

## **Migration patterns as a contributing factor to teen pregnancy in five rural communities in California: Youth and adult perceptions**

### **Background**

Teen birth rates (TBR) in California have declined from 47 births per 1,000 in 2000 to 26 per 1,000 in 2012. Nevertheless, the counties with the highest teen birth rates are predominantly rural, and some of them have a high proportion of Latino and immigrant populations. California's TBR among Latinas remained the highest among all the ethnicities—39 births per 1,000, almost four times higher than the rate observed in whites of 10 per 1,000 (California Department of Public Health, 2013). TBRs are nearly one-third higher in rural counties (43 per 1,000) than in urban counties (33 per 1,000) in the entire US, and this difference persists among all racial and ethnic groups (Hamilton, Martin, & Ventura, 2010). In California, the counties with the highest teen birth rates are located in the Central Valley, such as Kern with a rate of 53.4 per 1,000, and Fresno with 46.3 per 1000 (California Department of Public Health, 2013).

In the 2010 census, California was the state with the largest proportion of minority population in the continental US, 60% (22.3 million) identified their race and ethnicity as other than non-Hispanic white alone (United States Census Bureau, 2011). Latinos are the fastest growing ethnic group in California, and Latinos, followed by Asians, are the fastest growing racial/ethnic group living in rural areas in the US (U.S. Department of Health and Human Services, 2011). One of the Asian groups that has grown in the US are the Hmong, and the largest population of this Southeast Asian group is located in California (United States Census Bureau, 2001). The Hmong population increased in California 40% from 71,741 in 2000 to 91,224 in and the most sizable population is located in Fresno (Pfeifer, 2013). A high proportion of the Hmong population in California are young, 43% are under 18 years old in comparison of 24% of the California general population (Pfeifer et al, 2013); while Latino youth comprised 49% of the female population ages 15–19 in California (U.S. Department of Health and Human Services, 2011). A high proportion of Latino and Asians are immigrants. In California—the state with the highest proportion (27%) of immigrant population—57% of immigrants are Latino, 31% are Asian (United States Census Bureau, 2012), and 41% of the Hmong population are immigrants (Pfeifer, 2013).

Rural residency has been associated with adolescents' sexual risk behaviors and poor access to sexual and reproductive health services. A secondary analysis of the 2005 California Health Interview Survey estimated that 33% of rural adolescents ages 16 to 17 years old reported sexual intercourse, a higher proportion than the 26% estimated with California statewide data for all adolescents of comparable ages (Curtis, Waters, & Brindis, 2011). In addition, awareness and access to preventive services, such as HIV testing and regular and emergency contraception, is lower for youth who live in rural areas as compared with those who live in urban ones (Baldwin et al., 2008; Curtis et al., 2011; Sampson et al., 2009). Greater barriers to access reproductive health care services among non-white youth living in rural areas have been documented as compared with whites (Curtis et al., 2011), Spanish speakers as compared with English-speakers (Sampson et al., 2009), and youth who are not enrolled in school as compared with those enrolled in school (Elliott & Larson, 2004).

There is scarce literature addressing the demographic and neighborhood factors that influence high TBR in rural communities. Moreover, there are few studies examining the multiple dimensions of acculturation associated with the occurrence of high teen pregnancy rates among different racial/ethnic groups and foreign-born adolescents living in rural areas (Afable-Munsuz & Brindis, 2006). In order to fill this gap, we conducted a qualitative study in five rural communities in California with high levels of recent Latino immigration and TBRs higher than the California average at two different time periods: 2004-2005 and 2009-2010. We incorporated the social ecological model (Bronfenbrenner, 1979) to consider the concurrent effects of community, family, and individual level variables on youth behavior and health outcomes.

## **Methods**

We conducted 42 interviews with key-stakeholders and 12 focus groups with youth in five rural communities in Tehama, Fresno, and Kern counties. Communities selected had TBR higher than the California average in 2004-2005 (37.1 per 1,000) and in 2009-2010 (31.5 per 1,000). Prior to the focus group discussion, youth completed a short demographic survey. A total of 107 youth 14–18 years old participated in the focus groups, 50 male and 57 female, and 62% self-identified as Latino/Hispanics. The results presented in this paper are part of a larger study of 10 communities in 4 counties in California. Data were analyzed using Atlas.ti 7.

