



ELSEVIER

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Editorial

Adding Nuance to our Understanding of Adolescent Reproductive Health Outcomes Among Women of Mexican Origin



As we write this editorial, both authors are living and working in states in the Southern United States where abortion trigger-laws have recently come into effect following the overturning of *Roe v. Wade* [1]. It is impossible to enter a meaningful discussion on reproductive health in the United States without acknowledging that this is a particularly challenging time for birthing people. The shifting sociopolitical reproductive healthcare landscape creates precarity for people with uteruses, particularly Black and Brown communities. It is within this context that we enter our brief discussion on a specific subgroup, women of Mexican origin and reproductive health outcomes.

As per the Centers for Disease Control and Prevention, adolescent birth rates (aged 15–19 years) have been declining since 1991 among all groups [2]. However, birth rates for adolescent women of Hispanic origin in the United States remain more than twice as high as those of their non-Hispanic White counterparts (i.e., 25.3 vs. 11.4 per 1,000 population in 2019) [2].

Latinx communities in the United States face significant barriers to healthcare access, including to reproductive healthcare services [3–6]. In addition, historical legacies of unethical and discriminatory research with Latinx populations, including forced sterilization and experimentation without consent [7,8], present additional barriers to trustworthiness of the healthcare system for these communities [9–11]. As we consider these barriers to healthcare access, however, it is important to acknowledge that the Latinx community in the United States is not homogeneous. Subgroups vary significantly along many dimensions including country of origin, documentation status, number of generations in the United States, and language spoken at home among others. To inform public policy and practice on unwanted early pregnancies in adolescents, it is important that we study these groups with the nuance that they deserve.

In this month's issue of the *Journal of Adolescent Health*, Darney et al. expand our understanding of reproductive health outcomes among women of Mexican origin with their analysis of

two comparable cross-sectional surveys in the United States and Mexico [12]. They examined history of adolescent birth, age at first sex, and contraceptive use at first sex in four groups: Mexicans residing in Mexico, foreign-born Latinas of Mexican origin residing in the United States, United States–born Mexican Americans, and United States–born non-Latina Whites. They did this by calculating the predicted probability of experiencing at least one adolescent birth for each group, stratified by 5-year age group. Authors found that foreign-born Latinas of Mexican origin and Mexicans in Mexico had similar adjusted probabilities of reporting an adolescent birth (30.1% and 29.9%, respectively). This probability was higher than that of Mexican Americans (26.2%). They also found that adolescent birth was declining across all four groups among younger ages while contraceptive use was increasing among the younger groups. Authors suggest that health disparities between non-Latina Whites and women of Mexican origin with regard to adolescent pregnancy are driven by contraceptive use (more likely to report use at first sex and more effective methods) instead of later age of sexual initiation. In addition, they argue that Mexican Americans and non-Hispanic Whites were more similar to each other on measures of adolescent birth, age at first sex, and to a lesser degree, contraceptive use at first sex while Foreign-born Mexicans and Mexicans were more similar to each other along the same dimensions. These findings have significant implications for public health research and practice. By disaggregating data for Foreign-born Mexican women and Mexican Americans, for instance, they demonstrate that patterns of sexual initiation, contraceptive use at first sex, and use of highly effective contraception are different for these groups. Therefore, the interventions to support the reproductive autonomy and sexual health of each group should be responsive to these differences.

To build on this work, it is important to further investigate the question of why we see these disparities in the use of contraception, particularly highly effective methods. It is likely that access to healthcare services (including highly effective contraception) plays a significant role, especially considering the uninsured rates reported by each group (21% for Mexican

See Related Article on p.679

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

Americans, 50.6% for Foreign-born Mexicans, compared to 9.8% for non-Latina Whites). Qualitative research that can shed light on conceptions and practices of Mexican-origin adolescents around forms of less or more effective contraceptive use will be important in moving this research forward.

