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Toward the Prevention of Risky Sexual Behavior Among Latina Youth

Lisa M. Edwards and Lucia J. Stubbs

Abstract

Sexual risk-taking among Latina youth has been noted as a critical health concern within the United States. In this chapter, the importance of prevention of risky sexual behavior among Latina youth will be discussed. Current prevalence rates and consequences associated with sexual behavior among Latino/as will be reviewed, along with factors that are relevant to understanding the prevention of sexual activity. Finally, programs that have been developed to prevent risky sexual behavior among Latinas will be reviewed and suggestions for prevention efforts will be presented.

Key Words: Latino/a youth, adolescent, sexual activity, prevention, teen pregnancy, risky behavior

Introduction

Adolescents today are exposed to risky behavior, such as sexual activity, at a much earlier age than in previous times (LeCroy, 2008). Youth generally begin experimenting with sexual activity during the adolescent years (LeCroy, 2008; Takamishi, 1993), and the consequences of this experimentation can include costs to individuals' health, education, and future outcomes. For females, the added risk of pregnancy in addition to acquiring a sexually transmitted disease (STD) is problematic. Young Latinas in particular are at risk because of their early onset of sexual activity and less consistent contraceptive use (Lescano, Brown, Raffaelli, & Lima 2009). Prevention in the area of sexual risk-taking among Latina youth is critical, as it has the potential to promote health and psychosocial wellness and help combat this significant health concern within the United States. In this chapter, we will describe the importance of prevention of risky sexual behavior among Latina youth. We will discuss current prevalence rates and consequences associated with sexual behavior among Latino/as, as well as factors that are relevant to understanding

the prevention of sexual activity. Finally, programs that have been developed to ameliorate this health risk behavior will be reviewed and suggestions for prevention efforts will be presented. Throughout the chapter we utilize the term *Latina* to refer to female individuals in the United States with origins in Latin America, and consider this term inclusive of other related terms such as Hispanic and Chicana, and national origin labels such as Mexican or Dominican.

Cultural Context of Latina Adolescent Sexual Activity

Authors have noted that adolescents, as compared to individuals in other developmental periods, are more open to experiencing and engaging in a wider range of behaviors (Arnett, 2000). Adolescence is a critical developmental period because of youths' emerging sexualities and the fact that they are forming identities and lifetime habits at this time (Buzwell & Rosenthal, 1996; Chapin, 2001; Michels, Kropp, Eyre, & Halpern-Felsher, 2005). Adolescents may therefore be at risk for poor sexual decision making because they are less

developmentally and emotionally mature (Driscoll, Biggs, Brindis, & Yankah, 2001).

Early sexual activity puts adolescents at risk for a variety of negative outcomes across physical, psychological, and emotional domains (Driscoll et al., 2001; Kirby, 2007). Teens who are sexually active during early adolescence are more likely to have unprotected sex and more sexual partners, and to participate in other risk behaviors such as using drugs and alcohol and dropping out of school (Anaya, Cantwell, & Roteram-Borus, 2003; Franzetta, Terry-Humen, Manlove, & Ikramullah, 2006; Manlove, Logan, Moore, & Ikramullah, 2008; Manlove, Papillio, & Ikramullah, 2004; National Campaign to Prevent Teen Pregnancy, 2003; Silver & Bauman, 2006). The risk of teenage pregnancy for girls, parenthood, abortion, and sexually transmitted diseases also increases with early sexual activity and may lead to significant health complications (Anaya et al., 2003; CDC, 2007a; CDC, 2008b; Vélez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005; Taylor-Seehafer & Rew, 2000). When teens give birth their future prospects decline (Centers for Disease Control and Prevention [CDC], 2007a), they are less likely to complete high school and receive prenatal care, and more likely to continue to live in poverty (Anaya et al., 2003; Hoffman, 2006). In addition, the effects of childbearing on girls may include mental illness, underperformance in school, sexual violence and abuse, family dysfunction, and poor self-esteem (Contreras, Narang, Ikhlas, & Teichman, 2002).

