



Native and immigrant adolescents in Spain: Adaptation and perceived discrimination as HIV-risk factors¹

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ABSTRACT. Two of the most studied psychosocial variables in relation to HIV are behavioral adaptation and perceived discrimination. The main objective of this study was to analyze whether behavioral adaptation and perceived discrimination can predict risky behaviors for HIV infection depending on cultural and gender differences. The sample was composed of 815 adolescents aged between 14 and 19 years old and who lived in Spain. Of these, 56.2% were native Spaniards and 47.8% were Latin American immigrants. Results show that Latin American adolescents, older adolescents, and less adapted adolescents adopt more risky behaviors for HIV infection. Moreover, Latin American adolescents showed more perceived discrimination and less social adaptation than native Spanish adolescents. Regarding gender, female native adolescents showed greater adaptation in school and social settings and male Latin American immigrants showed more personal adaptation and less school adaptation than females. The discussion highlights the importance of considering cultural and gender differences when designing programs to prevent HIV/AIDS.

KEYWORDS. Adaptation. Perceived discrimination. HIV/AIDS. Adolescents. Ex post facto study.

RESUMEN. La adaptación conductual y la discriminación percibida son dos de las variables psicosociales más estudiadas en relación al VIH. Por ello, el objetivo de esta

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investigación es analizar si estas variables pueden predecir las conductas sexuales de riesgo para el VIH en función de las diferencias culturales y de género. La muestra estuvo compuesta por 815 adolescentes de entre 14 y 19 años residentes en España, de los que el 56,2% eran autóctonos españoles y el 47,8% restante inmigrantes latinoamericanos. Los resultados muestran que los adolescentes latinoamericanos, los de mayor edad y los que se encuentran menos adaptados emiten más conductas sexuales de riesgo para el VIH. Además, según el origen, los adolescentes latinos muestran más discriminación percibida que los autóctonos y menos adaptación social. En función del género, entre los autóctonos las mujeres se encuentran más adaptadas en el ámbito escolar y en el social y entre los latinoamericanos los varones muestran mayor adaptación personal y menor adaptación escolar que las mujeres. En la discusión se analizan y comentan los resultados obtenidos y se resalta la necesidad de tener en cuenta las diferencias culturales y de género a la hora de elaborar programas de prevención para el VIH/sida.

PALABRAS CLAVE. Adaptación. Discriminación percibida. VIH/sida. Adolescentes. Estudio *ex post facto*.

Adolescence is a difficult period for both adolescents themselves and people dealing with them. Many studies have warned about the importance of sexuality and the risky sexual behaviors adopted during adolescence (Santos-Iglesias and Sierra, 2010). In fact, as reported by DiClemente, Crosby, and Wingood (2002), it is estimated that about 20% of HIV infections affect people who are in their twenties. In recent years, attention has been given to the high rates of infection of certain groups of immigrants in developed countries, particularly Latin Americans. In Spain, according to the Spanish National Epidemiology Center and Ministry of Health and Social Policy (2009), one third of all new HIV infections affect foreigners, about 40% of whom are Latin American. Castro, Bermúdez, and Buela-Casal (2009) argue that the greater behavioral vulnerability of Latin American adolescents to HIV is due to psychological, psychosocial, and cultural variables.

Two of the most studied psychosocial variables in relation to HIV are behavioral adaptation and perceived discrimination. Adaptation of adolescents in the various spheres of their life is key for an appropriate psychosocial development and for preventing sexually transmitted infections (STI), including HIV (Pantin, Schwartz, Sullivan, Prado, and Szapocznik, 2004). In recent years, the growing number of immigrant adolescents living in developed countries has led to studies assessing their adaptation compared to that of native adolescents and its relationship with health (Negy, Hammons, Reig-Ferrer, and Marino, 2010). Results are similar and show poorer adaptation in immigrant adolescents than in native adolescents (Motti-Stefanidi *et al.*, 2008; Schwartz, Montgomery, and Briones, 2006). Such poor adaptation or acculturation is partly caused by immigration itself and leads to changes in the cultural identity of adolescents. Acculturation is associated with Posttraumatic Stress Disorder among immigrants. For that, is interesting to understand that migrants from the same country are not one separate group and for interventions to succeed, better understanding of the situation in each sub-group is

required (Engelhard, van den Hout, Weerts, Hox, and van Doornen, 2009; Knipscheer, Drogendijk, Gülsen, and Kleber, 2009). Immigrant adolescents are more likely to adopt risky sexual behaviors (Conde, 2007; Ortega, Sánchez, Ortega-Rivera, Nocentini, and Menesini, 2010; Schwartz *et al.*, 2006; Shedlin, Decena, and Oliver-Vélez, 2005) and are therefore more vulnerable to HIV infection.

