

# Practitioners' Perspectives on Cultural Sensitivity in Latina/o Teen Pregnancy Prevention\*

Ada M. Wilkinson-Lee

Stephen T. Russell

Faye C. H. Lee\*\*

Latina/o Teen Pregnancy Prevention Workgroup

**Abstract:** This study examined practitioners' understandings of cultural sensitivity in the context of pregnancy prevention programs for Latina teens. Fifty-eight practitioners from teen pregnancy prevention programs in California were interviewed in a guided conversation format. Three themes emerged in our analysis. First, practitioners' definitions of cultural sensitivity were consistent with existing models in the published research literature and focused largely on reinforcing the cultural strengths of Latino youth and families. Second, strategies for cultural sensitivity were complicated by tension between traditional Latino culture and the culture of pregnancy prevention programs. Third, practitioners identified a blend of personal and professional characteristics associated with cultural sensitivity among staff. We discussed policy and practice implications for Latino pregnancy prevention.

**Key Words:** cultural sensitivity, Latina teens, Latino family, pregnancy prevention, teen pregnancy.

Since 1995, Latina teens have had the highest teen birth rate among the major racial/ethnic groups in the United States (National Campaign to Prevent Teen Pregnancy, 2004). Latino culture plays an important role in understanding Latino teenage pregnancy, yet information about effective pregnancy prevention programs that are aligned with the cultural experiences and values of Latino youth has been limited. In the field of teen pregnancy prevention practice, recommendations that programs and practitioners be culturally sensitive have become commonplace, yet the meaning of cultural sensitivity in the program context has been understudied (Flores, 2000). Multiple definitions of cultural sensitivity exist and key dimensions include understanding and appreciating the importance of cultural factors in the delivery of services; showing regard for an individual's beliefs, values, and practices within a cultural

context; recognizing that cultural heritage provides patterns for group references, while allowing for intracultural and individual variances in beliefs and behaviors; and awareness of the ways that service providers' cultural backgrounds may influence professional practice (Burk, Wieser, & Keegan, 1995; Castro, Cota, & Vega, 1999; Lister, 1999). The purpose of this study was to examine the meanings of cultural sensitivity from the perspective of program practitioners. These practitioners negotiate the interplay of culture, adolescence, and pregnancy prevention on a daily basis, and their professional lives are defined by translating expert knowledge into practice within diverse communities.

One important reason mainstream health promotion programs may be ineffective in service delivery to Latino clients is because non-Latino administrators, program planners, and service delivery staff lack

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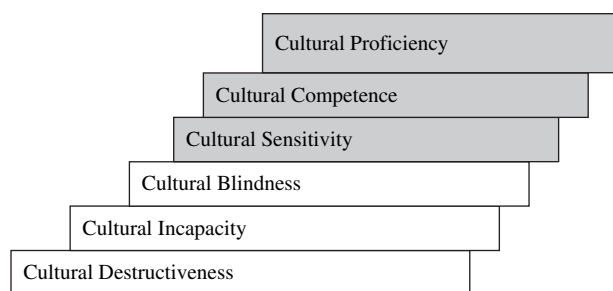
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\*\*Ada M. Wilkinson-Lee is a Research Associate, Family Studies & Human Development, University of Arizona, P.O. Box 210033, Tucson, AZ 85721-0033 (adaw@email.arizona.edu). Stephen T. Russell is an Associate Professor, Family Studies & Human Development, University of Arizona, P.O. Box 210033, Tucson, AZ 85721-0033 (strussell@arizona.edu). Faye C. H. Lee is a Youth Development Advisor, Emeriti, Latina/o Teen Pregnancy Prevention Workgroup, University of California Cooperative Extension San Francisco County, 300 Piedmont Avenue, Room 224 San Bruno, CA (fhlee@ucdavis.edu).

the cultural sensitivity for designing and implementing programs that appeal to Latinos (Castro et al., 1999). In delivering health promotion services, more often than not practitioners and planners depend on models that have been successful in non-Latino White communities, rather than models developed to meet the needs of Latino communities (National Coalition of Hispanic Health and Human Services Organizations [COSSMHO], 1995). Several cultural values are essential for understanding Latino culture and families. *Familismo* can be described as a collective loyalty to the extended family that outranks the needs of the individual. Important decisions are made by the extended family, not the individual alone (de la Torre & Estrada, 2001; Flores, 2000; Flores, Abreu, Schwartz, & Hill, 2000). *Personalismo* can be translated as “formal friendliness”; in terms of social or health care services, the Latino patient expects to develop a warm personal relationship with the practitioner (Caudle, 1993; COSSMHO; Flores; Flores et al., 2000). In order to develop this personal relationship with the practitioner, there must be *respeto*, which literally translates as “respect.” Appropriate deferential behavior is expected on the basis of a position of authority, age, gender, social position, and economic status (Flores; Flores et al.). Thus, Smith and Weinman (1995) recommended that health care practitioners acknowledge these cultural norms among Latina teens through programs that specifically address not only the teens but also their cultural and family systems.

