Title
The Impact of Acculturation on Reproductive Health and Risk for Pregnancy among Latino Adolescents

Permalink
https://escholarship.org/uc/item/4w2606br

Author
Penner, Kristine R

Publication Date
2003-04-01

License
CC BY-NC-ND 4.0
The Impact of Acculturation on Reproductive Health and Risk for Pregnancy among Latino Adolescents

by

Kristine Renée Penner

A.B. (Stanford University) 1998

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in Health and Medical Sciences in the GRADUATE DIVISION of the UNIVERSITY OF CALIFORNIA, BERKELEY

Committee in charge:
Professor Sylvia Guendelman, Chair
Professor Claire Brindis
Professor Paul Newacheck

Spring 2003
The thesis of Kristine Renée Penner is approved:

Chair  

4/16/03  

Date  

4/18/03  

Date  

4/17/2003  

Date  

University of California, Berkeley  

Spring 2003
The Impact of Acculturation on Reproductive Health and Risk for Pregnancy among Latino Adolescents

Copyright 2003

by

Kristine Renée Penner
# Table of Contents

List of Tables and Figures ii

Introduction iii

Acknowledgements v


Interlude 26

Paper 2: *The Effects of Acculturation and Protective Factors on Sexual Behaviors and Contraceptive Use: A Study of Rural Adolescents of Mexican Descent* 27

Conclusion 61

Bibliography 62

Appendices
- A: Survey Instrument in English 71
- B: Survey Instrument in Spanish 85
List of Figures and Tables

Figure 1. Diagram of the components of protective environments 35

Table 1. Sociodemographic characteristics, acculturation, protective factors, and sex-related behaviors and outcomes by complete sample, high Mexican orientation, and low Mexican orientation, Salinas Valley, 2002 39

Table 2. Results of bivariate analysis of sexual behavior, condom use and contraceptive use by acculturation, protective factors, and sociodemographic characteristics, Salinas Valley, 2002 41

Table 3. Results of multivariate logistic regression for history of sexual intercourse (ever); three models - complete sample, males, and females, Salinas Valley, 2002 43

Table 4. Results of multivariate logistic regression for condom use at first intercourse; three models - complete sample, males, and females, Salinas Valley, 2002 45

Table 5. Results of multivariate logistic regression for contraceptive use at last intercourse; three models - complete sample, males, and females, Salinas Valley, 2002 47
Introduction

The costs of early childbearing are not nearly as great as was believed 20 years ago. Since then, data has been produced that controls for poverty, ethnicity, and other family characteristics. The indications from this data are that early childbearing both results from and causes educational, economic, and marital difficulties, in both adolescent mothers and their offspring\textsuperscript{1-3}. Long prior to becoming pregnant, individuals who do become pregnant as teens are different from those who do not\textsuperscript{4}. They tend to be disadvantaged (socially impacted by poverty) and discouraged (psychologically affected by poverty, with lower educational aspirations and lower academic ability). Available research indicates becoming a teen parent is not the primary factor in determining life outcomes, whether examining poverty level, educational prospects, dependency on welfare, or likelihood of being a single parent\textsuperscript{4}. Rather, the same social and economic forces that create disadvantage and discouragement lead youth to become teen parents, and strongly affect the way in which a teen’s life unfolds. Therefore, teen pregnancy serves as a marker for marginalization in our society. By identifying the risk and protective factors for early childbearing, we are also identifying the factors that create disadvantage and discouragement and the factors that create advantage and hope in adolescents’ lives.

Adolescent Pregnancy and Childbearing among US Latinos: The Context of Culture and Acculturation review the literature regarding the many changes that occur with acculturation for Latinos in the US, including the impact on onset of sexual intercourse, contraceptive use, pregnancy patterns and rates of childbearing. The paper
also identified gaps in research that make it difficult to draw firm conclusions as to the impact of acculturation.

*The Effects of Acculturation and Protective Factors on Sexual Behaviors and Contraceptive Use: A Study of Rural Adolescents of Mexican Descent* presents the original findings of a study completed in a small, rural town in the Salinas Valley. The study was performed in a public high school with students between the ages of 14 and 19. The goals of the research were to clarify the role of acculturation in affecting risk for pregnancy, to evaluate the impact of protective factors on sex-related behaviors and to further understand how protective factors change with acculturation in ways that may impact sexual and reproductive health.