Data from the 2009 YRBS (CDC, 2009) showed that in general, males and ethnic minorities were more likely to engage in risky sexual behaviors. Across ethnic groups, adolescent males are more likely than females to initiate sex at an early age and report having sex with four or more people. African American males initiate sex before 13 years of age at 6 times the rate of White males, and Latino males initiate at twice the rate compared to White males. Similarly, African American males were most likely to have four or more sexual partners, followed by Latinos and White males. With respect to condom use, Latino males and Latina youth are least likely to use condoms of all ethnic groups, followed by African Americans and Whites.

Early and high rates of sexual activity among Latina youth in particular have been identified as significant public health concerns across the United States (CDC, 2007b; Schuster, 2003). Statistics indicate that by 12th grade, 68% of Latinas report having had sex and 22% report having had four

or more sexual partners (CDC, 2009). About 5% of Latinas in high school reported first intercourse before age 13, compared to 3% of White and 7% of African American female students (CDC, 2009). Research has noted that Latina teens are least likely to use condoms or any contraception at first sex compared to their male and female counterparts in all groups (CDC, 2006, 2009; Eaton et al., 2006), which likely often leads to the high rates of pregnancy and sexually transmitted diseases.

With respect to sexually transmitted diseases, rates of chlamydia, gonorrhea, and syphilis are two and three times as high for Latinos as for Whites and Latinos accounted for 19% of new AIDS diagnoses in 2006 (CDC, 2008a). Latinas also experience disproportionately high rates of HIV infection. In 2006, the rate of HIV infection in Hispanic females ages 13 to 29 was three times the rate for non-Hispanic White females (Prejean, Song, An, & Hall, 2008). Latinas have the highest birthrates of all racial/ethnic groups, with rates declining over the past 15 years about half as fast as those for White and African American teens (Ikramullah, Schelar, Manlove, & Moore, 2007). Statistics indicate that 51% of Latinas become pregnant at least once by the time they are 20 years old (National Campaign to Prevent Teen Pregnancy, 2007).

Taken together, the data regarding risky sexual behavior among Latina youth suggest that there is a great need for prevention work in this area. Understanding factors that influence risky behavior is the first step toward prevention, and there are likely a multitude of complex factors that affect outcomes in this area. Some authors have speculated that disparities across ethnic groups in age of onset of sexual intercourse can be explained by differences in socioeconomic level, community, and opportunity; yet these differences don't entirely account for the increased risk for these youth (Miller, Sage, & Winward, 2005). Clearly the unique cultural context of being Latina in US society also plays a role in this puzzle.

Latina youth are expected to navigate their culture of origin as well as mainstream, White culture. They may experience stressors as a result of their biculturalism, including discrimination, acculturation gaps, family obligations, and pressure to be bilingual (Fennelly, Mulkeen, & Giusti, 1998; Flores, Tschann, Dimas, Pasch, & deGroat, 2010; Romero, Carvajal, Volle, & Orduña, 2007; Romero & Roberts, 2003), as well as expectations about gender roles and pressure to conform to gender-specific behavior (McLean Taylor, Veloria, & Verba, 2007).

Romero et al., 2007). Researchers have noted that any prevention efforts must incorporate and consider culture, as culture influences beliefs about health including values and practices (Chwalisz & Obasi, 2008).

In the following section, prominent Latino/a cultural values that have been suggested to relate to sexual activity among youth are described. Specifically, we review relevant theory and research about the role of acculturation, familism, religiosity, and gender roles in Latina sexual risk-taking. For each value, we note the complexity of research that has shown that the construct at times might be protective for youth, and at other times, might serve as a risk factor.

Our goal in discussing these values is not to pathologize any aspect of culture, but rather to move the field toward a more nuanced discussion of the complexity of such constructs and how they might operate in the lives of Latina youth. We acknowledge that values such as these might operate in complex ways in any ethnic group, and that within any given culture there is great heterogeneity in the level to which individuals may or may not adhere to such cultural values.

Acculturation

Acculturation has been defined as the process of change that results from continuous contact between two different cultures (Berry, Trimble, & Olmedo, 1986). Several models of acculturation have been proposed and used to guide measures of this construct. Most initial research about acculturation adopted a unidimensional approach, which situated Latino individuals, for example, on a continuum of acculturation between two opposite poles of European American and Latino culture. As individuals assimilated to mainstream culture, this model suggested that they moved toward the European American end of the continuum and away from their Latino culture. A limitation of this approach, however, was that there was no acknowledgment of the possibility that acculturation toward the dominant culture does not necessarily preclude the simultaneous retention of one's culture of origin (Edwards & Lopez, 2006; Marin, 1992; Zane & Mak, 2003). Because acculturation is a multidimensional construct it is measured by a number of variables including: birth place, length of residency in host country, preference and fluency of language, ethnicity of friends, ethnic identity, and disposition toward family and gender roles (Driscoll et al., 2001).