### Cultural Sensitivity in the Program Context

In practice, in social and health services institutions, dimensions of cultural sensitivity are expressed on a continuum. Others have described this continuum as a progression from cultural destructiveness,



**Figure 1.** Continuum of Cultural Capacity, Adapted From the National Alliance for Hispanic Health (2001). *Note.* The shaded levels represent the positive levels of cultural capacity.

cultural incapacity, blindness, precompetence or cultural sensitivity, competence, and finally, to cultural proficiency (National Alliance for Hispanic Health, 2001). On this continuum, illustrated in Figure 1, the lowest level is cultural destructiveness: defined as openly negative and destructive attitudes that emphasize the superiority of the dominant culture and the inferiority of the minority culture. Cultural incapacity describes agencies or individuals that do not intentionally seek to be culturally destructive but rather have no capacity to help clients from other cultures. Cultural blindness is defined by a bias-free philosophy, but practices are based on beliefs that culture makes no difference and that all people are the same. The first positive level of cultural capacity is cultural sensitivity or precompetence, which implies movement toward reaching out to other cultures. A culturally sensitive agency realizes its weaknesses in serving some communities and attempts to improve some aspect of its services to a specific population. Cultural competence is an orientation that demonstrates a higher capacity to work with members of a given cultural group. Culturally competent agencies understand and work with cultural nuances, hire unbiased employees, and seek advice and consultation from their clients. Cultural proficiency is the highest expression of cultural capacity and represents a state of high mastery. Culturally proficient agencies hire staff who are specialists in culturally competent practice and develop new therapeutic approaches based on culture (National Alliance for Hispanic Health). Because it is the first level of positive cultural capacity on the continuum, we focus our study on the concept of cultural sensitivity.

When applied to the case of Latino social and family services, the notion of cultural sensitivity is demonstrated by agencies and practitioners who have basic understanding of the role of language and interpersonal (*personalismo* and *respeto*) and familial factors that influence the health behaviors of Latinos. Additionally, cultural sensitivity is enhanced by practitioners' understanding of variability among Latino subgroups such as immigrant generation, country of origin, and social class (Castro et al., 1999). Clearly the “culturally sensitive practitioner” is paramount in program effectiveness. In 1992, the National Council of La Raza, the largest national constituency-based Latino organization in the United States, made recommendations for effective Latino teenage pregnancy prevention programs (Pérez & Duany, 1992). A recent study found that many teen

pregnancy prevention and parenting programs for Latino youth employed strategies consistent with the La Raza recommendations, although practitioners faced multiple challenges with putting the recommendations into action (Russell, Lee, & the Latina/o Teen Pregnancy Prevention Workgroup, 2004). Practitioners are instructed to be culturally sensitive, but there have been few resources that identify specific strategies for working with diverse clientele (Welch, 2000). It is noteworthy that most existing work in the health care arena is not directly informed by the perspectives of practitioners; in spite of their field-based expertise, practitioners remain remarkably understudied (Russell et al., 2004). In the current study, we focused on practitioners' understandings of cultural sensitivity, the barriers that they experienced when trying to be culturally sensitive, and the strategies they used to create culturally sensitive programs.

## Method

This paper draws from a larger study (Russell et al., 2004) that examined perspectives of pregnancy prevention practitioners working with Latino teenagers regarding the relevance of recommendations by the National Council of La Raza (Pérez & Duany, 1992) for effective Latino pregnancy prevention programs. Here, we focused on the first, and arguably foundational, recommendation that programs have culturally sensitive and nonjudgmental staff.

### Participants

We interviewed 58 practitioners who were employed in pregnancy prevention programs in the San Francisco Bay Area and in California's southern Central Valley, a less urbanized region. Purposeful sampling was used to select participants who provided a broad range of pregnancy prevention and parenting services to Latino teenagers, their families, and their partners. The teenagers reached through their programs were predominantly Mexican American and, as in most pregnancy prevention programs, predominantly female. Twenty-four of the practitioners worked in the San Francisco Bay Area, and 34 in the Central Valley; 26 were Latino, and 32 were female. The sample was diverse in educational levels (high school to medical degree), types of programs (Latino teen pregnancy prevention programs in schools, health or social services agencies, and nonprofit

organizations), and professional roles (program administrators, caseworkers, and health care providers). The practitioners also varied in the number of years of experience they had in the pregnancy prevention field: 9 reported 1 year or less, 28 reported 1 – 5 years, 13 reported 6 – 10 years, and 8 reported 10 or more years of experience. The content analysis reflected material from all 58 practitioners. We chose specific quotes from one or more of the practitioners involved in the study to illustrate various themes.

All practitioners were interviewed individually at the program site, except two, who were interviewed as a pair. Interviews were conducted by experienced research assistants who were trained on the protocol for this study by a member of the research team. We began the interviews stating that the goal of our research was to get feedback from pregnancy prevention professionals on recommendations made by the National Council of La Raza for reducing Hispanic teenage pregnancy. The first recommendation we discussed was that programs should have culturally sensitive, nonjudgmental staff. We asked for practitioners' opinions about the recommendation, what it meant to them, and their perspective on associated benefits and challenges. We then asked about strategies they may have used for implementing the recommendations. Drawing from discussions of the importance given to professional-client ethnic congruence in prior research (Saha, Komaromy, Koepsell, & Bindman, 1999; Saha, Taggart, Komaromy, & Bindman, 2000), we included follow-up probe questions asking about the importance for program cultural sensitivity of having Latino and/or Spanish-speaking program staff. The interviews were conversational; each interview took approximately 45 min, and we compensated participants with a copy of the *Best Practices in Teenage Pregnancy Prevention Handbook* (Moncloa et al., 2003).