The analysis of adaptation in adolescents focuses on several key areas that provide a global perspective. Cruz and Cordero (1981) identified four levels: personal, family, school, and social adaptation, which are also useful and relevant to study vulnerability to HIV. Several studies have shown that adequate personal adaptation is related to the adoption of protective behaviors, since it decreases the risk of suffering anxiety and depression and therefore of practicing risky behaviors (Rivera, 2007). For decades the concept of risk has received the systematic attention from researchers of diverse disciplines (Lechuga-Besn e, Riveros-Rosas, and S anchez-Sosa, 2009). Likewise, some studies have concluded that immigrant adolescents are at greater risk, as they are more vulnerable to psychiatric problems linked to poor adaptation (Bachanas *et al.*, 2002; Oppedal, R oysemb, and Heyerdahl, 2005). Family is the first and most important socialization agent and functions as a protective factor against STI/HIV (Perrino, Gonz alez-Soldevilla, Pantin, and Szapocznik, 2000). Factors such as communication with parents about sex and perceived support from family are related to protective behaviors (DiClemente *et al.*, 2002; Nappi *et al.*, 2009; Pantin *et al.*, 2004). Several studies have shown that family adaptation of immigrant adolescents is poor, particularly in the case of Latin Americans. This is due both to lack of communication with parents and to the confrontation between the traditional values of parents regarding sexual relations and the modern values of host societies (Conde, 2007; Prado *et al.*, 2006).

Schools are another important socialization agent and also function as a protective factor. According to some of the studies consulted, poor school adaptation is related to greater risk of HIV infection (Schwartz *et al.*, 2009). Crosby *et al.* (2007) concluded that the fact of attending school is a protective factor, since it encourages healthier relations and occupies time adolescents might otherwise devote to practicing risky sexual behaviors. Finally, social adaptation is relevant, as proven by several authors who highlight the importance of the social capital of adolescents as a basis for the adoption of protective behaviors against HIV and gender violence (Ulla D iez *et al.*, 2009). Crosby, Holtgrave, DiClemente, Wingood, and Gayle (2003) argue that having a social network of friends is related to greater trust, reciprocity, and cooperation. According to DiClemente *et al.* (2002), these elements imply greater protection in sexual relations. Therefore, immigrant adolescents are more vulnerable because they have weaker social networks, especially in their first stage of acculturation (Shedlin *et al.*, 2005).

The analysis of perceived discrimination related to HIV usually focuses on the stigmatization of HIV patients. This real and perceived discrimination leads to less social support and poorer quality of life (Chiu *et al.*, 2006; Larios, Davis, Gallo, Heinrich, and Talavera, 2009) and has effects of an emotional, mental, social, physical, and economic nature for the immigrants affected (Anderson *et al.*, 2008; Rao, Pryor, Gaddist, and Mayer, 2008). Perceived discrimination is considered to be a relevant variable for acculturation (Jasinskaja-Lahti, Liebkind, Harenczyk, and Schmitz, 2003). Indeed, some

studies conclude that it influences behavior and experience and has negative effects on self-esteem and aggressiveness (Buelga, Musitu, and Murgui, 2009; Molero, Navas, and Morales, 2001; Navas, García, Rojas, Pumares, and Cuadrado, 2006), which is associated to greater vulnerability. However, few studies have related perceived discrimination and racial/cultural prejudice to the adoption of risky behaviors for HIV infection. In a study carried out in the United States, Ford *et al.* (2009) concluded that racism and perceived discrimination influence adolescents' attitudes and behaviors regarding HIV, and therefore those risky behaviors can be prevented by working on them.

Although the psychosocial variables considered above are clearly relevant, no similar studies have explored such variables in Spain, where more than 12% of the population is of non-native. Therefore, the objective of this prospective *ex post facto* study (Montero and León, 2007) was to analyze whether adaptation in its various settings and perceived discrimination can predict the risk of STI/HIV in adolescents depending on their cultural and gender differences.

Method

Participants

The sample was composed of 815 adolescents aged between 14 and 19 years old who lived in Spain; of these, 56.2% were native Spaniards and 47.8% were Latin American immigrants. Among the native Spaniards, 45.4% were male and 54.6% were female. The mean age of this group was 16.64 years ($SD = 1.40$). In the Latin American group, 45.9% were male and 54.1% were female. The mean age of this group was 17.28 years ($SD = 1.30$). A total of 86.4% of Latin American adolescents claimed they had been living in Spain for two years or more. Inclusion criteria to participate in the study were the following: a) being aged between 14 and 19 years old; b) being a native Spaniard or coming from a Latin American country; c) living in Spain, d) having had penetrative sex in the last six months, and e) participating voluntarily in the study once its objectives had been explained. From an initial sample of 3,499 subjects assessed, 815 (23.3%) fulfilled the inclusion criteria.