It has been suggested that researchers attend to acculturation as an important variable that can

influence an individual and group's values (Berry, 2003; Chun & Akutsu, 2003; Kim & Abreu, 2001) and as an important factor in sexual health interventions (Lescano et al., 2009).

Research about acculturation and sexual activity has noted that youth with low levels of assimilation initiate sexual activity later than those who are more assimilated (Ford & Norris, 1993) and report fewer lifetime sexual partners (Edwards, Fehring, Jarrett, & Haglund, 2008). In contrast, research also exists that suggests that once sexual activity has been initiated, being less assimilated is associated with decreased condom use among Latinos (Marin et al., 1993; Newcomb et al., 1998). Additionally, US-born Latinas are at a decreased risk for unplanned pregnancy than those who are immigrants (Ford & Norris, 1993), suggesting that less assimilation is not always protective against risky sexual behavior.

More recent research has shown complexities in the relationship between assimilation and sexual activity, suggesting that future research will need to investigate these variables more carefully. For example, Guilamo-Ramos, Jaccard, Peña, and Goldberg (2005) found that immigrant adolescents in English-speaking homes were at less risk for sexual activity than their counterparts in Spanish-speaking homes, while for US-born Latino youth the opposite was true.

Familism

Familism, or *familismo*, has been considered a core value of Latino/a culture (Marin, 1993; Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987) and is generally defined as an individual's attachment to his/her family members and attention given to the family over him/herself. Familism includes strong feelings of reciprocity, loyalty, and solidarity among family members (Triandis, Marin, Betancourt, Lisansky, & Chang, 1982). Additionally, familism refers to the feeling of closeness, getting along with, and contributing to the well-being of the family (Cauce & Domenech-Rodriguez, 2002). While research with Latinos has found that aspects of familism (parental monitoring and communication) are protective against delinquency, adolescent aggression, and substance use (Barrera, Gonzales, Lopez, & Fernandez, 2004; Formoso, Gonzales, & Aiken, 2000; Gil, Wagner, & Vega, 2000; Pabon, 1998; Ramirez, Crano, Quist, Burgoon, Alvaro, & Grandpre, 2004; Romero & Ruiz, 2007; Smokowski & Bacallao, 2006), less is known about how familism may influence decisions regarding early sexual behavior.

Some studies have noted that communication between Latino parents and their teens is related to lower incidence of pregnancy (Adolph, Ramos, Linton, & Grimes, 1995), sexual abstinence (Aspy et al., 2009), and increased condom use (Buzi, Smith, & Weinman, 2009). Bourdeau, Thomas, and Long (2008) note that Latino families play a role in sexual socialization because of the increased emphasis that is placed on respect for elders and parents, who are likely to emphasize the importance of virginity and delaying sexual activity until marriage. In two qualitative studies with Latino/a adolescents, the importance of respect toward family members and engaging in behaviors that bring pride to the family was related to youths' reasons for not having sex (Flores, Eyre, & Millstein, 1998; Villarruel, 1998). In the Flores et al. study, Latinas preferred partners who had familistic orientations and whom they expected would be good providers for the family, and these values were related to more traditional sexual attitudes.

While some studies have emphasized that aspects of familism may serve as protective factors against engaging in sexual behavior among Latina youth, it also has been hypothesized that a greater emphasis on families could increase sexual risk for Latino youth, such that youths that identify with Latino culture may feel more inclined to engage in unprotected sex or give birth if pregnancy does occur (Kirby, 2000; Miller et al., 2005). Understanding the protective role of familism, therefore, is important for prevention work in this area. More research is needed to ascertain the aspects of familism or family behaviors that are protective and those that might serve as risk factors for increased sexual activity.