### Analytic Strategy

In our view, the subjective experiences of practitioners is an important starting point to understand cultural sensitivity in teen pregnancy prevention programs. We employ an interpretive phenomenological perspective, which acknowledges that the daily experiences of individual practitioners are fundamentally linked with larger social, cultural, and political contexts (Lopez & Willis, 2004). In addition, an interpretive phenomenological approach does not negate the use of a conceptual framework

as a component of inquiry (Lopez & Willis). We asked the practitioners about a specific recommendation put forth by the National Council of La Raza and were aware of the existing research literature on the continuum that includes cultural sensitivity (Castro et al., 1999; National Alliance for Hispanic Health, 2001); our goal was to understand practitioners' experiences in light of the La Raza recommendations and the conceptual framework represented by the continuum (see Figure 1).

The interviews were audiotaped, professionally transcribed, and analyzed by the research team. Working in pairs, team members read sections of the transcripts corresponding to each recommendation and coded and categorized the data using QSR NUD-IST (Nonnumerical Unstructured Data Indexing Searching and Theory-building) software (Qualitative Solutions and Research International Pty Ltd, 2000). Summary recommendations were used as the initial coding list (Miles & Huberman, 1994) and to develop new categories representing emerging themes or issues. LeCompte and Schensul's (1999) analytic strategies were then used, which involved four levels of analysis: item level (identified items or units), pattern level (established linkages among categories), structural level (organized relationships among patterns into structures), and interpretation (provides the meanings of structures in relation to existing frameworks). The full research team met regularly during the coding to review each team's process and progress, discuss new and coordinate overlapping themes, consider alternative interpretations, and resolve, by consensus, differences in individual opinions regarding interpretations or representations. For the recommendation regarding cultural sensitivity, two of the authors coded interviews separately and then jointly developed thematic categories representing ideas that were frequently mentioned, as well as those that were unique. Russell, Wilkinson-Lee, and Lee reviewed and confirmed the other's coding; another author of this paper read the interview transcriptions without coding to confirm the coding and interpretations. Finally, the quotes included in our discussion were selected to represent frequently mentioned concepts or for their richness and range.

Our interpretation focused on themes that emerged in these interviews regarding cultural sensitivity. Initial reactions to the recommendation provided definitions of cultural sensitivity, which included discussions of training, open-mindedness, and the role of the practitioner as helper. Following

these first reactions, three primary themes emerged. First, practitioners described cultural sensitivity as largely focusing on reinforcing the cultural strengths of Latino youth and families. Second, the practitioners described tension between traditional Latino culture and the culture of pregnancy prevention programs. Third, practitioners believed that cultural sensitivity was exhibited through a blend of the personal and professional characteristics of staff, which included life experience, being Latino, cultural sensitivity training, speaking Spanish, and sensitivity to youth culture.

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### **Definitions of Cultural Sensitivity: Training, Open-Mindedness, and Helping**

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The practitioners who participated in our study, regardless of their ethnic background, all agreed with the recommendation that staff need to be culturally sensitive and nonjudgmental. The first reaction of approximately one quarter of the practitioners focused on the role of training. One social worker, relatively new in the field, commented: ". . . they need to be trained in the different aspects of each culture . . . if you train your staff correctly and educate them with the demographics that are surrounding their area, I think they'll do quite well." Another caseworker with 10 years of experience said: "I try to attend workshops, I try to read. I try to make myself aware." Thus, a number of the practitioners' first reactions to the meaning of cultural sensitivity had to do with training; these practitioners were both male and female, Latino and non-Latino. A practitioner in his thirties stated ". . . I think the most important thing is to make sure you've trained the staff . . . to be sensitive to various cultures. And, also . . . how to deal with different cultures and how to deal with conflict between cultures."

Open-mindedness also came up regarding the need to be culturally sensitive and nonjudgmental and was discussed in several ways; practitioners talked about the importance of understanding the different life experiences of the teens that they work with, and the importance of being unbiased in working in teen pregnancy prevention, and to avoid judging youth for their experiences or values. A program administrator with 5 years experience said that it was important "not go in with any preconceived

ideas and notions,” whereas a social worker commented “you just take them for who they are.” The language of meeting youth “where they are” was used frequently. For example, a program administrator with more than 10 years of experience stated “it’s really taking the people where they are and understanding where they’re coming from and not imposing our beliefs or our values on them . . . ,” and another experienced caseworker added “you just take that person as they are and accept that that’s the life they live.”

A number of practitioners talked about meeting youth where they are but were also explicit about the role of the practitioner as helper or provider. They indicated that the practitioner must respect that teens must ultimately make their own decisions while understanding that the role of the practitioner is to provide options and resources: “we have to come with an understanding that the young people . . . have their own decisions and their own options, and it’s basically their lives that they’re living, and we aren’t here as professionals to tell how to live their lives, but we’re here to give them options, and to give resources to them . . . .” Similarly, a caseworker in her thirties explained that

I think you’ve got to look at them right where they’re at and look at them with the attitude that their decisions are a lot of times made by only what they know and not have all the resources available to them. So I think having the nonjudgmental attitude is just taking the client where they’re at and giving them the information and the resources.

When asked about strategies, practitioners suggested simply that people should not judge, and should strive for an open mind: “. . . if you have any stereotypes, if you have any preconceived notions of a particular ethnic group, you should do away with those immediately . . . .”

Most definitions of cultural sensitivity were centered on an ethic of respect and value neutrality when working with teens. For example, an experienced program administrator extended the idea of the practitioner as helper to the institutional level, speaking in terms of program effectiveness. “Especially dealing with teen pregnancies, if you come in, and even appear to be judgmental, you’ll never bond and be able to interact with the client, and you must

have that open interaction with the client to be able to help them and be able to assist . . . they won’t feel safe or comfortable.” More pointedly, one program administrator said: “you have to really have a staff who can . . . be nonjudgmental, otherwise it’s not going to work and you’re not going to get across to anybody . . . you’re not going to get anywhere with them . . . .” In this definition, being nonjudgmental was linked directly to the effectiveness of a program and its goals.

