

The Influences of Acculturation, Marianismo and Ethnic Identity on Sexual Activity Among Latina Adolescents

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THE INFLUENCES OF ACCULTURATION, MARIANISMO AND ETHNIC
IDENTITY ON SEXUAL ACTIVITY AMONG LATINA ADOLESCENTS

by

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ABSTRACT
**THE INFLUENCES OF ACCULTURATION, MARIANISMO AND ETHNIC
IDENTITY ON SEXUAL ACTIVITY AMONG LATINA ADOLESCENTS**

Keyona M. Jarrett, M.A.

Marquette University, 2011

This mixed methods study examined the influences of acculturation (e.g., assimilation and enculturation), mariанизmo, and ethnic identity on the sexual behaviors and attitudes of Latina adolescents. In the quantitative portion of the study, 204 Latina adolescents completed measures regarding acculturation, gender roles, ethnic identity, and sexual behaviors. In the qualitative portion of the study, three focus groups were conducted (with a total of 10 participants) in which Latina youth were asked questions regarding their ethnic group membership and its influence on their attitudes about sex.

The results of the quantitative portion of the study revealed that ethnic affirmation was negatively associated with the variable “ever had sex.” Ethnic affirmation was positively associated with contraception use at first sexual intercourse and ethnic identity achievement was positively associated with age of first sexual intercourse. Additionally, there was a significant interaction between ethnic affirmation and assimilation for age at first sexual intercourse, such that participants who reported high levels of assimilation and low levels of ethnic affirmation reported a younger age of first sexual intercourse than those who reported a high level of assimilation and a high level of ethnic affirmation.

The qualitative results revealed that the participants live in a cultural context characterized by ethnic pride and biculturalism. Experiences of discrimination, awareness of negative stereotypes, and bicultural difficulties are also important aspects of the cultural context of the Latina youth. The cultural context of these adolescents helped to shape their sexual attitudes. The core sexual attitude expressed by the majority of the Latina youth was that marriage is a necessary condition for them to engage in sexual activity. The qualitative results also revealed how gender roles, cultural differences, family values, personal knowledge, peer pressure, and stressors/abuse shape the core sexual attitude of the Latina adolescents. Specifically gender roles, cultural differences, family values, and personal knowledge discouraged them from engaging in sexual activity, while peer pressure and stressors/abuse encouraged them to engage in sexual activity. Convergence and divergence between the qualitative and quantitative data are identified and explained. Limitations and implications of the current study and future directions are also discussed.

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The Influences of Acculturation, Marianismo, and Ethnic Identity on the Sexual Activity
of Latina Adolescents: A Mixed Methods Study

Chapter I: Introduction

Statement of the Problem

Although the rate of adolescent sexual activity has decreased over the last two decades, youth engagement in sexual behaviors is still relatively common in the United States (Brindis, Driscoll, Biggs, & Valderrama, 2002). Approximately half of 15 to 19-year-olds have initiated sexual activity. By the age of 19, 70% of youth have engaged in sexual activity (Guttmacher Institute, 2006). Research suggests that rates of teenage sexual activity may vary by race and ethnicity. Within the last decade, Latina/o adolescents have consistently reported initiating sexual activity more often than White youth and less often than African American youth. Latina/o teens are also more likely than White teens to have had sex by the age of 13 (Brindis et al., 2002). In fact, among a group of 523 African American and Latina/o youth, 11% of girls and 40% of boys had initiated sex by age 12 or younger (Raine et al., 1999). Among Latina/o teens in the 9th through 12th grades, 17.3% reported having four or more sexual partners, and nearly 40% of them reported not using a condom the last time they had sexual intercourse (National Center for Chronic Disease Prevention and Health Promotion, 2007). Latina/o youth are also disproportionately at risk for human immunodeficiency virus (HIV) infection. Latina/o adolescents comprised 12% of the total teenage population in the United States, but they represented 20% of the AIDS cases among teens in 2001 (Schuster, 2003).

Latina female adolescents may be more likely to experience the consequences of early sexual activity than adolescents from other ethnic backgrounds. Latina adolescents

are less likely to use any method of contraception during first sexual intercourse than Whites, African Americans, Native Americans, and Asian Americans, which puts them at increased risk for teenage pregnancy and sexually transmitted infections (STIs; Schuster, 2003). For example, Latinas have the highest teenage birth rate of any other ethnic group in the United States (Brindis et al., 2002). Teenage pregnancy often leads to negative outcomes for teens (e.g., fewer years of schooling, lower income) and their children (e.g. low-birth-weight, increased risk for the development of behavior problems; Guttmacher Institute, 2006; Scott-Jones & Turner, 1990; Sieger & Renk, 2007). In addition, Latina youth reported higher rates of chlamydia and gonorrhea than their White counterparts between 1988 and 2000. Together, Latina and African American young women account for 26% of women aged 13 to 19, yet they account for 84% of AIDS cases among women in this age group (Schuster, 2003). Thus early sexual activity can often lead to long-term health (e.g., STIs and HIV) and social consequences (e.g., teenage pregnancy, lower income), especially for Latina adolescents.

It has been posited that culturally relevant factors should be considered when conceptualizing sexual activity among Latina/o adolescents (Benson & Torpy, 1995; Gómez & Marín, 1996; Jacobs, 2008; Kirby, 2002). Researchers have begun to explore the roles of acculturation, gender roles, and ethnic identity (Afable-Munsuz & Brindis, 2006; Upchurch, Aneshensel, Mudgal, & McNeely, 2001). The research suggests that Latina/os who ascribe to the values of White, mainstream culture are more at risk for engaging in risky sexual behaviors than those who ascribe to Latina/o values (Afable-Munsuz & Brindis, 2006; Ford & Norris, 1993; Jimenez, Potts, & Jimenez, 2002; Kirby, 2002; Upchurch et al., 2001). Research regarding the influence of gender roles on sexual

behavior suggests that ascribing to traditional gender roles is negatively related to risky sexual behaviors (Kaplan, Erickson, & Juarez-Reyes, 2002; Villarruel, Jemmott, Jemmott, & Ronis, 2007). Although there is a limited amount of research regarding the influence of ethnic identity on the sexual behaviors of Latina/os, the existing research with other ethnic groups suggests that individuals who have a strong ethnic identity are less likely to engage in risky sexual behavior than those who do not have a strong ethnic identity (Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Townsend, 2002). Some of the research regarding the influences of acculturation, gender roles, and ethnic identity on the sexual behavior of Latina/o adolescents is beset with methodological problems and inconsistent findings, resulting in uncertain conclusions. Therefore, the exact roles that each of these variables play in the sexual behavior of Latina/o adolescents is unclear.

Purpose of the Study

The purpose of this study is to examine the influences of acculturation, mariанизmo, and ethnic identity on the sexual behaviors and attitudes of Latina adolescents. This study seeks to replicate research findings regarding the influence of acculturation on the sexual behavior and attitudes of Latina adolescents. It also seeks to determine whether enculturation (i.e., an acculturation strategy that emphasizes adherence to Latina/o culture), ethnic identity, and/or mariанизmo will moderate the relationship between assimilation (i.e., an acculturation strategy that focuses on adherence to White culture) and sexual behavior. Additionally, the study seeks to explore the process by which acculturation, mariанизmo, and ethnic identity influence sexual activity and attitudes among Latina adolescents. The study will utilize mixed

methodology in order to examine the variables. Mixed methodology will be used because there is very little known about these variables among Latina adolescents. Therefore mixed methodology will provide an in-depth understanding of the phenomenon and also allow the relationships among the variables to be examined (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

Significance of the Study

This study is important for several reasons. One reason is that by exploring the cultural factors that influence Latina/o adolescents' attitudes and behaviors regarding sex, it is possible to potentially inform prevention and intervention efforts for early sexual activity among Latina/o adolescents, and protect them from some of the negative consequences that often accompany this behavior. Another reason why this study is important is that the Latina/o ethnic group is the fastest growing ethnic minority group in the United States. In 2000, Latina/os represented 12.5% of the total U.S. population at 35.3 million people, and over one-third of the Latina/o population was under the age of 18 (Ramirez, 2004). By the year 2050, Latina/o individuals are expected to represent nearly 25% of the total U.S. population at an estimated 102.6 million (U.S. Census Bureau, 2006). Because Latina/os represent such a significant portion of the U.S. population, it is important to explore the health behaviors, specifically the sexual behaviors, of this rapidly growing segment of the population.

Another reason why this study is important is the need to increase awareness of health disparities among the Latina/o population. For example, research suggests that Latina/os who speak Spanish are less likely than Whites to receive medical treatment (Fiscela, Franks, Doescher, & Saver, 2002). Additionally, only 60% of sexually active

teens aged 15 to 17 (of all races and ethnicities) have sought medical care for sexual health (e.g., contraception and STI testing; Kaiser Family Foundation, 2005). The rates may be even lower among Latina/o teens who are sexually active, which elevates their risk for HIV, other STIs, and teenage pregnancy (Brindis et al., 2002; Schuster, 2003). Thus, this study's focus on sexual behaviors may help to illuminate the health disparities among Latina/o youth that need to be further addressed. This study is also important because in understanding the cultural influences on the sexual behaviors of Latina/o youth, ideas for future research and hypotheses may be formed regarding cultural influences on the sexual behaviors of other racial and ethnic minority youth.

Definition of Terms

Before reviewing the literature, some key terms need to be identified. The term *Latina/o* is used throughout the manuscript to refer to persons of Mexican, Puerto Rican, Cuban, South or Central American descent, regardless of race (Ramirez, 2004). The phrases *sexual activity* and *sexual behavior* are used interchangeably to refer to vaginal intercourse, anal, and oral sex. Although researchers have been inconsistent in their definitions of sex in research studies, the Centers for Disease Control (2000) concedes that vaginal, oral, and anal sex can result in the transmission of HIV and other STIs (Blum et al., 2000; Dittus & Jaccard, 2000; Fasula & Miller, 2006; Fraser, Placentini, Van Rossem, Hien, & Rotheram-Borus, 1998; Guilamo-Ramos, Jaccard, Pena, & Goldberg, 2005; Rostosky, Regnerus, & Wright, 2003; Villaruel, 2000). Therefore, this inclusive definition will be used. Also, the phrase *early sexual activity* is used to refer to sexual activity that occurs at age 15 or younger because this definition has been used in

existing research and is associated with increased risk of STIs and teenage pregnancy (Ford & Norris, 1996; Manlove, Terry-Humen, & Iskramullah, 2006; Smith, 1997).

Several cultural variables also need to be defined. The term *acculturation* is a multidimensional construct that refers to the process by which one is influenced by the host culture and one's own culture of membership (Berry, 2003). *Assimilation* is an acculturation strategy in which one relinquishes the values of his/her indigenous culture and adheres to the values of the dominant culture (Berry, 2003). *Enculturation*, also referred to as the separation acculturation strategy, has been defined as socialization into and/or maintenance of the cultural values of one's indigenous culture (Bettendorf & Fischer, 2009; Kim, 2007). *Marianismo* is the traditional gender role for Latina women which asserts that women should emulate the Virgin Mary in purity, obedience to men, and suffering (Gloria, Ruiz, & Castillo, 2004; Upchurch et al., 2001). *Ethnic identity* is defined as a part of one's self-concept that reflects a sense of belonging, pride, and esteem related to ethnic group membership (Phinney, 1992).

Chapter II: Literature Review

This study examines the influences of acculturation, gender roles, and ethnic identity on the sexual behaviors and attitudes of Latina adolescents. Empirical and theoretical multidisciplinary research regarding the influences of these variables on the sexual behaviors and attitudes of Latina adolescents will be thoroughly discussed. First, however, it is important to consider the prevalence of and consequences involved in sexual activity among adolescents. In the section below, current statistics regarding sexual activity among youth are reviewed.

Consequences of Sexual Activity among Youth

In the United States, early sexual behavior among youth bears serious financial, social, and health-related consequences (Chesson, Blandford, Gift, Tao, & Irwin, 2004; Mokdad, Marks, Stroup, & Gerberding, 2004). For example, although 15 to 24-year-olds represent about 25% of the sexually active population in the United States, they make up nearly 50% of the new cases of STIs each year (Guttmacher Institute, 2006). In 2000 there were an estimated nine million new cases of STIs among 15 to 24-year-olds. The direct medical cost for these STIs including diagnostic testing, drug treatments, therapeutic procedures, hospitalizations, and clinician visits totaled \$6.5 billion in 2000. The majority of the direct medical costs were accounted for by HIV and human papillomavirus (HPV). The rate of HIV among teenagers is likely much higher than current estimates because of the low rate of HIV testing and the long incubation period of the disease (about 10 years; Villaruel, 2000). Therefore, it is important to consider prevention and intervention efforts because a small reduction in incidence could cause significant reductions in medical costs (Chesson et al., 2004). Additionally, in 2000

nearly 20,000 deaths were due to sexually transmitted infections, mainly HIV, hepatitis, and cervical cancer (Mokdad et al., 2004).

Sexual activity among youth also bears psychological and educational consequences via teenage pregnancy. Approximately 750,000 women between the ages of 15 and 19 become pregnant each year in the United States, which contributes to the country's rank as one of the highest teen pregnancy rates among developed countries (Guttmacher Institute, 2006). Early childbearing can negatively affect the lives of teens and their babies (Smith, 1997). The transition to parenthood may be especially difficult for teens because of financial unpreparedness and interpersonal challenges (Birkeland, Thompson, & Phares, 2005). Individuals who become pregnant during their teen years may experience lower educational attainment, lower income, and lower self-esteem than individuals who delay childbearing (Herrmann, Van Cleve, & Levisen, 1998). One longitudinal study found that women who had children during their teen years had fewer (1.5 years on average) years of schooling, lower incomes (\$1,620 less annually), and had more children than women who had children later in life (Scott-Jones & Turner, 1990). Compared to babies born to mothers in their 20s and 30s, babies born to adolescent mothers are more likely to be low-birth-weight (Guttmacher Institute, 2006), and may be at-risk for the development of behavior problems (Sieger & Renk, 2007).

The consequences of early sexual activity may be even more pronounced for younger adolescents (Miller, 2002). Among 808 women and 576 men aged 20 to 24, those who initiated sex by age 15 or younger were less likely to use contraception at first sex and were more likely to become a teenage parent than those who delayed sexual activity until the age of 16 or 17 (Manlove et al., 2006). A study involving 1,435 African

American and Latina/o participants aged 15 to 24 found that initiating sex before the age of 15 doubled the risk of contracting a STI for African American women and tripled the risk for Latina women (Ford & Norris, 1996).

Similarly, in a longitudinal study involving 803 African American and Latina/o participants, Smith (1997) found that individuals who initiated sexual activity at age 15 or younger were less likely to use contraception on a regular basis and were more likely to have multiple partners than their peers who initiated sex at a later age. Also, the teens who initiated sex at an earlier age were more likely to conceive a child during their teen years than those who delayed sexual activity (Smith, 1997). Among Latina adolescents aged 14 to 19, earlier age of first sexual intercourse was associated with more teenage pregnancies (Kaplan et al., 2002). Ku, Sonenstein, and Pleck (1993) found among a group of Latina/o, African American, and White males aged 15 to 19 that younger ages of sexual initiation were associated with a reduced likelihood of condom use. Specifically, the odds of condom use decreased by 23% for each younger age of sexual initiation, and the odds of using male or female contraception decreased by 31% for each younger age of sexual initiation (Ku et al., 1993). The results of these studies clearly suggest that early sexual activity, particularly before the age of 15 is positively related to risky sexual behaviors such as multiple sexual partners and a failure to use contraception, which puts them at risk for STIs and teenage pregnancy.

The contraction of STIs may bear more serious consequences for young women because undiagnosed and untreated STIs can lead to pelvic inflammatory disease, increased risk of ectopic pregnancy, infertility, and transmission of HIV (Hutchinson, 2002). It has also been suggested that adolescent girls are at greater risk for STI and HIV

infection because receptive vaginal intercourse is associated with a greater likelihood of transmission of infections for women than men. Also, the vaginal lining is thinner in girls than it is in adult women, putting them at increased risk for infection. Additionally adolescent girls may be at greater risk because teen girls tend to date men who are in their 20s and men in this age group have a high rate of STIs (Faryna & Morales, 2000).

Taken together, the existing research suggests that youth engagement in sexual activity is relatively common in the United States, and often results in negative consequences including HIV, other STIs, and teenage pregnancy. Younger adolescents, Latina/o youth, and females are at increased risk for these negative consequences. Thus it is important to examine factors that may be related to the sexual behavior of Latina/o adolescents (Townsend, 2002). In the following section, a theoretical framework is provided that allows adolescent sexual activity and other problem behaviors to be examined comprehensively by taking into account multiple factors.

Theoretical Framework

Jessor (1991) proposed a social-psychological framework, also known as problem-behavior theory to explain adolescent risk behaviors. The theoretical framework includes five major domains: social environment, perceived environment, personality, other behavior, and biology/genetics. Each of these domains can contain risk and protective factors that ultimately lead to risk behaviors and health compromising outcomes. Jessor (1991) defined risk behaviors as any behaviors that may inhibit normal development, fulfillment of social expectations, attainment of fundamental skills, a sense of competence, and adequate preparation for young adulthood. Risk factors are factors that make an individual more susceptible to risk behaviors and health compromising

outcomes. Protective factors are factors that attenuate the relationship between risk factors and risk behaviors.

Jessor and colleagues (2003) made further developments to the problem behavior theory (Jessor, 1991), which resulted in the creation of the protection-risk conceptual framework. According to the protection-risk framework, protective factors decrease an individual's likelihood of participating in problem behavior by providing models of positive behavior, establishing personal or social sanctions against problem behavior, and fostering an environment of support (Jessor et al., 2003). Risk factors increases one's likelihood of engaging in problem behavior by providing models of problem behavior, more opportunities to participate in problem behavior, and more personal vulnerability to engage in problem behavior.

Problem behavior theory and the protection-risk framework (Jessor et al., 2003) provide frameworks that enable researchers to examine the risk behaviors of adolescents more comprehensively. For example, research regarding gender roles suggests that ascribing to the Latina traditional gender role of marianismo is negatively associated with sexual activity (Kaplan et al., 2002; Villarruel et al. 2007). Thus, marianismo may be considered a protective factor according to the protection-risk framework because it reduces the likelihood of participating in sexual activity by providing models of positive behavior (i.e., Virgin Mary) and establishing personal or social sanctions against sexual activity (Jessor et al., 2003). In order to accurately conceptualize the protection-risk framework, one must have a clear understanding of the difference between moderator and mediator variables. This distinction is made in the following section.

Moderator and Mediator Variables

The terms moderator and mediator variables are often used interchangeably in the research literature, despite the fact that they serve different functions (Baron & Kenny, 1986). It is important to outline the distinctions between moderator and mediator variables, and a failure to do so may have conceptual implications. A moderator is a third variable that influences the direction and or the strength of the relationship between the independent variable and the dependent variable (Baron & Kenny, 1986). In other words, a moderator variable specifies when certain effects will occur. For example, there is a positive relationship between variable X (i.e., predictor variable) and variable Y (i.e., outcome variable). When variable Z is present, it weakens the relationship between variable X and variable Y. In this example, variable Z functions as a moderator. Moderators are often considered when there is an unexpectedly weak relationship between the predictor variable and the outcome variable. They are also considered when there is an inconsistent relationship between the predictor and outcome variables, for example if the relationship only holds in certain settings or with certain populations (Baron & Kenny, 1986). In terms of a correlational analysis, a moderator variable influences the correlation between the other two variables. Within an analysis of variance (ANOVA) the effect of a moderator variable can be represented by an interaction between an independent variable and a variable that specifies conditions for its operation on the dependent variable (Baron & Kenny, 1986).

The properties of a moderator variable can be explained by three causal pathways. In the first pathway, the independent or predictor variable has a direct influence on the dependent or outcome variable. In the second pathway, the moderator variable has a

direct influence on the outcome variable. In the third pathway, there is an interaction between the predictor variable and the moderator variable, which has a direct influence on the outcome variable. Both the moderator and predictor variables have similar roles as causal variables that are antecedents to the outcome, which is different than the role of mediator variables (Baron & Kenny, 1986).

A mediator is a variable that accounts for the relationship between the predictor and outcome variables (Baron & Kenny, 1986). While the moderator variable specifies when certain effects occur, the mediator variable specifies how or why the effects occur. For example, variable X (i.e., predictor variable) has an influence on variable Z (i.e., mediator variable), which has an influence on variable Y (i.e., outcome variable). The influence of mediator variables can be represented by two causal pathways that feed into the outcome variable. In the first pathway, the predictor variable has a direct influence on the outcome variable. In the second pathway, the predictor variable has an influence on the mediator variable, which influences the outcome variable.

Three conditions must be present for a variable to function as a mediator: variance in the presumed mediator variable is accounted for by variance in the predictor variable, variance in the outcome variable is accounted for by variance in the mediator variable, and when certain pathways are controlled (from the predictor variable to the mediator variable, and from the mediator variable to the outcome variable) the relationship between the predictor variable and outcome variable disappears or is no longer significant (Baron & Kenny, 1986). The ANOVA is limited in testing the influence of mediator variables. Instead, regression analyses are more appropriate for testing this relationship.

Within the protection-risk conceptual framework, protective factors can function as moderators by reducing the strength of the relationship between risk factors and risk behaviors (Jessor et al., 2003). For example, if there is a positive relationship between assimilation and sexual activity such that as assimilation to the dominant culture increases, sexual activity also increases, a protective factor (e.g., marianismo) may reduce the strength of the relationship between assimilation and sexual activity. Protective factors may also act as moderators by changing the direction of the relationship between the risk factor and the risk behavior. For example, a protective factor (e.g., marianismo) may change the direction of the relationship between assimilation and sexual activity such that an increase in assimilation leads to a decrease in sexual activity when marianismo is present. In other words, the positive relationship between assimilation and sexual activity changes to a negative relationship when marianismo is present. Additionally, protective factors may exert their own influence on the risk behaviors. For example, marianismo may negatively influence sexual activity such that an increase in marianismo is associated with a decrease in sexual activity.

In accordance with the protection-risk conceptual framework, ample attention must be given to the biological and social influences on problem behavior among adolescents (e.g. early sexual activity). Thus it is important to understand the context of adolescence both from a human development and sexual development perspective. These topics will be discussed in the following section.

Context of Adolescence

In an effort to understand adolescent sexuality and factors that influence it, consideration must be given to the developmental context of adolescence. Adolescence is

the developmental period between childhood and adulthood that is characterized by physiological, cognitive, and social changes (Erikson, 1968). During adolescence, there is a shift in cognitive abilities from concrete to formal operations. Also, one's conceptualization of moral issues changes from a law-and-order perspective to the consideration of human values. One's social concerns shift during adolescence from the expectations of others to one's own strengths, weaknesses, and goals (Marcia, 1980). Adolescence is also the most crucial developmental period for changes in one's identity.

Identity has been defined as "an internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual history" (Marica, 1980, p. 159). Individuals who have a well-developed identity are aware of their uniqueness, similarity to others, and their strengths and weaknesses. Well-developed identities are flexible to changes in society and relationships. Individuals who do not have a well-developed identity have a difficult time identifying their uniqueness and tend to rely on others to evaluate them (Marcia, 1980).

In addition to changes in identity, adolescence is also the developmental period in which the issue of intimacy arises. Intimacy includes sexual intimacy as well as psychosocial intimacy (Erikson, 1968). Individuals who do not have a well-developed identity during adolescence respond by either avoiding interpersonal intimacy or becoming overly intimate with others which could result in promiscuous behavior. An individual's response to intimacy may depend on his or her developmental stage in human sexual behavior (DeLamater & Friedrich, 2002). Within the developmental process of human sexual behavior, each stage includes both biological and behavioral components and sexual developmental milestones that must be completed in order to

achieve sexual health. For the purposes of this literature review, only the stage of adolescence will be discussed.

Adolescence encompasses the ages of 13 through 19 (DeLamater & Friedrich, 2002). Puberty occurs during this time, which includes significant biological changes. For example, there is an enlargement and maturation of the gonads, genitalia, and secondary sex organs which leads to a sudden increase in sexual interest. These biological changes can begin as early as 10 years and as late as 14 years of age. Elevations in levels of sex hormones result in more sexual attraction and fantasies during this stage. In addition, physical changes such as growth in height, facial and pubic hair, genitals, and breasts (for girls) are indicators that the adolescents are reaching sexual maturity. As these biological changes occur, they create the potential for sexual activity. Social factors are also at play that may inhibit or facilitate sexual interaction (DeLamater & Friedrich, 2002).

Several social factors have been found to inhibit sexual interaction among adolescents including education level, socioeconomic status, and opportunity (Kirby, 2002). Blum and colleagues (2000) found that among their nationally representative sample of African American, Latina/o, and White youth, as income increased the initiation of sexual intercourse decreased. However, when these community factors are held constant the rate of early sexual activity among Latina/o and African American adolescents is more similar to that of White adolescents, but the influence of race and ethnicity does not entirely disappear.

Sucoff and Upchurch (1998) examined the influence of neighborhood context on the risk of teenage pregnancy among African American adolescents living in a metropolitan area using data from a longitudinal survey. Data were collected from 940

African American young women between the ages of 10 and 16. In working class African American neighborhoods, the rate of teen birth was 1.5 times the rates in working class racially mixed neighborhoods. Thus, despite the similarity in the socioeconomic conditions of neighborhoods, participants living in predominately African American neighborhoods remained at an increased risk for teenage pregnancy (Sucoff & Upchurch, 1998). Similarly, among a group of Latina/o and White adolescents, Latina/o youth were more likely to engage in sexual intercourse than White youth even after controlling for other sociodemographic characteristics including socioeconomic status (Adam, McGuire, Walsh, Basta, & LeCroy, 2005). Faryna and Morales (2000) found that among youth aged 12 to 20 from diverse racial and ethnic backgrounds, including African American, Chinese, Filipino, other Asian/Pacific Islander, White, and Latina/o, ethnicity was the most salient predictor of sexual activity, and Latina girls and Latino and African American boys were the most sexually active among all the groups.

The results of these studies suggest that race and ethnicity are significant predictors of sexual activity and teenage birth among Latina/o and African American adolescents, even after controlling for sociodemographic variables. Therefore, information is needed regarding the cultural context in which Latina/o and African American teenagers live in order to better understand their sexual behaviors (Benson & Torpy, 1995; Gómez & Marín, 1996; Jacobs, 2008; Kirby, 2002). Because Latina youth are the focus of the current study, information is provided regarding their cultural context. To begin the discussion of cultural context, it is necessary to describe the environment in which many cultural variables are taught to Latina/o youth --- the family.

Family Context of Latina/o Adolescents

La familia (the family) in Latina/o culture consists of close and extended relatives and friends, and functions as the central unit of Latina/o society (Benavides, Bonazzo, & Torres, 2006; Marcell, 1994). *Familismo* or familism is a Latina/o cultural value that refers to the connection that Latina/o individuals have with their family, which is characterized by feelings of unity, reciprocity, and trust (Benavides et al., 2006; Jacobs, 2008). Within many Latina/o families, youth are socialized to behave in accordance with the values that are most salient to their family (Zayas & Solari, 1994). Often, Latina/o youth are taught how to negotiate the demands of White society and those of their Latina/o culture. In addition, they are taught that mainstream society often espouses cultural values that differ from their own and that they may be unfairly judged based on their ethnic background (Zayas & Solari, 1994). Thus much of the information that Latina/o youth receive about culturally relevant variables such as acculturation (i.e., the process of being influenced by their own culture and dominant culture), marianismo (i.e., traditional gender role for Latina women), and ethnic identity (i.e., pride and feelings of belonging to one's ethnic group) is derived from the Latina/o family.

The internalization of cultural values learned from the family is an important milestone during adolescence (Knight et al., 2010). The transmission of cultural values within the Latina/o family and the internalization of the values by Latina/o youth influences their attitudes and behaviors regarding many topics, namely sexual activity. In the following sections, culturally relevant factors will be discussed in relation to the sexual attitudes and behaviors of Latina/o adolescents. Specifically, research literature

regarding the roles of acculturation, gender, and ethnic identity will be reviewed and critiqued.

Acculturation

Acculturation originated as a construct in anthropological literature (Cuéllar, Siles, & Bracamontes, 2004), and has become a salient part of multicultural psychology (Berry, 2003). Historically, acculturation has been studied in relation to the influences of European dominance on indigenous people, the changes in voluntary and involuntary immigrants after their entry into host societies, and the ways in which different cultural groups relate to one another in multicultural societies (Berry, 2003).

Throughout the years, acculturation has been conceptualized differently by researchers (Berry, 2003; Cuéllar et al., 2004; Kim & Abreu, 2001). Some researchers theorize that acculturation is a unidimensional process (Berry, 2003; Kim & Abreu, 2001). According to this theory, the process of acculturation occurs when individuals move from one end of the continuum (i.e., adherence to the indigenous culture) to the other end of the continuum (i.e., adherence to the host culture; Berry, 2003). This conceptualization of acculturation has been criticized because it does not allow for biculturalism, which is involvement in both the indigenous and host cultures (Kim & Abreu, 2001).

In recent years, acculturation has been reconceptualized as a bi-dimensional process, which encompasses one's orientation towards one's own group and towards other groups (Berry, 2003). According to this conceptualization, acculturation is defined as the process by which one is influenced by the host culture and one's own culture of membership (Berry, 2003). The bi-dimensional model includes adherence to both the

indigenous culture and the host culture, represented by two separate continuums.

Placement on the two continuums can result in four different acculturation strategies: assimilation, separation, integration, and marginalization (Berry, 2003; Kim & Abreu, 2001).

The assimilation strategy is characterized by relinquishment of one's indigenous culture and adherence to the dominant culture (Berry, 2003). The separation strategy refers to maintaining one's indigenous culture, while avoiding interactions with the host culture. A related term, enculturation has also been used to refer to the process of socializing oneself into and/or maintaining one's indigenous culture (Bettendorf & Fischer, 2009; Kim, 2007). Notably, instead of separation, enculturation has been considered a more appropriate term in the literature to refer to this process because it encompasses individuals who may not be first-generation immigrants. Thus, instead of maintaining their indigenous culture, they may be socializing themselves into their indigenous culture as second or third generation immigrants (Kim, 2007). Enculturation will be used to describe this process throughout the manuscript. Adherence to both the indigenous and host cultures is referred to as the integration strategy, also termed biculturalism (Berry, 2003; Kim & Abreu, 2001). The marginalization strategy is characterized by avoiding interactions with both the indigenous culture and the host culture (Berry, 2003). Researchers have posited that measures of acculturation should assess adherence to both the indigenous and host cultures in order to remain consistent with the bi-dimensional model (Berry, 2003; Sue, 2003).

The majority of the acculturation measures have assessed behaviors and attitudes related to the construct (Zane & Mak, 2003). Some examples include language use,

proficiency, and preference; daily living habits; social affiliation; communication styles; cultural traditions; family socialization; cultural knowledge and values; and cultural identification, acceptance, and pride (Zane & Mak, 2003). Other measures of acculturation that have been used in the research literature include country of birth, length of residence in host country, language proficiency, and language preference (Afable-Munsuz & Brindis, 2006; Driscoll, Biggs, Brindis, & Yankah, 2001).

A considerable amount of research exists regarding acculturation and engagement in risk behaviors, including sexual activity. It should be noted that several research studies use the term acculturation, but the constructs of assimilation and/or enculturation are measured. Assimilation, a specific acculturation strategy will be used throughout this manuscript when discussing the findings from existing research studies regarding adherence to White, mainstream culture. Enculturation will be used when discussing findings related to adherence to one's indigenous culture.

Assimilation and sexual activity. Some research studies have found that among Latina/o adolescents, assimilation to White culture is associated with negative outcomes such as early sexual initiation, low rate of contraceptive use, and poor birth outcomes (Afable-Munsuz & Brindis, 2006; Driscoll et al., 2001; Ford & Norris, 1993; Jimenez et al., 2002). Jimenez et al. (2002) found that Latina youth who were born in the United States and spoke English in the home were more likely to report being sexually active than the foreign born Latinas who spoke Spanish at home. In fact, participants born in the United States were 3 times more likely to have initiated sex than the foreign born participants (Jimenez et al., 2002).

Deardorff, Tschan, and Flores (2008) investigated the relationship between acculturation and sexual values among a group of 694 Latina/o youth, aged 16 to 22. Acculturation was measured by the language use subscale of the Bidimensional Acculturation Scale. The sexual values included questions regarding the perception that sexual talk is disrespectful and the importance of female virginity. The results revealed that assimilated participants were less likely to endorse these sexual values than unassimilated participants. In other words, participants who were more assimilated to U.S. culture were less likely to perceive that sexual talk is disrespectful and that female virginity is important (Deardorff et al., 2008).

Afable-Munsuz and Brindis (2006) analyzed 13 studies that examined the relationship between acculturation and sexual activity of Latina/o youth. Across the studies, comprehensive measures of acculturation were used including country of birth, language, biculturalism, length of residence in the United States, citizenship, birthplace of parents, and cultural enjoyment. Sexual activity was defined as intention to have vaginal intercourse, vaginal intercourse in the last 12 months, number of partners in the last year, number of lifetime partners, ever had anal intercourse, ever had oral sex, and sexual initiation (Afable-Munsuz & Brindis, 2006). The results revealed that 11 of the 13 studies demonstrated a positive relationship between assimilation and sexual activity. The strongest association was between assimilation and sexual initiation. Thus the more participants were influenced by the host culture (i.e., White culture), the more likely they were to have initiated sex (Afable-Munsuz & Brindis, 2006).

The relationship between acculturation and sexual activity has been explored among individuals diagnosed with HIV (Carmona, Romero, & Loeb, 1999; Marks,

Cantero, & Simoni, 1998). In a study involving 147 Latino men with HIV and 79 Latina women (mean age 34) with HIV, acculturation was measured by the 12-item Marin scale which assesses acculturation in three different domains including language use, media language preference, and ethnic social relations (Marks et al., 1998). In this study, sexual behavior referred to anal and vaginal intercourse and oral sex. For both men and women, assimilation was positively correlated with unsafe sex. This suggests that the more assimilated participants were to U.S. culture, the more likely they were to engage in sexual behavior without the use of a condom (Marks et al., 1998).

Carmona and colleagues (1999) examined the relationship between acculturation and risky sexual behaviors among Latinas with HIV and Latinas without HIV. Acculturation was assessed with a 20-item measure of acculturation that distinguished between five levels of acculturation. Participants who reported high levels of assimilation reported a greater number of sexual partners than participants who reported low levels of assimilation (Carmona et al., 1999). Highly assimilated participants were also more likely to report engaging in oral sex than less assimilated participants, which can place individuals at risk for STIs and HIV infection (Carmona et al., 1999). Thus, much of the existing research regarding the assimilation strategy towards acculturation suggests that Latina/o individuals who are assimilated (i.e., adhere to White, mainstream culture) are more likely to engage in risky sexual behavior than those who are unassimilated.

