



LATINO POLICY & ISSUES BRIEF

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UNDERSTANDING CULTURAL INFLUENCE ON HEALTH BEHAVIORS OF LATINO ADOLESCENT PARENTS

by

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Latinos, especially Mexicans and Salvadorans, continue to face disparities in health, educational attainment, and poverty rates. A particular concern is the disproportionate number of Latinos who are affected by HIV. Latinos account for 19% of total AIDS cases in the United States, although Latinos currently constitute only 12.5% of the total population.¹

Overall, Latino immigrants may be at greater risk for HIV due to lack of information, health services, and culturally relevant resources.² Unfortunately, low levels of acculturation and traditional values combined with high levels of poverty and unemployment can negatively influence the risk for HIV.³ Non-US-born adolescents and those born to immigrant parents experience more challenges as their parents struggle to transition them into the new culture and to support them in resisting the pressures associated with sexual activity, violence, and substance use.⁴

This study examines the influence of cultural/ethnic identity on health behaviors among adolescent Latino parents, drawing on in-depth interviews with participants from the inner-city areas of Los Angeles County who are attending an HIV prevention program. In the county, approximately 17% of the total reported cumulative AIDS cases are among adolescents and young adults, ages 13-29 years. Among this cohort, 42% are Latino.⁵

By understanding how young Latino parents perceive the influence of cultural/ethnic identity, then health care providers, schools, and community agencies can develop programs and processes to better serve this at-risk population.

METHODS

The data reported here were collected for a supplementary study in an ongoing longitudinal clinical trial examining the effects of a couple-focused HIV prevention program for Latina adolescent mothers and their male partners. Ten participants were randomly selected from a sample of 336. The goal of this supplement is to capture the participants' views in greater depth; obtaining richer information from a smaller sample has offered new research directions. These participants were dyads with a child/or children. Participants were interviewed by a bilingual (Spanish and English), bicultural researcher.

All interviews were audiotaped and subsequently transcribed. A fluent Spanish speaker transcribed the Spanish interviews, capturing the actual slang and colloquialisms that the participants used. Content analysis was the primary method of analysis.

FINDINGS

All participants reported origins predominantly from Mexico (4) and Central America (6). Some of them held jobs and most had not graduated from high school. Additional sociodemographic data is depicted in Table 1. Of the 10 participants, half spoke *only*

or *mostly* Spanish at home, and the majority associated being bilingual (Spanish and English) with betterment and with being “Mexican-American.” Place of birth for participants and their parents are depicted in Table 2. The young parents in this sample expressed the intention of fostering cultural/ethnic pride in their children by encouraging them to talk with their parents and grandparents, to attend the library, to return to their country of origin to visit, and to teach *their* children both languages.

The following themes were drawn from the interviews:

Source of culture/ethnic identity

Ironically, most participants did not state that they learned about their culture from family or caretakers. They attributed the learning process to school, being asked to complete forms, or being in the classroom (primarily, junior college).

Influence of Culture on Health

Nearly all participants did *not* associate good health or relationships with cultural

factors. When they made the connection, they presented it as negatively impacting nutrition and having other risks:

“[Latinos] they are scared you know, most of them just walk with their head down; you know the main thing that I noticed, you know, they don’t want to cause too much trouble... they don’t want to get deported back. That’s probably one of those things, they don’t go to the doctor that much.” (female from Mexico)

Strength, Pride, and Resiliency

Almost all participants associated their culture and ethnic identity with strength and pride. These young parents expected to overcome difficulties and were very positive. For male and female respondents, gender differences were observed regarding providing for the family, being responsible, and facing problems:

“I feel good about my roots and my culture... being Mexican means being connected to your family, your parents... to be able to work, finish school, to be

able to move your family forward.” (male from Mexico)

“I feel very strong because I think that people say we live in bad neighborhoods... even if I live there that doesn’t mean that I’m not going to be something... cause I’ve heard people say...oh you live down there you know... you’re probably one of them people that sells drugs or deal with gangs... doesn’t mean that I’m going to be doing low stuff like that.” (US-born female)

Generational Issues

Several participants made a clear separation between themselves (as US-born) and their family members (as non-US-born). Others made comparisons and viewed themselves as better than family members who did not speak English or were not born in the US.

DISCUSSION

Participants were able to express their thoughts about the influence of culture on health and associated risks. Due to the young age of this sample, it may be inferred that participants are still in the process of ethnic identity development and exploration. In general, they have a positive view of their ethnic group and its influence, but not as it relates to health behavior. In fact, health was not perceived as being a topic of discussion in the household, and the concept of prevention was not articulated.

Of equal importance is the revelation that health risks, such as those that can lead to HIV/AIDS, remained unaddressed. Obviously, as young parents, participants had already engaged in sexual intercourse, without protection, at a very early age (see Table 1).

These young parents had not had the opportunity to think about what their cultural/ethnic identity meant and how it influenced them. The interview process was, for many, the first activity that encouraged this thinking. However,

Table 1. Sociodemographic Variables for Young Latino Parents

	Females	Males
Age (years)	Mean = 18 Range: 14–19	Mean = 21 Range: 17–22
Education (grade completed)	Mean = 11 th Grade Range: 7 th Grade–2 years college	Mean = 12 th Grade Range: 11 th –12 th grade
Acculturation Score (1 = low; 5 = high)	Mean = 2.90	Mean: 2.94
Age of First Intercourse (years)	Mean = 14.80	Mean = 14
Number and Ages of Children	4 with 1 child (age 2 years) 1 with 2 children (ages 4 and 2 years)	At least 1 child with the mother in the study
Total number	5	5

Table 2. Birthplace for Young Latino Parents

	Females	Males
US-Born	3	2
Non-US-Born	2	3
For Non-US-Born, length of time in US in years	Mean = 12.50 (Mexico and Honduras)	Mean = 11.67 (El Salvador and Mexico)
Parents born in the US	0	1
# of Years Father in US	Mean = 14.50	Mean = 10.00
# of Years Mother in US	Mean = 13.60	Mean = 14.50

it was only when thinking about what others thought about them that negative stereotypes and negative perceptions surfaced. These feelings were usually expressed in the context of their living situation or what others expected of them.

This brings forth the phenomena presented in earlier studies about the insulation of personal self-esteem in socially devalued groups. These groups develop perceptions that the dominant group has pressed upon them, thereby redefining their identity process to one that is dissonant with what they may actually feel. Some of the experiences shared by the participants were consistent with those described in the literature; namely, the elevated and multiple psychosocial risks faced by youth with parents who may still be adapting to a new culture.⁶ This has particular bearing on Latino families, who are expected to single-handedly undertake a pathway that would enable *their* children to feel complete and positive as they attempt to form a positive cultural/ethnic identity.⁷

RECOMMENDATIONS

1. HIV/AIDS prevention messages should be culturally relevant—and not solely language based—so that Latino families are encouraged to raise issues that are normally not discussed.
2. Develop social and educational interventions that will support immigrant parents in the cultural transition and acculturation process for themselves as well as their children.
3. Further study is needed in three key areas: a) the views of the adult parents of these adolescent parents on the influence of culture on health behavior; b) the impact of raising children in impoverished sectors on ethnic identity development and health behavior; and c) the multiple risks facing immigrant youth or first generation youth from diverse origins.

NOTES

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Latino immigrants face greater risk of HIV due to lack of information, health services, and culturally relevant resources. A study of adolescent parents in Los Angeles suggests ways to develop programs and processes to better serve this at risk population.

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