



Original article

Health-Related Issues in Latina Youth: Racial/Ethnic, Gender, and Generational Status Differences



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A B S T R A C T

Purpose: Few studies have examined the early development of a broad range of health issues of importance in adolescence in Latina (female) youth, despite their being potentially a vulnerable group. This study compared suicide and depressive symptoms, substance use, violence exposure, injury prevention, obesity, and health-related quality of life among Latina, African-American, and white females as well as Latino (male) youth in fifth grade, as well as differences related to immigrant generational status for Latinas.

Methods: Data were from the Healthy Passages study, including 3,349 African-American, Latina, and white females as well as Latino male fifth graders in three U.S. metropolitan areas. Self-report items and scales were used to compare status on health-related issues. Generational status was classified based on the parent report of birth location. Logistic and linear regression analyses were conducted, including adjustment for sociodemographic differences.

Results: Latinas showed higher vulnerability than white females for several health issues, whereas few remained after adjustments for sociodemographic differences (higher obesity, lower bike helmet use, and lower physical health-related quality of life). Latina's lower vulnerability compared with African-American females generally persisted after adjustments. Third generation Latinas, after adjustments, reported lower prevalence of alcohol use and fewer friends using alcohol, yet higher future intentions of alcohol use, than first and second generation Latinas. There were few differences between Latina and Latino youth.

Conclusions: Latina youth generally report low vulnerability across health issues in preadolescence. To the extent they appear at higher vulnerability than white females, this may be related to their disadvantaged sociodemographic status.

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IMPLICATIONS AND CONTRIBUTION

Latinas showed higher vulnerability than white females and lower vulnerability than African-American females for several health issues. Racial/ethnic disparities may be related to other sociodemographic differences. The interplay between gender and race/ethnicity should be considered routinely in adolescent health research and intervention.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

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Health disparities in Latino/a(s) have become of increasing interest because this population has grown significantly in recent decades, emerging as the largest minority group in the United States [1]. Latino/a(s) are vulnerable to poor health outcomes for a variety of reasons, including lack of health care services [2,3],

environmental exposures [4], and potentially detrimental health-related behaviors [5]. Particular concern may be raised about Latina (female) youth, who may be affected by cultural expectations for traditional gender roles and family responsibilities that may make them vulnerable for experiencing health-related issues in adolescence, such as depressive symptoms, substance use, and obesity [2,6].

The emergence of health-related issues during adolescence may have lifelong implications because these can persist into adulthood [7,8]. Several health-related issues have been identified by the Centers for Disease Control and Prevention to be of importance in adolescence, which include among other suicidal and depressive behaviors, tobacco, alcohol, and other substance use, violence, injury, and obesity [9]. These are among the leading causes of morbidity and mortality among youth and adults and can reduce health-related quality of life (HRQOL) [10]. Notably, in the past two decades there has been an increase in the likelihood that Latino/a youth in general, and Latinas in particular, will experience health-related issues [11]. The 2013 Youth Risk Behavior Surveillance Survey (YRBSS) reported that Latino/a high school students were more likely to experience depressive symptoms, suicidal behaviors, and alcohol and other drug use than white and African-American students and higher obesity than white students [9]. This raises the question whether these health-related issues are present among Latino/a youth already earlier in development.

In addition to considering the presence of specific health issues in Latina youth, it will be informative to examine their HRQOL [10] because this captures a person's experienced physical, psychological, and social health [12] and functioning in critical life roles [13]. Evaluating HRQOL provides a broader perspective on Latina youth's health status than focusing solely on specific health issues [14]. Only a few studies have examined HRQOL in Latino/a youth, whereas none has provided results separately by gender. In general, Latino/a youth report lower HRQOL than white youth [14,15], and lower physical, but similar psychosocial HRQOL compared with African-American youth [14].

Identifying gender differences in a broad range of health-related issues can be valuable for reducing disparities in Latino/a youth. There are gender differences among Latino/a youth, for example, in tobacco smoking [16], inhalant use, and obesity [9], suggesting that different approaches may be useful for Latina and Latino youth to prevent these, and potentially other, health-related issues. Moreover, Latina youth can differ in their acculturation balance between the mainstream U.S. culture and the gender role their parents expect of them [2,6], depending when they or their parents migrated to the United States. Generational status has been found to have implications for health [17]. Those less acculturated in the United States are generally less likely to engage in tobacco, alcohol, marijuana, and other drug use but report higher depressive symptoms [18–20].

Past studies have reported mixed results regarding health-related issues in Latina adolescents compared with peer groups, which may be due to differences in age and geographic location of the samples, country of origin, as well as their generational status. Furthermore, high school dropout rates in Latino/a youth may contribute to differences reported in later adolescence because those who are more likely to experience health issues are less likely to be captured in school samples [21]. Because previous research has focused on older youth, mostly in high school, it would be useful to examine racial/ethnic and

gender disparities before entry into adolescence. Especially glaring is that many studies examine differences among racial/ethnic groups without regard to gender, making it difficult to discern specifically the risk for health issues in Latina youth. In addition, most research has focused on one type of health issue at a time, for example alcohol use [22], making it difficult to gather a broader picture of their health.

To address these limitations, the present study examines vulnerabilities of preadolescent Latina youth, aged 10–11 years, on a broad range of health issues of importance in adolescence by addressing the following specific questions: Are there disparities in suicidal ideation and depressive symptoms; tobacco, alcohol, and illicit substance use; violence exposure; injury prevention; obesity; and HRQOL (1) in Latina compared with African-American and white females; (2) between Latina and Latino youth; and (3) among Latinas related to their generational status? This research extends previous work that compared these three racial/ethnic groups across various health issues but without examining gender and generational status [15].

Methods

Data were from Healthy Passages, a multisite cohort study of health and health behaviors in fifth-grade youth initiated in 2004 [15,23]. Institutional review boards at each site and the CDC approved the study.

Participants

The sample frame included fifth graders at public schools in and around metropolitan areas of Birmingham, Houston, and Los Angeles. We took a random sample of schools with probabilities designed to provide a balanced mix of African-American, Latino/a, and white students [23]. Information was disseminated to 11,532 fifth-grade students in 118 sampled schools, for whom a parent (or caregiver) of 6,663 (58% of population) agreed to be contacted by the study team. Because not all eligible families could be enrolled in a limited time frame, 5,147 (77% of eligible) parent-youth pairs completed interviews. Exclusion criteria included the youth not attending a regular academic classroom or parent or youth not being able to complete interviews in English or Spanish. The 35% of enrolled youths who did not identify as Latina, African-American, or white female or Latino (male) were eliminated resulting in 3,349 in the analysis sample. The unweighted distribution among the females was 37% Latina, 38% African-American, and 25% white, and 50% of the Latino/a(s) were female. Overall age mean = 11.12 (standard deviation = .58). Additional demographic information is provided in Table 1 and further detailed elsewhere [15].

Procedures

Two trained interviewers completed the full Healthy Passages protocol with the parent and youth either at home or at a community location. Computer-assisted personal interview and computer-administered self-interview (to increase validity of sensitive questions, such as drug use) were administered with parent and youth individually in private spaces [23]. Both were given a choice of completing the interview in English or Spanish, which 32% of parents and 7% of youth preferred.

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