**References**

Acknowledgments

I have benefited from the wisdom and insights of many people in the process of writing this thesis. Sylvia Guendelman, PhD provided a vast knowledge of the acculturation process of Latinos in the US, framing my work in a theoretical context. Claire Brindis, PhD passed on pearls of wisdom regarding the sexual attitudes and behaviors of adolescent that grounded me in reality. Paul Newacheck, PhD encouraged me to evaluate my research goals and rethink my research design. John Radcliff facilitated all of my interactions with the surveyed high school, particularly the process of administering the questionnaire. Robert McCarthy and the Survey Research Center completed an impeccable work of coding and data entry. Doug Oman, PhD aided me in unwinding my statistical tangles. Finally, I would like to recognize the continuous support and knowledgeable perspectives of the JMP students, faculty and staff without whom this project would never have come to completion.
Adolescent Pregnancy and Childbearing among US Latinos:

The Context of Culture and Acculturation
Importance

Teen pregnancy and childbearing are subjects of great research, emotion and consequence, particularly in the United States. In a given year, one in nine US women between the ages of 15 and 19 becomes pregnant. Since 1994, Latinos have had the highest teen birthrate of all US ethnic and racial groups. Among Latinos, teen birthrates in the Mexican-American subpopulation are the highest. There are many cultural, economic, social and religious factors that affect teen birth rates, particularly within the Latino community. Given that it is estimated that Latinos will comprise 20% of teenagers by the year 2020, it is essential that we understand the factors leading to pregnancy and childbearing in the Latino community to better inform effective methods of prevention. This literature review will summarize basic information regarding teen pregnancy and childbearing in the United States and provide more detailed analysis of characteristics and issues surrounding teen pregnancy in the Mexican-American community, including the impact of cultural factors and acculturation.

Teen Pregnancy and Childbearing in the US

Every year, more than 1 million United States teenagers (15-19) become pregnant.¹ US pregnancy rates are among the highest among developed nations: the US rate quadruples France’s rate of 20/1000 and almost doubles pregnancy rates in England and Canada.² The comparison between the US and other developed nations is even starker when evaluating birthrates. In 2000, US teen birthrates were five times higher than Sweden or France and more than twice as high as Canada.²
Rates and patterns of adolescent pregnancy and childbearing have changed significantly over the last half-century. The US teen birthrate reached an all time high in 1957 at almost 100 births per thousand females 15-19. While overall there was a 45% drop in the birthrate between 1960 and 1997, the decrease was not continuous over time. The birthrate declined sharply in the 1960’s and 70’s particularly among older teens. Stable through the early 80s, the birthrate then increased from 51/1000 to 60/1000 between 1985 and 1990 and reached its recent peak in 1991 at 62.1 births for every 1000 females teens. Since 1990, the birthrate has declined consistently to its 2000 rate of 49/1000.\(^3\)

Changes in birthrate were not homogenous across age or marital status. During the period from 1967 to 1997, the birthrate for 18-19 year olds dropped 50% while the drop for 15-17 year olds was half – a decline of only 25%. Furthermore, from 1975 to 1997, the proportion of births to unmarried teens more than doubled – the birthrate for married teens fell whereas the rate rose for unmarried teens.\(^3\)

Many underlying trends led to the changes in the teen birthrate. Sexual activity increased significantly among teens during the last 50 years. In 1970, 19% of teens reported being sexually active, compared to a high of 55% in 1990; current rates appear stable at approximately 50%. Through the same time period, the percentage of sexually active teens using condoms and long-acting hormonal contraceptive methods increased. Legal abortions increased through the 1970s, particularly following the Roe v Wade decision in 1973; however legal abortions declined steadily among sexually active adolescent girls from the late 1980s through 1996.\(^3,4\)
Today, it is estimated that 43% of teens will become pregnant before they reach the age of 20. 75-85% of those pregnancies are unintended. Among the 80% of pregnancies that are unintended, about 35% end in induced abortion and 60% proceed to live birth\(^*\). An unintended pregnancy does not automatically indicate that the baby itself will not be wanted; however, regardless of intention, teenage childbearing carries consequences for the teen, her child and US society as a whole.