## Reinforcing Cultural Strengths

Practitioners described cultural sensitivity as a way to do a better job of supporting and reinforcing traditional Latino practices that are beneficial to teens. A fairly new social worker in a teen-parenting program described her work: “Every client is unique and every culture is unique. We need to be very informed and educated in each of those cultural differences so that we can go in and set the best plan for that specific client . . . . I recognize their cultural uniqueness and tap into the good and valuable things about their cultures.” Nearly all of the practitioners indicated that cultural sensitivity is particularly important when working with the teens’ families. As an experienced family therapist in the Central Valley stated that

The person who works with them needs to at least be sensitive and be somewhat knowledgeable about the youth’s family and where they’re coming from, how to deal with the parents. We have to be careful not to step on people’s toes, to insult them to when they don’t want to work with you. You’re not supposed to be a thorn in your client’s life. You’re supposed to be there to help them, so you have to be sensitive to their needs.

To this practitioner and others, being culturally sensitive to the Latino culture was also intertwined with understanding the role and influence of a teen’s family.

Strong family bonds were described as a strength in the lives of teens who participated in the programs. As a medical doctor working with pregnant teens in the San Francisco Bay Area commented, “if there’s a mom or a grandmother who’s there to help

out, it's kind of a sigh of relief sometimes. If their parents obviously have some sense of parenting then they can offer something." He went on to suggest that adolescents from more traditional backgrounds often have better parenting skills: "In my experience an adolescent Latina who has been raised in a country other than the U.S. likely has better parenting skills than a Latina who was raised here. So in terms of risk for that young baby, it's the young Latinas who were raised here who seem to be more disconnected with mothering and with the needs of the child."

## Competing Cultural Demands

Practitioners described the unique strengths of Latino families, particularly in the context of the competing demands of family or cultural expectations and the goals of pregnancy prevention programs. Practitioners mentioned that pregnant and parenting teens often hear conflicting messages from traditional Latino culture on one hand and from contemporary U.S. culture on the other. They emphasized the importance of not being disrespectful of these differences and being able to offer beneficial alternatives to teens. Practitioners mentioned the issue of gender roles and family hierarchy. For example, an experienced case manager working in a school-based program observed that

[We often see] the domineering father figure and the mother who is very submissive. The girls tend to let their boyfriends dominate. That's just something that we've got to accept and/or work with, but understand that this is generational, this is cultural, this has gone down over and over . . . So, you watch the two and you can definitely see how the one leads to the other.

Religion and birth control was another cultural tension that was discussed. A program specialist working in a clinic describes his experience that

A lot of (our clients) are Catholic, so the issue of birth control comes up and their parents are trying to raise their kids Catholic, so they're telling them not to use birth control. We're on the other end telling them, "Well, you need to use birth control because you're a teenager and you're way too young to be having babies,"

but most of their parents have had children starting in their early teens. So when you approach that teen on the issue of birth control, you need to be really careful and sensitive in how you implement those types of things because you could deeply offend either the client or the parent by trying to force the birth control issue on them.

Practitioners discussed challenges when there was a significant age difference between adolescent female and their male partners, and when families have a general acceptance of teen childbearing. This specialist in a male involvement program described the conflict between traditional Mexican practices and the values of pregnancy prevention programs:

[Some parents] allow things that their culture allowed in Mexico. For example, in the United States it's against the law for minors to date adults and to be sexually active with an adult person. But in Mexico females tend to engage with older men and parents allow that here, so it kind of makes it hard for us to work with clients. Because we're trying to teach our clients to be independent, don't be sexually active, hang around with people your own age, but then you have here a parent who doesn't see anything wrong with a minor being with an adult, somebody who's like 5, 6, 7 years older than our client. So it's a little bit tough to work with, and you got to try to educate the parents and let them know, "This is how it is here in the United States, this is how the laws work." They try to understand, but it's like a norm in Mexico and they sometimes allow things like this to happen here as well.

A program director of an employment development program observed the sometimes negative aspect of the older man/teenage girl relationship, saying "that's an area where I think we could use some better strategies." A related issue is the young age at which Latinas have children; practitioners described the challenges when young motherhood is consistent with family expectations and the need for practitioner awareness of this difference in perspective regarding early motherhood.

These practitioners recognized the ways that traditional cultural expectations and practices may work against Latino youth in the United States. At the same time, they recognized the importance of being sensitive to these traditions, some of which were at odds with the goals of teen pregnancy prevention and parenting programs. To be most effective, practitioners emphasized the importance of establishing good communication and rapport with teens and their families and balancing competing cultural demands. As a therapist with 5 years experience put it: "Cultural sensitivity is very important because I believe that people change in the context of a relationship. If you're unable to meet people where they are in terms of their culture or values, their language, their experiences, it's very difficult to then form a relationship and affect a change." Even though practitioners stated a conflict between specific program goals and the cultural expectations of Latina youth, they did not describe strategies to counteract this competing demand.

### **The Multidimensionality of Professional Cultural Sensitivity**

It seemed that quite a few practitioners shared the following sentiment: "there's no substitute for good people." They all agreed that the personal and professional qualifications of staff members are crucial in working with teens and for program success. Several subthemes emerged in these conversations that focused on multiple professional staff characteristics that created cultural sensitivity in prevention programs. Professional staff characteristics included being Latino, speaking Spanish, having a commitment to youth, being knowledgeable about youth culture, and having life experiences relevant to the youth with whom they work.