Some researchers have posited that acculturation strategies that adhere to White mainstream culture are not directly associated with negative sexual outcomes for Latina/os. Tschann et al. (2002) examined the relationship between acculturation and sexual behavior among 151 Mexican American adolescents aged 12 to 15. Acculturation

was assessed by a 17-item scale, which was created by combining subscales from two acculturation measures (i.e., the Language subscale of the Marin Acculturation Scale and the Cultural Enjoyment Subscales of the Bicultural Involvement Questionnaire; Tschan et al., 2002). The acculturation scale measured language use, Mexican cultural enjoyment and American cultural enjoyment. Sexual behavior was measured on a continuum ranging from no sexual experience to vaginal or anal intercourse. The results revealed that level of acculturation was not directly related to sexual behavior (Tschan et al., 2002). Instead, assimilation moderated the relationship between emotional distress and sexual behavior, such that for adolescents who were emotionally distressed, those who were more assimilated to White culture engaged in higher degrees of sexual behavior than those who were highly distressed and less assimilated (Tschan et al., 2002).

In another quantitative study, Latina adolescent girls between the ages of 12 and 18 completed questionnaires regarding their level of acculturation, biculturalism, and sexual behaviors (Fraser et al., 1998). There were 116 participants in the sample and the majority of them (70%) were of Dominican Republic descent. The measure of acculturation included questions regarding ethnic identity, ethnic pride, ethnicity of friends, and media preferences. The bicultural scale was a recoded version of the acculturation scale and was used to assess the degree to which participants endorsed values that were representative of both their indigenous culture and White mainstream culture (Fraser et al., 1998). Sexual behavior was measured by a set of items that inquired about vaginal intercourse, contraception, pregnancy, and HIV status. The results revealed that bicultural identity was a predictor of sexual behavior. Participants who endorsed values that were representative of both their indigenous culture and White mainstream

culture were more likely to engage in sexual behavior, even after controlling for age. However, contrary to the results of other studies (Afable-Munsuz & Brindis, 2006; Driscoll et al., 2001; Ford & Norris, 1993; Jimenez et al., 2002) identification with White culture (i.e., assimilation) was not associated with sexual behavior.

It is important to note that the results for this study (Fraser et al., 1998) were based on a hierarchical logistic regression, in which sexual behavior was the dependent variable. However, the specific aspects of sexual behavior (e.g., vaginal intercourse, contraception, pregnancy, and HIV status) were not examined separately. Therefore it cannot be discerned from the statistical analyses used in the study which of the aspects of sexual behavior were related to biculturalism. The failure to examine each of the aspects of sexual behavior separately has important implications because the related health risks of each of the aspects of sexual behavior are different. For example, engagement in vaginal intercourse is related to increased health risks, but the use of contraception is related to decreased health risks. Thus the examination of the relationship of biculturalism to each of the sexual behaviors may have salient health implications for Latina adolescents.

Some studies have found that an assimilation strategy towards acculturation can influence both positive and negative outcomes among Latina women (Marín, Tschan, Gómez, & Kegeles, 1993; Newcomb et al., 1998). A total of 281 adult Latina women completed measures about their level of acculturation, sexual risk, and knowledge regarding HIV prevention (Newcomb et al., 1998). Acculturation was measured with the 20-item Cuellar Acculturation Scale, which assesses language use, ethnicity of friends, food and music preferences, ethnic identity, and generational status. Sexual risk was

measured by creating a composite score which included behaviors such as oral or vaginal intercourse without a condom and anal sex (Newcomb et al., 1998). Highly assimilated Latinas were more likely to report greater sexual risk than those who were not highly assimilated, which makes them vulnerable to STIs and unintended pregnancy. On the other hand, highly assimilated Latinas also reported greater knowledge about STI prevention than Latinas who were low on assimilation, which may promote healthier sexual practices (Newcomb et al., 1998). Similar results were found by Marín and colleagues (1993), in which Latinas who scored low on assimilation to White culture reported a lower number of sexual partners, but also reported a lower rate of condom use than highly assimilated Latina women. The Latinas in this study may avoid negative outcomes such as STIs by being more monogamous, and simultaneously put themselves at risk by not using condoms, especially considering that Latino males have often reported having multiple sex partners (Hines & Caetano, 1998; Marín et al., 1993; Sabogal, Pérez-Stable, Otero-Sabogal, & Hiatt, 1995).

Some studies have found that assimilation influences the sexual behaviors of males and females differently. In a study that involved Latina/o youth aged 15 to 24, assimilation was measured by language proficiency, language spoken at home, and language spoken with friends. For Latinas, assimilation was positively related to being sexually active in the past year. However, for Latinos there was no relationship between these variables. Similar results were found in another study, in which level of assimilation was negatively associated with risky sexual behaviors for Latino men and positively associated with risky sexual behaviors for Latina women (Sabogal et al., 1995). Thus, men who were less assimilated to White culture initiated sex at a younger

age and reported a lower frequency of condom use than men who were highly assimilated. In contrast, women who were highly assimilated were more likely to report a higher number of lifetime sexual partners than less assimilated women (Sabogal et al., 1995). Assimilation was not associated with the number of partners in the last year for women or men (Ford & Norris, 1993). This research suggests that assimilation may be negatively correlated with risky sexual behaviors for Latino males and positively correlated with risky sexual behaviors for Latina females.

Several of the research findings regarding the influence of an assimilation strategy towards acculturation on the sexual behaviors of Latina/os are mixed. Some research suggests that among Latina women, an assimilation strategy towards acculturation can have both negative and positive influences. For example, Latina women who are assimilated are more likely to report greater sexual risk than those who are unassimilated, but they also report greater knowledge about STI prevention than Latinas who are unassimilated (Newcomb et al., 1998). Other research suggests that an assimilation strategy towards acculturation may have different influences on the sexual behaviors of Latinas and Latinos. For example, assimilation has been found to be negatively associated with risky sexual behaviors for Latino men and positively associated with risky sexual behaviors for Latina women (Sabogal et al., 1995). Therefore, more research is needed regarding the influence of assimilation on the sexual behavior of Latina/os, especially Latina women in order to resolve the discrepancies in existing findings.

Enculturation and sexual activity. Just as some research demonstrates that adherence to White culture places Latina/os at risk for engaging in risky sexual behavior, research also suggests that enculturation (i.e., adherence to Latina/o culture) is associated

with less engagement in risky sexual behaviors (Kirby, 2002; Ku et al., 1993; Upchurch et al., 2001). For example, Upchurch et al. (2001) found that Latina/o youth who preferred to conduct their interviews in Spanish were less likely to have initiated sex than youth who preferred English. Kirby (2002) found that adolescents who spoke a foreign language in the home were less likely to have been involved in a teenage pregnancy than those who spoke English in the home. Ku and colleagues (1993) found that among Latino males aged 15 to 19, Spanish as one's first language delayed the age of sexual initiation. Similarly, Hussey and colleagues (2007) found that 7th-12th grade Latina/o students who were first generation immigrants were more likely to be sexually abstinent than second or third generation immigrants.

In another study that included Mexican American and White adolescents between the ages of 13 and 19, enculturation (i.e., adherence to Latina/o culture) was negatively associated with risky sexual behaviors (Aneshensel, Becerra, Fielder, & Schuler, 1990). Specifically, Mexican American participants who were born in Mexico were less likely to have initiated sex than the Mexican American participants who were born in the United States. Mexico-born participants who had initiated sex reported doing so at a later age (19.7 years) than U.S.-born Mexican Americans (17.8 years) and non-Latina/o Whites (17.4 years). Also among the Mexican American participants, 79.6% of the Mexico-born participants reported only having one sexual partner compared to 48.9% of the U.S.-born participants (Aneshensel et al., 1990). Similar results were found among Mexican American young women aged 17 to 25, in which preference to speak Spanish and being born outside of the United States were positively associated with a later age of sexual initiation (Gilliam, Berlin, Kozloski, Hernandez, & Grundy, 2007).

Consistent results have been found in other studies. For example, one study analyzed archival data from the National Survey of Family Growth to examine the influence of acculturation on the sexual behavior of Latina/o youth (Edwards, Fehring, Jarrett, & Haglund, 2008). The participants were 570 Latina/o adolescents who ranged in age from 15 to 22. Acculturation was measured by language preference at the time of the interview. Participants who preferred to be interviewed in Spanish (i.e., enculturated) reported fewer lifetime sexual partners, fewer sexual partners in the previous 12 months, and were more likely to remain virgins until the age of 21 as compared to the participants who preferred to be interviewed in English (i.e., assimilated; Edwards et al., 2008). In another study that focused on Latina adolescents aged 14 to 19, results consistent with those of Edwards et al. (2008) were found (Kaplan et al., 2002). Acculturation was measured by an 11-item scale that assessed language preference for speaking, reading, and writing. Participants who reported that they were enculturated (i.e., preferred Spanish over English) also reported older ages for sexual initiation, fewer lifetime sexual partners, and fewer pregnancies than participants who reported high levels of assimilation (Kaplan et al., 2002).

Language was also used as a proxy for acculturation in another quantitative study that included both Latina/o and White youth (Adam et al., 2005). There were 7,270 participants in this study, and they ranged in age from 12 to 18 years old. Slightly more than half of the participants were female and 43.8% identified as Latina/o. Primary language was used as the measure of acculturation, and ever had sexual intercourse was the measure of sexual behavior. The results revealed that enculturated Latina/o participants were 65% less likely to have ever had sex than assimilated Latina/os, and

55% less likely than bicultural Latina/os (as indicated by bilingualism; Adam et al., 2005).

One research study found that an interaction between time residing in the United States and language spoken at home had a significant effect on the initiation of vaginal intercourse among a group of Puerto Rican, Mexican, and Cuban adolescents (Guilamo-Ramos et al., 2005). Specifically, when the number of years living in the United States were low, individuals who spoke Spanish in the home were more likely to have initiated vaginal intercourse than those who spoke English in the home. However, as the number of years living in the United States increased, individuals living in English-speaking homes were more likely to initiate vaginal intercourse than those living in Spanish-speaking homes. This study suggests that the longer Latina/o adolescents reside in the United States, those who retain their indigenous cultural values (i.e., enculturation) are less likely to engage in sexual activity than those who adopt the cultural values of mainstream society (Guilamo-Ramos et al., 2005). Taken together, the existing research suggests that an enculturation strategy towards acculturation (i.e., adherence to Latina/o culture) is associated with less engagement in risky sexual behaviors than an acculturation strategy that does not adhere to Latina/o culture.

Thus, some research regarding acculturation and sexual activity suggests that Latina/os with an assimilation strategy (i.e., adherence to White culture) are more likely to be sexually active (Afable-Munsuz & Brindis, 2006; Hussey et al., 2007; Jimenez et al., 2002; Ku et al., 1993; Upchurch et al., 2001), initiate sex at an earlier age (Aneshensel et al., 1990; Gilliam et al., 2007), have more sexual partners (Aneshensel et al., 1990; Carmona et al., 1999), and be involved in teenage pregnancy (Kaplan et al.,

2002; Kirby, 2002) than Latina/os who adhere to Latina/o culture. Also, Latina/os with an assimilation strategy are more likely to engage in sexual behavior without the use of a condom than those who do not have an assimilation strategy towards acculturation (Marks et al., 1998). Additionally, assimilated individuals are less likely to perceive that sexual talk is disrespectful and that female virginity is important (Deardorff et al., 2008). Research also suggests that Latina/os with an enculturation strategy (i.e., adherence to Latina/o culture) are less likely to initiate sex (Adam et al., 2005; Aneshensel et al., 1990; Hussey et al., 2007; Upchurch et al., 2001), be involved in a teenage pregnancy (Kirby, 2002), have multiple sexual partners (Edwards et al., 2008; Kaplan et al., 2002) and are more likely to delay the age of sexual initiation (Gilliam et al., 2007; Ku et al., 1993). Although research indicates that there are correlations between acculturation strategies (i.e., assimilation and enculturation) and sexual activity among Latina/os, researchers have yet to explore the process by which assimilation and enculturation influence sexual activity. Therefore, additional research is needed to help elucidate the process by which assimilation and enculturation influence the sexual activity of Latina/o adolescents.

The results of many of these studies (studies that found a negative relationship, positive relationship, or no relationship between acculturation strategies and sexual behavior) should be interpreted cautiously because they used limited measures of acculturation. Some studies used one or two indicators of acculturation including length of residence in the United States (Guilamo-Ramos et al., 2005), language spoken in the home (Guilamo-Ramos et al., 2005; Jimenez et al., 2002), place of birth (Jimenez et al., 2002), language of interview, and birthplace of parents (Upchurch et al., 2001). Although these variables are related to acculturation, it is a much more complex concept which has

been measured in a variety of ways (Afable-Munsuz & Brindis, 2006; Cuéllar et al., 2004; Driscoll et al., 2001; Ford & Norris, 1993; Raffaelli, Zamboanga, & Carlo, 2005). Limited measures of acculturation minimize the importance of cultural beliefs and values as a part of acculturation (Cuéllar et al., 2004; Raffaelli et al., 2005). Therefore additional research is needed that measures acculturation more comprehensively and examines the construct across multiple domains (e.g., language use, proficiency, and preference; daily living habits; social affiliation; communication styles; cultural traditions; family socialization; cultural knowledge and values; and cultural identification, acceptance, and pride; Zane & Mak, 2003).

Taken together, research regarding acculturation suggests that an enculturation strategy (i.e., adherence to Latina/o culture) is associated with less risky sexual behaviors (Adam et al., 2005; Aneshensel et al., 1990; Hussey et al., 2007; Upchurch et al., 2001). Also, the majority of the research regarding assimilation (i.e., an acculturation strategy that adheres to White mainstream culture) suggests that it is associated with risky sexual behaviors for Latina/o youth. The results of other studies suggest that the relationship between assimilation and sexual behavior is influenced by gender, such that assimilation is negatively associated with risky sexual behaviors for Latino men and positively associated with risky sexual behaviors for Latina women (Sabogal et al., 1995). Other research suggests that among Latinas, assimilation may be associated with some risky sexual behaviors (e.g., high number of sexual partners) and some protective sexual behaviors (e.g., high rate of condom use, knowledge about STI prevention; Marín et al., 1993; Newcomb et al., 1998). Thus, gender appears to be an important variable to consider when conceptualizing the sexual behaviors of Latina adolescents.

Latina/o Gender Roles

Research suggests that there are gender differences in the sexual behaviors and attitudes of individuals (Anthony, 2005; Christopher, Johnson, & Roosa, 1993; Farmer & Meston, 2006; Sabogal et al., 1995). Among a group of Latina/o and White men and women, men were more likely to initiate sex at a younger age, have a higher number of lifetime sexual partners, and have a higher rate of STIs than women (Sabogal et al., 1995). Women were nearly nine times less likely to report having more than one sexual partner, and were more likely to perceive their behavior as safe from contracting AIDS than men in a sample of 563 Latina/o men and women (Hines & Caetano, 1998). Within a diverse sample of college students (aged 16-26), men anticipated more sexual partners in the next 5 years, and felt more capable of initiating condom use in sexual situations than women (Farmer & Meston, 2006).

Furthermore, research suggests that women are less permissive about sex and more selective about their sexual partners than men (Eisenman & Dantzker, 2006). In a qualitative study involving 328 Latina/o and White college students, Eisenman and Dantzker (2006) found that Latino men had more permissive sexual attitudes than Latina women. Additionally, the Latina/o students reported that it is more acceptable for men to be sexually experienced before marriage than women.

Gender differences in sexual behaviors are even apparent among adolescents (Flores, Eyre, & Millstein, 1998). For example, within a diverse sample of youth ages 12 to 20-years-old, boys were almost twice as likely to be sexually active as girls (Faryna & Morales, 2000). Among Latina/o, White, and African American students, eighth grade boys were more likely to be sexually active, have sex more frequently, and have more

sexual partners than girls (Benson & Torpy, 1995). Edwards et al. (2008) also found gender differences among Latina/o youth aged 15 to 22, in that males were more likely to have ever had sex, were younger when they initiated sex, reported more lifetime sexual partners, and more sexual partners in the previous 12 months than their female counterparts. Consistent with Edwards et al. (2008), Ford and Norris (1996) found that in their household probability sample of 1,435 Latina/o and African American adolescents aged 15 to 24, males were more likely to report initiating sexual intercourse before the age of 15, having casual sexual partners, and having five or more sexual partners than females. Another study found that among African American and Latina/o 12- to 14-year-olds, almost twice as many girls reported being virgins as boys (Raine et al., 1999).

Similar results were found in other studies. For example, sixth through eighth grade Latino boys were more likely to report sexual involvement than their Latina counterparts, and boys were almost three times as likely to have initiated sex than girls aged 10 to 18 (Anthony, 2005; Christopher et al., 1993). Within a sample of Latina/o and White youth who ranged in age from 12 to 18, Latino boys were more likely to initiate sexual intercourse than Latina girls (Adam et al., 2005). Consistent results were found in an exclusively Latina/o sample in which more Latino boys (aged 12 to 17) initiated sexual intercourse than their female counterparts (Perkins & Villarruel, 2000). Also, among a group of 325 teens aged 14 to 15 living in San Juan, Puerto Rico, 34.3% of boys reported having three or more sexual partners compared to only 15.2% of girls (Robles, et al. 2007).

Liebowitz, Castellano, and Cuellar (1999) found significant gender differences in the sexual behaviors and attitudes of Mexican American youth aged 11 to 14. Of the

participants who had initiated sexual intercourse, 77% were boys and only 23% were girls. Eighty-four percent of the participants who said that they would try sex as a teenager were boys and 16% were girls. Of the participants who said that they would engage in sexual intercourse as an unmarried teenager, 81.5% were boys and 18.5% were girls (Liebowitz et al., 1999).

Thus the findings suggest that among adults, men are more likely to initiate sex at a younger age, have a higher number of lifetime sexual partners, and have a higher rate of STIs than women (Sabogal et al., 1995). Women are also less permissive about sex and more selective about their sexual partners than men (Eisenman & Dantzker, 2006). Similar gender differences are found among adolescents in which boys are more likely to be sexually active, initiate sex at younger ages, have sex more frequently, and have more sexual partners than girls (Benson & Torpy, 1995; Edwards et al., 2008).

Gender schema theory. The gender differences in sexual behaviors and attitudes among adults and youth may be explained by gender schema theory (Bem, 1981). A schema is defined as a cognitive network of associations that guide an individual's perception. Incoming information interacts with the individual's preexisting schema to create one's perception. A gender schema is a group of sex-linked associations that exist within a societal context. According to gender schema theory, children learn the contents of society's gender schema and the attributes that should be linked with their own sex. These attributes become a part of the self-concept and become a guide for preferences, attitudes, and behaviors (Bem, 1981). In a sense, the gender schema becomes "an internalized motivational factor that prompts the individual to regulate his or her behavior

so that it conforms to the culture's definitions of maleness and femaleness" (Bem, 1981, p. 355).

Cultures often vary in their definitions of what constitutes maleness and femaleness, which may in turn influence the sexual behaviors of males and females in those cultures (DeLamater & Friedrich, 2002; Marín, 2003). For example, research suggests that gender differences in sexual behaviors and attitudes tend to be more pronounced among Latina/os than Whites, which may be related to the gender roles that are embedded in Latina/o culture (Adam et al., 2005; Hovell et al., 1994; Sabogal et al., 1995).

Within Latina/o culture, there are specific gender roles for men and women (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Gloria et al., 2004). Research suggests that adherence to traditional gender roles may influence one's knowledge and communication about sex, sexual attitudes, and behaviors (Erickson, 1998; Farmer & Meston, 2006; Marston, 2004; Raffaelli et al., 2005). In the following sections, the Latina/o gender roles of machismo and mariismo will be reviewed.

Machismo. The traditional gender role for men is *machismo*, which is characterized by protectiveness, courage, and honor (Gloria et al., 2004; Marín, 2003; Upchurch et al., 2001). Machismo refers to customary behavior exhibited by males in Mexican culture (Arciniega et al., 2008). Within the psychological literature, machismo is often associated with negative characteristics such as sexism, violence, intimidation, objectification of females, and hypermasculinity.

The few positive descriptions of machismo resemble the concept of *caballerismo*, which refers to masculine chivalry. Caballerismo, derived from the Spanish word for

horse (*caballo*) and horseman (*caballero*), is a novel construct to the field of psychology and researchers recently began to study it in addition to the traditional construct of machismo (Arciniega et al., 2008). The concept of caballerismo originated from the historical social class system in which wealthy individuals owned horses that they used for transportation. Accordingly, a caballero was a Spanish man of high status who owned estates and ranches. One example of caballerismo is found in 16th century literature in the novel *Don Quixote* written by Miguel de Cervantes. Don Quixote, the main character in the novel, is a noble caballero and a humble hero (Arciniega et al., 2008). Among Latino males, caballerismo may be demonstrated by responsible behaviors that fulfill social obligations and provide support and protection for the family (Moreno, 2007). Research has demonstrated that the concept of machismo has both negative and positive connotations (i.e., caballerismo) among Latino males, and thus our conceptualization of machismo should include this broader definition (Arciniega et al., 2008; Marín, 2003; Moreno, 2007).

Researchers suggest that some Latino men and boys equate masculinity with engagement in sexual activity, which may lead to multiple sexual partners and put them and their female counterparts at risk for HIV and other STIs (Benavides et al., 2006). This concept is reflected in the results of a quantitative study involving 178 African American and Latino boys aged 13 to 19. Nearly 80% of both African American and Latino males reported that teenage males engaged in sexual activity to prove their manhood (Rucibwa, Modeste, Montgomery, & Fox, 2003). In a qualitative study involving Latino youth, young men reasoned that their sexual drive was higher than that

of their Latina counterparts, and therefore male sexual promiscuity was more acceptable than female sexual promiscuity (Asencio, 1999).

Marianismo. The traditional gender role for women in Latina/o culture is *marianismo*, which suggests that women should emulate the Virgin Mary in purity, obedience to men, and suffering (Gloria et al., 2004; Upchurch et al., 2001). Marianismo includes the expectations that women should remain virgins until marriage, be self-sacrificing, bear children, and devote themselves to their husbands and the family (Talashek, Peragallo, Norr, & Dancy, 2004; Villarruel et al., 2007).

In accordance with the cultural value of *marianismo*, virginity is very important to the reputation of Latinas and the family. A Latina who remains a virgin until she is married represents dignity and pride for herself and the family (Benavides et al., 2006). On the other hand, a female who engages in sex before marriage may be labeled as a *cualquiera*, a woman with dubious sexual morals (Asencio, 1999; Marston, 2004). For some Latina women, the presence of traditional gender roles creates a context of unequal power between themselves and their male partners, which influences many aspects of their sexuality (Amaro, 1995; Marín, 2003).

Ascribing to *marianismo* may influence one's attitudes and knowledge about sex, and the ways in which the knowledge is expressed (Faulkner, 2003; Marston, 2004; Moreno, 2007). In a qualitative study regarding sexual initiation among a group of Latina teenage mothers, a participant illustrated her attitude towards premarital sex and her lack of knowledge regarding sexuality in an interview, “(Sex) scared me at first because I was never introduced to my body or even a male’s body. I didn’t even know how my body

worked, you know? To me, in my head it (premarital sex) was wrong" (Erickson, 1998, p. 124).

The presence of gender role expectations may also influence the knowledge, self-efficacy, sexual comfort, and sexual power that Latinas have regarding HIV and safer sex practices (Gómez & Marín, 1996). In a study that involved 513 Latinas and 184 non-Latina White women, significant differences emerged between the two groups regarding their knowledge, self-efficacy, sexual comfort, and perceived power (Gómez & Marín, 1996). Specifically, the Latina participants reported less knowledge about HIV, less sexual comfort, and less self-efficacy to use condoms than their White counterparts. The Latina women also perceived that they had less sexual power in their relationships to make decisions about condom use than the White women (Gómez & Marín, 1996). Research suggests that sexual power in relationships is positively correlated with condom use self-efficacy, in that the more sexual power an individual has the more self-efficacious they are in purchasing and using condoms (Stokes, 2005).

In a qualitative ethnographic study that involved Mexican American women, males were frequently described as the initiators of sexual encounters and the decision-makers regarding the use of contraception (Davila, 2005). Similarly, Ortiz and Casas (1990) found that Mexican American women's use of birth control was influenced by male dominance. In a grounded theory study that included 31 Puerto Rican, Dominican, and Cuban women aged 18 to 36, about 33% of participants did not know specific details about the female reproductive system and how contraception worked (Faulkner, 2003). Additionally, none of the women used condoms consistently and some of the reasons for non-use included being embarrassed to buy them and fearing their partners' negative

reaction. The results of these studies suggests that the gender role of marianismo may limit Latinas' knowledge about reproductive health and safer sex practices, as well as their sexual comfort and perceived power in sexual relationships, which may put them at increased risk for HIV, others STIs, and unwanted pregnancy.

Within sexual relationships among both White and racially and ethnically diverse individuals, research has shown that communication about sex is essential for good sexual health (Amaro, 1995; Erickson, 1998; Farmer & Meston, 2006; Marston, 2004; Moreno, 2007; Talashek et al., 2004). A lack of communication may lead to negative outcomes such as early sexual initiation, failure to use contraception, and coercive sex (Deardorff et al., 2008). For example, Salazar and colleagues (2004) found that among a group of African American girls, sex-related discussion was positively correlated with their refusal of unprotected sex.

Oftentimes, communication does not occur among Latina/o adolescent sexual dyads because of prescribed gender roles (Marín, 2003). Latinas who ascribe to marianismo often do not talk about sex because it may be perceived as inappropriate or an indicator of sexual promiscuity (Faulkner, 2003; Gómez & Marín, 1996). The discussion of sex and contraception with a partner would require Latinas to go against their prescribed gender role as subordinate to men (Amaro, 1995; Hines & Caetano, 1998). In a qualitative study involving focus groups, a Latina woman explains why it is inappropriate for Latinas to talk to their sexual partners about sex and contraception, "Because our parents, and especially our mothers, always said these are things you don't talk about" (Talashek et al., 2004, p. 133). Additionally, the values of marianismo and familismo stress the value of motherhood for Latinas. Communicating about

contraceptive use may conflict with the expectation for Latinas to embrace motherhood, thus sexual communication often does not take place putting Latina women at risk for unplanned pregnancy and STIs (Amaro, 1995; Brindis, 1992).

The influence of gender role expectations on the sexual communication between Latinas and their male sexual partners has been demonstrated in the research literature. In a qualitative study regarding sexual initiation among a group of Latina teenage mothers, one of the prevalent themes was that sex was not discussed or planned, which did not allow the space to discuss contraception (Erickson, 1998). Also, none of the participants talked about the possibility of contracting a STI as a deterrent from engagement in sexual activity (Erickson, 1998). In another qualitative study involving sexually active 16 to 22-year-olds living in Mexico, the majority of the females reported that they did not discuss sex with male or female friends (Marston, 2004).

Similar communication patterns are found among Latina adults (Moreno, 2007). In a qualitative study that consisted of focus groups and individual interviews with Latinas aged 29 to 60 years old, participants expressed that they felt trapped in traditional gender roles and did not engage in discussions with their partners regarding sex and contraception because “it’s not a Latina’s place to talk openly about sex” (Moreno, 2007, p. 345). The participants did not ask their sexual partners about their previous sexual experiences or other sexual partners, which put them at risk for HIV and other STIs (Marston, 2004). Another qualitative research study found similar results among a group of Mexican American women aged 18 to 51, in which the participants reported that they chose to engage in unprotected sex rather than endure the embarrassment of openly discussing sex and contraception (Davila, 2005). Thus, it seems as though adherence to

marianismo can be protective for Latinas because it encourages sexual purity before marriage and sexual monogamy within the confines of marriage. On the other hand, it may also be a risk factor because it discourages Latinas from gaining knowledge and having open discussions about sex and contraception, which may put them at risk for early sexual activity, teenage pregnancy, and STIs (Moreno, 2007).

Similarly, endorsement of traditional gender roles has been found to be both a protective and risk factor across different studies. In a review of 250 studies regarding the sexual behaviors of adolescents aged 19 or younger, Kirby (2002) found that among Latino, African American, and White participants being male and possessing more stereotypical views regarding gender roles were both risk factors for the initiation of sexual activity. Likewise, the greater acceptance of non-traditional gender roles was positively related to using contraception and avoiding teenage pregnancy (Kirby, 2002).

Contrary to the results reported by Kirby (2002), Kaplan and colleagues (2002) found that endorsement of traditional gender roles was related to the delay of sexual intercourse among Latina adolescents. The participants were 670 Latina teenagers aged 14 to 19. Gender role orientation was measured by items from the National Longitudinal Survey of Youth, and assessed agreement and disagreement with traditional gender roles for men and women. Participants who endorsed traditional gender roles delayed the initiation of sexual intercourse longer than participants who did not endorse traditional gender roles (Kaplan et al., 2002). Similarly, Villarruel et al. (2007) found that endorsement of traditional gender roles was related to intentions to use condoms. This quantitative study included 233 Latina/o youth with an average age of 15. There were approximately an equal number of girls and boys in the study. The participants reported

different countries of origin, but nearly 90% self-identified as Puerto Rican. Participants completed the Attitude Towards Women Scale for Adolescents, which was intended to assess traditional gender role attitudes. The results revealed that participants who reported more traditional gender role attitudes were more likely to report intentions to use condoms in the next three months if they have sex than participants who reported less traditional gender role attitudes (Villarruel et al., 2007).

Taken together, the existing research suggests that gender plays a salient role in the sexual attitudes and behaviors of Latina/o adolescents. For Latina adolescents, marianismo can be a protective factor because of its association with virginity and sexual monogamy. This is consistent with the protection-risk framework, which suggests that protective factors decrease an individual's likelihood of participating in problem behavior by establishing personal or social sanctions against problem behavior (Jessor et al., 2003). Thus marianismo has sanctions against engaging in premarital sex, which reduces the likelihood that individuals will participate in this behavior. On the other hand, marianismo could also be considered a risk factor that increases the likelihood of engaging in premarital or risky sexual behavior because it limits knowledge about safer sex practices and perceived sexual power within relationships. Considering the influence that gender role adherence may have on sexual attitudes and behaviors among Latina/o adolescents it is important to explore this concept further.

Ethnic Identity

Another cultural variable that may have an influence on the sexual behavior and attitudes of Latina adolescents is ethnic identity (Abu-Ali, 2003; Anthony, 2005; Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Salazar et al.,

2004; Siddiqui, 2005; Stokes, 2005). Ethnic identity is described as a multidimensional construct that contains several components such as knowledge and participation in culture and traditions, ethnic identification, and ethnic affiliation (Brook, Whiteman, Balka, Win, & Gursen, 1998). Ethnic identity can be influenced by shared ancestry, phenotype, internalization of values and beliefs, political and social processes, psychological attachment to a culture, and acculturation (Holleran & Waller, 2003). Additionally, ethnic identity can be influential in the development of values, attitudes, and behaviors (Vera & Quintana, 2004). Research suggests that ethnic identity may be related to individuals' attitudes and beliefs about health-related behaviors (Beadnell et al., 2003; Chng & Géliga-Vargas, 2000).

Ethnic identity has been heavily researched in the last decade, making it one of the most common research topics in multicultural psychology (Cokley, 2007; Umaña-Taylor & Alfaro, 2006). Ethnic identity became a focus of study among racial and ethnic minorities in the 1980s and 1990s (Cuéllar et al., 2004), and has been defined in the literature in multiple ways (Holleran & Waller, 2003; Umaña-Taylor & Alfaro 2006). Some researchers have referred to it as a part of one's self-concept that reflects a sense of belonging, pride, and esteem related to ethnic group membership (Love, Yin, Codina, & Zapata, 2006; Parker, Sussman, Crippens, Elder, & Scholl, 1998; Phinney, 1992; Worrell & Gardner-Kitt, 2006).

The concepts of ethnic identity and acculturation are similar and sometimes used interchangeably in the literature, but it should be noted that they are distinct from one another (Phinney, 1990; Raffaelli et al., 2005; Warren et al., 2008). Raffaelli and colleagues (2005) examined both ethnic identity and acculturation in the same study.

They concluded that ethnic identity was positively correlated with some measures of acculturation (e.g., language use), but it was not significantly correlated with other measures of acculturation (e.g., childhood language, birthplace). Similarly, Schwartz, Zamboanga, and Jarvis (2007) found that among a group of Latina/o early adolescents, measures of acculturation were modestly correlated with ethnic identity. Also, the scores on the acculturation measure revealed that the participants were more oriented to the American culture than the Latina/o culture, but maintained high levels of ethnic identity (Schwartz et al., 2007). This suggests that ethnic identity and acculturation are similar constructs and may overlap, but they should be conceptualized as distinct concepts (Raffaelli et al., 2005; Schwartz et al., 2007).

Ethnic identity is part of the broader construct of social identity, and was partly derived from James Marcia's (1980) identification of identity statuses. Ethnic identity was also based on Henri Tajfel's social identity theory (Tajfel & Turner, 2004; Vera & Quintana, 2004). Both of these theories will be discussed in order to demonstrate the theoretical foundation of ethnic identity.

Marcia (1980) developed four identity statuses as a way to conceptualize identity development during late adolescence. The four statuses are ways that late adolescents may resolve identity confusion and were developed from semi-structured interviews with late adolescents ranging in age from 18 to 22. The interviews covered topics such as religious and political beliefs, sexuality, gender role attitudes, ethnicity, and career choice (Marcia, 1994). Individuals were categorized into one of the identity statuses based on their level of exploration and commitment to their identity. Exploration refers to the degree to which one has considered alternative options and beliefs, while commitment

refers to choosing one path or belief (Marcia, 1994). Based on the interviews, four identity statuses were created including identity achievement, moratorium, foreclosure, and identity diffusion. Individuals in the identity achievement status have gone through the process of exploration and are committed to their positions on most of the topics covered in the interview (Marcia, 1994). Persons in moratorium are still undergoing explorations, and have not arrived at commitments. This status may also be referred to as an identity crisis. Foreclosure is the third identity status and it is characterized by firm commitments. However, individuals in this status did not experience exploration in order to arrive at their commitments, but instead have maintained the same beliefs and attitudes since childhood. The fourth and final identity status is identity diffusion, and is characterized by tentative exploration and is hallmarked by lack of commitment (Marcia, 1994). These identity statuses were used as the basis of ethnic identity development (Umaña-Taylor & Shin, 2007; Vera & Quintana, 2004).

The other theory that has helped to formulate ethnic identity development is social identity theory (Umaña-Taylor & Shin, 2007; Vera & Quintana, 2004). Social identity is defined as a collection of attributes of a person's self-image that are derived from the social categories or groups to which one perceives himself or herself as a member. According to social identity theory, the criteria for group membership are that the individuals define themselves and are defined by others as members of a group (Tajfel & Turner, 2004). The term group refers to a collection of individuals who perceive themselves as members of the same social category, share emotional involvement in being members of this category, and have some degree of consensus about the evaluation of their group and their membership in the group (Tajfel & Turner, 2004). Members of

social groups identify themselves in social terms based on their group membership. This identification is very comparative in that it defines the individual as similar to or different from, better or worse than members of other social groups. Therefore, social identity can have positive or negative connotations.

Social identity theory includes three main principles (Tajfel & Turner, 2004). The first principle is that individuals strive to achieve a positive social identity. Second, in order for positive social identity to be achieved comparisons must be made between the in-group and an out-group in which the in-group is perceived as distinct and more favorable than the out-group. Third, when the social identity is negative individuals will attempt to leave the group, join a more favorable group, or make their existing group more favorable and distinct (Tajfel & Turner, 2004). These principles are reflected in the process of ethnic identity development (Phinney, 1990; Vera & Quintana, 2004).