Religiosity

Religiosity has been noted as an important factor related to sexual activity among Latina youth. Religiosity can be considered the degree of participation in, or adherence to, the beliefs and practices of a religion (Mueller, Plevak, & Rummans, 2001), and religiosity has been consistently noted to hold a prominent position in Latino/a culture (Driscoll et al., 2001). A handful of studies exist that show a positive influence of religiosity on sexual activity among Latino/a youth (DuRant et al., 1990; Edwards et al., 2008; Edwards, Fehring, Haglund, & Pruszyński, in press; Liebowitz, Castellano, & Cuellar, 1999). In a recent study with a nationally representative data set, those Hispanic adolescents who held religion as important, attended religious services at least once a week, and had traditional

attitudes on sexuality had fewer sexual partners and an older age of sexual debut (Edwards et al., 2008).

It has been noted that religiosity may be related to sexual activity and contraceptive use in different ways (Manlove, Terry-Humen, Ikramullah, & Moore, 2006); thus it is important to study these dependent variables separately. While religiosity is protective for delay of sexual initiation and number of partners, research is mixed about how it relates to contraceptive use. Among teens of all ethnic backgrounds, some evidence indicates that adolescents with higher religiosity report less contraceptive use than their less religious peers (Jones, Darroch, & Singh, 2005; Nonnemaker, McNeely, & Blum, 2006), while other studies suggest no relationship between religiosity and contraceptive use (Bearman & Bruckner, 2001). Finally, in at least one study, family religiosity was a protective factor in terms of contraceptive use (Manlove et al., 2008).

For Latinas, religiosity has been suggested as a reason why they might be less likely to adhere to, or use, contraception as much as their non-Latina peers (Venkat et al., 2008). However, the relationship between religiosity and contraception use among teens, and among Latinas, is not clear. Previous studies with Latino youth also have provided discrepant findings about the influence of religiosity on contraceptive use. Research with large samples of ethnically diverse adolescents (Rostosky, Wilcox, Wright, & Randall, 2004) and Latino adolescents (Manlove et al., 2006) suggests that religious teens and those who engage in religious activities with family are less likely to use contraception as compared to their less religious counterparts. However, other research with Latino college students (Jemmott, Jemmott, & Villarruel, 2002), and adolescents (Villarruel, Jemmott, Jemmott, & Ronis, 2007) found that personal religiosity was associated with an increased use of condoms.

Gender Roles

Gender roles also have been noted to be important in shaping sexual patterns and influencing youths' sexual behavior (Deardorff et al., 2008; Taylor-Seehafer & Rew, 2000). Gender roles have been shown to operate among Latino/a youth (Marston, 2004) and lead to different expectations about sexuality among Latino boys and girls (Driscoll et al., 2001). For males, the gender role of *machismo* is characterized by honor, protectiveness of the family, and courage (Gloria, Ruiz, & Castillo, 2004). The Latino female gender role, *marianismo*:

is based on characteristics of the Virgin Mary from Christian theology. *Marianismo* emphasizes that women should be virginal, self-sacrificing, and pure (Cauce & Domenech-Rodriguez, 2002; Gloria et al., 2004) and yet also acquiescing to men's sexual desires (Peragallo, DeForge, Khoury, Rivero, & Talashek, 2002). Paramount to this cultural value is virginity, including sanctions against engaging in premarital sex. At the same time, *marianismo* signifies a reverence of motherhood, which requires a loss of virginity (Bordeau et al., 2008; Cauce & Domenech-Rodriguez, 2002). These opposing messages have been proposed to contribute to the complexity of the influence of gender roles on sexual activity for young Latinas (Liebowitz et al., 1999), yet little empirical research has been conducted to further elucidate these processes. In a quantitative study of Latina adolescents, Kaplan, Erickson, and Juarez-Reyes (2002) found that endorsement of traditional gender roles was related to delay of sexual activity. Similarly, a study of Latino boys and girls found that those who endorsed traditional gender roles were more likely to report intentions to use condoms. These studies suggest that *marianismo* may be protective for young Latinas against risky sexual behavior, but much more work is needed in this area.