#### *Characteristics of Culturally Sensitive Staff*

More than half of the practitioners discussed a blend of personal and professional characteristics of staff. "You can put together the best design in the world, but if you don't have the right people behind it, it's probably not going to be as effective." A program administrator with more than 10 years of experience commented: "we call it 'heart for the work,' if it's an outreach worker, we call it an outreach worker's heart, and that means not being judgmental." Another

program administrator added: "we look for someone who is non-judgmental from the get-go. Not just culturally, but from a wide perspective so that they don't bring any biases to their educational issues with the students." This practitioner indicated that personal characteristics of staff are important, and explicitly noted that being culturally nonjudgmental was a central element of cultural sensitivity and an important dimension of a person's character that matters in this work. As a program presenter put it, "having someone culturally appropriate doesn't necessarily mean they have to be Latina or Latino, but someone who is there that has a heart for it, who wants to help." Sensitivity to other cultures and to young people and their needs was a significant factor when practitioners described important staff characteristics. A program coordinator said that

It's really vital that we have staff that can work well with these communities and are sensitive to the different cultures . . . . It doesn't necessarily mean being a person from that ethnicity, but if you come from a place where your motivations are very genuine and sincere, . . . you have that commitment to broaden your perspectives and knowing that different cultures have different ways of dealing with issues and just the perspective on the world.

When practitioners were asked whether it was important for program staff to be Latino in order to work most effectively with Latino youth, about one in five practitioners agreed, whereas others responded that any advantage to having Latino staff depended largely on the individual staff person; this perspective was shared by both non-Latino and Latino staff. Practitioners mentioned that Latino staff were generally more readily welcomed by Latino families: "If you go into the Latino homes and you're non-Latino, it takes a little longer for them to be comfortable with you. Now, if I send an advocate who is Latino, it's almost instantaneous. They become very relaxed and comfortable and feel safer." Another important benefit of having Latino staff is that they are able to serve as positive role models for Latino youth because program staff often personify many of the values of teen pregnancy prevention and parenting programs: educated, employed, independent, and responsible. A Latino medical doctor we interviewed also suggested that there is

camaraderie among Latino professionals because they are underrepresented in the field. Other interviewees mentioned the difficulty in finding Latinos for professional positions such as teachers, nurses, and counselors. Two practitioners suggested that ideally staff should be bicultural: "It's been more successful with the people who are bicultural . . . it has a lot to do with shared experience and understanding of how parents grew up, where they're coming from, how they developed their ideas about parenting and sexuality."

In contrast, three practitioners mentioned advantages of having non-Latino staff in a program. For example, a program coordinator described her experiences with youth: "This isn't just in the Latino community, but some people are uncomfortable working with staff within their own community because of shame issues, or maybe they feel that the community is so small that word will get out to their parents or to their families . . . they think they might run into them at a family event, or someone may know their family." This practitioner also mentioned the importance of interacting with people from other backgrounds for Latino youth:

It's nice if the people who come in want to learn something different, to be exposed to something different. A lot of times it's hard to hear something from your own family or someone from the same culture . . . . You see the value of coming from the same background, then again there's times where it seems like there's too much tension in that area, so it's not clear-cut.

One veteran practitioner explained the benefit for youth of interacting with people from different backgrounds:

I see the positives of having someone who's not Latino too, because as a Latina myself, I came to this country when I was 14 years old, if I encounter someone who was not of my country and was welcoming of me, then that gave me a good experience. Because at the universities and other schools Latinos have to deal with people from other backgrounds. You don't always have to have Latinos.

The commitment by staff to the program participants was another important theme in discussions of

staff characteristics. "A person has to trust that you're there for their benefit in order to get anywhere." This skilled caseworker talks about commitment to helping youth in the program. Others described the importance of support for youth that extends beyond the duties of the job. As one group presenter put it, "if they sense that you're just doing this because you're getting paid, then they may be a little bit more reluctant." The importance of being committed to youth and their well-being was a common theme. An outreach worker in a male-oriented program said: "I think if you have the willingness to work with kids and you're really committed to the kids, then even though you might not be Latino, if you work with Latinos, then I think that, you know, with time you'll learn more about them and can be as effective as a Latino." From this perspective, being Latino is less important than one's commitment to youth.

A final subtheme had to do with practitioners' life experiences. Staff who shared similar life experiences also had the advantage of being able to empathize with the teens and say, for example, "I understand where you're coming from, why it's hard for you to talk to your parents because I had the same problem with my family." A program director described how teens felt more comfortable with an administrative assistant who had similar life experiences: "She lived here all her life. She actually was a teen parent. . . . A lot of students still come to her and talk to her share things with her. . . . Her own life experience brings a lot to the table in this program." Similarly, an experienced caseworker stated: "have someone who is both from the same culture or with the same situation . . . my co-facilitator . . . was a single, out of wedlock, young father who's a community worker in the county. So he related really well to the young fathers." Other practitioners indicated that absent personal life experience, first-hand knowledge and experience with the life situations of program youth was important. A caseworker commented ". . . you have to find the right combination of that person or people who have that sensitivity and who can get the point across, who's been there, and walked in the shoes that maybe some of these teenagers, who could really relate." Another caseworker fairly new in the field said that

I grew up in a Latino community and a lot of the kids that I grew up with had problems with drug abuse, teenage pregnancy, different factors and because of what I saw growing up,

I'm able to relate to the kids I work with today and some of the problems they have, and also input what made me successful as to . . . and juxtapose that with guys who are in prison that I grew up with and what made them unsuccessful.