Models of ethnic identity development. Ethnic identity is often described within the context of a developmental process that begins in childhood and helps children garner an understanding of themselves as members of their ethnic group (Phinney, 1990; Vera & Quintana, 2004). Bernal, Knight, Garza, Ocampo, and Cota (1990) discuss five components of ethnic identity: ethnic self-identification (ethnic labels), ethnic constancy (knowledge of the permanence of ethnicity), use of ethnic role behaviors (engagement in ethnic behaviors), ethnic knowledge (complex and specific knowledge regarding ethnicity), and ethnic preferences and feelings (feelings and preferences towards ethnic group). Research shows that by 5 to 7 years of age, children are able to identify themselves and others as part of an ethnic group (Vera & Quintana, 2004), and by ages 8 to 10, all five components of ethnic identity have formed (Bernal et al., 1990).

There are several models that seek to explain the process of ethnic identity development for individuals of different ethnicities. Ruiz (1990) created a model of ethnic identity development based on case histories from counseling sessions with Chicano, Mexican American, and other Latina/o university students. Although the model was developed with Latina/os, it is applicable to individuals of other ethnic backgrounds. It consists of five stages which include causal, cognitive, consequence, working through, and successful resolution (Ruiz, 1990). Although the stages are conceptualized in a sequential order, individuals may move directly from a basic level of ethnic identity development (causal stage) to a more advanced level (working through).

The first stage of the Ruiz (1990) model of ethnic identity development is the causal stage. This stage explores the influences of racism, ethnocentrism, and classism on ethnic identity conflicts. Additionally, parental messages influence the ethnic identity of children by either affirming or denigrating their ethnicity. Also, failure to identify with or rejection from one's ethnic group, traumatic events regarding one's ethnicity, and lack of social support from one's environment may increase ethnic identity conflict (Ruiz, 1990).

The second stage of the Ruiz (1990) model focuses on cognitive components. During this stage, three beliefs about one's ethnicity are identified. The first belief is that one's ethnic group is associated with poverty and prejudice. Individuals who endorse this belief perceive that maintaining their ethnic identity will perpetuate their experiences of poverty and prejudice. A second belief held by individuals in this developmental stage is that the only way to escape poverty and prejudice is by assimilating to the dominant culture. Individuals in this stage also believe that the only possible path to success is through assimilation. By relinquishing one's cultural and ethnic heritage, one is deemed

socially acceptable to others which can lead to success. In this stage alternative possibilities including biculturalism and other acculturation attitudes are not considered (Ruiz, 1990).

Consequence is the third stage of ethnic identity development (Ruiz, 1990). During this stage, certain components of ethnic identity including skin color, name, language, and customs are rejected. Individuals in this stage may feel embarrassed by their accent, ethnic phenotype, neighborhood, and other aspects that represent their ethnicity, which may lead to isolation from one's ethnic group. Some individuals in this stage may be so embarrassed by their ethnic group membership that they try to take on a different ethnic identity (Ruiz, 1990).

The fourth stage of the ethnic identity development model focuses on working through ethnic identity conflicts (Ruiz, 1990). Persons in this stage experience psychological distress because they lack the coping mechanisms to resolve their ethnic identity conflicts. Also, people who have assumed a different ethnic identity in the consequence stage realize that it no longer compensates for their conflicts in the working through stage (Ruiz, 1990).

Successful resolution is the fifth and final stage of ethnic identity development (Ruiz, 1990). During this stage, people have a greater acceptance of their ethnic identity and it is perceived as a strength instead of a weakness. Individuals in this stage evaluate members of their ethnic group more positively and have more frequent interactions with members of their ethnic group. Additionally, people in this stage tend to have pride in their own skin color and other ethnic phenotypic characteristics (Ruiz, 1990).

Ethnic identity development is especially salient during adolescence, and most ethnic identity research has focused on youth and adolescents (Beadnell et al., 2003). The most commonly researched model of ethnic identity development among adolescents was created by Jean Phinney (Vera & Quintana, 2004). Phinney (1990) developed a multiethnic three stage model of ethnic identity development that encompasses the stages described in several models. In the first stage, an individual's ethnic identity has yet to be examined. In this stage, people may not devote much attention to their own ethnicity and the meaning that it has for them. The second stage includes intense exploration of one's ethnicity. For some people, this may include immersion into one's culture (Phinney, 1990). The third and final stage of ethnic identity development is ethnic identity achievement in which an individual develops a clear understanding and appreciation of his or her ethnicity. According to this three stage model, ethnic identity development is not always a linear process and individuals often cycle in and out of different stages (Phinney, 1990).

Measures of ethnic identity. Because ethnic identity is still a relatively new construct in the psychological literature, measures of it are still being refined (Umaña-Taylor & Alfaro, 2006). Throughout the years, researchers have developed several measures of ethnic identity. Many of the measures pertain to the ethnic identity of a specific ethnic or racial group. For example, the Asian American Ethnic Identity Questionnaire has been used to assess the ethnic identity of Asian Americans (Lee, 2000). Numerous measures have been used to assess the ethnic identity of African Americans including the Adolescent Survey of Black Life (Corneille & Belgrave, 2007), the Multi-Construct African American Questionnaire (Belgrave, 2002), and the

Multidimensional Inventory of Black Identity (MIBI), which has been adapted to be used with Mexican American and Chinese American adolescents (Kiang, Yip, Gonzales-Backen, Witkow, & Fuligni, 2006).

Two measures of ethnic identity that are theoretically based on Marcia's (1980) construct of identity statuses and Tajfel's social identity theory (Tajfel & Turner, 2004) are the Ethnic Identity Scale (EIS; Umaña-Taylor, Yazedjian, and Bámaca-Gómez, 2004) and the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992). Both of these measures have been normed on racially and ethnically diverse samples. The utility of these measures with various racial and ethnic groups contributes to their frequent use, especially the MEIM (Ponterotto, Gretchen, Utsey, Stracuzzi, & Saya, 2003; Umaña-Taylor & Alfaro, 2006). A brief description of each of the measures follows.

The EIS is one measure of ethnic identity that has been used in psychological literature. It is comprised of 17 items and was developed by Umaña-Taylor and colleagues (2004). The EIS assesses three components of ethnic identity: exploration, resolution, and affirmation. The exploration subscale is composed of seven items and it focuses on the exploration of issues regarding ethnic identity. The resolution subscale is made up of four items and it assesses resolution of what ethnic identity means to the individual. The affirmation subscale is composed of six items and it assesses positive or negative feelings about ethnic group membership (Umaña-Taylor & Shin, 2007).

Exploratory and confirmatory factor analyses support the three factor structure of the EIS, suggesting that the subscales should be scored and interpreted individually (Umaña-Taylor et al., 2004). Among a racially, ethnically, and geographically diverse sample, the reliability coefficients were as follows: exploration (.84 to .91), resolution

(.76 to .92), and affirmation (.34 to .85). Reliability coefficients for the affirmation subscale were weak for Latina/os and African Americans in both geographical contexts (Umaña-Taylor & Shin, 2007). In two other studies, reliability coefficients for each of the scales ranged from .72 to .93 with ethnically diverse samples of high school and college aged individuals (Supple, Ghazarian, Frabutt, Plunkett, & Sands, 2006; Umaña-Taylor, 2005). One of the major criticisms of the EIS is the low reliability of the affirmation subscale with Latina/o and African American individuals, which may be the reason that it is not used in the psychological literature very often.

Phinney (1992) developed the MEIM to assess ethnic identity across different ethnic groups. The MEIM has become the most commonly used ethnic identity measure in empirical literature (Cokley, 2007). The original scale is composed of 14 self-report items that are intended to assess three major aspects of ethnic identity. The first aspect, ethnic affirmation, refers to ethnic pride, good feelings about one's ethnic background and group membership. Five items on the MEIM assess ethnic affirmation (Phinney, 1992). Ethnic identity achievement is also measured by the MEIM, and refers to a process of exploration by which one develops clarity regarding one's ethnic minority membership. Ethnic identity achievement is conceptualized on a continuum from lack of clarity about one's ethnicity to a clear understanding of the role of ethnicity in one's life (Phinney, 1992). Seven items on the MEIM assess ethnic identity achievement. Two items on the MEIM assess ethnic behaviors and practices, which refer to degree of involvement in cultural traditions and social activities with members of one's ethnic group. In subsequent revisions of the MEIM, items regarding involvement in ethnic

behaviors have been dropped because these questions are more related to acculturation and have been considered distinct from ethnic identity (Phinney & Ong, 2007).

The use of the MEIM to assess ethnic identity has been critiqued in the psychological literature (Cokley, 2007; Phinney & Ong, 2007). One major criticism of the MEIM is that it does not truly measure ethnic identity (Cokley, 2007). Racial identity is a cultural variable that is similar to ethnic identity; however, the concepts are distinct. For example, some researchers have suggested that racial identity is appropriate for the study of individual identity formation in response to interactions with an oppressive society, while ethnic identity is appropriate for research involving the individual's self-perceptions in relation to one's cultural values, beliefs, and practices (Cokley, 2007; Phinney & Ong, 2007). Although Phinney & Ong (2007) acknowledge that racial and ethnic identity are distinct constructs, they purport that the MEIM, which has been conceptualized as a measure of ethnic identity, can also be used to assess exploration and commitment to one's racial group. This raises the question of whether the MEIM assesses ethnic identity or racial identity.

Another criticism of the MEIM is the discrepancy of the results of factor analyses (Cokley, 2007; Phinney & Ong, 2007). Specifically, some research studies have found that the MEIM contains only one factor, while others have found two or more underlying factors (Phinney, 1992; Phinney & Ong, 2007; Ponterotto et al., 2003). Additionally, there have been a limited number of confirmatory factor analyses with the MEIM (Phinney & Ong, 2007).

Despite problems with the psychometric properties of the MEIM, it has been the predominant measure used to assess ethnic identity (Abu-Rayya, 2006; Cokley, 2007;

Dandy, Durkin, McEvoy, Barber, & Houghton, 2008; Worrell, Conyers, Mpofu, & Vandiver, 2006). Additionally, the MEIM has been the most common measure of ethnic identity among Latina/o adolescents and has demonstrated adequate psychometric properties among this population (Guzman, Santiago-Rivera, & Hasse, 2005; Roberts et al., 1999; Umaña-Taylor & Fine, 2001). Thus, it is still regarded as a sound measurement of ethnic identity within the field of counseling psychology. Also, the theoretical foundation of the MEIM, which include the theories of identity statuses (Marcia, 1980) and social identity (Tajfel & Turner, 2004) contribute to its frequent use in research.

Correlates of ethnic identity. According to empirical research findings, ethnic identity is associated with positive outcomes such as increased self-esteem, happiness, and academic achievement (Altschul, Oyserman, & Bybee 2006; Kiang et al., 2006; Romero & Roberts, 2003). Among a sample of Mexican American and Chinese American adolescents, ethnic identity was assessed by an adaptation of two subscales from the Multidimensional Inventory of Black Identity (MIBI), which measured positive feelings towards one's ethnic group and the centrality of one's ethnic group membership to his or her self-concept. Participants who scored high on measures of ethnic identity also scored high on measures of self-esteem and happiness (Kiang et al., 2006). Also among a diverse sample of teens that included Latina/o, Asian American, African American, Native Hawaiian, American Indian, White, and Multiethnic participants who ranged in age from 13 to 18, ethnic identity (measured by the MEIM) was positively correlated with self-esteem and GPA (Frye, 2003). In another study that involved Latina/o and African American youth, high levels of ethnic identity (assessed by connectedness to one's ethnic group, awareness of racism, and importance of

achievement to one's ethnic group) were associated with high levels of academic achievement (Altschul et al., 2006). Similarly, Schwartz and colleagues (2007) found that among 347 Latina/o adolescents in the fourth through the sixth grades, scores on the MEIM were positively associated with self-esteem, prosocial behavior (e.g., altruism, compliance), and academic grades.

In addition to correlating with positive outcomes, ethnic identity also operates as a moderator between risk factors and negative outcomes (Brook et al., 1998; Greene, Way, & Pahl, 2006; Kiang et al., 2006). Among 136 racially and ethnically diverse adolescents, ethnic identity (assessed by the MEIM) moderated the effects of discrimination on self-esteem such that for participants who scored low on measures of ethnic identity, high perceived discrimination was associated with a decline in self-esteem, while participants who scored high on measures of ethnic identity were protected from this negative effect (Greene et al., 2006). In a separate study, Kiang and colleagues (2006) found that ethnic identity moderated the effects of daily stressors on happiness. Specifically, for participants who scored low or moderate on measures of ethnic identity, as daily stressors increased, daily happiness decreased. Among participants who scored high on measures of ethnic identity, as levels of stress increased, levels of happiness remained about the same (Kiang et al., 2006).

Ethnic identity has also been found to attenuate the influence of risk factors on substance use among adolescents. Brook et al. (1998) found that among their sample of 555 Puerto Rican youth aged 16 to 24, Latina/o awareness, ethnic identity achievement, and a sense of belonging to one's ethnic group offset drug risk factors such as father drug use, peer tolerance of drug use, peer drug use, and drug availability. Measures of ethnic

identity also enhanced the influence of other protective factors. Specifically, the protective factor of perceiving drugs as harmful was enhanced by ethnic identity, which resulted in less drug use among the participants (Brook et al., 1998). Similar results were found in another study that included 1,303 African American and Latina/o seventh and eighth graders (Scheier, Botvin, Diaz, & Ifill-Williams, 1997). Ethnic identity was assessed by a modified version of the MEIM. The results revealed that low levels of ethnic identity were associated with both low risk and low marijuana and alcohol use. At high levels of risk, low ethnic identity was associated with high levels of substance use, suggesting that ethnic identity reduces the influence of risk on substance use (Scheier et al., 1997).

Other research findings suggest that ethnic identity has a direct influence on the attenuation of risk behaviors including substance use and cigarette smoking among racial and ethnic minority youths (Brook et al., 1998; Love et al., 2006; Parker et al., 1998; Pugh & Bry, 2007). In a research study involving 167 African American youth aged 18 to 23, ethnic identity (measured by a revised version of the MEIM) was negatively correlated with drinking and marijuana use (Pugh & Bry, 2007). Among a racially and ethnically diverse group of adolescents aged 11 to 14, ethnic identity was measured by ethnic self-identification, language preference, participation in social activities with members from one's ethnic group, and knowledge about one's ethnic group. The results revealed that measures of ethnic identity were related to avoiding tobacco use (Parker et al., 1998). Love and colleagues (2006) found a similar result among Mexican Americans adolescents in that high ethnic identity scores (assessed by a 6-item scale that explored

one's association with his or her ethnic group) were associated with reduced likelihood of heavy drinking, regular cigarette smoking, and regular marijuana use.

It is evident from the research studies that have been discussed that ethnic identity is inversely related to substance use. Research also suggests that there is an association between substance use and early sexual behavior. Specifically, engagement in risk behaviors such as substance use puts one more at risk for the initiation of early sexual activity (Fraser et al., 1998; Kirby, 2002). Studies have found that substance use is a significant predictor of sexual behavior, and more substance use is related to a younger age of sexual initiation and more lifetime sexual partners (Fraser et al., 1998; Kaplan et al., 2002).

Ethnic identity and sexual behavior. Although there is ample research regarding the positive correlation between ethnic identity and positive outcomes, a reduction in the effects of negative factors, and a decrease in the likelihood of engaging in risk behaviors such as substance use, there is scant research regarding the influence of ethnic identity on sexual behaviors and attitudes (Belgrave et al., 2000; Umaña-Taylor & Alfaro, 2006; Warren et al., 2008). The research that has been done in this area has yielded inconsistent findings. Some studies have found that ethnic identity is negatively associated with risky sexual behaviors and attitudes (Belgrave et al., 2000; Beadnell et al., 2003; Corneille & Belgrave, 2007; Townsend, 2002). For example, Belgrave et al. (2000) found that among a group of African American adolescent girls, participants with high ethnic affiliation reported less risky sexual attitudes, while girls with low ethnic affiliation reported more risky sexual attitudes. Consistent with these findings, among a group of African American girls aged 10 to 13, participants with low levels of ethnic identity (assessed by

the MEIM) reported more favorable attitudes towards risky sexual behaviors than participants with high levels of ethnic identity (Townsend, 2002). In another adolescent sample that involved African American boys and girls aged 10 to 18, participants who reported high levels of ethnic identity (assessed by the MEIM) were less likely to have initiated sex than participants who reported low levels of ethnic identity (Anthony, 2005).

Frye (2003) examined the influence of ethnic identity on several risk behaviors among a diverse group of adolescents. The participants were aged 13 through 18 and represented various racial and ethnic backgrounds including White (42.4%), Asian American (21.7%), Latina/o (21.4%), Native Hawaiian (3.4%), African American (2.2%), American Indian (.5%), and Multiracial/ethnic (12%). The MEIM was used as a measure of ethnic identity. Additionally, participants completed a 35-item measure based on the Youth Behavior Survey that assessed risk behaviors including alcohol and drug use, tobacco use, physical activity, eating habits, and sexual behaviors. There were eight items that focused on sexual behavior and they included components such as ever had sexual intercourse, age of first sexual intercourse, number of lifetime sexual partners, number of sexual partners in the last three months, substance use during last intercourse, number of unintended pregnancies, and use of condoms and other contraception during last sexual intercourse (Frye, 2003). For Latina/os, ethnic identity was a significant predictor of engagement in risk behaviors, such that Latina/os with low ethnic identity were more likely to engage in risk behaviors than Latina/os with high ethnic identity. Ethnic identity was not a significant predictor of engagement in risk behaviors for the adolescents from other racial and ethnic backgrounds (Frye, 2003). However, the author did not analyze the influence of ethnic identity on each of the risk behaviors separately.

Because the statistical analyses used in this study did not examine this relationship, the influence of ethnic identity on sexual behaviors of participants in this study is unknown.

Research suggests that ethnic identity is positively related to healthy sexual attitudes and behaviors. Among a group of African American girls aged 9 to 15, ethnic identity was measured by the Adolescent Survey of Black Life and assessed centrality of ethnic identity to one's self-concept. The results revealed that ethnic identity was positively related to sexual refusal efficacy. In other words, girls with high ethnic identity felt more confident in their ability to refuse unwanted sex and communicate with a partner about contraception (Corneille & Belgrave, 2007). Salazar and colleagues (2004) found similar results among their sample of 335 African American adolescent girls, aged 14 to 18. The participants completed a modified version of the MEIM to assess ethnic identity. Girls with a high level of ethnic identity reported less fear of negotiating condom use, more self-efficacy in negotiating condom use, more sex-related discussion with sexual partners, and more refusal of unprotected sex than girls with low levels of ethnic identity (Salazar et al., 2004).

Similar results have been found with adults (Beadnell et al., 2003; Siddiqui, 2005; Stokes, 2005). Among a group of 78 African American women aged 18 and over, participants who scored higher on ethnic identity (measured by the MEIM) reported less sexual risk-taking than participants with low ethnic identity scores. Women with high ethnic identity scores were also more likely to report favorable attitudes towards abstinence and monogamy than women with low ethnic identity scores (Beadnell et al., 2003). Siddiqui (2005) focused on the influence of ethnic identity on the sexual behaviors of women who abuse alcohol and drugs. The participants included 150 African American

women who were recruited from residential and outpatient substance abuse treatment facilities, and ranged in age from 23 to 47. Ethnic identity was measured by a modified version of the MEIM and sexual risk behavior was assessed by a composite score on a risk index, which measured behaviors such as sex under the influence of substances, multiple sexual partners, sex with high risk partners, and unprotected vaginal, anal, and oral sex (Siddiqui, 2005). Ethnic identity was found to be negatively correlated with sexual risk behaviors such that women with high levels of ethnic identity were less likely to engage in risky sexual behaviors than women with low levels of ethnic identity (Siddiqui, 2005).

The relationship between ethnic identity and sexual risk-taking was also explored in a study that involved African American women between the ages of 17 and 22 years old, (Stokes, 2005). It is important to note that the author makes reference to racial identity throughout the manuscript, but the MEIM is used, which is a measure of ethnic identity. In addition to the MEIM, the participants completed several other measures including the Condom Use Self-Efficacy Scale which assesses confidence in ability to purchase and use condoms. Additionally, participants completed the Relationship Assessment Scale, a 7-item scale that measures relationship satisfaction. The results revealed that participants with high levels of ethnic identity also reported high levels of condom use self-efficacy (Stokes, 2005). Also, ethnic identity moderated the relationship between relationship satisfaction and condom use self-efficacy such that for women with low ethnic identity scores, relationship satisfaction predicted condom use self-efficacy, but there was no association between relationship satisfaction and condom use self-efficacy for women with high ethnic identity scores. This suggests that women with low

ethnic identity scores may have a less developed sense of self and therefore are less self-efficacious in negotiating condom use when they are in less satisfying relationships (Stokes, 2005).

It has been suggested that certain aspects of ethnic identity influence sexual attitudes and behaviors, while others have no influence. Abu-Ali (2003) examined the relationship between ethnic identity and attitudes towards sexuality among Muslim female adolescents. There were 41 participants in the study, ranging in age from 14 to 19 years old. The adolescents were from various racial and ethnic backgrounds including Middle-Eastern, Arab-American, African, African American, and bi-racial. Ethnic identity was measured by the MEIM, and sexual attitudes were assessed by the Attitudes Towards Sexuality Scale, a 13-item scale that examines attitudes regarding nudity, pornography, premarital sex, contraception, abortion, and sexually transmitted infections (Abu-Ali, 2003). The results revealed that the Affirmation and Belonging Subscale (also referred to as the Ethnic Affirmation Subscale) of the MEIM was negatively correlated with the Attitudes Towards Sexuality Scale, but the Ethnic Identity Achievement Subscale of the MEIM was not significantly correlated with the Attitudes Towards Sexuality Scale.

The results suggest that Muslim adolescent females who have elevated feelings of ethnic pride and good feelings about their ethnic group membership (as determined by their high scores on the Affirmation and Belonging subscale of the MEIM) have less permissive attitudes towards sexuality than participants who do not have elevated feelings of ethnic pride and group membership (Phinney, 1992; Abu-Ali, 2003). However, clarity about one's ethnic group membership (as determined by the scores on

the Ethnic Identity Achievement Subscale of the MEIM) has no influence on one's attitudes towards sexuality. Consistent results were also derived from a regression analysis in which affirmation and belonging was a significant predictor of attitudes toward sexuality, but ethnic identity achievement was not a predictor of sexual attitudes (Abu-Ali, 2003).

Other research suggests that ethnic identity may be related to sexual attitudes, but not sexual behaviors (Espinosa-Hernández & Lefkowitz, 2009). For example, one quantitative study included 434 African American, Latina/o, and Caucasian first year college students. Among other measures, participants completed a measure regarding conservative sexual attitudes, age at first sexual intercourse, lifetime and recent sexual behavior (e.g., contraceptive use, number of sexual partners), and ethnic identity (measured by the MEIM). The results revealed that ethnic identity was not associated with any of the sexual behavior items for Latina/os. However, regardless of ethnicity, participants with high ethnic identity scores were more likely to endorse conservative sexual attitudes than those with low ethnic identity scores (Espinosa-Hernández & Lefkowitz, 2009).

Some research findings contradict the notion of ethnic identity as a protective factor against risky sexual attitudes and behaviors (Chng & Géliga-Vagas, 2000; Raffaelli et al., 2005; Warren et al., 2008). Raffaelli et al. (2005) examined the relationship between ethnic identity, acculturation, and sexual risk among 61 Cuban American, female college students aged 17-23. It should be noted that the authors referred to the construct of ethnic identity as a psychological aspect of acculturation, although they used the MEIM (a measure of ethnic identity). Sexual risk was measured by a composite score

in which participants were assigned one point for each of the following sexual behaviors: ever had voluntary sex, voluntary sex before age 16, four or more lifetime sexual partners, used condoms less than 75% of times engaged in intercourse, and ever forced to have sex (Raffaelli et al., 2005). The results of this study revealed that ethnic identity was positively associated with sexual risk scores. In other words, participants who had a strong sense of ethnic identity were more likely to endorse risky sexual behavior than those who did not have a strong sense of ethnic identity (Raffaelli et al., 2005).

Similarly, in a study that involved Latino and African American men who have sex with men between the ages of 15 and 22, high measures of ethnic identity (determined by scores on the MEIM) were associated with high rates of unprotected sex for the Latino participants (Warren et al., 2008). Thus, the more participants endorsed ethnic identity, the more likely they were to engage in unprotected sex. In a similar study that involved African American, Latino, and White men who have sex with men, no relationship was found between scores on the MEIM and unprotected sex for any of the participants (Chng & Géliga-Vagas, 2000).

Ethnic identity and sexual activity were examined in two groups of African American youth aged 14 to 18 (Taylor et al., 2003). One group of participants consisted of 45 gang members, while the other group included 50 non-gang members who were participants in community based organizations. This was a quantitative study and participants were administered a 41-item questionnaire. The questionnaire included two questions about ethnic identity (i.e., what name do you call yourself racially and does it matter what race a person is that you hang out with) and three questions regarding sexual activity (i.e., do you have sexual relations, do you use protection when having sexual

relations, and at what age did most of your friends begin having sex). The authors concluded that for the group of gang members, ethnic identity was positively correlated with sexual activity. There was no association between these variables for the group of non-gang members (Taylor et al., 2003).

The results of this study (Taylor et al., 2003) should be interpreted with caution for two reasons. For one, ethnic identity is a multidimensional construct, and cannot be adequately assessed with two items. Second, the phrase sexual relations is very vague and can be interpreted in various ways. Therefore, more specific questions are needed to adequately assess the participants' sexual behaviors.

In another study that included African American adolescent girls aged 10 to 13, participants were involved in a program that was intended to increase Africentric values and ethnic identity and decrease early sexual activity and pregnancy (Belgrave, 2002). At the conclusion of the two and a half year program, ethnic identity and risky sexual attitudes were assessed for both the program participants and a comparison group. Ethnic identity was measured by the Multi-Construct African American Questionnaire. The results revealed that the intervention group scored significantly higher on measures of ethnic identity than the comparison group, however, the groups scored similarly on attitudes towards risky sexual behaviors (Belgrave, 2002). These results suggest that the increase in ethnic identity had no influence on the risky sexual attitudes of the participants. Similar results were found among 227 Latina/o eighth graders (Schwartz et al., 2008). Ethnic identity was measured with the MEIM. Participants' sexual behavior was measured by ever had sex (i.e., oral, anal, vaginal) in the past 90 days and lifetime. The results of the study revealed that ethnic identity was not significantly related to the

sexual behavior items (Schwartz et al., 2008). The results of these studies are counterintuitive given the protective function of ethnic identity that has been documented in the literature (Brook et al., 1998; Holleran & Waller, 2003; Love et al., 2006; Parker et al., 1998; Pugh & Bry, 2007).

Similarly, ethnic identity did not have a significant influence on the sexual risk-taking of African American college aged women (Stokes, 2005). The participants completed the MEIM and the Scale of Sexual Risk-Taking, a 13-item measure that assesses sexual risk-taking behaviors. The results of this study should be interpreted cautiously because of its questionable reliability for use with the current population. The author explains that the scale was developed on a sample of predominately White teenagers between the ages of 15 and 17. The author also states that the scale has demonstrated good reliability in other studies involving youth ranging in age from 14 to 18. However, no studies were mentioned that used the Scale of Sexual Risk-Taking with African American participants. Additionally, no studies were mentioned that included samples over the age of 18. The participants in the study were between the ages of 17 and 22, thus the scale has not been normed on individuals who are representative of the participants in the study. Also, the author does not include a measure of the internal reliability for the scale in the current study. There is no way of knowing whether or not the Scale of Sexual Risk-Taking meets the levels of acceptable reliability and therefore the results of this study should be interpreted cautiously.

Lee (2000) also concluded that ethnic identity failed to influence the sexual risk behaviors of Asian American women. The participants were 239 Asian American women who ranged in age from 18 to 29 years old. The majority of the participants self-identified

as Chinese followed by Japanese, Korean, and bi-ethnic. Ethnic identity was measured by the Asian American Ethnic Identity Questionnaire, which assessed the degree to which participants identified with Asian cultural values including filial piety, obedience to authority, self-control, fatalism, and individual and group orientation (Lee, 2000). Sexual risk behaviors were measured by the age of initiation of sexual intercourse, number of sexual partners, and frequency of condom use during vaginal and anal intercourse. Additionally, condom use attitudes were assessed by the Multidimensional Condom Attitudes Scale, which inquired about feelings towards the purchase and use of condoms.

The results of Lee's (2000) study revealed that ethnic identity was not significantly associated with age at first sexual intercourse, number of sexual partners, frequency of condom use, nor attitudes towards condoms. One explanation for the lack of significant results in this study may be that the Asian American Ethnic Identity Questionnaire might not be a valid instrument for assessing the complexity of ethnic identity. Ethnic identity was defined in this study as the degree to which one identifies with Asian cultural values (Lee, 2000). This definition is limited and does not encompass the sense of belonging, pride, and esteem related to ethnic group membership that have been used to define ethnic identity in the literature (Love et al., 2006; Parker et al., 1998; Phinney, 1992; Worrell & Gardner-Kitt, 2006). Subsequently, the Asian American Ethnic Identity Questionnaire only measures one dimension of ethnic identity and fails to account for the other dimensions of this multidimensional construct (Brook et al., 1998; Lee, 2000). Thus, the other dimensions of ethnic identity may be more influential in sexual behaviors than identification with cultural values. Different results may have been found if a multidimensional measure of ethnic identity was used (Lee, 2000).

Overall, the majority of research regarding the influence of ethnic identity on sexual attitudes and behaviors suggests that ethnic identity is protective against the endorsement of risky sexual attitudes and engagement in risky sexual behaviors, primarily for African American adolescents and adults (Abu-Ali, 2003; Anthony, 2005; Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Salazar et al., 2004; Siddiqui, 2005; Stokes, 2005). This is consistent with Jessor et al.'s (2003) protection-risk framework, which suggests that protective factors decrease an individual's likelihood of participating in problem behavior by fostering an environment of support. It can be inferred from the conceptualization of ethnic identity in the research literature as a sense of belonging to one's ethnic group, participation in culture and traditions, and ethnic affiliation (Brook et al., 1998; Love et al., 2006; Phinney, 1992) that ethnic identity also fosters an environment of support. As applied to Jessor et al.'s (2003) protection-risk framework, ethnic identity is a protective factor that reduces the likelihood of being involved in risky sexual behavior by fostering a supportive environment for racial and ethnic minority individuals.

It is important to acknowledge that some research studies suggest that ethnic identity does not protect individuals from engagement in risky sexual behaviors, and may even be a risk factor such that individuals with a strong sense of ethnic identity engage in more risky sexual behaviors than those who do not have a strong sense of ethnic identity (Belgrave, 2002; Chng & Géliga-Vagas, 2000; Lee, 2000; Raffaelli et al., 2005; Stokes, 2005; Taylor et al., 2003; Warren et al., 2008). Some of the mixed research findings may be related to inconsistencies in the ways in which ethnic identity has been measured in the research literature. Various measures of ethnic identity have been used in the

literature. Some of the measures assess certain aspects of ethnic identity and not others. Additionally, ethnic identity was first conceptualized as a developmental process but instruments that are intended to measure it often do not capture the developmental aspects, and instead measure it as a constant construct. Because the measures of ethnic identity differ in the constructs that they assess as well as their psychometric properties, it is understandable that research studies will yield divergent findings. In order for researchers to be able to accurately assess the influence of ethnic identity on sexual attitudes and behaviors, there must be more of a consensus of how ethnic identity should be measured.

Summary of Literature Review

The existing research regarding the influences of acculturation, gender roles, and ethnic identity on the sexual attitudes and behaviors of Latina/o adolescents suggests that these cultural variables play a significant role in the sexual activity of Latina/o youth. For example, the majority of the research regarding the influence of acculturation on the sexual attitudes and behaviors of Latina/o adolescents suggests that assimilation attitudes towards acculturation (i.e., adherence to White mainstream culture) increase the likelihood that Latina/o adolescents will engage in sexual activity and/or endorse risky sexual attitudes (Afable-Munsuz & Brindis, 2006; Aneshensel et al., 1990; Ford & Norris, 1993; Hussey et al., 2007; Jimenez et al., 2002; Kirby, 2002; Upchurch et al., 2001). Thus, an assimilation strategy towards acculturation can be considered a risk factor that increases the probability that Latina/o youth will participate in risky sexual behavior practices. Research also suggests that enculturation (i.e., adherence to Latina/o culture) decreases the likelihood that Latina/o adolescents will engage in risky sexual

behaviors (Adam et al., 2005; Aneshensel et al., 1990; Hussey et al., 2007; Upchurch et al., 2001). Therefore, enculturation is considered a protective factor that reduces the probability that Latina/o youth will participate in risky sexual activity.

Research suggests that for Latina adolescents, mariанизmo can be a protective factor because it emphasizes the importance of virginity and sexual purity for women and girls (Gloria et al., 2004; Talashek et al., 2004; Upchurch et al., 2001; Villarruel et al., 2007). Marianismo can also be considered a risk factor that increases the likelihood of engaging in premarital or risky sexual behavior because Latinas who ascribe to mariанизmo may have limited knowledge about safer sex practices and perceive that they have less power in sexual relationships than their male counterparts (Davila, 2005; Faulkner, 2003; Gómez & Marín, 1996). It is important to further explore how this gender role influences Latina youth and how its protective function can be enhanced in order to reduce the risk of early sexual activity among these adolescents.

Some research studies suggest that the relationship between acculturation and sexual behavior is influenced by gender (Ford & Norris, 1993; Sabogal et al., 1995), which is consistent with the existing research on the influence of gender roles on the sexual attitudes and behaviors of Latina/o individuals. An individual's level of acculturation may influence the extent to which they ascribe to traditional gender roles. For example, individuals who have acculturation attitudes that adhere more to Latina/o culture than White culture (i.e., enculturation) may also ascribe to the Latina/o traditional gender roles. This suggests that adherence to Latina/o traditional gender roles may moderate the relationship between acculturation and sexual attitudes and behaviors. This hypothesized relationship should be explored in future research studies.

The majority of research regarding the influence of ethnic identity on sexual attitudes and behaviors suggests that ethnic identity is protective against the endorsement of risky sexual attitudes and engagement in risky sexual behaviors (Abu-Ali, 2003; Anthony, 2005; Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Frye, 2003; Salazar et al., 2004; Siddiqui, 2005; Stokes, 2005; Townsend, 2002). Some research studies suggest that ethnic identity does not protect individuals from engagement in risky sexual behaviors, and may even be a risk factor such that individuals with a strong sense of ethnic identity engage in more risky sexual behaviors than those who do not have a strong sense of ethnic identity (Belgrave, 2002; Chng & Géliga-Vagas, 2000; Lee, 2000; Raffaelli et al., 2005; Taylor et al., 2003; Warren et al., 2008). Some of the inconsistencies in research findings may be related to inconsistencies in the ways in which ethnic identity has been measured in the research literature. Across studies, measures of ethnic identity have assessed different constructs, and some measures that have been used have inadequate psychometric properties. Another reason for the inconsistency in research findings is that ethnic identity was originally conceptualized as a developmental process, but instruments that are intended to measure it often do not capture the developmental aspects, and instead measure it as a constant construct. Therefore, it is not surprising that research studies yield divergent findings. Future research on the influence of ethnic identity on sexual attitudes and behaviors should be more consistent in the measurement of ethnic identity.