The prominent cultural values/topics that have been described (acculturation, *familismo*, religiosity, and gender roles) have been identified as factors that might play a role in sexual activity among Latinas. It is important to note, however, that these variables might not be unique to Latinas, and rather may represent factors that are relevant to youth from all ethnic backgrounds. Indeed, longitudinal research has shown that as a whole, adolescents who report higher religiosity tend to delay sexual activity more than those with lower levels of religiosity (Hardy & Raffaelli, 2003). Similarly, socialization about gender role expectations is something that all adolescents face in society (Denner & Dunbar, 2004; Taylor-Seehafer & Rew, 2000). And while acculturation is an experience unique to racial/ethnic minorities, it is clearly not something that only Latinas undergo (Chun & Akutsu, 2003). We contend, therefore, that the constructs described may be applicable to youth from different backgrounds, but *how* these constructs manifest themselves will likely be very different. Additionally, it is the confluence of multiple identities (as adolescent females of Latino background) that marks the unique experience of young Latinas, and therefore must be understood as something different.

Prevention Programs for Decreasing Sexual Risk-Taking

There are a large number of sexual health programs aimed at preventing negative sexual health outcomes among boys and girls of different ethnic backgrounds. Most commonly, prevention programs are designed for large groups of students or youth with consideration for developmental stage/age and gender, but with less of a focus on cultural background. Indeed, scholars have emphasized the importance of taking culture into account in sexuality interventions with Latino adolescents, yet few culturally tailored interventions have been developed for this population (Lescano et al., 2009).

As previously stated, data shows that there are significant sexual health differences among ethnically diverse youth (CDC, 2007a, 2007b), and Latino adolescents are particularly affected by negative sexual health outcomes in comparison to other youth. Given the negative well-being outcomes associated with these sexual health disparities affecting Latino/a adolescents, it is of particular importance to focus on the sexual programming for these youth.

To gain a better understanding of the prevention efforts aimed at Latina adolescents, a comprehensive search of prevention programs for risky sexual behavior was conducted. Sexual health programs were searched using a number of research databases, including federal organizations such as the Centers for Disease Control (CDC), The National Campaign to Prevent Teen Pregnancy, and the US Census Bureau, as well as social science databases. Keywords used in this search included "Hispanic" and "Latino/a," "adolescent," "youth" and "teenager," "sexual health/behavior/activity," "teen pregnancy" and "prevention."

The search yielded many prevention programs, but only those that were empirically evaluated prevention programs for Latino/a youth were included. The specific criteria for inclusion in the search was: (1) program geared toward adolescents or youth, (2) program was empirically evaluated, and (3) program focused specifically on Latino/a youth rather than just including Latino/a youth in its sample participants. A total of 13 programs that fit these criteria were included and can be found in Table 18.1. There were only two programs located that were developed specifically for Latina youth, and one of these programs focused on a combination of African American females and Latina youth. The remaining programs were evaluated for both Latino boys and girls.

As can be seen in Table 18.1, a majority of the programs primarily focused on HIV/AIDS risk

Table 18.1 Prevention Programs for Addressing Risky Sexual Behavior Among Latina/o Youth

Authors	Program	Overall Purpose	Target Population	Program Elements	Evaluation
Villarruel, Jemmott, and Jemmott (2006)	Cuidate! Take Care of Yourself: The Hispanic Youth Health Promotion Program	• HIV risk-reduction curriculum for Latino adolescents	• 553 adolescents • 263 treatment group • 287 control group	• Aspects of Latino culture • Family, gender role expectations, etc. • Abstinence and condom use	• Decreased engaging in sex • Decreased having multiple partners • Decreased having unprotected sex • Spanish-speakers were five times more likely to have used a condom at last time of intercourse
East, Kiernan, and Chavez (2003)	California's Adolescent Sibling Pregnancy Prevention Project	• Teen pregnancy prevention program that emphasizes abstinence and contraception for the adolescent siblings of parenting teens	• Elementary, middle, and high school • Male and female • 11–17 years old	• Delivered to siblings of parenting teenagers in California. • Provides case management and sex education	• Delayed initiation of sex • Decreased number of teen pregnancies
Walker and Kotloff (2000); Retrieved November 17, 2010, from http://www.ppv.org/ppv/publications/assets/63_publication.pdf	Hablando Claro: Plain talk	• Increase adult/teen communication about sex and increase sexually active teens' access to contraceptives to decrease unwanted pregnancies, STDs, and HIV/AIDS	• Not specified (but this adaptation of Plain Talk is used primarily at sites with an abundance of Spanish-speakers)	• "Walker and Talkers" or Promotoras program: they hire community residents; • Residents are trained to be community leaders; and • Discuss sexuality and health parties	• Increased communication between youth and adults and increased access to contraceptives, was positively correlated with teens' sexual knowledge and safer sex behaviors • Reduced percentage of sexually active youth pregnancies from 33% to 27%
Koniak-Griffin et al. (2008)	HIV Prevention for Latina Adolescent Mothers and Their Partners	• To provide couple-focused HIV/AIDS prevention information	• Latina teen mothers and their male partners	• 6-week HIV/AIDS prevention curriculum	• At 6 months chances of unprotected sex is significantly reduced • Condom use intentions increased for participants in the experimental group
Jemmott, Jemmott, Braverman, & Fong (2008)	HIV/STD Risk Reduction for African American and Latina Teenage Women	• Reduce HIV risk behaviors among female youth	• Urban, economically underprivileged females • African American and Latina adolescents	• Clinic-based • Culturally specific • Single 4.25-hour group sessions • Discussions, games, and experiential activities	• Reduced number of sex partners • Reduced incidences of unprotected sexual intercourse • Long-term reduction of incidences of STIs