### *Competencies of Culturally Sensitive Staff*

Discussions of language were interconnected with issues of cultural sensitivity and the benefits of having Latino staff members. Approximately one quarter of the practitioners in our study worked with new immigrant Latino teens, and Spanish language ability was seen as crucial. Most of the programs worked with bilingual or English monolingual teens; in these cases, Spanish language ability was perceived as less important. However, given the importance of families in Latino cultures, more than one third of the practitioners said that Spanish language was crucial when working with families as many of the families were most comfortable communicating in Spanish. Beyond simple communication, speaking in the language that is most comfortable to the program participants and their families was identified as related to issues of trust, respect for participants, rapport, and helping program participants feel more comfortable. A nurse who coordinates school-based programs explained: "They've told us this in surveys that they respond better and feel more comfortable talking in their native language with someone who also speaks the same tongue. And they feel like if there isn't someone at the school site that can speak the same they feel disconnected and unable to integrate themselves into the school system." Similarly, a program manager of a community-based medical program said that

It's as simple as having staff who speak the language of the clients who are coming in the doors. It's really crucial. It's not just line staff, but practitioner staff, so that the physicians and nurses who are actually doing the exams, speak the language of the people who are coming in. You're not passing your information to somebody who's interpreting for you. The person understands what you're saying.

A caseworker in a county government family services program described how speaking Spanish to family members helped to develop rapport:

I come into the home of one teen girl and the dad comes out and as long as I'm able to say, "Hi señor, como esta," and I'm able to speak with him in Spanish. He responds right away, "Oh, hi, como esta." It broke the ice because I spoke some Spanish to him. He's more likely to come over and shake hands instead of being afraid – "Hola," that's it and walking away. If I'm able to say something in Spanish then they come over and feel more free to just communicate. . . .

At least three of the practitioners suggested that when dealing with sensitive topics like sexuality, communication must be in the language most comfortable to the program participant. In addition, the goal of many programs is to encourage parents and adolescents to communicate about sexuality, for which the most comfortable language is helpful. Several other practitioners suggested that certain concepts cannot be translated from one language to the other. Others suggested that language also has meaningful nuances and inferences by the way things are said and the patterns used that are not always communicated through a translator. Using a translator also compromises confidentiality and therefore, as a program manager with many years of experience suggested, "the client is going to feel less secure, and you have to deal with the issues of the interpreter making their own interpretation of what the client said or what you said. So you may lose, you may lose parts of it on both sides, the client and the practitioner." A bilingual health educator summarized his experiences with the limitations of translations: "No matter how good a translator you are, there's something that's missed. That part is related to expressing yourself in a sense that you can't translate. Some of the words you can't translate, but of course you'll translate it the best way you can. There's some people who try to translate word by word, that doesn't work, because of just the way you express [ideas] in Spanish."

Finally, four practitioners indicated that Spanish language ability needs to be coupled with other competencies. A program director discussed the multiple skills needed by practitioners:

Aside from just the fundamental communication issue, there's also sort of a trust issue. Confidence and the trust can develop very

quickly, if not immediately, when program participants have confidence in good staff. So it's one thing to be bilingual, but if you don't have the other skills to go with it, you're just bilingual. So staff need to be bilingual and also understand youth development and have a commitment to youth development and able to practice it.

Several practitioners extended the idea of cultural sensitivity to include sensitivity to youth and youth culture. They made references to programs that were "not teen friendly," or to practitioners who were "not in tune" with young people. Two practitioners talked about the importance of a staff member's age. As one health care practitioner with more than 10 years of experience put it: "it's really important to have your staff close to their age. I'm not talking like having a teen care for teen. All I'm saying . . . my staff . . . most of them, they're in their 30s and they relate very well to the teens. Other people can, too, but it's a little . . . it's different. It is different." Similarly, a caseworker said that "I've been involved in some programs where an older gentleman, for example, was trying to get a point across . . . I guess teenagers don't see closeness because [he was] much older. But then again, having someone closer to your age, maybe they can relate. I've heard both ends of the spectrum." Both of these practitioners argue that younger staff are better able to relate to young program participants, although both acknowledge that older staff may also be effective. Other practitioners focused less on age per se but discussed what might be described as competence in working with the target audience of adolescent pregnancy prevention programs. A caseworker commented that "I guess, not necessarily with age do you have to be young, and not [in] appearance do you have to be young, but you have to be able to relate." Another caseworker said that ". . . if they come here for help with an issue, we're going to talk about that issue, but we're also going to just sort of connect, talk a little bit about what they talk about, what they need to talk about. So if I have to use different language, yeah, I do." Two practitioners, a caseworker and a case manager, both from the San Francisco Bay Area, talked about the importance of understanding youth language and slang. When asked about the importance of language for cultural sensitivity, one put it this way: "when you say language, the first thing that came to my mind was street lingo."

## Discussion

In our discussions with Latino teen pregnancy prevention practitioners about the recommendation that staff be culturally sensitive and nonjudgmental, all of the practitioners we spoke with agreed that staff need to be culturally sensitive at the highest levels to be most effective. As Castro et al. (1999) suggested, cultural sensitivity enables practitioners to better understand and plan for the health needs of a cultural subgroup. Much of the existing research on cultural sensitivity has not been informed by practitioners' perspectives, yet practitioners are the individuals who shape the cultural sensitivity of any prevention program on a daily basis in their professional lives. The uniqueness of this study is both practical and theoretical: We demonstrate that practitioners hold complex views of cultural sensitivity in ways that are consistent with the cultural capacity continuum. The research team has extensive research and community experience in adolescent pregnancy prevention. We value and recognize the importance of being culturally sensitive and nonjudgmental when working with Latino youth; yet, we recognize that these ideals are easier said than done. Thus, we turned to practitioners to define and operationalize these concepts and describe the way cultural sensitivity works in practice.

