



Original article

Addressing a Critical Gap in U.S. National Teen Pregnancy Prevention Programs: The Acceptability and Feasibility of Father-Based Sexual and Reproductive Health Interventions for Latino Adolescent Males



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Article history: Received February 28, 2017; Accepted August 18, 2017

Keywords: Pregnancy prevention; Adolescent; Male; Latino; Role of fathers

Purpose: The purpose of the research was to examine the feasibility and acceptability of a father-based sexual and reproductive health intervention designed to reduce sexual and reproductive (SRH) disparities and increase correct and consistent condom use among Latino adolescent males.

Methods: The current study conducted in-depth semi-structured interviews with Latino father-son dyads (N=30) designed to elicit perspectives on communication regarding sex and condom use. In addition, the interview protocol included father-son preferences regarding paternal involvement in condom instruction and perceived obstacles and advantages of father direct involvement in education efforts designed to increase correct and consistent condom use among their adolescent sons. Three independent coders conducted both vertical and horizontal analyses of the data to identify emergent themes and reach theoretical saturation.

Results: The main findings from this study suggest that Latino fathers can be impactful in shaping Latino adolescent male sexual decision-making and correct and consistent condom use. However, our data highlight that while both feasible and acceptable, Latino fathers identify needing additional support in how best to communicate and seek opportunities to master their own knowledge and skills regarding condom use and effective communication with their adolescent sons about sex.

Conclusions: Latino father-based interventions represent an acceptable and feasible option for building upon the recent success of U.S. national efforts to reduce teen pregnancy rates and STI disparities among Latino youth. However, there exists a need for father-based programs that will support Latino fathers in best educating their sons about condom use and better addressing their SRH. Ongoing national efforts to reduce Latino teen SRH disparities warrant the consideration of father-son interventions for Latino adolescent males in the United States.

IMPLICATIONS AND CONTRIBUTION

Teen pregnancy prevention efforts targeting Latino males are limited and represent a significant gap in the current arsenal of evidence-based interventions. This study addresses this gap by exploring the feasibility and acceptability of a father-son focus on reducing teen pregnancy and sexual and reproductive decision making among Latino males, a potentially important and novel area that warrants further public health attention.

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

Disclaimer: Publication of this article was sponsored by the Society for Adolescent Health and Medicine through an unrestricted educational grant from Merck. The opinions or views expressed in this article are those of the authors and do not necessarily represent the official position of the funders.

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One important indicator of the state of the sexual and reproductive health of America's youth is the improvement in the teen pregnancy epidemic. Teen pregnancy has been on a steady decline for the past two decades to the point that the current teen birth rate is at a historic low, down to 22.3 births per 1,000 females aged 15–19, a decrease of 64% since 1991 [1]. Further highlighting this impressive trend, the teen birth rate decreased by 8% between 2014 and 2015 alone [1]. Despite major strides leading to this dramatic reduction, the current rate of U.S. teen pregnancy and births remains among the highest of all developed countries [2,3]. There were approximately 57 pregnancies per 1,000 women aged 15–19, which amounted to more than 625,000 teen pregnancies nationwide in 2010 [2,4]. Furthermore, even after significant reductions since 2010, there were 9.9 births per 1,000 15- to 17-year-olds and 40.7 births per 1,000 18- to 19-year-old female adolescents in 2015, resulting in 229,715 teen births [1].

The rates of teen births are particularly worrisome when considering sexual and reproductive health disparities among ethnic and racial minority adolescents. For example, Latino adolescents, our nation's largest ethnic minority group, experience rates of teen pregnancy that are markedly higher than their white counterparts (Latino adolescents: 34.9, white adolescents: 16 per 1,000 female adolescents) [1]. Currently, Latino adolescents have the highest teen birth rates in the U.S. (22.3 births per 1,000) [1]. Further highlighting Latino adolescent sexual and reproductive health disparities is the disease burden associated with sexually transmitted infections (STIs) and HIV [5]. For example, the rates of chlamydia for Latino adolescents aged 15–19 is 1,067.0 per 100,000 compared with 775.2 per 100,000 for white adolescents [5]. Gonorrhea among Latino adolescents aged 15–19 is similarly elevated. Latino male rates are 111.2 per 100,000 relative to 54.6 per 100,000 among their white counterparts. Similarly, the HIV rate in 2015 for Latino adolescents aged 15–19 was 7.0 per 100,000 compared with 1.8 per 100,000 for white adolescents [6]. These pronounced sexual and reproductive health disparities demonstrate the need for interventions targeting Latino male adolescents and the primary contexts in which their sexual decision making and behavior occur.

