out African Americans for the first time in U.S. history. By the quarter century, Latinos are projected to make up almost one-fifth (18%) of the U.S. population (Figure 1.1).² The Latino population in the U.S. is young, due to both high birth and immigration rates. In 2000, four in ten (39%) Latinos were under the age of 20; only 6% were age 65 or older. In comparison, the white population is significantly older; 26% were younger than 20 and 15% were 65 or older (Figure 1.2). The age distribution of African Americans falls between Latinos and whites.³

FIGURE 1.1
Projected U.S. Population by Race/Ethnicity, 2000-2025



Because the Latino population is younger than the general population, the youth population has a higher proportion of Latinos than the country as a whole. In 2000, 14.4% of the U.S. population aged 10-19 was Latino; in 2025, it is estimated that one-quarter (23.6%) of all youth will be Latino (Figure 1.3).⁴ During the same period, the white proportion of the youth population is predicted to fall from two-thirds (65.8%) to just over half (54.4%) while the African American proportion will remain steady at about 14.3%. Thus, Latino youth will increasingly shape the profile of American youth overall.

FIGURE 1.2
Age Distribution by Race/Ethnicity, 2000



Latino youth are an amazingly diverse group. Like all groups of youth, they vary in family types (including two-parent, single-parent and multi-generational households), access to economic resources, and whether they are being raised in cities, suburbs or rural areas. In addition, Latinos differ amongst themselves in ways that are less relevant to other large racial/ethnic groups, namely whites and African Americans. Most of these differences stem from the experiences of immigration and growing up in immigrant and minority households.

FIGURE 1.3
Projected U.S. Youth Population (ages 10-19) by Race/Ethnicity, 2000-2025

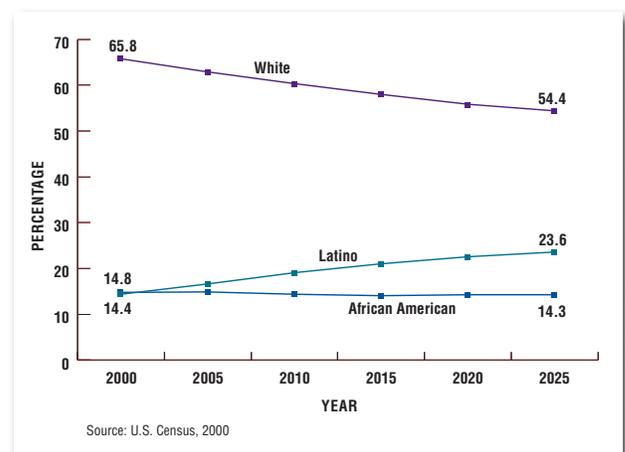
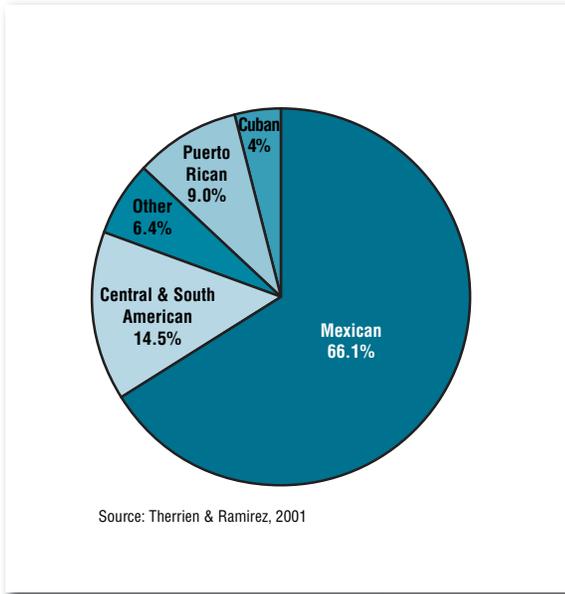


FIGURE 1.4
Latino Population by National Origin, 2000



GEOGRAPHIC AND GROWTH PATTERNS

Latinos come from a score of countries, each with its own culture and history. Two-thirds (66.1%) of Latinos are of Mexican origin, 9.0% are Puerto Rican, 4.0% are Cuban and 14.5% are of Central or South American origin. The remaining 6.4% are of ‘other Latino’ origin (Figure 1.4).⁵

Geography, politics and economics have shaped the migration and settlement patterns that have determined where Latinos are most likely to live in the U.S. Mexicans and Central Americans most often settle in California, Texas and other southwestern states. Due to the proximity of Florida to Cuba, Cubans have tended to settle in that state, whereas Puerto Ricans and Dominicans have traditionally headed for New York and nearby New Jersey.

This pattern of distribution by national origin reflects historical immigration patterns, which although changing, continue to shape the destinies of Latinos in the U.S. In terms of understanding Latino youth in various regions of the country, these residential distribution patterns imply that there are cultural, lifestyle and racial differences among Latinos in different parts of the U.S. Moreover, different national origin groups have different reasons for immigration and different experiences upon arrival. Thus, programs tailored for Mexican-origin youth in California often cannot be transplanted without modifications to the New York City neighborhoods populated by Dominican or Puerto Rican youth whose experiences and outlooks are markedly different.

New migratory and residential patterns are also emerging. Due to a mix of reasons (including employer recruiting, the emergence of new industries in various parts of the country and the desire of some Latinos to leave big cities), Latino populations are arriving in places that were, until quite recently, either all white, or predominately African American and white. In fact, the Latino populations in twenty states have doubled in the last decade. North Carolina experienced the greatest percentage increase; the 2000 Latino population was five times greater than it was in 1990. Arkansas saw its Latino population grow by almost 400% (Figure 1.5).⁶ In 1990, 31 states had Latino populations of 100,000 or less; in 2000, 30 states had at least 100,000 Latino residents. The number of states with between 250,000 and 500,000 Latinos rose from two to ten states. The number of states with more than a million Latinos rose from five to seven with Illinois and New Jersey joining this group (Figures 1.6 and 1.7).⁷

FIGURE 1.5
Percent Increase in Latino Population, 1990-2000

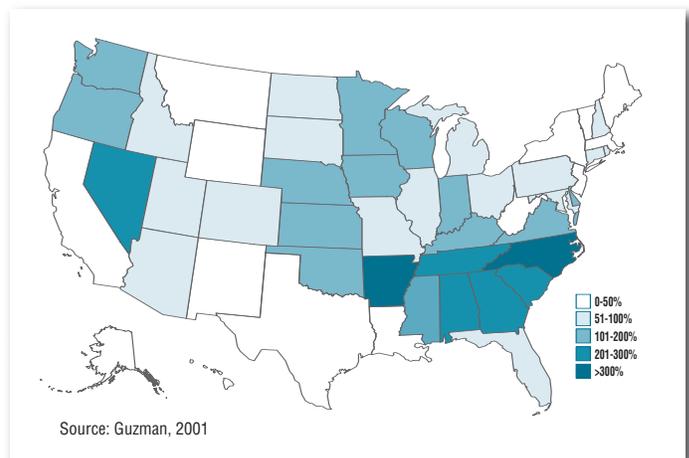


FIGURE 1.6
Latino Population, 1990

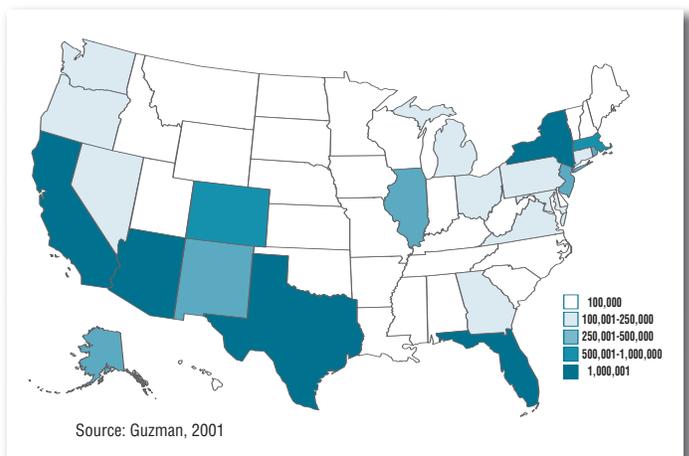


FIGURE 1.7
Latino Population, 2000

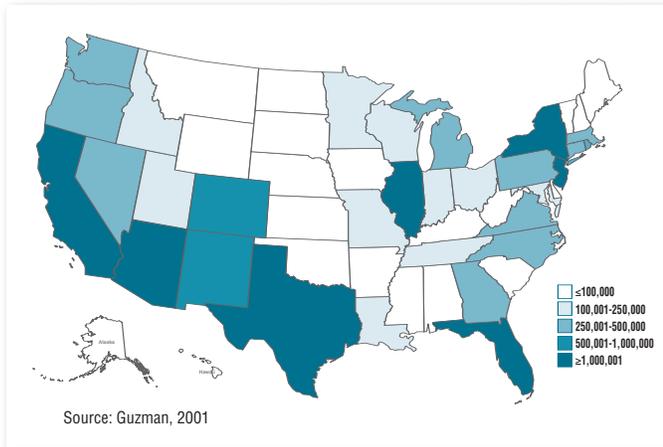
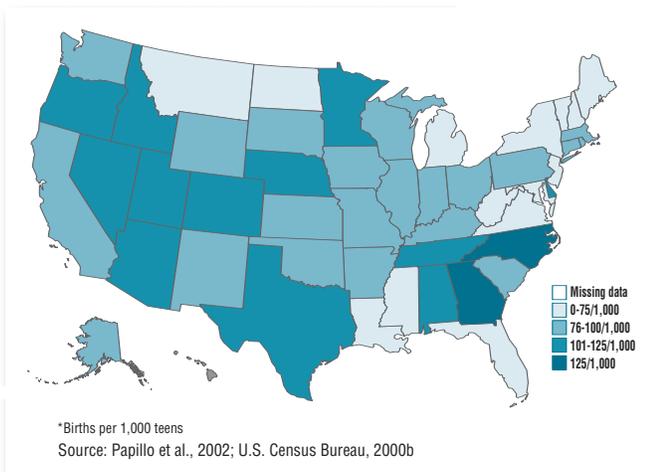


FIGURE 1.8
Latina Teen Birth Rates (ages 15-19)*, 2000



These recent influxes of Latinos have created challenges of adjustment both for the new residents and the communities in which they settle. Jobs are the major draw for Latinos in these areas. Many jobs, however, do not offer high wages or health benefits, and many workers have low educational attainment, lack fluency in English and are unfamiliar with American ways. As a result, many Latino newcomers find themselves working long hours to provide their families with a minimum standard of living in areas with few Spanish-language or Latino cultural features. On the other side of the situation, local communities and public agencies tend to have little experience or knowledge of this population. Some of the states which have only recently witnessed large influxes of Latinos have the highest Latina teen birth rates. States such as California, New York and Florida have long histories of working with Latino youth populations. Other states, such as Georgia and North Carolina (the states with the highest Latina

teen birth rates⁸), have far less experience or understanding of their new residents and how to reach them to provide them with necessary information and services.

In 2000, the overall U.S. Latina teen birth rate was 89/1,000 teens. State teen birth rates ranged from 9/1,000 in West Virginia to 150/1,000 in North Carolina (Figure 1.8).⁹ Still, many states with high Latina teen birth rates have been successful in lowering birth rates among African American teens, a trend that is partially a result of the experience and expertise in working with African American youth that many professionals and programs have accumulated. This pattern suggests that, as communities, governments and teen pregnancy prevention programs become more knowledgeable about Latino and immigrant cultures, they will be able to successfully apply what they learn to lowering pregnancy and birth rates among Latino teens as well.

IMMIGRANT GENERATION

The Latino population is shaped by immigration and its growth is fueled in part by immigration. Latino youth can be first, second or higher generation immigrants. Nearly one in five (18%) Latino elementary and high school students in the U.S. are immigrants; almost half (48%) belong to the second generation. Thus, two-thirds of Latino youth are the children of immigrant parents. The remaining third were born here to native-born parents; they may be the grandchildren of immigrants or descended from families who have been in the U.S. longer than most white Americans.¹⁰ Each generation has different experiences and thus, different challenges, needs, and strengths.

First Generation Youth

Youth born abroad who moved to the U.S.

The distribution of youth across immigrant generations speaks to the variety of their immigration-related experiences. One in five Latino youth have experienced leaving their home and coming to a new culture, language and country. Many immigrant children, particularly those from Mexico and Central America, experienced arduous, even dangerous, journeys to the U.S., often to escape threats such as poverty, oppression or violence. Regardless of from where and why they came, however, all immigrant children have left behind family, friends and familiar places.

Some immigrant youth must contend with the challenges of living in the U.S. illegally. Although they are entitled to a public education through secondary school and they and their



families are guaranteed emergency medical care, they have few of the rights, opportunities and protections of legal residents or citizens. Although most non-profit agencies extend their services to all youth regardless of legal status, many undocumented youth and their families do not access these and other services for fear of revealing their immigration status and facing deportation.

Second Generation Youth

U.S.-born offspring of at least one immigrant parent

Almost half of Latino youth were born in this country to immigrant parents. These young people face a different set of issues than either immigrant youth or those whose parents are also U.S.-born. They are U.S. citizens by virtue of their birth on U.S. soil, although their parents may not be (and may not have legal residence). They are exposed to American culture at a young age and therefore more easily absorb it. However, they are raised by parents with quite different childhood experiences. This may result in teens and parents holding disparate views, attitudes and expectations for their behavior and futures. Many parents have not acculturated to the U.S. to the extent that their children have. Such youth often live in two, sometimes conflicting, worlds and face the emotional challenges of defining themselves, their values and their life courses within the context of two cultures and the practical challenges of functioning in each. Outside the family, they must traverse an "American" world shaped by peers, the media and other potent, pervasive, and often attractive cultural forces. Even youth who live in predominately Latino communities are exposed to a significant level of "American" culture. Within the family, they experience a different culture, shaped by their parents' values, attitudes and language, as well as both their fears and hopes of how the outside culture affects their children.

Third and Higher Generation Youth

U.S.-born offspring of two U.S.-born parents

About one-third of Latino youth are the children of parents who were born and grew up in the U.S. These teens tend to have different issues than those who are immigrants or the children of immigrants. Children raised by native-born parents share with their parents a high degree of understanding of American society along with a high level of acculturation to it. In addition, virtually all third and higher generation teens are fluent in English, as are the vast majority of their parents.¹¹ However, while growing up in an immigrant family involves hardships, growing up with the identity of a member of a disadvantaged minority group presents difficulties as well. Research suggests that the experience of belonging to a minority group in the U.S. is more salient for higher

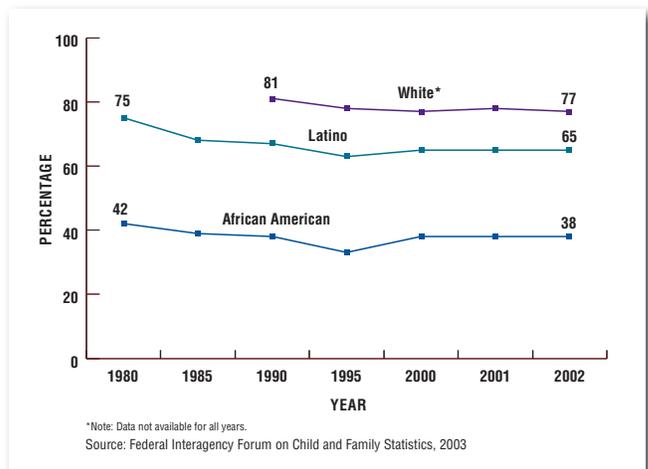
generation youth than for those from immigrant families.¹² Higher generation youth tend to be more aware of discrimination and to consider themselves part of a minority community rather than an immigrant one. In addition, although the families of higher generation Latino youth are, on average, better off financially than youth from immigrant families, they are still less advantaged than white families.¹³

FAMILY

Family Structure

As is the case overall, the proportion of Latino youth who live in two-parent families has declined in the last two decades. In 1980, 75% of Latino children lived in such families (including step-families), 20% lived with a single mother, and the remaining 5% lived with a single father or neither parent. By 2002, the proportion who lived in two-parent families had declined to 65% (Figure 1.9),¹⁴ while one-quarter lived with a single mother. In comparison, 77% of white children and 38% of African American children lived in two-parent families. Half (48%) of African Americans and 16% of whites lived with a single mother.¹⁵

FIGURE 1.9
Percentage of Youth (ages 0-18) in Two-Parent Families by Race/Ethnicity, 1980-2002



Poverty

Latino children are about as likely to live in poverty as African American children (27% vs. 30%) (Figure 1.10).¹⁶ These rates were three times higher than the level for white children in 2001. Since 1980, African Americans have seen greater declines in poverty than Latinos. Poverty is related to family structure; children in single-mother households are more likely to be poor than those living with two parents.



In 2001, 20% of Latino children in two-parent families lived below the poverty line; in contrast, 49% of those living with a single mother were poor. Interestingly, Latino children in two-parent families are twice as likely to be poor as similar African American children, but Latino youth in single-mother families are equally as likely as their African American counterparts to be poor (Figure 1.11).¹⁷

FIGURE 1.10
Percentage of Youth (ages 0-18) in Poverty by Race/Ethnicity, 1980-2001

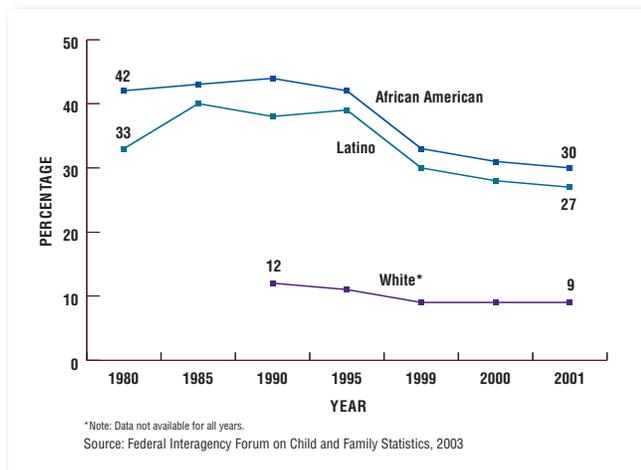
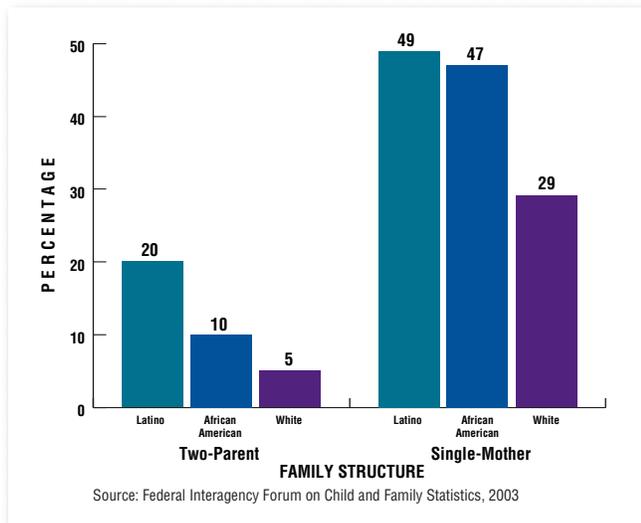


FIGURE 1.11
Percentage of Youth (ages 0-18) in Poverty by Family Structure and Race/Ethnicity, 2001



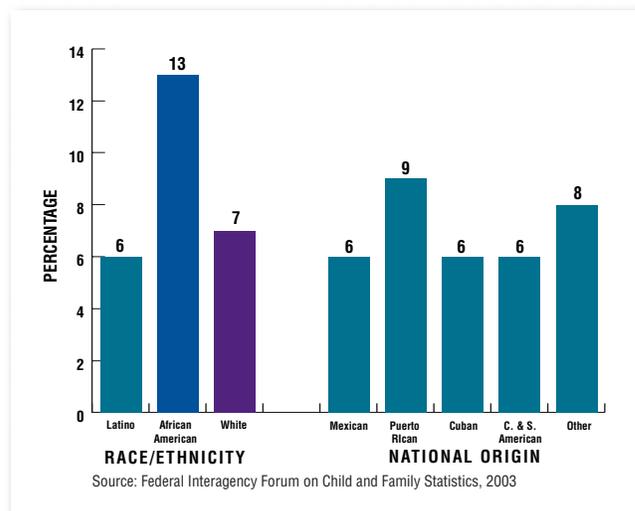
Language at Home

Seven in ten (71%) Latino youth, ages 5-17, speak Spanish at home at least some of the time. In addition, 23% have difficulty speaking English.¹⁸ Undoubtedly, many of those in this category are immigrant youth who are learning English and not yet fluent.

HEALTH

The health status of Latinos of all ages, including youth, is better than their economic profile would suggest. In fact, one area of intense inquiry is why outcomes such as infant mortality and low birthweight (LBW) are lower for Latinos than for other groups in more advantageous circumstances. LBW^A babies are at greater risk for death and long-term illness and disability than normal weight infants. The percentage of babies in the U.S. who are considered LBW has risen from 6.8% in 1980 to 7.7% in 2001. It has also risen among all major racial/ethnic groups. In 2001, the proportion of LBW Latino babies was virtually the same as that for whites; African Americans had the highest rates (Figure 1.12).¹⁹ Within the Latino population, the percentage of LBW babies also varies by national origin.²⁰

FIGURE 1.12
Percentage of Babies Born at Low Birthweight by Race/Ethnicity and National Origin of Mother, 2001



At the same time that the rate of LBW babies has been creeping upwards, the infant mortality rate (IMR) has been declining among both Latinos and other groups, meaning that fewer LBW babies are dying. Since 1983, the Latino IMR has declined from 9.5 deaths per 1,000 live births to 5.6/1,000 in 2000, a level similar to the white rate of 5.7/1,000, and significantly less than the African American rate of 13.6 (Figure 1.13).²¹

Once individuals survive infancy, the odds of dying decrease considerably during childhood and adolescence. Nevertheless, the odds of dying in adolescence vary widely by sex and race/ethnicity. Overall death rates and causes of death reflect the different risks faced by different groups of youth. In each racial/ethnic group, males have higher death rates than females; the difference ranges from a two-fold one among

^A A baby who weighs less than 2,500 grams (5.5 lbs) is considered low birthweight.



FIGURE 1.13
Infant Mortality Rates by Race/Ethnicity, 1983-2000

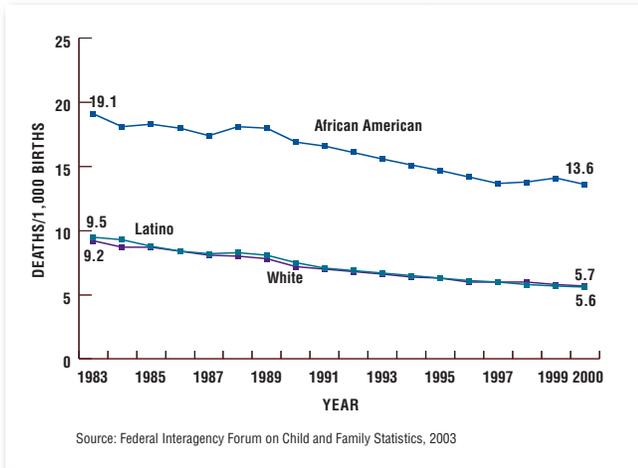
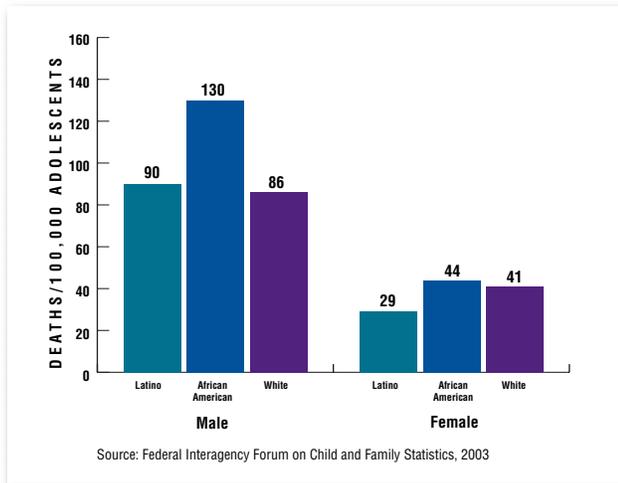


FIGURE 1.14
Adolescent Death Rates (ages 15-19) by Race/Ethnicity and Sex, 2000



whites to 3.5 times among African Americans. African American males had the highest death rate in 2000, at 130/100,000; among the three largest racial/ethnic groups, Latinas had the lowest at 29/100,000 (Figure 1.14).²² Teens of color tend to live in poorer, more dangerous neighborhoods than white teens and the data on deaths due to firearms reflect this reality, which affects primarily young men. More than half (62%) of deaths among African American adolescent males were caused by firearms, as were 28% of Latino male deaths and 12% of white male deaths. The proportion of teen deaths attributable to guns among females ranged from 2% among whites to 6% among African Americans.

Another major cause of death among adolescents is motor vehicle accidents (MVAs). Rates of death in this category also reflect the circumstances of youths' lives; rates are higher for groups who are more likely to be able to afford cars or live in families in which a car is available for their use. The proportion of deaths due to auto accidents was highest among whites, accounting for 37% of male deaths and 21% of female deaths. It was lowest among African Americans, making up 22% of male deaths and 10% of female deaths. MVAs accounted for 29% of the deaths of Latino males and 11% of Latina deaths (Figures 1.15 and 1.16).²³

FIGURE 1.15
Causes of Death among Adolescent Males (ages 15-19) by Race/Ethnicity, 2000

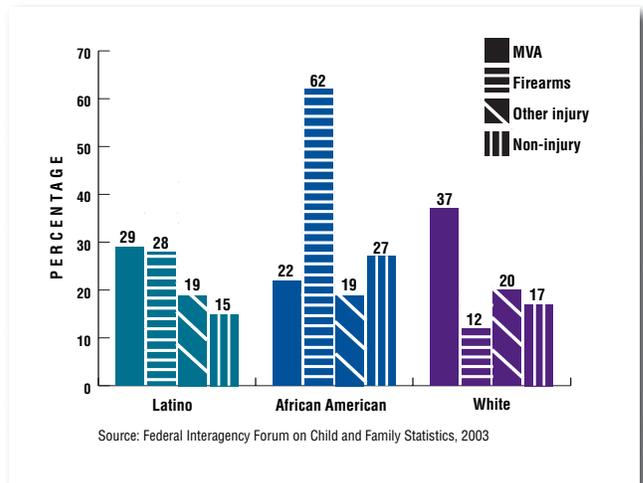
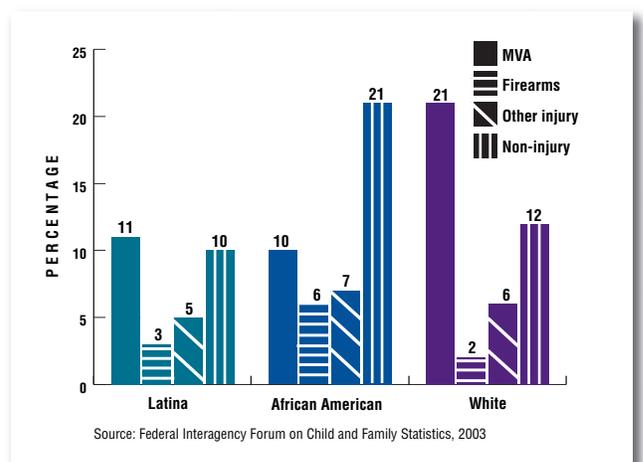


FIGURE 1.16
Causes of Death among Adolescent Females (ages 15-19) by Race/Ethnicity, 2000



SUMMARY

The U.S. Latino population is growing rapidly both in numbers and as a percentage of the total population, a trend that is even more pronounced among young people. By 2025, approximately one in every four teenagers will be Latino. Latinos of Mexican origin account for two-thirds of all Latinos. Immigration is a key factor in shaping the Latino population in this country. Although most Latino youth are U.S.-born, most are the children of immigrant parents and most also speak Spanish at home at least some of the time.

In general, the Latino population contends with high rates of poverty; half of Latino children from single mother households are poor. In addition, one-fifth of children in two-parent households also live below the poverty line. In general, poverty is a risk factor for poor infant and child health. However, Latina mothers are slightly less likely than white mothers to give birth to LBW babies and infant mortality rates among Latinos are equal to those of whites, even though Latinos have lower incomes and educational levels.