The practitioners' perspectives on the meaning of cultural sensitivity often focused on being aware of and understanding the strengths of Latino culture. This included the recognition of multiple competing cultural demands in the lives of Latino teens, including traditional gender roles, the tensions between Catholicism and birth control, the sometimes young ideal age for motherhood, and often a significant age difference between adolescent Latinas and their male partners. Prominent in discussions of cultural sensitivity to Latino culture were understandings of the role of the family in the lives of Latino teens. These discussions were consistent with the normative cultural value of *familismo*; practitioners described the need to recognize and be responsive to the family. In addition, practitioners who participated in our study described cultural skills consistent with the ideas of *personalismo* and *respeto*. In order to develop a warm and personal relationship with families, practitioners developed trust not only with the adolescent but also with the family. It was the basis of these trusting relationships

that defined cultural sensitivity, and was effective in reaching program goals.

In describing personal and professional characteristics that are important for being culturally sensitive, practitioners described language not only as a tool for communicating but also as the way that emotions get communicated (Bennett, 1998). Health, pregnancy, and sexuality are viewed as emotional issues; research from the health care field suggests that patients communicate more effectively with someone who understands their native language. In addition, one's childhood language continues to be the language used as an adult to communicate emotions or emotionally charged topics (Seijo, Gomez, & Freidenberg, 1995). More than one third of the practitioners described the role of speaking Spanish in helping to establish a working relationship with youth and their families; it is a crucial component if the teen's family is participating in the program.

Practitioners contradicted the idea that staff ethnicity was crucial, saying that non-Latino professionals would bring other strengths to prevention work with Latino teens. Although prior work has focused on the importance of ethnic congruence between clients and professionals (Saha et al., 1999, 2000), some of the practitioners we interviewed suggested that being culturally sensitive is more complex than ethnic congruence. It could be that ethnic congruence is less important to adult professionals than it is to teen program participants, yet recent research with Mexican teen mothers in California found that while they viewed Spanish language ability as important among the practitioners that they worked with, being Mexican was regarded as less important (Driscoll et al., 2003). In extending the idea of cultural sensitivity beyond ethnicity, practitioners described being attuned to youth culture and being able to personally relate to or connect with youth as important components of culturally sensitive pregnancy prevention. It is interesting to note the frequency with which specific attention to ethnicity and ethnic culture was not central to practitioners' ideas about cultural sensitivity. For example, descriptions of open-mindedness and the helping role of practitioners are not explicitly tied to ideas about Latino culture. Others have described the intensive role of pregnancy prevention practitioners, many of whom become involved in all aspects of teens' lives (Russell et al., 2004). Several of the practitioners described the importance of staff commitment to teens and felt that commitment to youth

superseded the commitment to a specific culture. Finally, the life experience of program staff was seen as a potential strength. Staff members who had first-hand experience with teen pregnancy or Latino culture could apply those experiences in their work with program participants.

We did not share existing models from the research literature with the practitioners; rather we were interested in their perspectives and whether these perspectives would mirror or identify new strategies of implementing culturally sensitive prevention programs. What we found was a continuum of complexity in the responses, mirroring to some degree the cultural capacity continuum identified by others (i.e., National Alliance for Hispanic Health, 2001). At the most basic level, practitioners identified the need to be trained and the need to be open minded. The next level added the component of understanding where the youth is coming from and respecting that the teen must ultimately make their own decisions. Some added to this an understanding that their role as a practitioner is to provide options and resources. Finally, two program administrators defined being nonjudgmental in terms of program effectiveness; they explicitly linked being nonjudgmental with program goals. This variability in practitioners' responses provides examples of the variability in culturally sensitive practice and suggests avenues for assessing professional cultural attitudes and identifying strengths and areas for growth.

Our study is unique in its focus on practitioners' understandings of cultural sensitivity in pregnancy prevention, and is characterized by its setting in California. Our work focused on practitioners working in two California regions, a state characterized by one of the largest Latino populations in the United States and by one of the highest Latino teen pregnancy and birth rates in the United States. Given this setting, the practitioners we interviewed may be more attuned to the many recommendations within the profession for cultural sensitivity in their work. They do, however, represent a diverse cross-section of individuals and program contexts. Further, we focused our study on the recommendations by the National Council of La Raza and thus had discussions that focused specifically on the concept of cultural sensitivity. Nevertheless, our findings contribute to information about ways that practitioners define cultural sensitivity. The findings also demonstrate the need for researchers to expand the notion of cultural sensitivity beyond ethnicity. Time and