To classify the participants into several groups depending on the risky sexual behaviors they had adopted, the Coital Risk Index (CRI) for STI/HIV (Bermúdez, Castro, Gude, and Buela-Casal, 2010) was calculated with the following formula:

$$CRI = \left(\frac{NVR - NVRC}{NVR} \right) \times NSP$$

Where:

NVR = number of vaginal relations in the past six months.

NVRC = number of vaginal relations with condom in the past six months.

NSP = number of sexual partners in the past six months.

Depending on the results obtained, adolescents in the two cultural groups were classified into two categories: those with CRI scores equal to 0 were considered to be “at no risk,” whereas those with CRI scores greater than 0 were considered to be “at risk.” In the native Spanish group, 67.7% of adolescents were considered to be “at no risk” and 32.3% were considered to be “at risk.” In the Latin American group, 48.7% of adolescents were considered “at no risk” and the remaining 51.3% were considered to be “at risk.” The chi-square statistic showed statistically significant differences between both groups in the Coital Risk Index ($\chi^2 = 29.86; p < .001$).

Instruments

- Sociodemographic data and sexual behavior questionnaire (Teva, Bermúdez, and Buéla-Casal, 2009). This instrument has three different parts. The first part includes 23 items that collect sociodemographic data and information about sexual relations of adolescents. The second part of the questionnaire is only filled out by adolescents who have had non-penetrative sex; they are asked about the age of their first non-penetrative sexual contact, the number of partners they have had, the type of partner (stable or occasional) in the last sexual contact and drug consumption on that occasion. The last part of the questionnaire is only filled out by adolescents who have had penetrative sex; it includes 20 items, which refer to the first and last penetrative sexual contact and to sexual activity during the last six months.
- Behavioral Adaptation Inventory (*Inventario de Adaptación de Conducta*, IAC; Cruz and Cordero, 1981). It includes 123 items that assess global adaptation of children and adolescents using four scales: *Personal*, *Family*, *School*, and *Social* adaptation. It has three response options: *Yes*, *?*, and *No*. Cruz and Cordero (1981) reported an internal consistency of .81 in *Personal adaptation*, .85 in *Family adaptation*, .85 in *School adaptation*, .82 in *Social adaptation*, and .97 in global adaptation. In the present study, Cronbach alpha values obtained were .79 in *Personal adaptation*, .84 in *Family adaptation*, .85 in *School adaptation*, .81 in *Social adaptation*, and .98 in global adaptation for native Spaniards, and .82 in *Personal adaptation*, .85 in *Family adaptation*, .84 in *School adaptation*, .82 in *Social adaptation*, and .97 in global adaptation for Latin American adolescents.
- Perceived Discrimination Scale (Navas, García, Rojas, Pumares, and Cuadrado, 2007). This 7-item questionnaire measures perceived discrimination in the following settings: politics, social welfare, housing, employment, society, the media, and religion. Each item has five response options, ranging from *Not at all* to *A lot*. There are two versions, one for native citizens and one for immigrants. Navas *et al.* (2007) reported an internal consistency of .86 in the version aimed at native citizens and .77 in the immigrant version. In the present study, a reliability value of .80 was obtained for both versions.

Design

This is a descriptive study of populations through survey research, probability sample, that also applies an *ex post facto* prospective design (Montero and León, 2007), with an independent variable, ODD scales for parents and teachers, and different dependent variables: informants (three persons), sources (combination between informants), sex and age (four grades).

Procedure

Data were collected from schools, health centers specialized in adolescent sexual issues, and immigrant associations in several Spanish provinces. Schools were contacted through the offices of the Department of Education in various Spanish provinces, which were requested to provide a list of schools with the highest number of Latin American students. After obtaining this information, the schools were contacted and asked to participate in the study. Those that accepted were visited by trained researchers, who applied the questionnaires to groups of 15-20 students under the same conditions. After guaranteeing confidentiality of data and anonymity of participants, prior informed consent was obtained. All participants were given information about the study and told that participation was voluntary. In health centers for adolescents and immigrant associations, the questionnaires were applied to participants in small groups and under the same conditions once the participants had been informed.

The manuscript was prepared following the standards set by Ramos-Álvarez, Moreno-Fernández, Valdés-Conroy, and Catena (2008).