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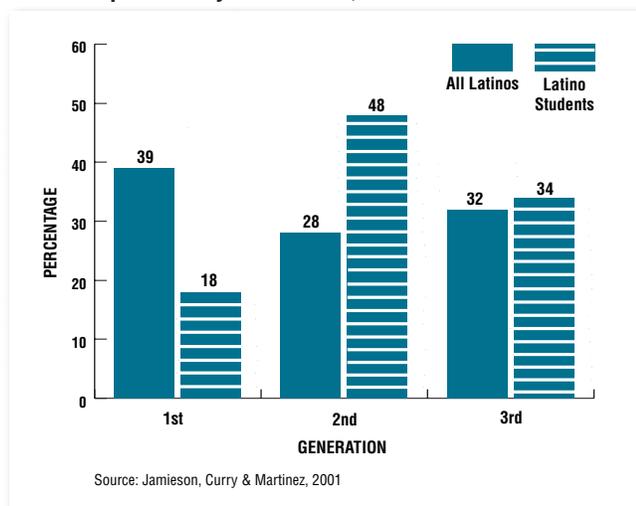


Chapter 2: IMMIGRATION

Immigration has shaped the United States since its inception. In 2002, there were 32.5 million foreign-born people in the U.S., a record number. This group represents 11.5% of the U.S. population, an increase from 1990 but below the high rates seen in the early part of the last century.¹ In 2002, half (52%) of these immigrants were from Latin America, more than a third (36%) of the foreign-born were from Central America, including Mexico. Among the youth population, Latin America accounted for 59% of immigrants younger than 18; almost half (45%) of all immigrant youth were from Central America, including Mexico.² In addition there are 55.9 million people, or one-fifth of the population, who are either the foreign-born or U.S.-born children of an immigrant. Latinos account for 40% of this category.³

Overall, 39% of all Latinos in the U.S. are immigrants, another 28% are the U.S.-born offspring of at least one immigrant parent, and the remaining 32% are the U.S.-born children of U.S.-born parents.^{4A} The pattern among Latino young people is somewhat different. Nearly one in five (18%) Latino elementary and high school students in the U.S. are first generation; almost half (48%) belong to the second generation. Thus, two-thirds of Latino youth are the children of immigrant parents. The remaining third were born in the U.S. of U.S.-born parents; they may be the grandchildren of immigrants or descended from families who have been in the U.S. for many generations (Figure 2.1).⁵

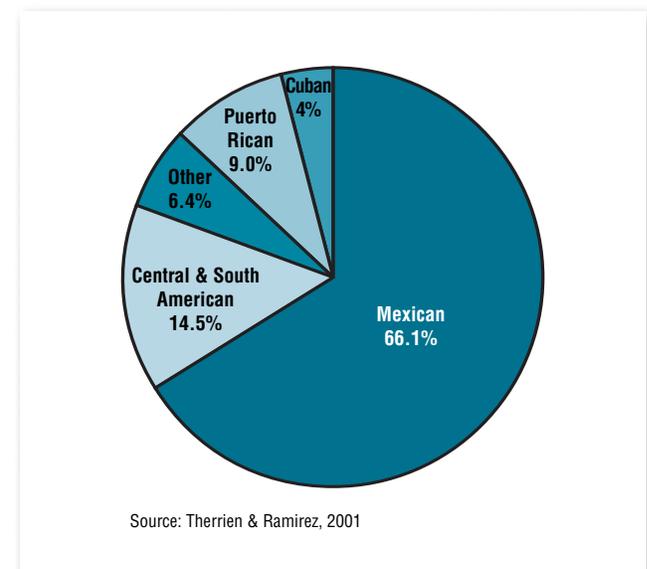
FIGURE 2.1
Latino Population by Generation, 1999



NATIONAL ORIGIN

The variety of national origins within the Latino population is one measure of the diversity of this growing group. Latinos in the U.S. come from every country in Latin America. While most of these nations share Spanish as a common language, there is a great deal of variability across countries in terms of history, culture, level of economic development, social structure, and relations with the U.S. People of Mexican origin or descent are the largest subgroup of U.S. Latinos (Figure 2.2).⁶ Other sizable groups include Puerto Ricans, Cubans, Dominicans and people from the Central American countries of El Salvador, Honduras, Nicaragua, Guatemala and Costa Rica. In addition, growing numbers of U.S. Latinos trace their roots to South American countries such as Peru, Argentina, Colombia, Venezuela and Chile.

FIGURE 2.2
Latino Population by National Origin, 2000



Each of these national origin groups has a different history of migration to the U.S. A variety of factors, including economic and political events and conditions in the sending countries, U.S. immigration law, and the economic and

^A First generation immigrants are those who were born abroad and moved to the U.S.; second generation immigrants are the U.S.-born offspring of at least one immigrant parent and third generation immigrants are the U.S.-born offspring of two U.S.-born parents.



political atmosphere in the U.S. at the time of immigration, have shaped the immigration experience of each country's immigrants differently.

Mexico

The proximity of Mexico to the U.S., the history of Spaniards and Mexicans in what is now the southwestern U.S., the long border shared by the two countries, and the economic disparities between the two, account for the high number of Mexican immigrants in the U.S. and the sizable proportion of Mexican Americans among the U.S. Latino population. Two-thirds (66.1%) of the U.S. Latino population is of Mexican origin or descent.⁷ As in any large population, the educational status and human capital⁸ of Mexican immigrants varies widely. Nevertheless, Mexican immigrants tend to arrive with low levels of education and few skills that command high wages in the U.S. economy.

Puerto Rico

Puerto Rico is a U.S. Commonwealth and its residents are U.S. citizens. Many Puerto Ricans move to the mainland U.S., either temporarily or permanently, to pursue economic and other opportunities lacking in Puerto Rico. Within the fifty U.S. states, almost one in ten (9%) Latinos is Puerto Rican.⁸

Cuba

Several major waves of immigration from Cuba have occurred in the past 40 years, resulting in a U.S. Latino population that is 4% Cuban.⁹ The Cubans who came in the 1960s tended to be educated and middle-class and were able to call upon these advantages along with initial favorable treatment by the U.S. government. Later waves of Cuban immigrants were less uniformly middle-class and have faced greater challenges.

Central and South America

Civil war, poverty and political oppression are primary reasons that people from Central and South America have immigrated to the U.S. Central and South Americans account for 14.5% of U.S. Latinos.¹⁰ Many Central American immigrants were rural laborers or peasants in their homelands, often with little education or resources. Others were highly educated. South American immigrants tend to have higher educational status and to have been members of the elite or the middle classes in their countries of origin.

⁸ Human capital refers to the practical knowledge, acquired skills and learned abilities of an individual that make him or her productive in an economic sense.

YOUTH AND FAMILIES

As noted previously, most Latino youth were born in the U.S. At the same time, most have at least one parent who is an immigrant. Thus, many Latino families include children growing up in environments and cultures profoundly different from that experienced by their parents. Such differences can cause conflict, miscommunication and lack of understanding between parents and children. Much stems from parents' fears of the attractions and influences of American culture and children's desires and greater ability to adapt to the larger culture. Cultural generation gaps are often exacerbated by the uneven rates at which younger and older people are able to learn new languages and adapt new customs and attitudes.

While the U.S.-born and raised offspring of immigrant parents from all corners of the globe tend to adjust rapidly to U.S. culture, becoming fluent in English and American mores, Latino youth are more likely than youth from other regions to maintain their home language and ties to their culture of origin.¹¹

Family Size and Composition

Higher-generation Latino youth have fewer siblings than immigrant youth. One in seven (14%) immigrant youth have at least five siblings, fewer than one in ten U.S.-born youth (only 9% of second generation and 8% of third generation) has this many.¹² Most studies show that children in smaller families with fewer siblings fare better in several ways. Their parents' income is spread less thinly across their offspring than is the case for children with more brothers and sisters. In addition, parents' time and energy are divided among fewer children giving each child more of these valuable resources. In general, children from smaller families tend to do better academically and have higher educational attainment.¹³ Thus, U.S.-born Latino children are more likely to be able to call upon greater resources from their parents than immigrant youth.

Family structure is one aspect that does not vary by generation. About 80% of first, second and third generation Latino youth live with two parents and about 17% live with a single parent.¹⁴

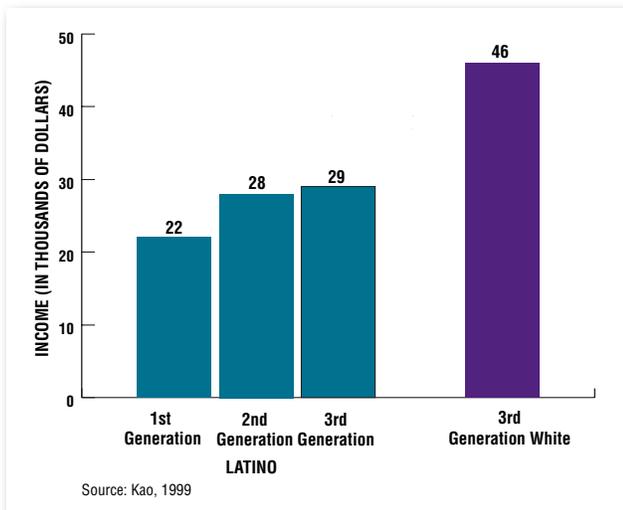
Family Socioeconomic Status (SES)

Family SES includes components such as family income or poverty status, parental education, and parental employment status and occupation. By these measures, family SES generally improves with generation. For example, the mean income of families of first generation Latino youth was \$22,400 in 1988. That figure rose to \$27,800 for the families of second generation youth. The increase between the



families of second and third generation youth was much smaller; mean family income of third generation youth was \$29,000 (Figure 2.3).¹⁵ While this pattern represents some improvement with generation, the data must be viewed in context. Even the mean family income of third generation Latino youth was far below that of the families of third generation white youth (\$46,000).¹⁶ Some data suggest that family poverty rates improve more steadily with each immigrant generation than income because poverty status is based on both income and family size and average family size declines with generation among Latinos.¹⁷

FIGURE 2.3
Mean Family Income of Latino Students (grades 7-12) by Generation, 1988

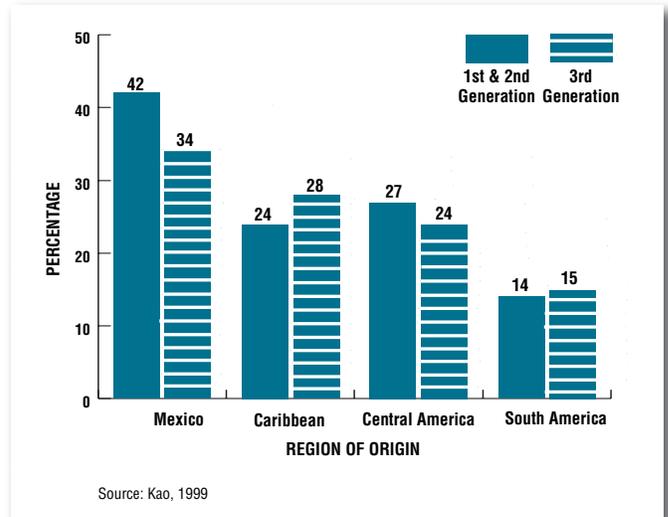


Generational patterns of poverty vary by national and regional origin within the Latino population. One-third of U.S.-born youth of Mexican origin live in poverty, as do 42% of those born in Mexico.¹⁸ The difference is narrower among Central American youth and there is no difference in poverty rates among South American youth by place of birth. Moreover, among Latino youth of Caribbean origin, first and second generation youth have lower rates of poverty than higher generation youth (Figure 2.4).¹⁹

Differences in income and poverty status are closely tied to differences in the educational level and occupational status of young people's parents. Parents with little education tend to be eligible for low-paying jobs, many of which offer little chance for advancement, are more often physically draining and dangerous, and come with few benefits such as health insurance or paid sick leave. Educational and occupational data on U.S.-born and immigrant adults suggest that immigrant

parents tend to be less educated, have jobs with lower occupational status and earn less money than native-born parents.²⁰

FIGURE 2.4
Poverty Rates of Latino Students (grades 7-12) by Generation and Region of Origin, 1988



In 1999, 71% of Latino adults ages 25-44 (the age group that accounts for many of the parents of today's Latino youth) had a high school diploma and 11% had at least a bachelor's degree. However, children of immigrant parents are less likely to have a high school- or college-educated parent than the children of U.S.-born parents. Half (53%) of immigrant Latino adults did not have at least a high school diploma in 1999, compared to one-fifth (21%) of U.S.-born adults. On the other end of the educational spectrum, a similar generational pattern emerges. One in ten (9%) first generation adults have at least a college degree. That proportion rises to 13% among native-born Latino adults.²¹

Level of educational attainment is the primary predictor of occupational status. The pattern seen for education by place of birth is mirrored in that for occupation. Immigrant Latino parents are more likely to be laborers and less likely to be professionals than U.S. born Latino parents. One-quarter (25%) of immigrant Latino adults work as operators, fabricators or laborers, compared to 18% of U.S.-born Latino adults.²² Similarly, one in six (17%) U.S.-born employed Latino adults has a managerial or professional occupation compared to one in eight (12%) foreign-born Latino adults.



It is important to note that the diversity of the Latino population means that these patterns—in which immigrants tend to be poorly educated and hold low paying, low status jobs—do not apply to all Latinos. Educational attainment and socioeconomic status among immigrants varies by country of origin. For example, half (48%) of immigrants from South America have more than a high school education; 80% have at least a high school diploma.²³ Nevertheless, the preponderance of Mexican-origin people in the U.S. Latino population means that most pan-Latino statistics will be heavily weighted by the characteristics and patterns of Latinos of Mexican origin.

Language

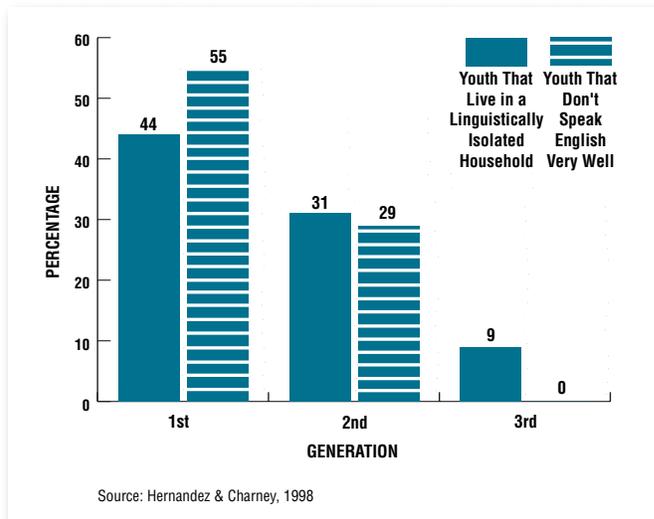
The ability to communicate in English is a valuable form of human capital in the U.S. The U.S. Census measures the proportion of households that are “linguistically isolated,” the term for households in which no member over the age of thirteen speaks English “very well.” Most linguistically isolated households are headed by immigrants, many of whom came to the U.S. as adults and have not learned English. Parents’ inability to communicate in English can create obstacles for their children because parents are not able to learn about and draw upon resources in the larger society. Moreover, they are often unable to advocate for their children in school or other arenas in which English is spoken. Almost half (44%) of Latino immigrant youth live in such households, as do 31% of second generation youth. This is not surprising as both first and second generation youth live in families headed by immigrants. Thus, it also comes as no surprise that far fewer third generation children (9%) live in linguistically isolated households as they are the children of native-born parents (Figure 2.5).²⁴

While adults in linguistically isolated households may not speak English well, the children in these households often do, particularly those born in the U.S. More than half (55%) of immigrant youth do not speak English “very well” suggesting that many are still learning this new language. Among second generation youth, the proportion that is not fluent in English declines to three in ten (29%). By the third generation, virtually all Latino children are fluent in English and many speak only English (Figure 2.5).²⁵

Language proficiency serves as a marker for level of acculturation, the extent to which individuals understand and adopt the attitudes, values and behaviors of the larger culture. In the U.S., proficiency in English allows one to learn about the majority culture and to share in it. Lack of ability to understand and communicate in English is a barrier to participating in the larger society and taking advantage of many of its

opportunities, including education and secure, high-paying employment.

FIGURE 2.5
Changes in Language among Youth (ages 5-17)
by Generation, 1990



On the other hand, bilingualism can also be viewed as an important form of human capital. Latino youth who are fluent in English and also manage to maintain fluency in Spanish possess a skill that is valuable in many work places as globalization continues, international trade becomes more important, and the world’s cultures and economies become more intertwined. Proficiency in Spanish is difficult to directly assess because most researchers, educators and policy makers focus on English proficiency as a more important topic and goal. However, an indirect measure sheds some light on this area. Close to nine in ten (87%) first generation youth live in households in which Spanish is spoken. This declines only slightly among second generation youth to 80%. Third and higher generation Latino youth are much less likely to come from a household in which Spanish is spoken; only 40% of youth whose parents were U.S.-born live in such families.²⁶

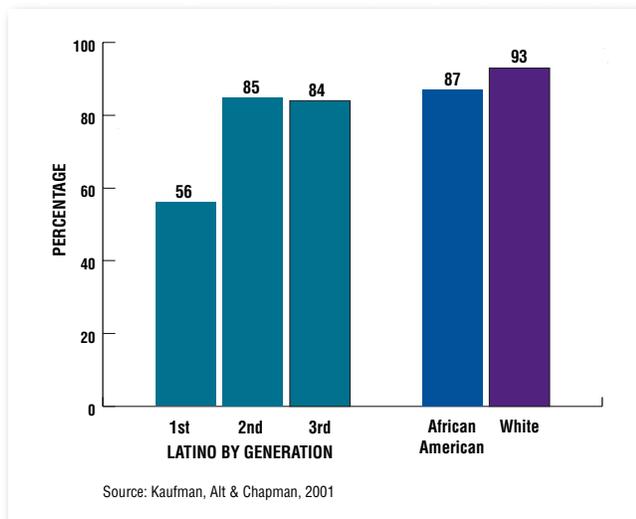
Education

The evidence that educational attainment is positively linked to economic status is strong and irrefutable. Many immigrant groups have used education as the primary route to moving up the economic ladder. This is also the case for Latinos. However, Latinos lag behind other groups in their rates of high school completion, college attendance, and college graduation. Nevertheless, some measures of educational attainment improve with generation. This pattern reflects increasing

proficiency of English among both parents and children, and is related to rising family incomes across generations. The greatest difference in the rate of high school graduation lies between young people born abroad and those born in the U.S. Only 56% of immigrant young adults (ages 16-24) are either in school or have finished high school.²⁷ The tendency of many young adult Latino immigrants to come to the U.S. to work rather than attend school accounts for much of this low figure. Many never enroll in school after arriving in the U.S., often because they are older than the normative age of most students in their home countries where mean educational attainment levels are lower than those in the U.S.

U.S.-born Latino youth are far more likely to finish high school than those born elsewhere. More than four in five second (85%) and third (84%) generation young adults are either in school or are high school graduates.²⁸ The high school graduation rates of U.S.-born Latinos are comparable to those of African Americans, 87% of whom are in school or have graduated. However, both groups lag behind their white counterparts, 93% of whom are high school graduates or in school (Figure 2.6).²⁹

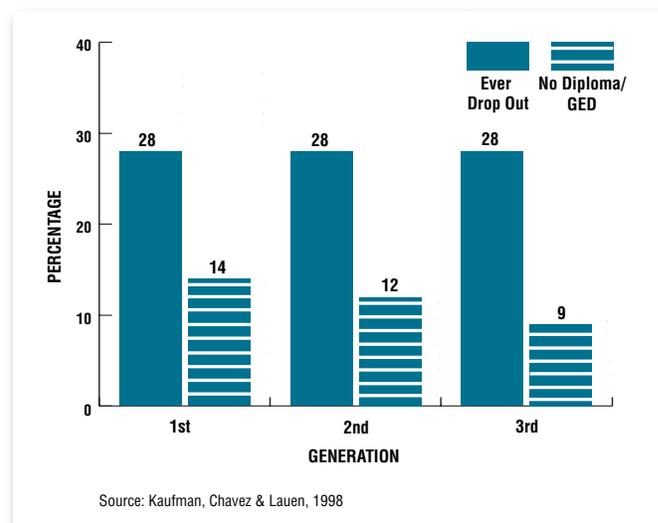
FIGURE 2.6
Percentage of 16-24 Year Olds in School/High School Graduates, 2000



The proportion of Latino students who *ever* drop out of high school is stable across generations at 28%. However, many students leave school temporarily and return to graduate and the likelihood of returning to school varies by generation. Immigrant youth are less likely than native-born youth to graduate with their class or within two years of their expected year of graduation. In 1994, 14% of first generation students of the class of 1992 did not graduate and were not in school.

That figure declines to 12% in the second generation and 9% in the third generation (Figure 2.7).³⁰

FIGURE 2.7
Percentage of Latino 8th Graders Who Dropped Out of High School, 1994



School Characteristics

The characteristics of Latino students' schools vary markedly by generation. Slightly more than half (53%) of first generation students attend urban schools; a proportion that declines to 45% for second generation students and to just over a third (36%) of third generation students. The proportion that attend schools with student bodies in which more than half the students are ethnic minorities or more than 40% are poor also decreases with each generation (Figure 2.8).³¹

Academic Performance

Although the sociodemographics of the schools that Latino students' attend improve with generation, the academic performance of Latino students does not necessarily follow suit. In fact, first generation students sometimes do better than their higher generation peers. Whereas one-fifth (20%) of first generation Latino eighth graders perform below proficiency in math, that figure rises to one-quarter of U.S.-born Latino students. Moreover, second generation students are more likely to be proficient than third generation students, suggesting that the more advantageous school environments that higher generation Latino students experience do not translate to better performance. Reading test scores improve between the first and second generations, reflecting the greater English proficiency of U.S.-born students, but there is no subsequent improvement between U.S.-born students with immigrant parents and those with U.S.-born parents. Only



science test scores show steady progress across generations; presumably this pattern is related to improvements in school quality and greater facility in reading English (Figure 2.9).³² However, it is not clear why the pattern seen for science proficiency does not hold for reading and math.

FIGURE 2.8
School Characteristics by Latino Generational Status, 1988

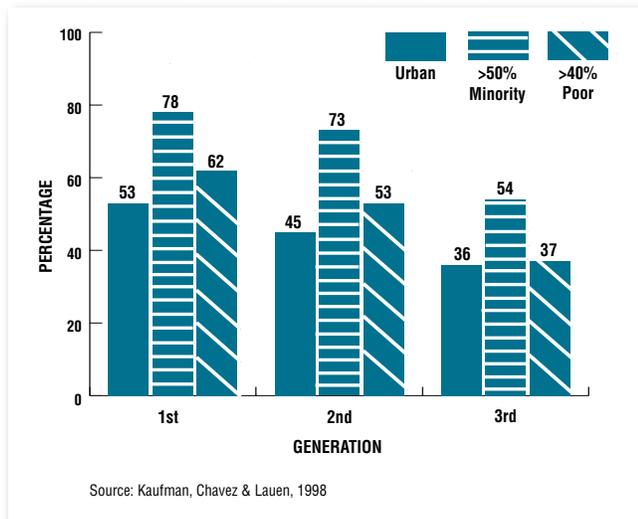
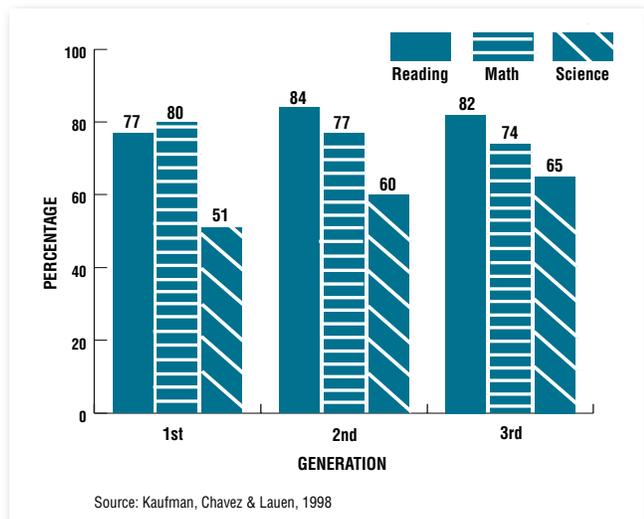


FIGURE 2.9
Percentage of Latino 8th Graders Proficient in School Subjects by Generation, 1988

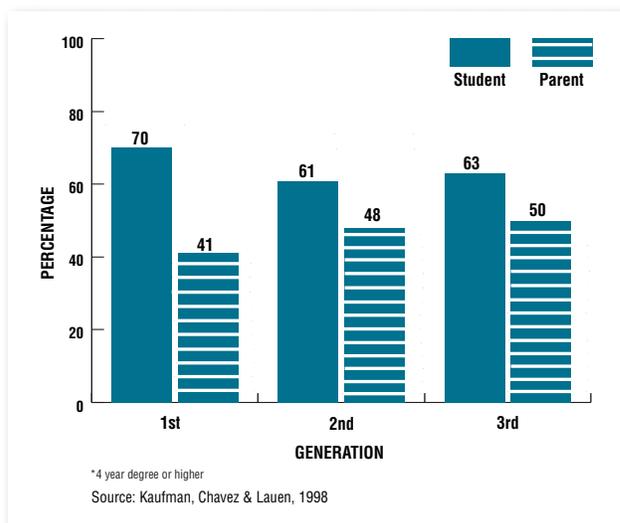


Educational Expectations

Educational expectations for the future capture another facet of students' educational experiences. They are also a strong predictor of how far teens will go in school and are influenced by numerous factors, including students' past academic

performance, the attitudes of their families, peers and teachers towards education, and their understanding of the costs of higher education and their ability to afford these costs. Although seven in ten (70%) immigrant Latino eighth grade students expect to at least graduate from college, that figure is significantly lower among U.S.-born Latinos. Meanwhile, the expectations of students' parents show a reverse pattern. Only four in ten (41%) parents of immigrant students expect their child to graduate from college; that proportion rises to 48% among the parents of second generation students and 50% among the parents of the third generation (Figure 2.10).³³

FIGURE 2.10
Percentage of Latino 8th Graders and Parents with High Educational Expectations*, 1988



Acculturation

Generally speaking, the longer that individuals have been in the U.S., measured either in years (for immigrants) or generations (for U.S.-born persons), the more they adopt and adapt to U.S. culture, attitudes and behaviors. Level of acculturation is related to a variety of characteristics and behaviors, including ethnic identity, language and risky behavior. Various studies on youth from immigrant families suggest that acculturation level affects ethnic identity and other factors related to their ethnic background. Among young people of Mexican origin, those who were born in the U.S. to immigrant parents are more likely to identify as Mexican-American while Mexican-born youth are more likely to see themselves as Mexican. U.S.-born teens are also more likely than immigrant youth to call themselves Latino or Hispanic, categories that do not exist as such in Mexico. Other national origin groups exhibit different patterns. For instance, U.S.-born teens with parents from Cuba, Nicaragua, Columbia and the Caribbean are more likely to think of themselves as "American" than are second generation Mexican youth.³⁴

Language proficiency and preference also evolve as young people's exposure to the U.S. lengthens and they become more acculturated. Not surprisingly, U.S.-born Mexican youth are more likely to be able to speak English very well and less likely to speak Spanish very well than youth born in Mexico.³⁵ Moreover, undoubtedly related to their level of proficiency in English, U.S.-born youth of Mexican origin more often prefer to speak English than do immigrants.

Generation and, presumably, level of acculturation, are also related to risky behavior among young Latinos. In some cases, the rate at which teens participate in such behaviors as sexual intercourse, smoking and alcohol use rise with generation, suggesting that there is something about the situations of immigrant youth that protect them from many risky behaviors. In other cases, the patterns are less clear. Overall, acculturation appears to be both beneficial and detrimental to young Latinos.