The existing research regarding the cultural influences on the sexual attitudes and behaviors of Latina/o adolescents is consistent with the protection-risk framework (Jessor et al., 2003). According to this framework, protective factors reduce one's likelihood of

participating in problem behavior in the following three ways: (1) by providing models of positive behavior, (2) establishing personal or social sanctions against problem behavior, and (3) fostering an environment of support (Jessor et al., 2003). The research regarding enculturation, gender roles, and ethnic identity suggests that each of these components may be a protective factor that functions in one or more of the ways described above. On the other hand, assimilation attitudes towards acculturation may be a risk factor in that it increases the likelihood of engaging in sexual activity.

According to the protection-risk framework, protective factors reduce the likelihood of engaging in problem behavior by establishing personal or social sanctions against the problem behavior (Jessor et al., 2003). The research regarding gender roles is consistent with this theoretical concept. The gender role of mariandismo has sanctions against engaging in premarital sex, which reduces the likelihood that individuals will participate in this behavior.

The protection-risk framework posits that another way in which protective factors reduce an individual's likelihood of participating in a problem behavior is by fostering support (Jessor et al., 2003). Enculturation fosters an environment of support because it encompasses social affiliation, participation in cultural traditions, family socialization, and cultural values. Ethnic identity also fosters an environment of support in that individuals who have a strong ethnic identity feel a sense of belonging to their ethnic group. Thus, both enculturation and ethnic identity are protective factors that reduce the likelihood of being involved in risky sexual behavior by fostering a supportive environment for racial and ethnic minority individuals.

In conclusion, according to the protection-risk framework and the existing literature, assimilation is a risk factor that increases the likelihood of engaging in sexual activity. Enculturation, mariанизmo, and ethnic identity may function as protective factors that reduce the strength of the relationship between assimilation and sexual activity among Latina adolescents. Although the existing research in this area provides valuable information, there are some gaps in the literature that must be considered.

Gaps in the Literature

One gap in the existing literature is inconsistency in the measurement of sexual activity, largely due to the various definitions of sexual activity. The definition of sex is not universal and is largely influenced by cultural, religious, and societal standards (Faulkner, 2003). One qualitative study that used grounded theory methodology explored the definition of sex among a group of Puerto Rican, Dominican, and Cuban women between the ages of 18 and 36 (Faulkner, 2003). The majority of the participants defined sex as vaginal intercourse. Although anal sex was not initially mentioned in their definitions of sex, when prompted many women stated that they considered anal sex as sex. Additionally, the women did not readily mention oral sex in their definitions of sex, but when prompted more than half of the participants reported that they considered oral sex as sex. The women who did not consider oral sex in their definitions of sex explained that their religious and cultural beliefs prohibited them from engaging in sex before marriage, however they perceived that oral sex was not included in this prohibition. Therefore, many of them engaged in oral sex but abstained from vaginal intercourse with the assertion that their behavior was consistent with their religious and cultural beliefs that prohibit premarital sex. Other participants in the study perceived that a variety of

behaviors constituted sex, including vaginal intercourse, oral sex, kissing, and caressing (Faulkner, 2003). The results of this study suggest that the definition of sex varies among individuals, even among women of the same ethnic background.

It is not surprising therefore, that researchers vary in their definitions of sexual activity. For example, many studies have defined sex as vaginal intercourse (Blum et al., 2000; Dittus & Jaccard, 2000; Fasula & Miller, 2006; Fraser et al., 1998; Guilamo-Ramos et al., 2005; Rostosky et al., 2003; Villarruel, 2000). Some other studies have defined sexual activity as sexual intercourse, but do not specify whether or not oral, anal, and vaginal sex are included in this definition (Adam et al., 2005; Kaplan et al., 2002; Perkins & Villarruel, 2000). This leaves the participant to interpret what is meant by sexual intercourse, and the interpretations may vary widely among participants in the same study. Many studies have not considered engagement in oral and anal sex in their measurement of sexual activity. However, research suggests that participation in oral and anal sex is associated with elevated risk of STIs. Ford and Norris (1996) found that among 15 to 24 year-olds, experience with oral and anal sex significantly elevated the risk of STIs. This suggests that oral and anal sex are significant predictors for STIs and should be considered in the study of sexual activity (Ford & Norris, 1996). The current study addressed this gap in the literature through the use of mixed methodology. The participants in the qualitative portion of the study had the opportunity to provide their personal definitions of sexual activity, and were not limited to the narrow definitions of sexual activity that have been used in other studies. Because the quantitative portion of the study utilized questions about sexual activity that have been used among nationally representative samples of youth (e.g., National Survey of Family Growth, Youth Risk

Behavior Survey) it was not feasible to ask participants to provide their own definitions of sexual activity (Centers for Disease Control and Prevention, 2008; Edwards et al., 2008). Thus, the gap in the existing literature regarding the variance in definitions of sexual activity was addressed by the qualitative portion of the current study.

There is inconsistency not only in the definition of sexual activity, but also how it has been measured. For example, many researchers have measured sexual activity as the initiation of sexual intercourse (Adam et al., 2005; DuRant, Pendergrast, & Seymore, 1990; Forste & Heaton, 1988; Guilamo-Ramos et al., 2005; Jimenez et al., 2002; Perkins & Villarruel, 2000; Rostosky et al., 2003). This method of measurement assumes that sexual initiation is a single event, which dichotomizes adolescents into two groups (i.e., sexually active and not sexually active). This perspective fails to take into account the processes that may lead up to sexual initiation and ignores the complexity of adolescent sexual behavior (Fasula & Miller, 2006). Knowledge of the behaviors that lead up to sexual initiation can help to coordinate the nature and timing of interventions to reduce the incidence of health risk sexual behaviors (Villarruel, 2000). Other researchers have measured sexual activity on a continuum (Hovell et al., 1994; Romo, Lefkowitz, Sigman, & Au, 2002; Tschan et al., 2002), and still others have considered more specific indicators such as frequency of sexual intercourse (Liebowitz et al., 1999; Smith, 1997; Thornton & Camburn, 1989) and number of sexual partners (Farmer & Meston, 2006; Flores et al., 1998; Ford & Norris, 1993; Kaplan et al., 2002; Lefkowitz, Gillen, Shearer, & Boone, 2004; Vélez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005).

The measurement of sexual activity can have an important influence on the outcomes of research studies. For example, Young, Jensen, Olsen, and Cundick (1991)

found that African American adolescents were more likely than White adolescents to have initiated sexual intercourse. However, White adolescents reported more frequent sexual intercourse than African American adolescents (Young et al., 1991). Likewise, Edwards et al. (2008) found that among Latina/o adolescents there was no difference between assimilated and unassimilated participants regarding the initiation of sexual activity. However the unassimilated participants reported fewer lifetime sexual partners, fewer sexual partners in the previous 12 months, and a greater likelihood of remaining virgins until the age of 21 (Edwards et al., 2008). Therefore, the measurement of sexual activity can have significant implications for identifying sexual health risk behaviors, and should be as comprehensive as possible. The current study addressed this gap in the literature by using multiple indicators of sexual activity in the quantitative portion of the study. For example, sexual activity was measured as ever had sexual intercourse, number of lifetime sexual partners, age at first sexual intercourse, contraception use at first sexual intercourse, and frequency of contraception use.

Another gap in the literature that can potentially have important implications is the inconsistency in the measurement of acculturation. Although acculturation has been established as a multidimensional construct, many studies continue to use instruments that only assess one dimension of acculturation (Aneshensel et al., 1990; Hussey, et al., 2007; Kirby, 2002; Ku et al., 1993; Upchurch et al., 2001). Limited measures of acculturation often minimize the importance of cultural beliefs and values as a part of acculturation (Cuéllar et al., 2004; Raffaelli et al., 2005). Also, the inconsistency in the measurement of acculturation may be partially responsible for the inconsistency in research findings regarding the influence of acculturation on the sexual attitudes and

behaviors of Latina/o youth. Therefore, additional research is needed that measures acculturation more comprehensively. The current study addressed this gap in the literature with the use of a comprehensive measure of acculturation that has been noted in the field to demonstrate strong psychometric properties among Latina/o adolescents (Manning, 2004; Nichols-Anderson, 1997).

The influence of gender roles on the relationship between assimilation and sexual activity is also a gap in the existing literature. Although the existing literature suggests that gender role adherence has some influence on the relationship between assimilation and sexual behavior among Latina/o adolescents, this influence is not fully understood. Therefore, subsequent research is needed to determine how gender roles (e.g., marianismo) influence the relationship between assimilation and sexual activity for Latina youth. This gap was addressed in the current study with the use of quantitative methodology to examine the influence of marianismo on the relationship between assimilation and sexual activity among Latina adolescents.

Another gap in the existing literature is the influence of enculturation on the relationship between assimilation and sexual activity. The existing literature suggests that enculturation (i.e., adherence to Latina/o cultural values) is negatively related to engagement in risky sexual behaviors. However, the influence that enculturation has on the relationship between assimilation (i.e., adherence to White, mainstream cultural values) and sexual activity among Latina youth has not been thoroughly researched. Therefore, this gap was addressed in the current study with the use of a quantitative measure of acculturation that assesses both assimilation and enculturation, which allowed

an examination of the influence of enculturation on the relationship between assimilation and sexual activity.

An additional gap in the literature is the inconsistency in the definition and measurement of ethnic identity. Ethnic identity has been conceptualized differently by different researchers. For example, some researchers have used the terms ethnic identity and racial identity interchangeably, despite the fact that they are distinct constructs (Altschul et al., 2006; Cokley, 2007; Phinney & Ong, 2007; Stokes, 2005). Ethnic identity has also been conceptualized as an aspect of acculturation (Raffaelli et al., 2005). Additionally, some researchers have only examined one aspect of ethnic identity, although it has been defined as a multidimensional construct (Lee, 2000; Love et al., 2006; Parker et al., 1998; Phinney, 1992; Worrell & Gardner-Kitt, 2006). The inconsistencies in the conceptualization and measurement of ethnic identity can reduce the validity and reliability of research studies, thus greater consistency needs to be established across studies. The current study addressed this gap in the literature with the use of a scale that measures multiple dimensions of ethnic identity that has been frequently used in psychological research.

The final gap in existing literature to be discussed is the paucity of research regarding the influence of ethnic identity on the sexual attitudes and behaviors of Latina/o adolescents. Many of the studies that have examined the relationship between these variables and included Latina/o participants have focused on older adolescents, young adults, and adults (Chng & Géliga-Vagas, 2000; Espinosa-Hernández & Lefkowitz, 2009; Raffaelli et al., 2005; Warren et al., 2008). Additionally, a couple of the studies that have examined the influence of ethnic identity on the sexual behaviors of

Latinos have focused on men who have sex with men (Chng & Géliga-Vagas, 2000; Warren et al., 2008). In such studies, sexual identity may be more salient than ethnic identity for the participants. Thus, the ethnic identity of Latina/o youth may differ from that of Latino men who have sex with men, and the relationship between ethnic identity and sexual attitudes and behaviors may be different in these two populations. Additional research is needed in order to better understand the influence of ethnic identity on the sexual behaviors and attitudes of Latina/o adolescents. This gap in the existing literature was addressed in the current study utilizing both quantitative and qualitative methodologies to explore the relationship between ethnic identity and sexual activity and attitudes among Latina adolescents.

Current Study

The current study explored the gaps in the existing literature. Specifically, the study examined the influences of acculturation (e.g., assimilation and enculturation), marianismo, and ethnic identity on the sexual behaviors and attitudes of Latina adolescents. Research suggests that assimilation attitudes towards acculturation are positively associated with sexual activity among Latina adolescents. Some research also suggests that enculturation, marianismo, and ethnic identity function as protective factors that reduce the strength of the relationship between risk factors (e.g., assimilation) and risk behaviors (e.g., sexual activity). The current study examined enculturation, ethnic identity, and marianismo, three culturally relevant variables in the lives of young Latinas, and their influence on the relationship between assimilation and sexual activity. Additionally, previous research has suggested that socioeconomic status influences sexual activity among Latina adolescents, but it does not have a greater influence than

other cultural variables (Blum et al., 2000; Kirby, 2002). Therefore, socioeconomic status was controlled in the statistical analyses for the current study.

Latina adolescents were the focus of the current study for several reasons. For one, Latina adolescents are disproportionately affected by the consequences of early sexual activity (e.g., teenage pregnancy, STIs, HIV), which have educational, psychological, financial, and health-related costs (Brindis et al., 2002; Guttmacher Institute, 2006; Schuster, 2003; Scott-Jones & Turner, 1990; Sieger & Renk, 2007). Thus, more information is needed about the factors that influence the sexual behavior and attitudes of this population. Another reason why Latina adolescents were the focus of the current study is the gender differences in sexual behaviors and attitudes that have been found among Latina/o youth (Adam et al., 2005; Anthony, 2005; Christopher et al., 1993; Perkins & Villarruel, 2000; Robles, et al. 2007). Most of the research suggests that Latina adolescents have less permissive attitudes towards sex and engage in less risky sexual behaviors than their male counterparts. Therefore, subsequent research is needed to understand the variables and processes involved in protecting Latina adolescents from engaging in sexual activity. Finally, Latina adolescents were the focus of the current study because marianismo has been posited as an important cultural value that influences the sexual attitudes and behaviors of Latina adolescents (Amaro, 1995; Erickson, 1998; Faulkner, 2003; Hines & Caetano, 1998; Marston, 2004; Moreno, 2007), but its relationship with other culturally relevant variables such as assimilation has not been well researched. So, this study sought to explore the role of marianismo comprehensively and examine its relationship with assimilation among Latina adolescents.

The current study employed mixed methodology. Mixed methods research has been defined as:

The collection or analysis of both quantitative and/or qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research (Creswell, Plano Clark, Gutmann, & Hanson, 2003, p. 212).

The use of both quantitative and qualitative research methods allows results to be generalized from a sample to a population and provides an in-depth understanding of the phenomenon of inquiry in a single study (Hanson et al., 2005).

There are several instances in which mixed methods research may be used: (1) to better understand a research problem; (2) to identify variables or constructs to be measured in subsequent research studies; (3) to identify individuals through quantitative data who may expand on a phenomenon using qualitative data; and (4) to identify and communicate the needs of marginalized individuals (Hanson et al., 2005). Research suggests that mixed methods has increasingly been perceived as viable as a stand-alone design (Hanson et al., 2005).

There are several reasons why this study utilized a mixed methods approach. For one, the majority of the studies that have focused on ethnic identity, acculturation, and gender roles have used quantitative methods alone (Afable-Munsuz & Brindis, 2006; Belgrave et al., 2000; Upchurch et al., 2001; Warren et al., 2008). Although these studies have provided valuable information, researchers have yet to explore the meaning of acculturation, ethnic group membership, gender roles, and the process by which they may influence sexuality for Latina adolescents. Therefore, the current study sought to go

beyond descriptive information to provide information about the meaning and process regarding the phenomena of acculturation, mariанизmo, ethnic identity, and sexuality.

Another reason why mixed methods was appropriate for this study is that the existing literature is sparse and has resulted in conflicting findings about the influence of ethnic identity, acculturation, and gender roles on the sexual attitudes and behaviors of Latina adolescents (Afable-Munsuz & Brindis, 2006; Ford & Norris, 1993; Jimenez et al., 2002). In quantitative studies, researchers “can only find or not find what [they] have set out to find” (Hill, 2006, pp. 76-77). Because qualitative methods are exploratory in nature, there is openness to unexpected results. Therefore in the current study, the researcher allowed the participants to explain their experiences without being constrained by proving or disproving hypotheses as in quantitative studies.

Although there are several types of mixed methods designs, this study used the concurrent triangulation design. In concurrent triangulation research designs, both the quantitative and qualitative data are collected and analyzed at the same time and equal priority is given to both. The two forms of data are analyzed separately, and during interpretation thought is given to how much the data converge (Hanson et al., 2005).

The current study utilized grounded theory to analyze the qualitative data. Grounded theory was used in this study because it is one of the most commonly used qualitative designs in counseling psychology (Creswell, Hanson, Plano, & Morales, 2007; Hill, 2006). The fact that grounded theory is one of the most often used qualitative designs in counseling psychology demonstrates its credibility as a qualitative approach. Additionally, grounded theory is best suited for this study because it allows for theory development to explain phenomena for which no theory exists or the existing theories are

inadequate (Creswell et al., 2007). Currently, there are no theories that seek to explain the influences of mariанизmo, ethnic identity, and acculturation on sexual attitudes and behaviors among Latina adolescents. Therefore, a research design which allows for theory development is appropriate for the current study.

The qualitative data were collected in focus groups. Focus groups are one of the most widely used research methods in social sciences and have been used in various basic and applied science disciplines including sociology, education, organizational behavior, program evaluations, psychotherapy, and social psychology (Stewart, Shamdasani, & Rook, 2007). Focus groups are often used in psychology to collect data from groups of individuals who share a common identity. A focus group is an appropriate method of data collection for this study because the participants shared a common identity as Latina, female, adolescents. Also, focus groups often address personal issues, some that even involve life and death (Stewart et al., 2007). Because sexuality is such a personal issue, it is appropriate to explore this topic in a focus group.

Hypotheses

Qualitative research is exploratory, and not guided by hypotheses (Hill, 2006). Therefore, no hypotheses are proposed for the focus group portion of this study. Quantitative research is driven by hypothesis testing. Therefore based on the current literature, the following research questions and hypotheses are proposed regarding the quantitative portion of the study:

Research Question 1: What is the relationship between assimilation and sexual activity among Latina adolescents?

Hypothesis 1: Assimilation will be positively associated with sexual activity.

Research Question 2: What is the relationship between enculturation and sexual activity among Latina adolescents?

Hypothesis 2: Enculturation will be negatively associated with sexual activity.

Research Question 3: What is the relationship between ethnic identity and sexual activity?

Hypothesis 3: Ethnic identity will be negatively associated with sexual activity.

Research Question 4: What is the relationship between mariанизmo and sexual activity?

Hypothesis 4: Marianismo will be negatively associated with sexual activity.

Research Question 5: What is the relationship between mariанизmo and assimilation?

Hypothesis 5: Marianismo will be negatively associated with assimilation.

Research Question 6: Does ethnic identity moderate the relationship between sexual activity and assimilation?

Hypothesis 6: The relationship between sexual activity and assimilation will be weaker for Latina adolescents with high ethnic identity scores than those with low ethnic identity scores.

Research Question 7: Does mariанизmo moderate the relationship between sexual activity and assimilation?

Hypothesis 7: The relationship between sexual activity and assimilation will be weaker for Latina adolescents with high mariанизmo scores than those with low mariанизmo scores.

Research Question 8: Does enculturation moderate the relationship between sexual activity and assimilation?

Hypothesis 8: The relationship between sexual activity and assimilation will be weaker for Latina adolescents with high enculturation scores than those with low enculturation scores.

Chapter III: Methods

Quantitative Methodology

The data from the quantitative portion of this study is part of an ongoing study which explores the influences of cultural variables on the sexual behaviors of Latina/o youth. However, only the data pertaining to acculturation (i.e., assimilation and enculturation), ethnic identity, and mariанизmo (i.e., Latina gender role) for Latina adolescents were included in the current study.

Participants. The participants were recruited from several settings in the southeastern Wisconsin and northern Illinois areas including three high schools (one public, one charter, and one Catholic school), one middle school (Catholic), and five community centers. The schools were chosen because Latina/os represent a large proportion of their student body, with racial and ethnic minority students representing between 78% and 97% of the student population. The community centers were chosen because they are located in predominately Latina/o neighborhoods and have missions that include serving Latina/o and other racial and ethnic minority groups. Participants were also recruited from two health fairs, a Mexican cultural festival, and a community information fair for at-risk youth where there are often Latina/os from different countries of origin in attendance.

Quantitative data was collected from participants aged 13 to 18. Research suggests that adolescents who engage in sexual activity before the age of 15 tend to participate in more risky sexual behaviors (e.g., lower rates of contraceptive use, more sexual partners) than adolescents who delay sexual activity (Smith, 1997). Considering that the gender roles of males and females in Latina/o culture may play a role in sexual

attitudes and behaviors, only Latina females were involved in the current study (Erickson, 1998; Farmer & Meston, 2006; Kaplan et al., 2002; Kirby, 2002; Marston, 2004; Moreno, 2007; Villarruel et al., 2007). Additionally, participants were required to self-identify as Latina or Hispanic, and be able to read, write, and speak English in order to participate in the study. All participants under the age of 18 were required to obtain parental consent and provide individual assent to participate in the study.

A power analysis was conducted to ascertain the appropriate sample size necessary to perform a multiple regression to detect moderator variables. This analysis tested research questions 6, 7, and 8 (i.e., Does ethnic identity moderate the relationship between sexual activity and assimilation?; Does mariанизmo moderate the relationship between sexual activity and assimilation?; Does enculturation moderate the relationship between sexual activity and assimilation?). Five predictor variables (i.e., ethnic affirmation, ethnic identity achievement, mariанизmo, enculturation, and assimilation) were used in the power analysis. Based on the power analysis with an alpha level of .05 and power of .80, a sample of 43 participants was necessary to perform a multiple regression in order to detect a large effect (Soper, 2009). Although limiting the power to detect only large effect sizes is not ideal for multiple regression, it was practical for the current study given participant recruitment challenges. The recruitment challenges involved accessing a limited segment of the population (i.e., Latina/o ethnicity, females, between the ages of 13 and 18, sexually active). Significant efforts were made to access this population including expanding participant recruitment from southeastern Wisconsin to the northern Illinois area. As a result, participants were recruited from 14 different locations in southeastern Wisconsin and northern Illinois. A power level of .80 was used

because it is similar to the power detected in another study regarding sexual activity among Latina/o adolescents (Villarruel et al., 2007). National statistics indicate that 45% of teenage girls are sexually active (Kaiser Family Foundation, 2005). Therefore, a sample of 95 participants was considered adequate to assure that there were at least 43 participants who were sexually active.

There were a total of 207 participants in the quantitative portion of this study. Three of the surveys were unusable because the participants did not self-identify as Latina. After accounting for the unusable surveys, the sample included 204 participants (98.6% of the total sample). Participants ranged in age from 13 to 18 years-old ($M = 15.70$, $SD = 1.84$). Although the Latinas' grades in school ranged from 6th grade to sophomore in college, 77% of them were high school students. Fifty-three percent of the participants attended public schools. Even though all of the participants self-identified as Latina, they were from different countries of origin. Seventy percent of the participants identified as Mexican or Mexican American, 11.3% Puerto Rican, 2.5% Central American, 1% South American, and 15.2% other (bi-ethnic backgrounds). Seventy-five percent of the Latinas were born in the United States. When asked about the generation of their family who came to the United States, 60.8% identified their parents, 23.5% grandparents, and 14.2% great-grandparents. Although the youth varied in their religious affiliations, 72.5% of them were Catholic. The majority (65%) of the participants lived in urban areas. On a measure of self-reported standard of living, 59.3% of the youth described their standard of living as 'living comfortably,' 30.9% as 'getting by,' 6.4% as 'very well off,' and 1.5% as 'poor.' Compared to other students at their schools, 61.8% perceived that their family was in about the same financial condition as other families.

Seventy-seven percent of the participants indicated that they received free or reduced lunch.

Measures. The current study is part of a larger quantitative study regarding cultural influences on the sexual activity of Latina/o adolescents. The following measures are pertinent to the current mixed methods study.

Demographic Questionnaire. The demographic questionnaire included questions such as age, ethnicity, immigration status, perceived socioeconomic status, grade in school, grade point average, and type of school attended (Appendix A).

Multigroup Ethnic Identity Measure (MEIM). The MEIM (Phinney, 1992) was used as a quantitative measure of ethnic identity. The original scale is composed of 14 self-report items that are intended to assess three major aspects of ethnic identity including ethnic affirmation, ethnic identity achievement, and ethnic behaviors. In subsequent revisions of the MEIM, items regarding involvement in ethnic behaviors have been dropped because these questions are more related to acculturation and have been considered distinct from ethnic identity (Phinney & Ong, 2007). Therefore, in the current study these two items were not included, resulting in a 12-item measure (Appendix B). Each item is rated on a 4-point scale from “strongly disagree” (1) to “strongly agree” (4). Higher scores are indicative of a higher ethnic identity, while lower scores are indicative of a lower ethnic identity (Phinney, 1992). Sample items include the following: “I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs” (ethnic identity achievement); and “I am happy that I am a member of the group I belong to” (ethnic affirmation). The MEIM has demonstrated good reliability in other studies involving Latina/o adolescents with Cronbach’s alphas ranging from .79 to

.84 (Guzman et al., 2005; Roberts et al., 1999; Umaña-Taylor & Fine, 2001). The two subscales of the MEIM also demonstrated high reliability in the current study, yielding Cronbach's alphas of .84 for ethnic affirmation and .72 for ethnic identity achievement.

Mexican American Cultural Values Scale (MACVS). The Traditional Gender Roles Subscale of the MACVS (Knight et al., 2010) was used to assess marianismo (Appendix C). The Traditional Gender Roles Subscale of the MACVS consists of five items that measure an individual's beliefs regarding differential expectations for males and females in Latina/o culture (Knight et al., 2010). Participants are asked to rate on a 5-point scale the degree to which they believe in statements regarding traditional gender roles from "not at all" (1) to "completely" (5). Higher scores are indicative of a belief in traditional gender roles, while lower scores are indicative of a disbelief in traditional gender roles. The following is an example of an item from the Traditional Gender Roles Subscale: "A wife should always support her husband's decisions, even if she does not agree with him" (Knight et al., 2010). The MACVS has demonstrated good reliability among Latina/o adolescents, aged 10 to 14 with Cronbach's alphas ranging from .84 to .89 for the entire measure and .73 for the Traditional Gender Roles Subscale (Knight et al., 2010). In the current study, Cronbach's alpha for the Traditional Gender Roles Subscale was .80.

Acculturation Rating Scale for Mexican Americans-II (ARSMA-II). The ARSMA-II was used as a measure of acculturation (Cuéllar, Arnold, & Maldonado, 1995). It is a quantitative measure that uses a multidimensional approach to assess acculturation (Appendix D). The ARSMA-II assesses four major domains of acculturation: ethnic identity and classification, language preference and use, cultural

heritage and ethnic behaviors, and ethnic interactions for both the Mexican and Anglo cultures (Cuéllar et al., 1995). It measures the four attitudes towards acculturation (integration, assimilation, separation, and marginalization), using two scales. Scale 1 includes the Anglo Orientation Subscale (AOS), which consists of 13 items and the Mexican Orientation Subscale (MOS), which consists of 17 items. The integration and assimilation acculturation attitudes can be derived from Scale 1. Scale 2 of the ARSMA-II contains 18 items and yields scores for the separation and marginalization acculturation attitudes (Cuéllar et al., 1995). Each scale of the ARSMA-II can be administered, scored, and interpreted independent of one another. Participants are asked to rate each item on the two scales from “not at all” (1) to “extremely often or almost always” (5). Cuéllar et al. (1995) provides cutoff scores to describe the different acculturation attitudes. The ARSMA-II has demonstrated good internal reliability among Latina/o college students with Coefficient alphas of .86 and .88 for the AOS and MOS scales respectively (Scale 1) and .87 for Scale 2 (Cuéllar et al., 1995). The ARSMA-II has also demonstrated good reliability among Latina/o adolescents with Coefficient alphas of .80 and .89 for the AOS and MOS scales respectively (Nichols-Anderson, 1997) and .85 for the entire measure (Manning, 2004). For the purposes of this study, the AOS subscale was used as a measure of assimilation and the MOS subscale was used as a measure of enculturation, which is similar to uses of the subscales in another research study with Latina/os (Bettendorf & Fischer, 2009). In the current study, the AOS demonstrated marginal reliability ($\alpha = .59$) and the MOS demonstrated good reliability ($\alpha = .85$).

Sexual Activity Questionnaire. Sexual activity was assessed by five questions (Appendix E) that have been used to assess adolescent sexual activity among nationally

representative samples (e.g., National Survey of Family Growth, Youth Risk Behavior Survey; Centers for Disease Control and Prevention, 2008). The questions asked whether participants have ever had sexual intercourse, the number of lifetime sexual partners, age at first sexual intercourse, contraception use at first sexual intercourse, and frequency of contraception use. This method of measuring sexual activity is comprehensive in that it takes many indicators of sexual activity into consideration. Other researchers have used similar indicators of sexual activity (Farmer & Meston, 2006; Flores et al., 1998; Ford & Norris, 1993; Kaplan et al., 2002; Lefkowitz et al., 2004; Liebowitz et al., 1999; Smith, 1997; Thornton & Camburn, 1989; Vélez-Pastrana et al., 2005).

Procedure. The current study was approved by the Institutional Review Board of Marquette University in July of 2009. At each of the recruitment sites, the principal investigator contacted the guidance counselor, principal, or community center youth program coordinator and explained the purpose of the study. A project summary (Appendix F), which discussed the significance of the study, provided a summary of the methodology, and identified the support requested by the community agency or school was sent to the contact person at each of the sites. After approval was obtained from the contact person, packets which included letters that described the current study in English (Appendix G) and Spanish (Appendix H), and parent consent forms in English (Appendix I) and Spanish (Appendix J) were sent to the site and forwarded to the homes of potential participants. The consent forms specified that the students were being asked to complete a set of questionnaires and might be asked to be part of a focus group. Therefore, the consent forms provided consent to participate in both the quantitative and qualitative portions of the study. When possible, the principal investigator or one of the other

research team members went to the sites and disbursed the packets of information to the students and answered any questions that they had about the study. Students who returned consent forms allowing them permission to participate in the study were informed either through a note or in person when the principal investigator or other research team member would administer the surveys (e.g., during study hall, after school, during after school programming at one of the community centers). Thus, all of the data were collected at the respective sites.

On the dates of data collection, research team members verified that each of the participants returned a signed consent form. The participants were then asked to provide their written assent to participate in the study (Appendix K). Youth who were aged 18 or older were given an adult consent form to complete (Appendix L). All of the participants were asked to fill out the packet of questionnaires. The research team members provided snacks (e.g., chips, candy, cookies) to the participants while they completed the survey materials and were available to answer questions. Upon their completion of the questionnaires, participants were given \$5.00 as compensation. They were also given a list of mental health resources in their local area.

Data collection also took place at a local festival that celebrates Mexican culture, two health fairs, and a community information fair for at-risk youth. Research team members reserved tables at these various events and displayed signs asking for Latina/o youth between the ages of 12 and 18 to participate in an anonymous survey and earn \$5.00 (only the data from Latina youth aged 13 to 18 was analyzed for the current study). Participants under the age of 18 were required to have a parent or guardian present to sign the parent consent form. Youth who were age 18 were allowed to provide their own

consent. After consent was provided by the parent/guardian or 18 year-old adolescent, and assent was provided by the teen, she was asked to complete the set of questionnaires. Upon completion, she was given \$5.00 as compensation and a list of mental health resources in her local area.

Data analysis. All data were analyzed using the most recent version of the Statistical Package for the Social Sciences (SPSS; i.e., PASW 18). Before the data was analyzed, data entry errors were located by running the frequencies of all of the variables. Items that contained responses that were not a part of the item scale (e.g., a response of 7 on a scale that ranges from 1 to 5) were checked against the surveys. All errors were corrected according to the data on the surveys. Missing data points were replaced by the mean score for the scale. Two missing data points were replaced for the MEIM (measure of ethnic identity) and 37 missing data points were replaced for the ARSMA (measure of assimilation and enculturation).

Descriptive data for the participants were analyzed including means, standard deviations, percentages, and frequencies. Statistical analyses were used to answer each of the research questions posed for this study, and the minimum level of significance was set at $p < .05$. Pearson correlation coefficients were used to answer research questions 1 through 5 regarding the relationships between variables (i.e., What is the relationship between assimilation and sexual activity?; What is the relationship between enculturation and sexual activity? What is the relationship between ethnic identity and sexual activity?; What is the relationship between marianismo and sexual activity?; What is the relationship between marianismo and assimilation?). T-tests were run to find out if the participants recruited from Wisconsin were significantly different from those recruited

from Illinois. T-tests were also run to find out whether the assimilated and unassimilated participants differed on the sexual activity variables, which answered the first research question (i.e., What is the relationship between assimilation and sexual activity?).

Binary logistic regressions were run to examine the relationships between the predictor variables (i.e., assimilation, enculturation, ethnic identity, and mariанизmo) and ever had sex and contraception use at first sex. The binary logistic regressions provided chi-squared statistics to compare the observed frequency of responses on the sexual activity variables to the expected frequency. The binary logistic regressions also provided odds ratios. Multiple regressions were used to examine the relationships between the predictor variables and age at first sexual intercourse, number of lifetime sexual partners, and frequency of contraception use. The variables were entered into the logistic and multiple regressions in the following order: block 1 - demographic variables (i.e., age, family standard of living, family financial condition); block 2 - assimilation, enculturation; block 3 - ethnic affirmation, ethnic identity achievement; and block 4 - mariанизmo. Logistic and multiple regressions were used in order to answer research questions 1 - 4 (i.e., What is the relationship between assimilation and sexual activity? What is the relationship between enculturation and sexual activity? What is the relationship between ethnic identity and sexual activity?; What is the relationship between mariанизmo and sexual activity?).

Logistic and multiple regressions were also used to examine the interaction effects of enculturation and assimilation, ethnic identity and assimilation, and mariанизmo and assimilation on sexual activity. These statistical analyses were used to answer research questions 6, 7, and 8 (i.e., Does ethnic identity moderate the relationship

between sexual activity and assimilation?; Does marianismo moderate the relationship between sexual activity and assimilation?; Does enculturation moderate the relationship between sexual activity and assimilation). A check for multicollinearity was performed to ensure that the variables were not too closely correlated in order to accurately calculate the influence of the individual predictors. Influence statistics were also calculated to detect individual points that influenced the slope of the regression line.

Qualitative Methodology

Participants. The participants for the qualitative portion of the study were recruited from a charter high school where approximately 95% of the student body is Latina/o, and a youth program at a non-profit community agency in southeastern Wisconsin. Brief information packets, which included a summary of the study and parent consent forms (in English and Spanish) were sent to the homes of the Latina/o students enrolled in the charter high school. The principal investigator also attended parent-teacher conferences in order to explain the study to potential participants and their parents, and to obtain parental consent for students to participate in the study. A list was created of students who returned signed parent consent forms, and youth were randomly assigned to one of two focus groups from that list. Participants were given a reminder notice several days before the focus groups took place at the high school.

The principal investigator held a brief meeting with the teenagers who attended the youth program at the non-profit community agency. During the meeting, the principal investigator explained the purpose of the study and passed out parent consent forms to the youth, who were asked to return the forms to the youth program director. Only the youth

who returned the consent forms took part in the focus group, which occurred several days after the brief meeting at the community center.

There were 10 Latina adolescents in the qualitative portion of this study, all of whom were asked to complete a brief demographic survey before or after participating in the focus group. The youth ranged in age from 14 to 17 years old ($M = 15.70$, $SD = .90$). Seven participants self-identified as Mexican (70%), two as Puerto Rican (20%), and one as Costa Rican (10%). Half of the participants were born in the United States, while the other half were born outside of the United States. All of the participants who were born in the United States indicated that their parents immigrated to the United States. On a measure of self-reported standard of living, half of the youth described their standard of living as ‘living comfortably,’ while the other half stated that they were ‘getting by.’ Nine of the ten participants indicated that they received free or reduced lunch. A description of the participants’ demographics and brief personal details can be found in Table 1.