The costs of early childbearing are not nearly as great as was believed 20 years ago, as data has been produced that controls for poverty, ethnicity, and other family characteristics. However substantial differences do develop between women who become mothers as teens and those who do not.\(^5\) Early childbearing both results from and causes economic, educational and marital difficulties. Many adolescent mothers drop out of school prior to, during, or following pregnancy. As a result, only 50 percent of teen mothers graduate from high school, compared with 96 percent of those girls who do not have children before age 20. Because of their low educational attainment, among other factors, teen mothers have limited career opportunities. Nearly 60 percent of teen mothers are living in poverty at the time of the birth; early childbearing reinforces their status of poverty due to additional dependents and limited job possibilities. Correlated with an increased likelihood of living in poverty, teen mothers are also more likely to rely on the government for assistance, whether through welfare (TANF), Medicaid, or another source. From a fiscal viewpoint, for every dollar of federal funds spent to provide contraceptives to women of all ages, $4.40 is saved that would otherwise be needed for medical care, welfare and nutrition programs just in the two years following a birth. Teen

\(^*\) Approximately 15% of all teen pregnancies end in fetal loss.
mothers also have higher divorce rates and are more likely to suffer medical complications with delivery.⁶

Children of teen mothers also experience the effects of early childbearing. Babies born to teens are at an increased risk of low birth weight and the attending health problems: mental retardation, blindness, deafness, mental illness, cerebral palsy, and infant death. Children of teen mothers are also twice as likely to be abused and neglected as children of older mothers. Once school-age, children of teen mothers are more likely to do poorly in school, more likely to drop out of school, and less likely to attend college. The consequences to the children of teen mothers continue into young adulthood: girls born to teen mothers are 22 percent more likely to become mothers as teens themselves and sons of teen mothers are more likely to end up in jail.⁶

Within the United States, overall birthrates by no means accurately represent each geographic, racial, and economic subgroup. The teen birthrate varies significantly by state, county and zip code; by racial or ethnic identification; and by income-level, among other significant indicators.

**Teenage Pregnancy and Childbearing among US Latinos**

Latinos currently constitute approximately 13% of the total US population and are the largest single minority group and the fastest growing racial/ethnic group in the United States.⁷⁻⁹ Furthermore, the Latino population as a whole and the Latino *teen* population specifically are growing at a faster rate than the overall US population. As a consequence, it is estimated that by the year 2020, 20% of all teens will be Latino.⁹
Given that 58% of all US Latinos and 77% of California Latinos are of Mexican descent, most cited study populations are either exclusively or predominantly Mexican-American.

Since 1994, Hispanic teenagers have had the highest birthrate when compared with all other US racial/ethnic groups. In 1997, national birthrates per 1000 women aged 15-19 were 97.3 for Latina women, 88.2 for Black women and 36.0 for non-Latina white women. Mexican-Americans, as a subgroup, have an even higher teen birthrate than the population of allLatinas; specifically, in 1997 the birthrate for 15-19 year-old Mexican-American women was 101.5/1000.³

**Antecedents of Teen Pregnancy and Childbearing in US Latinos**

Research is somewhat inconsistent in evaluating the factors that lead to the high rate of teen births in the Latino and, more specifically, Mexican-American population. Examining the most direct causal factors of childbearing – initiation, continuation and patterns of sexual intercourse; contraceptive use; and abortion use – presents mixed results. Furthermore, the impact of acculturation on sexual risk-taking behaviors is also a complex process that still evades complete understanding.

In evaluating sexual activity, research suggests that Latino teen males, particularly immigrant men, have higher rates of sexual activity than their non-Hispanic white peers; on the other hand, Latina teens as a population, especially immigrant females, have lower rates of sexual activity than their non-Hispanic white peers. Specifically, data combining information regarding both male and female adolescents found that, in comparison with non-Hispanic whites, a larger proportion of Latino adolescents were sexually active, had initiated sex at a younger age, and had had greater than five sexual partners.¹¹⁻¹³ However, when data regarding Latina teens is evaluated, it is clear that female Hispanic
teens have a lower sexual intercourse rate, are less likely to have initiated sex at a young age, and have had fewer sexual partners than their non-Hispanic white female counterparts.\textsuperscript{13-15} Gender may also alter the impact of acculturation. Although combined data regarding male and female Latino teens showed that immigrant teens had increased and earlier sexual activity\textsuperscript{12}, statistics regarding purely Latina teens indicated that sexual activity increased with acculturation\textsuperscript{14-16}. Data is conflicting as to whether highly acculturated Latina teens are more or less sexual than their non-Hispanic white counterparts.\textsuperscript{14,15}

