The Love, Life, and Health Study: A Latino Sexual Health Assessment

Joanne Noone, PhD, RN, Oregon Health & Science University
Ireli Hernandez, BS, RN, Oregon Health & Science University
Nancy Castillo McKinnis, BS, Jackson County Public Health Department
Ivonne Martinez-Razo, Southern Oregon Regional Health Equity Coalition

Funded by Oregon Health Authority Public Health Division
Background

There are reproductive and sexual health disparities for Latinos in Oregon and within Jackson County, Oregon.

In Oregon the rates of new HIV infection in 2011-2015 per 100,000 persons was 9.2 for Latinos compared to 5.6 for non-Latino Whites (Oregon Health Authority, 2016).

Teen pregnancy rates are declining nationally for all racial and ethnic groups. Gaps in teen pregnancy rates in Jackson County for Latina teens are narrowing although there is still a need to monitor.

According to the Oregon Health Authority (2016), reproductive health clinics may be underutilized by Latinos.
Jackson County teen pregnancy rates for ages 15-17 have declined for all groups since 2008 and the gap between non-Hispanic whites and Latinas is narrowing!

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>24</td>
<td>20</td>
<td>17</td>
<td>15</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Latinas</td>
<td>43</td>
<td>31</td>
<td>23</td>
<td>18</td>
<td>16</td>
<td>13</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>

Ages 15-17 (per 1,000)
Teen pregnancy rates in Jackson County for Latina teens ages 18-19 had dropped in half from 2008-2014 with an increase in 2015 for Latinas.

Rates per 1,000

Rates for Latina still remain higher than for non-Hispanic whites.
Study Purpose and Procedure

The purpose of this study is to learn about the knowledge, needs, and barriers to accessing reproductive and sexual health services among Latino adults in Jackson County, Oregon.

41 people participated in one of six focus groups held between June - August 2017; three were in Spanish and three in English.

All sessions were recorded; Spanish sessions had an interpreter and a wireless language interpretation system for translation in English.

Internet based transcription service transcribed session.
Sample Interview Questions

Focus group questions reviewed and refined by local community members and translated into Spanish by certified translator

When Latino people you know have a health question related to sexual and reproductive health, how do they usually get that question answered? Where do they feel comfortable going to?

What would Latino people you know tell you were the reasons they didn’t want to go to a local clinic for sexual and reproductive health services?

If you have one suggestion or advice about what could be done to improve the sexual and reproductive health services for Latinos in your community, what would it be?
Recruitment and Focus Group Process

Recruited from school district, higher education, and community agencies
Sessions held in community settings preferred by each group
Provided lunch/dinner at meal-time sessions
Stipends ($25 gift cards)
Child care
Interview led by one member of the research team known to community
Interpretation for bilingual sessions
Thematic Analysis (Braun & Clarke, 2006)

- Familiarize oneself with the data by listening to tapes to confirm transcription and reading and then re-reading the data (transcriptions)
- Generate initial codes across the data set (using NVivo 11 software)
- Explore themes from codes
- Review the themes and may create a thematic map
- Name and define the themes
- Share findings

Data confirmation: Confirmed with participants and community members in a community forum in October, 2017. 13 participants attended.
Participants

Gender:
31 women (76%), 10 men (24%)

Age:
18-19:  5 (12%)
20 – 29: 19 (46%)
30-39: 3 (7%)
40-49: 11 (27%)
50 and over: 3 (7%)

Where Raised:
Inside the United States: 20 (49%)
Outside the United States: 20 (49%)
Both: 1 (2%)
Themes

Sources of Information - People, places, websites, or reading material that are resources to learn more about sexual and reproductive health

Barriers - actions, items or responses that block Latino access to sexual and reproductive health information

Facilitators - actions, items or responses that assist Latino access to sexual and reproductive health information

Context - Description of past or current influences that either positively or negatively impact Latino access to sexual and reproductive health information or services

Strategies - recommendations to improve access to sexual and reproductive health information and services for Latinos
Sources of Information

- School
- Children
- Friends
- Parents
- Siblings, cousins
- Internet
- Health care provider
- Classes/workshops

“The majority of people I know, including myself, go to their siblings.”

“I’m the oldest, so I’m kind of waiting for when my brother’s going to come and ask me all these questions.”

“In my family, I’m the first to graduate college. So, a lot of my family come to me, for a lot of things like that. Like, “Well, I know you’ve researched things,” or, it’s things like that.”

