

## Sexual risk behaviors of Hispanic youth vary by language, place of birth

September 3 2014, by Milly Dawson

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A new study in the *Journal of Adolescent Health* finds that the sexual risk behaviors of young Hispanic people living in the U.S. vary considerably with their degree of acculturation (as defined by where they were born and the language they speak). For instance, while only about half of Spanish-speaking immigrants used a condom during their first sexual encounter, more than two-thirds of English-speaking immigrants and native-born Hispanic youth used one.

Lead author of the study Laura Haderxhanaj, MPH, MS, an Oak Ridge Institute for Science and Education fellow with the Centers for Disease Control and Prevention, notes that Hispanic youth face social and economic barriers such as poverty that reduce their ability to access

[health care](#). These barriers heighten their risk for sexual health problems, including sexually transmitted diseases and unwanted pregnancies. Despite the disparities, she said, "little is known about how acculturation, or the process of assimilating into a new culture, impacts risk factors and health disparities" for these young people.

The new study looked at specific sexual behaviors and at [health care access](#) for the prevention and treatment of sexually transmitted infections (STIs) among different groups of Hispanic youth, based on their degree of assimilation. The researchers compared four groups of participants: 1) Spanish-speaking Hispanic immigrants; 2) English-speaking Hispanic immigrants; 3) Hispanic natives (ethnically Hispanic, English speakers born in the U.S.); and 4) non-Hispanic white natives, who spoke English.

The researchers used data from the 2006-2010 National Survey of Family Growth, which included information about demographics, health care access and many aspects of [sexual behavior](#). The final sample comprised responses from 6,091 youths aged 15 to 24. To assess a participant's degree of acculturation/assimilation the researchers ranked three variables: 1) race/ethnicity; 2) language chosen for interviews; and 3) place of birth in either the U.S. or another country.

Although the majority of all youths (63 percent) reported having had vaginal sex, this percentage was considerably higher (76 percent) among Spanish-speaking immigrants than among the other three groups. Spanish-speaking immigrants were also far likelier to have first had vaginal sex with a partner six or more years older than themselves (27 percent for Spanish-speaking immigrants versus less than 10 percent for the other three groups).

Most Spanish-speaking immigrants (65 percent) reported having no health insurance while most non-Hispanic white youth (70 percent)

reported having private coverage. Hispanic natives and non-Hispanic white youths were also more likely than Spanish-speaking immigrants to have a regular place of care. Among females, U.S. natives were more likely to report having had a chlamydia test within the past year; among males, there was no difference in the receipt of STI tests by acculturation group.

Leslie Kantor, MPH, vice president of education at the Planned Parenthood Federation of America says, "These findings on disparities in sexual behavior and health care access for Spanish-speaking [immigrants](#) reinforce the need to increase the number of culturally competent sex education programs for Latino/Latina youth." Kantor stressed that many Planned Parenthood affiliates do offer culturally relevant sexual education programs for both young people and parents with Hispanic roots. These include the evidence-based "¡Cuidate! Be Proud! Be Responsible!" program for youth as well as programs for parents that are available in Spanish.

Provided by Health Behavior News Service

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