Research Team. The current study utilized a research team in data collection and analysis. A research team was used in order to provide diverse perspectives and manage bias throughout the research process (Fassinger, 2005). The team was composed of the principal investigator and three graduate students in a counselor education and counseling psychology department. The principal investigator is a 27 year-old African American female graduate student in counseling psychology. The research team consisted of a 27 year-old Caucasian female, a 29 year-old European American female, and a 26-year-old European American male. Graduate students were included on the research team because it is expected that they possess the critical thinking skills needed to engage in the rigor involved in qualitative research methods. Also, feedback from research team members

provides other forms of rigor (e.g., critical analysis and interpretation of data) in qualitative studies.

Table 1

Focus Group Participants' Demographics and Salient Personal Details

Name	Age	Ethnic Self-Identification	Born in U.S.	Self-Reported Standard of Living*	Salient Personal Details
Focus Group 1					
Alandra	17	Costa Rican	No	Comfortable	Alandra perceives that it is necessary to be married before having sex. Being Costa Rican makes her feel unique and she is not ashamed of her ethnic group membership. Her attitude about sexual activity is not influenced by her ethnic group membership, ethnic pride, or her Latina identity.
Crystela	16	Mexican	Yes	Comfortable	Crystela thinks that people do not have to be married in order to have sex, but they do have to be in love and connected with their potential sexual partner. Her attitude about sex is influenced by being a member of her ethnic group, and her parents' acculturation level.
Hazel	15	Mexican	No	Getting by	Being in a committed, trusting relationship is a necessary precondition for sex according to Hazel. Her attitude about sex is not influenced by her ethnic group membership or her Latina identity. She learned her rules about sexual activity from

					her parents.
Focus Group 2					
Alexa	15	Mexican	Yes	Comfortable	Alexa perceives that it is important to be married before engaging in sexual activity. She learned her rule regarding sex from her culture, friends, and school. She believes that parents discourage Latina teens from having sex.
Bella	15	Puerto Rican	No	Getting by	Bella thinks that marriage is necessary before having sex. She is undecided about whether or not her culture influences her attitudes about sex. She learned her rules regarding sex from herself, her parents, and movies.
Daniella	17	Mexican	No	Getting by	According to Daniella, marriage is a necessary precursor for sexual activity. She thinks that being female influences her attitudes about sex, particularly because girls are expected to be conservative and may be called derogatory names if they are promiscuous. She perceives that Whites have more permissive sexual attitudes than Latina/os.
Pinky	16	Mexican	No	Getting by	Pinky thinks that marriage is a necessary condition for sexual activity. Her attitude about sex is influenced by her culture. She thinks

					that pressure from boys and being in love encourages Latina teens to have sex.
Focus Group 3					
Crystal	16	Puerto Rican	Yes	Comfortable	Graduating from high school and waiting until the right moment are the required conditions for sex, according to Crystal. She perceives that Latina adolescents engage in more sexual activity than youth from other ethnicities. Crystal thinks that considering the consequences of teenage pregnancy and the fear of STIs discourage Latina teens from engaging in sexual activity.
Jenni	14	Mexican	Yes	Comfortable	Jenni does not perceive that marriage is necessary for sexual activity. She believes that sex should be reserved until after high school and when the right moment occurs. Her definition of a good Latina is a woman who is not pushed around by males.
Melinda	16	Hispanic	Yes	Getting by	Melinda perceives that it is important to get married before engaging in sexual activity. She thinks that being Hispanic influences her attitude about sex. She also thinks that the rules about sex are stricter for females than males.

*Response options for Self-Reported Standard of Living: (1) Very poor; (2) Poor; (3) Getting by; (4) Living comfortably; (5) Very well off

Three of the research team members had qualitative research experience, particularly using the grounded theory method (Strauss & Corbin, 1998). The team member who did not have experience with qualitative research methods was required to participate in training activities, which included reading articles that explain the grounded theory method and reading transcripts. He was also asked to read a literature review regarding the current study in order to become familiar with the existing research on this topic. Research team members discussed their assumptions and biases regarding the study before data analysis began in order to manage their unwanted assumptions and to ensure that the emergent theories accurately represented the participants' stories (Fassinger, 2005). The research team members noted the following assumptions: (a) ethnic identity would influence attitudes towards sexual activity; (b) youth would report knowing about values of marianismo (e.g., wait until marriage before having sex); (c) youth would report receiving the message of the importance of not getting pregnant, which would influence their rules about sex; (d) participants would have strong ethnic identities; (e) youth would report that non-Latina/os expect them to be promiscuous and have high rates of STDs; (f) Latinas who are bicultural would have a less developed/less strong ethnic identity; and (g) participants who are bicultural would report that it is difficult to be a part of both White and Latina/o culture.

Focus groups. Three focus groups were conducted, with three to four people in each group. Research suggests that large focus groups may be difficult for the focus group moderator to manage (Stewart et al., 2007). Therefore, the focus groups in the current study were composed of a smaller number of participants. A smaller number of participants also allowed ample time for each adolescent to fully participate in the

discussion. The focus groups were conducted in person by the principal investigator. When possible, one of the other research team members observed the focus group and took notes on participant responses and group dynamics. Two focus groups were conducted at the charter high school and one focus group took place at the non-profit community agency.

The interview protocol inquired about the experience of being a part of the Latina/o ethnic group and how ethnic group membership influences sexual attitudes (Appendix M). Sample questions included: How do you feel about being a member of your racial or ethnic group?; How do you think White mainstream culture views sexual activity for boys and girls?; How does Latina/o culture view sexual activity for boys and girls?; Does being a member of your racial/ethnic group influence your rules about sex? If so, how? If not, why not? The interview protocol was piloted with a group of three Latina adolescents who were recruited from the charter high school in order to test out the questions and structure of the interview. Subsequently, the protocol was revised to incorporate the feedback from the pilot focus group. Several questions were removed from the protocol because they appeared to be redundant to the questions that were included in the quantitative portion of the study. Also, the questions were removed because they appeared to elicit descriptive information instead of data regarding the process by which acculturation, marianismo, and ethnic identity influenced the sexual attitudes of the Latina youth. Thus, the following questions were not included in subsequent focus groups: (1) What does being a member of your racial or ethnic group mean to you?; (2) How often do you think about your race or ethnicity?; (3) At what times do you think about your race or ethnicity the most? (4) How often do you

participate in activities (e.g., listen to music, eat special foods, attend cultural festivals, ceremonies) related to your race or ethnicity?; (5) How often do you hang out with other members of your racial/ethnic group?; (6) What language do you prefer to use and why?; (7) Do you wish that you could change your racial/ethnic group? What group would you want to be a part of?; (8) If you were not a member of this racial or ethnic group, how would your life be different? There were no other changes made to the interview protocol throughout the data collection process.

In addition to noting whether or not participants understood the nature and structure of the questions during the pilot interview, the principal investigator also observed their responses to the interview questions. In general, they perceived that Latina/o culture stresses the importance of waiting until marriage before engaging in sexual activity. They also stated that Latina/o families are stricter with girls than boys because girls have the risk of becoming pregnant.

Procedure. The two focus groups at the charter high school took place immediately after school was dismissed in an empty classroom. The focus group at the community center convened in a conference room during the evening hours, while youth program activities were taking place. Participants were offered snacks (e.g., chips, juice, cookies) to eat before, during, and after the focus group. Providing snacks or a meal has been found to be a good incentive for focus group participants (Stewart et al., 2007). The principal investigator began the interview process by introducing herself and the other research team member (if present) and explaining the assent form (Appendix K). After assent was obtained from the participants the principal investigator explained the purpose of the focus group, and the importance and limits of confidentiality in a focus group. The

voluntary nature of the study was also explained, and participants were informed that they had the option of passing on any questions that they did not want to answer. The participants were then asked to make up a pseudonym that they wanted to use during the focus groups in order to ensure anonymity of their responses. It should also be noted that the participants were never asked to, and did not comment on their personal sexual behaviors. They spoke about their perceptions of sexual activity among Latina youth in general, but they did not discuss their own behaviors. All of the focus groups were conducted in English and took about one hour to complete. The focus groups were audiotaped and later transcribed for data analysis. At the conclusion of the focus group, each participant was given a form that listed mental health resources in the area. The participants were also given \$5.00 as compensation for their participation in the study.

Establishing rapport with participants is a critical component of the qualitative research method (Gomez et al., 2001). Therefore, research team members attempted to incorporate Latina/o cultural values into the data collection process, which has been shown to help establish rapport. For example, the cultural value of *simpatia* (friendliness) was emphasized during the data collection process. The research team members displayed simpatia by greeting the participants with a smile and introducing themselves. The team also showed simpatia by initiating conversations with the adolescents about school, their hobbies, and other topics that were of interest to them. In addition, *la platica* (small talk) took place before and after the focus groups. The research team demonstrated the value of la platica during the data collection process by engaging in small talk with the participants over snacks (provided by the researchers) before and after the focus groups.

Data analysis. The three focus groups were transcribed by the principal investigator and resulted in transcripts that ranged from 12 to 16 pages for each focus group. The research team met as an entire group weekly over approximately 13 weeks to analyze the data. The duration of the team meetings was from one hour to four hours depending on the stage of data analysis, with later stages of data analysis requiring longer meetings.

The data analysis process was based on grounded theory and included open, axial, and selective coding (Strauss & Corbin, 1998). The three steps of this data analysis process are expected to result in a theory that is grounded in the data elicited from the focus group participants. Theoretical sampling, “one of the hallmarks of the grounded theory approach,” which refers to the process of obtaining new data from continued sampling also took place throughout data analysis (Fassinger, 2005, p. 162). In the current study, theoretical sampling was carried out by conducting an additional focus group while data from earlier focus groups were being analyzed. Thus, the existing data was compared to the new data in order to refine the categories and subcategories that were previously created. Additionally, memo writing and auditing (i.e., research team members monitoring one another) took place throughout the data collection and data analysis processes (Fassinger, 2005).

Open coding is the first step in data analysis in which concepts are identified and labeled (Strauss & Corbin, 1998). In grounded theory, the concepts are “the building of the theory” (Strauss & Corbin, 1998, p. 101). During open coding, data are broken down to smaller parts and examined for similarities and differences. Concepts that share common characteristics or are similar in meaning are grouped together into categories

(i.e., higher order concepts). Grouping concepts into categories allows the researchers to reduce the pieces of data they are working with and to create more explanatory terms for the groups of concepts (Strauss & Corbin, 1998). Subcategories are also created during this step, which provide information about when, where, why, and how a phenomenon occurs. There are several ways of using open coding including analyzing the data line by line, sentences or paragraphs, or analyzing the entire document. In the current study, data were analyzed line by line and a label was assigned to each unit of meaning (also referred to as the process of unitizing).

In the beginning stages of data analysis, the entire research team unitized the first transcript to ensure that each member understood the process. For the second transcript, a pair of the research team members unitized the transcript together and consulted the other team members for auditing. The third focus group was unitized by the principal investigator and the team was consulted for auditing purposes. A list was created that comprised all of the meaning units from the focus groups, which included 341 different meaning units (e.g., Uniqueness of cultural background; Kids have sex because they think that it's cool; Personal beliefs encourage Latina girls to have sex). The list of meaning units was also presented to an auditor, who is a 38 year-old counseling psychologist who identifies as a Biethnic (Latina/White) female and is well versed in the Latina adolescent literature and the grounded theory method. Meaning units were reworded to incorporate the auditor's feedback.

Axial coding is another step in data analysis (Fassinger, 2005). It should be noted that open and axial coding are not sequential steps, and the researcher does not stop open coding in order to begin axial coding. Instead, both processes are done together (Strauss

& Corbin, 1998). Both open and axial coding allow researchers to discover relationships among categories (Strauss & Corbin, 1998). The purpose of axial coding is to reconstruct data that was broken down during open coding (Strauss & Corbin, 1998). During this step, categories are related to subcategories, attributes of the categories are explained, and variations in the data are explored (i.e., data that do not fit into any of the categories or subcategories; Fassinger, 2005). In other words, the research team examines how interrelationships between conditions lead to a specific phenomenon. This process continues until saturation occurs (i.e., no new information is revealed). Although there is always the possibility that new data will emerge, saturation is considered the point at which additional data does not add much to the existing data and pursuing new data would be counterproductive (Strauss & Corbin, 1998).

In the current study, the entire research team was involved in every aspect of the axial coding process. The research team members tried to find similar characteristics among the units of meaning that had been identified during open coding. Similar meaning units were grouped together into larger categories and subcategories. The 341 meaning units that were identified during open coding were organized into 50 categories and subcategories during axial coding (e.g., Reactions to teenage pregnancy, Being female discourages Latina teens from having sex, Advantages of ethnic group membership).

Selective coding is the final step in data analysis (Strauss & Corbin, 1998). During selective coding, a core category (also known as a central category) is identified that integrates all of the other categories. The core category also accounts for variations in the data. This step involves integrating and refining the theory based on the data (Strauss & Corbin, 1998). Integration is the process of organizing categories around a

central concept, and it is an ongoing process that starts at the beginning of data analysis and ends when the theory is written. Once the theory is defined, it is refined which consists of reviewing the theory for internal consistency and logic, further developing categories and reducing excess categories, and validating the theory (i.e., determining how well the theory fits with the raw data). The emergent theory should be substantive and well-developed, but still open to testing and modification (Fassinger, 2005; Strauss & Corbin, 1998).

The research team worked on the selective coding process together. The larger categories that were identified during the axial coding process were organized into interrelated groups. Themes, categories that were endorsed by six or more of the 10 participants were identified. A similar standard for the designation of themes has been used in other grounded theory research (Gomez et al., 2001). This process resulted in 16 themes. Research team members considered the characteristics among the themes, noting how they were similar and different. Research team members also examined how the group of themes related to the purpose of the qualitative portion of the study, which was to examine the process by which acculturation, ethnic identity, and mariанизmo influence the sexual attitudes of Latina adolescents. Thus, the research team members identified a core category that integrated all of the other categories and explained the process by which acculturation, ethnic identity, and mariанизmo influence the sexual attitudes of the Latina youth. Once the core category was identified, it was compared with the existing data and subsequently refined. The research team worked together to develop a model to provide a visual representation of the core category. The core category and model were also presented to the auditor and subsequently refined to integrate the feedback of the

auditor and to more accurately represent the data. Additionally, the model and core category were presented to the research team again to make sure that they accurately represented the data from the focus groups. The feedback of the research team and the auditor were integrated into the final model and core category.

Chapter IV: Results

Quantitative Results

Descriptive analyses. Descriptive analyses were run to examine how the total sample of Latina adolescents responded to questions regarding ethnic identity, traditional gender roles, enculturation, assimilation, and sexual activity. The means and standard deviations for the ARSMA-II, MEIM, and MACVS (scales and subscales) are presented in Table 2.

Acculturation scores were calculated for each participant by subtracting the mean of their score on the MOS from the mean of their score on the AOS (Cuellar et al., 1995). The acculturation score that resulted from this calculation was compared to cut off scores provided by Cuellar et al. (1995) in order to classify them into five acculturation levels. According to the cutoff scores, 3.9% of the participants were very Mexican oriented (Level I), 45.8% were Mexican oriented to balanced bicultural (Level II), 42.9% were slightly Anglo oriented bicultural (Level III), 6.4% were strongly Anglo oriented (Level IV), and 1% were very assimilated (Level V).

Responses that indicated agreement or strong agreement with the ethnic affirmation and ethnic identity achievement statements on the MEIM were indicative of high ethnic affirmation and ethnic identity achievement. Responses in disagreement or strong disagreement were considered indicative of low ethnic affirmation and ethnic

Table 2

Means and Standard Deviations for the ARSMA-II, MEIM, and MACVS Scales and Subscales (N = 204)

Scale/Subscale	M	SD
Anglo Orientation Subscale (ARSMA-II)	3.93	.62
Mexican Orientation Subscale (ARSMA-II)	3.91	.65
Acculturation Level (ARSMA-II)	.02	.83
Ethnic Affirmation (MEIM)	3.38	.62
Ethnic Identity Achievement (MEIM)	2.91	.53
Ethnic Identity Total Score (MEIM)	3.11	.51
Traditional Gender Roles Subscale (MACVS)	2.42	1.03

identity achievement. According to this standard, average scores of three or higher demonstrated a strong ethnic affirmation or ethnic identity achievement attitude, while scores of less than three were indicative of low ethnic affirmation or ethnic identity achievement attitudes. The results revealed that 80.4% of the participants reported a high level of ethnic affirmation ($M = 3.38$, $SD = .62$) and 50.5% reported a high level of ethnic identity achievement ($M = 2.92$, $SD = .53$). On the total MEIM scale, 64.2% of the Latina youth reported a high level of ethnic identity ($M = 3.11$, $SD = .51$).

Agreement with beliefs on the traditional gender roles subscale of the MACVS (i.e., responses of “very much” and “completely” in agreement with the items) was interpreted as traditional gender role attitudes. Disagreement with the beliefs on the traditional gender roles subscale (i.e., responses of “not at all” in agreement with the items) was interpreted as nontraditional gender role attitudes. Participants also had the option of indicating that they were “a little” or “somewhat” in agreement with the beliefs. In the current study, 36.8% of the participants expressed nontraditional gender role attitudes, 30.8% were a little in agreement with the traditional gender role attitudes, 23% were somewhat in agreement with the traditional gender role attitudes, and 9.4% expressed traditional gender role attitudes ($M = 2.42$, $SD = 1.03$).

Sixty-five (31.9%) of the participants were sexually active, 138 (67.6%) were sexually abstinent and one participant failed to respond to this item (.5%). The remaining sexual activity descriptive statistics only pertain to the youth who indicated that they were sexually active. Approximately 59.4% of the participants had more than one lifetime sexual partner ($M = 2.25$, $SD = 1.94$). The age of first sexual intercourse ranged from 9 to 18 ($M = 15.06$, $SD = 1.60$). While 78.1% of the participants indicated that they

used contraception the first time they had sex, 21.9% of them reported they did not use contraception the first time they had sex. When asked how often they use conception when they have sex, 54% of the youth reported that they always use contraception, 30.2% stated sometimes, and 15.9% of them indicated that they never use contraception.

Bivariate correlations. Pearson correlation coefficients were used to answer the first five research questions regarding the relationships between variables (i.e., What is the relationship between assimilation and sexual activity?; What is the relationship between enculturation and sexual activity? What is the relationship between ethnic identity and sexual activity?; What is the relationship between mariанизmo and sexual activity?; What is the relationship between mariанизmo and assimilation?). Bivariate correlations between all the variables are presented in Table 3.

The Pearson correlation coefficients revealed that there was no relationship between assimilation and ever had sexual intercourse ($r = .062, p = .381$), number of lifetime sexual partners ($r = .216, p = .087$), age at first sexual intercourse ($r = .116, p = .362$), contraception use at first sexual intercourse ($r = .070, p = .582$), and frequency of contraception use when have sex ($r = .052, p = .683$). There was not a significant relationship between enculturation and ever had sexual intercourse ($r = -.116, p = .100$), number of lifetime sexual partners ($r = -.221, p = .079$), age at first sexual intercourse ($r = .042, p = .741$), contraception use at first sexual intercourse ($r = -.033, p = .795$), and frequency of contraception use when have sex ($r = -.175, p = .169$).

There was a significant, positive relationship between ethnic identity achievement and age of first sexual intercourse ($r = .256, p = .04$). As ethnic identity achievement scores increased, so did the age of first sexual intercourse. There was not a significant

Table 3

Bivariate Correlations between Cultural and Sexual Activity Variables

Variable	N	r	p
Assimilation and Sexual Activity			
Anglo Orientation Subscale			
Ever had sexual intercourse	203	-.062	.381
Number of lifetime sexual partners	64	.216	.087
Age at first sexual intercourse	64	.116	.362
Contraception use at first sexual intercourse	64	.070	.582
Frequency of contraception use when have sex	63	.052	.683
Enculturation and Sexual Activity			
Mexican Orientation Subscale			
Ever had sexual intercourse	203	.116	.100
Number of lifetime sexual partners	64	-.221	.079
Age at first sexual intercourse	64	.042	.741
Contraception use at first sexual intercourse	64	-.033	.795
Frequency of contraception use when have sex	63	-.175	.169
Ethnic Identity and Sexual Activity			
Ethnic Identity Achievement			
Ever had sexual intercourse	203	-.070	.320
Number of lifetime sexual partners	64	-.027	.834
Age at first sexual intercourse	64	.256	.041*
Contraception use at first sexual intercourse	64	.237	.059
Frequency of contraception use when have sex	63	.071	.579
Ethnic Affirmation			
Ever had sexual intercourse	203	-.095	.176
Number of lifetime sexual partners	64	-.048	.706
Age at first sexual intercourse	64	.244	.052
Contraception use at first sexual intercourse	64	.258	.039*
Frequency of contraception use when have sex	63	-.002	.988

Total Ethnic Identity Score			
Ever had sexual intercourse	203	-.091	.197
Number of lifetime sexual partners	64	-.039	.759
Age at first sexual intercourse	64	.270	.031*
Contraception use at first sexual intercourse	64	.265	.034*
Frequency of contraception use when have sex	63	.043	.739

Marianismo and Sexual Activity

Traditional Gender Roles Subscale			
Ever had sexual intercourse	203	.008	.915
Number of lifetime sexual partners	64	.012	.928
Age at first sexual intercourse	64	-.039	.758
Contraception use at first sexual intercourse	64	-.069	.586
Frequency of contraception use when have sex	63	-.136	.288

Marianismo and Assimilation

Traditional Gender Roles Subscale			
Anglo Orientation Subscale	204	-.087	.215

Note. * indicates $p < .05$.

relationship between ethnic identity achievement and ever had sexual intercourse ($r = -.070, p = .320$), number of lifetime sexual partners ($r = -.027, p = .834$), contraception use at first sexual intercourse ($r = .237, p = .059$), and frequency of contraception use when have sex ($r = .071, p = .579$).

There was a significant, positive relationship between ethnic affirmation and contraception use at first sexual intercourse ($r = .258, p = .04$). As ethnic affirmation scores increased, use of contraception at first sexual intercourse increased. There was not a significant relationship between ethnic affirmation and ever had sexual intercourse ($r = -.095, p = .176$), number of lifetime sexual partners ($r = -.048, p = .706$), age at first sexual intercourse ($r = .244, p = .052$), and frequency of contraception use when have sex ($r = -.002, p = .988$).

There was a significant, positive relationship between the total ethnic identity score and age of first sexual intercourse ($r = .270, p = .03$) and contraception use at first sexual intercourse ($r = .265, p = .03$). As ethnic identity total scores increased, so did the age of first sexual intercourse and use of contraception at first sexual intercourse. There was not a significant relationship between the total ethnic identity score and ever had sexual intercourse ($r = -.091, p = .197$), number of lifetime sexual partners ($r = -.039, p = .759$), and frequency of contraception use when have sex ($r = .043, p = .739$).

According to the Pearson correlation coefficients, there was no relationship between Marianismo and ever had sexual intercourse ($r = .008, p = .915$), number of lifetime sexual partners ($r = .012, p = .928$), age at first sexual intercourse ($r = -.039, p = .758$), contraception use at first sexual intercourse ($r = -.069, p = .586$), and frequency of

contraception use when have sex ($r = -.136, p = .288$). There was not a significant relationship between marianismo and assimilation ($r = -.087, p = .215$).

T-tests. Considering that 71% of the participants were recruited from southeastern Wisconsin and 29% were recruited from northern Illinois, t-tests were run to find out if there were significant differences between the participants recruited from the different areas. Participants from Illinois were older $t (145.87) = -9.67, p = .00$, and reported initiating sexual intercourse at a later age than participants from Wisconsin $t (56.82) = -3.91, p = .00$. The Illinois participants also reported higher ethnic identity achievement $t (129.73) = -2.28, p = .02$ and ethnic affirmation scores $t (130.11) = -2.06, p = .04$ than the Wisconsin participants. Additionally, more of the Wisconsin participants were born in the United States than the Illinois participants $t (145.49) = 2.71, p = .01$. The participants did not differ on any of the other variables.

T-tests were also run to answer the first research question (i.e., what is the relationship between assimilation and sexual activity?). In order to compare the means of unassimilated and assimilated participants on the sexual activity variables, the five acculturation levels that were derived from subtracting the mean of participants' scores on the MOS from the mean of their scores on the AOS (Cuellar et al., 1995) were collapsed into two levels of assimilation. Thus, the participants who were considered very Mexican oriented (Level I) and Mexican oriented to balanced bicultural (Level II) were recoded as "unassimilated." Participants who were considered slightly Anglo oriented bicultural (Level III), strongly Anglo oriented (Level IV), and very assimilated (Level V) were recoded as "assimilated." Assimilated and unassimilated participants did not score differently on ever had sex $t (197.93) = -1.821, p = .07$, number of lifetime sexual

partners $t(53.06) = -1.126, p = .27$, age at first sexual intercourse $t(54.104) = -1.170, p = .25$, contraception use first time had sex $t(52.97) = -.134, p = .89$, or frequency of contraception use $t(51.72) = -.094, p = .93$.

Binary logistic regressions. Cook's influence statistics were calculated to detect individual points that influenced the slope of the regression line. Research suggests that a Cook's influence statistic of one or higher is considered an outlier (Weinberg & Abramowitz, 2008). Therefore in the regressions for the current study, cases with Cook's influence statistics of one or higher were excluded from the regressions. The binary logistic regression which included contraceptive use at first sex as the dependent variable included one case with a Cook's influence statistic of 1.07. The regression was run again excluding this case.

Ever had sex. Data from the binary logistic regression testing the relationship of ever had sex to control variables, acculturation, ethnic identity, and mariанизmo can be found in Table 4. The results of the logistic regression revealed that increased age was associated with ever had sex ($OR = 1.72, 95\% CI: 1.37, 2.15; p = .00$). The older the adolescents, the more likely they were to have ever had sex. Neither family standard of living ($OR = .84, 95\% CI: .42, 1.66; p = .61$), family financial condition ($OR = .74; 95\% CI = .43, 1.26; p = .27$), nor free or reduced lunch ($OR = 1.88; 95\% CI = .65, 5.44; p = .25$) were associated with ever had sex. The classification analysis revealed that the control variables correctly predicted 68.4% of the ever had sex cases (see Table 5 for classification analyses and chi-square values). Neither assimilation ($OR = 1.3; 95\% CI = .73, 2.30; p = .37$) nor enculturation ($OR = .64; 95\% CI = .37, 1.11; p = .11$) were associated with ever had sex. Ethnic

Table 4

Binary Logistic Regression Testing the Relationship of Ever Had Sex and Contraception Use at First Sex to Control Variables, Acculturation, Ethnic Identity, and Marianismo

Variable	Odds Ratio	95% CI	p
Ever Had Sex (N = 203)			
Control Variables			
Age	1.72	.137-.215	.00*
Family Standard of Living	.84	.42-.166	.61
Family Financial Condition	.74	.43-.126	.27
Free or Reduced Lunch	1.88	.65-.544	.25
Acculturation			
Assimilation	1.3	.73-.230	.37
Enculturation	.64	.37-.111	.11
Ethnic Identity			
Ethnic Affirmation	.49	.27-.88	.018*
Ethnic Identity Achievement	.79	.34-.183	.58
Traditional Gender Roles			
Marianismo	.99	.68-.142	.94
Contraception Use at First Sex (N = 64)			
Control Variables			
Age	1.50	.91-.246	.11
Family Standard of Living	.09	.01-.70	.02*
Family Financial Condition	.46	.09-.242	.36
Free or Reduced Lunch	.48	.05-.506	.54
Acculturation			
Assimilation	2.71	.68-10.90	.16
Enculturation	1.56	.51-4.77	.44
Ethnic Identity			
Ethnic Affirmation	8.56	2.09-35.16	.00*
Ethnic Identity Achievement	3.93	.56-27.62	.17

Traditional Gender Roles			
Marianismo	.82	.36-1.89	.64

Note. * indicates $p < .05$.

Table 5

Classification Analysis and Chi-Square Values for Ever Had Sex and Contraception Use at First Sex

Classification Analysis	Chi-Square	% Correct	p
Ever Had Sex			
Control Variables	25.51	68.4	.00*
Acculturation	25.51	68.4	.00*
Ethnic Identity	31.30	73.0	.00*
Traditional Gender Roles	31.30	73.0	.00*
Contraception Use at First Sex			
Control Variables	5.21	80.8	.02*
Acculturation	5.21	80.8	.02*
Ethnic Identity	17.91	86.5	.00*
Traditional Gender Roles	17.91	86.5	.00*

Note. * indicates $p < .05$.

identity achievement was not associated with ever had sex ($OR = .79$; 95% CI = .34, 1.83; $p = .58$). According to the logistic regression analyses, decreased ethnic affirmation was associated with ever had sex ($OR = .49$, 95% CI: .27, .88; $p = .018$). Thus, adolescents who scored lower in ethnic affirmation were more likely to have endorsed that they have had sexual intercourse than those who scored higher in ethnic affirmation. The classification analysis revealed when the ethnic identity variables were added to the regression, the percentage of correctly predicted ever had sex cases increased from 68.4% to 73%. Marianismo was not associated with ever had sex ($OR = .99$; 95% CI = .68, 1.42; $p = .94$).

Contraception use at first sex. Data from the binary logistic regression testing the relationship of contraception use at first sex to control variables, acculturation, ethnic identity, and marianismo can be found in Table 4. Age was not associated with contraception use at first sex ($OR = 1.50$; 95% CI = .91, 2.46, $p = .11$). Decreased family standard of living was associated with contraception use at first sex ($OR = .09$; 95% CI = .01, .70; $p = .02$). In other words, Latina youth who reported a lower standard of living were more likely to use contraception the first time they had sex than those who reported a higher family standard of living. Neither family financial condition ($OR = .46$; 95% CI = .09, 2.42; $p = .36$) nor receiving free or reduced lunch ($OR = .48$; 95% CI = .05, 5.06; $p = .54$) were associated with contraception use at first sex. According to the classification analysis, the control variables correctly predicted 80.8% of the contraception use at first sex cases.

Neither assimilation ($OR = 2.71$; 95% CI = .68, 10.90; $p = .16$) nor enculturation ($OR = 1.56$; 95% CI = .51, 4.77; $p = .44$) were related to contraception use at first sex.

Increased ethnic affirmation was associated with contraception use at first sex ($OR = 8.56$; 95% CI = 2.09, 35.16; $p = .00$). Therefore, Latinas who scored high in ethnic affirmation were more likely to use contraception during their first sexual intercourse than those who did not score high on ethnic affirmation. Ethnic identity achievement was not related to contraception use at first sex ($OR = 3.93$; 95% CI = .56, 27.62; $p = .17$). When the ethnic identity variables were added to the regression, the percentage of correctly predicted contraception use at first sex cases increased from 80.8% to 86.5%. Marianismo was not associated with contraception use at first sex ($OR = .82$; 95% CI = .36, 1.89; $p = .64$).

Interactions. Additional logistic regressions were run in order to test the interactions of assimilation by enculturation, assimilation by ethnic identity achievement, assimilation by ethnic affirmation, and assimilation by marianismo. Significant predictors (as determined by the results of the logistic regressions discussed above) were entered in the first block and each of the interactions was entered in the second block. The results revealed that none of the interactions were significant for ever had sex or contraception use at first sex (see Table 6).

Linear regressions. In order to reduce multicollinearity, Pearson correlations were run for all of the predictor variables. It has been suggested that correlations of .80 or higher are problematic and should be removed from the regression (Licht, 2000). None of the predictor variables yielded correlations of .80 or higher, thus none of the variables had to be removed from the regression. Cook's distance statistics were also calculated to detect individual points that influenced the slope of the regression line. There were no Cook's statistics of one or higher (i.e., outliers; Weinberg & Abramowitz, 2008), and thus

Table 6

Binary Logistic Regression Testing Significant Predictor Variables and Interactions for Ever Had Sex and Contraception Use at First Sex

Variable	Odds Ratio	95% CI	<i>p</i>
Ever Had Sex (<i>N</i> = 203)			
Significant Predictors			
Age	1.72	1.41-2.11	.00*
Ethnic Affirmation	.41	.18-.96	.04*
Interactions			
Assimilation X Enculturation	.94	.82-1.08	.38
Assimilation X Ethnic Identity Achievement	.88	.71-1.07	.20
Assimilation X Ethnic Affirmation	1.09	.94-1.27	.28
Assimilation X Marianismo	1.04	.95-1.13	.40
Contraception Use at First Sex (<i>N</i> = 64)			
Significant Predictors			
Family Standard of Living	.16	.30-.80	.03*
Ethnic Affirmation	2.54	1.03-6.30	.04*
Interactions			
Assimilation X Enculturation	.91	.69-1.20	.49
Assimilation X Ethnic Identity Achievement	1.27	.91-1.78	.16
Assimilation X Ethnic Affirmation	1.12	.63-2.01	.70
Assimilation X Marianismo	1.04	.86-1.26	.70

Note. * indicates *p* < .05.

no cases had to be removed from the regression. The results of the linear regressions for age at first sexual intercourse, number of lifetime sexual partners, and frequency of contraception use are presented in Table 7.

Age at first sexual intercourse. According to the results of the linear regression, age was positively related to age at first sexual intercourse ($\beta = .70, p = .00$). As the age of the Latinas increased, so did the age of when they first had sexual intercourse. Neither family standard of living ($\beta = .17, p = .17$), family financial condition ($\beta = .00, p = .98$), nor receiving free or reduced lunch ($\beta = .25, p = .06$) were related to age at first sexual intercourse. Together, the control variables accounted for 45% of the variance in age at first sexual intercourse ($\Delta R^2 = .45; F(4, 47) = 9.47, p = .00$). Neither assimilation ($\beta = -.25, p = .08$), enculturation ($\beta = .06, p = .64$), ethnic affirmation ($\beta = .21, p = .23$), ethnic identity achievement ($\beta = -.15, p = .39$), nor Marianismo ($\beta = .02, p = .86$) were related to age at first sexual intercourse. Overall, the variables entered into the regression accounted for 51% of the variance in age at first sexual intercourse ($R^2 = .51; F(9, 42) = 4.84, p = .00$).

Number of lifetime sexual partners. The results of the linear regression revealed that age ($\beta = .15, p = .34$), family standard of living ($\beta = -.05, p = .77$), family financial condition ($\beta = .90, p = .61$) and receiving free or reduced lunch ($\beta = -.16, p = .34$) were each unrelated to number of lifetime sexual partners. Similarly, assimilation ($\beta = .32, p = .08$), enculturation ($\beta = -.24, p = .15$), ethnic affirmation ($\beta = .18, p = .41$), ethnic identity achievement ($\beta = -.09, p = .67$), and Marianismo ($\beta = .15, p = .33$) were all unrelated to number of lifetime sexual partners. Together, the variables accounted for 19% of the variance in number of lifetime sexual partners ($R^2 = .19; F(9, 42) = 1.11, p = .38$).

