



RACE matters

Unequal Opportunities for ADOLESCENT REPRODUCTIVE HEALTH*

Why Equal Opportunity is Important

- We know what it takes to promote adolescent reproductive health and delay sex and parenting. Strong and consistent connections with caring adults, particularly parents/caregivers;¹ strong performance in school and high levels of school involvement;² positive orientation toward the future; service learning and opportunities for leadership;³ and comprehensive sexuality education and access to reproductive health services⁴ are among the factors most protective against early sex and parenting. Providing access to social support, economic resources and opportunities for teens significantly reduces the odds of sexual activity and parenting during adolescence.⁵
- The consequences of failing to ensure adolescent reproductive health are life-long. Early sexual activity heightens the risk of acquiring sexually transmitted infections (STIs) and associated consequences. Age at first sex is associated with number of sexual partners, number of sexual partners in close succession, and number of sexual partners in one's lifetime.⁶ Having multiple partners increases the chances of contracting an STI including HIV.⁷ Early childbearing is strongly correlated with future economic well-being. Parenting during adolescence is correlated with lower rates of high school completion and post-secondary education; lower earnings and greater experience with public assistance.⁸ The children born to teen mothers are more likely to experience health problems, experience abuse and neglect; do poorly in school, run away from home, and serve time in prison.⁹ The children of teen parents are more likely to become teen parents themselves, perpetuating the cycle of early childbearing and poverty.¹⁰
- Embedded racial inequities produce unequal social and economic opportunities that promote adolescent reproductive health. Embedded racial inequities work to weaken the social and economic conditions that are protective against sexual risk-taking among teens. Housing and lending discrimination, for instance, diminish access to affordable housing and opportunities to live in a safe and supportive neighborhood. Neighborhood quality is linked to equality in education and training, access to health care services, and social networks that promote positive opportunities for young people's future development.¹¹ Is it important to understand how young people and families internalize their experiences with barriers to opportunity, and how their behavioral and emotional well-being is shaped by these experiences.

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Barriers to Equal Opportunity

- **Poverty.** Poverty is strongly correlated with teen childbearing and sexual health.¹² High poverty neighborhoods have higher rates of unemployment, lower rates of school completion, and a higher proportion of fragile families, elements that make it harder for families to support and nurture the development of young people.¹³ Because youth of color are more likely to live in high poverty neighborhoods and in areas of concentrated poverty (areas where more than 40 percent of families are in poverty), they have less access to economic resources that are protective against early childbearing.¹⁴
- **Residential and school segregation.** High poverty neighborhoods are more likely to be populated by residents of color. Roughly 60 percent of high poverty neighborhoods are occupied by predominantly African-American or Hispanic residents.¹⁵ Residential segregation combined with poverty increases the sense of isolation with broader segments of the community and between neighbors. Residential segregation also translates into schools that are racially segregated. Schools that are mostly African-American and/or Latino have fewer educational resources, larger class sizes, fewer challenging or college prep classes, and less qualified teachers.¹⁶ Racial segregation in schools is directly related to the widening achievement gap between youth of color and White youth.¹⁷ Studies show academic achievement and school involvement reduce the risk of teen childbearing. Thus, school segregation plays a powerful role in shaping racial/ethnic disparities in teen fertility and sexual health.
- **Racial profiling, discrimination, and bias.** Youth of color, particularly young men of color, disproportionately experience racial profiling, discrimination, and personal bias by adults and other youth in a variety of systems, including health care, juvenile justice, employment and education. Youth of color are overrepresented in the juvenile justice system and receive harsher punishment than White youth who commit comparable crimes.¹⁸ Students of color, African-American students in particular, are suspended and/or expelled from school at rates disproportionate to Whites, and are punished more severely for less serious and often subjective reasons.¹⁹
- **Access to health and reproductive health services.** Teens of color face many obstacles to health and reproductive health services. Language barriers and level of acculturation can diminish a young person's level of comfort with accessing services. Mistrust of health care providers persists because of historical examples of unethical treatment, like the Tuskegee syphilis experiment, which are known to many young people of color. Youth of color have fewer financial resources with which to secure care. While publicly funded sources are a primary point of entry for youth of color, many are unaware that services are free or at a reduced cost; and many lack health insurance, or if covered under a public program (e.g., Medicaid, SCHIP) may have differential access in terms of scope of benefits and confidential access to services.²⁰ Recent work by the Institute of Medicine show individuals of color experience more discrimination than White patients and receive lower quality of care.²¹
- **Lack of cultural and gender competence.** Most academic, after-school, employment, health, and social service professionals lack sufficient skills and capacities to adequately support and nurture diverse youth. Recent prevention efforts have attempted to address the needs of young men, but knowledge about best practice and provider competence to engage young men of color remains limited. Efforts tend to view cultural differences as barriers rather than as assets upon which to build for program efforts. In addition, efforts targeting youth generally fail to use the family or community connections that provide important resources and networks for promoting healthy outcomes for young people.
- **Focus of Prevention Efforts.** Programs and policies addressing teen childbearing and sexual health disparities focus almost entirely on the individual. Community-level efforts rarely incorporate programmatic strategies that address embedded racial inequities within critical systems like health care, social services, or education.

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The Consequences of Unequal Opportunity

- **Fertility.** The teen birth rate is between two and three times higher for African-American, Native-American and Hispanic youth than White youth. Asian/Pacific Island teens have the lowest teen birth rate of all racial/ethnic subgroups. Birth rates for 15 to 17 year old African-American and Hispanic teens are three and four times higher than rates for White teens in this age group.