Table 18.1 (Continued)

Authors	Program	Overall Purpose	Target Population	Program Elements	Evaluation
Jemmott, Jemmott, and Fong (1998)	Making Proud Choices	• Empowering inner-city, Latino youth to use condoms if they choose to have sex	• Urban, elementary, and high school youth (up to 24 years old).	• HIV/AIDS prevention and pregnancy prevention • Abstinence is preferred but contraceptive information is also included • Focus on goals	• Evaluation compared safer-sex intervention group (Making Proud Choices) and the control group (Making a Difference). • Increased knowledge of the protective power of condoms for intervention group
Pathways Senderos, National Campaign to Prevent Teen Pregnancy (2007)	Pathways /Senderos	• Create a sense of hope and future-orientation for the youth and emphasis on responsibility and academics	• 50 youths per year • 10–18 years old, and mostly Latino	• (1) Education; • (2) Career; and • (3) Family life and sexual health.	• Only 2 pregnancies in 11.5 years
Sellers, McGraw, and McKinlay (1994)	Poder Latino: A Community AIDS Prevention Program	• Prevent HIV/AIDS among Latino use by promoting an increased use of condoms	• Urban youth • 14–20 years old	• Media campaigns • Workshops in schools health centers; • Educating parents and community	• Delayed sexual initiation. • Male participants (not females) were 92% less likely to initiate sex.
Villarruel, Jemmott, and Jemmott (2006)	Randomized Controlled Trial Testing an HIV Prevention Intervention for Latino Youth	• Validate the efficacy of a prevention intervention to reduce sexual risk behavior among Latino/a adolescents.	• 249 males and 304 females • 13–18 years old	• Conducted for over 3 years • Six 50-minute modules in English or Spanish.	• Reduced reports of sexual intercourse • Increased consistency of condom use • Spanish-speakers were more likely to have used a condom at last intercourse
Kirby, Baumler, Coyle, et al. (2004)	Safer Choices	• Sex education program for high school students	• Designed specifically for Latino/a youth	• 18 month peer-educator focused • HIV workshops at community settings • Use of media • Safe sex messages canvassing in neighborhood	• Youth were 43% less likely to initiate sex and delayed sexual initiation • Increased effective use of contraceptives, HIV testing, and condom availability • Reduced number of unprotected sex incidences