Table 7

Linear Regression Predicting Age at First Sexual Intercourse, Number of Lifetime Sexual Partners, and Use of Contraception When Have Sex to Control Variables, Acculturation, Ethnic Identity, and Marianismo

Variable	Unstandardized Coefficient	Standard Error	Final β	p
Age at First Sexual Intercourse (N = 64)				
Control Variables				
Age	.76	.13	.70	.00*
Family Standard of Living	.46	.33	.17	.17
Family Financial Condition	.01	.35	.00	.98
Free or Reduced Lunch	1.12	.58	.25	.06
$\Delta R^2 = .45$				
Acculturation				
Assimilation	-.52	.29	-.25	.08
Enculturation	.14	.30	.06	.64
$\Delta R^2 = .05$				
Ethnic Identity				
Ethnic Affirmation	.43	.35	.21	.23
Ethnic Identity Achievement	-.34	.39	-.15	.39
$\Delta R^2 = .02$				
Traditional Gender Roles				
Marianismo	.03	.17	.02	.86
$\Delta R^2 = .00$				
Overall $R^2 = .51$				
Overall ANOVA = $F(9, 42) = 4.84, p = .00$				

Number of Lifetime Sexual Partners (N = 64)

Control Variables				
Age	.23	.24	.15	.34
Family Standard of Living	-.18	.61	-.05	.77
Family Financial Condition	.34	.65	.90	.61
Free or Reduced Lunch	-1.02	1.06	-.16	.34
$\Delta R^2 = .07$				

Acculturation				
Assimilation	.95	.52	.32	.08
Enculturation	-.82	.55	-.24	.15
$\Delta R^2 = .08$				
Ethnic Identity				
Ethnic Affirmation	.53	.64	.18	.41
Ethnic Identity Achievement	-.30	.71	-.09	.67
$\Delta R^2 = .02$				
Traditional Gender Roles				
Marianismo	.30	.31	.15	.33
$\Delta R^2 = .02$				
Overall $R^2 = .19$				
Overall ANOVA = $F(9, 42) = 1.11, p = .38$				

Frequency of Contraception Use ($N = 63$)

Control Variables				
Age	.04	.09	.07	.68
Family Standard of Living	-.25	.20	-.19	.23
Family Financial Condition	-.34	.21	-.29	.11
Free or Reduced Lunch	-.13	.35	-.06	.71
$\Delta R^2 = .10$				
Acculturation				
Assimilation	.24	.18	.24	.21
Enculturation	-.23	.18	-.20	.22
$\Delta R^2 = .03$				
Ethnic Identity				
Ethnic Affirmation	-.10	.23	-.09	.68
Ethnic Identity Achievement	.24	.23	.22	.30
$\Delta R^2 = .03$				
Traditional Gender Roles				
Marianismo	.09	.10	.14	.40
$\Delta R^2 = .02$				
Overall $R^2 = .18$				
Overall ANOVA = $F(9, 41) = .98, p = .47$				

Note. * indicates $p < .05$.

Frequency of contraception use. Neither age ($\beta = .07, p = .68$), family standard of living ($\beta = -.19, p = .23$), family financial condition ($\beta = -.29, p = .11$), nor receiving free or reduced lunch ($\beta = -.06, p = .71$) were associated with frequency of contraception use. Assimilation ($\beta = .24, p = .21$), enculturation ($\beta = -.20, p = .22$), ethnic affirmation ($\beta = -.09, p = .68$), ethnic identity achievement ($\beta = .22, p = .30$), and marianismo ($\beta = .14, p = .40$) were also unrelated to frequency of contraception use. Together the predictors accounted for 18% of the variance in frequency of contraception use ($R^2 = .18; F(9, 41) = .98, p = .47$).

Interactions. Additional linear regressions were run in order to test the interactions of assimilation by enculturation, assimilation by ethnic identity achievement, assimilation by ethnic affirmation, and assimilation by marianismo. Significant predictors (as determined by the results of the linear regressions discussed above) were entered in the first block and each of the interactions was entered in the second block. The results revealed that none of the interactions were significant for number of lifetime sexual partners and frequency of contraception use (Table 8). There was a significant interaction between assimilation and ethnic affirmation for age at first sexual intercourse ($\beta = .43, p = .04$). The interaction is graphically presented in Figure 1. When assimilation was low and ethnic affirmation was low, age of first sexual intercourse was the lowest. When assimilation was high and ethnic affirmation was low, age at first sexual intercourse was low. When assimilation was low and ethnic affirmation was high, age at first sexual intercourse was high. When assimilation was high and ethnic affirmation was high, age of first sexual intercourse was the highest. The interactions accounted for 4% of the variance in age at first sexual intercourse ($\Delta R^2 = .04; F(5, 58) = 11.76, p = .00$).

Table 8

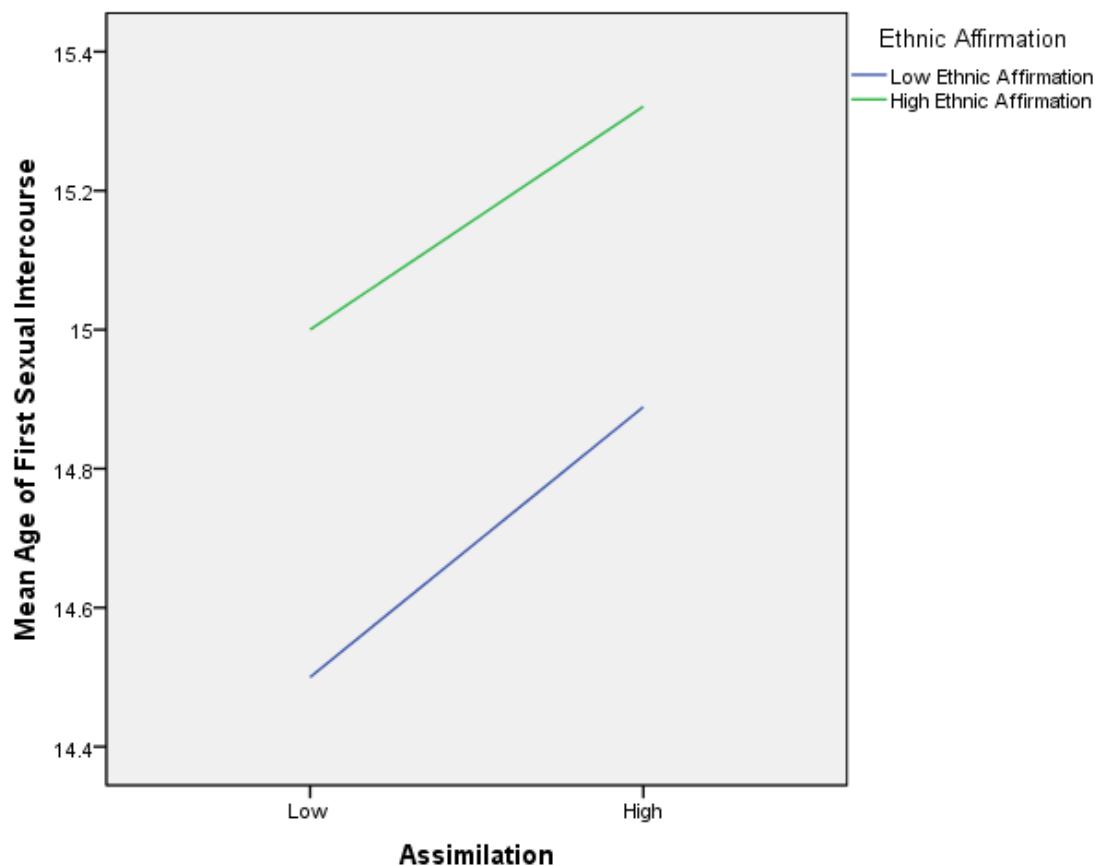
Linear Regressions Testing Significant Predictor Variables and Interactions for Age at First Sexual Intercourse, Number of Lifetime Sexual Partners, Frequency of Contraception Use

Variable	Unstandardized Coefficient	Standard Error	Final β	p
Age at First Sexual Intercourse ($N = 64$)				
Significant Predictor				
Age	.82	.12	.72	.00*
$\Delta R^2 = .46$				
Interactions				
Assimilation X Enculturation	-.03	.07	-.06	.69
Assimilation X Ethnic Identity Achievement	-.16	.10	-.34	.10
Assimilation X Ethnic Affirmation	.17	.08	.43	.04*
Assimilation X Marianismo	.02	.04	.05	.57
$\Delta R^2 = .04$				
Overall $R^2 = .50$				
Overall ANOVA = $F(5, 58) = 11.76, p = .00$				
Number of Lifetime Sexual Partners ($N = 64$)				
Interactions				
Assimilation X Enculturation	-.11	.11	-.20	.31
Assimilation X Ethnic Identity Achievement	.10	.15	.17	.52
Assimilation X Ethnic Affirmation	.05	.13	.10	.71
Assimilation X Marianismo	.02	.06	.05	.71
Overall $R^2 = .03$				
Overall ANOVA = $F(4, 59) = .52, p = .73$				
Frequency of Contraception Use ($N = 63$)				
Interactions				
Assimilation X Enculturation	-.05	.04	-.23	.23
Assimilation X Ethnic Identity Achievement	.07	.06	.31	.22
Assimilation X Ethnic Affirmation	-.02	.05	.09	.75
Assimilation X Marianismo	-.02	.02	-.12	.36

Overall $R^2 = .06$
Overall ANOVA = $F(4, 58) = .85, p = .50$

Note. * indicates $p < .05$.

Figure 1. Interaction of Ethnic Affirmation and Assimilation for Age of First Sexual Intercourse



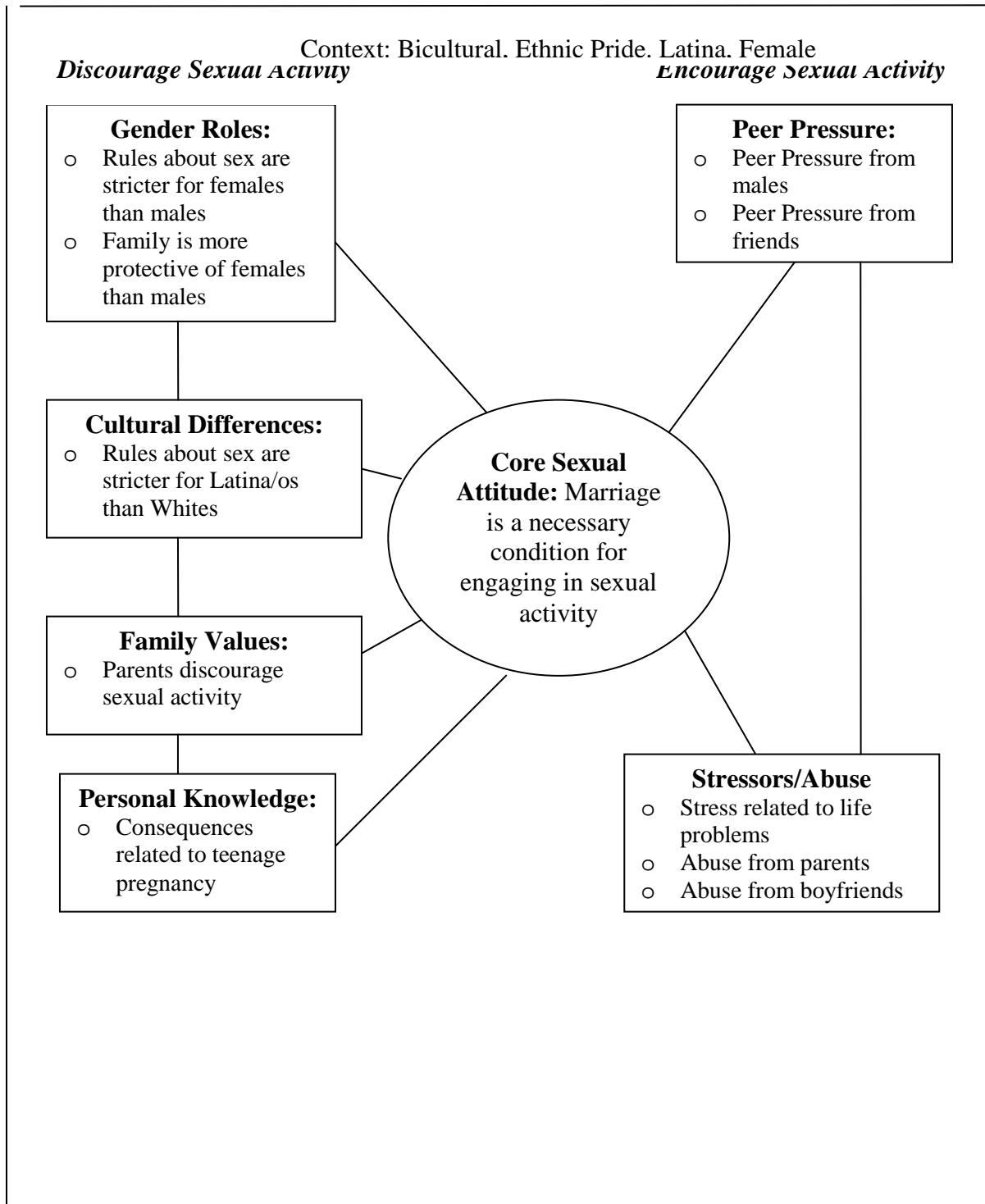
Qualitative Results

The purpose of the qualitative portion of the current study was to examine the process by which acculturation, ethnic identity, and marianismo influence the sexual attitudes of Latina adolescents. The model that emerged from the focus groups is presented in Figure 2. The model represents how gender roles, cultural differences, family values, personal knowledge, peer pressure, and stressors/abuse shape the core sexual attitude of the Latina adolescents. The core model is presented in the center of the overarching context in which the Latina youth live (i.e., bicultural, ethnic pride, Latina, female). In the sections below, the context of the Latina adolescents is described using illustrative quotes. The following words and phrases, which have been used in previous grounded theory studies (e.g., Gomez et al., 2001) to note the number of people who endorsed a particular theme are used to discuss the participants' responses: (a) *Usually, generally, typically, the majority, most, often, the Latina youth, and the participants* are indicative of responses of 6 or more participants; (b) *some, several, and a number* are reflective of the responses of 4 to 5 participants; (c) *a few* is indicative of 3 or fewer participants.

Cultural context of participants. The majority of the Latina youth in the qualitative portion of this study felt a sense of pride about their ethnic group membership. Melinda discusses pride in her ethnicity, “I feel proud to be Hispanic. I love my heritage...I love what they do and how they represent themselves.” In addition to feeling proud about being Latina, the participants also identified specific advantages of being Latina. Some of the advantages that they identified were the ability to share information about their ethnicity with others, having a unique perspective on things, being bilingual,

Figure 2

How Gender Roles, Cultural Differences, Family Values, Personal Knowledge, Peer Pressure, and Stressors/Abuse Shape the Core Sexual Attitude



and locating and connecting with others from the same background. Daniella states, “The good thing about being Mexican is that it’s easy to find other Mexicans around here. There’s a lot of us. So it’s nice ‘cause I get to connect with them.”

Although the participants seemed to have a lot of ethnic pride and readily identified advantages of their ethnic group membership, they also acknowledged an awareness of and experience with stereotypes and discrimination based on their ethnic group membership. In the following quote, Daniella describes the stereotypes that she perceives that some non-Latina/os possess and the media portrays about Mexicans:

I see a lot of people like they see that you’re Mexican and just because of that conclude a lot of things. Like sometimes they say that you’re illegal...In the movies you see that a lot too. Like always they show Mexicans as being maids and not knowing English and always being dumb and being illegal.

Pinky describes her awareness of discrimination when she is the only Latina in an all White crowd. “Sometimes you go like to full White stores and they all look at you or they comment because you are the only Latino or Latina there.”

The participants seemed to identify as bicultural. For example, the majority of the participants stated that they prefer to live in both Latina/o and White cultures. Although they preferred to live and function in both Latina/o and White cultures, they reported significant difficulties living in both cultures. More specifically, several of the participants discussed difficulties living in both cultures related to language. Daniella explains how language is a difficulty for her, “It’s sometimes hard with the language because sometimes you get mixed up and sometimes you’re not even able to

communicate that good.” Language difficulties may also result in being misinterpreted by others. Pinky states:

I was with a Caucasian friend or whatever and a group of Latina friends and we were just talking Spanish and she thought we were talking negative about her. So I had to explain to her what we were saying and she kind of felt offended.

The quotes provided by these Latina adolescents explain their feelings of pride about their ethnicity. Although they are proud of their ethnic group membership, they also reported experiencing negative stereotypes and discrimination based on their ethnicity. Being bicultural and experiencing language related difficulties is also an important part of the cultural context of the Latina youth. The cultural context of these adolescents helps to shape their sexual attitudes. Before discussing the core model, located at the center of the cultural context, it is necessary to explain how these Latina adolescents defined sexual activity.

Definition of sexual activity. The participants defined sexual activity in a variety of ways. Even though there was not a consensus among the Latinas regarding the definition of sexual activity, the most common definition of sexual activity included sexual intercourse. A few of the participants defined sexual activity as any activity beyond kissing and “making out,” while a few others included sexual touching in their definition of sex. Notably, only two participants specifically identified oral sex in their definitions of sex. Interestingly, when asked to define sexual activity, a few participants provided non-physical definitions of sex and instead focused on their attitudes towards sexual activity. For example, Hazel provided the following response when asked to define sexual activity:

I guess sex is when you connect like she said ‘cause when you already have sex it’s like getting you more connected to that person and then when something bad happens you knew that you was connected to that person.

Bella stated, “I see it more as something you would do in a committed relationship, not just go somewhere and get hooked up and go for it.” A description of the cultural context of the Latina youth and their definition of sexual activity provide a broader context for the core theory that emerged from the data. In the sections below, the core theory at the center of the context will be explained.

Core sexual attitude: Marriage is necessary for sexual activity. The Latinas expressed various attitudes regarding sexual activity. For example, some participants thought that it was necessary to be in love and connected with a potential sexual partner before having sex with them. A few of the youth explained that a committed and trusting relationship is necessary before engaging in sexual activity. Although the Latinas expressed various opinions about the circumstances necessary for engaging in sexual activity, the majority of them stated that marriage was a necessary condition for them to engage in sexual activity. In the following quote Alandra describes her belief that sex should be reserved for marriage and her personal commitment to wait until she is married to have sex:

I do know that in my home we believe that it’s something for your marriage to do it with the person...and I myself have committed myself to wait ‘til marriage. I wear a committed ring...a purity ring to remind myself of it.

Daniella also expressed her belief in waiting until marriage to have sex in the following quote: “To me, I’m very religious and I think that well yeah most of all, the right thing to

do is to have sex after marriage." Thus, the importance of marriage before engaging in sexual activity seemed to be the core category that emerged from the qualitative portion of this study and is represented as a circle in Figure 2.

The Latinas explained that their attitudes about sexual activity were influenced by multiple factors, each depicted as a box in Figure 2. Specifically, the Latina youth stated that their personal beliefs regarding sexual activity are influenced by gender roles, cultural differences, family values, personal knowledge, peer, pressure, and stressors/abuse. In the sections below, each of these emergent themes will be further explicated.

Gender roles. Most of the Latina youth perceived that the rules for sex are stricter for females than males. Jenni explains that there are gender differences regarding rules for sex because there are more risks involved for females if they have sex at a young age:

I think that it is more strict when it comes down to females than when it comes down to males because a female has more risks and they can mess up their reputation if you have sex at a young age.

Alexa also explains how a female's reputation can be damaged and she may be called names if she is promiscuous, but boys are rewarded for promiscuous behavior:

If you put a guy and a girl and they do the same thing...they go sleeping around with a whole mess of random people, like they just want to do it with, the girl is the one that gets pointed out as being a slut or whatever and the guy is just like mostly rewarded for how many girls he can do.

Thus, the perception that females are expected to be more sexually conservative than males seems to influence their attitudes regarding sexual activity.

In addition to the perception that societal and cultural rules about sex are stricter for females than males, the participants also thought that their family members were more protective of the female members than the male members of the family. Alandra describes how females are more protected than males in her family and culture: "You know parents protect their girls more I believe, well in my culture...and being a female, you're told more than males. Your family tells their values to females more than males." Crystela explains that she thinks that her father is protective of her because he fears that she will become pregnant: "I think that's the reason that my father doesn't necessarily let me go out. That's always on his mind, what if she goes and does this...if she goes out that one night and gets pregnant." Thus the behavior of Latina/o families, characterized by less leniency and permissiveness for females as compared to males, helps to shape the sexual attitude amongst these Latina youth that sexual activity should be reserved for marriage. Taken together, the Latina youths' perceptions of gender roles which suggest that females should be more sexually conservative than males and their families' implementation of stricter rules for them than their male counterparts discourage the Latinas from engaging in sexual activity before marriage.

Cultural differences. Cultural differences also influenced the core sexual attitude that marriage is necessary before having sex. For example, the majority of the Latina youth in the qualitative portion of this study perceived that Latina/os have stricter rules about sex than Whites. In the following quote, Jenni discusses her perception of the rules about sex in the Latina/o culture: "...the Hispanic heritage, the Latino heritage they

probably want you to wait until you're married or not have sex anytime at a young age."

Crystela also explains how she thinks people from her ethnicity view sexual activity, "...because I know that with my ethnicity and my family it's like ok, like you can't have sex...it's something bad." In addition to perceiving that Latina/os are stricter about sexual activity than Whites, four of the participants also stated that they perceived that Whites are more permissive about sex than Latina/os. Melinda states, "I think they're more open with it [sex] than Hispanics." Similarly, Pinky states, "I think that in the White culture they think that it's okay because I have friends whose parents let them [have sex], so I think they think it's okay at a very young age." A few of the participants stated that they perceive that Latina youth engage in less sexual behavior than their White counterparts. For example, Bella states "Latinas get to be a little bit more careful because their parents are always on their back like 'remember you have to do this'...I think we're a little bit more careful than Caucasians." Thus, the perception that there are cultural differences in which Latina/o culture is less permissive of teenagers having sex than in White culture, seems to influence the core sexual attitude of these Latina youth and discourage them from sexual activity.

Although the participants indicated that they perceive that rules about sex are stricter for Latina/os and females than Whites and males, being Latina (i.e., combining both their Latina ethnicity and female gender) did not emerge as a major influence in shaping their sexual attitudes. On the contrary, the belief that being Latina does not influence their attitudes emerged as a theme that was expressed by the majority of the participants. Even though the idea that marriage is necessary for sexual activity is not directly influenced by their identities as Latinas, they clearly perceive that the rules about

sex are stricter for them as females and Latinas. This suggests that these cultural perceptions may be transmitted through their family in order to shape their attitudes about sexual activity.

Family values. The Latina youth stated that they learned their sexual beliefs from their family. The majority of the participants specifically stated that they learned them from their mother. In the following quote, Jenni explains that she learned about sexual attitudes from the experiences that her family has gone through and from talking with her mother:

I think that I got these rules because my family has passed through a lot and I think that they made me reflect a lot and actually know what I really want and what's the right thing to do. And because my mom and me have our talks about it too.

Thus family members, particularly mothers, seem to be a main source for transmitting the message of abstinence until marriage amongst these Latina teenagers.

In addition to learning the message that marriage is necessary for sexual activity from their family, the participants also stated that their family discourages them from having sex. Alandra explains that she thinks that parents stop Latina youth from having sex because of their close relationships with and overprotection of their children: “I believe parents stop Latina girls from having sex because Hispanic parents are really close to you and they’re really overprotective, well in my case. They’re really overprotective and I believe that my parents stop me from having sex.” Besides parents being overprotective, Hazel explains that a fear of disappointing one’s mother also discourages Latina teenagers from having sex:

If you're gonna do anything [have sex], stop and think about it first because in the future if your parents get mad at you...you have to think about it first. How are you gonna know that your mom is gonna be happy with it or how are you gonna know that your mom is gonna be disappointed in you. So you have to think about it.

Similarly, Daniella also perceives that fear of their parents' reactions discourages Latina youth from engaging in sexual activity:

The most girls that I know are like scared of having sex or doing something close to that because they're just so scared about what their parents tell them. They get like really scared because they tell them that they're gonna throw them out of the house or they're not gonna be their daughter anymore.

Thus, family values including the transmission of the message of abstinence until marriage, the overprotection of parents, and the fear of parental reactions seem to influence these Latina youth's core sexual attitude and discourage them from engaging in sexual activity.

Personal knowledge. Other than family values, personal knowledge (particularly regarding consequences related to teenage pregnancy) also influences the core sexual attitude of these Latina adolescents. The majority of the Latina youth discussed consequences related to teenage pregnancy. For example, they talked about females having more responsibility than males related to teen pregnancy. Bella expounds upon this idea in the following quote:

Girls are more careful about it [sex] than guys 'cause they don't have to worry about anything except getting STDs or anything. But girls, if you actually get

pregnant out of it...all of the responsibility for it goes all to you. So, then you have to think about that stuff before you actually do anything.

The Latina youth also described the fear of being kicked out of the house by their parents if they become pregnant as a consequence of teenage pregnancy. Hazel explains that she has witnessed girls get kicked out of the house because they became pregnant as teenagers: "That's what I've seen, a lot of girls got kicked out their house 'cause they got pregnant to go live with the guy that got them pregnant." Additionally, the participants described a fear of being forced into marriage if they become pregnant as a consequence of teenage pregnancy. Pinky states, "I have friends who are seventeen, eighteen and their parents have forced them to get married because they think it's wrong...kinda towards the old Mexican heritage." Thus, knowledge about the consequences related to teenage pregnancy seem to discourage the Latina youth from engaging in sexual activity by shaping their belief that marriage is necessary before having sex.

Peer pressure. While gender roles, cultural differences, family values, and personal knowledge seem to discourage sexual activity, peer pressure encourages sexual activity among these Latina teenagers. Peer pressure from males and friends seems to be particularly problematic. All of the participants except for one stated that they perceive that pressure from boys encourages Latina adolescents to have sex. Alandra gives a personal example of how she was pressured by a male to have sex and when she informed him that she was not going to have sex with him, he stopped communicating with her:

I've talked to a guy who was a pervert and he just wanted to have sex with me. He would ask me everyday...and I told him straight up 'I'm not gonna have sex with

you...you need to chill'. He just stopped talking to me because of that and he was kind of trying to force me to have sex and I didn't want to.

The participants discussed many ways in which males try to convince Latina youth to have sex with them. Daniella discusses her perception that boys pressure Latinas into having sex by telling them that they love them or by threatening to leave them for another girl if they do not have sex. She states,

They tell you like 'oh, I love you and I just want to be closer to you' or this or that, or sometimes they threaten you and say 'if you don't do this, it means you don't love me and I'm not gonna want to be with you anymore, or I'm gonna be with another girl.'

Melinda perceives that males pressure Latina youth into having sex with them by convincing them that having sex will help them forget about their problems:

I think stuff that encourages Latina girls to have sex is when the boys tell them that they're gonna make them feel good and forget about all their problems and they won't have anything to think about during that time.

In addition to peer pressure from males, peer pressure from friends also seems to encourage Latina adolescents to engage in sexual activity. Alandra expresses the idea that peers from multiple settings influence Latina youth's decisions to have sex in the following quote: "I believe that things that inspire or influence Latina girls to have sex is friends. Friends from school, maybe from the neighborhood or friends you pick up at parties and stuff like that." Although peer pressure from males and other friends promote sexual activity, the idea of sexual abstinence until marriage seems to prevail, as it is the core sexual attitude expressed by the majority of the participants.

Stressors/Abuse. Another factor that encourages the Latina youth to have sex is stressors and abuse. It is important to note that the adolescents did not disclose their personal experiences of being abused or their involvement in sexual activity. They spoke in more general terms regarding their perceptions of why some Latina youth engage in sexual behaviors. The participants discussed stressors related to life problems, abuse from parents, and abuse from boyfriends. Melinda perceives that some Latina youth use sex as a way to escape from daily stressors in life. She states, “I think they just use it as an excuse to get away from stuff...like problems and stuff like that...they just do it just to escape.” In addition to general life stressors, Jenni perceives that engaging in sexual activity is a way for some Latina youth to express anger against their parents. Jenni says, “...maybe they have anger against their parents sometimes and they don’t know how to let it go.” Abuse from parents and boyfriends also seems to encourage Latina teenagers to have sex. For example, Alexa talks about how one of her friends became pregnant with her boyfriend’s child after experiencing abuse from her parents: “...she got pregnant and they’re living together now...because she was getting so much abuse from her parents that she just went to her boyfriend.” Crystal adds that some Latina adolescents have sex “because they were forced.” Although stressors from multiple sources and abuse encourage Latina youth to have sex, the adolescents in this study maintain a core sexual attitude characterized by sexual abstinence until marriage.

Summary of qualitative results. The aim of the qualitative portion of this study was to examine the process by which acculturation, ethnic identity, and mariанизmo influence the sexual attitudes of Latina adolescents. The participants live in a cultural context characterized by ethnic pride and biculturalism. Experiences of discrimination,

awareness of negative stereotypes, and bicultural difficulties, especially related to language are also important aspects of the cultural context of the Latina youth. The cultural context of these adolescents helps to shape their sexual attitudes.

Although the Latinas expressed various attitudes regarding sex, the majority of them stated that marriage was a necessary condition for them to engage in sexual activity (i.e., core sexual attitude). Gender roles, cultural differences, family values, personal knowledge, peer pressure, and stressors/abuse all shape the core sexual attitude. For example, most of the Latina youth perceived that the rules for sex are stricter for females than males and their families implement stricter rules for them than for their male counterparts (i.e., gender roles). The Latinas also perceived that Latina/os have stricter rules about sex than Whites (i.e., cultural differences). Family values shape the core sexual attitude of the participants because family members, particularly mothers, are a main source for transmitting the message of abstinence until marriage amongst these Latina teenagers. The participants also stated that their family discourages them from having sex (i.e., family values). Additionally, personal knowledge regarding consequences related to teenage pregnancy (e.g., responsibility of raising a child, fear of being kicked out of the house by their parents if they become pregnant, a fear of being forced into marriage if they become pregnant) influences the core sexual attitude of these Latina adolescents.

While gender roles, cultural differences, family values, and personal knowledge seem to discourage sexual activity, peer pressure (from males and friends) encourages sexual activity among these Latina youth. Stress related to life problems and abuse from boyfriends and parents is another factor that encourages the Latina teenagers to have sex.

However, the core sexual attitude of getting married before engaging in sexual activity prevails. Thus, the qualitative data revealed the process by which the core sexual attitude of these Latina youth is shaped by factors that discourage sexual activity (i.e., gender roles, cultural differences, family values, and personal knowledge) and those that encourage sexual activity (i.e., peer pressure, stressors/abuse).

Chapter V: Discussion

Quantitative Discussion

The purpose of the quantitative portion of this study was to examine the relationships between assimilation, enculturation, mariанизmo, ethnic identity, and sexual activity among Latina adolescents. Some research suggests that enculturation (Afable-Munsuz & Brindis, 2006; Ford & Norris, 1993; Jimenez, Potts, & Jimenez, 2002; Kirby, 2002; Upchurch et al., 2001), mariанизmo (Kaplan et al., 2002; Villarruel et al., 2007), and ethnic identity (Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Townsend, 2002) function as protective factors that reduce the strength of the relationship between risk factors (e.g., assimilation) and risk behaviors (e.g., sexual activity). Thus, another important aim of the quantitative portion of this study was to examine enculturation, ethnic identity, and mariанизmo, and their influence on the relationship between assimilation and sexual activity in the lives of Latina youth.

The quantitative portion of this study addressed several gaps in the existing literature in this area. First, researchers have been inconsistent in the measurement of sexual activity. Previous research has utilized various indicators for sexual activity including the initiation of sexual activity (Adam et al., 2005; DuRant et al., 1990; Forste & Heaton, 1988; Guilamo-Ramos et al., 2005; Jimenez et al., 2002; Perkins & Villarruel, 2000; Rostosky et al., 2003), frequency of sexual intercourse (Liebowitz et al., 1999; Smith, 1997; Thornton & Camburn, 1989), and number of sexual partners (Farmer & Meston, 2006; Flores et al., 1998; Ford & Norris, 1993; Kaplan et al., 2002; Lefkowitz, Gillen, Shearer, & Boone, 2004; Vélez-Pastrana et al., 2005). The measurement of sexual activity can have significant implications for identifying sexual health risk behaviors, and

should be as comprehensive as possible. The current study addressed this gap in the literature by using multiple indicators of sexual activity in the quantitative portion of the study. For example, sexual activity was measured as ever had sexual intercourse, number of lifetime sexual partners, age at first sexual intercourse, contraception use at first sexual intercourse, and frequency of contraception use.

The second gap that the quantitative portion of the current study addressed is the paucity of research regarding the influence of ethnic identity on the behaviors of Latina adolescents. Only a small number of studies were located that included a representative number of Latina/o adolescent participants (Espinosa-Hernández & Lekkowtiz, 2009; Frye, 2003; Schwartz et al., 2009). The participants in these studies focused on Latina/os aged 13 to 14 (Schwartz et al., 2009) and 17 to 19 (Espinosa-Hernández & Lekkowtiz, 2009). Although one study examined the relationship between ethnic identity and engagement in risk behaviors among Latina/os aged 13 through 18, the association between ethnic identity and sexual behavior was not assessed specifically. Thus, no studies were identified that examined the relationship between ethnic identity and the sexual behaviors of Latina/o adolescents between the ages of 13 and 18. This gap in the existing literature was addressed in the current study by using a quantitative scale that measures multiple dimensions of ethnic identity and has been frequently used in psychological research to explore the relationship between ethnic identity and sexual activity among Latina adolescents.

Third, the quantitative portion of this study addressed a gap in the existing literature by examining the influence of three culturally relevant variables in the lives of Latina youth (i.e., enculturation, ethnic identity, and mariанизmo) on the relationship

between assimilation and sexual activity. Although there has been some research conducted on the relationship between each of the three variables and sexual activity among Latina adolescents, the influence that each of the variables has on the relationship between assimilation and sexual activity has not been thoroughly researched. Therefore, the current study addressed this gap in the literature by going beyond examining the direct relationship between enculturation, ethnic identity, mariанизmo and sexual activity to exploring whether enculturation, ethnic identity, and mariанизmo moderated the relationship between assimilation and sexual activity.

Acculturation and sexual activity. Some research regarding acculturation and sexual activity suggests that Latina/os with an assimilation strategy (i.e., adherence to White culture) are more likely to be sexually active (Afable-Munsuz & Brindis, 2006; Hussey et al., 2007; Jimenez et al., 2002; Ku et al., 1993; Upchurch et al., 2001), initiate sex at an earlier age (Aneshensel et al., 1990; Gilliam et al., 2007), and have more sexual partners (Aneshensel et al., 1990; Carmona et al., 1999; Lee & Hahm, 2010) than those who do not have an assimilation strategy. Thus, in the current study it was hypothesized that assimilation would be positively associated with sexual activity. Contrary to previous research findings, however, in this study there was no relationship between assimilation and any of the sexual activity variables.

Research also suggests that Latina/os with an enculturation strategy (i.e., adherence to Latina/o culture) are less likely to initiate sex (Adam et al., 2005; Aneshensel et al., 1990; Hussey et al., 2007; Upchurch et al., 2001), have multiple sexual partners (Edwards et al., 2008; Kaplan et al., 2002) and are more likely to delay the age of sexual initiation (Gilliam et al., 2007; Ku et al., 1993) than those who do not have an

enculturation strategy. Therefore, in the current study it was hypothesized that enculturation would be negatively associated with sexual activity. It was also hypothesized that enculturation would function as a moderator between assimilation and sexual activity, such that the relationship between sexual activity and assimilation would be weaker for Latina adolescents with high enculturation scores than those with low enculturation scores. Neither of these hypotheses was supported as there was no relationship between enculturation and any of the sexual activity variables in this study, nor did enculturation moderate the relationship between assimilation and sexual activity.