Adolescent Sexual Behavior

Sexual behavior among Latino young people is a crucial area of concern and the role of generational status and acculturation merit attention. The proportion of teens who engage in a variety of behaviors varies by generation. Recent data suggest that generational patterns also vary by national origin. For example, the children of Mexican immigrant parents, both foreign-born and native-born, are less likely to have had sexual intercourse than those with U.S.-born parents. Just under one-third (32%) of first and second generation teens of Mexican origin have had sex compared to 41% of third generation teens (Figure 2.11).³⁶ Cuban teens exhibit a different pattern. One quarter of Cuban immigrant teens have had sex, compared to 31% of second generation teens (there are too few third generation Cubans to produce reliable estimates). Sexual behavior of Central and South American youth does not follow a linear pattern, and second and third generation Puerto Rican teens are similarly likely to have had sex (there are too few first generation Puerto Ricans to generate reliable estimates.)

Among teens who have ever had sex, the proportion who use contraception also varies by generation. Contraceptive use rates at first sex among Mexican teens rise with generation, with a particularly steep jump between first and second generation youth. One-third (32%) of first and second generation Mexican teens reported ever having had sex (Figure 2.11). Whereas only 42% of immigrant Mexican teens used birth control at first sex, 52% of second generation teens used contraception (Figure 2.12).³⁷ Of the 41% of third generation youth who are sexually experienced, 56% used a method of contraception at first sex. Together with the

generational pattern of sexual activity, these figures suggest that while first and second generation teens are similarly likely to have sex, second generation youth are more likely to protect themselves against STIs and pregnancy. Also, while third generation youth are more likely to have had sex than the offspring of immigrant parents, they are also more likely to use contraception than lower generation teens (Figure 2.12).³⁸

FIGURE 2.11
Percentage of Latino Students (grades 7-12) Who Have Had Sex by Generation and National Origin*, 1995

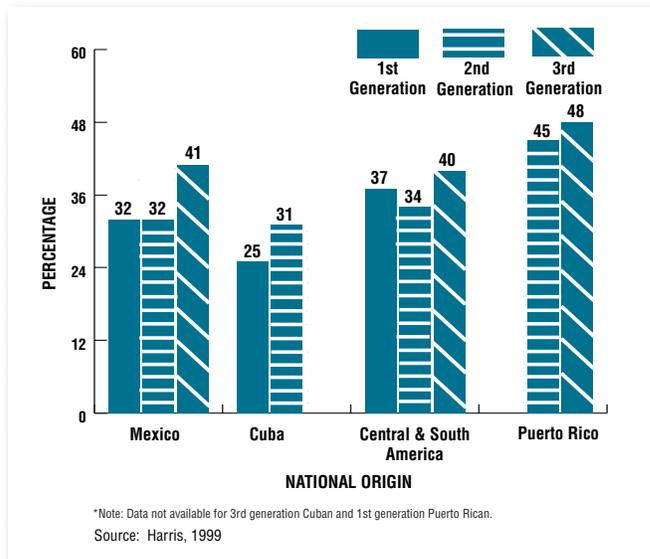
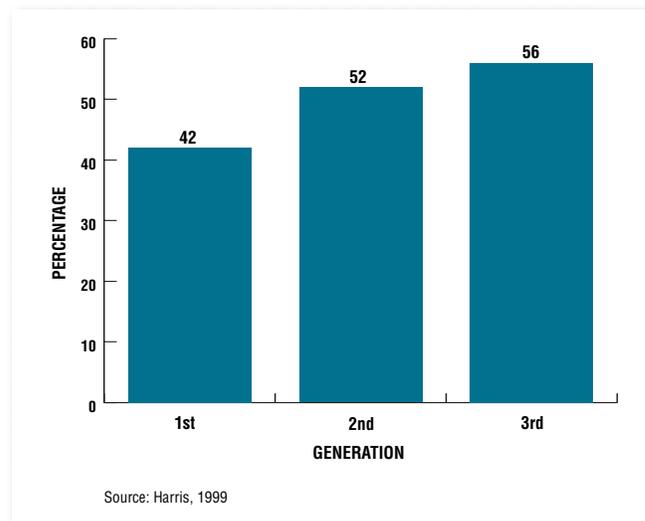


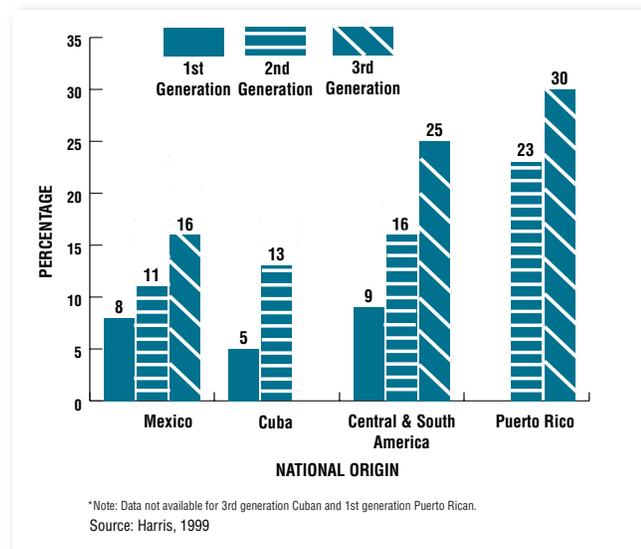
FIGURE 2.12
Protected First Sex among Mexican Students (grades 7-12) by Generation, 1995



Adolescent Risk-taking Behavior

Other behaviors vary by generational status as well as national origin. The proportion of youth who regularly smoke cigarettes rises with generation among all national origin groups (Figure 2.13).³⁹ However, the extent to which the percentages increase differs across these groups. For example, 8% of first generation Mexicans and 9% of teens from Central and South America smoke regularly. Among second generation youth, 11% of Mexicans and 16% of Central and South Americans are regular smokers. The gap between these two groups widens even more with the third generation, in which 16% of Mexicans and 25% of Central and South American teens are smokers. Among third generation Latino teens, Puerto Ricans have the highest rate of smoking (30%); they also have the highest rate among second generation teens (23%). In comparison, 26% of third generation whites and 9% of third generation African American teens are regular smokers.

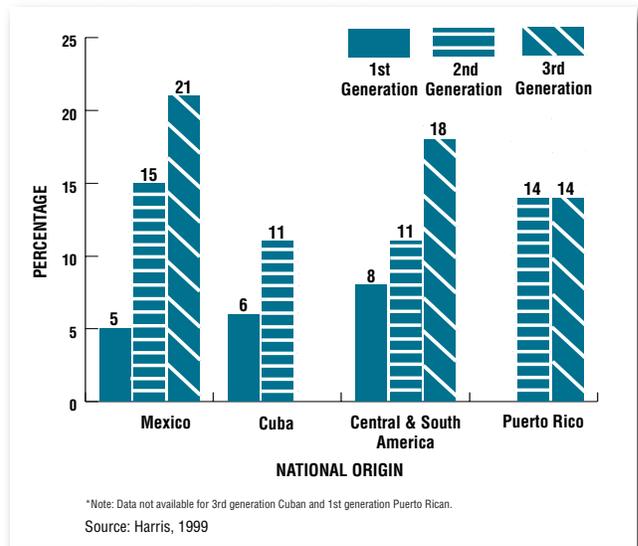
FIGURE 2.13
Percentage of Latino Students (grades 7-12) Who Smoke Regularly by Generation and National Origin*, 1995



Overconsumption of alcohol is a common risky behavior among U.S. teens. Irresponsible drinking contributes to a host of negative outcomes, including auto accidents,⁴⁰ violent behavior,⁴¹ unprotected sex,⁴² and poorer school performance.⁴³ For most national origin groups, the proportion of Latino teens who report getting drunk at least once a month rises with generation (Figure 2.14).⁴⁴ For all groups, the proportion of immigrant youth who get drunk monthly is low, ranging from 5% of Mexican immigrant youth to 8% of Central and South Americans. Among Mexicans, there is a three-fold increase in the proportion of teens who get drunk between the first and

second generation, from 5% to 15%. Among Cubans, the rate doubles from 6% to 11% and among Central and South Americans, it grows from 8% to 11%. Rates among third generation teens range from 14% of Puerto Ricans to 21% of Mexicans. In comparison, 20% of third generation white teens and 10% of third generation African American teens report getting drunk once a month or more.

FIGURE 2.14
Percentage of Latino Students (grades 7-12) Drunk at Least Monthly by Generation and National Origin*, 1995



SUMMARY

Immigrant generation plays an important role in Latino youths' lives. The experiences of first, second, and third generation youth differ considerably. These differences are reflected in their language ability, their families, and the schools they attend. As level of acculturation rises with generation, some aspects of young people's lives improve while others deteriorate. In addition, their behavior in various domains, from academic performance to sexual activity, varies by generation.

It is inevitable that young people who come to the U.S. from other countries and those born here of immigrant parents will adapt to the surrounding culture over time. This process has both beneficial and detrimental aspects. Becoming proficient in English confers advantages for people in the U.S. However, maintaining cultural ties through language and other customs also appears to confer protection against engaging in risk behaviors. In the area of education, the lack of steady progress in proficiency and educational aspirations across generations, even while family and school sociodemographic profiles improve, is a crucial situation. More research must be

dedicated to understanding why improvements often linked with educational performance do not have the hoped for effect for Latino students.

The generational pattern of sexual activity is a mixed picture. Although teens' chances of becoming sexually active tend to increase with generation, so does their likelihood of using contraception. The reasons for this pattern are linked to

issues of access to information and services and to cultural views on sexual activity, contraception and parenthood. These trends suggest that providers who work with Latino youth in the areas of sexual health and pregnancy prevention need to tailor programs differently for immigrant youth and for U.S.-born youth as their values, expectations and goals related to sexual activity differ.

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Chapter 3: EDUCATION

Education is a primary route to attaining rewarding employment and economic security. Education also offers opportunities and possibilities for the future, which may influence the reproductive health choices young people make. It is particularly important to the prospects of children who are ethnic minorities, born into disadvantaged economic circumstances or dealing with language or cultural barriers. This chapter presents information on the educational status and progress of Latino youth in the U.S.

EARLY CHILDHOOD EDUCATION

An increase in the number of working mothers and an emphasis on measuring children's academic performance have contributed to a rise in the proportion of children in pre-school programs in recent years. For many children, pre-school offers the opportunity to learn both social and academic skills, increasing their readiness for kindergarten. Rates of pre-school attendance among young children vary by race/ethnicity, suggesting that differences in educational patterns across racial/ethnic groups start early in children's academic careers. Over half (58%) of African American and white three and four year olds were enrolled in pre-school in 2002. However, only 41% of Latino children in this age group were attending pre-school.¹

Pre-school attendance rates also vary by economic status, maternal education and employment. Children from higher income families are more likely to attend pre-school than those from poor families. Similarly, children whose mothers are college graduates are more likely to attend pre-school than the children of mothers who did not graduate from high school. Not surprisingly, children of mothers in the paid work force are more likely to be enrolled in pre-school than children of non-working mothers.² For these families, pre-school serves the dual purposes of providing childcare and educational benefits.

The overall percentages of attendance by income and ethnicity reveal an interesting pattern. Although African Americans and Latinos experience similarly high rates of family poverty, young African American children are more likely to attend pre-school than their Latino counterparts. One possible explanation is that African Americans and Latinos

have different views on the value of early, formal education and on ways to care for pre-school age children. Other factors may be differences in access to local early childhood programs and levels of knowledge about their availability. Of course, there are other ways of preparing children adequately for school, including full-time care at home and day care in another home. Nevertheless, many low income children may not be exposed to the stimuli and experiences crucial to cognitive development and the development of social skills that presage educational success. For example, pre-school aged children in families below the poverty line are much less likely to be read to every day than wealthier children. Moreover, the proportion of children who are read to increases with mother's education. Latino children are less likely to be read to than children of other ethnic groups. In 2001, 42% of Latino three to five year olds were read to every day, compared to 48% of African American children and 64% of white children.³

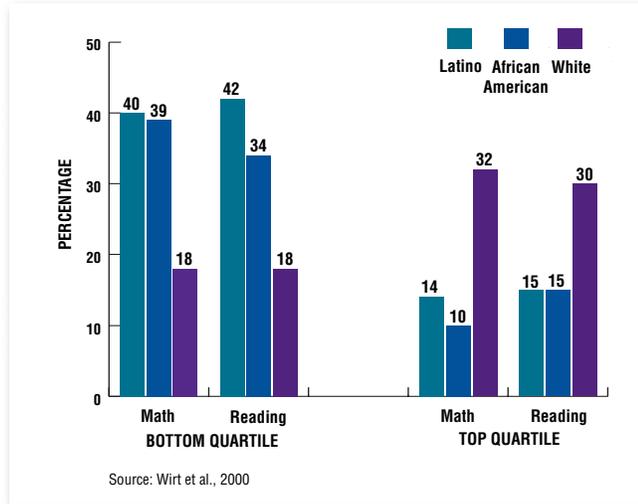
Examining the racial/ethnic patterns in education-related factors early in life offers some explanation for the persistent gaps that exist throughout the primary and secondary school years and beyond. These early patterns show that children do not enter kindergarten equally equipped to learn. On average, Latino and African American kindergartners lag behind their white peers in math and reading proficiency. The test scores of children of color are more likely to fall into the lowest quartile and less likely to be in the top quartile than those of whites (Figure 3.1).⁴ This pattern can be traced, in large part, to the disparities in poverty rates between the families of Latino and African American children and those of white children. In 2001, fewer than one in ten (9%) white children lived in families below the poverty line. In contrast, 30% of African American children and 27% of Latino children were poor.⁵

Parental education, which is closely related to income, can also influence how children perform in school. For the past several decades, the general upward trend in educational attainment in the U.S. has led to more highly educated parents among all racial/ethnic groups. Yet the educational levels of parents of Latino children continue to lag behind whites and African Americans (who have made great strides in this area in the past 25 years) (Figure 3.2).⁶ In 1999, half



(49%) of Latino youth had mothers with less than a high school education, compared to 7% of whites and 20% of African Americans. The educational patterns of fathers are similar.

FIGURE 3.1
Math and Reading Scores of Kindergartners by Race/Ethnicity, 1998



Another factor that challenges many young Latino children's preparation for school is coming from a family in which English is not the primary language. A quarter of Latino students in grades K-12 speak mostly or only Spanish at home, including 28% of children in grades K-5. An additional 16% of these younger children come from homes in which English and Spanish are spoken equally. Not surprisingly, these percentages vary by mother's place of birth. Approximately half (48%) of children in the early grades whose mothers were born outside the U.S. speak mostly Spanish at home, another quarter (26%) speak both English and Spanish.⁷ A lack of exposure to English at home saddles youngsters with the additional task of having to master English while working to meet the academic expectations placed on all students.

ELEMENTARY AND MIDDLE SCHOOL

The gaps in school readiness and test scores between children of color and white children in kindergarten continue as they progress through the grades leading up to high school. The math and reading scores of Latino and African American elementary and middle school students lag behind those of their white peers. In the last two decades, all groups have shown slight improvement in math test scores, resulting in a stable gap between the scores of white students and those of Latinos and African Americans (Figure 3.3).⁸ The gap in reading scores has also remained stable and sizable; in this case however, there is only a slight improvement in the scores of Latinos and none in those of the other two groups (Figure 3.4).⁹

FIGURE 3.2
Percentage of 6-18 Year Olds' Mothers with less than a High School Education by Race/Ethnicity, 1974-1999

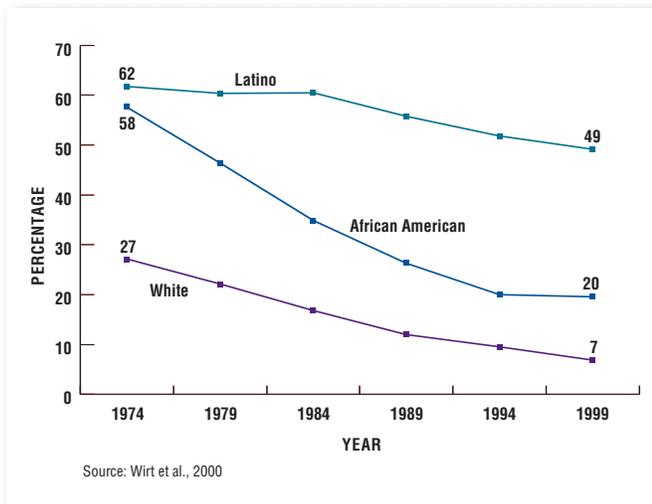


FIGURE 3.3
Math Scores of 9 Year Olds by Race/Ethnicity, 1982-1999

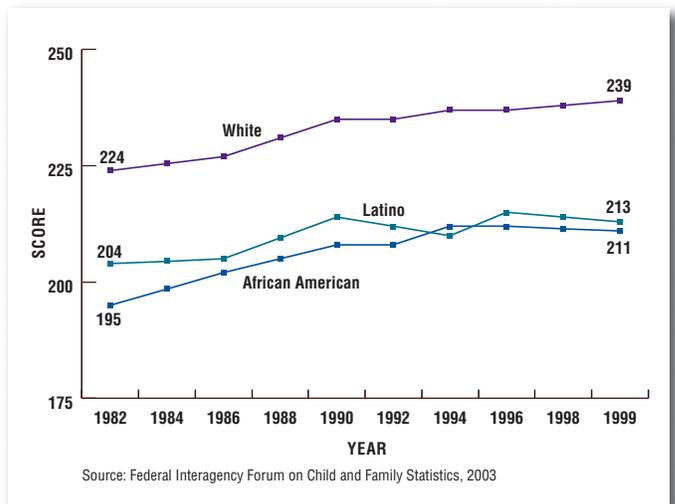


FIGURE 3.4
Reading Scores of 9 Year Olds by Race/Ethnicity, 1980-1999

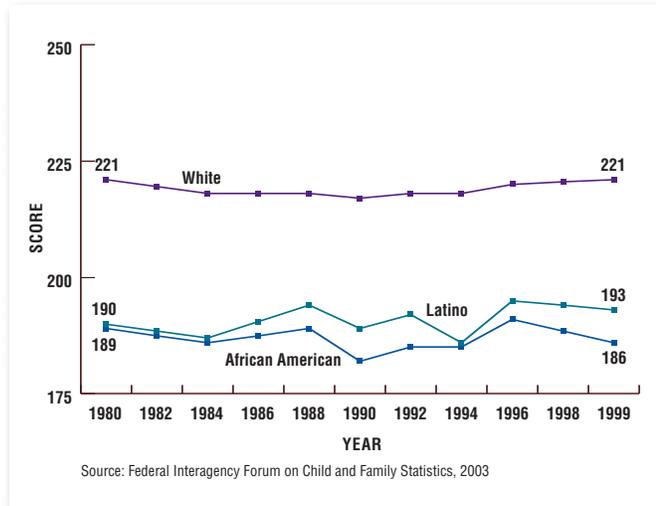
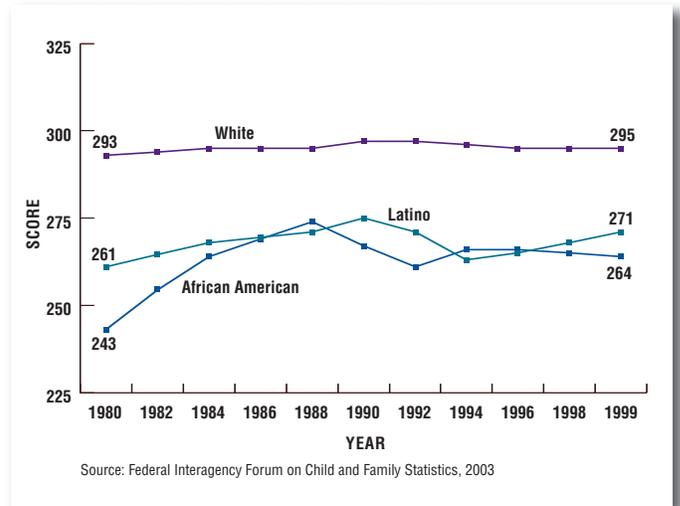


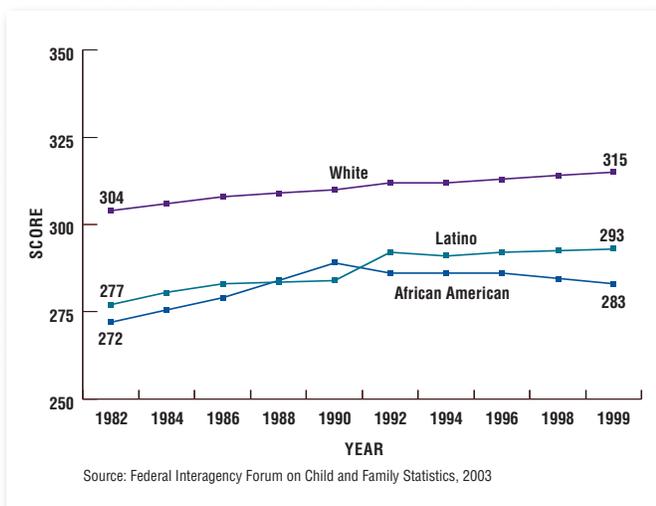
FIGURE 3.6
Reading Scores of 17 Year Olds by Race/Ethnicity, 1980-1999



HIGH SCHOOL

The differences in reading and math test scores between white students and students of color continues into high school (Figures 3.5 and 3.6).¹⁰ Latinos' math scores lagged behind those of whites at the same level during the 1980s; greater increases among Latinos than among whites narrowed the gap somewhat during the 1990s. The gap between the reading scores of whites and Latinos narrowed somewhat during the 1980s, though in the early 1990s, reading scores among Latinos fell. They have been steadily increasing since the mid-1990s.

FIGURE 3.5
Math Scores of 17 Year Olds by Race/Ethnicity, 1982-1999



Advanced Placement

Another measure of students' academic performance is the type of courses they choose to take and the type of courses they have access to. Advanced Placement (AP) courses offer the opportunity to acquire college credit for knowledge learned in high school of college-level subjects. Because the material in AP courses is advanced, the ability of schools to offer them is determined by whether they have qualified faculty and the resources necessary to offer extra classes to relatively small numbers of students. For these reasons, AP program participation rates reflect not only students' desires and abilities, but also the resources and commitment of the high schools they attend.

Among high school graduates in 1998, Latinos were the least likely to take advanced science courses (chemistry, physics or advanced biology), advanced math courses and advanced English courses (Figure 3.7).¹¹ Whites were the most likely to take these courses.¹² However, white and Latino students were equally likely to take advanced foreign language courses.

In 1984, 24 per 1,000 Latino high school seniors took an AP exam, as did 48 per 1,000 whites and 8 per 1,000 African Americans. Since then, the rates have risen for each group, tripling for Latinos in the span of twelve years (Figure 3.8).¹³ While the rate of AP examinations among Latinos continues to lag behind that of whites, it is considerably higher than that of African Americans. A possible explanation is rooted in the high dropout rate among Latinos. Latinos are more likely than their peers to leave high school without graduating. Latino



students still enrolled by their senior year represent a group who is relatively more advantaged than those Latinos not in school and who have overcome obstacles that have felled some of their peers.

FIGURE 3.7
Advanced Coursetaking by 1998 High School Graduates by Race/Ethnicity

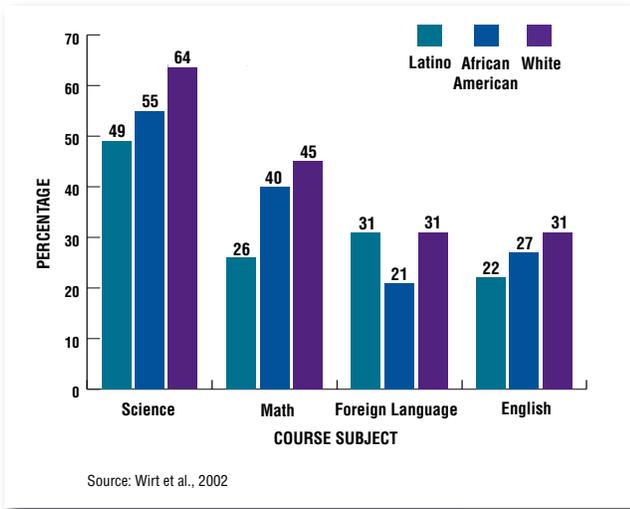
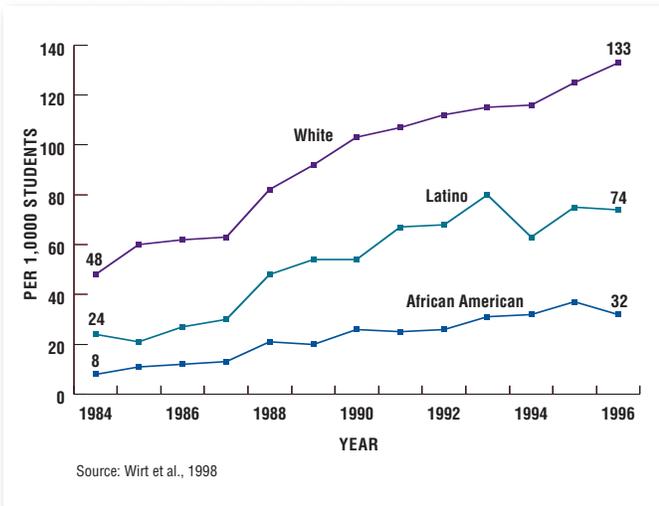


FIGURE 3.8
Advanced Placement Exams Taken by High School Seniors by Race/Ethnicity, 1984-1996



Scholastic Aptitude Test (SAT) and College Preparation

The last quarter of the twentieth century saw improvement in SAT verbal and math scores of Latino students. Among Mexican-origin test takers, mean verbal scores rose 5 points from 371 in 1976 to 376 in 1995; math scores rose 16 points to 426 in 1995 (Figures 3.9 and 3.10).¹⁴ The mean verbal and math scores of Puerto Rican students rose 8 and 10 points respectively. During this same period, African Americans showed the largest gains, with average verbal

scores increasing by 24 points and math scores showing a 34 point increase. Because of their lower mean scores in 1976, the mean scores of African Americans continue to trail those of Latinos. Although whites saw little improvement in scores between 1976 and 1995 — mean verbal scores declined by 3 points while math scores rose 5 points — their initially higher scores mean that the gap between the SAT scores of whites and students of color, while narrowing, is still sizable.

FIGURE 3.9
SAT Verbal Scores by Race/Ethnicity, 1976-1995

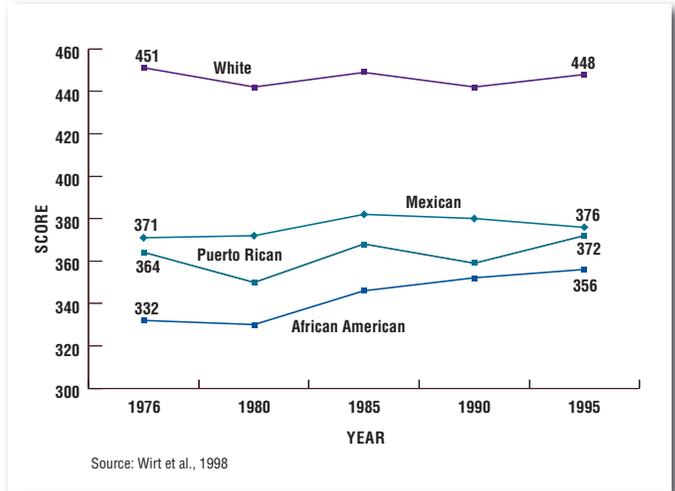
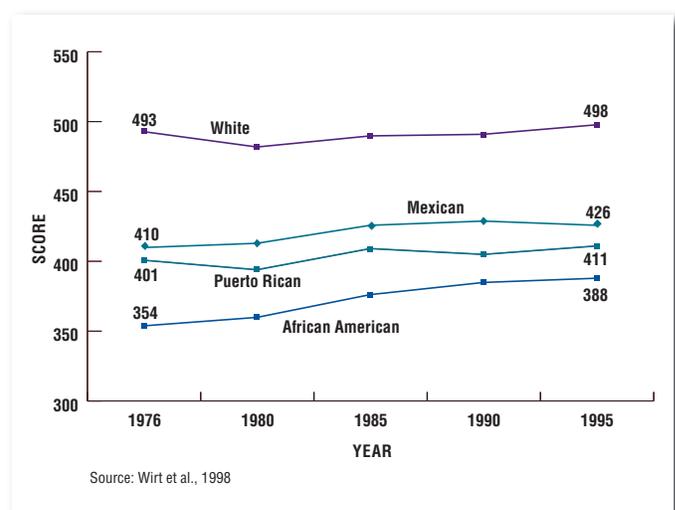


FIGURE 3.10
SAT Math Scores by Race/Ethnicity, 1976-1995

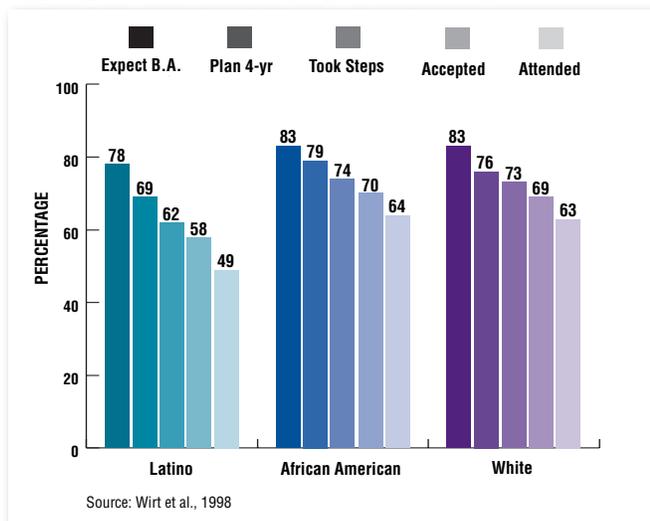


College-qualified^A Latino high school students (78%) are almost as likely to expect to earn a bachelor's degree as college-qualified whites and African Americans (83%) (Figure 3.11).¹⁵ However, they are less likely to plan to attend a four-year college or university, and less likely to take the necessary steps such as taking the SAT or American College Test (ACT) and applying for college admission. Consequently,

^A College qualification index is based on Grade Point Average (GPA), class rank, aptitude test scores, SAT and/or ACT scores and curriculum rigor.