To address unplanned pregnancies and related sexual and reproductive health disparities, teen pregnancy prevention (TPP) interventions have been developed to improve the sexual and reproductive health of adolescents living in the U.S. [7]. The current U.S. Department of Health and Human Services Office of Adolescent Health TPP registry (<https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/index.html>), an evidence review supporting the identification and replication of TPP efforts, includes 37 evidence-based programs shown to reduce adolescent sexual risk behaviors and unplanned pregnancies [8]. Despite this national focus, scientific and programmatic gaps remain leaving specific high-risk populations underserved. For example, few of the identified evidence-based programs specifically focus on the unique TPP needs of adolescent males. Rather, the majority of existing TPP programs were developed to include both males and females. Targeted efforts designed to address the unique needs of adolescent males remain sorely underdeveloped. The development of TPP programs specifically for adolescent males has been identified by the U.S. Department of Health and Human Services Office of Adolescent Health as a priority area warranting further research and programmatic development [9].

At present, the available research and evidence-informed guidance is simply inadequate to best know how we can address the

TPP and broader sexual and reproductive health needs of adolescent males. For example, research suggests that adolescent males report wanting clear guidance and instruction regarding how to best access sexual and reproductive health services [10]. Furthermore, studies indicate that male adolescents do not find the current models of prevention programming to be inviting or male friendly [11]. Young males experience significant barriers to access to sexual health care including fear, stigma, lack of social support, and not knowing where to access care [12–14]. A review of TPP interventions that included male-specific data found that programs are more effective for young males if they contain specific adaptations to the culture of the participants, such as intervention content that addresses the influence of masculinity [15]. Existing research also suggests that effective engagement with young males outside of the classroom in contexts where they are naturally embedded, such as through their families, is preferred over more traditional school-based approaches [15].

Research related to adolescent sexual behavior demonstrates the influential role of parents in delaying sexual debut and supporting sexually active teens to make effective use of contraception [16,17]. Parenting processes such as communication, monitoring and supervision, and overall relationship quality are specific mechanisms by which parents enact their protective influence on adolescent well-being and sexual risk reduction [18,19]. Similar to the majority of TPP programs that focus on female versus male adolescents, to date most of the parent-based research has focused on mothers and not fathers [18,20]. The lack of attention to the potential independent contribution of fathers to shaping adolescent sexual decision making represents a missed opportunity for reducing existing sexual and reproductive health outcomes given preliminary research evidence suggesting fathers do matter independent of mothers in shaping adolescent sexual decision making [20]. A father–son-focused approach may have important health promotion implications for Latino adolescent male sexual decision making and potentially further reduce Latino adolescent sexual and reproductive health disparities.

To address this gap in the extant literature and to provide support for future interventions engaging adolescent males and their fathers in TPP, we conducted a formative study of Latino fathers and sons living in the South Bronx, Mott Haven. In 2010, the Bronx had a Latino population comprising 70.9% of the total population [21]. Moreover, Mott Haven is an area of the Bronx in New York City where approximately a third of the total population is under the age of 25, making this an ideal location for the proposed research [22]. Adolescents in the Bronx experience some of the worst sexual and reproductive health disparities in New York City, with the highest incidence of both teen pregnancy (59.0 per 1,000 females aged 15–19 versus 44.3 per 1,000 females aged 15–19 in New York City) and teen births (25.6 per 1,000 females aged 15–19 versus 17.5 per 1,000 females aged 15–19) in New York City [23]. Adolescent males in particular experience rates of STIs that are more than three times the national average [5,24], which increases the likelihood of infection for their female partners. These demonstrated sexual and reproductive health disparities are further exacerbated in concentrated ethnic enclaves within the Bronx like Mott Haven, where HIV incidence is 84.6 per 100,000 [25]. Furthermore, the Mott Haven neighborhood within the South Bronx is a notoriously disadvantaged area that has well-established high rates of teen pregnancies and adolescent STIs [22,24]. Mott Haven is the area of the Bronx with the highest teen birth rate, at 50.8 births per 1,000 females aged 15–19 as well as the highest teen pregnancy rate of 113.1

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