Births per 1,000 Female Teens (15–19)²⁵

By Age and Race/Ethnicity (2003)

| Age | Hispanic | Non-Hispanic White | African American | Native American | Asian / Pacific Islander |
|-------|----------|--------------------|------------------|-----------------|--------------------------|
| 10–14 | 1.3 | 0.2 | 1.6 | 1.0 | 0.2 |
| 15–17 | 49.7 | 12.4 | 38.8 | 30.3 | 8.9 |
| 18–19 | 131.9 | 50.1 | 105.3 | 86.5 | 30.1 |
| 15–19 | 82.2 | 27.5 | 64.8 | 52.6 | 17.6 |

- **Sexual activity and early sexual initiation.** African American, Latino, and Native American youth are more likely than White youth to engage in sex and to start having sex at an early age. According to the 2003 Youth Risk Behavior Survey, 41 percent of White high school students have had sex compared with half of Hispanic and Native American, and two-thirds of African-American students.²² Early sexual initiation (before age 13) is substantially higher among youth of color, particularly African-American males. Nearly one-third of African-American male high school students report first sex at or before age 13 versus 11 percent for Hispanic and 5 percent for White male students.²³ Early sexual initiation is highly correlated with future risk-taking behavior.²⁴

- **Multiple sexual partners.** Youth of color are more likely to report multiple sexual partners. Close to one-third of African-American high school students report having had more than four sexual partners during adolescence compared with Hispanic (16 percent) and White teens (11 percent).²⁶ The proportion reporting four or more sexual partners during adolescence is highest among African-American and Hispanic males (42 and 21 percent respectively).²⁷ Condom use is shown to be lower and less consistent among youth and young adults who report multiple sexual partners.²⁸
- **Older sexual partners.** Roughly one-fifth of babies born to female minors are fathered by males who are five or more years older than their female partner.²⁹ Young girls with an older sexual partner are more likely to have a younger age at first sex, less likely to use condoms, more likely to contract STIs, and more likely to become pregnant as compared to their peers with same-age partners.³⁰ African American and Latino girls are more likely to report having an older sexual partner than their White counterparts.³¹
- **Contraceptive use.** More than 75 percent of teens report using a method of contraception at first sex. Failure to use contraception at first sex is highest among African-American and Hispanic females.³² Among teens that do use contraception, condoms remain the method of choice at first sex. Condom use is highest among African-American adolescent males (85 percent) and lowest among Hispanic females (56 percent). Use of the 3-month injectable (Depo-Provera) at first sex is highest among African-American and Hispanic females (between 24 and 27 percent).³³ Method use at most recent sex is highest among non-Hispanic White males (over 90 percent) and lowest among Hispanic females (around 50 percent).³⁴

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RACE matters

The Consequences of Unequal Opportunity (cont'd)

- Sexually transmitted infections and HIV/AIDS. STIs and HIV/AIDS are more prevalent among young people of color than White youth. African American, Hispanic and Native American youth have rates of gonorrhea and chlamydia between two and seven times the rates for White youth. More than two-thirds of AIDS cases among teens 13 to 19 are to African American and Latino young people.³⁵

STI Rates per 100,000 for Youth Ages 15–19

| | White | African American | Hispanic | Native American |
|-----------|-------|------------------|----------|-----------------|
| Chlamydia | 713.2 | 5,032.2 | 1,578.6 | 2,659.6 |
| Gonorrhea | 115.0 | 2,484.9 | 214.7 | 393.1 |
| Syphilis | 0.3 | 8.6 | 1.9 | 0.5 |

STI Rates per 100,000 for Young Adults Ages 20–24

| | White | African American | Hispanic | Native American |
|-----------|-------|------------------|----------|-----------------|
| Chlamydia | 819.2 | 5,321.1 | 1,726.2 | 3,180.9 |
| Gonorrhea | 152.0 | 3,197.6 | 253.7 | 511.6 |
| Syphilis | 1.1 | 20.7 | 4.3 | 5.0 |

Strategies to Promote Equal Opportunity

- Systematic attention to racial/ethnic disparities and efforts that lead to disparities reduction. While national efforts monitor trends in teen childbearing and sexual health, and recent efforts at the national level have begun to focus on disparities in chronic disease, there is no systematic effort to monitor or track programmatic or policy-related strategies that reduce disparities in teen childbearing or sexual health. Documentation of best practices across diverse youth populations and communities can provide recommendations to guide local and state-wide adolescent sexual health efforts.
- Reduction of residential segregation and income inequality. A large part of the racial gap in teen childbearing and sexual health is the connection with poverty and neighborhood quality. Discrimination in housing and lending by financial institutions, racial/ethnic disparities in earnings for comparable levels of education, and discrimination in hiring practices leave families of color with fewer assets as well as fewer human and social resources with which to raise their children. In turn, young people have fewer opportunities for academic, employment, and career success.
- Reduction of racial profiling in the juvenile justice and educational systems. Embedded racial inequities within the juvenile justice and education systems pose significant barriers for youth of color attempting to become productive and successful adults. Strategies should document and eliminate racial inequity in treatment in each step in the process of entry to and exit from these two systems.
- Culture and gender competence in all prevention and service efforts. In order to improve outcomes for adolescents, initiatives must address personal bias among youth serving professionals and build capacity to support youth in a multi-cultural context. This includes addressing organizational and staff capacity for cultural competence, the promotion of policies and procedures for recruitment and retention of diverse staff, and support for culturally-based approaches and materials.
- Reduction of financial barriers and assurance of confidential access. While many youth of color are from low-income families and communities, the safety net of publicly-funded health services has gaps that diminish access to services or provide differential access, depending upon state-level statutes about eligibility, and scope and duration of benefits. Consistency with respect to confidentiality and access to core services for adolescents through a particular age would reduce disparities in teen childbearing and promote sexual health.

35. Centers for Disease Control & Prevention. 2002. "HIV/AIDS Surveillance Report."