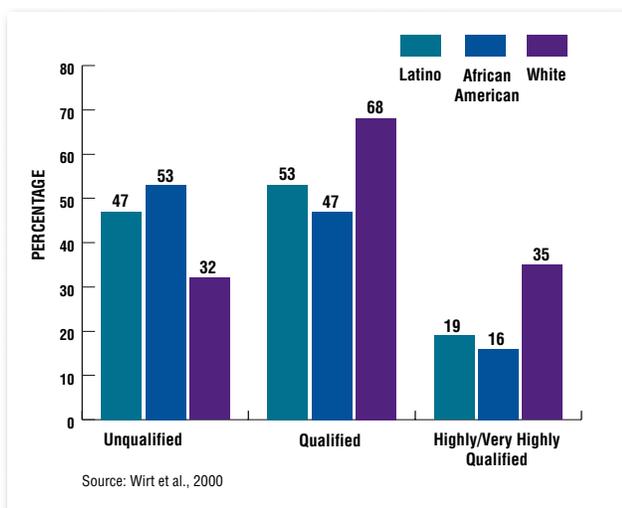
they are less likely than African Americans and whites to be accepted at a four-year institution and less likely to attend. However, of those who apply for college admission, acceptance rates are similar to those of their white and African American counterparts.

FIGURE 3.11
The Road to a Bachelor's Degree among College-Qualified 1992 High School Graduates by Race/Ethnicity, 1994



The proportion of high school graduates who leave secondary school qualified to attend a four-year college varies by race/ethnicity. About half of Latinos (47%) and African Americans (53%) who graduated from high school in 1992 were unqualified or marginally qualified to attend college. Only 32% of white graduates fell into this category. On the other end of the scale, 35% of whites were highly or very highly qualified, compared to 16% of African Americans and 19% of Latinos (Figure 3.12).¹⁶

FIGURE 3.12
Percentage of High School Graduates Qualified to Attend College by Race/Ethnicity, 1994



For high school graduates, family income is also associated with level of college preparation. While 86% of graduates from families with incomes of \$75,000 or more were at least minimally qualified for college upon graduation, that proportion fell to 68% of those in the middle income group (family income between \$25,000 and \$74,999) and to only 53% of those from families with incomes below \$25,000.¹⁷ This pattern helps to explain the lower proportions of Latino and African American high school graduates prepared to enter college, since they are much more likely to come from low-income families than are white graduates. Other differences in family socioeconomic status across racial/ethnic groups play a crucial role in these patterns. White high school graduates are more likely to come from families that can afford college, they are more likely to have a college educated parent, and they are more likely to have graduated from schools with the resources to prepare them academically for college. Thus, while high school graduation is an important milestone on the road to adulthood and independence, all high school graduates are by no means equally prepared to tackle the common next steps of attending and succeeding in college.

Dropout

Latino youth are more likely to drop out of high school without graduating than either white or African American youth. Among 18-24 year olds in 2002, 30% of Latinos had not finished high school and were not in school. In comparison, 15% of African Americans and 8% of whites in this age group were high school dropouts.¹⁸

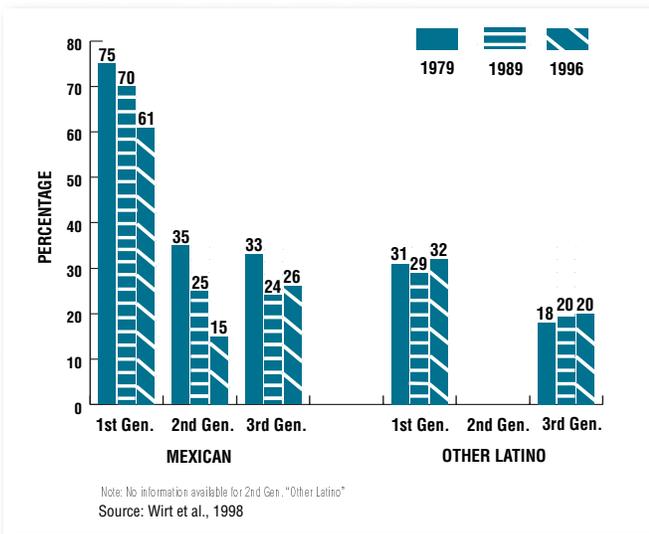
The higher dropout rate among Latinos is primarily due to low graduation rates among immigrant youth, many of whom come to the U.S. to work and do not enroll in school. Among U.S.-born Latinos, the picture of high school completion is more encouraging. Four out of five (80%) 16-24 year olds who were born in the U.S. to immigrant parents and 84% of those with U.S.-born parents were either in school or are high school graduates.¹⁹ Still, approximately one of every five native-born young Latino adults lacks a high school diploma, the minimum requirement for further advancement in education or the workplace.

As a majority of U.S. Latinos are of Mexican origin, their high school dropout rates heavily influence overall Latino rates. Mexican-origin youth of all generations have higher dropout rates than Latinos from other backgrounds. However, the situation among Mexican Latinos has improved more steadily than that of other Latinos. In 1979, three-quarters of Mexican immigrants, age 24-34, had not completed high school; this declined to 70% by 1989 and to 61% in 1996 (Figure 3.13).²⁰



Declines were also seen for the U.S.-born offspring of immigrant Mexican parents. Dropout rates among second generation 25-34 year olds declined from 35% in 1979 to 25% in 1989 and to 15% in 1996. Among third generation Latinos of Mexican descent, the rate of those who did not finish high school declined from 33% to 24% between 1979 and 1989, but then remained steady during the early 1990s. Dropout rates among non-Mexican Latinos of all generations have remained stable during this time, but are lower than those for Mexican-origin adults.

FIGURE 3.13
Percentage of 25-34 Year Old Latinos Who Had Not Completed High School by Generation: 1979, 1989, 1996



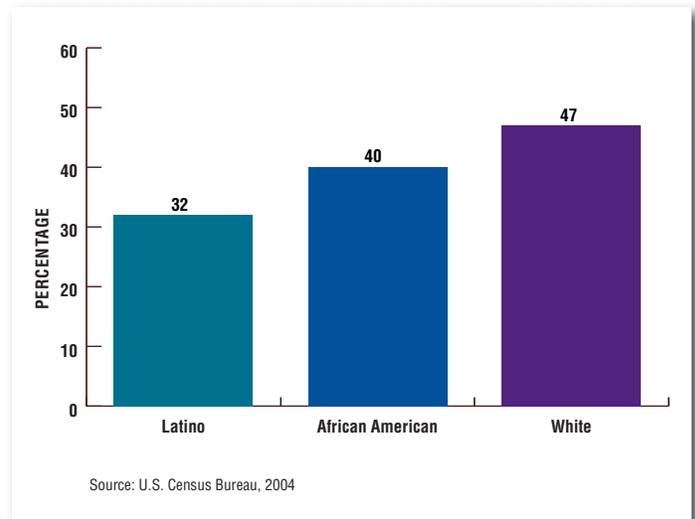
COLLEGE

The lower rate of high school completion among Latinos means that they are less likely to attend college than their white and African American peers since high school graduation (or a GED) is generally required for college enrollment. In fact, Latino young adults are less than half as likely as whites, and considerably less likely than African Americans, to attend college. Four in ten (41%) white 18-24 year olds were enrolled in college in 2002, as were 31% of African Americans in this age group. In comparison, 20% of Latino young adults were college students.²¹

Lower rates of high school graduation are not the only reason for the lower rates of college attendance among Latino young adults. Even among the subgroup of high school graduates, Latinos are less likely than their white and African American counterparts to go on to college. Whereas almost half (47%) of white high school graduates aged 18-24 were enrolled in

college in 2002, 40% of African American graduates and 32% of Latino graduates were in college (Figure 3.14).²²

FIGURE 3.14
Percentage of College Attendance among High School Graduates by Race/Ethnicity, 2002

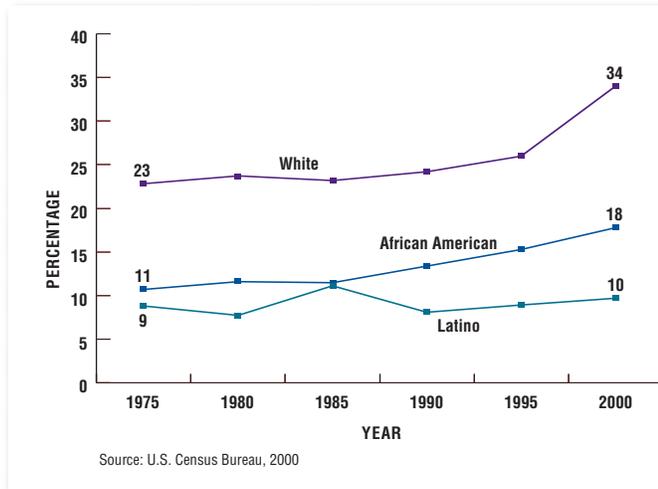


In 2000, one in ten Latinos aged 25-29 was a college graduate. This represents a very modest increase over the last quarter-century. In comparison, the proportion of whites with college degrees rose from 23% in 1995 to 34% in 2000. African Americans also showed steady improvement, with rates increasing from 11% of young adults in 1975 to 18% in 2000 (Figure 3.15).²³

Latinos are more likely to enroll in two-year colleges than either African Americans or whites. In 2002, one-third (34%) of 20-24 year old Latino full-time college students were studying at two-year schools compared to almost one-fifth (18%) of their white and one-fourth (27%) of their African American peers.²⁴ There are several possible reasons for this pattern. Latino high school graduates who are unprepared to attend a four-year school may benefit from entering two-year schools. Some students use community and junior colleges as stepping stones to a four-year degree. Others may qualify academically for admission to a four-year college or university, but lack the financial resources to enroll, particularly if it means moving away from home. Still others have family and other responsibilities which make the flexibility and lower cost of a two-year college a more realistic option after high school.

FIGURE 3.15

Percentage of 25-29 Year Olds with College Degree by Race/Ethnicity, 1975-2000



SUMMARY

Overall, Latino youth and adults lag behind whites in measures of academic achievement and educational attainment. On many of the factors that predict academic outcomes, such as parents' education and poverty status, Latinos and African Americans have similar profiles which undoubtedly account largely for their poorer outcomes than whites, who tend to come from more advantaged circumstances.

Data on the youngest students suggest that Latino students fall behind whites very early in their educational careers. This gap is often never overcome and tends to continue throughout elementary and secondary school. In particular, Latino high school students are less prepared to pursue post-secondary education, both in terms of course work and knowledge of the application process. Such patterns result from the higher proportions of Latino youth from low income backgrounds who attend underfunded schools. In addition, most Latino youth are the children of immigrants who often lack the experience to guide their children through the U.S. educational system.

Some progress has been made in improving academic performance and lowering high school dropout rates among Latino students. However, other measures, such as test scores and rates of college graduation show little if any improvement. The issues surrounding the education of Latino students are complex and will take time, effort, money and persistence to address.

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Chapter 4: FAMILY

This chapter examines the role of family in the lives of Latino youth. The families in which Latino youth live shape their attitudes, goals, opportunities and behaviors in a number of ways. Familial, financial, and other material resources shape the quality of the schools young people attend and the quality of the neighborhoods in which they live, as well as the ability of parents and other relatives to expose them to various learning opportunities and other experiences. The structure and stability of the families in which young people grow up affect their own views about family and the world. Moreover, family structure is associated with family financial well-being and security. In the case of Latino youth, the role of culture in shaping family connections and interactions is also paramount. Related to culture are the roles of immigrant generation and acculturation in shaping dynamics and communication between teens, their parents, and other family members.

SOCIODEMOGRAPHIC ASPECTS

Family Structure

The structure of the families in which young people live, that is, whether they live with both parents, a single parent, a parent and a step-parent or in some other family configuration, is an important aspect of their family experiences. In recent decades, trends in family structure have moved away from traditional two-parent families to other family structures. The proportion of young people who live in two-parent households has declined in recent decades; Latino youth are no exception to this trend. In the early 1970s, three-quarters (77%) of Latino 15-18 year olds lived with two parents; in 1997, two-thirds (67%) did. Similar declines occurred among the African American and white youth populations (Figure 4.1).¹ Throughout the last several decades, whites have been more likely to live in two-parent households; by the early 1980s, fewer than half of African American adolescents lived in two-parent households.

Two-parent families include those led by married couples who are the parents of the children, blended families in which one of the members of the couple is a step-parent, and families in which partners cohabit, but are not legally married. Among Latino youth ages 5-17 in 2001, two-thirds (65%) lived with

two parents and one-quarter (27%) lived with a single parent. White teens (76%) were more likely to live with two parents than Latino or African American (38%) teens. One-fifth (20%) of white youth lived in single-parent households, compared to half (51%) of African Americans (Figure 4.2).²

FIGURE 4.1
Percentage of Youth (ages 15-18) Who Lived in Two-Parent Households by Race/Ethnicity, 1972-1997

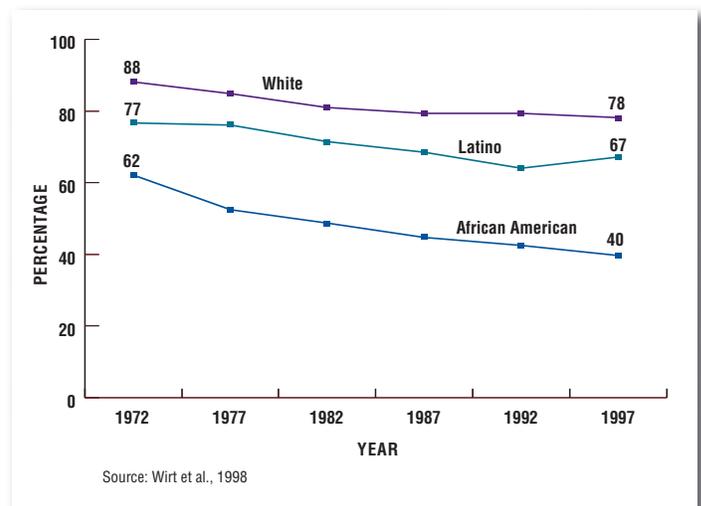
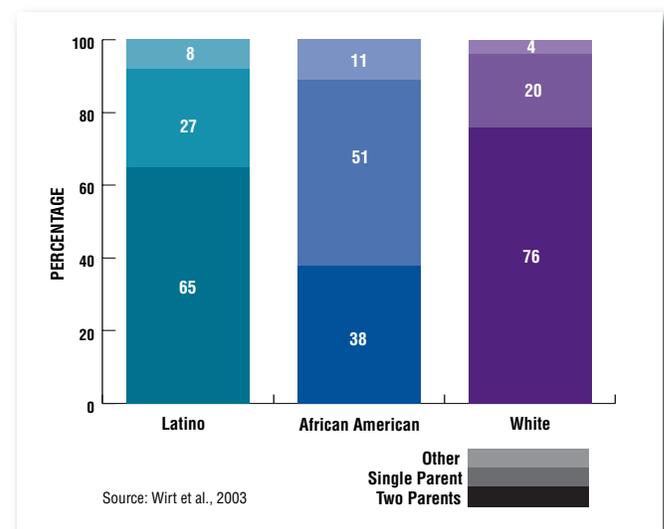


FIGURE 4.2
Family Structure of Youth (ages 5-17) by Race/Ethnicity, 2001



Single-parent families are created by the death of a parent, divorce, marital separation or the birth of a child to an unmarried couple. While many youth from single-parent and blended families develop into healthy and productive adults, teens raised by single parents or by step-parents are more likely to participate in risky behaviors than those raised by both of their parents.³ For example, they are more likely to have sex at younger ages and are more likely to become teen parents.

Regardless of the circumstances that lead to youth living with a single parent, single-parent households tend to be poorer than two-parent households.⁴ As such, much of the relationship between growing up in a single-parent household and risky behavior can be traced to the lower average socioeconomic status of single-parent families. In addition, single parents, particularly those who work, are less able to monitor their children's whereabouts and activities, increasing the possibility that they will become involved in risky behavior, sexual and otherwise.⁵

Parental Characteristics

Parents are among the most important influences in the lives of young people. Thus, their own characteristics are important factors in the development of their adolescent offspring and the paths they follow as they move towards adulthood. Factors such as educational attainment, employment status, their own age when their children were born and their fertility affect both the daily experiences of their children and their long-term outcomes. The parents of Latino adolescents possess a profile that differs from those of the parents of white and African American teens on a number of these characteristics.

On average, the parents of Latino teens have fewer years of education than the parents of other teens. In 1999, 51% of both the mothers and fathers of Latino teens ages 15-18 had at least a high school education. These figures represent an increase of over 100% from 1972 when only 24% of Latino teens' mothers and fathers had at least a high school education (Figures 4.3 and 4.4).⁶ In comparison, 93% of the mothers of white teens and 91% of their fathers had a high school education or more in 1999, as did 80% of the mothers of African American teens and 85% of their fathers.

On the other end of the educational spectrum, only 2% of Latino teens' mothers had a bachelor's degree in 1972; that figure tripled to 7% by 1999. Among fathers of Latino teens, the proportion with a college degree increased from 4% in 1972 to 10% in 1999. By 1999, 14% of the mothers

of African American 15-18 year olds and 16% of their fathers were college graduates. Among white teens, 26% of mothers and 34% of fathers had a college degree in 1999.⁷

As Figures 4.3 and 4.4 illustrate, the parents of Latino and African American teens were quite similar in terms of the proportion who were high school graduates in the early 1970s. Since then, however, the proportion of African American teens raised by more educated parents has increased more rapidly than that of Latino teens. By the late 1990s, the educational profile of the parents of African American teens more closely resembled that of the parents of white teens than Latinos.

FIGURE 4.3
Percentage of 15-18 Year Olds' Mothers with at least a High School Education by Race/Ethnicity, 1972-1999

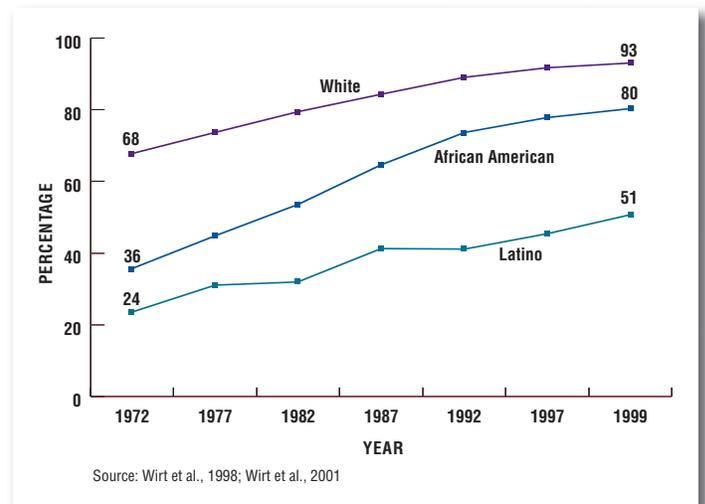
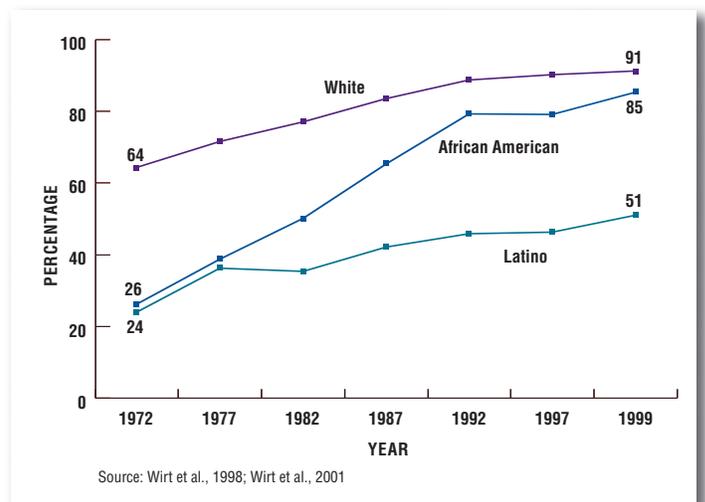
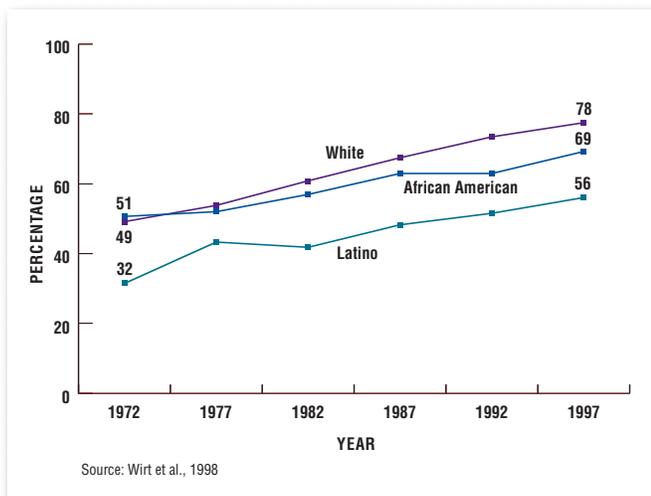


FIGURE 4.4
Percentage of 15-18 Year Olds' Fathers with at least a High School Education by Race/Ethnicity, 1972-1999



Another parental characteristic that affects the dynamics and functioning of teens' families is mothers' employment status. The percentage of women in the labor force in the U.S. has risen dramatically in the past several decades; this has also been true for the mothers of adolescents of all racial/ethnic groups. The mothers of Latino teens are less likely than those of African American and white teens to be employed. Nevertheless, they have also entered the labor force in increasing numbers. In 1972, one-third (32%) of the mothers of Latino 15-18 year olds were employed; by 1997 more than half (56%) were. In 1972, half of African American (51%) and white (49%) mothers of teens were working outside the home; in 1997, 69% of African American mothers were working, as were 78% of white mothers (Figure 4.5).⁸

FIGURE 4.5
Percentage of 15-18 Year Olds' Mothers Who Were Employed, 1972-1997

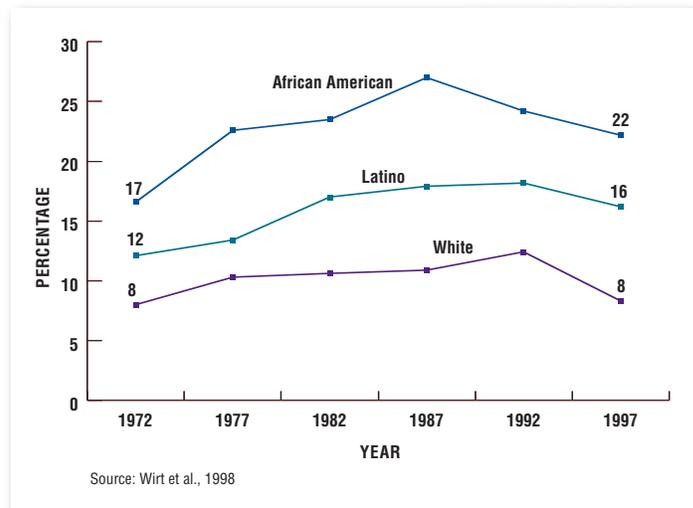


Children of teen mothers often face greater obstacles than those of adult mothers. Compared to mothers whose first birth occurred after adolescence, teen mothers are more likely to be poor, less likely to have finished high school, less likely to be employed and less likely to be married.⁹

The proportion of teens born to teen mothers rose from the early 1970s through the early 1990s before declining in the late 1990s. Within this general pattern, both Latinos and African Americans experienced net increases in the likelihood of having been born to a teen mother from 1972 to 1997; by 1997 the proportion of white teens who had been born to teen mothers had returned to its 1972 level of 8% (Figure 4.6).¹⁰ In the early 1970s, one in eight (12%) Latino teens had been born to a teen mother; that proportion peaked at 18% in 1992 before declining to 16% in 1997. One in six

(17%) African American 15-18 year olds in 1972 was the child of a teen mother, a proportion that rose to 27% in 1987 before falling to 22% in 1997.

FIGURE 4.6
Percentage of 15-18 Year Olds Born to a Teen Mother by Race/Ethnicity, 1972-1997



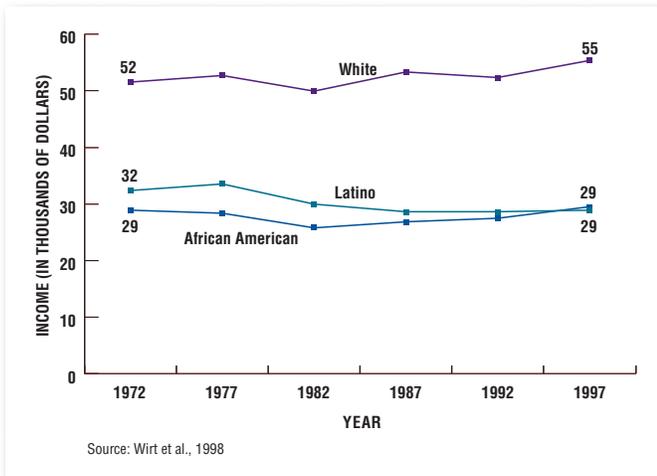
Family Income

Although the educational attainment of teens' parents and the proportion of mothers who entered the labor force both rose between the 1970s and 1990s for all racial/ethnic groups, only the families of white teens experienced a small increase in median income. The median income (in 1997 constant dollars) of families of African American teens was only slightly higher in 1997 than it was in 1972; among Latino families with teens, median income actually declined from \$32,351 in 1972 to \$28,880 in 1997 (Figure 4.7).¹¹ A number of factors may be responsible for these trends, including changes in family structure over time, economic and employment conditions, and changes in government policies regarding taxes, public assistance and other issues. For Latinos, immigration played an important, if difficult to measure, role in the decline of median income. Regardless of the reasons for the trends in median family income, the fact remains that the families of Latino and African American youth have made little economic progress in the course of several decades and have even lost ground.



FIGURE 4.7

Median Income of Families with 15-18 Year Olds by Race/Ethnicity, 1972-1997



Siblings

The number of children in a family has repercussions for each of those children. Research suggests that children with fewer siblings have better educational outcomes than those from large families.¹² Since family resources are spread across children and must be shared by them, each additional child in a family means that a fixed amount of income, parental time and energy, and other resources are distributed more thinly. In general, Latinos in the U.S. have larger families than other groups, and Latinas have more children than white and African American women. Nevertheless, Latino families have followed the general U.S. trend towards smaller families and fewer children. Increasing numbers of teens, including Latino teens, are the only child in their household or live with just one other sibling. In the early 1970s, one-quarter (24%) of Latino teens lived in households with no or only one other child; by 1997, almost half (47%) of Latino teens were the only child in their home or had only one sibling (Figure 4.8).¹³ From a similar situation in 1972, when one-quarter (26%) of African American teens lived in such families, the proportion who were only children or had one sibling grew somewhat more rapidly than was the case for Latino teens. Higher percentages of white teens (43%) in 1972 lived in small families; their proportion also increased for the next quarter century so that in 1997 two-thirds (67%) were only children or had only one sibling at home.