Results

First of all, an analysis was performed to explore whether the variables personal, family, school, social, and global adaptation and perceived discrimination differed according to participants' origin and gender in each of the cultural groups. Regarding origin, statistically significant differences were found in social adaptation and perceived discrimination; native Spaniards obtained higher scores in social adaptation and Latin Americans scored higher in perceived discrimination (see Table 1). Regarding gender, statistically significant differences were found in school adaptation and social adaptation in native Spaniards, with higher scores obtained by females. Among Latin American adolescents, statistically significant differences were found in personal adaptation, with higher scores obtained by males, and in school adaptation, with higher scores obtained by females. These results are shown below in Table 2.

TABLE 1. Mean differences in personal, family, school, social, and global adaptation and perceived discrimination according to origin.

<i>Variables</i>	<i>Origin</i>	<i>n</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Student's t</i>	<i>Significance</i>
Personal adaptation	Native Spaniards	458	19.15	5.09	-.16	.87
	Latin Americans	357	19.21	5.45		
Family adaptation	Native Spaniards	458	20.97	6.18	1.84	.06
	Latin Americans	357	20.15	6.32		
School adaptation	Native Spaniards	458	17.17	6.14	-.58	.56
	Latin Americans	357	17.42	5.79		
Social adaptation	Native Spaniards	458	18.53	4.52	3.72	.000
	Latin Americans	357	17.28	5.04		
Global adaptation	Native Spaniards	458	75.82	16.32	1.49	.13
	Latin Americans	357	74.06	17.04		
Perceived discrimination	Native Spaniards	458	18.86	5.80	-8.70	.000
	Latin Americans	357	22.41	5.74		

TABLE 2. Mean differences in personal, family, school, social, and global adaptation and perceived discrimination according to gender in each of the cultural groups analyzed.

<i>Variables</i>	<i>Gender</i>	<i>n</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Student's t</i>	<i>Significance</i>
Native Spaniards						
Personal adaptation	Males	208	19.36	5.06	.79	.43
	Females	250	18.98	5.12		
Family adaptation	Males	208	21.11	5.59	.44	.66
	Females	250	20.85	6.64		
School adaptation	Males	208	16.21	5.61	-3.10	.002
	Females	250	17.98	6.45		
Social adaptation	Males	208	17.82	4.59	-3.09	.002
	Females	250	19.12	4.38		
Global adaptation	Males	208	74.49	15.66	-1.59	.11
	Females	250	76.92	16.80		
Perceived discrimination	Males	208	19.25	5.85	1.30	.19
	Females	250	18.54	5.75		
Latin Americans						
Personal adaptation	Males	164	19.82	5.36	1.97	.04
	Females	193	18.68	5.49		
Family adaptation	Males	164	20.77	6.08	1.71	.08
	Females	193	19.63	6.48		
School adaptation	Males	164	16.56	5.27	-2.59	.01
	Females	193	18.15	6.13		
Social adaptation	Males	164	17.12	4.82	-.54	.58
	Females	193	17.41	5.23		
Global adaptation	Males	164	74.28	15.46	.22	.82
	Females	193	73.87	18.31		
Perceived discrimination	Males	164	22.30	5.58	-.35	.72
	Females	193	22.51	5.90		

Finally, a logistic regression analysis was carried out with the *Enter* method to determine whether origin, gender, age, global adaptation, and perceived discrimination may function as predictors of the risk of STI/HIV. A single model was obtained, with an adjustment of .10 according to the Nagelkerke R^2 statistic. The Hosmer-Lemeshow goodness-of-fit test was statistically significant, which also indicated good fitness of the model ($\chi^2 = 5.70$; $p = .68$). The variables that entered the model as predictors were origin, age, and global adaptation (see Table 3). With this model, it was possible to correctly predict 64.30% of the cases (the classification of participants according to the model is shown in Table 4).

TABLE 3. Variables that predict the Coital Risk Index for STI/HIV.

<i>Variables</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>df</i>	<i>p</i>	<i>OR</i>	<i>CI 95% OR</i>	
							Lower	Upper
Origin	.57	.16	13.04	1	.000	1.77	1.29	2.4
Sex	.18	.15	1.51	1	.219	1.02	.93	1.07
Age	.26	.05	20.78	1	.000	1.29	.89	1.61
Global adaptation	-.01	.005	26.02	1	.000	.98	.97	.99
Perceived discrimination	.08	.013	1.77	1	.183	1.01	.99	1.04

TABLE 4. Number and percentage of cases classified correctly in the prediction of the Coital Risk Index for STI/HIV.