“And for children, I think for them it’s easier, because children knew more than even the things that us as parents knew. I think it was thanks to the fact that we kind of had an open relationship with our children and they were very open with us and I feel like we learned from our children. We didn’t have to teach something that we didn’t know.”
Barriers

- Embarrassment
- Privacy and confidentiality concerns
- Stigma
- Taboos
- Language barrier
- Literacy
- Delay in seeking health care
- Legal status
- Prioritizing work/other health needs

- Discriminatory treatment
- Provider insensitivity
- Lack of communication
- Lack of Knowledge/Misconceptions
- Negative experiences/perceptions

Access Issues:
- Cost/lack of insurance
- Wait time/appointment availability
- Limited interpreters
- Transportation
Barriers

- Embarrassment
- Privacy and confidentiality concerns
- Stigma
- Taboos
- Language barrier
- Literacy
- Delay in seeking health care
- Legal status
- Prioritizing work/other health needs

“I feel that if I’m seen by people taking her to the clinic, people are going to go “Oh, she’s taking her to the doctor, her daughter’s already having sex.” I think that in our community we are very affected by this. We’re very affected by what other people might think of us.”

“There’s a lot of people that work in the clinic that I know and I’m like oh no, they know me, they’re gonna know that I came and so I’m like, oh, I’m not going to come to this clinic.”

“You’re shy, you’re embarrassed to be there, and if there’s a strange person there that’s interpreting, you just kind of end up going well, I’d rather not ask.”

“I’ve gone to the ‘clinic name’ here in X, and honestly, I don’t think I saw one bilingual pamphlet. I know that in X, there’s not a lot of Latinos, but still, knowing some who would prefer not to go to the one in Y just because they don’t want other people knowing that you’re going there, so some prefer to travel to X. Going to X and seeing that it’s not very bilingual, or seeing a familiar face, they could be shy and walk away that day.”

“I think that whenever you have to go somewhere that you sign forms, you’re scared if you’re not legal. No matter what.”

“Going to regular doctor visits isn’t something that I grew up with – not for the dentist, the doctor, or – it was more when you’re sick, you go. When something’s wrong, that’s when you go.”
Barriers

“Yes, I do struggle a lot with that, because I have three appointments, in the three appointments they have told me that I have to take my interpreter because they don’t have an interpreter. And I was in a class where they told us that they have to provide an interpreter. And then I have also been told that I need to make my appointment in the morning because the only person on staff that speaks Spanish is there in the mornings. And so when it came to the results, I need to call the clinic and that she can call on my behalf. There is this lady that helps me that I pay for to call the clinic. There isn’t anybody that speaks Spanish.”

“We were saturating one of the doctors because he was the only one that speaks Spanish, and it’s really hard to get an appointment with that doctor, that one doctor that speaks Spanish. Because the minute you find out there’s a doctor that speaks Spanish, everybody goes there.”

“I’ve been in a few situations where my mom comes home and I’m like, “How did it go?” She’s like, “There was a translator, and I don’t think she told me right,” or, “I don’t think they understood me.”

“There’s this myth that doctors are like mechanics, that they’re inherently dishonest. You take your care in and they’re going to tell you, ‘I had to change this hose and also fix this other wheel.’ I think we have this mentality that the doctor’s going to have this outlook of making money out of us.”

- Discriminatory treatment
- Provider insensitivity
- Lack of communication
- Lack of Knowledge/Misconceptions
- Negative experiences/perceptions
- Access Issues:
  - Cost/lack of insurance
  - Wait time/appointment availability
  - Limited interpreters
  - Transportation
Facilitators

- Trust in health care providers
- Welcoming atmosphere
- Positive healthcare experiences
- Taking action
  - Concern for health
  - Overcoming embarrassment

“For me, personally, I have always felt very comfortable with this doctor that I have. I think it’s because I feel understood with my culture.”

“So, I think, if you have someone who is calm and welcoming, and also, interprets for people, I think that will set the tone for how the visit is gonna go.”

“Recently, in the hospital, I did appreciate seeing a sign, saying that, ‘You will be seen regardless of your…’ I want to say it said, ‘immigration status’ or, background. They have this sign on there, they had it in English and in Spanish. And, I did appreciate that.

“And to have that, to where they go through every step with you is super helpful to me because I know that they know what they’re doing. And I know that I can follow the procedure, even – well, I guess follow in the sense of like; I know what’s being done to me.”

“Even if it’s a male doctor, I don’t care, I go. What I want is to be checked and if there is something going on with my body I want to find out.”