Meanwhile, the proportion of teens from large families, defined here as households with five or more other children, declined rapidly among both Latinos and African Americans in the last quarter of the twentieth century. More than a third of teens in both groups had four or more siblings in 1972;

37% of Latinos and 39% of African Americans lived in such families then, compared to only 17% of whites (Figure 4.9).¹⁴ By 1997, one in ten Latino (10%) and African American (8%) teens lived in such large families, as did 4% of white teens.¹⁵

FIGURE 4.8

Percentage of Youth (ages 15-18) with 0 or 1 Siblings in the Households by Race/Ethnicity, 1972-1997

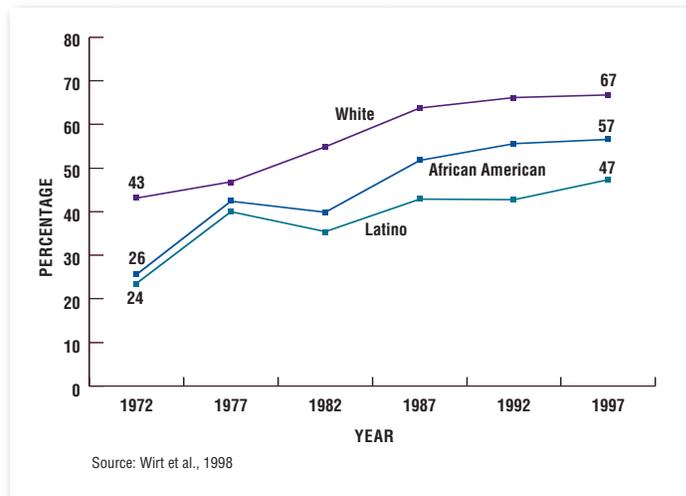
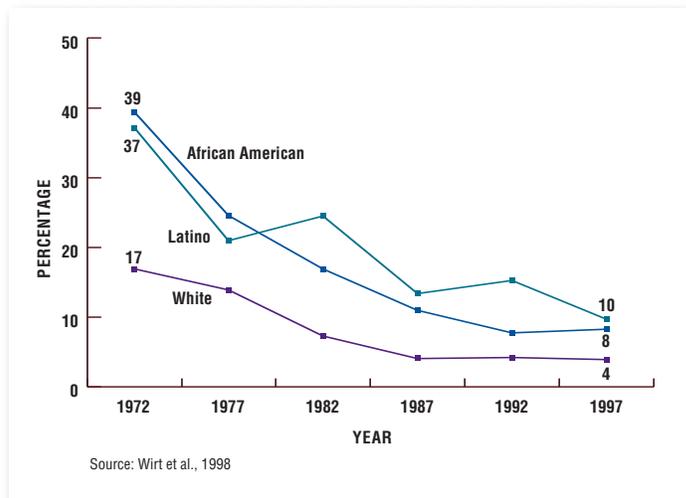


FIGURE 4.9

Percentage of Youth (ages 15-18) with 4 or More Siblings in the Household by Race/Ethnicity, 1972-1997



Beyond their mere presence in the household, the behavior of siblings, particularly older siblings, can influence their younger adolescent brothers and sisters. Latino and African American teens who have pregnant and/or parenting older siblings are at greater risk themselves of becoming pregnant or causing a pregnancy.¹⁶ A teen parent in the family may socialize younger siblings for early parenthood and alter parents' expectations for their younger children's future by increasing their acceptance of early parenthood.



CULTURE

Immigrant Generation

It would be difficult to overstate the role of immigration in the shaping of Latino families and the U.S. Latino population in general. On-going immigration to the U.S. serves as a strong bridge linking Latino people and communities in the U.S. to those in Latin America.¹⁷

Latino youth are quite heterogeneous in terms of immigrant generation. One-fifth (18%) of Latino youth living in the U.S. were born in another country.¹⁸ Half (48%) were born in the U.S. but are being raised by immigrant parents. Finally, one-third (34%) were born in the U.S. as were their parents. Some of these youth have immigrant grandparents, that is, their parents, although U.S.-born, were themselves raised by immigrant parents. Other youth in this group come from families who have resided in the U.S. for many generations.

Virtually all families experience some form of “generation gap” between parents and children. For many Latino families, this gap is complex, as it is a cultural gap as well as one based on age and era of birth. Children acclimate more quickly and more easily learn new languages, cultural rules, and mores.¹⁹ They are generally more flexible in their acceptance of new values and attitudes. For Latino youth with immigrant parents, the differences in how they and their parents view a wide range of topics, including appropriate gender roles, the importance and role of family, the balance of family versus the individual, the place of education, and sexuality can result in difficult communication across the generations.²⁰ Although many U.S. Latinos retain their proficiency in Spanish, it is not uncommon for children and youth to become fluent in English and see their Spanish deteriorate while many adult immigrants never become comfortable using English. Such situations, in which parents and children do not share a first or preferred language, make communication even more difficult.

Family in Latino Culture

The primacy of family in traditional Latino culture shapes many of the facets of the lives of Latino youth. To a greater degree than is generally found in the majority culture in the U.S., Latino culture emphasizes the importance of marriage, children and extended family ties. The term “familismo,” or familism, is often used to describe the strong value placed on family ties and priorities. Many Latinos choose to live in close proximity to relatives, enabling them to assist, as well as to draw support from, extended family members.

Traditional Latino culture supports distinct roles for males and females,²¹ leading many parents to have different expectations for their sons and daughters. These expectations speak to behavior during adolescence as well as the adult pathways they prefer for their children.²² Latino culture promotes chastity among young women, valuing sexual abstinence until marriage or a serious, long-term relationship. However, like many cultures, it looks more favorably upon young males who are sexually active.

Relative to other cultures in the U.S., Latino culture more strongly values motherhood as an end in itself.²³ For this reason, young Latinas tend to have less cultural support for academic and career achievement. Thus, while sexual activity among young women may not be sanctioned, once a pregnancy occurs, Latino families are more likely to encourage motherhood for their pregnant daughter. Since motherhood continues to be considered the paramount role for many women, Latina teens, particularly pregnant or parenting teens, may find it difficult to consider goals beyond parenthood, much less the education or skills training necessary to reach these goals.²⁴

There is some evidence that traditional Latino attitudes towards gender roles are changing, at least among women. Changes in opinions and values seem to be related to women’s changing roles, particularly their increased labor force participation. Since the mid-1970s, the views of Latinas have come to more closely resemble the more egalitarian attitudes of white women.²⁵ However, African American women possess more egalitarian views on gender roles than either Latinas or whites. This evolution in attitudes, which occurs most often in U.S.-born women, suggests that Latino families’ views of acceptable and preferred roles and life courses for their sons and daughters will become more similar with time and with generation.

PARENT-ADOLESCENT RELATIONSHIPS

Parent-Adolescent Communication

A certain type and quality of family atmosphere is necessary for open, honest, comfortable and fruitful discussion between teens and their parents on topics related to sexual behavior. Teens who are able to communicate easily and freely with their parents about sex have lower rates of sexual activity, less risky sexual behavior and lower odds of teen pregnancy.²⁶ Yet, although discussion about sexual matters between adolescent Latinos and their parents may affect teens’ sexual behavior, the mere occurrence of such conversations may not be



enough. The frequency and quality of these interactions, as well as the topics covered, are crucial in shaping the decisions and actions of teens.

Parent-teen conversations about sex can involve a variety of topics, ranging from the physical and emotional changes that accompany puberty, dating and choosing partners, abstaining from or delaying sexual activity, when and under what circumstances sex is acceptable, the biology and mechanics of sexual intercourse and reproduction, and protection against sexually transmitted infections (STIs) and pregnancy. Additional topics about which young people need information and guidance are sexual orientation, peer pressure, the emotional aspects and repercussions of being sexually active, and how to avoid unwanted sexual advances or situations.

Virgin teens who communicate with their parents about sex are more likely to postpone having sex than those who do not talk to their parents.²⁷ Parent-teen communication also appears to have effects on the behavior of sexually experienced teens. Again, the tenor of conversations parents and teens have about sex is important. Sexually active Latino teens whose mothers are responsive to their concerns and thoughts about sexuality are more likely to act responsibly and protect themselves by using condoms and communicating with their partners about contraception and STIs than are teens whose mothers are less responsive.²⁸

In addition, quality communication about sex between teens and their mothers moderates the effects of peer norms and peer behavior on teens' own behavior, particularly when this topic is part of the discussions between teens and mothers. Teens who discuss peer sexual norms with their mothers are less likely to have sex and more likely to use condoms when they become sexually active.²⁹

Parental Monitoring

Another way in which parents influence their children's behavior is by being aware of what their children do, who their friends are, and where and how they spend their time. This process works in two directions. Parents who are aware of their teens' activities can provide them with guidance or feedback on the events in their lives. Moreover, they are more able to prevent or discourage activities or friendships of which they disapprove, merely by being aware of their existence. Conversely, teens who know that their parents are monitoring them may be less likely to engage in activities they know their parents do not sanction out of fear of discovery.

The evidence on the impact of parental monitoring on the sexual activity of teens is mixed. Among Latino and African American teens, strict maternal monitoring is not associated with age at first sex.³⁰ Nevertheless, it seems that stricter parental monitoring of teens' activities lowers their opportunities to have sex. Teens whose mothers strictly monitor their whereabouts, including who they spend time with and where they go, have sex with less frequency and have fewer sexual partners than those with less stringent maternal constraints.³¹

SUMMARY

Families play crucial roles in shaping teens' lives and futures through a variety of interrelated routes. These include the number and relationships of the adults in the family, the number and experiences of siblings, material and financial resources, the cultural background of the family, and the relationships between family members, in particular those between adolescents and their parents. These factors operate in combination to affect teens' decisions and behaviors related to sexuality as well as other key areas.

Latino families differ, on average, from African American and white families on several key sociodemographic characteristics that are associated with adolescent sexual behavior and outcomes. The parents of Latino teens have lower levels of education than those of other young people. Like African American families, Latino families have made little economic progress in the past several decades. Both of these factors are associated with greater sexual risk-taking among young people. On other measures associated with risky sexual behavior among teens, including family structure and having parents who were teen parents, Latinos fall between whites and African Americans.

These demographic factors intertwine with culture, acculturation, and immigrant generation to influence Latino teens' attitudes, decisions, and behavior concerning sexuality. Cultural values change as individuals and families become more acculturated to mainstream U.S. society. Changes in attitudes towards gender roles and the balance between the family and individual have important repercussions for the expectations and goals that parents and families hold for their children as well as those of young people themselves. Changes in attitudes and expectations, in turn, lead to changes in choices and behavior about sexual activity, contraception, family formation and parenting.



Finally, sociodemographic and cultural factors combine with family atmosphere and parent-teen relationships to shape adolescents' attitudes regarding sexuality and its place in their lives, the decisions they make about initiating relationships and sexual activity, their ability to competently negotiate such relationships, and their behavior with partners. Taken together, these factors will determine whether teens become

sexually active or remain abstinent, whether they use contraception effectively if they have sex, their risk of becoming pregnant or contracting a sexually transmitted infection, and whether they become parents while still in their teens. As such, families play a critical role in the life courses of the young people who grow up in them.

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Chapter 5: ACCESS TO HEALTH INSURANCE & HEALTH CARE

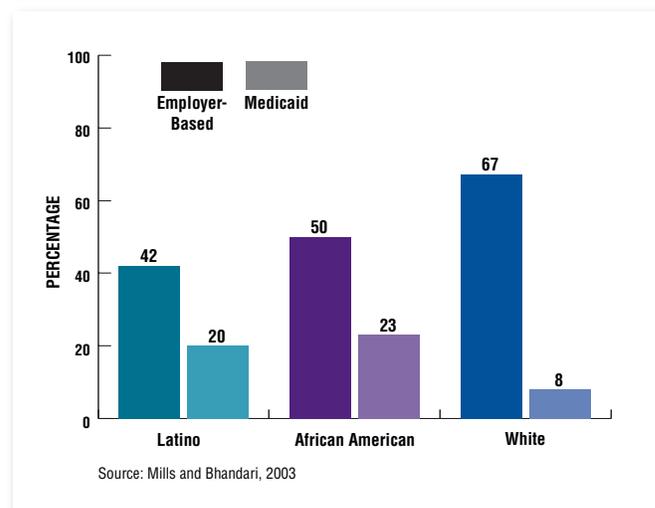
Consistent, accessible primary health care is important to ensure good health for people of all ages. For adolescents, reproductive and sexual health issues are key areas of concern. Adolescents who have access to accurate and comprehensive reproductive health information and services are better equipped to protect their health by making sexually responsible choices. In the U.S., such access is closely linked to health insurance, which is largely influenced by the socioeconomic and employment status of teens' parents. Recent federal and state legislation has led to the growth of the numbers of children and teens who receive health insurance through publicly funded programs. Nevertheless, many young people are not covered by a comprehensive health insurance program and are therefore at risk for negative general and reproductive health outcomes. Latino youth are more likely to fall into this category because many face not only economic and parental employment barriers to health insurance coverage, but also language, cultural, and immigration status barriers to obtaining necessary information and services.

HEALTH INSURANCE AND COVERAGE

A majority (61%) of insured Americans receive coverage through their employer or as a dependent of someone with employer-based insurance.¹ Yet, more than four in five (82%) uninsured people are employed or the dependent of a working adult.² Almost nine in ten (87%) uninsured Latinos are employed or the dependent of an employed adult.³

In 2002, 67% of all whites were insured through employer-based insurance, compared to 50% of African Americans and 42% of Latinos (Figure 5.1).⁴ The low rate of employer-based insurance among Latinos stems from a variety of factors. Latinos are more likely to be employed in industries and occupations that do not offer health insurance.⁵ Immigrant Latinos are even less likely than those born in the U.S. to work in jobs in which insurance is offered.⁶ Still, regardless of the amount or type of work or size of employer, Latinos are less likely to have employer-based coverage than whites.⁷

FIGURE 5.1
Type of Insurance Coverage by Race/Ethnicity, 2002



Public insurance programs fill the gap for many. One in five (20%) Latinos and 23% of African Americans are insured through Medicaid (the federal program for low-income people) as are 8% of whites (Figure 5.1). Those who do not have employer-based insurance, who cannot afford private insurance and who are not eligible for public aid are left uninsured. In 2002, Latinos (68%) were less likely than African Americans (80%) and whites (89%) to be insured (Figure 5.2).⁸ Latinos are also substantially more likely than other racial/ethnic groups to be chronically uninsured, that is, to be uninsured for 5 years or more or to have never had insurance.⁹

Rates of insurance coverage among Latinos vary by immigrant status and national origin. Foreign-born Latinos are twice as likely as those born in the U.S. to lack insurance; only half (51%) of Latino immigrants have insurance compared to 76% of U.S.-born Latinos (Figure 5.3).¹⁰ Cubans and Puerto Ricans are more likely to be insured than Mexicans and Central and South Americans. Among Latinos, Cubans are the most likely to have employment-based insurance.¹¹ Cuban immigrants also tend to have refugee status which entitles them to public insurance if necessary.¹² Puerto Ricans, all of whom are U.S. citizens by



birth, do not face citizenship-related barriers to eligibility for public insurance. Latino immigrants from other countries who are not insured by their employer may be ineligible for public insurance due to immigration restrictions.¹³

FIGURE 5.2
Health Insurance Coverage by Race/Ethnicity, 2002

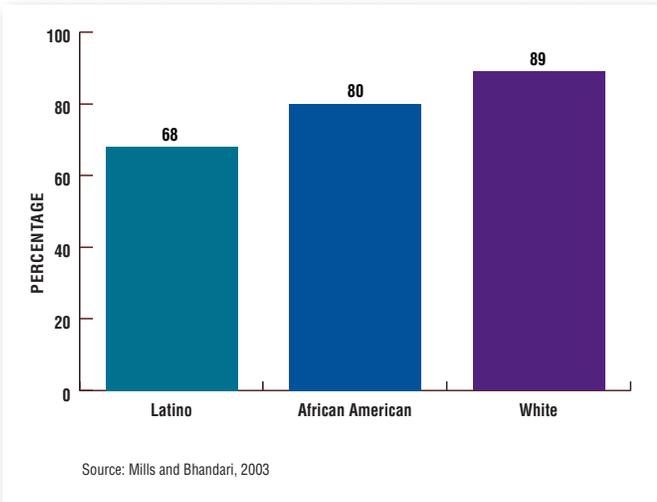
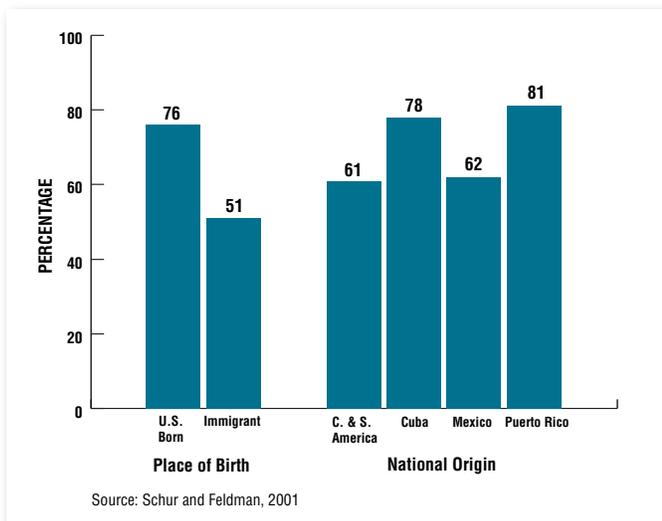


FIGURE 5.3
Health Insurance Coverage among Latinos by Place of Birth and National Origin, 1997



ACCESSING HEALTH CARE

Many factors influence where an individual decides to seek health care, including cost, cultural and language issues, confidentiality, insurance coverage and comfort level. Latinos have somewhat different health-care seeking behavior than whites and African Americans. Latinos, on average, have more young children than either whites or African Americans, and are more likely to be part of a family that relies on only one breadwinner.¹⁴ Married Latinos tend to be younger than other married persons, and thus have less earning power and are less likely to hold jobs that offer insurance coverage for themselves and their dependents. Intertwined with these structural household characteristics are issues such as lack of transportation and the need to find child care for young children which can act as barriers to accessing consistent and adequate health care.

Latinos are less likely to rely on a doctor's office for their usual source of care, and are more than twice as likely to report having no usual source of care or relying on the emergency room as whites. A doctor's office serves as the usual source of care for eight in ten (80%) whites, two-thirds (66%) of African Americans and six in ten (59%) Latinos (Figure 5.4).¹⁵ Equal proportions of Latinos (14%) and African Americans (13%) report either having no usual source of care or relying on emergency rooms; only 6% of whites report being in this situation. Latinos (20%) are twice as likely as African Americans (10%) and three times as likely as whites (7%) to rely on a community health center as their primary source of care. This reliance on community health centers appears to stem partially from the unique strengths that locally-run clinics often have in responding to community public health and social service needs, for example, by providing relevant, culturally competent services that are often unmet by larger community infrastructures.¹⁶

Latino adults (18 and older) are less likely than African Americans and whites to have a regular doctor (57%, 70% and 80% respectively) (Figure 5.5).¹⁷ Language barriers and differences in national origin affect the likelihood of inconsistent care. Latinos who speak primarily English are more likely than those who speak primarily Spanish to have a regular doctor (68% vs. 40%), and Puerto Ricans are more likely than Central Americans and Mexicans to have one (71%, 51% and 50% respectively) (Figure 5.6). This variation among Latino national origin subgroups is likely related to the fact that Puerto Ricans possess the advantages that U.S. citizenship confers.

FIGURE 5.4
Usual Source of Health Care by Race/Ethnicity, 2001

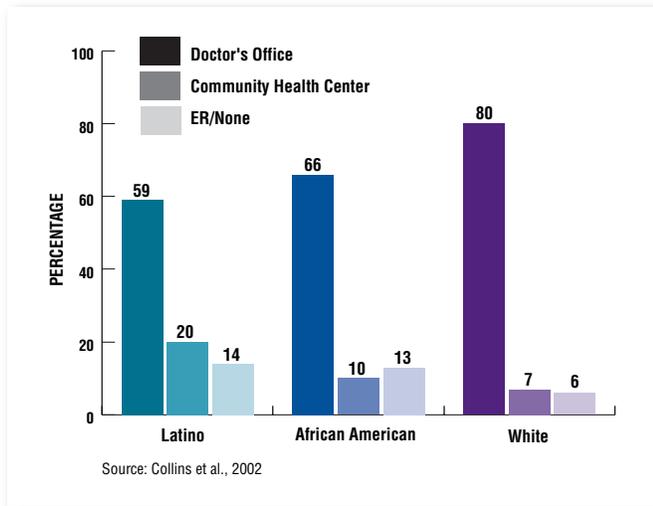


FIGURE 5.5
Adults with a Regular Doctor by Race/Ethnicity, 2001

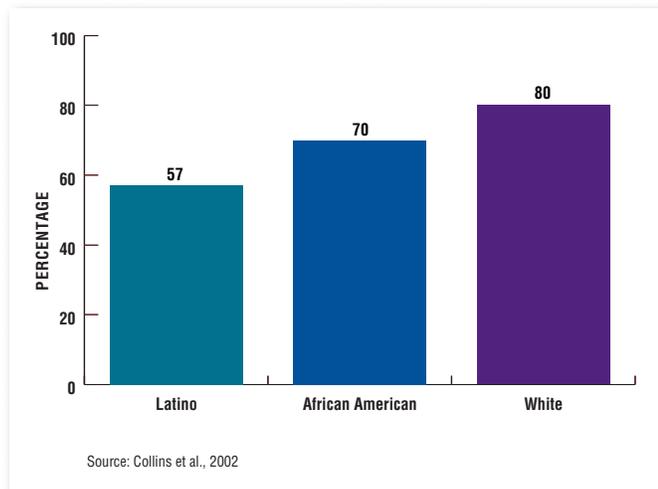
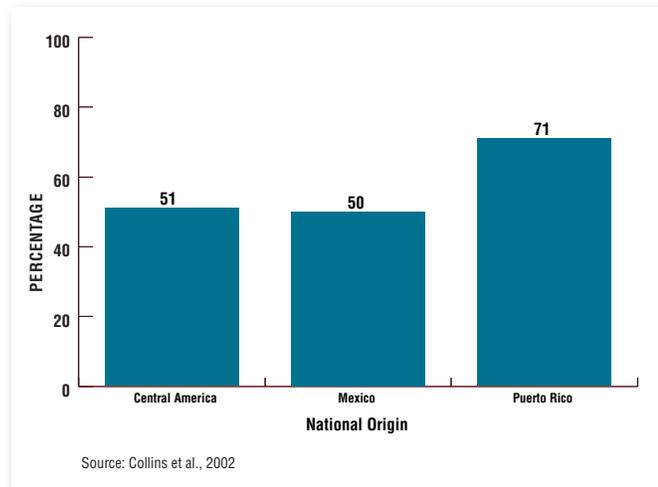


FIGURE 5.6
Latinos with a Regular Doctor by National Origin, 2001



Citizenship and Residency Barriers

Lack of citizenship and/or legal residency status reduces access to both job-based coverage and public coverage programs. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 stated that immigrants entering the U.S. after August 1996 were generally ineligible for public coverage programs during their first five years of residency; states were given the option of offering coverage to immigrants who entered before that date. Though barred from using federal funds for five years to insure immigrants, PRWORA gave more power to the states to decide whether to use state funds to insure immigrants and undocumented people. In effect, the act contributed to higher rates of uninsured people by denying federal health insurance benefits and access to many immigrants, and placing additional financial and administrative burdens on states and safety net providers to fill this need. The percentage of low-income immigrant children insured by public programs has fallen substantially since the passage of the welfare reform law.¹⁸

A “public charge” is defined as an immigrant who has become, or seems likely to become, dependent on the government for subsistence. A designation of a public charge may result in the denial of legal permanent resident status, denial of a visa to enter the U.S., denial of readmission to the U.S. after being abroad for more than six months and, rarely, deportation.¹⁹ Though the Immigration and Naturalization Service (INS) and U.S. State Department ruled that non-U.S. citizens would not be classified as “public charges” for enrolling in public programs, many eligible Latinos are hesitant to enroll in programs for which they are eligible for fear that their enrollment will be used against them in the future (e.g. refusal of readmission to the U.S., inability to apply for citizenship for themselves or their children).²⁰ A further complication arises from Latino households that include members of different citizenship and eligibility statuses. In such families, children are often U.S. citizens and parents may be either naturalized citizens, legal immigrants or residents, or undocumented immigrants. Therefore, some members of a Latino family may be eligible for insurance, while others are not. This situation may pose serious dilemmas for family members who may fear that enrolling eligible members in public health insurance and other assistance programs will jeopardize other family members.

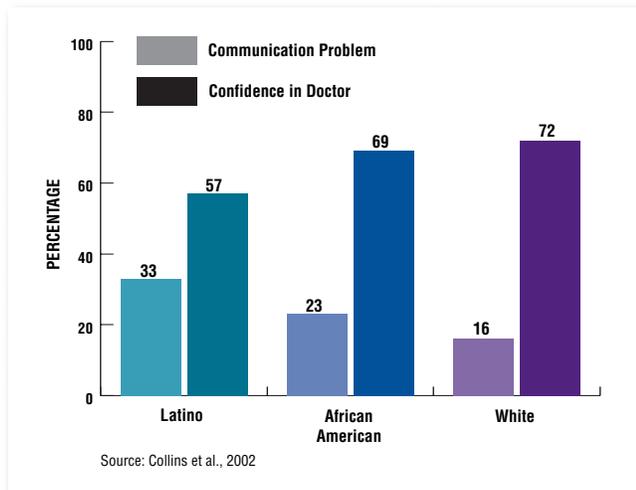
Communication Barriers and Cultural Competency

Language barriers are a major cause of poor quality health care and low levels of patient satisfaction.²¹ For many Latinos, difficulty with English is an obstacle to comfortable and accurate exchanges of information between patients and



providers. Latinos (33%) are more likely than African Americans (23%) and whites (16%) to report communication problems with their doctor (Figure 5.7).²² The difference between predominately English- and Spanish-speaking Latinos is even more pronounced: 43% of Spanish-speaking Latinos had at least one communication problem with their doctors compared to 26% of English-speaking Latinos.²³ One in four (24%) Spanish-speaking Latinos leave their doctor's visit with unasked questions compared to 17% of Latinos who speak predominately English.²⁴ Language barriers also affect patients' perceptions of the quality of care they receive. Overall, Latinos are less likely to have a high level of confidence in their doctors than either African Americans or whites (Figure 5.7). Within the Latino population, English speakers (64%) have higher levels of confidence in their doctors than those who speak primarily Spanish (44%).²⁵

FIGURE 5.7
Interactions with Doctors by Race/Ethnicity, 2001



While these are important issues for adults maintaining their own health, they are also problematic for parents trying to access care for their children. Latino parents are less likely (60%) than African American (73%) and white parents (66%) to report that their providers always listen carefully to them. Latino parents are also less likely than African American and white parents to report that their providers always explain things in a way they can understand (62%, 69% and 74% respectively).²⁶

Other cultural barriers may play roles in the quality of health care received by non-white patients. One in eight (13%) Latinos and 15% of African Americans said there had been a time when they felt they would have received better care if they had been of another race/ethnicity compared to 1% of whites.²⁷

YOUTH ACCESS TO HEALTH INSURANCE

Health Insurance Coverage

The racial/ethnic patterns in health insurance coverage presented earlier for people of all ages also hold for young people. White youth are most likely to have some form of health insurance coverage; Latino youth are least likely to be insured. In 2002, 23% of Latino youth under age 18 lacked any form of health insurance, as did 14% of African American youth and 11% of whites.²⁸ Uninsured rates are higher for adolescents than for younger children, and the gap between whites and non-whites is greater among adolescents. Latino youth ages 10-18 are more than twice as likely as African American (28% vs. 12%) and more than three times as likely as white (28% vs. 8%) youth to lack insurance (Figure 5.8).²⁹ Low rates of health insurance coverage among youth are not necessarily related to parental unemployment: 90% of uninsured children have a working parent.³⁰ Lack of employer-based insurance among adults signifies one less source of coverage of children. If Latinos cannot insure their children through their employment, they have to turn to either private coverage or public insurance programs (for which they may not be eligible).