Observed	Predicted		Correct %
	At no risk	At risk	
At no risk	399	85	82.4
At risk	206	125	37.8
Total %			64.3

The odds ratio values obtained show that: a) the risk of HIV infection among Latin American adolescents is 1.77 times higher than among native Spanish adolescents; b) the probability of HIV infection increases 1.29 times with each year of age, and that c) the probability of HIV infection increases .98 times with every one-unit increase of global adaptation; all this suggests that this variable functions as a protective factor against HIV.

Discussion

Immigrant adolescents of Latin American origin are disproportionately affected by HIV/AIDS in more developed countries, particularly in the United States (Pantin *et al.*, 2004). The leading cause of infection in this group is unprotected sexual contact. Prado *et al.* (2006) showed that 70% of HIV infections diagnosed in Hispanic adolescents were acquired through sexual relations. This explains why origin was found to be the most important predictor variable of risky sexual behaviors in the present study. According to Prado *et al.* (2006), Hispanic youth initiate sexual activity at an earlier age and

therefore have more sexual partners in their life and greater chances of practicing risky behaviors; moreover, they use condoms less and consume more drugs in their sexual contacts than native-born adolescents. Bermúdez, Castro, Madrid, and Buéla-Casal (2010) obtained similar results in a study carried out in Spain; Latin American adolescents had a higher number of sexual partners and showed more inconsistent condom use than native Spaniards. Therefore, the results of the present study agree with those of similar studies and support the hypothesis that HIV infection has a strong ethnic and cultural character (DiClemente *et al.*, 2002; Pantin *et al.*, 2004; Vanoss Marín, 2003).

Behavioral adaptation is another predictor variable of risky sexual behaviors for HIV infection. According to the results obtained, Latin American adolescents are less adapted than native Spaniards, especially in the social sphere, and adaptation is a key factor to explain risky behaviors. Other studies have shown that the social aspect is relevant and that belonging to a social network encourages the adoption of protective behaviors against STI/HIV, given that behaviors are imitated among adolescents (Bachanas *et al.*, 2002). Adaptation or enculturation of immigrant adolescents in host societies is considered to be a key factor in dealing with the risk of HIV infection; this is proven by the results obtained. Immigration and arrival in a new society are stressful factors characterized by novelty, change, and confusion of values for adolescents and their parents alike (Ramos, Moreno, Rivera, and Pérez, 2010; Rojas-Guyler, Ellis, and Sanders, 2005; Shedlin *et al.*, 2005; Vanoss Marín, 2003). A confrontation occurs between traditional Latin American values regarding sexual relations and the new values of the host society; future performance will depend on how this impact is managed (Conde, 2007). Shedlin *et al.* (2005) argue that integrated adolescents, who manage to maintain certain aspects and values of their culture of origin and also adopt others from the host culture, are more likely to adopt protective behaviors than adolescents who only adopt aspects of the new culture and do not maintain any values from their culture of origin. The latter practice more risky behaviors, since they imitate the behavior of the most daring native adolescents (Gutiérrez-Martínez, Bermúdez, Teva, and Buéla-Casal, 2007; Rojas-Guyler *et al.*, 2005; Vanoss Marín, 2003).

Given the relevance of adaptation as a predictor of risky sexual behaviors and the discrepancies that exist in its analysis, further studies should classify immigrants depending on how long they have lived in the host country. In the present study, most immigrants had not arrived recently, although they were still in the transition period, which lasts about six years from arrival in the host society according to some studies (Blake, Ledsky, Goodenow, and O'Donnell, 2001). Perceived discrimination was not found to be a predictor variable of risky sexual behaviors, although it should be taken into account in future research because of its relation with acculturation (Jasinskaja-Lahti *et al.*, 2003). The last predictor variable of risky sexual behaviors is age. Results show that older adolescents practice more risky sexual behaviors and are therefore more vulnerable to HIV than younger adolescents. According to several studies consulted, older adolescents report less intention of reducing the risk of HIV and more substance use (Bachanas *et al.*, 2002; Sikkema *et al.*, 2004).

Regarding gender, similar results were found in both cultural groups analyzed; among native Spaniards, females showed greater school and social adaptation; among

Latin American immigrants, females showed greater school adaptation and males showed greater personal adaptation. In conclusion, males seem to be more adapted in more intimate spheres, whereas females seem to adapt more easily in spheres that involve relating to other people, such as school and social life (Dion and Dion, 2001).

Finally, there is a need for further studies and effective intervention programs against HIV that take into account cultural, gender, and age differences between adolescents (Bermúdez, Castro, and Buela-Casal, 2009; Fogel and Israel, 2009; Lameiras-Fernández *et al.*, 2010). Such studies and programs should focus on analyzing how immigrants adapt to host societies and consider the key role of family, school, and friends as protective elements.

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