Harper, Bangi, Sanchez, Doll, and Pedraza (2009)	SHEROs	<ul style="list-style-type: none"> • To prevent HIV infection among female adolescents 	<ul style="list-style-type: none"> • Mexican American female adolescents • 12–21 years old 	<ul style="list-style-type: none"> • 9 sessions in 3 stages • (1) Identifying risky sexual behaviors • (2) Committing to reducing high risk behaviors • (3) Enacting and maintaining solutions 	<ul style="list-style-type: none"> • Improvements across measures of condom attitudes, beliefs regarding a woman's control of her sexuality • Increased likelihood of carrying and using condoms and abstaining from vaginal sex
de Anda (2002)	The GIG: An Innovative Intervention to Prevent Adolescent Pregnancy and Sexually Transmitted Infection in a Latino Community	<ul style="list-style-type: none"> • To prevent teen pregnancy and sexually transmitted infection in a Latino community 	<ul style="list-style-type: none"> • 609 adolescents 	<ul style="list-style-type: none"> • 6-hour intervention • Pregnancy and STI education 	<ul style="list-style-type: none"> • Increased knowledge about pregnancy and STIs.
Retrieved from http://www.wiseguysnc.org/jovenes.htm ; National Campaign, 2007; http://www.wiseguysnc.org/jovenes.htm . Review at http://www.moapp.org/Documents/curriculum_review/Files/WiseGuys.PDF	Wise Guys/Jóvenes Sabios	<ul style="list-style-type: none"> • Encourages abstinence, provides contraceptive information, and promotes responsible decision-making. 	<ul style="list-style-type: none"> • Latino boys • 11–17 years old 	<ul style="list-style-type: none"> • 10–12 sessions • Discuss values, future goals, and sexuality. 	<ul style="list-style-type: none"> • Increase in parent and teen communication • Increase in positive attitudes toward women • Increased knowledge of reproduction and safer sexual behavior

reduction (seven programs) whereas pregnancy prevention in conjunction with STIs prevention was a secondary emphasis (four programs). Of these programs, four explicitly stated abstinence promotion as a program goal (California's Adolescent Sibling Pregnancy Prevention Project; ¡Cuidate!; Making Proud Choices; and Wise Guys/Jovenes Sabios). However, the strong emphasis on reducing the transmission of HIV/AIDS was particularly evident as the very names of several programs included in our evaluation used "HIV/AIDS" in their titles. Approximately 30% of the programs had names that included HIV or AIDS in the title. This indicates that the top priority of prevention efforts aimed at Latino youth seems to have been to decrease the incidences of HIV/AIDS.

Several of these programs (six) included salient aspects of Latino culture. A majority of these programs (four) emphasized gender roles (¡Cuidate!; HIV Prevention for Latino Adolescent Mothers and Their Partners; Randomized Controlled Trial Testing and HIV Prevention Intervention for Latino Youth; Wise Guys). Much of the work around gender roles included traditional *marianismo* and *machismo* expectations (Randomized Controlled Trial Testing; HIV Prevention Intervention for Latino Youth), masculinity, and communication (Wise Guys). Additionally, a couple of the programs emphasized parents' cultural values (Hablando Claro; HIV Prevention for Latino Adolescent Mothers and Their Partners), relationship violence (HIV Prevention for Latino Adolescent Mothers and Their Partners; Wise Guys), and immigrant status and acculturation levels (Poder Latino; Wise Guys). Religiosity was also noted as a cultural factor that was included in one of the programs (Poder Latino). Other programs integrated other significant cultural aspects including marital abstinence, *cariño* and *respeto* (love and respect), *promotoras* (peer educators; Hablando Claro), *espejo*—mirroring through oral stories and reflection, oppression (HIV Prevention for Latino Adolescent Mothers and Their Partners), and shared Latino identity (Poder Latino).

Similarly, several of the programs attended to the culturally specific needs of Latino/a youth through language. Specifically, Spanish as well as English were used in six programs: ¡Cuidate!; Hablando Claro; HIV Prevention for Latino Adolescent Mothers and Their Partners; Poder Latino; Randomized Controlled Trial Testing and HIV Prevention Intervention for Latino Youth; and Wise Guys. These programs accomplished this by providing bilingual services and materials/resources to the participants.

An additional shared component among a majority of these programs included increasing sexual health knowledge as a major component. Of the 13 programs, 10 explicitly stated that increasing sexual health information was a major theme in their program. Included in this were components such as teaching basic sexual information to more specific skills such as condom use and sexual negotiation-refusal techniques for future use with partners. Of these programs, nine focused on increasing condom and contraceptive knowledge.

Other programs such as Wise Guys and Hablando Claro focused on increased communication about sex between adolescents and adults. Wise Guys focused on increasing general communication between adolescents and adults, while Hablando Claro specifically focused on raising the rates of child-to-parent communication about sex. It should be noted that communication accounted for around 11% of the decrease of risky sexual behaviors in the program Hablando Claro.