Latino and African American youth are significantly less likely to have private health insurance than white youth. The vast majority (80%) of white youth have private insurance, primarily through a parent's employer; 52% of African American youth and 44% of Latino youth have private insurance (Figure 5.9).³¹ Latino (37%) and African American (42%) youth are twice as likely as white youth (19%) to be covered by public insurance. Medicaid and the State Children's Health Insurance Program (SCHIP) are the two largest sources of public insurance for youth.

FIGURE 5.8
Uninsured Rates among Youth (ages 10-18) by Race/Ethnicity, 2002

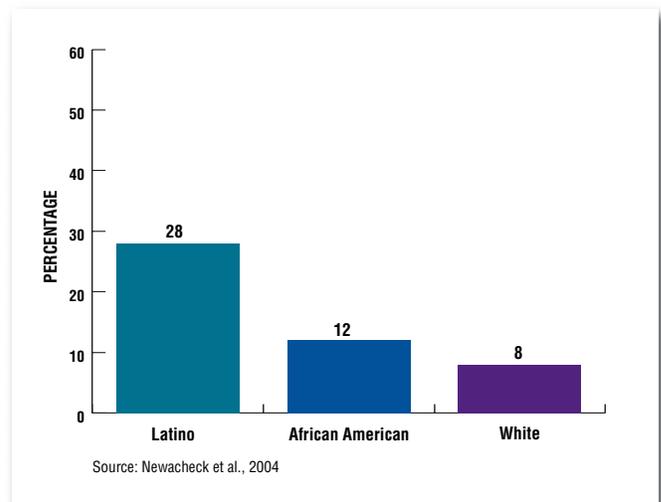
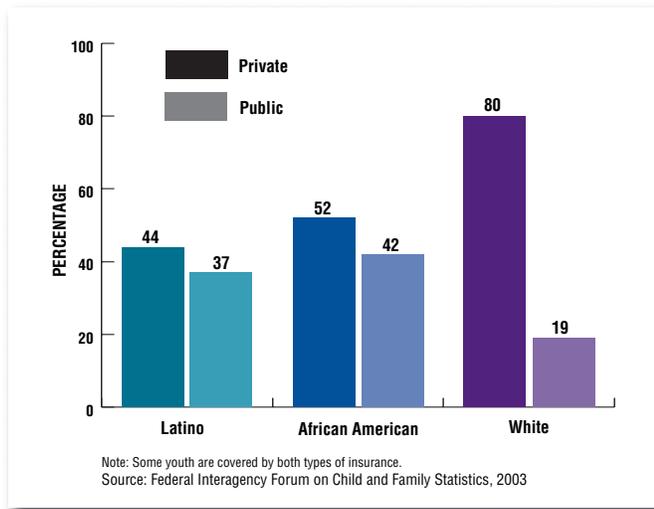


FIGURE 5.9

Type of Health Insurance for Insured Youth (ages 0-17) by Race/Ethnicity, 2001



Medicaid

Medicaid is the largest public health insurance program for American children, insuring 24% of U.S. children.³² Each state decides the percentage of the federal poverty level that determines eligibility for Medicaid coverage. In 2003, these levels ranged from 100% to 300% of the poverty line for 6 to 19 year olds.³³ Because poverty rates are higher among minority youth and their families, they are more than twice as likely as white youth to be covered by Medicaid. In 2002, 37% of Latino children were covered by Medicaid as were 41% of African American children and 16% of white children.³⁴ Medicaid has more generous eligibility levels for children than for adults, a key reason that children tend to have greater access to health insurance than adults. However, providers receive lower reimbursements for serving Medicaid and SCHIP patients than for patients enrolled in private insurance plans. This may give publicly insured youth fewer options for care because some providers may not accept public insurance due to the lower reimbursement they receive for these patients.

State Children’s Health Insurance Program (SCHIP)

SCHIP was formed to insure low-income children whose families earn too much to qualify for Medicaid but who are not covered through other sources. In 2003, 3.9 million children nationwide received health insurance coverage through SCHIP.³⁵ Each U.S. state, territory and the District of Columbia (D.C.) designs its own program within broad federal guidelines. SCHIP can be implemented as an expansion of the state Medicaid program, a separate SCHIP program, or a combination of both programs. As of December 2002, 20

states had separate SCHIP programs, 15 states and D.C. had Medicaid expansion programs, and 15 states had combination plans.³⁶ The eligibility levels for children under “separate” SCHIP programs range from 133% of the federal poverty line (Wyoming) to 350% (New Jersey).³⁷ States do not collect data on the race or ethnicity of SCHIP enrollees, so the exact number of Latino youth enrolled in these programs is unknown.

Uninsured Youth

Most uninsured children and youth are actually eligible for insurance coverage through either Medicaid or SCHIP. In 2000, 2.3 million adolescents were eligible for one of these two programs but were not enrolled.³⁸ Various studies cite lack of awareness and lack of information about the programs on the part of parents, confusion about differences between the programs and confusion about eligibility requirements as barriers to enrollment. Also reported are perceived lack of need for insurance coverage, difficult enrollment processes, worry on the part of parents that their children will receive poor treatment due to being on public assistance, and problems finding health care providers that accept Medicaid and SCHIP reimbursements.³⁹

While these issues regarding the SCHIP and Medicaid programs affect all people, many Latinos face additional challenges. An estimated 62% of the 2.9 million uninsured Latino children in the U.S. are eligible for SCHIP or Medicaid.⁴⁰ Yet, Latinos typically have lower take-up rates for the programs due to cultural and communication barriers, ineligibility due to immigration restrictions, and the fear of being labeled a “public charge.”⁴¹ Just over half of uninsured non-citizen youth are undocumented and therefore ineligible for public programs.⁴²

Usual Source of Care

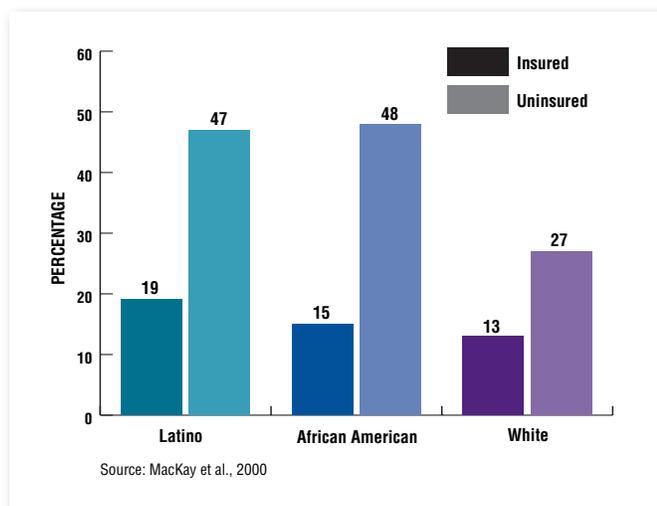
Consistent and comprehensive health care for youth includes physical examinations, preventive care, education, screening, immunizations and sick care. Having a consistent place for care (often known as a medical home) facilitates the timely and appropriate use of these services, and decreases the likelihood that preventable and controllable illnesses will become serious enough to require hospital attention. Having health insurance has been found to increase medical care use by 50%.⁴³ Uninsured youth are more likely to report having unmet health care needs (e.g. dental care, mental health care, pharmaceuticals), going without physician contact, and lacking a usual source of care than those with insurance.⁴⁴ Their parents are six times less likely to have a prescription filled for them because of cost, and



uninsured youth are five times more likely to use an emergency room as a regular source of care.⁴⁵

Nearly one-quarter of uninsured children have no regular source of health care.⁴⁶ Latino youth (17%) are more likely to lack a usual source of health care than African American (13%) and white (6%) youth.⁴⁷ Among uninsured youth, African American and Latino youth are less likely than whites to have had a health care visit in the past year (Figure 5.10).⁴⁸ Additionally, African American (16%) and Latino (14%) youth are more likely than whites (7%) to report using the hospital as their usual source of care.⁴⁹ Not only is resorting to hospital-based care often preventable with routine care, it is also very expensive.

FIGURE 5.10
Youth (ages 10-19) with No Health Care Visit in Last Year by Insurance Status and Race/Ethnicity, 1997



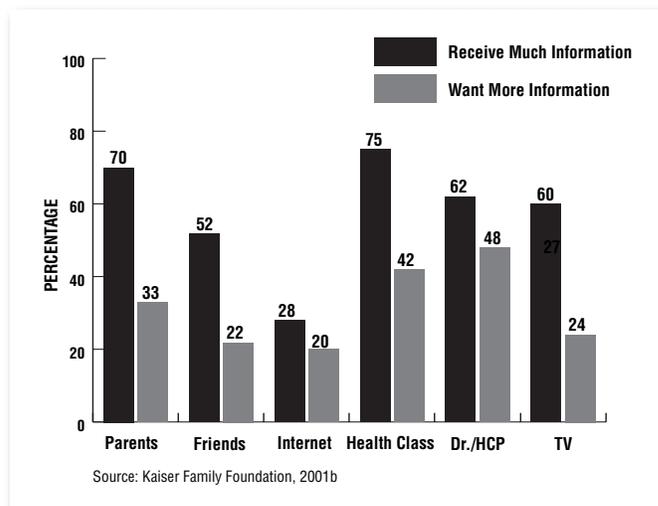
REPRODUCTIVE HEALTH ACCESS AND INFORMATION FOR LATINO YOUTH

Family utilization of health services influences where an adolescent turns to for care, although concerns of confidentiality may override going to the family practitioner (if one exists). Little national data exist which describe where Latino youth receive information on reproductive health. In a national survey, adolescents reported receiving sexual health information (e.g. decision making, contraceptive choices, infection risk and testing) almost as often from television (60%) as from a health care provider (HCP) (62%) (Figure 5.11).⁵⁰ The most common information sources about sexual health were health classes and parents. Sizable percentages wanted more information from parents, health class and health care providers. Among 12-17 year olds, only half (49%)

knew where to get condoms, and smaller percentages knew where to get information on HIV and sexually transmitted infections (STIs) (47%), where to get tested for STIs (39%) and where to get other birth control (29%). A study of Latino youth in Southern California found that youth were more likely to talk and ask questions about sex with friends (54%) and family (24% mother, 18% sister, 14% brother, 13% father and other family) than a family doctor or other medical professional (approximately 5% each).⁵¹

The following six sources of reproductive health information and/or services are discussed in more detail: health care professionals, Title X clinics, school-based health centers, the Internet, school-based education and reproductive health services under Medicaid/SCHIP.

FIGURE 5.11
Sources of Sexual Health Information for Youth (ages 12-17), 2000



Health Care Providers

Guidelines addressing the reproductive health services youth should receive from health care providers have been developed by leading health experts (e.g., the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the U.S. Department of Health and Human Services (DHHS)). These guidelines consistently recommend that annual preventive service visits include: the discussion of responsible sexual behavior; counseling on pregnancy prevention, STIs and HIV; discussion regarding patients' sexual behavior; screening for STIs for sexually active adolescents and annual Pap smears for sexually active (or age 18 and older) females.⁵² However, primary care physicians provide far less STI and HIV preventive services to teens than recommended.⁵³ Recent studies show that only half of physicians report providing any counseling or education in

their encounters with adolescents and fewer than 3% reported STI/HIV counseling or education.⁵⁴ Given the generally higher barriers to obtaining health care faced by many Latinos, the number of Latino teens receiving reproductive health services and information from clinicians would likely be even less than that of the general adolescent population.

Title X Clinics

Title X is a federally funded program designed to provide confidential, comprehensive family planning services, counseling, and contraceptive and related services, and serves more than 4 million people each year.⁵⁵ Nearly one-third (30%) of women using Title X-funded clinics are younger than age 20, and Latinos of all ages comprise 14% of Title X clients.⁵⁶ While other federal programs provide family planning services, Title X is the only federal program that focuses exclusively on reproductive health care services and family planning. Agencies that receive Title X funds are required to provide clients with relevant reproductive health screening and care for free or on a sliding scale,⁵⁷ to discuss abstinence with youth and to encourage youth to discuss their family planning concerns with their families when possible.⁵⁸ Title X funds cannot be used to perform abortions.⁵⁹ Title X-supported clinics are more likely to offer special programs for teenagers, and to provide outreach to hard-to-reach communities than clinics without this funding. A majority of clients who access family planning clinics are served at health departments and Planned Parenthood clinics; 12% are served at community health centers.⁶⁰

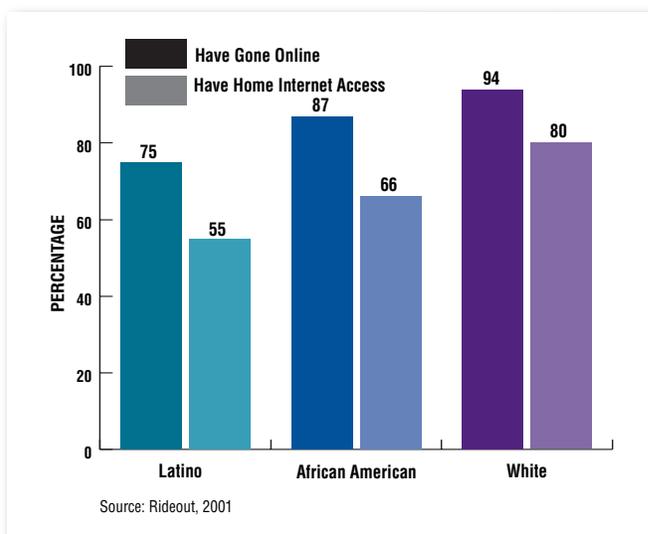
School-Based Health Centers (SBHCs)

SBHCs are designed to overcome barriers that often discourage adolescents from obtaining necessary care such as confidentiality concerns, inconvenient times, location, and costs.⁶¹ In the 1998-99 academic year, an estimated 1.1 million students had access to one of the 1,135 school-based health centers around the country.⁶² Approximately 286,000 Latinos attended a school with a SBHC. Similar to community based health centers, SBHCs are usually established in communities with unmet health needs and inadequate resources. A majority of students with access to SBHCs are of diverse ethnicities: 29% are African American, 26% are Latino, 4% are Asian and 3% are Native American.⁶³ In accordance with state law and school district policies, local communities determine the physical and mental health services centers offer. While the majority of SBHCs provide birth control counseling (69%) and STI diagnosis and treatment (70%), 76% are prohibited from providing contraceptive services on site.⁶⁴

The Internet

A variety of factors are associated with internet use such as income, type of employment, and education.⁶⁵ Though the internet can be a confidential and informative source of sexual health information, Latinos (ages 15-24) are less likely than whites and African Americans to have gone online (75%, 94% and 87% respectively), and to have internet access at home (55%, 80% and 66% respectively) (Figure 5.12).⁶⁶ Among adolescents and young adults (ages 15-24), almost half (44%) of those who used the internet searched for sexuality information (e.g. regarding pregnancy, birth control, HIV/STIs).⁶⁷

FIGURE 5.12
Internet Access of Young People (ages 15-25) by Race/Ethnicity, 2000



School-Based Education: Comprehensive Sexuality and Abstinence-Only Education

Schools are often viewed as an important source of sexuality education and 75% of all youth report getting “a lot” of sexual health information from a health class.⁶⁸ However, the content of sexual health information offered at schools varies widely. As of January 2004, 38 states and D.C. mandated STI and HIV/AIDS education, though local policy makers have broad flexibility in drafting their own policies.⁶⁹ California, Florida, New York and Texas are the states with the highest numbers of Latino youth. Schools in California, Florida and New York are required to provide STI/HIV education; in California and New York, abstinence must be stressed and contraception must be covered. There is no state law mandating sexuality education or STI/HIV education in Texas.⁷⁰



An increasing number of sexuality education teachers are using an abstinence-only approach for teaching sexual health. In 1988, only 2% used this approach; that percentage climbed to 23% in 1999.⁷¹ Between 1997 and 2002, federal funding for abstinence-only sexuality education increased seven-fold.⁷²

Reproductive Health Services under Medicaid and SCHIP

The federal Medicaid statute mandates coverage of family planning services for sexually active youth. Therefore, Latino youth insured by Medicaid are entitled to the full range of Medicaid covered services (e.g., routine gynecological exams, diagnosis and treatment for STIs, family planning services and supplies). Latino youth enrolled in Medicaid SCHIP plans are entitled to all Medicaid reproductive services. However, states that design their own SCHIP programs have wide latitude in deciding which services to cover and may or may not include reproductive health services in their programs. The SCHIP statute requires coverage of only basic services (e.g. physician and hospital care, lab and X-ray services and immunizations). Given the variation across states which have created separate SCHIP plans, it is difficult to measure how comprehensively reproductive services for Latino youth are covered. In a study analyzing access to care for adolescents in non-Medicaid SCHIP plans, youth reported that the lack of family planning clinics in the networks and the routine mailing of benefit statements to their parents were barriers to seeking reproductive services.⁷³

BARRIERS TO REPRODUCTIVE HEALTH CARE

In one study of youth, fear that parents will find out (73%), feeling they will be judged (38%), not knowing where to go (35%), cost (24%), and the lack of places to go (18%) are among the major barriers to accessing sexual health care.⁷⁴ Latino youth in Southern California reported being unaware of available clinics (38%), embarrassment at talking to strangers about sexual issues (29%), lack of affordability (28%) and upsetting their parents if they were caught with contraceptives (27%) as the most common reasons for not going to reproductive health clinics for information. Seven percent reported fear of implicating their immigration status, or that of their parents.⁷⁵

Due to their preference for confidential reproductive health care, youth often encounter a unique set of access issues. Although many adolescents access primary health care services through their parents' insurance plans, they may

need and prefer to access reproductive health services through different networks. Youth have reported that fears regarding confidentiality are significant barriers in accessing reproductive health care and influence their willingness to seek care.⁷⁶ Many public programs (e.g. Medicaid, Maternal and Child Health block grants, Title X) include confidentiality clauses. Unfortunately, confidentiality laws vary by state, and individual physicians vary in their willingness, comfort and ability to assure youth of confidentiality. Studies have found that even brief assurances of confidentiality from health care professionals increase adolescents' health seeking behavior and willingness to discuss sensitive health concerns.⁷⁷

SUMMARY

Latino youth and adults are more likely to be uninsured than African Americans or whites. Reasons for this are related to low rates of employer-based insurance, ineligibility for public insurance programs and barriers to public insurance programs when eligible. Low rates of health insurance coverage are directly linked to lower rates of access to appropriate and timely health care. For this reason, Latinos are less likely than other groups to receive care in a doctor's office or to have a regular doctor. Language barriers are an additional reason that Latinos are less likely to receive adequate care and to feel satisfied with their interactions with doctors and other providers.

A number of sources provide sexual and reproductive information and services to Latino youth. The quality and type of information and services these sources provide vary as do teens' access to them. As a result, many teens have low levels of knowledge about subjects such as HIV and STIs, where to get tested for either and where to obtain contraception. Latino youth often face the dual access-related challenges of being of minority status and of being an adolescent in the U.S. As the fastest growing segment of the U.S. population, a concerted effort needs to be made to address this disparity of health care access, information, and services.

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Chapter 6: SEXUAL BEHAVIOR, PREGNANCY AND BIRTH

Adolescence is a time of experimentation and limit testing for many. It is a period of rapid physical and emotional development in which teens must deal with their emerging sexuality. This process occurs in a number of contexts. While managing their changing bodies and emotions, teens must also grapple with the messages they receive about sexuality from their parents and families, their peers, their schools, and the popular youth culture and media. In addition, ethnic and cultural background, along with socioeconomic class, influences teens' attitudes and choices about sexuality, including which behaviors are appropriate and which are not. The messages about sexuality, sexual health behavior and reproduction from these various domains are often conflicting; youth are often left with the task of sorting out the ideas and deciding for themselves the best course for their own situations and futures.

SEXUAL ACTIVITY

Sexually Experienced

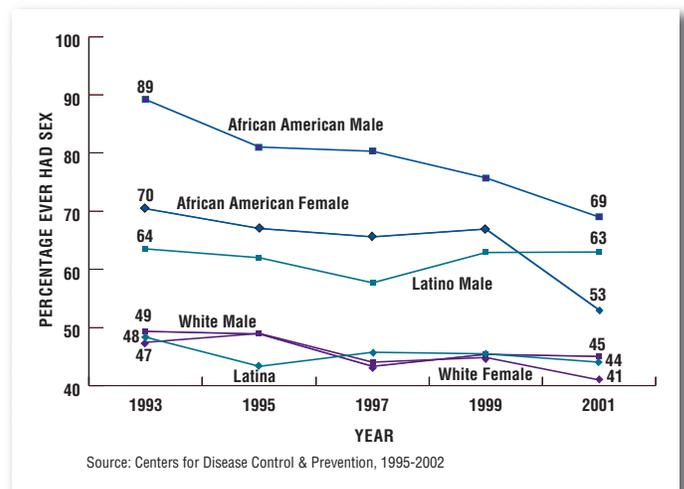
Approximately half of all adolescents in the U.S. have had sex. Among all high school students, the proportion of those who are sexually experienced, that is, have ever had sexual intercourse, declined from 53% in 1993 to 46% in 2001.¹ Most of this decline has been driven by decreases in the proportion of sexually experienced white and African American teens. The trends among Latino males and females during this time have fluctuated, but actual declines are slight. In 1993, 64% of Latino high school males reported ever having had sex; by 2001 that figure declined by 1 percentage point to 63%. Among females, a 4% drop occurred, from 48% in 1993 to 44% in 2001 (Figure 6.1).² Among whites, the proportion of males who ever had sex dropped from 49% to 45% between 1993 and 2001; during the same period, the fraction of females who were sexually experienced declined from 47% to 41%. African American males experienced by far the largest decline; in 1993, nine in ten (89%) males had had sex, by 2001, 69% were sexually experienced. The decline among African American females was only slightly more modest, falling from 70% in 1993 to 53% in 2001.

Age at First Sex

Early age at first sex is considered a risk factor for negative outcomes for a number of reasons. Teens who start having

sex at younger ages spend a greater proportion of their adolescent years exposed to the risks of contracting a sexually transmitted infection (STI) and becoming pregnant or causing a pregnancy.³ In addition, younger teens are less equipped emotionally and developmentally to handle sexual relationships and to make informed and self-protective choices about when and under what circumstances to have sex. They are more vulnerable to the demands of older partners and less able to refrain from risky behaviors.

FIGURE 6.1
Trends in Sexual Experience among High School Students by Race/Ethnicity and Gender, 1993-2001



Not surprisingly, the proportion of teens who are sexually experienced rises with age (Figure 6.2).⁴ In 1995, just over one-fifth (22%) of 15 year old females and slightly more the one-quarter (27%) of 15 year old males had had sex. By age 19, that proportion rose to three-quarters (76%) of females and 85% of males. Among Latinas, half (50%) of 15-17 year olds have had sex; that figure rises to 62% of 18-19 year olds. In comparison, 35% of white 15-17 year old females have had sex, as have 48% of African American girls. Among 18-19 year olds, 71% of white and 77% of African American females are sexually experienced.⁵

Sex at very early ages, that is, before youth have reached their teens, is more common among males than females of all races. In 2001, 11% of Latino males and 4% of Latinas reported having sex by their 13th birthday, as did 6% of white



males and 3% of white females. Rates among African Americans were considerably higher. One in four (26%) males and 8% of females reported early sex (Figure 6.3).⁶

FIGURE 6.2
Percentage of Youth (ages 15-19) Who Have Had Sex by Gender and Age, 1995

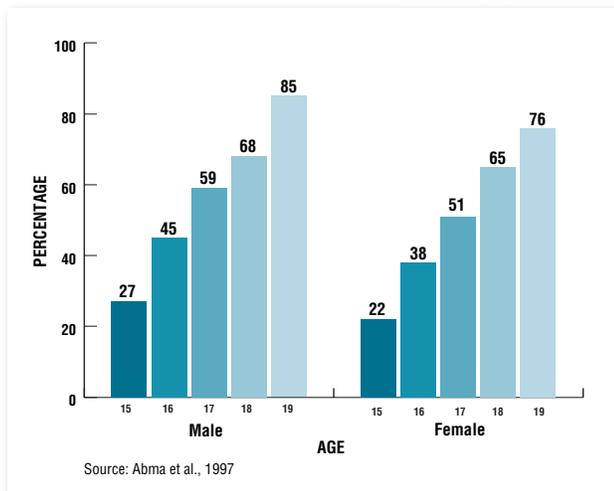
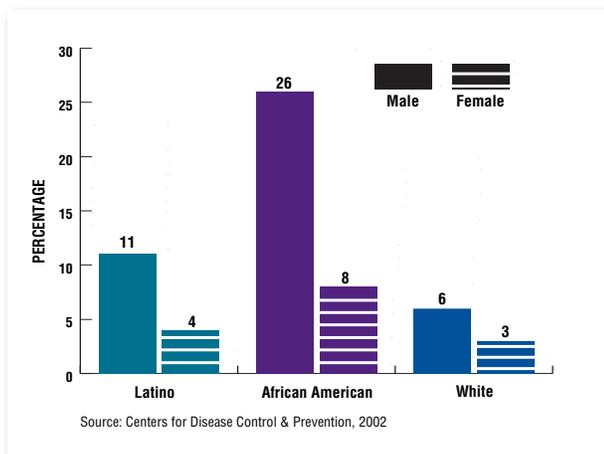


FIGURE 6.3
Percentage of High School Students Who Had Sex by Age 13 by Race/Ethnicity and Gender, 2001



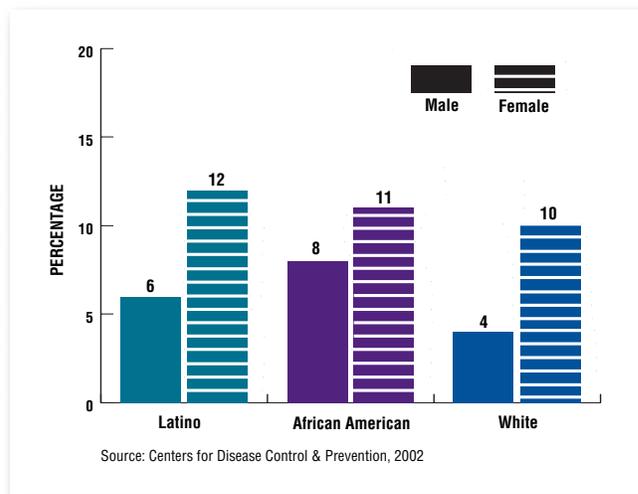
Non-Voluntary Sex

Females report higher levels of forced sex than males.[^] Overall, teens of color are at a slightly higher risk of experiencing forced sex than white teens. Nevertheless, sexual abuse is found in families and communities of all types and experienced by teens from all backgrounds and socioeconomic strata. In 2001, 6% of Latino teen

[^] This difference may be partially due to a greater reluctance on the part of males to reveal this type of sensitive information. However, such sexual experiences are most likely underreported for both genders due to the stigma associated with non-voluntary sex.

males and 12% of Latinas reported ever having been forced by someone to have sex, as did 8% of African American males and 11% of females. In comparison, 4% of white males and 10% of white females reported forced sex (Figure 6.4).⁷

FIGURE 6.4
Percentage of High School Students Who Have Had Non-Voluntary Sex by Race/Ethnicity and Gender, 2001



Younger youth are more likely to be the victims of forced sex or sexual abuse than older youth because they are less experienced, have fewer skills and tools at their disposal for avoiding and fending off unwanted sexual advances and are seen by sexual offenders as easier targets than older youth.⁸ Among Latinas ages 15-44, 18% of those whose first sex occurred before they were sixteen reported that it was non-voluntary, a category that includes rape, as did 15% of both whites and African Americans (Figure 6.5).⁹ Among those who reported that they first had sex between the ages of 16 and 19, 7% of Latinas, 6% of African Americans, and 5% of whites said it was non-voluntary. Those figures decline even further among women whose first sex occurred after their teen years; 5% of Latinas and African Americans and 3% of whites reported that the experience was non-voluntary.¹⁰