“The religious part doesn’t stop me from getting the knowledge of something that I need to know about it. If I want to learn about it, then I’ll go for it and be like, ‘I need to know what’s going on’.”
Context

Accuracy of information
Reputation of clinic
Fear
Knowledge
  ◦ Children knowing more than parents
  ◦ Knowledge of community based on where raised

Health care provider:
  ◦ Gender
  ◦ Cultural background

Gender differences
Generational differences
Cultural or religious beliefs
  ◦ Machismo
  ◦ Remedies
"The first reason that comes to mind is that some of these public or community based health entities have gained a certain ‘bad reputation’ amongst Latinos over time. I have heard that all too often, that going to ‘a certain clinic’ for example, is equivalent with getting second rate health services. Starting right at the front desk, people often report not being treated nicely."

“When I arrived in this country I was 17 or 18 years old, I can’t remember. I was already married and I remember I went to this appointment with the doctor and the doctor had asked me how many sexual partners had I had and I almost had a heart attack. I thought, ‘why is she asking me these questions? Is she insinuating I have been with all these men?’ I was scared with all these questions.”
“Because people that are from another generation in Mexico, men in particular, do not want to be checked, to have a checkup. Because they are men and because of the whole macho thing. And there are many of those who do not allow their wives to be checked. Because in Mexico I heard that comment, “You have to go for your checkup”. “Oh, you like going to your checkups because you enjoy being seen by doctors”. And it’s common in Mexico to also go for an annual, Pap smear and all. But it is also common that men don’t allow the women to get their checkups.”

“It seems taboo in our culture, bringing up that sexual –talk. You just don’t talk about it. It just seems taboo, at least for me, in our culture.”

“I went to Planned Parenthood, just to get more information. And then, because of my background – my parents, my traditions, my religion – I still felt bad. I felt like I was doing something wrong, even though in college, a lot more people were open to it, but I still felt embarrassed.”

Health care provider:
- Gender
- Cultural background

Gender differences

Generational differences

Cultural or religious beliefs
- Machismo
- Remedies
Recommendations: Improve Information to Community

1. Provide sexual and reproductive health information through Spanish media, including magazines, radio, and TV.

2. Bring workshops or trainings to workplaces to facilitate access to sexual and reproductive health information or services.

3. Offer forums and workshops in the community to promote learning of sexual and reproductive health services and information. (#1)

4. Start sexual health education at an early age as a strategy to improve knowledge and comfort

5. Specifically target Latino men through advertising or outreach to improve sexual and reproductive health access for both men and women.

“Just advertise it somewhere where Latinos can hear it like Caminos, newspapers – I know a big one would be the radio – when you’re at work, listening to the radio, and you hear it over and over, it kind of breaks down that wall.”

“A lot of Latino men tend to work at orchards. But, I would think maybe trying to partner with those companies - try to have small sessions that partner with them. ‘Hey, is there any way we can come up and have a little session, offer this for them?’”

“I think by talking, to explain to them (men) the benefits of having a checkup and how that will prevent disease.”

“Teach the husbands to bring their own selves in (rather than have the wives bring them in), be responsible about their own lives.”
Recommendations: Improve Healthcare Services

6. Have a bilingual resource person in a clinic or in the community to improve sexual or reproductive health services to Latinos. (#3)

7. Be proactive in assuring confidentiality and privacy related to providing sexual and reproductive health services, especially when working with an interpreter.

8. Provide encouraging and relatable information to improve Latino access to sexual or reproductive health information and services.

9. Provide cultural trainings for healthcare providers as a strategy to improve Latino access to and use of sexual or reproductive health information and services. (#2)

10. Have Spanish speaking providers or resources, such as brochures, in Spanish to improve sexual and reproductive health services to Latinos.

“First and foremost, the bilingual people they hire also need to be bicultural. Speaking another language doesn’t necessarily mean that they are understanding of another culture. There are people that speak a language but they don’t understand cultural norms. So the intention is to communicate, and I think that as Latinos you perceive quickly that if you hear a tone in voice you build a wall.”

“At the clínica, maybe there’s more pamphlets and information. So, once we’re able to get people in through the doors, saying, ‘Oh, okay, there is help here. I do understand this. There is something for me in Spanish.’”

“I’ve been to other meetings, and trainings, where all of the staff from different agencies, community partners, have attended, just, so they can understand cultural, and diversity. So, I think, that they’re moving in that direction, or, even understanding any type of trauma. I really like that, in this community, that, you may not have information, or, you may not have that experience, but at least, you’re willing to learn. And get skilled up and get trained, so it doesn’t happen. Or, that you’re not discriminatory, or that everyone feels welcome.”