

# SEXUAL & REPRODUCTIVE HEALTH

AMONG TEENS AND YOUNG ADULTS IN THE CALIFORNIA-MEXICO BORDER REGION

## Introduction

California's south border region is comprised of two counties, San Diego county with a population of 3,095,313 (32% Latino origin) and Imperial county with a population of 174,528 (80.4% Latino origin) in 2010.<sup>1</sup> A combination of social and economic challenges and barriers within these communities, along with the unique elements faced by California-Mexico border areas contribute to a number of health disparities among the region's adolescents, in particular among Latinos. Adolescents 10-19 years of age living in this area experience sexual and reproductive health disparities including higher rates of teen pregnancy, sexually transmitted infections (STIs) such as HIV/AIDS, and sexual violence.

## Teen Pregnancy

Of California's 58 counties, Imperial County ranked 3rd in 2009 with a teen birth rate of 57.6 per 1,000 live births. San Diego County ranked 27th with a teen birth rate of 30.6 per 1,000 live births.<sup>2</sup> The high difference between these two neighboring counties can be explained by the social determinants of health, among the most relevant being lack of education on sexual health topics (both by teens and their parents), lack of adult figures in the household, and abuse in a relationship, all of which have been shown to be issues in Latino border communities.

## Sexually Transmitted Infections

Estimates suggest that even though young people ages 15-24 represent only 25% of the sexually experienced population in the U.S., they account for nearly half of all new STIs.<sup>3</sup>

**HIV/AIDS:** Nationwide, it is estimated that half of all new infections in the U.S. occur in people younger than 25. In California, San Diego County has the third highest AIDS and HIV case rate, with 4,406 living cases of HIV and 7,230 living cases of AIDS in 2010. The same year, there were 70 living cases of HIV and 141 living cases of AIDS in Imperial County. Overall Latinos comprise a growing proportion of newly diagnosed cases of AIDS; they have a younger median age and the shortest time from HIV+ diagnosis to AIDS diagnosis, and a shorter time from AIDS diagnosis to death. More than 50% of all Latino cases were foreign-born, with 85% of those coming from Mexico.<sup>4</sup>

**Chlamydia** is the most common sexually transmitted bacterial infection in America, and is more often seen in teens and young adults.<sup>5</sup> In 2010 Imperial County reported that of the 506 female chlamydia cases, 86.8% of those who specified their race/ethnicity were Latinas, 40.3% of all female cases were between the ages of 20-24 years-old, and 30.4% were between the ages of 15-19. Among the 149 male cases, Latino men accounted for 86% of

those who specified a race/ethnicity, and 44.3% of all cases were between the ages of 20-24 years.<sup>6</sup> In San Diego County, females between the ages of 20-24 accounted for 41.7% and Latinas accounted for 45.8% of those who specified a race/ethnicity. Latino males represented 34.1% of those who specified a race/ethnicity and 35.7% of all infected males were between the ages of 20-24.<sup>7</sup> These statistics suggest that young people are at a higher risk for the disease, and the best defense is to take preventative measures such as increasing awareness and education in order to reduce future infections.

**Gonorrhea:** Gonorrhea is a bacterial infection that results in 700,000 new cases in the U.S. every year.<sup>8</sup> Of the total infected population in San Diego County in 2010, male and female Latinos represented 30.4% and 29.2% respectively of those who specified a race/ethnicity. Females between the ages of 15-24 represented 64%, and males between 15-24 represented 32.3%.<sup>7</sup> There are fewer cases reported for Imperial County; nevertheless, Latina women make up 66.7% of females who specified a race/ethnicity, and Latino men make-up 61.5% of males who specified a race/ethnicity. Women aged 15-24 represent 70% of infected females, and men aged 15-24 represent 46.7% of infected males.<sup>6</sup>

**Human papillomavirus (HPV):** HPV is a family of common viruses that cause almost all cervical cancers, and a variety of other health problems including cancer of the anus, vagina, penis, and organs of the back of the throat. It is so common that at least 50% of sexually active people will contract HPV in their lives, and young people in their late teens and early 20's are most commonly affected.<sup>9</sup> Most infections occur without any symptoms and subside without the need of treatment. Among Latinas, San Diego and Imperial Counties are both in the top 10 in California in cervical cancer incidence rates, each with 12.9 cases per 100,000 people from 2003-2007.<sup>10</sup>

## Sexual Violence

In the United States teens and young adults between the ages 12 and 19 experience the highest rates of violent crime, rape and sexual assault.<sup>11</sup> More than half of all teens who have had sex before the age of 14 experience violence or abuse in relationships,<sup>12</sup> and one in five teens that has been in a serious relationship has reported being hit, slapped or pushed by their partner.<sup>13</sup> The number of incidences of these violent crimes are inflated in border states which experience 10% more violent crimes than the national average.<sup>14</sup> Attention and resources are needed to work with school officials, parents, and young people to address this issue. These abuses often negatively change the course of a

young person's life – not only their perception on what constitutes a healthy relationship, but also causing lasting physical or psychological damage.

### Challenges

Social determinants of health such as low income; high rates of unemployment; and lack of access to general education, health insurance, health care screenings, and general health services directly impact health outcomes in California's southern border region. Regional factors may also contribute to sexual and reproductive health disparities. The California-Mexico border is the most frequently crossed international border in the world, and many daily crossings are for employment purposes. There is a lack of consistency in public health programs on both sides of the border that may negatively impact health outcomes in the border region. The border location is believed to exacerbate the HIV/AIDS epidemic on both sides and significantly complicates service provision on the U.S. side of the border.

Cultural factors such as lack of information in schools on healthy sexual practices, and the lack of a comprehensive approach between healthcare providers and education sectors in some parts of the border region may contribute to the high rates of teen pregnancy and STIs among teens.

### Cost

In California, 62% of publicly funded births are unintended; costing the state approximately 1 billion in 2009. In the same year, teen births in San Diego required \$68 million in taxpayer costs and \$280 million in societal costs.<sup>2</sup> In Imperial county teen births represented \$11 million in taxpayer costs and \$42 million in societal cost. Domestic violence costs the US \$5.8 billion annually, with \$4.1 billion for victims needing medical and mental health services.<sup>15</sup>

### Conclusion

The sexual and reproductive health of young people living in the border region is an important public health concern due to the staggering amount of affected teens and the disparities in health statistics. Pregnancy and sexually transmitted infections result in high social, economic, and health costs for affected persons, their families, and communities. The lack of a comprehensive approach from the primary care and education sectors constitutes a barrier to improving the health and well-being of adolescents and young adults in the border region.

### Public Policy Recommendations

- Effective policies must be adopted that help strengthen the public health infrastructure and create a culture of wellness and prevention in the border region.
- Organize collaborative efforts to educate policy makers, legislators, government officials, and community leaders about adolescent and reproductive health issues.
- State and local organizations along the border region should consider the social determinants of health in the development, implementation and evaluation of programs, and should employ culturally appropriate interventions targeting their communities.

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