Sexually Active

Sizable proportions of teens have had sex; for many, however, sex is an episodic experience, not a regular one. Sexual relationships among young people tend to be short-lived and many teens experience periods of sexual abstinence of varying duration between partners. Nevertheless, more than half of sexually experienced teens of all races and both genders remain sexually active (that is, they have had sexual intercourse in the last three months). About one-third of all whites (31%) and Latinos (36%) were sexually active in 2001, as were 46% of African Americans.¹¹ Among sexually

experienced teens, three-quarters of whites (72%), African Americans (75%) and Latinos (74%) were sexually active. Sexually experienced adolescent African American males and females were equally likely to have had sex in the past three months; three-fourths of both males (76%) and females (74%) who had ever had sex had also had sex recently. Latinos and whites show a different profile. In both cases, females who had ever had sex were more likely than their male counterparts to be sexually active (Figure 6.6).¹² Whereas 66% of sexually experienced white males were sexually active, 78% of white females were. The gap is similar among Latinos. While 70% of sexually experienced Latino males had had sex in the past three months, 78% of sexually experienced Latinas were sexually active.¹³

FIGURE 6.5
Non-Voluntary Sex among Females by Age at First Sex by Race/Ethnicity, 1995

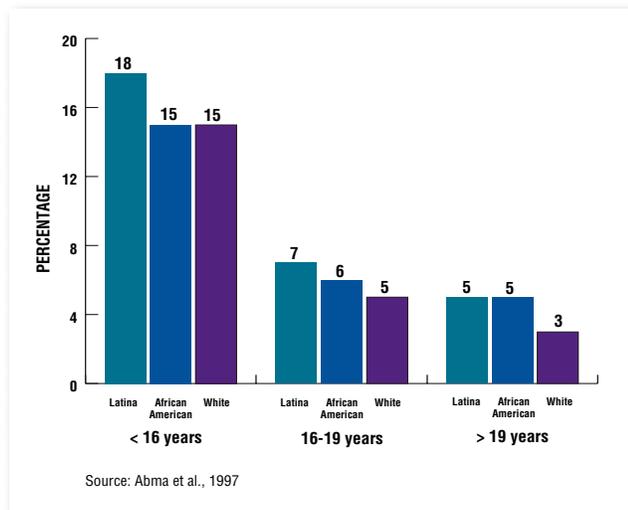
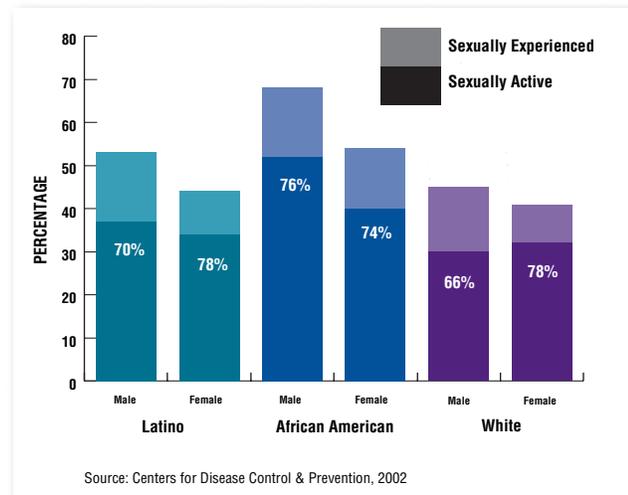


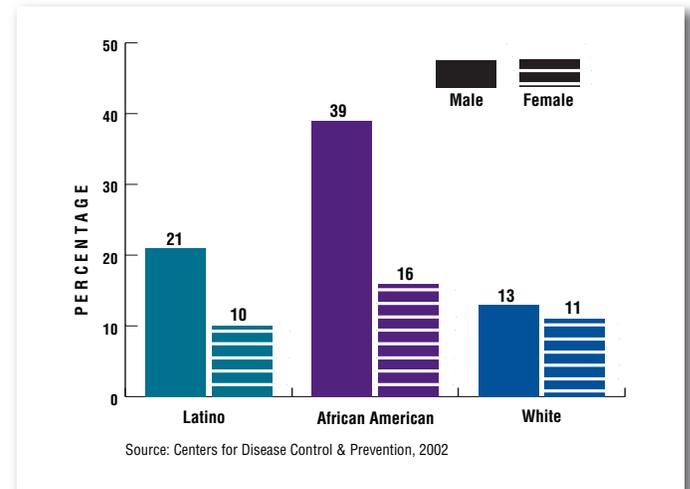
FIGURE 6.6
Percentage of Sexually Experienced High School Students Who are Sexually Active by Gender and Race/Ethnicity, 2001



Number of Partners

Teens who have had sex with multiple partners are at greater risk of contracting an STI because their chances of being exposed to an infected partner increase with number of partners. The percentage of high school students who have had four or more sexual partners varies greatly by race/ethnicity and gender. About one in eight white teens, both males and females (13% and 11%, respectively), reported having had four or more partners in 2001. For both African Americans and Latinos, males were at least twice as likely to have had multiple partners as females. Overall, 27% of African American youth had more than four partners, including 39% of males and 16% of females. One in seven (15%) Latino teens had multiple partners, including one in five (21%) males and one in ten (10%) females (Figure 6.7).¹⁴

FIGURE 6.7
Percentage of High School Students with ≥ 4 Sexual Partners by Race/Ethnicity and Gender, 2001



Combining the gender- and race/ethnicity-specific data on sexual experience, sexual activity and number of partners shows how gender patterns of sexual behavior vary by racial/ethnic group. Among Latinos, males are more likely to have ever had sex and to have had multiple partners, but sexually experienced Latinas are more likely to be sexually active than their male counterparts. Among whites, sexually experienced females are also more likely than males to be sexually active. However, males and females are equally likely to have ever had sex and to have had multiple partners. Yet another pattern emerges for African American youth. They resemble Latinos in that males are more likely to be sexually experienced and to have had multiple partners than females. However, unlike either Latinos or whites, sexually experienced male and female African Americans are equally likely to be sexually active. Figure 6.8¹⁵ summarizes these patterns for each racial/ethnic group.



Figure 6.8. Sexual Behavior Patterns of Males and Females by Race/Ethnicity, High School Students, 2001

	SEXUALLY EXPERIENCED^a	SEXUALLY ACTIVE^b (OF SEXUALLY EXPERIENCED)	MULTIPLE PARTNERS^c
Latinos	Males > Females	Males < Females	Males > Females
African Americans	Males > Females	Males = Females	Males > Females
Whites	Males = Females	Males < Females	Males = Females

^aSexually experienced is defined as ever having had sexual intercourse
^bSexually active is defined as having had sexual intercourse in the past three months
^cMultiple partners is defined as 4 or more lifetime partners

Source: Centers for Disease Control and Prevention, 2002

Additional research is needed to fully understand the meaning of these differences for teens' sexual lives and for the risks associated with unsafe behavior. However, several patterns can be discerned. Among teens of color, there appears to be less gender equality in terms of sexual behavior. Some research suggests that Latino culture, to a greater extent than mainstream U.S. culture, approves and even encourages sexual activity among young men, but frowns on similar activity among young women.¹⁶ Such attitudes may account for the higher proportions of sexually experienced males and the higher proportion of those who have had multiple partners. On the other hand, a possible explanation for the pattern of higher sexual activity and fewer partners among young Latina women is that, while they are less likely to have sex, once they do they tend to enter into long-term monogamous relationships more often than sexually experienced young men. If future research finds support for this scenario, it suggests implications for how to design and enact programs aimed at educating Latino youth about sexual behavior.

CONTRACEPTIVE USE

Proper and consistent use of contraception greatly reduces the chances of unplanned pregnancy among sexually active youth. Furthermore, to prevent transmission of sexually transmitted infections, including HIV, youth who engage in sex must use condoms consistently and correctly. A number of factors influence the likelihood that teens will use contraception and how effectively they use it. One key factor is access to affordable and readily available contraception. The cost of contraception depends on a number of issues, including: the type of method; whether teens have access to clinics that provide free or low-cost contraception; whether they have health insurance that covers family planning; and whether they are eligible for publicly funded family planning and reproductive health services.

Another factor that predicts contraceptive use is knowledge. This includes knowing about the various contraceptive options,

where to obtain contraception and how to use it effectively. Many sexuality education programs include segments on types of contraception, their effectiveness and how they are to be used. However, the proportion of school education programs that teach abstinence as the only way to prevent pregnancy and STIs has increased markedly due to federal funding of abstinence-only programs,¹⁷ thus many adolescents may not be exposed to the critical information they need.

Using contraception involves a number of cognitive and interpersonal tasks, including planning ahead, communicating one's desire to use contraception to a partner and refraining from unprotected sex. Many teens, including many Latino teens, are uncomfortable or feel embarrassed discussing contraception with their partners. They may also be unwilling to refrain from unprotected sex for fear of angering or disappointing a partner.

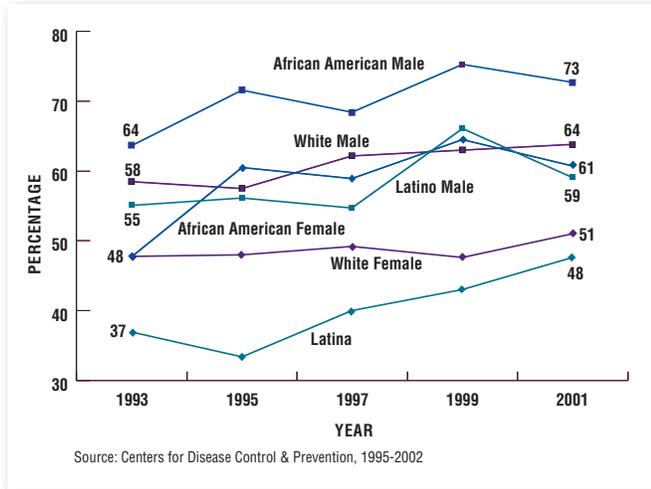
Condoms

Condoms are the most common form of contraception among teens of all racial/ethnic groups, including Latinos. Several features make condoms popular. They do not require a doctor or clinic visit or prescription, are more readily available from drug stores and other venues, are non-hormonal, and have limited side effects. For some individuals, the fact that condoms are an episode-specific form of protection is also an advantage. In addition, condoms, unlike methods such as oral contraceptives and implants, protect against STIs, including HIV, as well as pregnancy.

The proportion of sexually active teens who report using condoms has risen for all groups in recent years. In 2001, 54% of Latinos and 57% of whites used a condom at last sex, as did 67% of African Americans. Within all groups, males were more likely to report using a condom than females.¹⁸ In 1993, only one-third (37%) of Latinas used a condom at last sex, increasing to almost half (48%) in 2001 (Figure 6.9).¹⁹ Just over half (55%) of Latino males used a condom in 1993; by 2001 that proportion had inched up to 59%. Differing patterns can be seen for African American and white males

and females. In 2001, African American males had the highest rates of condom use, followed by white males; white females resembled Latinas in terms of condom use.

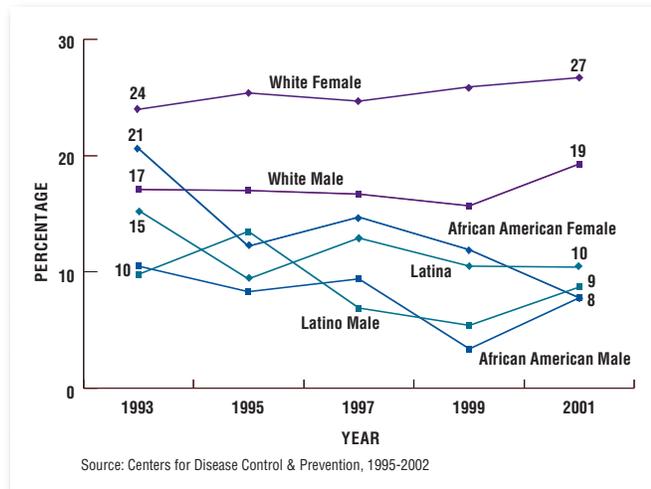
FIGURE 6.9
Condom Use at Last Sex by Race/Ethnicity and Gender, High School Students, 1993-2001



Oral Contraceptives

During the same time period that condom use increased among most teens, use of oral contraceptives declined among adolescent Latinos and African Americans. This trend probably reflects the emphasis placed on condom use in sex education and outreach efforts that aim to prevent teen pregnancies and the risk of STI and HIV transmission.²⁰ In 2001, 8% of African Americans and 10% of Latinos reported using the pill at last sex, compared to 23% of whites. Among all groups, females were more likely to report that the pill was used at last sex than males (Figure 6.10).²¹

FIGURE 6.10
Trends in Pill Use at Last Sex by Race/Ethnicity and Gender, High School Students, 1993-2001

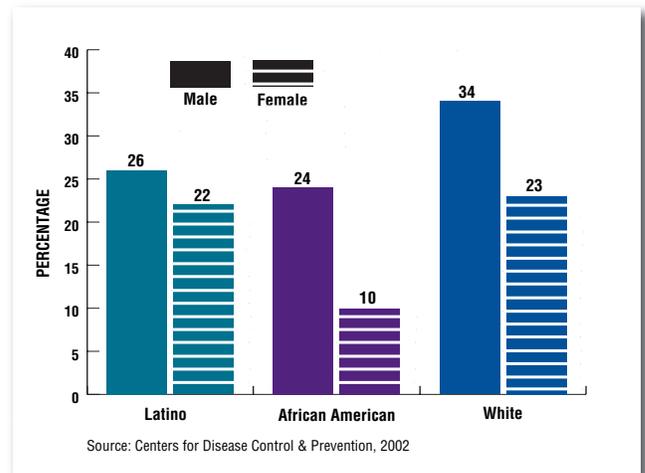


Use of oral contraceptives requires a prescription. Young women must plan ahead, make and follow through on a visit to a clinic or physician and find a way to pay for the pills. Thus, use of oral contraceptives necessitates access to reproductive health care facilities and the ability to afford the services they offer. Such access varies by social class and geographic location. In addition, obtaining and using a prescription for oral contraceptives requires the psychological acceptance of oneself as a sexually active person.

SUBSTANCE USE

Adolescents under the influence of alcohol or other drugs may be less likely to make safe choices about sexual activity. Use of alcohol, marijuana and other drugs in conjunction with sex is correlated with lower rates of condom use and use of other contraception among young people.²² It is also linked to higher rates of sexual coercion and sexual assault.²³ One-quarter (24%) of Latino teens reported using either alcohol or another drug the last time they had sex. This figure falls between the proportion of whites (28%) and African Americans (18%) who reported using alcohol or other drugs. Among all racial/ethnic groups, males are more likely to have used alcohol or other drugs than females. One in four (26%) Latino males and 22% of Latinas reported such use (Figure 6.11).²⁴

FIGURE 6.11
Use of Alcohol & Other Drugs at Last Sex by Race/Ethnicity and Gender, High School Students, 2001



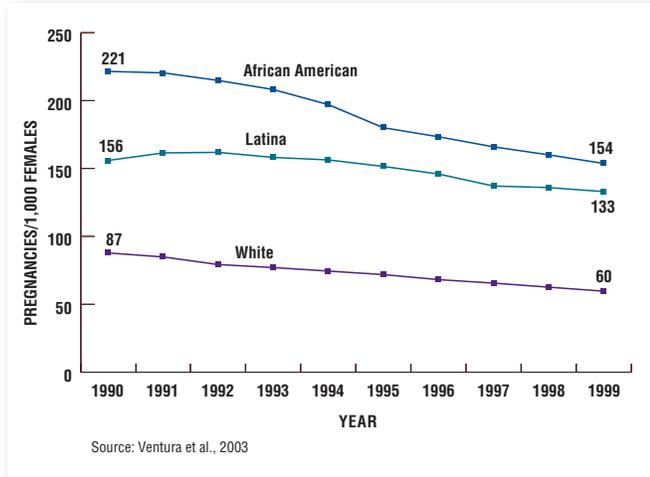
PREGNANCY

Among adolescent females in general, pregnancy rates fell during the 1990s; this decline was primarily driven by the decreases among African American and white teens. Among Latinas, rates fell from 156/1,000 in 1990 to 133/1,000 in 1999, a 15% decline. Rates among white teens fell from



88/1,000 to 60/1,000 during this period, a 32% decline. African Americans continued to have the highest teen pregnancy rates despite a 30% drop from 221 to 154/1,000 (Figure 6.12).²⁵

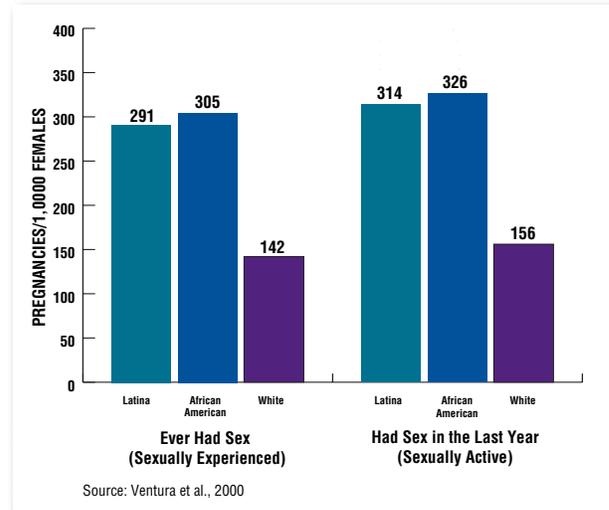
FIGURE 6.12
Trends in Pregnancy Rates (ages 15-19) by Race/Ethnicity, 1990-1999



The rates presented in Figure 6.12 include *all* 15-19 year old females in the denominator, virgins and non-virgins alike. However, only teens who have sexual intercourse are at risk of becoming pregnant. Naturally, pregnancy rates among sexually experienced teens and those who have had sex in the last year are much higher. In 1995, approximately three in ten Latina and African American teen females who have ever had sex experienced a pregnancy (29% or 291/1,000 and 30% or 305/1,000 respectively).²⁶ In comparison, 14% of sexually experienced white teens became pregnant that year. Pregnancy rates among teens who had had sex in the last year were slightly higher for each racial/ethnic group (Figure 6.13).²⁷

When overall racial/ethnic pregnancy rates and those for sexually experienced and sexually active teens are viewed in light of what we know about contraceptive use levels for each group, a somewhat confusing picture emerges. Pregnancy rates among white teens are much lower than the rates for other groups. Although whites used oral contraceptives considerably more often than other groups in 1995, they were less likely than African Americans to have used condoms. Moreover, both African Americans and Latinas have similarly high teen pregnancy rates. Although their rates of oral contraceptive use are similar, African Americans are more likely to report having used a condom at last sex than Latinos. These inconsistencies point to the need for more information about teens' sexual behavior and its consequences.

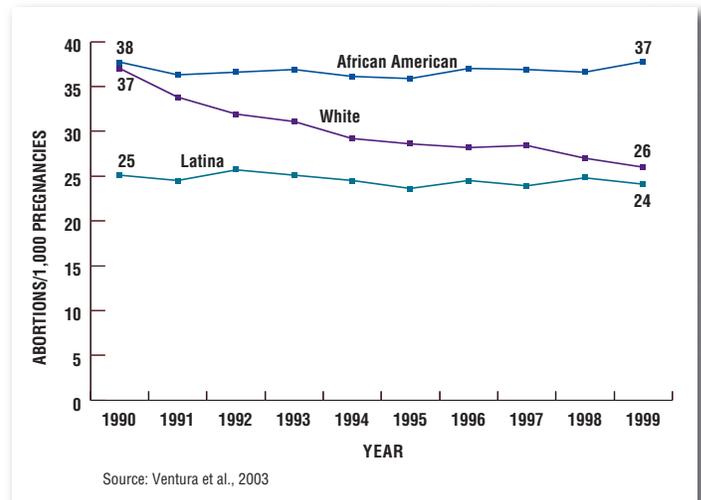
FIGURE 6.13
Pregnancy Rates among Sexually Experienced and Sexually Active Females (ages 15-19) by Race/Ethnicity, 1995



ABORTION

The proportion of Latina teen pregnancies that resulted in abortion (i.e., the “abortion ratio”) remained steady during the 1990s, hovering around one quarter of pregnancies (Figure 6.14).²⁸ The African American abortion ratio also remained stable during this period, albeit at a higher level, hovering around 37%. Only among white teens was there a significant change in the proportion of pregnancies that were aborted. In 1990, 37% of pregnant white teens chose abortion; that proportion steadily declined to 26% in 1999.²⁹

FIGURE 6.14
Abortion Ratios (ages 15-19) by Race/Ethnicity, 1990-1999

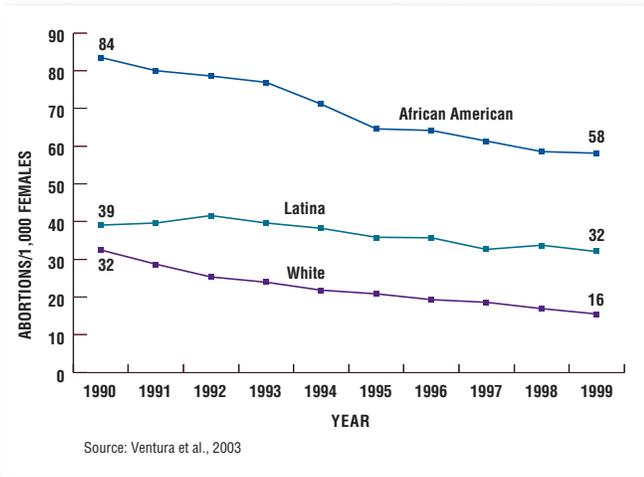


Abortion rates are the number of abortions within a given time period among a given population divided by the total number of females in that population. Abortion rates declined most among whites (50%) between 1990 and 1999, followed by African Americans (31%) and Latinas (18%) (Figure 6.15).³⁰ In 1990, 39 Latina teen females out of every 1,000 underwent an abortion, compared to 32 per 1,000 in 1999.

The information presented in Figure 6.12 combined with that contained in Figures 6.14 and 6.15 provides some insight into changes in the prevalence of abortion during this period. In simplified terms, abortion rates are the result of the prevalence of pregnancy and the proportion of pregnancies that end in abortion. Among Latinas, pregnancy rates rose slightly then fell while abortion ratios remained stable. Together, these patterns resulted in an abortion rate that drifted downward after the early 1990s.

Among African Americans, the decline in the abortion rate is due to a decline in the pregnancy rate rather than a decrease in the proportion of pregnant teens that choose abortion. The scenario among whites differs somewhat. Both the pregnancy rate and the abortion ratio declined, suggesting that the decline in abortion rates is a result both of fewer pregnancies and of a smaller percentage of pregnant teens who opt for abortion.

FIGURE 6.15
Abortion Rates (ages 15-19) by Race/Ethnicity, 1990-1999



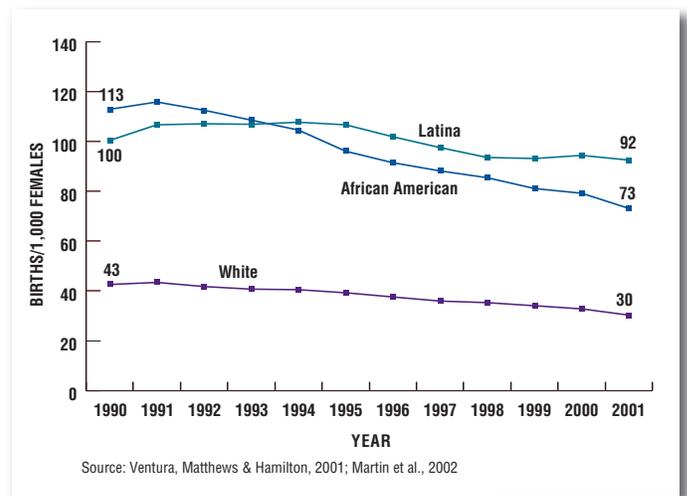
BIRTHS

Overall teen birth rates in the U.S. declined by 23% during the 1990s to 45.9 births per 1,000 teens in 2001, the lowest rate ever recorded. Nevertheless, the U.S. still has, by far, the highest teen birth rate in the developed world. Declines

among African Americans were particularly steep, dropping from 113/1,000 in 1990 to 73/1,000 in 2000, a 35% decline. Rates among whites fell by 29%. Among Latinas, rates also fell but by a smaller 8%. Also worrisome is that Latina birth rates stabilized at about 93/1,000 between 1998 and 2001.³¹

In 1990, African Americans teens had the highest birth rate, followed by Latinas. In 1994, due to a decline in birth rates among African Americans and a steady rate among Latinas during the early 1990s, the Latina birth rate became the highest and has held that position since (Figure 6.16).³²

FIGURE 6.16
Birth Rates (ages 15-19) by Race/Ethnicity, 1990-2001



Interestingly, Latina teen birth rates are highest in states that have not historically had large Latino populations. At 150/1,000, the Latina teen birth rate in North Carolina was the highest in the nation in 2000, followed by Georgia at 134/1,000.³³ Each of these states, along with a number of others, has seen large increases in both the number and percent of Latinos in their populations between 1990 and 2000. For example, the Latino populations in both North Carolina and Georgia quadrupled during the 1990s. These states, like others in the South and Midwest, are dealing with large influxes of Latinos, including a high percentage of immigrants attracted by the prospect of employment. However, government and social service entities in these states, such as school and health care systems, may have little experience addressing the needs of this population.

Within the general Latino teen population, there are important national origin differences in birth rates. In 1999, Mexican-origin teens had the highest birth rate of all groups (101/1,000). Since they also account for about two-thirds of all Latinos in the



U.S., their teen birth rate greatly affects the overall Latina teen rate. In fact, the 1999 Puerto Rican rate of 80/1,000 was similar to that of African Americans that year, while the Cuban birth rate of 27/1,000 was lower than that of whites.³⁴ This pattern suggests that the issue of high Latina teen birth rates is primarily one of high birth rates among Mexican American teens.

There is a marked difference in the birth rates of younger and older teens of all racial/ethnic groups and Latinas are no exception. In 2001, the birth rate among 15-17 year old Latinas was less than half of that of 18-19 year olds, 57/1,000 vs. 143/1,000. Among younger teens, the birth rate peaked in 1994; among older teens, the birth rate stayed relatively high and steady between 1991 and 1995. Birth rates among younger Latina teens declined by 14% during the 1990s, compared to 46% for African Americans and 39% for whites. Among older teens, the Latina rate fell by 3%, the African American rate fell by 26% and rates among whites declined by 20%. Figures 6.17³⁵ and 6.18³⁶ illustrate the different patterns in birth rates over time for younger and older teens.

One reason that Latinas have the highest teen birth rates and the lowest proportion of pregnancies that end in abortion is that they are far more likely than other teens to characterize a birth as intended, as opposed to mistimed or unwanted. Just over half (54%) of Latina teens who gave birth said that the birth was intended at conception. In comparison, only one-third of white teens labeled their birth as intended as did one-quarter (23%) of African Americans.³⁷ This information suggests that the desire to become pregnant, or to father a child, contributes to the low rates of condom use among Latinas and low rates of oral contraceptive use among both males and females. Interventions designed to lower the pregnancy rate among Latina teens must not assume that pregnancy prevention is indeed a goal of all, or even many, Latinos. Rather, they need to give Latino teens reasons to want to delay parenthood until adulthood.

The above data on births do not distinguish between first births and higher parity births. Yet, many teen births are to young women who are already mothers. In 2001, one-quarter (25%) of births to Latina and African American teens were to young mothers with at least one child; that is, they were second or higher parity births. In comparison, 17% of the births to white teens in 2001 were to young women who were already mothers.³⁸ This figure suggests that pregnancy prevention interventions must be tailored for two groups of Latino adolescents—those who are not parents and those who have already had a child.