A possible explanation of why neither assimilation nor enculturation were related to any of the sexual activity variables in the current study is the acculturation levels of the participants. According to the cutoff scores established by Cuellar et al. (1995) for the five levels of acculturation, the majority of the participants (88.7%) were either Mexican oriented to balanced bicultural (Level II) or slightly Anglo oriented bicultural (Level III). Because most of the participants were in the bicultural range of acculturation, there were not many participants who could be classified as either assimilated or enculturated. This may have contributed to the lack of relationship found between acculturation (both assimilation and enculturation) and sexual activity in the current study. If there had been more variability in the acculturation levels of the participants, perhaps a significant relationship would have been found between acculturation and sexual activity.

Another possible explanation of why acculturation was not related to the sexual behaviors of the Latina youth in the current study is that acculturation may be too conceptually different from sexual behaviors for a relationship to exist between the variables (Guilamo-Ramos, Bouris, Jaccard, Lesesne, & Ballan, 2009). The variables that

accurately predict sexual activity may be more conceptually similar to sexual activity than acculturation. Although distal concepts such as acculturation may influence sexual behavior, the strength of the relationship may be weak and inconsistent (Guilamo-Ramos et al., 2009). This may be related to the inconsistent findings in the existing literature regarding the relationship between sexual activity and acculturation among Latina/o adolescents and adults. Thus, in the current study it is possible that there was not a significant relationship between acculturation and any of the sexual activity variables because acculturation and sexual activity are too distally related for a relationship to occur.

Ethnic identity and sexual activity. The majority of research regarding the influence of ethnic identity on sexual attitudes and behaviors suggests that ethnic identity is protective against the endorsement of risky sexual attitudes and engagement in risky sexual behaviors, primarily for African American adolescents and adults (Abu-Ali, 2003; Anthony, 2005; Beadnell et al., 2003; Belgrave et al., 2000; Corneille & Belgrave, 2007; Salazar et al., 2004; Siddiqui, 2005; Stokes, 2005). The limited research that has been done with a representative sample of Latina/o youth has yielded mixed findings. For example, some study results suggest that ethnic identity is negatively associated with risky sexual attitudes (Espinosa-Hernández & Lefkowitz, 2009; Guilamo-Ramos, 2009). Other studies have found that ethnic identity is positively related to risky sexual behaviors (Raffaelli et al., 2005; Warren et al., 2008), and still others found that it was unrelated to sexual behaviors (Schwartz et al., 2008; Espinosa-Hernández & Lefkowitz, 2009).

Despite the inconsistency of research findings and scarcity of research regarding the influence of ethnic identity on the sexual behaviors of Latina adolescents, it was hypothesized that similar to findings with African American youth and adults, there would be a negative relationship between ethnic identity and sexual activity among this group of Latina adolescents. This hypothesis was partially supported. The results of the current study revealed that Latina adolescents who scored high in ethnic affirmation were less likely to have ever had sex than those who scored low in ethnic affirmation. Additionally, Latina youth who scored high in ethnic affirmation were more likely to use contraception at their first sexual intercourse than those who did not score high in ethnic affirmation. Also, there was a positive relationship between ethnic identity achievement and age of first sexual intercourse, such that individuals with high ethnic identity achievement scores were more likely to delay their first sexual intercourse than individuals with low ethnic identity achievement scores. Neither ethnic affirmation nor ethnic identity achievement was associated with number of lifetime partners or frequency of contraception use. It should be noted that although there was not a significant relationship between ethnic identity and frequency of contraception use, there was a significant positive relationship between contraception use at first sex and frequency of contraception use in the current study.

Considering the protective function of ethnic identity that has been found in previous research studies (Brook et al., 1998; Greene et al., 2006; Kiang et al., 2006), it was hypothesized that in the current study the relationship between sexual activity and assimilation would be weaker for Latina adolescents with high ethnic identity scores than for those with low ethnic identity scores. This hypothesis was partially supported.

Participants who reported high levels of assimilation and low ethnic affirmation reported a younger age of first sexual intercourse than those who reported a high level of assimilation and high ethnic affirmation. In fact, the average age of first sexual intercourse was the highest for Latina youth who reported both high levels of assimilation and ethnic affirmation. This is consistent with previous research, which suggests that ethnic identity operates as a moderator between risk factors and negative outcomes (Brook et al., 1998; Greene et al., 2006; Kiang et al., 2006).

Although ethnic affirmation was directly related to two of the sexual outcome variables (i.e., ever had sex, use of contraception at first sex) and functioned as a moderator between assimilation and age at first sexual intercourse, ethnic identity achievement was only related to one sexual outcome variable (i.e., age at first sexual intercourse). This suggests that the two aspects of ethnic identity have differential influences on sexual behaviors. Similar results were found regarding the sexual attitudes of a group of Muslim adolescent females (Abu-Ali, 2003). For example, elevated feelings of ethnic pride and good feelings about ethnic group membership (as determined by high scores on the ethnic affirmation subscale of the MEIM) were related to less permissive attitudes towards sexuality. However, clarity about one's ethnic group membership (as determined by the scores on the ethnic identity achievement subscale of the MEIM) had no influence on attitudes towards sexuality for the adolescents (Phinney, 1992; Abu-Ali, 2003). Consistent results were also derived from a regression analysis in which ethnic affirmation was a significant predictor of attitudes toward sexuality, but ethnic identity achievement was not a predictor of sexual attitudes (Abu-Ali, 2003). Thus, the results

from the current study and Abu-Ali (2003) suggest that ethnic affirmation is a stronger predictor of sexual attitudes and behaviors than ethnic identity achievement.

A possible explanation of why ethnic identity achievement is not as strong of a predictor of sexual attitudes and behaviors as ethnic affirmation is the developmental period of adolescence. Perhaps the clarity about one's ethnic group membership that is measured by ethnic identity achievement does not occur until later stages of development. Ethnic affirmation may be more crystallized than ethnic identity achievement during adolescence because feelings of pride are transmitted through both the family and community. Clarity about one's ethnic group membership (i.e., ethnic identity achievement) may develop through a more individual process in different contexts. Thus, the underdevelopment of ethnic identity achievement during adolescence may explain why ethnic affirmation was a stronger predictor of sexual behaviors and attitudes than ethnic identity achievement for the participants in the quantitative portion of the current study and in the Abu-Ali study (2003).

Taken together, ethnic identity was positively related to being sexually abstinent, delaying sexual initiation, and use of contraception at first sex. This is consistent with the protection-risk framework which posits that protective factors reduce an individual's likelihood of participating in a problem behavior by fostering support (Jessor et al., 2003). Ethnic identity fosters an environment of support in that individuals who have a strong ethnic identity feel a sense of belonging to and pride in their ethnic group. Thus, in the current study ethnic identity was a protective factor that reduced the likelihood of initiating sexual intercourse, initiating sex at a young age, and not using contraception at first sex.

Gender roles. In addition to ethnic identity, previous research has also found that Latina youth who endorse traditional gender roles delay the initiation of sexual intercourse longer (Kaplan et al., 2002) and express stronger intentions to use contraception (Villarruel et al., 2007) than those who do not endorse traditional gender roles. Therefore, in the current study it was hypothesized that mariанизmo (the traditional gender role for Latinas) would be negatively associated with sexual activity, and it would moderate the relationship between assimilation and sexual activity. This hypothesis was not supported as there was no relationship between mariанизmo and any of the sexual activity variables, nor did mariанизmo moderate the relationship between assimilation and any of the sexual activity variables. It was also hypothesized that mariанизmo would be negatively associated with assimilation. However, there was no relationship between mariанизmo and assimilation in the current study. A possible explanation of why mariанизmo was not significantly related to sexual activity or assimilation is that only 9.4% of the participants expressed traditional gender role attitudes (i.e., attitudes characteristic of mariанизmo). If a larger percentage of the participants had expressed attitudes of mariанизmo, there may have been significant relationships found between mariанизmo and sexual activity and mariанизmo and assimilation.

Demographic variables. Research suggests that demographic variables influence sexual activity among Latina adolescents (Blum et al., 2000; Kirby, 2002). Therefore, the influences of demographic characteristics (e.g., age, socioeconomic status) were examined in the current study. Findings revealed that the older the adolescents, the more likely they were to have ever had sex. Age was also positively related to age at first sexual intercourse. In other words, as the age of the Latinas increased, so did the age of

when they first had sexual intercourse. Conceptually, this makes sense considering that the older the adolescents were, the more likely they were to have ever had sex.

In addition to age, the influence of socioeconomic status on the sexual behaviors of the Latina youth was examined. In the current study, Latina youth who reported a lower standard of living were more likely to use contraception the first time they had sex than those who reported a higher family standard of living. This is in contrast to one research study which found that Latinas who reported a high level of socioeconomic status (as indicated by parental educational attainment) were more likely to use contraception than those with a low level of socioeconomic status (Lee & Hahm, 2010). Latina youth who perceive that their family has a low standard of living may be more aware of the financial responsibility associated with teenage pregnancy (one of the consequences of not using contraception). Individuals who become pregnant during their teen years often experience lower educational attainment and lower income than individuals who delay childbearing (Herrmann et al., 1998; Scott-Jones & Turner, 1990). Therefore, in families in which money is already scarce, Latinas may be more aware of the importance of utilizing contraception the first time they have sex in order to reduce the chances of them becoming pregnant and adding additional financial strain to their families. So in the current study, the Latina youth who perceived that their families were functioning at a low standard of living may have used contraception at their first sexual intercourse to avoid the possible consequence of teenage pregnancy and further financial peril.

Qualitative Discussion

The qualitative portion of this study was aimed to examine the process by which acculturation, ethnic identity, and marianismo influence the sexual attitudes of Latina youth. This study sought to go beyond descriptive information and explore the meaning and process of how the cultural variables influence attitudes towards sexuality. The qualitative portion of the study contributes to the existing literature regarding sexual activity among Latina teenagers in several ways. First, the meaning of acculturation, ethnic identity, marianismo, and the process by which they influence sexuality for Latina adolescents has not been explored in depth. No studies were located in the literature that simultaneously examined the influence of all of these variables on Latina sexual attitudes. Therefore, the current study contributes to this sparse body of research by providing in-depth information regarding these variables with the use of qualitative methodology.

Second, this study contributes to the literature by focusing on Latina youth between the ages of 14 and 18. Many research studies have focused on the experiences of older adolescents (Deardorff et al., 2008; Ford & Norris, 1996; Gilliam et al., 2007; Hutchinson, 2002; Ku et al., 1993; Marston, 2004; Villaruel, 2000; Young et al., 1991). Thus, many studies fail to assess the sexual attitudes of younger adolescents despite the fact that research suggests that teenagers who initiate sexual activity at earlier ages are less likely to use contraception and more likely to have multiple sexual partners, contract an STI, and be involved in a teenage pregnancy (Ford & Norris, 1996; Kaplan et al., 2002; Ku et al., 1993; Manlove et al., 2006; Miller, 2002; Smith, 1997). By including younger adolescent participants, this study provides information regarding the sexual attitudes of this vulnerable population.

Third, the existing literature in this area has largely utilized quantitative methodology (Afable-Munsuz & Brindis, 2006; Ford & Norris, 1993; Jimenez et al., 2002). Quantitative methodology is hypothesis driven and exploratory analyses are limited (Hill, 2006). Because qualitative methods are exploratory in nature, there is openness to unexpected results. Therefore, the use of qualitative methods in the current study contributes to the existing body of research by providing a manner to elicit data that would not have been accessed with the use of quantitative methods alone. For example, although the purpose of the current study was to examine the process by which acculturation, mariанизmo, and ethnic identity influence sexual attitudes, the data that emerged was slightly different. Instead, the focus groups revealed how gender roles, cultural differences, family values, personal knowledge, peer pressure, and stressors/abuse shape the core sexual attitude of the Latina adolescents (Figure 2). In the next section, the core sexual attitude that emerged from the focus groups will be discussed.

Core sexual attitude: Abstinence until marriage. Although the Latinas expressed various attitudes regarding sex, the majority of them stated that marriage was a necessary condition for them to engage in sexual activity. It is important to note that 80% of the participants reported that they had never had sex, thus the sample of Latina adolescents in this study was largely sexually abstinent. In other research studies that included sexually abstinent adolescents, youth cited a belief that sex before marriage is wrong and waiting until marriage to have sex as reasons for not initiating sexual intercourse (Abbott & Dalla, 2008; Blinn-Pike, 1999). Studies have also found that female adolescents are more likely to endorse waiting until marriage as a reason to

abstain from sexual activity (Loewenson, Ireland, & Resnick, 2004), and generally endorse more positive attitudes towards sexual abstinence than their male counterparts (Masters, Beadnell, Morrison, Hoppe, & Gillmore, 2008). Thus, the results of the current study are consistent with those of previous research studies in that the youth expressed the belief that marriage is a necessary precursor to engaging in sexual activity.

Research regarding the relationship between sexual attitudes and subsequent sexual behavior has yielded mixed findings. For example, some research studies have found that sexual attitudes are predictive of future sexual behavior (Donnelly et al., 1999; Masters et al., 2008). According to a longitudinal study that included 454 adolescents from diverse ethnic backgrounds, youth who expressed positive attitudes towards sexual abstinence were less likely to have sexual intercourse at the six-month follow-up than youth who endorsed positive attitudes towards sex (Masters et al., 2008). Other research suggests that sexual attitudes are inconsistent with subsequent sexual behaviors (Rosenbaum, 2009). One research study utilized a subsample from the National Longitudinal Study of Adolescent Health (Rosenbaum, 2009). Youth who voluntarily signed a pledge to remain sexually abstinent until marriage were matched with youth who had not signed such pledges on 128 different factors. Five years following the pledge, the youth who pledged abstinence until marriage were no less sexually active than the adolescents who did not pledge abstinence. In fact, the youth who pledged abstinence were less likely than the non-pledgers to use contraception to protect themselves from STIs and pregnancy (Rosenbaum, 2009). Thus, although the Latina youth in the current study espoused sexual abstinence attitudes, the research suggests that it may not be possible to predict their subsequent behaviors solely based on this attitude. Instead,

exploring additional factors such as gender roles, cultural differences, family values, personal knowledge, peer pressure, and stressors/abuse may help to more accurately predict the subsequent behaviors of these youth. In the sections that follow, each of these additional factors and their influences on the core sexual attitude of the Latina adolescents will be explained.

Gender roles. Most of the Latina youth in the current study perceived that the rules for sex are stricter for females than males and their families implement stricter rules for them than for their male counterparts. Similar results were found in a focus group study with Latinas aged 18 to 26, in which participants described the familial and societal rules for sex as different for males and females (Gilliam, Warden, & Tapia, 2004). This is also consistent with the existing literature regarding Latina/o gender roles, in which pressure to conform to the Latina/o culture has been found to be stronger for females than it is for males regarding gender roles and dating (Padilla, 2006). Research also suggests that a Latina who remains a virgin until she is married represents dignity and pride for herself and the family (Benavides et al., 2006), but a female who engages in sex before marriage may be labeled negatively (Asencio, 1999; Marston, 2004). Thus, it follows that the Latina youth in this study perceived that the rules regarding sex are stricter for them than Latino males.

The Latina adolescents discussed how gender roles that are prescribed by Latina/o culture and their family function as protective factors against participating in sexual activity. This is consistent with the protection-risk conceptual framework (Jessor et al., 2003). According to the protection-risk framework, protective factors decrease an individual's likelihood of participating in problem behavior by establishing personal or

social sanctions against problem behavior (Jessor et al., 2003). The participants discussed how females who engage in sexually promiscuous behavior are personally sanctioned (e.g., called derogatory names). Thus, there appear to be cultural and societal sanctions against the problem behavior (i.e., sexual activity) that decrease these Latinas' likelihood of engaging in sexual activity. The perception that gender roles discourage the Latina youth in the current study from initiating sexual activity is consistent with the results of empirical studies and with the cultural expectations in the Latina/o community.

Cultural differences. The Latina youth in the current study perceived that Latina/os have stricter rules about sex than Whites. This belief regarding cultural differences may help to elucidate some research findings that suggest that among Latina/os, assimilation to White culture is associated with negative outcomes such as early sexual initiation, low rate of contraceptive use, and poor birth outcomes (Afable-Munsuz & Brindis, 2006; Driscoll et al., 2001; Ford & Norris, 1993; Jimenez et al., 2002). Because some Latina youth (e.g., the participants in the current study) perceive that White culture is more permissive regarding sex, if they assimilate to White culture they may be more likely to take on permissive sexual attitudes and behaviors (e.g., early sexual initiation, low contraceptive use).

The protection-risk framework states that protective factors decrease an individual's likelihood of participating in problem behavior by providing models of positive behavior (Jessor et al., 2003). Thus in the current study, the perception of cultural differences is considered a protective factor that discourages the Latina youth from participating in sexual behavior by providing models of positive behavior and cultural sanctions against problem behavior. The cultural differences expressed by the

Latina youth suggest that they look within their Latino/a culture for models of conservative sexual behavior (i.e., positive behavior). They also perceive that their Latina/o culture has sanctions against permissive sexual attitudes and behavior. Thus, models of sexual conservatism and sanctions against sexual permissiveness reduce the likelihood that these Latina youth will engage in sexual activity.

Family values. Family values shape the core sexual attitude of the participants because family members, particularly mothers, are a main source for transmitting the message of abstinence until marriage amongst these Latina teenagers. The participants also stated that their family discourages them from having sex. Other studies have identified the salience of family values on shaping the sexual attitudes of youth. Among a sample of 103 youth (60 sexually abstinent and 43 sexually active), the sexually abstinent youth reported that their parents emphasized sexual abstinence more than the sexually active youth. They also indicated that their parents and siblings had more conservative attitudes about sex than the sexually active youth (Abbott & Dalla, 2008). The important role of mothers in shaping sexual attitudes has also been found among exclusively female adolescent samples. For example, 24 sexually abstinent girls aged 14 to 18 who participated in focus group interviews discussed the importance of their mothers in shaping their attitudes towards boys and sex (Morrison-Beedy, Carey, Côte-Arsenault, Seibold-Simpson, & Robinson, 2008).

According to the protection-risk framework, protective factors decrease an individual's likelihood of participating in problem behavior by fostering an environment of support (Jessor et al., 2003). In the current study, family values protected the participants from engaging in sexual activity by providing support and personal sanctions

against sex. For example, the Latina youth stated that their parents, particularly their mothers are the major source that shapes their personal attitudes regarding sex. Also, a fear of parental reactions is a way in which family discourages the Latina youth from having sex. So, both the support that they receive from their families regarding shaping their core sexual attitudes and the personal sanctions of fearing their parents' reactions reduces the chances of these Latina youth being involved in sexual activity.

Personal knowledge. In addition to family values, personal knowledge regarding consequences related to teenage pregnancy (e.g., responsibility of raising a child, fear of being kicked out of the house by their parents if they become pregnant, a fear of being forced into marriage if they become pregnant) influences the core sexual attitude of these Latina adolescents. A fear of consequences related to pregnancy has emerged as a reason to avoid sexual activity among youth in other studies (Morrison-Beedy et al., 2008; Blinn-Pike, 1999; Loewenson et al., 2004). In a sample of 697 sexually abstinent eighth through tenth graders, the fear of pregnancy, STIs, and disapproval from parents (referred to as the “fear-based component” in the study) was the most common reason that the youth remained sexually abstinent (Blinn-Pike, 1999). Some researchers have found that females are more likely to endorse the fear of pregnancy as a reason to continue to abstain from sex than males (Blinn-Pike, 1999; Loewenson et al., 2004). In one study, the females were 26 times more likely than the males to endorse pregnancy as a reason to abstain (Loewenson et al., 2004).

Personal knowledge regarding consequences related to teenage pregnancy seems to function as a protective factor against engaging in sexual activity by providing personal sanctions against sexual activity. The Latinas identified several personal

sanctions (e.g., responsibility of raising a child, being kicked out of the house, being forced into marriage) that might result from a teenage pregnancy. Thus, the personal sanctions associated with teenage pregnancy help to reduce the likelihood that these youth will engage in sexual activity.

Peer pressure. Just as protective factors reduce the likelihood that individuals will engage in problem behavior, risk factors increase one's likelihood of engaging in problem behavior (Jessor et al., 2003). Risk factors encourage problem behavior by providing models of problem behavior, more opportunities to participate in problem behavior, and more personal vulnerability to engage in problem behavior. The Latina youth in the current study revealed that peer pressure (from males and friends) encourages sexual activity. Similar results were found in another focus group study among Latina young adults in which the participants described peer pressure as a motivation for them to become sexually active (Gilliam et al., 2004). Also, among a group of sexually abstinent youth, being pressured by a significant other and sexual tensions were reported as disadvantages of sexual abstinence (Abbott & Dalla, 2008). Research suggests that adolescent girls of all backgrounds tend to date men who are in their 20s, which may put them at increased risk for pressure to have sex (Faryna & Morales, 2000).

Peer pressure from males and friends is a risk component that the Latina youth in this study identified as a factor that encourages Latina teens to have sex by providing models of problem behavior and personal vulnerability for them to engage in the problem behavior. The Latina adolescents discussed the influence of friends in encouraging Latinas to have sex. Friends may describe their own sexual experiences as a way to

encourage the Latina youth to have sex. Additionally, the participants revealed that males sometimes try to convince Latina youth to have sex by telling them that they love them and by threatening to leave them. This may create a personal vulnerability for some Latinas, increasing their likelihood of engaging in sexual activity.

Stressors/Abuse. In addition to peer pressure, stress related to life problems and abuse from boyfriends and parents is another factor that encourages Latina teenagers to have sex. Participants in a previous qualitative study explained that becoming pregnant was a way for them to escape abusive households (Gilliam et al., 2004). This is consistent with existing research that has found a positive correlation between stress and risky sexual behavior practices. Among a group of Latina and African American youth aged 14 to 19, participants who had risky sexual partners in the past and more sexual partners were more likely to exhibit emotional distress (Ethier et al., 2006). Also, Mazzaferro et al. (2006) found that among young women aged 14 to 25, participants who reported higher levels of stress were also more likely to report a history of STIs. Research also suggests that victims of abuse, particularly sexual abuse are at elevated risk for becoming teenage parents (Miller, 2002). Additionally, engaging in rebellious activities was found to be one of the major coping responses for dealing with stress among a group of adolescents from various ethnic backgrounds (Mates & Allison, 1992). Similarly, the youth in the current study may perceive sex as a rebellious way for some Latina teens to cope with stress.

Stressors/abuse is another factor identified by the participants in the current study that seems to put some Latina youth at risk for engaging in sexual activity. The daily stressors and abuse from parents and boyfriends discussed by these youth may encourage

some Latina adolescents to have sex by increasing their personal vulnerability. Thus, stressors/abuse functions as a risk factor that increases the likelihood of engaging in sexual activity.

How much does culture influence the core sexual attitude? Although the Latina adolescents in this study were clearly aware of and articulated cultural differences regarding sexual attitudes between their Latina/o culture and White culture, several cultural concepts (i.e., ethnic group membership, being Latina, and ethnic identity) did not emerge as themes that influenced the core sexual attitude. In fact, the belief that being Latina does not influence their attitudes emerged as a theme that was expressed by the majority of the participants. There are several possible reasons why the Latina youth did not identify certain aspects of their culture as major influences on their sexual attitudes.

First, the participants were recruited from mostly Latina/o communities. They were recruited from a high school where Latina/os represent approximately 95% of the student body. Participants were also recruited from a community center that is located in a predominately Latina/o neighborhood and has a mission that includes serving Latina/o and other racial and ethnic minority groups. Perhaps ethnicity is not as distinctive for these youth because they function in majority Latina/o communities, and other aspects of their identity may be more salient (e.g., gender; Charmaraman & Grossman, 2010). Therefore, ethnicity and other cultural variables may not have a major influence on their sexual attitudes.

Second, cultural concepts may not have emerged as influences on the core sexual attitude of the Latina youth in the focus groups because they may not be aware of the connection between culture and attitudes about sex. For example, research suggests that

ethnic identity may operate as a moderator between risk factors and negative outcomes (Brook et al., 1998; Greene et al., 2006; Kiang et al., 2006). Thus, instead of having a direct influence on sexual attitudes, ethnic identity may function indirectly by strengthening other protective factors or attenuating risk factors. Youth may be unaware of the influence of ethnic identity and therefore unable to articulate its role in their sexual attitudes. This may also be a function of their developmental level. The conscious awareness of the influence of culture on one's sexual attitudes may occur at a later stage of development. Thus, the youth in the current study may not have developed an understanding of the relationship between these variables.

Another possible explanation of why the Latina youth in the current study did not identify major cultural concepts as factors that shape their core sexual attitude is that they may have had a difficult time understanding some of the terminology used in the interview protocol. For example, participants may not have understood the meaning of "Latina" as incorporating both their ethnic and gender minority statuses. This may be related to the use of the term Latina in the social sciences to describe ethnicity and to describe ethnicity combined with gender. It has been suggested that the dual minority status of Latinas may make them more aware of their ethnic identity than men (Charmaraman & Grossman, 2010). However, this did not seem to be the case with the participants in the current study, suggesting that there may have been some confusion about the terminology used in the interview protocol. Although a pilot focus group was completed with three Latina adolescents and the youth seemed to understand the terminology during the focus group interviews, it possible that they did not fully understand this concept. This possibility was not detected during the interviews, but after

analyzing the data it arose as a possible explanation for the findings. It is also possible that the developmental stage of adolescents does not enable these youth to fully grasp their dual minority status.

General Discussion

The current study utilized mixed methodology. Mixed method research allows results to be generalized from a sample to a population and provides an in-depth understanding of the phenomenon of inquiry in a single study (Hanson et al., 2005). Even though there are several types of mixed methods designs, the current study employed the concurrent triangulation design. In concurrent triangulation research designs, both the quantitative and qualitative data are collected and analyzed at the same time and equal priority is given to both. The two forms of data are analyzed separately, and during interpretation thought is given to how much the data converge (Hanson et al., 2005). In the current study, both the surveys and the focus group data were collected simultaneously. While a research team was used to analyze the data from the focus groups, the quantitative data was analyzed by the principal investigator. In previous sections, results of the quantitative and qualitative data were presented separately. In the sections that follow, convergence and divergence among the two types of data will be discussed.

Convergence of quantitative and qualitative data. There were several similarities found between the quantitative and qualitative data in the current study. One similarity is the cultural context in which the participants live that is characterized by ethnic pride and biculturalism. Another similarity between the quantitative and qualitative data is that the participants practiced sexual abstinence. Lastly, the data

converge on the influence of White, mainstream culture on their sexual attitudes and behaviors.

Both the quantitative and qualitative data suggest that the Latina youth in the current study have ethnic pride and consider themselves to be bicultural. For example, during the focus group interviews the majority of the Latina youth felt a sense of pride about their ethnic group membership. The participants also identified specific advantages of being Latina including the ability to share information about their ethnicity with others, having a unique perspective on things, being bilingual, and locating and connecting with others from the same background. Ethnic pride was also demonstrated in participants' responses to the quantitative surveys. Eighty percent of the participants in the quantitative portion of the study reported a high level of ethnic affirmation, which is the subscale of the MEIM that is characterized by ethnic pride, good feelings about one's ethnic background and group membership. In addition to ethnic pride, qualitative and quantitative data both suggest that the participants consider themselves to be bicultural. In the focus group interviews, the majority of the participants stated that they prefer to live in both Latina/o and White cultures. Similarly, the quantitative data suggest that about 87% of the participants were classified as either Mexican oriented to balanced bicultural or were slightly Anglo oriented bicultural (according to the cutoff scores established by Cuellar et al., 1995).

In addition to the convergence of the data regarding the cultural context of the participants, there was also convergence between the two types of data regarding the major findings. For example, the core sexual attitude expressed by the majority of the Latina youth in the qualitative portion of the study was that marriage is necessary for

sexual activity. The idea of delaying sexual activity was also reflected in the quantitative data, which revealed that nearly 70% of the participants had never had sex. Because participants' reasons for remaining sexually abstinent were not assessed in the quantitative portion of the study, it is not possible to determine if they remained sexually abstinent because they believe that marriage is necessary for sexual activity like the participants in the qualitative portion of the study. Even though it is unclear why the participants in the quantitative portion of the study remained sexually abstinent, the two sources of data suggest that sexual abstinence is important to this group of Latina teenagers.

Another area in which the data from both the quantitative and qualitative portions of the study converged was the influence of White culture on their sexual attitudes and behaviors. In the qualitative portion of the study, the majority of the Latina youth perceived that Latina/os have stricter rules about sex than Whites. This perception of cultural differences influenced their core sexual attitude (marriage is necessary for sexual activity). In the quantitative data, there was an interaction between assimilation and ethnic identity for age at first sexual intercourse in which participants with high levels of assimilation and low levels of ethnic identity engaged in sexual intercourse at an earlier age than those with high levels of assimilation and high levels of ethnic identity. This suggests that adherence to White culture and ethnic identity influence the age at which these Latina youth initiate sexual activity. Thus, the qualitative and quantitative data suggest that White culture influences both the sexual attitudes and sexual behaviors of this group of Latina adolescents.

Divergence of quantitative and qualitative data. Although there were several convergent findings between the qualitative and quantitative data, there were also several divergent findings. For example, gender roles were found to influence the core sexual attitude of the participants in the focus groups; however, marianismo (the traditional gender role for Latina females) was not a significant predictor of sexual activity in the quantitative portion of the study. Also, ethnic identity was a predictor of sexual activity among the Latina youth in the quantitative portion of the study, but it did not influence the core sexual attitude of the participants in the focus groups. Additionally, there were several variables that influenced the core sexual attitude of the Latina adolescents in the qualitative portion of the study (i.e., family values, personal knowledge, peer pressure, and stressors/abuse) that were not measured in the quantitative portion.

The qualitative data revealed that the Latina youth's perceptions of gender roles, which suggest that females should be more sexually conservative than males and their families' implementation of stricter rules for them than their male counterparts, discourage the Latinas from engaging in sexual activity before marriage. However, such gender-related influences were not found in the quantitative data. Specifically, marianismo was not related to any of the sexual activity variables. One explanation for the divergent findings is that the Latina youth described their perceptions of the rules about sex that their family, culture, and society has for females. They did not state that they themselves believed the gender roles that are expressed by these larger systems. The survey questions, however, asked about their personal beliefs regarding traditional gender roles, and the data revealed that only 9.4% of the participants expressed traditional gender role attitudes (i.e., attitudes characteristic of marianismo). Because the majority of

the participants did not personally endorse the traditional gender role of mariанизmo, it follows that mariанизmo would not influence their sexual behaviors.

Another divergent finding between the quantitative and qualitative data is the influence of ethnic identity on the sexual attitudes and behaviors of the Latina youth. In the quantitative portion of the study, ethnic identity was positively related to being sexually abstinent, delaying sexual initiation, and use of contraception at first sex. However, in the qualitative portion of the study ethnic identity was not one of the factors that influenced the Latinas' core sexual attitude. One reason for the divergence in the data is that perhaps the relationship between ethnic identity and sexual attitudes/behaviors is a subconscious process. It is possible that Latina youth do not realize that their ethnic identity does in fact influence their sexual behaviors and attitudes. Another possible reason for the divergence in data is that the ethnic identity variables accounted for a small percentage of the variance in the sexual activity variables (between 4% and 6%). This suggests that ethnic identity may not be a major influence on the sexual attitudes and behaviors of these Latina youth. So, although ethnic identity may have influenced the sexual attitudes of the participants in the qualitative portion of the study, it was not one of the major factors, and therefore did not emerge as one of the major components of the model.

Several factors emerged in the qualitative portion of the study that influenced the core sexual attitudes of the participants that were not measured in the quantitative portion of the study. Specifically, family values and personal knowledge were identified by the Latina youth as factors that influence their core sexual attitude and discourage them from engaging in sexual activity. Additionally, peer pressure (from males and boys), stressors,

and abuse emerged as factors that also influence their core sexual attitude and encourage them to engage in sexual activity. None of these factors were measured in the quantitative portion of the study. This may explain why the overall models that resulted from the logistic and linear regressions were not good predictors of sexual activity. For example, demographic variables, acculturation, ethnic identity, and marianismo together only predicted 73% of the cases for ever had sex. Therefore, 27% of the cases were incorrectly classified. This suggests that the variables included in the regression were not sufficient to correctly predict if the youth had ever had sex. Thus, additional variables such as family values, personal knowledge, peer pressure, stressors, and abuse may more accurately predict the sexual behaviors of this group of Latina youth.

Summary of data convergence and divergence. The mixed methodology utilized in the current study yielded quantitative and qualitative results with some similarities and differences. For example, the similarities between the quantitative and qualitative data include the cultural context in which the participants live (characterized by ethnic pride and biculturalism), sexual abstinence, and the influence of White culture on the sexual attitudes and behaviors of the Latina youth. Even though there were several convergent findings between the qualitative and quantitative data, there were also several divergent findings. One divergent finding was that the presence of gender roles was found to influence the core sexual attitude of the participants in the focus groups, but was not a significant predictor of sexual activity in the quantitative portion of the study. Another divergent finding was that ethnic identity was a predictor of sexual activity among the Latina youth in the quantitative portion of the study, but it did not influence the core sexual attitude of the participants in the focus groups. Lastly, there were several

variables that influenced the core sexual attitude of the Latina adolescents in the qualitative portion of the study (i.e., family values, personal knowledge, peer pressure, and stressors/abuse) that were not measured in the quantitative portion.

Limitations of the study. Similar to other studies, the current study has some limitations. One limitation is the homogeneity of the sample for both the quantitative and qualitative portions regarding ever had sex. In the qualitative portion of the study, 80% of the participants were sexually abstinent. In the quantitative portion of the study, nearly 70% of the participants were sexually abstinent. Because of the homogeneity of the sample, it is difficult to generalize the quantitative results to Latina adolescents who have initiated sex.

Another limitation is that in the quantitative portion of the study only large effect sizes were detected because there was not enough power to detect medium effect sizes. In regression analyses, it is ideal to detect small and medium effect sizes (Aron & Aron, 2003). However, given participant recruitment challenges, it was practical to detect large effect sizes in the current study. Because only large effect sizes were detected, only major differences among the sample were identified. If medium and small effect sizes had also been detected, it would have been possible to observe smaller differences among the sample.

The small size of the focus groups is another limitation. Research suggests that the ideal size for a focus group is between 8 and 12 people (Stewart et al., 2007). Fewer than eight people may be detrimental to the quality of the discussion and more than 12 people may be difficult for the focus group moderator to manage. Although the current study included between 3 and 4 people in each focus group, a smaller number of

participants also allowed ample time for each adolescent to fully participate in the discussion. It is reasonable to assume, however, that a larger number of people in each focus group may have yielded additional findings.

Another limitation in the current study is the marginal reliability of the AOS subscale on the ARSMA-II (used to measure assimilation) in the quantitative portion of the study. According to established standards, a good reliability coefficient is .70 or above (Hamilton, Crandell, Carter, & Lynn, 2010). Therefore, the reliability coefficient for the AOS subscale in the current study (.59) is marginal at best. Thus, the AOS subscale of the ARSMA-II may not have been the best measure of assimilation to use with this population, and the results of the current study may have been different if a more reliable measure of assimilation had been used.

