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Identifying Health Promotion Needs Among Dominican-American Adolescents

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Purpose: Immigration from the Dominican Republic to the United States has grown rapidly. Yet, although adolescent pregnancy and obesity are common concerns among Hispanics, little is known specifically about Dominican adolescent health. This study was undertaken to assess Dominican-American adolescents' health concerns and their perceptions about their health promotion needs.

Design and methods: Dominican-American adolescents (N = 25) were recruited in a pediatric clinic in New York City which primarily serves a Dominican population. Eligibility criteria included age 13–21 years, self-identifying as Dominican ethnicity, and able to speak and read English. They completed a questionnaire, with demographic questions and questions about their risk behaviors including sexual and substance use. After completing the questionnaire, they participated in a semi-structured interview addressing their health education experiences and suggestions for such programs. Quantitative data were analyzed using frequencies to provide a demographic and behavioral profile. Qualitative data were analyzed using thematic analysis.

Results: Twenty-five adolescents, ages 13–21 years, (female N = 19, male N = 6) participated in the study. Most were in school (92%) and were sexually experienced (68%). Programmatic preferences included in-person programs rather than online. They spontaneously addressed the importance of cultural issues, and the need to address several issues in addition to sexuality, including obesity and substance use.

Conclusions: Programming for this population should address a broad conceptualization of health, and incorporate Dominican cultural issues.

Practice implications: Nurses working with adolescents of Dominican origin, should provide health education that incorporates the specific needs of this population, including culturally congruent face-to-face interventions.

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Purpose

There is a gap in research concerning Hispanic health issues. Research assessing health behaviors of Spanish speaking populations, and health promotion programs designed for them, typically refer to “Hispanics” as a homogenous group. This is important because “Hispanics” experience multiple

health disparities. Notably, Hispanic adolescents have the highest birth rate among adolescents (Hamilton, Martin, Osterman, & Curtin, 2015). Obesity and diabetes also represent prevalent problems in this population (Daviglius et al., 2012; Ferdinand, 2005; Gordon-Larsen, The, & Adair, 2010; Heiss et al., 2014; Krauss, Powell, & Wada, 2012; Ogden, Lamb, Carroll, & Flegal, 2010). Recent research however has demonstrated that the term “Hispanic” is inadequate as there are meaningful health-related differences between Hispanic subgroups (Aponte, 2009; Daviglius et al., 2012; Heiss et al., 2014; Vangeepuram, Mervish, Galvez, Brenner, & Wolff,

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2012). Health providers must understand these differences in order to implement tailored health promotion programs.

Among Hispanic adolescents, those from the Dominican Republic have received relatively little attention however experience these health disparities. Although expansive evidence indicates that Hispanics adolescents have a high rate of obesity (Ferdinand, 2005; Gordon-Larsen et al., 2010; Krauss et al., 2012; Ogden et al., 2010), Dominican-American children and adolescents have been found to have the highest rate of obesity among Hispanics (Vangeepuram et al., 2012). Hispanics in general have a high rate of adolescent pregnancy (Fennelly, Cornwell, & Casper, 1992; Orshan, 1999; Wasserman, Rauh, Brunelli, Garcia-Castro, & Necos, 1990). Current data however concerning Dominican-American adolescent pregnancy rates is unavailable (Martin, Hamilton, Osterman, Curtin, & Mathews, 2013) though the highest adolescent pregnancy rates have been identified in neighborhoods with higher proportions of Dominican-American populations (Kaplan, 2013). These data are of particular importance as the Dominican population in the U.S. is growing rapidly with a recent increase of 85% according to the 2010 census (Martin et al., 2013).

Limited study has addressed programming of interventions to ameliorate these health disparities among Dominican-American adolescents. Attention should be directed at understanding health behaviors of this population so that effective health promotion interventions can be tailored to their needs. The purpose of our study was to assess Dominican-American adolescents' health concerns and perceived health education needs. This assessment will inform design of health promotion programs thus facilitating the efforts of pediatric nurses who provide care to this population.

Design and Methods

The study used a mixed methods design. It was approved by the relevant institutional review board before data collection began. Study participants were recruited in a pediatric primary care clinic in the New York City Metropolitan area, where the population is primarily Dominican. The clinic has a large adolescent clientele. A research assistant approached adolescent patients in the clinic waiting room to introduce them to the study. Adolescents who indicated interest were asked to accompany the research assistant to a private area where the study was described. Study eligibility was assessed by asking the adolescents to complete an intake form to ensure that they met eligibility criteria, including age 13–21 years and self-identifying as being of Dominican ethnicity, and able to speak and read English. The study was conducted in English because funding did not allow for translation. Furthermore, the vast majority of adolescents in the clinic speak both English and Spanish.

Adolescents eligible for this study were seeking sexual health and reproductive health services at the clinic. This is the reason that parental consent was not indicated for this study. Consistent with New York State law and the recommendations of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research consent was obtained

from the study participants and not from parents. According to New York State Law, adolescents can receive reproductive health care without the knowledge or consent of their parents. After informed consent was obtained, participants completed a self-report questionnaire using paper and pencil. They subsequently engaged in a face-to-face interview with the RA.

Questionnaire

The questionnaire is a 15-item survey, which is based on instruments developed by the investigators in previous studies. It asks about demographic factors including educational level and ethnicity; and addresses participants' risk-behaviors, including substance use, sexual behaviors and sexual health history including pregnancy and sexually transmitted infections (STIs). (Champion & Collins, 2012; Champion & Roye, 2014; Roye, Krauss, & Silverman, 2010; Roye, Silverman, & Krauss, 2007). It was amended to include behaviors which have recently come to light among Dominican adolescents, such as hookah use, but was otherwise similar to that used in earlier studies. It took participants approximately 15 minutes to complete, on average. Because the instrument had been used with a similar population, the authors did not do a pilot test for readability or reliability. There is no total score as the instrument is used to provide a behavioral profile.

Interview

After completing the self-report questionnaire, participants were interviewed face-to-face by the research assistant. A semi-structured interview guide was used. The focus of the qualitative interview was for assessment of the type of health-promoting programs the adolescents had participated in; their assessment of the program, the issues they would like to address in a health program and suggestions that they had for design of a program to promote health among their peers. The interviews lasted 20–25 minutes. They were audio-recorded and transcribed by the research assistant.

Data Analysis Quantitative

Descriptive statistical methods using SPSS were utilized to obtain a behavioral profile for the adolescents. These methods included frequencies, percentages, means, and standard deviations.

Qualitative

Content analysis of the semi-structured face-to-face interviews was conducted to assess 1) the type of health-promoting programs the adolescents had participated in, 2) their assessment of the program and 3) how they would design a program to promote health among their peers. For almost all participants, the only formal health education they had had was the mandatory school health course. In addition, the interview explored the health-related issues of concern to the participants; and revealed which professionals, friends, family and services they turn to for help. While the questioning was limited to these issues, participants brought up their own issues during the

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