FIGURE 6.17
Birth Rates (ages 15-17) by Race/Ethnicity, 1990-2001

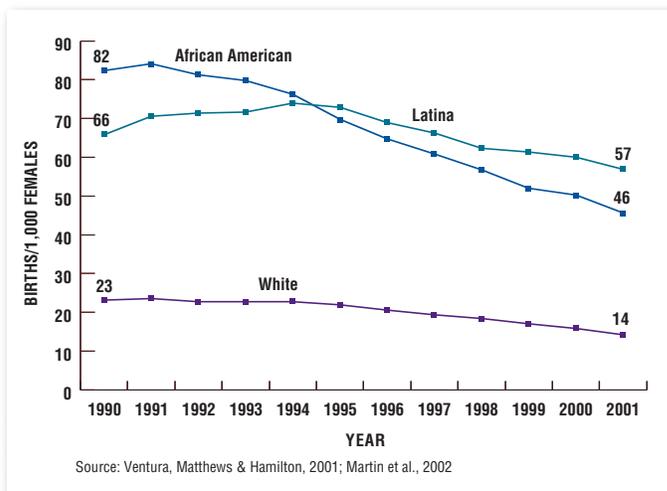
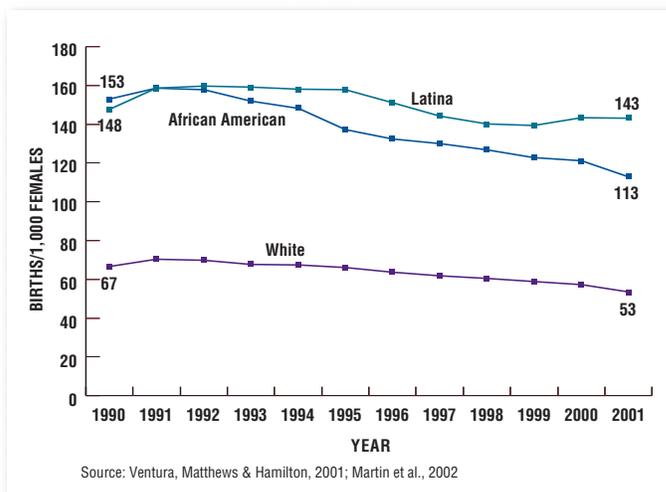


FIGURE 6.18
Birth Rates (ages 18-19) by Race/Ethnicity, 1990-2001



SUMMARY

In general, rates of sexual behavior, as well as pregnancy and birth rates are going in the “right” direction; that is, they are decreasing for the nation as a whole and in each of the major racial/ethnic subgroups. However, Latinas have experienced slower declines in both pregnancy and birth rates than either African Americans or whites. Birth rates among younger Latina teens (ages 15-17) have declined more sharply since the mid-1990s than those among older teens (ages 18-19), which, in fact, have leveled off in recent years.

Part of this trend is no doubt due to relatively low rates of contraceptive use among adolescent Latinos. This pattern

may stem, in turn, from high proportions of Latina teen mothers who reported that their pregnancy was intended at conception. Both African American and white teens are much less likely to have intended to become pregnant. In fact, the percentage of pregnant Latina teens who choose abortion has been uniformly lower than the rate among other groups in recent years.

Latino males are more likely than females to have had sexual intercourse overall, to have had sex at very young ages, and to have had multiple partners. Yet they are not more likely than females to be currently sexually active. They are also more likely to use condoms than are Latinas. However, both Latino males and females are less likely to use condoms than their African American and white counterparts, putting them at risk for STIs as well as pregnancy.

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Chapter 7: STIs AND HIV/AIDS

Of the fifteen million new cases of sexually transmitted infections (STIs) that occur in the U.S. each year, 25% are among 15 to 19 year olds.¹ While most STIs can be effectively treated when diagnosed, 70% of sexually active teens are not tested,² and an unknown number of undiagnosed cases occur yearly. Approximately half (48%) of Latino high school students report having had sex, and though condom use is increasing among Latinos, only 54% report using them the last time they had sex.³ High Latino pregnancy rates illustrate the fact that many young Latinos are having unprotected sex, putting them at risk for STIs as well as pregnancy.

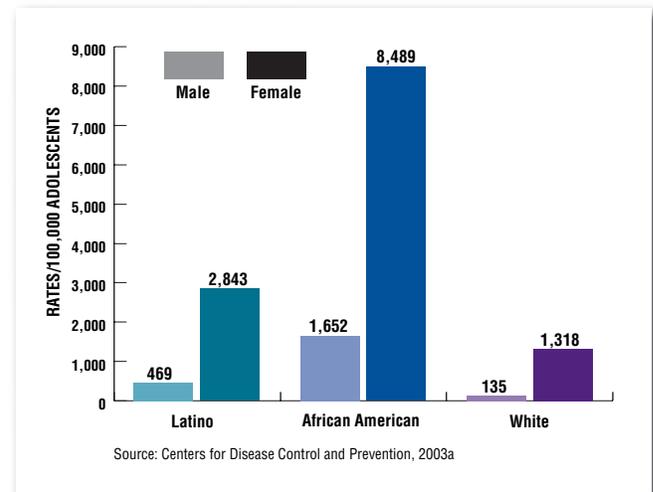
Adolescents have a higher risk of acquiring STIs than adults as they are more likely to engage in risky sexual behavior (including multiple sexual partners, shorter relationships, sex with high risk partners, and low rates of condom use).⁴ Moreover, women, particularly younger women, are physiologically more susceptible to many STIs though they are less likely than males to exhibit symptoms.⁵ Adolescents' sexual health is often further compromised by a lack of access to reproductive health care. Obstacles to receiving health care include lack of insurance, inability to pay independently, lack of transportation, discomfort with facilities, and concerns about confidentiality and privacy.⁶ Left untreated, STIs can lead to increased risks of spreading infection, as well as reproductive cancers, infertility, increased risks of acquiring and spreading HIV, ectopic pregnancies and pelvic inflammatory disease (PID).⁷

CHLAMYDIA

Chlamydia, a curable bacterial STI, is the most commonly reported infectious disease in the U.S. and is especially prevalent among youth.⁸ Almost half (46%) of all reported infections occur in 15 to 19 year old females.⁹ Chlamydia is common among all races and ethnicities, however, perhaps related to access issues, prevalence is somewhat higher among racial and ethnic minorities.¹⁰ Latino teens are more likely than white teens and less likely than African American teens to be diagnosed with chlamydia (Figure 7.1).¹¹ Adolescent Latinas are six times more likely than Latino males to be diagnosed. Approximately 75% of infected females and 50% of infected males do

not exhibit symptoms,¹² and up to 40% of females with untreated chlamydia will develop PID.¹³

FIGURE 7.1
Chlamydia Rates (ages 15-19) by Race/Ethnicity and Gender, 2002



GONORRHEA

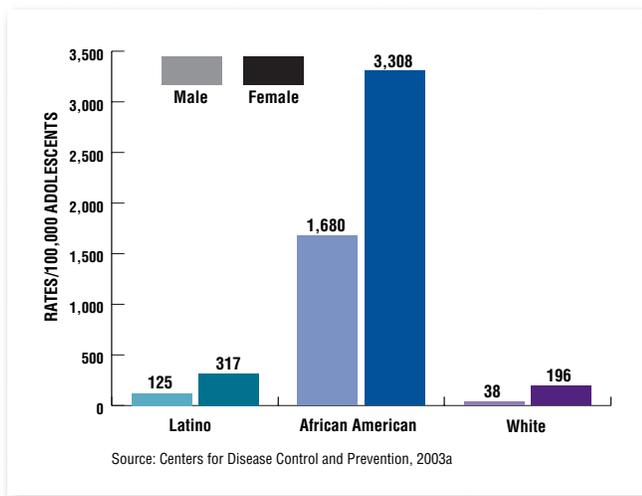
Gonorrhea is also a sexually transmitted curable bacterial infection. Among all new cases reported in 2000, 60% were among young people between the ages of 15 and 24.¹⁴ Overall, gonorrhea rates among 15 to 19 year olds have decreased 12.2% from 542.4 per 100,000 in 1998 to 476.4 in 2002.¹⁵ Gonorrhea rates among adolescent females are much higher than among their male counterparts. The proportion of Latino teens diagnosed with gonorrhea falls between those of whites and African Americans (Figure 7.2).¹⁶ Untreated, gonorrhea can facilitate HIV transmission and cause infertility in both males and females. It can also lead to PID and ectopic pregnancies in women, and epididymitis (a painful condition of the testicles) in men.¹⁷

SYPHILIS

Syphilis, a curable bacterial STI, progresses in stages. Untreated, syphilis can damage internal organs, including the brain, nerves, eyes, and heart. A pregnant female with syphilis can also transmit the infection to her fetus.¹⁸



FIGURE 7.2
Gonorrhea Rates (ages 15-19) by Race/Ethnicity and Gender, 2002



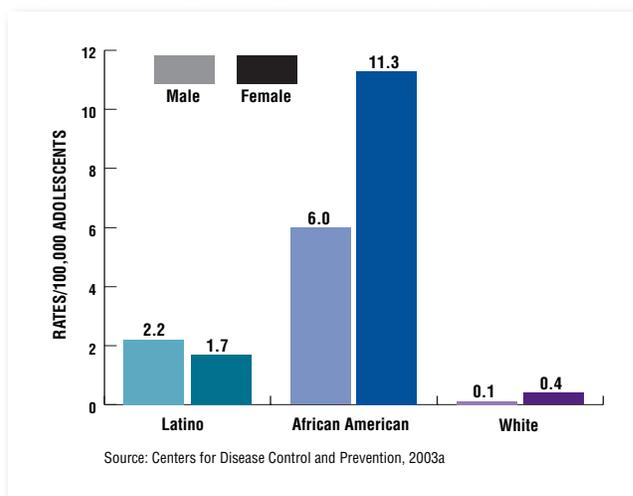
Syphilis rates are comparatively low. Unlike chlamydia and gonorrhea gender patterns, the reported rate of syphilis is 1.5 times greater for men than women.¹⁹ In 2000, syphilis rates were at their lowest level in 50 years, however, 2001 figures showed an increase of approximately 2%.²⁰ Outbreaks have recently been reported in several U.S. cities, predominately among men who have sex with men.²¹ Increases in the male-to-female rate ratio are also on the rise for Latinos, African Americans and whites.²² In 2002, 14.2% of all reported syphilis cases occurred among Latinos, and the overall rate among Latinos increased 28.6% between 2001 and 2002.²³

Syphilis rates for Latino adolescents fall between the rates for African Americans and whites (Figure 7.3).²⁴ Though syphilis rates are decreasing for African American and white youth, rates among Latino youth are on the rise. From 1998 to 2002, the syphilis rate among Latino youth increased by nearly 20% compared to decreases for white (25%) and African American (51%) youth.²⁵

HIV/AIDS RATES AMONG U.S. LATINOS

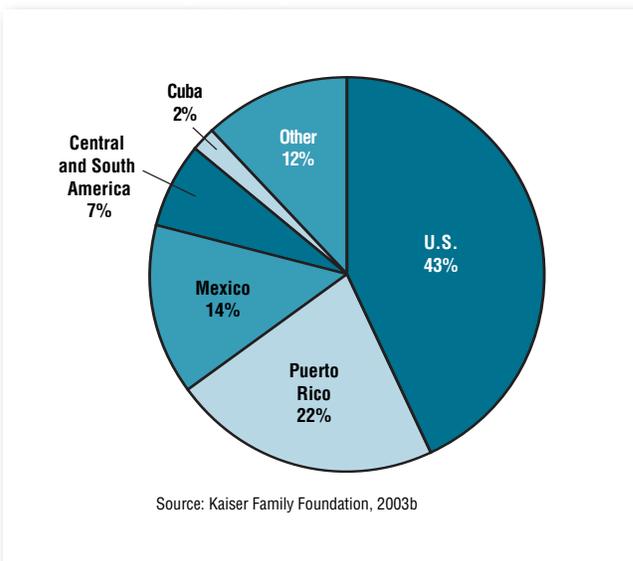
Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). HIV can be transmitted through sex with an infected partner, contact with infected blood, sharing contaminated needles or syringes and from mother to child during pregnancy or birth. The term “AIDS” applies to the most advanced stages of HIV infection.²⁶

FIGURE 7.3
Syphilis Rates (ages 15-19) by Race/Ethnicity and Gender, 2002



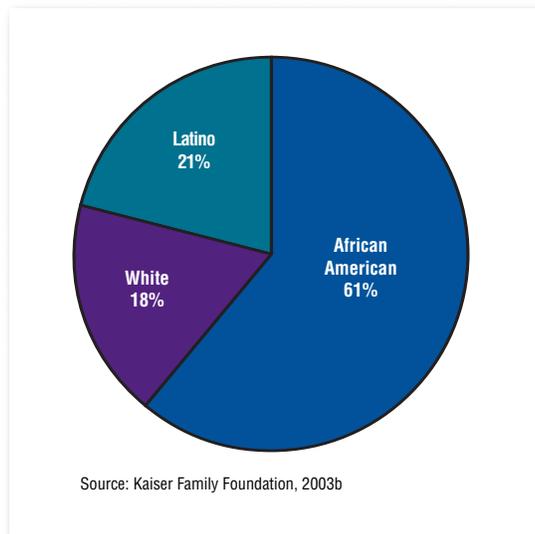
AIDS disproportionately affects communities of color in the U.S. African Americans represent 12% of the population, yet accounted for 50% of new diagnoses in 2002.²⁷ Similarly, Latinos account for 14% of the U.S. population and represent 20% of all new cases.²⁸ Among Latinos, men account for the vast majority (81%) of cumulative AIDS cases, though infections are increasing among Latinas.²⁹ In 1991, Latinas represented 15% of new AIDS cases among Latinos; they comprised 23% of new cases in 2001.³⁰ Of the Latino AIDS cases reported in 2001, the majority (65%) were among people born in the U.S. or Puerto Rico (Figure 7.4).³¹

FIGURE 7.4
AIDS Cases among Latinos by Place of Birth, 2001



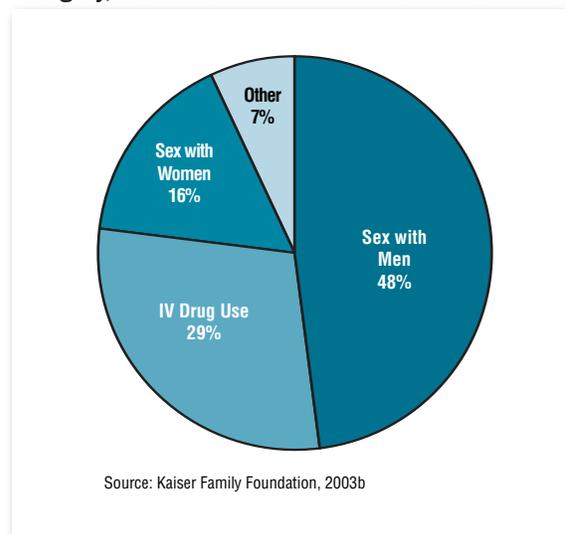
More than half of all new HIV infections are estimated to occur among those under the age of 25.³² Though Latino youth comprise 15% of U.S. teens, they account for 21% of new AIDS cases reported among teens aged 13 to 19. African American youth are particularly affected: they comprise 61% of new AIDS cases (Figure 7.5).³³

FIGURE 7.5
New AIDS Cases among 13-19 Year Olds by Race/Ethnicity, 2001



Half of Latinos with HIV/AIDS (48%) report learning of their diagnosis late in their illness, and Latinos and African Americans living with HIV/AIDS are more likely than whites to report competing needs and barriers to health care (such as debilitating illness and lack of transportation) (Figure 7.8).³⁸

FIGURE 7.6
Estimated AIDS Cases among Latino Males by Exposure Category, 2001



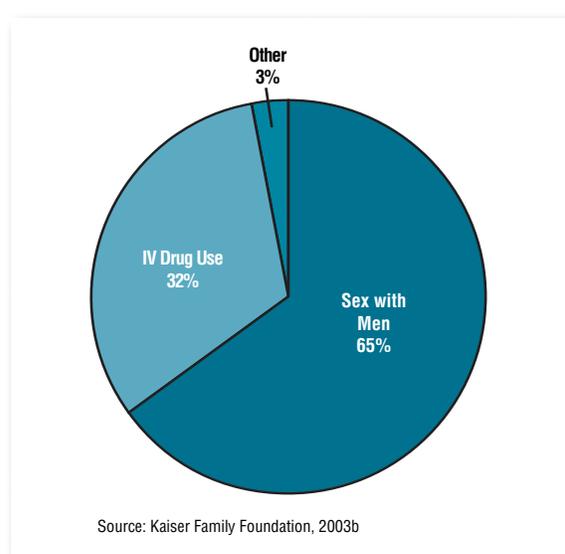
Modes of Transmission

Among both Latino males and females, the most common route of infection is sex with an HIV-infected male (Figures 7.6 and 7.7).³⁴ Patterns of HIV transmission vary by national origin within the U.S. Latino community. Men having sex with men is the primary reported mode of transmission among Latino men of Mexican (47%), Central and South American (35%) and Cuban (34%) descent.^A Among Latinos born in Puerto Rico, the primary transmission route is injection drug use (43%), followed by heterosexual sex (29%).³⁵ Understanding the differing modes of transmission among Latino subgroups is essential to targeting interventions and services to specific populations.

Barriers to Care

Due to advances in treatment, death rates among people with HIV/AIDS declined throughout the 1990s in the U.S. However, due to a variety of factors, the rate of decline among Latinos and African Americans has been slower than among whites.³⁶ For Latinos, this is likely related to language barriers, poor health care access and lack of awareness about the disease and modes of transmission.³⁷

FIGURE 7.7
Estimated AIDS Cases among Latinas by Exposure Category, 2001

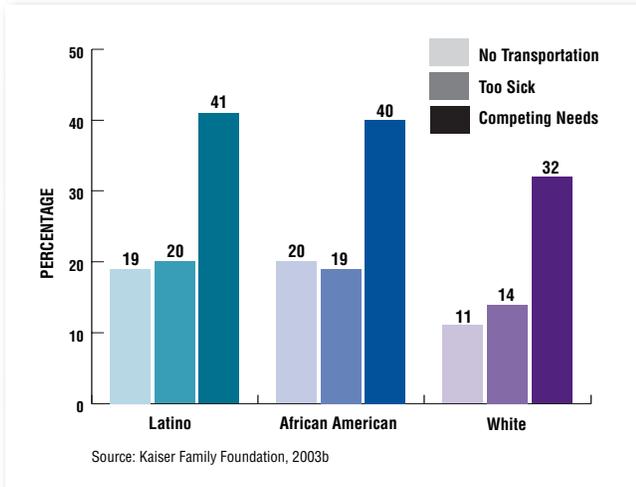


^A It is important to note that there is a significant proportion of reported AIDS cases for which mode of transmission is unknown or unreported.



FIGURE 7.8

Reasons for Postponing Care among People with HIV/AIDS by Race/Ethnicity, 1996



YOUTH KNOWLEDGE AND COMMUNICATION ABOUT STIS AND HIV/AIDS

Though youth in general express interest and concern about STIs, most are ignorant about their prevalence, incidence and their personal risk of infection. Three-quarters (75%) of adolescents believe that STI rates are much lower than they actually are.³⁹ Two-thirds (68%) of sexually active 15 to 17 year olds do not consider themselves to be at much, if any, risk. While 86% say that safe sex consists of abstinence and 72% cite condoms, nearly half (46%) believe that using birth control pills protect them from STIs and one in five (21%) believes that oral sex is safe.⁴⁰ Among sexually experienced teens, 29% believe they cannot have an STI because they are not experiencing symptoms.⁴¹

Health care providers are often assumed to provide health related information to adolescents. However, health providers frequently fail to inquire about sexual behavior, assess STI risks, counsel about risk reduction, and screen their adolescent patients.⁴² In fact, only 43% of adolescent females and 27% of adolescent males report discussing STIs or pregnancy prevention with a health care provider.⁴³ Seven in ten sexually active 15 to 17 year olds have never been tested for STIs other than HIV, and 75% have never been tested for HIV/AIDS.⁴⁴

A majority of youth report learning about HIV/AIDS in school, though Latino and African American students are less likely than whites to report this education (81%, 86%, and 91%, respectively).⁴⁵ The type of information that

students learn in school-based STI/HIV education programs varies widely. An increasing number of sexual education teachers use an abstinence-only approach to sexual health. In 1988, only 2% used this approach; that percentage climbed to 23% in 1999.⁴⁶ Abstinence-only education programs do not permit discussion of contraceptive methods except to emphasize their failure rates, so young people enrolled in these programs do not get the information necessary to protect themselves from STIs and HIV.

In spite of a lack of information and dialogue, U.S. youth want to learn more about STIs and HIV/AIDS. Forty-three percent of teens want to know more about testing for HIV and other STIs, 34% want to know more about the consequences of STIs, and 25% want more information on how HIV and STIs are spread.⁴⁷ More than half (58%) say they need to know more about whether they have an STI and 57% want to increase their knowledge about how to protect themselves from STIs.⁴⁸ The vast majority of teens (84%) say their decisions about sex and relationships are influenced by their worries about STIs, and 88% say their decisions about what form of contraception they use are influenced by how well it prevents STIs and HIV.⁴⁹

Latino youth and young adults view HIV/AIDS as an important issue in their lives. More than half (57%) of Latino young adults aged 18 to 24 feel that AIDS is a very serious problem for people they know, compared to 39% of the general population in this age group.⁵⁰ Latino youth are more likely to talk with a health care provider about HIV (34%) and HIV testing (26%) than non-Latino youth (25% and 19%).⁵¹ Correspondingly, Latino parents (70%) are more worried about their children becoming infected with HIV than non-Latino parents (52%) and this concern is greater among Spanish-speaking parents (73%) than those who speak English (63%).⁵² Latino parents are also much more likely than the general public (70% vs. 46%) to want information on how to discuss AIDS with their children.⁵³

SUMMARY

Contracting an STI can have significant consequences such as contributing to the further spread of infections, and increasing risks of infertility, pregnancy complications, and HIV. Still, STIs are preventable, and most are easily treatable when diagnosed. STIs have a disproportionate effect on ethnic minorities, with Latino and African American youth reporting higher rates of chlamydia, gonorrhea and syphilis than whites. Disturbingly, while

rates of syphilis are decreasing among African American and white youth, they are rising among Latino youth.

Latinos also have disproportionately high rates of HIV/AIDS. Though Latinos account for 14% of the U.S. population, they represent 20% of all new annual cases. For both males and females, the most common route of HIV transmission is sex with an infected male though modes of transmission vary by national origin. Understanding how various Latino communities contract HIV/AIDS has important implications for planning effective national and community based programs.

Though adolescents are at increased risk for contracting STIs, including HIV, many are unaware and misinformed of their likelihood of infection and the gravity of the consequences of not getting tested or treated. Latino parents express concern about their children's risk of HIV infection and both Latino youth and their families express a desire to learn more about how to prevent and communicate about STIs and HIV. The high levels of misinformation about these topics and the desire to know more indicate the need for comprehensive information and education.



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MOVING FORWARD

Overall, rates of sexual behavior, as well as pregnancy and birth rates are going in the “right” direction; that is, they are decreasing for the nation as a whole and in each of the major racial/ethnic subgroups. However, Latino youth have experienced slower declines in both pregnancy and birth rates than either African Americans or whites.¹ This recent pattern suggests that a greater understanding of the risk factors that influence Latino adolescents’ lives is needed in order to accelerate the downward trend in adolescent parenthood among this population.

To understand the lives and circumstances of Latino youth, it is necessary to appreciate the heterogeneity of this group of young people. Most of the information presented in this monograph groups all Latino teens into one category. This reflects how data are gathered, but it masks the variability within the population. For example, teen birth rates vary markedly across national origin groups; Mexican-origin teens have much higher rates than Cubans. Another key source of heterogeneity within the Latino population is generational status, and the related issues of acculturation and language. Yet, little data on rates of teen sexual activity and contraceptive use, risk of STIs and HIV, pregnancy, abortions and births include information on whether teens are immigrants, the U.S.-born children of immigrants or the children of native-born parents.

The U.S. Latino youth population is quite diverse, including young people from a variety of national and socioeconomic backgrounds and several immigrant generations. A particularly important implication of this diversity is that there is no “one size fits all” Latino culture, experience or viewpoint for which generic “Latino youth programs” can be designed. Programs that have effectively reached Latino youth in one community may not work elsewhere because of differences in culture, history, experiences and resources. Similarly, research on programs serving the reproductive health needs of Latino youth must be read with care. Most studies focus on local programs serving Latinos from a particular country or with a specific migration history. Thus, they may need to be adapted to include teens from different backgrounds and experiences.

The growth of the Latino population means that organizations that have amassed experience in reaching and serving Latino

youth possess expertise that is needed in areas that have become the new homes of Latino youth and their families. It is crucial that local agencies that serve youth in general and focus on adolescent reproductive health in particular, learn as much as possible about the Latino population in their area. Detailed information about the new and growing Latino community is useful for two related reasons. One, it helps localities and states understand the needs as well as the strengths of their Latino community. Second, local officials with an in-depth understanding of the Latinos in their area can use this knowledge to find programs elsewhere with track records serving similar populations. They can learn from those who designed, planned and implemented interventions that successfully lowered teen pregnancy and/or birth rates among Latinos. Pertinent information that would be helpful in addressing both these issues includes recency of immigration, where people are moving from (including country of origin and whether they are from rural or urban areas), educational and literacy status of adults, economic and housing situations, types of jobs adults hold, schooling background of children, and the English proficiency of parents and their children.

Programs that strive to serve immigrant Latino youth must be cognizant of the effect of immigration as a life-altering experience on youth and take into account the issues with which immigrant youth grapple. They should be aware of the concerns many Latinos may have about legal status, the extent to which they have adapted to their new surroundings, their ties to their home countries and their efforts to balance the expectations and outlooks of the culture they were born into with those they have developed from living in the U.S. Organizations that operate in areas with significant numbers of Latino immigrants should be sensitive to the unique barriers that undocumented youth face and make specific efforts to attract these teens and assure them that their participation in youth programs poses no risks to them or their families.

The research that has been carried out on topics related to teen sexual behavior as well as other outcomes make a strong case for the crucial role of both national origin and generational status, signifying the need for more data that include this type of information. Incorporating these factors into more of the research on Latino youth will produce



findings that can be used by those who design and implement programs that aim to promote healthy sexual behavior. In addition, as is the case for any large population, Latino youth differ by socioeconomic status, family structure, and school and neighborhood quality and climate. Much of the work done on these aspects of young people's lives among whites and African Americans probably speaks to Latinos' experiences as well. However, a more detailed understanding of how these factors operate in Latino teens' lives is necessary.

In general, professionals who work to improve the lives and futures of young Latinos need more information on their motivations and goals for their futures and the role of these in shaping their sexual and reproductive behavior. For example, Latino youth tend to have more modest educational expectations than whites or African Americans, although the expectations of their parents are not lower than those of other parents. Latino teen mothers are also more likely than other teen mothers to report that their pregnancy was intended, indicating that early family formation is a relatively common goal among Latinos. This finding suggests that providers working in teen pregnancy prevention programs cannot assume that all Latino youth desire to postpone parenthood until adulthood. Finally, given the high number of repeat births to Latino teens, programs whose goals are to lower birth rates among Latino youth must create different approaches for young people who are not parents and for those who already have a child.

Families are important in the lives of all young people and Latino youth are no exception. Past work suggests that Latino families adhere to somewhat different values and styles than those of the white middle-class in this country.² Although research on the topic is sparse, what exists suggests that pregnancy prevention programs will be more successful if they understand and respect young people's families and the important roles they play in shaping their goals, values and behaviors. Interventions that incorporate the strengths of Latino families are more likely to be successful in achieving their objectives than those who do not acknowledge the role and meaning of family in Latino teens' lives.

Similarly, practitioners who strive to improve the life chances of Latino youth are well advised to draw upon the strengths of Latino communities. Many Latino communities, particularly those with high proportions of immigrants, are close-knit and are built upon strong ties between individuals, families and other groups. These ties often serve as protective factors for the community's youth, even in the face of general economic deprivation.³

Nevertheless, the relatively low socioeconomic status of many Latino youth and their families does present a challenge. The low mean educational attainment of Latino parents and low family incomes are obstacles to Latino youth realizing their full potential. In addition, the high proportion of Latinos who attend underfunded schools and live in dangerous neighborhoods with few resources for young people also raise their odds of negative outcomes, including unintended pregnancy and STIs.

This situation must be addressed on two levels. On one level, adults who work with Latino teens must take their socioeconomic circumstances into account. On the broader level, those who care about the futures of Latino and all youth must work to narrow the economic disparities in the U.S., thus increasing the proportion of young people who reach their full potential.

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