As Darney et al. discuss, a great deal of work simply ascribes differences in subgroup health outcomes to cultural norms or acculturation but does not do a good job of describing or measuring these constructs [13,14]. This research often lacks the interdisciplinarity and rigor required to understand if and how culture may play a role in reproductive health outcomes, however. Interplay between variables at a various levels of influence (from the individual-level through policy-level variables) is likely at the heart of health disparities. For this reason, it is important that we engage in the work of better understanding the relationship between context and health outcomes through rigorous theory-based and interdisciplinary research with disaggregated samples [12,15].

Darney et al. (2002) shed light on the topic of reproductive health among women of Mexican origin by disaggregating data and using nationally representative samples. This is a contribution to the field and helps propel us toward a new standard of how we should examine reproductive health outcomes among Latinx populations. Importantly, this work draws on Latin American, specifically Mexican, datasets in comparison to the United States, and acknowledges the need for binational research to fully flesh out and understand Mexican (and by extension of other Latin American) diasporic experiences. Darney et al. (2022) have done important work by providing insights into population-level differences by subgroup. It is up to all of us to build on this research to develop more tailored approaches to health promotion in the spheres of prevention and health-care provision.

Mercedes M. Morales-Alemán, Ph.D.
*Department of Community Medicine and Population Health,
 University of Alabama
 Tuscaloosa, Alabama*

Gwendolyn Ferreti, Ph.D.
*Peace and Social Justice Studies Department, Berea College
 Berea, Kentucky*

References

- [1] Cohen IG, Reingold RB, Gostin LO. Supreme court ruling on the Texas abortion law: Beginning to unravel roe v wade. *JAMA* 2022;327:621–2.
- [2] Martin JA, Hamilton BE, Osterman MJ, et al. Births: Final data for 2019. *National Vital Stat Rep* 2021;70(2):1–50.
- [3] Cabral J, Cuevas AG. Health inequities among latinos/hispanics: Documentation status as a determinant of health. *J Racial Ethnic Health Disparities* 2020;7:874–9.
- [4] Ortega AN, McKenna RM, Pintor JK, et al. Health care access and physical and behavioral health among undocumented Latinos in California. *Med Care* 2018;56:919.
- [5] Luque JS, Soulen G, Davila CB, Cartmell K. Access to health care for uninsured Latina immigrants in South Carolina. *BMC Health Serv Res* 2018;18:1–12.
- [6] Morales-Alemán MM, Ferreti G, Scarinci IC. “I don’t like being stereotyped, I decided I was never going back to the doctor”: Sexual healthcare access among young Latina women in Alabama. *J Immigrant Minor Health* 2020;22:645–52.
- [7] Gutiérrez ER. *Fertile Matters: The Politics of Mexican-origin Women’s reproduction*. Chicana Matters Series. Austin, TX: University of Texas Press; 2008.
- [8] López I. *Matters of Choice: Puerto Rican Women’s Struggle for reproductive Freedom*. New Brunswick, NJ: Rutgers University Press; 2008.
- [9] Kraft SA, Cho MK, Gillespie K, et al. Beyond consent: Building trusting relationships with diverse populations in precision medicine research. *Am J Bioeth* 2018;18:3–20.
- [10] Schwingel A, Gálvez P. Divine interventions: Faith-based approaches to health promotion programs for latinos. *J Religion Health* 2016;55:1891–906.
- [11] Wilkins CH. Effective engagement requires trust and being trustworthy. *Med Care* 2018;56:56.
- [12] Darney BG, Boniface E, Jacobson L, et al. Adolescent reproductive health outcomes among Mexican-origin women on both sides of the U.S. Mexico border. *J Adolesc Health* 2022;71:679–87.
- [13] Afable-Munsuz A, Brindis CD. Acculturation and the sexual and reproductive health of Latino youth in the United States: A literature review. *Perspect Sex Reprod Health* Dec 2006;38:208–19.
- [14] Morales-Aleman MM, Scarinci IC. Correlates and predictors of sexual health among adolescent Latinas in the United States: A systematic review of the literature, 2004-2015. *Prev Med* 2016;87:183–93.
- [15] Philbin MM, Flake M, Hatzembuehler ML, Hirsch JS. State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States. *Soc Sci Med* 2018;199:29–38.