Only a few programs (eight) included components that directly focused on being inclusive of Latino/a adolescents' support systems. These programs varied in their support system involvement as some were community-based and others included siblings, peer educators, parents, male partners, and community members. Given the emphasis on *familismo* and collectivism among Latino/as, researchers have noted that family-based programs are likely to be well received (Guilamo-Ramos & Buris, 2008; Lescano et al., 2009).

Taken together, the review of published, evaluated prevention programs for risky sexual behavior among Latino/a youth suggests that many different types of programs exist, ranging in duration and delivery mode, as well as focus. A scarce number of sexual health programs were developed specifically for Latina youth; however, several of the programs included salient aspects of Latino culture such as gender roles, *familismo*, and religiosity. As can be surmised from reading this chapter, we believe that the unique cultural context of Latinas' lives is important to understand when studying the prevention of risky sexual behavior and when developing prevention programs. Furthermore, we acknowledge research suggesting that aligning mental health treatment and prevention interventions with clients' cultural backgrounds will yield superior outcomes (Smith, Domenech Rodriguez, & Bernal, 2011). There are many unanswered questions about the exact role of certain constructs in the prevention of sexual activity among Latina

youth, but authors have started to assemble recommendations for how to develop effective programming for this population. Readers are directed to three publications by Advocates for Youth: *Youth of Color: At Disproportionate Risk of Negative Sexual Health Outcomes* (2010), *Adolescent Sexual Health and the Dynamics of Oppression: A Call for Cultural Competency* (2010), and *The Sexual Health of Latina Adolescents—Focus on Assets* (2006), for helpful suggestions about prevention efforts with ethnic minority adolescents. Taking the recommendations from these reports and other existing research about this topic, we provide a brief list of key issues/topics that we believe should be considered when developing prevention programs with young Latinas:

1. Development of programs based on needs assessments of Latina youth in their communities.
 - a. Understanding community demographics, accessibility of services, sexual health, religious and health beliefs, and other important knowledge about population.
2. Involvement of youth in designing prevention programs to ensure they are relevant, accessible, and meaningful for consumers.
 - a. Depending on the focus of the program, also consider including others in the lives of youth—parents, cousins, uncles/aunts, friends.
3. Implementation of practices that acknowledge and respect culture.
 - a. Utilizing materials and communication in language of youth and families.
 - b. Employing staff who are committed to cultural competence.
 - c. Promotion of positive Latino/a ethnic identity.
4. Exploration of gender role expectations from culture, society, family, and self.
 - a. Acknowledgment of the intersection of identities as female and of Latina background.
 - b. Discussion of other aspects of identity such as social class, sexual orientation, religiosity, etc.
 - c. Acknowledgment of the influence of oppression and discrimination in the lives of young Latinas.
5. Inclusion of information about communication about sexual health topics.
 - a. Helping teens improve communication with parents, siblings, and other important extended family members.

- b. Consideration of Latino/a communication styles and gender role expectations.

6. Promotion of discussions about contraceptive use and contraceptive negotiation.
 - a. Exploration of factors that detract from and promote use of contraceptives, particularly for Latinas.
7. Evaluation of programs for effectiveness.
 - a. Development of an evaluation system prior to implementation.
 - b. Utilization of appropriate assessments for Latino/a population.

Conclusion

Latina youth have numerous negative outcomes associated with risky sexual behavior and teen pregnancy. Given these health concerns and considering the unique cultural context of Latina adolescent lives, researchers have begun to incorporate culture into prevention programs aimed at decreasing risky sexual behavior. To date, several programs have been developed for Latino/a youth and have been empirically evaluated. Their successes with various health outcomes are encouraging, and it is hoped that more research in this area will be conducted in the future.

Future Directions

Many questions remain that need to be addressed in order to continue to develop and implement effective prevention of risky sexual behavior among Latina youth. Some pressing questions to further the field include:

- What is the influence of *marianismo* and *machismo* on sexual risk-taking (initiation of sexual activity and contraceptive use) among Latina youth?
- How do Latina youth negotiate sexual encounters and make decisions regarding sexual activity?
- What are the most effective aspects of prevention programs for decreasing risky sexual behavior among Latina/o youth?
- How effective are programs that directly address aspects of young Latinas' cultural context in comparison to those that are more general?

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