The five year age range (i.e., 13-18) of the participants in the current study is another limitation. Although adolescence encompasses the ages of 13 through 19 (DeLamater & Friedrich, 2002), the developmental changes that occur earlier on in adolescence are different from those that occur in late adolescence. Also, during early adolescence (ages 13-14), many individuals are in junior high school. In later adolescent years (ages 17-18), most individuals are towards the end of their high school education and may have exposure to different experiences, different privileges and responsibilities than individuals in early adolescence. Therefore, youth between the ages of 13 and 18 likely experience very different social environments. The developmental and social differences within this five year age range may influence difference sexual attitudes and behaviors among this population. In the current study, the influence of developmental and social differences between the participants based on age was not controlled. Thus, age-

related developmental and social differences may have influenced the results of the current study. A more homogenous group of participants (regarding age) may have yielded different results.

Implications. Despite the limitations discussed above, there are several important implications of the results of the current study. First, sexual prevention programs for adolescents should help Latina/o families communicate about sex (Sterling & Sadler, 2009; Guilamo-Ramos et al., 2009). In the qualitative study, family values had an important influence on the core sexual attitude of the adolescents. This is consistent with previous research with Latina youth (Sterling & Sadler, 2009; Guilamo-Ramos et al., 2009). Because family seems to play a significant role in the sexual attitudes of Latina youth, it is imperative that Latina/o family members (mothers in particular) communicate with their adolescent daughters about sex. In a qualitative study involving Latina mothers and their teen daughters, nearly all of the participants reported that parent-adolescent communication about sex was important in reducing sexual risks (McKee & Karasz, 2006). Research suggests that instead of focusing solely on the consequences of sexual activity, parents should communicate both the consequences and ways to prevent the consequences of sex (Nappi, McBride, & Donenberg, 2007).

Another implication of the results of the current study is that teenage sexual prevention programs should emphasize the potential consequences of teenage pregnancy for Latina adolescents (Sterling & Sadler, 2009). The Latina youth in the qualitative portion of this study identified personal knowledge (particularly regarding consequences related to teenage pregnancy) as a main factor that influences their sexual attitudes and discourages them from engaging in sexual activity. This suggests that the Latina

adolescents in this study are aware of some of the negative consequences of teenage pregnancy and knowledge of these consequences discourages them from having sex. This may be an important component to include in teenage sexual activity prevention programs to deter Latina teenagers from engaging in sexual activity. For example, teenage sexual activity prevention programs may consider including teenage mothers as guest speakers so that they can discuss some of the consequences related to teenage pregnancy that they have experienced. This would provide the Latina youth with information regarding the consequences of sexual activity from teenagers who are actually experiencing them, which may discourage the Latinas from engaging in sexual activity and reduce their chances of experiencing similar consequences.

An increase in feelings of belongingness and pride associated with the Latina/o ethnic group is another implication of the results of this study that should be included in teenage sexual activity prevention programs. Both the participants in the qualitative and quantitative portions of the current study described feelings of ethnic pride and the majority of them were sexually abstinent. This suggests that ethnic identity may be related to increased sexual abstinence. Additionally, the quantitative data in the current study suggest that ethnic identity was positively related to being sexually abstinent, delaying sexual initiation, and use of contraception at first sex. Therefore, prevention programs should promote ethnic identity because it could increase healthy decision-making among Latina youth (Espinosa-Hernández & Lefkowitz, 2009).

Future directions. The important implications from the results of the current study suggest that additional research would be beneficial in continuing to elucidate the role that culture plays in the sexual attitudes and behaviors of Latina adolescents. Such

research can build upon the results of the current study in several ways. First, future studies could include more participants in the focus groups (between 8 and 12; Stewart et al., 2007). Larger focus groups may help elicit more data from the participants and further explain the process by which culture influences the sexual attitudes of Latina youth.

Another way to expand upon the findings in the current study is to include additional sexually active participants in the quantitative portion. More sexually active participants would make it possible to detect medium and small effect sizes instead of only detecting large effect sizes. There may be more significant differences found between the sexually active and sexually abstinent participants if a larger number of the participants are sexually active. Thus, the inclusion of more sexually active participants would help to further elucidate the influence of culture on the sexual behaviors of Latina youth.

An additional way that the current research can be expounded upon is by focusing on sexually active Latina youth. Although it was not the aim of the current study, most of the participants were sexually abstinent. So, the current study examined the influences of acculturation, ethnic identity, and mariанизmo on the sexual attitudes and behaviors of sexually abstinent (for the most part) Latina youth. Therefore, more research is needed that simultaneously examines the influence of these variables on the sexual attitudes and behaviors of sexually active Latina adolescents.

Future research can also expand on the findings from the current study by focusing on Latina youth of a particular age. For example, the average age of initiating sexual activity among the sexually active participants in the current study was 15. There

may be some developmental and social changes that happen at this age that influence Latinas' decisions to have sex. Therefore, more research is needed regarding about how culture influences the sexual behaviors and attitudes of Latina youth at this age.

Another way in which the results of this study can be extended is by focusing on Latina adolescents whose mothers were teenage parents themselves. In the qualitative portion of the current study, family values had an important influence on the core sexual attitude of the adolescents. Mothers were the most common source from which Latinas formed their personal attitudes about sex. Also, personal knowledge regarding the consequences of teenage pregnancy was one of the main factors that the participants identified that discourages Latina teenagers from having sex. Therefore, it would be beneficial to examine the cultural influences on the sexual activity and attitudes of Latina youth whose mothers gave birth to them as teenagers. Such research would provide a greater understanding of the social and cultural components that may influence the sexual attitudes and behaviors of this population.

Finally, future research could focus on Latina youth from one country of origin. The Latina/o ethnic group is diverse and may vary in their language use, cultural standards and values (Sterling & Sadler, 2009). Additionally, research suggests that Latinas from different countries of origin may also differ in their sexual attitudes and behaviors (Guilamo-Ramos et al., 2009; Sterling & Sadler, 2009). Thus, future research could take into account the diversity within the Latina youth population by providing an in-depth view of the cultural influences on sexual attitudes and behaviors of Latinas from one country of origin. This approach would further the field's understanding of a segment of this diverse and rapidly growing population.

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Appendix A

Demographic Questionnaire

1. What is your age? _____ Grade in School: _____

2. What is your current GPA? _____

3. Gender: Female Male

4. What is your religious affiliation?
 Catholic Protestant Atheist
 Jewish Agnostic Other (please specify) _____

5. From what ethnic background is your family (e.g. Mexican, etc.)? _____

6. Were you born in the United States? yes no

7. Which generation of your family came to the United States?
 parents grandparents great-grandparents

8. Family Composition (please check which members who live in your home right now):
 Mother Father Step-mother Step-father
 Sister(s)-how many? _____ Brother(s)-how many? _____
 Other person(s)—(please specify) _____

1= very poor, 2= poor, 3= getting by, 4= living comfortably, 5= very well off

10. Compared to other students at your school, would you say your family is financially better off or worse off than other families?

1= much worse off 2=somewhat worse off 3=about the same 4=better off 5=much better off

Appendix B

Multigroup Ethnic Identity Measure

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(1) Strongly disagree (2) Disagree (3) Agree (4) Strongly agree

- _____ 1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
- _____ 2. I am active in organizations or social groups that include mostly members of my own ethnic group.
- _____ 3. I have a clear sense of my ethnic background and what it means for me.
- _____ 4. I think a lot about how my life will be affected by my ethnic group membership.
- _____ 5. I am happy that I am a member of the group I belong to.
- _____ 6. I have a strong sense of belonging to my own ethnic group.
- _____ 7. I understand pretty well what my ethnic group membership means to me.
- _____ 8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
- _____ 9. I have a lot of pride in my ethnic group.
- _____ 10. I participate in cultural practices of my own group, such as special food, music, or customs.
- _____ 11. I feel a strong attachment towards my own ethnic group.
- _____ 12. I feel good about my cultural or ethnic background.

Appendix C

The Mexican American Cultural Values – Familism, Respect, & Gender Scales

The next statements are about what people may think or believe. Remember, there are no right or wrong answers.

Response Alternatives:

1 = Not at all. 2 = A little. 3 = Somewhat. 4 = Very much. 5 = Completely.

Tell me how much you believe that...

- 1. Parents should teach their children that the family always comes first.
- 2. Children should be taught that it is their duty to care for their parents when their parents get old.
- 3. Children should always do things to make their parents happy.
- 4. No matter what, children should always treat their parents with respect.
- 5. Family provides a sense of security because they will always be there for you.
- 6. Children should respect adult relatives as if they were parents.
- 7. If a relative is having a hard time financially, one should help them out if possible.
- 8. When it comes to important decisions, the family should ask for advice from close relatives.
- 9. Men should earn most of the money for the family so women can stay home and take care of the children and the home.
- 10. Children should never question their parents' decisions.
- 11. Families need to watch over and protect teenage girls more than teenage boys.
- 12. It is always important to be united as a family.
- 13. A person should share their home with relatives if they need a place to stay.
- 14. Children should be on their best behavior when visiting the homes of friends or relatives.
- 15. Children should always honor their parents and never say bad things about them.
- 16. It is important to have close relationships with aunts/uncles, grandparents and cousins.
- 17. Older kids should take care of and be role models for their younger brothers and sisters.
- 18. Children should be taught to always be good because they represent the family.
- 19. Children should follow their parents' rules, even if they think the rules are unfair.
- 20. It is important for the man to have more power in the family than the woman.

1 = Not at all. 2 = A little. 3 = Somewhat. 4 = Very much. 5 = Completely.

Tell me how much you believe that...

- 21. Holidays and celebrations are important because the whole family comes together.
- 22. Parents should be willing to make great sacrifices to make sure their children have a better life.
- 23. A person should always think about their family when making important decisions.
- 24. It is important for children to understand that their parents should have the final say when decisions are made in the family.
- 25. Mothers are the main people responsible for raising children.
- 26. It is important for family members to show their love and affection to one another.
- 27. It is important to work hard and do one's best because this work reflects on the family.
- 28. Children should always be polite when speaking to any adult.
- 29. A wife should always support her husband's decisions, even if she does not agree with him.

Appendix D

Acculturation Rating Scale for Mexican Americans-II

Instructions: Circle the number next to each item that best applies to you.

	Not at all	Not very often	Moderately	Very often	Extremely often
1. I speak Spanish	1	2	3	4	5
2. I speak English	1	2	3	4	5
3. I enjoy speaking Spanish	1	2	3	4	5
4. I associate with Anglos/Whites	1	2	3	4	5
5. I associate with Latinos and/or Latin Americans	1	2	3	4	5
6. I enjoy listening to Spanish language music	1	2	3	4	5
7. I enjoy listening to English language music	1	2	3	4	5
8. I enjoy Spanish language TV	1	2	3	4	5
9. I enjoy English language TV	1	2	3	4	5
10. I enjoy English language movies	1	2	3	4	5
11. I enjoy Spanish language movies	1	2	3	4	5
12. I enjoy reading books in Spanish	1	2	3	4	5
13. I enjoy reading books in English	1	2	3	4	5
14. I write letters in Spanish	1	2	3	4	5
15. I write letters in English	1	2	3	4	5
16. My thinking is done in the English language	1	2	3	4	5
17. My thinking is done in the Spanish language	1	2	3	4	5
18. My contact with Latin American countries has been..	1	2	3	4	5
19. My contact with the USA has been...	1	2	3	4	5
20. My father identifies or identified himself as "Latino"	1	2	3	4	5
21. My mother identifies or identified herself as "Latina"	1	2	3	4	5
22. While I was growing up my friends were Latino	1	2	3	4	5
23. While I was growing up my friends were Anglo	1	2	3	4	5
24. My family cooks Latino foods	1	2	3	4	5
25. My friends now are of Anglo/White origin	1	2	3	4	5
26. My friends now are of Latino origin	1	2	3	4	5
27. I like to identify myself as an Anglo American	1	2	3	4	5
28. I like to identify myself as a Latin American	1	2	3	4	5
29. I like to identify myself as a Latino/a	1	2	3	4	5
30. I like to identify myself as American	1	2	3	4	5

Appendix E

Sexual Behavior Items

1. Have you ever had sexual intercourse? _____ yes _____ no
2. How many sexual partners have you had in your lifetime? _____ (number of sexual partners)
3. How old were you when you first had sexual intercourse? _____ (age)
_____ I have never had sexual intercourse
4. Did you use a form of contraception (condom, birth control pill, diaphragm) the first time you had sexual intercourse? _____ yes _____ no
_____ I have never had sexual intercourse
5. How often do you use contraception (condom, birth control pill, diaphragm) when you have sexual intercourse?
_____ never _____ sometimes _____ always

Appendix F

Influence of Culture on Relationships among Latino/a Adolescents

Department of Counselor Education and Counseling Psychology
Marquette University

Project Significance:

The overarching goal of this project is to explore the influence of culture on relationships and sexual attitudes and behavior among Latino/a youth. Early sexual activity puts adolescents at risk for a variety of negative outcomes, including teenage pregnancy, parenthood, abortion, and sexually transmitted diseases (Anaya et al., 2003). A concerning fact is that Latino youth and adults have been shown to have higher rates of many of these health risks and consequences than their White counterparts (National Campaign to Prevent Teen Pregnancy, 2003; Schuster, 2003).

Little research has been conducted to explore the role of Latino/a cultural values in the prevention of sexual activity among youth. The findings from the present study will increase our understanding of the influence of culture on sexual behavior and contribute to a growing body of literature related to promoting well-being in Latino/a youth.

Project Methodology:

Participants will be youth recruited from schools and community agencies and organizations in the Milwaukee, WI area. Adolescents ages 12-17 who identify as Latino/a will be eligible to participate in the current study. Youth will be required to obtain parental consent and provide personal assent in order to participate. All informational letters and consent forms to families will be written in English and Spanish. Youth will participate in the study on a voluntary basis.

Once consent is obtained, the principal investigator and/or a research assistant will conduct data collection at a time and place that is convenient for the school or agency. Youth will be given a survey in English or Spanish that will take approximately 30 minutes to complete. No names will be included on the questionnaires, and all responses will be kept anonymous. Participants will not be asked for any follow-up responses as this is a one-time administration. Participants will be compensated with a gift card (\$5.00) or cash for completing the survey.

Community/School Support Requested:

We are hoping that schools and community agencies will help us facilitate participant recruitment by allowing us to talk to groups/classes about the study. We will pass out consent forms and be responsible for all study materials. We are also hoping that agencies can provide a space or time for data collection so that the surveys can be completed on-site, at a convenient time and place for participants and the school/agency.

Appendix G

Invitation to Participate

Dear Parent/Guardian,

I am writing to invite your child to participate in a project being conducted through the Department of Counselor Education and Counseling Psychology at Marquette University. The researcher, Dr. Lisa Edwards, is interested in learning more about the different factors that influence relationships and well-being among Latino/a boys and girls, including family, cultural beliefs, sexual attitudes/behaviors, and life satisfaction. This is an important topic as there is very little research about Latino/a adolescent's attitudes and behaviors. It is critical that we all learn more about the beliefs and practices of Latino/a youth so we can develop useful programs that will help students be successful in the future.

We are inviting your child to complete a 30-40 minute survey. All of your child's responses will be anonymous. Your child will receive a \$5.00 gift card for completing the survey. Your child may also have the opportunity to be a part of a focus group with other Latino youth where they will discuss their opinions about family and cultural influences on sexual attitudes. The focus group will last for about 2 hours and the information from the group will be kept confidential. Your child will receive an additional \$5.00 gift card for participating in the focus group.

If you think you might be interested in having your child participate in this important research, please sign the two consent forms on the attached pages. Keep one copy for yourself and ask your child to bring the other one back to school in the envelope provided. If you have any questions, please do not hesitate to call Dr. Edwards at any time.

Thank you,

Lisa M. Edwards, Ph.D.
Department of Counselor Education &
Counseling Psychology
Marquette University

If you would like to allow your child to participate in this study,
please sign one of the attached consent forms and return it to
school. Please keep the other copy for your records. Thank you!

Appendix H

Invitación a Participar

Estimado Padre o Guardian,

El proposito de esta carta es el invitar a su hijo (o hija) a participar en un proyecto conducido a traves del Departamento de Consejeria y Psicología Educativa de la Universidad de Marquette. La investigadora, Dra.Lisa Edwards, esta interesada en estudiar los diferentes factores que influencian las relaciones y el bienestar de los adolescentes Latino/as, incluyendo sus familias, sus culturas, sus perspectivas sobre las relaciones sexuales, y sus satisfaction en general. Es muy importante que aprendemos mas sobre las opiniones de los adolescentes Latino/as para que podemos crear programas que los ayudaran ser exitosos en el colegio y la vida.

Les estamos pidiendo a sus niños 30-40 minutos de su tiempo para completar una encuesta anónima. Cada niño recibira \$5.00 en agradecimiento si contesta la encuesta. Ademas, su niño podra tener la oportunidad mas tarde de formar parte de una discusion en grupo en donde habrá intercambio de opiniones en como la familia y cultura afectan las actitudes sobre las relaciones sexuales. El grupo de discusión durara por 2 horas, y su contenido será totalmente confidencial. Cada niño recibira además \$5.00 en agradecimiento si participa en el grupo de discusión.

Si Ud. esta interesado en que su hijo (o hija) participe en este estudio importante, por favor firme los dos formularios que vienen con esta carta. Conserve una copia para Ud. y mande la otra en el sobre al colegio. Si tiene alguna pregunta, puede llamar a la Dra. Edwards en cualquier momento.

Sinceramente,

Lisa M. Edwards, Ph.D.
Department of Counselor Education &
Counseling Psychology
Marquette University

Si usted esta de acuerdo en permitirle a su niño o niña participar en este proyecto, por favor firme ambas copias de la carta que sigue y envie una copia al colegio. Guarde la otra copia. Gracias!

Appendix I

MARQUETTE UNIVERSITY PARENT PERMISSION FORM

Latino/a Adolescents' Relationships and Well-Being Study

Investigator: Lisa Edwards PhD, Department of Counselor Education and Counseling Psychology

Your child has been invited to participate in this research study. Before you agree to allow your child to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to give permission for your child to participate.

PURPOSE: We want to find out about the different factors that influence relationships and well-being among Latino/a boys and girls. We are asking your son/daughter to be part of this study because he/she is a teenage Latino/a. We are interested in what he/she thinks about their ethnic background, family, cultural beliefs, sexual attitudes/behaviors, and overall well-being. Your child will be one of approximately 300 participants in this research study.

PROCEDURES: Your child will be asked to complete some surveys about him/herself and may be asked to participate in a focus group. The surveys will be completed individually and will take 30-40 minutes. The focus groups will include 6-8 Latino/a youth and one or two adult leaders. Each focus group discussion will last 1-2 hours and will be tape recorded. The recordings will be transcribed. The focus groups will pose discussion questions about family and cultural influences on the sexual attitudes of Latino/a youth.

RISKS: There are minimal risks involved with this study, but since the study is about cultural beliefs, family, relationships and sexual behavior, your child may feel uncomfortable talking about this topic with others. Your child does not have to answer questions or share information that he/she would rather keep private. During the focus groups, your child is free to respond in his/her own way.

BENEFITS: This study may not directly benefit your child; however, being a part of research about relationships and well-being among Latino/a youth in this study may be beneficial for your child. What we learn from the research may also be used to help other teenagers some day. Everybody in this study will receive a list of community mental health resources.

VOLUNTARY NATURE OF PARTICIPATION: Your child's participation in this study is completely voluntary. Your child may withdraw from the study and stop participating at any time. We will discard his/her questionnaire. If your child participates in a focus group and wants to stop once the group has started, we will stop the tape and allow him/her to leave. We will not erase the tape, anything that your child said in the group prior to when he/she quit will remain on the tape recording.

CONFIDENTIALITY: Marquette University is committed to the protection and privacy of individuals who choose to participate in research. That is why we are sharing this information with you and requesting your permission. Your child's participation is strictly voluntary and you have the right to withdraw their information at any time.

The information your child reveals in this study will be kept confidential. We will not share with you what your child says in the focus group with a few exceptions. We will notify you if your child shares thoughts about hurting him/herself or someone else in some way. We also are required by law to report child abuse to the Child Protection Services (CPS). If your child reports that he/she has been physically or sexually abused we will have to report to CPS. You would be notified in advance if we make a report to CPS.

Data from this study will not be associated with your child's name. Names will not be included on the surveys. We will not use names during the focus groups, so your child's name will not be tape recorded. We will enter his/her information from the surveys into a computer database. Your child will not be identifiable in the database or the typed transcripts, so we will not destroy them. We may use the database and transcripts in other research studies or to teach college students. The paper questionnaires and tape recordings of the groups will be destroyed five years after the completion of the study. Paper consents and questionnaires will be stored in a locked file cabinet file until they are destroyed. The tape recordings of the groups will be stored on password protected computers of the researchers until they are deleted. The database and transcripts, which will have all identification removed, will also be stored on password protected computers of the researchers.

Your child's identity will be protected on the surveys and the tape recordings of the focus groups. However, we cannot protect his/her identity within the group. The other group members will hear your child's comments and we cannot guarantee everyone's confidentiality. All focus group participants are instructed to keep discussions confidential. We will remind everyone at the beginning of the focus group to please not share things that they would not like others to hear.

Your child's research records may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

COMPENSATION: As a token of compensation, your child will receive \$5.00 for completing the surveys and \$5.00 if they participate in a focus group.

CONTACT INFORMATION: If you have any questions about this research project, you can contact Dr. Lisa Edwards at 414-288-1433. If you have questions or concerns about your child's rights as a research participant, you can contact Marquette University's Office of Research Compliance at (414) 288-7570.

If you are willing to have your child participate in this project (both completing the surveys and possibly taking part in a focus group) please sign both copies of the consent form and send one copy back in the envelope provided. Keep the other copy of the consent form for your records as it has my name and phone number.

Permission Granted for Child's Participation in this Project

I have read and understand the Informed Consent Statement, and I grant permission to have my child participate in this project. While there is no significant stress expected, I understand that I am free to withdraw my child from the study at any time. *With my signature, I also confirm that I have received a copy of this consent statement.*

Child's Name (Participant)

Parent's Printed Name

Phone Number

Parent's Signature

Date

Researcher's Signature

Date

Appendix J

MARQUETTE UNIVERSITY PARENT PERMISSION FORM

Latino/a Adolescents' Relationships and Well-Being Study **Investigacion sobre las relaciones y el bienestar de los adolescentes Latino/as**

Investigadora: Lisa Edwards PhD, Department of Counselor Education and Counseling Psychology

El propósito de esta carta es el invitar a su hijo (o hija) a participar en un proyecto conducido a través del Departamento de Consejería y Psicología Educativa de la Universidad de Marquette. La investigadora, Dra. Lisa Edwards, está interesada en estudiar los diferentes factores que influencian las relaciones y el bienestar de los adolescentes Latino/as, incluyendo sus familias, sus culturas, sus perspectivas sobre las relaciones sexuales, y sus satisfacción en general. Por favor haga cualquier pregunta si el contenido de esta carta no le es completamente claro.

PROPOSITO DEL ESTUDIO: Queremos estudiar los diferentes factores que influencian las relaciones y el bienestar de los adolescentes Latino/as, incluyendo sus familias, sus culturas, sus perspectivas sobre las relaciones sexuales, y sus satisfaction en general. Les estamos pidiendo a su hijo/hija participar porque son adolescentes Latino/as. Su niño será uno de 300 participantes en este estudio.

PROCEDIMIENTOS: Les estamos pidiendo a su niño 30-40 minutos de su tiempo para completar una encuesta anónima. Además, su niño podrá tener la oportunidad más tarde de formar parte de una discusión en grupo en donde habrá intercambio de opiniones en como la familia y cultura afectan las actitudes sobre las relaciones sexuales. El grupo de discusión incluirá 6-8 participantes y uno o dos líderes adultos. El grupo de discusión durará por 1 a 2 horas, y será grabado, pero su contenido será totalmente confidencial.

RIESGOS: Los riesgos de participar en este estudio son mínimos, pero como el tema es sobre la cultura, la familia, y las relaciones sexuales, su hijo/hija podrá sentirse incomodo discutiendo este tema. Su hijo/hija no tendrá que discutir información que no quiera compartir.

BENEFICIOS: Este estudio no beneficiará a su hijo/hija directamente. Sin embargo, los beneficios de participar están representados primero en ser parte de una investigación que se relaciona con los jóvenes Latinos, y segundo en la información que podrá ayudar a otros adolescentes Latinos.

PARTICIPACION VOLUNTARIA: La participación de su hijo/hijo es completamente voluntaria. Su hijo/hija podrá salir del estudio en cualquier momento que lo desee y su record será destruido. Si su hijo/hijo decide parar la discusión del grupo, la grabación parará y su hijo/hija podrá retirarse. Sin embargo, cualquier otra información en la grabación anterior a su salida permanecerá en la grabación.

CONFIDENCIALIDAD: La Universidad de Marquette apoya la protección de individuos que deciden participar en proyectos de investigación. La participación de su niño o niña es completamente voluntaria, y los padres tienen el derecho de interrumpir la cooperación en cualquier momento. La participación de su hija/hijo durante la discusión de grupo no será

compartida con los padres. Sinembargo, las unicas situaciones en que la informacion de su hijo/hija no seria privada son las siguientes: Si su hijo/hija expresa explicitamente que necesita ayuda, si su hijo/hija revela algun tipo de abuso, o si su hijo/hija habla de querer hacerse daño a si mismo o a otra persona. En cualquiera de estos casos, los investigadores son responsables bajo la ley de reportar cualquier abuso fisico o sexual a la agencia de Child Protection Services (CPS). En caso de que el investigador tenga que llamar a CPS, los padres seran notificados de antemano. Los datos de este estudio no serán asociados con el nombre de su hijo/hija, desde que los nombres no serán usados durante la discusión de grupo o las encuestas. Los datos de este estudio serán destruidos después de 5 años. Cualquier información referente al participante (encuestas, grabaciones, permisos de padres) se mantendrá separada en un gabinete cerrado con llave o conservado en un computador con acceso limitado a clave secreta.

La identidad de su hijo/hija será protegida en las encuestas y grabaciones del grupo. Sinembargo, no se puede asegurar la identidad del participante entre los miembros del grupo. Los participantes serán instruidos de guardar confidencialidad en las discusiones. Los investigadores pedirán que los participantes se abstengan de compartir información que no desean que los otros participantes sepan.

Los records de su hijo/hija podrán ser inspeccionados por el Marquette University Institutional Review Board o sus designados, y agencias de el estado o pais.

COMPENSACION: Cada niño recibira \$5.00 en agradecimiento si contesta la encuesta. Ademas, cada niño recibira \$5.00 en agradecimiento si participa en el grupo de discusión.

INFORMACION DE CONTACTO: Si usted tiene cualquier pregunta con respecto a este proyecto de investigación, pongase en contacto con Dra. Lisa Edwards a 414-288- 1433. Si tiene pregunta o dudas sobre los derechos de su hijo/hija como participante, pongase en contacto con Marquette University's Office of Research Compliance at (414) 288-7570.

Si usted esta de acuerdo en permitirle a su niño o niña participar en este proyecto, por favor firme ambas copias de esta carta y envie una copia en el sobre. Guarde la otra copia ya que contiene nuestros nombres y números de teléfono.

Permiso Para Permitir La Participacion en este Proyecto

Despues de haber leido y entendido el contenido de este formato, le doy permiso a mi hijo/hija para que participe en este proyecto. Aunque no existen riesgos significativos, comprendo que puedo suprimir la participacion de mi hijo/hija de el studio. *Con mi firma, tambien confirmo que recibi una copia de este formato.*

Nombre de Niño o Niña

Nombre de Padre

Número de Teléfono

Firma del Padre

Fecha

Firma de la Investigadora

Fecha

Appendix K

Marquette University Agreement of Assent for Research Participants

1. I am being asked to take part in a survey being conducted by Dr. Lisa Edwards, who is a professor at Marquette University. The reason for the survey is to learn more about the cultural influences on the sexual behavior of Latino/a adolescents.
2. I will be asked questions about myself and my opinions during a two hour, tape-recorded group interview. Every person is different, and there are no right or wrong answers to these questions.
3. My answers will be kept private and my name will not be recorded on the tape. Approximately 125 adolescents will take part in the survey.
4. My responses will not be shared with my parents or anyone else except under the following circumstances: If I tell the researchers that I think I need help, if I am planning to hurt myself, or if I say something that may indicate that I am experiencing abuse of any kind. In those cases the researchers will need to speak with my parents and/or notify other persons that can help me.
5. My parents have agreed to let me take part in the study, but it is my decision whether or not to do the interview. If I do not want to take part in the interview, I just need to tell the interviewer and we will stop. Answering the questions will not be upsetting, but if something bothered me I could decide not to continue.
6. If I have any questions one of the researchers will answer them.

I agree to participate in this survey.

[sign name here] Date: _____

[print name here]

Appendix L

**MARQUETTE UNIVERSITY
AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS
Latino/a Adolescents' Relationships and Well-Being Study
Lisa Edwards, Ph.D.
Counselor Education and Counseling Psychology**

You have been invited to participate in this research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to give permission to participate.

PURPOSE: We want to find out about the different factors that influence relationships and well-being among Latino/a boys and girls. We are asking you to be part of this study because you are a teenage Latino/a. We are interested in what you think about your ethnic background, family, cultural beliefs, sexual attitudes/behaviors, and overall well-being. You will be one of approximately 300 participants in this research study.

PROCEDURES: You will be asked to complete some surveys about yourself and may be asked to participate in a focus group. The surveys will be completed individually and will take 30-40 minutes. The focus groups will include 6-8 Latino/a youth and one or two adult leaders. Each focus group discussion will last 1-2 hours and will be tape recorded. The recordings will be transcribed. The focus groups will pose discussion questions about family and cultural influences on the sexual attitudes of Latino/a youth.

RISKS: There are minimal risks involved with this study, but since the study is about cultural beliefs, family, relationships and sexual behavior, you may feel uncomfortable talking about this topic with others. You do not have to answer questions or share information that you would rather keep private. During the focus groups, you are free to respond in your own way.

BENEFITS: This study may not directly benefit you; however, being a part of research about relationships and well-being among Latino/a youth in this study may be indirectly beneficial for you. What we learn from the research may also be used to help other teenagers some day. Everybody in this study will receive a list of community mental health resources.

VOLUNTARY NATURE OF PARTICIPATION: Your participation in this study is completely voluntary. You may withdraw from the study and stop participating at any time. We will destroy your questionnaire. If you participate in a focus group and want to stop once the group has started, we will stop the tape and allow you to leave. We will not erase the tape, anything that you said in the group prior to when you quit will remain on the tape recording.

Initials: _____ Date: _____

CONFIDENTIALITY: Marquette University is committed to the protection and privacy of individuals who choose to participate in research. That is why we are sharing this information with you and requesting your permission. Your participation is strictly voluntary and you have the right to withdraw your information at any time. The information you reveal in this study will be kept confidential. We will not share what you say in the focus group with a few exceptions. We will notify the police if you talk about hurting yourself or someone else in some way. We also are required by law to report child abuse to the Child Protection Services (CPS). You would be notified in advance if we make a report.

Data from this study will not be associated with your name. Names will not be included on the surveys. We will not use names during the focus groups, so your name will not be tape recorded. We will enter your information from the surveys into a computer database. You will not be identifiable in the database or the typed transcripts, so we will not destroy them. We may use the database and transcripts in other research studies or to teach college students. The paper questionnaires and tape recordings of the groups will be destroyed five years after the completion of the study. Paper consents and questionnaires will be stored in a locked file cabinet file until they are destroyed. The tape recordings of the groups will be stored on password protected computers of the researchers until they are deleted. The database and transcripts, which will have all identification removed, will also be stored on password protected computers of the researchers.

Your identity will be protected on the surveys and the tape recordings of the focus groups. However, we cannot protect your identity within the group. The other group members will hear your comments and we cannot guarantee everyone's confidentiality. All focus group participants are instructed to keep discussions confidential. We will remind everyone at the beginning of the focus group to please not share things that they would not like others to hear.

Your research records may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

COMPENSATION: As a token of compensation, you will receive \$5.00 for completing the surveys and \$5.00 if you participate in a focus group.

CONTACT INFORMATION: If you have any questions about this research project, you can contact Dr. Lisa Edwards at 414-288-1433. If you have questions or concerns about your rights as a research participant, you can contact Marquette University's Office of Research Compliance at (414) 288-7570.

If you are willing to participate in this project (both completing the surveys and possibly taking part in a focus group) please sign both copies of the consent form and send one copy back in the envelope provided. Keep the other copy of the consent form for your records as it has my name and phone number.

Initials: _____ Date: _____

I have read and understand this consent form, asked questions about the research project and I am prepared to participate in this project. While there is no significant stress expected, I understand that I am free to withdraw from the study at any time. *With my signature, I also confirm that I have received a copy of this consent form.*

Participant's Printed Name

Participant's Signature

Date

Phone Number

Researcher's Signature

Date

**Appendix M
Focus Group
Interview Protocol**

Now that we have completed the assent form, we are going to start with the focus group interview. This interview is about your cultural background as well as your attitudes towards certain personal behaviors. We are doing this research to provide information to programs that help Latina/o youth make healthy decisions. As you know, the interview will be tape recorded. All of the things that you say will be kept in this room. It is also important that you don't repeat anything that you hear today to anyone outside of this room. Even though we are asking that no one repeats what they hear in the focus group today, we cannot guarantee that no one will repeat anything. The important thing is that no one repeats the information that they hear today. First we need you to pick a made up name that we can use to identify your responses on the tape without really knowing who you are. Every time you say something we're going to ask you to introduce yourself with this fake name. Remember there are no right or wrong answers to any of these questions, and all of your answers are completely voluntary so you can say "pass" if you do not want to answer a question. We have a list of questions and one of us will be asking the questions while the other one takes notes. We are really interested in what you have to say, so let's get started!

Let's begin with some questions about what it is like for you to be a part of your ethnic group.

1. How do you describe your racial or ethnic background?
2. How do you feel about being a member of your racial or ethnic group?
3. What are some positive things about being a member of your racial or ethnic group?
4. What are some negative things about being a member of your racial or ethnic group?
5. Do you feel more comfortable living in White, Latino, or both cultures?
 If both cultures, is it difficult to live in Latina/o culture and White culture?
 If so, how?
 If not, why not?

Now I am going to ask you all some questions that are a little bit more personal about thoughts and attitudes regarding sex.

6. How do you define sex or sexual activity?
7. How do you think White mainstream culture views sexual activity for boys and girls?
8. How does Latina/o culture view sexual activity for boys and girls?

9. Some people have rules about sex, like you should be married, be of a certain age, and only have sex with certain people. What are your rules about sex?

What are your rules about having children?

Where did you learn these rules?

10. Does being a member of your racial/ethnic group influence your rules about sex?

If so, how?

If not, why not?

11. Does being a female influence your rules about sex?

12. Does being a female member of your racial/ethnic group ('so being a Latina') influence your rules about sex?

If so, how?

If not, why not?

13. Are the rules different for boys and girls when it comes to sex?

If so, how?

14. Some people have different ideas about what it means to be a "good" Latina. What does being a good Latina mean to you?

15. Some people believe that "good" Latinas should not have sex until they are married and they should follow the rules that are established by males in their family.

How is this belief similar to your idea of what it means to be a good Latina?

How is this belief different from your idea of what it means to be a good Latina?

16. What things stop Latina girls from having sex?

17. What things encourage Latina girls to have sex?

18. Do you think pride in your ethnic background helps Latina girls to not have sex or does it encourage them to have sex?

Why?

19. Does your idea of being a "good" Latina influence your rules about sex?

If so, how?

20. What else would you like to add about this topic?