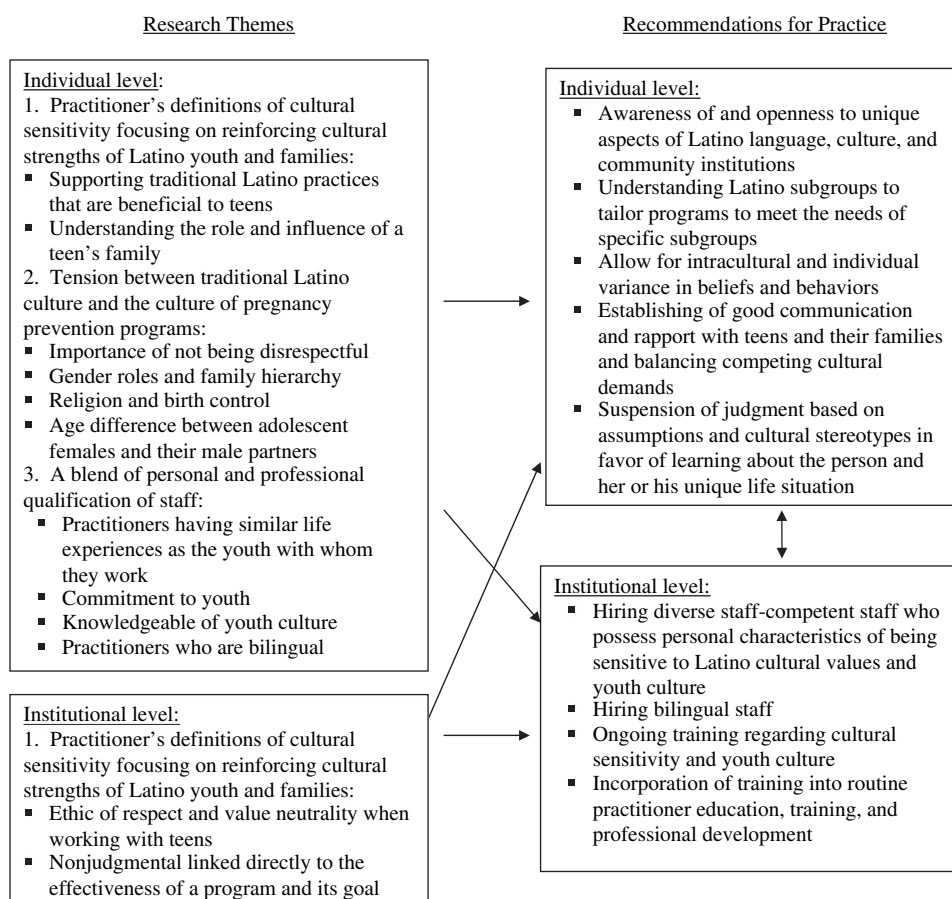
again, practitioners mentioned life experience and youth culture. Understanding youth culture in a teen prevention program is crucial and adds to the complexity of how practitioners working with Latino teens need to be culturally sensitive not only with regard to ethnicity but also youth culture.

### Implications for Practice

Based on this work, we identify implications for practice at the individual and institutional levels (Figure 2). Although the findings and recommendations at these two levels are distinct, we view them as having influence on one another; that is, it is likely that institutional dynamics are sensitive to variability or changes in individual cultural sensitivities, and vice versa. At the individual level, teen pregnancy prevention practitioners must be aware of, and open to, unique aspects of Latino language, culture, and community institutions. Understanding the subgroups of Latinos, a program that allows practitioners

to tailor the program to meet the needs of that specific subgroup of Latinos and also accounts for specific cultural normative values and language requirements, provides a culturally sensitive environment. A practitioner should not only be aware of the normative cultural values of Latinos but also allow for intracultural and individual variance in beliefs and behaviors, therefore building a practitioner-participant relationship through communication and respect. In doing so, practitioners will avoid stereotyping Latino participants. The practitioners we interviewed discussed the importance of examining one’s perceptions, stereotypes, and prejudices toward Latino or youth culture (or both). They suggested that practitioners should be willing to suspend judgments based on assumptions and cultural stereotypes in favor of learning about the person and her or his unique life situation (Huff & Kline, 1999). This is a critical step to being culturally sensitive.

Spanish language ability is important at many levels, ranging from being able to communicate



**Figure 2.** Application of Research Themes for Culturally Sensitive Practice.

simple concepts to deeper levels of communication and relationship building. It is important that Spanish-speaking practitioners who work with Latino teens and their families establish an emotional rapport, a type of formal friendliness that will generate respect and understanding between the Latino teen, the family, and the practitioner.

The life experience of practitioners also emerged as a prominent theme. Practitioners can benefit from understanding that, for young people who participate in their programs, new knowledge and behaviors are considered and adopted largely in the context of personal relationships with practitioners. These personal relationships are central and extend beyond ethnicity and language. Several of the practitioners we talked with described the importance for practitioners to recognize that cultural sensitivity is not only limited to Latino culture and all its variations but also includes the particular youth culture. Thus, the perspectives of the practitioners we interviewed suggests that it is important to acknowledge the multidimensionality of cultural sensitivity.

At the institutional level (Figure 2), diversity at all levels of an organization plays an important role in considering the needs of program participants and their families (U.S. Department of Health and Human Services, Office of Minority Health, 2001). Employing a diverse staff is one concrete solution to ensuring that a program could meet the unique needs of their program participants. Although these practitioners indicated that program staff did not have to be Latino or speak Spanish, and indeed some indicated a benefit to having non-Latino staff, it is also clear that having Spanish-speaking or Latino program staff (or both) is a benefit to programs and to the youth participants. At this level, attention should be given to hiring diverse staff who are not only technically competent in their training, but whose personal characteristics are sensitive to, or consistent with, strong Latino cultural values, including familismo, respeto, and personalismo. In addition, ongoing training regarding cultural sensitivity, including ethnic and youth cultures, needs to be available to practitioners and should be incorporated into routine practitioner education and training. At the same time, simple training sessions are not be sufficient; understanding diverse cultures and developing skills for cultural sensitivity should be viewed as an ongoing dimension of professional competence and development.

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