## **Results**

The main demographic factors associated with reduced access to sexual and reproductive health services identified in these five communities were: 1) residential mobility due to seasonal migration, 2) challenges of migration from other countries to the US, and 3) changes in racial/ethnic composition impacting social cohesion. **[In this abstract we are presenting data from the first two factors, but in the complete paper we will also address the third factor]**

### ***Residential mobility due to seasonal migration***

Many adult respondents and some of the youth talked about the impact that seasonal jobs in agriculture have on residential mobility and its further impact on social cohesion, family dynamics, parental supervision, socio-emotional support, and youth educational opportunities. In the opinion of some youth and adult participants, the nature of farm work forces families, predominantly foreign-born Latinos, to move seasonally to follow the crops, impacting their children's ability to regularly attend school and improve their English skills. One high school counselor talked about the barriers their school district faces to improve the English acquisition skills of foreign-born students:

*Our students who move here to work in agriculture – or their families move here for them to work in agriculture, and they are living here for a year or so – or sometimes far less than that, maybe just for a season. One of the dynamics we have observed is that students who have been here for years still don't speak any English, or they speak very limited English. [Adult, Kern County]*

In almost all communities, youth and adults mentioned Latinos' agricultural work, as well as their engagement in multiple jobs, as a factor that influences parent's supervision and provision of socio-emotional support to their children. As one health counselor said, "[In] Hispanic families, both parents work in the fields and they are exhausted. 'Did you do your homework?' They don't even ask. We find this all the time." [Adult, Fresno County] Youth also voiced that their parents' job conditions and migration patterns act as a barrier for them to develop relationships with other adults or peers that could be role models. A youth explained: "The only one... I've ever been able to look up to was my mom, because moving from school to school to school, year after year — don't really got anyone to look up to." [Male youth, Tehama County]

### ***Challenges of migration from other countries to the United States***

Nearly all adults and many teens frequently mentioned a number of different challenges that first-generation youth and their parents face in navigating the school, social, and health systems in the United States. These factors can act as barriers to integration into the host culture and include limited English language skills, migration from rural isolated areas, being part of an indigenous group, low literacy levels, lack of legal documentation, and prevalent social norms. In the opinions of the participants, these factors can have positive or negative impacts on family dynamics and the ability for youth to visualize education and job opportunities as an alternative pathway to early childbearing and the prevention of risky sexual behaviors. The following paragraphs summarize the most frequent effects of the migration process mentioned by adult and youth participants within the socio-ecological model framework. **[In this summary we will present only two factors of the four identified]**

*Lack of parent-youth communication.* Adults mentioned the differences in English language literacy between youth and their parents among Latino migrant families and its consequences on parent-youth communication, power dynamics in the family, and provision of social and emotional support. Some adults mentioned that youth become far more familiar and comfortable with English through schools, while their parents are often only Spanish speakers. Therefore, there is a lack of understanding and communication due to the language differences between parents and youth, especially over time.

Another barrier for youth-parent communication that was mentioned by five adults, but none of the youth, was the discrepancy in values between parents who are first-generation migrants and their children. For example, the leader of a network of community organizations in Fresno shared her insights about the changes in values between adults and youth in the Hmong community:

*Southeast Asian communities...they are making the transition... from a refugee mindset to an Asian American mindset. There is a real transition going on within the community. The things they're navigating have to do with tradition and respect. We just had a conversation yesterday with some Hmong leaders that said parents are telling their children you can't marry someone in same clan. And the children say, 'why? They're the same clan--because why?' And there's not really an explanation, there's just something that's passed on to them. You don't marry within your clan, it is a bad omen. And those are basic things that they're navigating right now. [Adult, Fresno County]*

*Dating norms and cultural attitudes toward teen pregnancy.* Many adult participants, but not youth, mentioned that cultural values associated with motherhood in specific racial and ethnic groups—such as Latinos and Hmong—result in a positive attitude towards teen pregnancy. Underlying reasons given for this attitude were either because teen pregnancy is a common practice among an ethnic/racial group or because large families are valued and there is strong family and social pressure for young women to start having children at an early age. One participant further explained that this pressure is even stronger among recent immigrant youth (first generation), compared with youth who have lived in the United States longer or those who were born in the United States (second generation immigrants), which highlights the effects of living longer in the United States on dating practices and attitudes toward pregnancy. Other participants mentioned similar values associated with early motherhood among the Hmong, but explained that usually pregnant and parenting teens do not drop out from high schools since parents have expectations that female youth will continue their education. A religious leader explained attitudes toward teen pregnancy and marriage in the Hmong community in Fresno County:

*Well, they marry younger, they have great family support – [in] their home, they have two to three generations. It's not really a stigma for them to get pregnant in their early teens. Many of them are married. [Adult, Fresno County]*

While the majority of participants who talked about cultural values associated with motherhood stated that certain racial and ethnic groups accept teen pregnancy, a small number of adult participants disagreed with this point of view. They noted that it stereotypes the behavior of certain cultures, and hides the differences in attitudes by socioeconomic level, education, or place of migration among members of the same cultural or ethnic group. A clinic staff member mentioned that Mexicans who emigrate from urban areas in Mexico often look down on teen pregnancy and expect that their children will attend college, a view that is not shared by Mexicans who migrate from rural areas. Another participant mentioned that specific circumstances can change the customary attitude toward teen pregnancy. One nurse said:

*I had a teen Hmong girl who was pregnant and became homeless because her parents threw her out of the house. She wasn't married and the young man who was the father of her child was not Hmong. And for their culture this was very ... difficult and so essentially she had shamed the family, so she was homeless. [Adult, Fresno County]*

## **Conclusions**

In rural areas, internal and international migration intersects, therefore migrant youth dually navigate the challenges of frequent residential mobility while also striving to understand and adapt to the US culture. It is important to promote programs that support a healthy integration of immigrants and foreign-born youth in rural communities to reduce their sense of social isolation, as well as assuring easy and affordable access to sexuality education and culturally-responsive reproductive health services.

## References

- Afable-Munsuz, A., & Brindis, C. D. (2006). Acculturation and the Sexual and Reproductive Health of Latino Youth in the United States: A Literature Review. *Perspectives on Sexual and Reproductive Health, 38*(4), 208-219. doi: 10.2307/4147911
- Baldwin, S. B., Solorio, R., Washington, D. L., Yu, H., Huang, Y.-C., & Brown, E. R. (2008). Who is using emergency contraception? Awareness and use of emergency contraception among California women and teens. *Womens Health Issues, 18*(5), 360-368. doi: 10.1016/j.whi.2008.06.005
- Bronfenbrenner, U. (1979). *The ecology of human development : experiments by nature and design*. Cambridge, Mass.: Harvard University Press.
- California Department of Public Health, C. f. F. H., Maternal Child and Adolescent Health Division. (2013). California Teen Birth Rates, 1991-2011.
- Curtis, A. C., Waters, C. M., & Brindis, C. (2011). Rural Adolescent Health: The Importance of Prevention Services in the Rural Community. *Journal of Rural Health, 27*(1), 60-71. doi: 10.1111/j.1748-0361.2010.00319.x
- Elliott, B. A., & Larson, J. T. (2004). Adolescents in mid-sized and rural communities: Foregone care, perceived barriers, and risk factors. *Journal of Adolescent Health, 35*(4), 303-309. doi: 10.1016/j.jadohealth.2003.09.015
- Hamilton, B. E., Martin, J. A., & Ventura, S. J. (2010). Births: Preliminary data for 2009. *National vital statistics reports, 59*(3).
- Pfeifer, M. E., Sullivan, J., Yang, K., Yang, W. . (2013). Hmong Population and Demographic Trends in the 2010 Census & 2010 American Community Survey. . In M. E. Pfeifer, Thao, B.K. (Ed.), *State of the Homong American Community* Washington, D.C.: Hmong National Development.
- Sampson, O., Navarro, S. K., Khan, A., Hearst, N., Raine, T. R., Gold, M., . . . de Bocanegra, H. T. (2009). Barriers to Adolescents' Getting Emergency Contraception Through Pharmacy Access in California: Differences by Language and Region. *Perspectives on Sexual and Reproductive Health, 41*(2), 110-118. doi: 10.1363/4111009
- U.S. Department of Health and Human Services. (2011). Women's Health USA 2011. Rockville, Maryland: U.S.
- United States Census Bureau. (2001). The Asian population: 2010. Retrieved July 12, 2014, from <http://www.census.gov/content/dam/Census/library/publications/2012/demo/c2010br-11.pdf>
- United States Census Bureau. (2011). Overview of Race and Hispanic Origin: 2010. Retrieved July 2, 2014, from <http://www.census.gov/content/dam/Census/library/publications/2011/demo/c2010br-02.pdf>
- United States Census Bureau. (2012). The Foreign-Born Population in the United States: 2010. *American Community Survey Reports*. Retrieved July 12, 2014, from <http://www.census.gov/prod/2012pubs/acs-19.pdf>