Contraceptive use and knowledge is significantly lower among Latinos, in comparison with non-Hispanic whites, regardless of gender or acculturation.\textsuperscript{13-15,17,18} The outcome is the same whether evaluating contraceptive use at first intercourse, during the last 6 months, or ever. Nevertheless, debate continues regarding the impact of acculturation on contraceptive use. Again, it appears that immigrant male teens and more acculturated female teens may have the highest risk profile: some research suggests that immigrant Latino male teens and more acculturated Latina teens are each the least likely of their gender to use contraception, when compared with the opposite acculturation groups.\textsuperscript{12,15,19} Low rates of contraceptive use persist among highly acculturated Mexican-American female teens in spite of increasing knowledge regarding contraception and pregnancy with acculturation.\textsuperscript{19} Abortion rates are also significantly lower among ever-pregnant Latina teens when compared with their non-Hispanic white counterparts. Acculturated Latina teens are much more likely to have an abortion, if pregnant, than less acculturated Latina teens; whether those rates reach or surpass the rates among white teens is still unclear.\textsuperscript{14-16,20}
As in the broader US population there are many socioeconomic variables that parallel variations in rates of teen pregnancy and childbearing. Family income has consistently been found to be a strong predictor of teen pregnancy: the lower the income, the increased likelihood of teen pregnancy.\textsuperscript{14, 21, 22} The relationship is not completely linear among the Mexican-American population; rather there is a slight increase in pregnancy rate as income increases from middle to high. Nevertheless, low-income Mexican Americans have by far the highest rates of pregnancy and childbearing.\textsuperscript{14} Parents' educational attainment is also associated with teen pregnancy: more education correlates to decreased teen pregnancy. Teen school performance and enrollment is also related – the more attachment to school, the lower the odds of pregnancy. Comparing teen mothers, Mexican-American teens have higher drop out rates than either their white or black peers.\textsuperscript{23, 24} Mexican American teens, and immigrant teens in particular, have less education and are much less likely to be in school than their non-Hispanic white counterparts.\textsuperscript{14, 17, 24-26} Other measures correlated with teen pregnancy include belief in the future, substance use and risk-taking behavior.

\textit{Pregnancy and Childbearing}

Although poverty is one of the strongest predictors of teen pregnancy, pregnancy and birthrates continue to be higher among Latinas even when controlling for poverty.\textsuperscript{14} Latina teen rates of sexual activity may be lower or equal to those of non-Hispanic white teens; however, the lack of contraceptive use among Latina teens makes them much more likely to get pregnant.\textsuperscript{12, 14-16, 27} Among sexually experienced teens, Mexican-Americans were found to be twice as likely to have been pregnant.\textsuperscript{14} It may be that they are more likely to become pregnant at a younger age as well.\textsuperscript{27} Specifically, more acculturated
Latina teen mothers are younger at the time of conception than either non-Hispanic white or less acculturated Latina teens.\textsuperscript{15,26,28} In a comparison of foreign born Latinas and US born Latinas and non-Hispanic whites, US born Latina teens were most likely to have been pregnant between the ages of 15 and 18 and immigrant Latinas were most likely to have been pregnant between the ages of 19 and 24.\textsuperscript{15} The proportion of pregnancies that are unplanned is similar among more acculturated Mexican-American and non-Hispanic white teens – approximately 80%; only 50% of pregnancies were unplanned among less acculturated Mexican-American teens.\textsuperscript{4,19} Given that less acculturated Mexican-Americans are more likely to be older and married upon conception, this may explain some of the differential in unplanned pregnancies between Mexican-Americans of high and low acculturation.

\textbf{Birth Outcomes}

In a still poorly understood epidemiologic paradox, Mexican-Americans, who fare a variety of social and economic disadvantages similar to those of other US minorities, consistently show improved birth outcomes when compared with the non-Hispanic white population; this difference remains when controlling for key variables including smoking, maternal age and education.\textsuperscript{29-31} However, this benefit is not sustained as Mexican-Americans acculturate to US values and lifestyle. Within the US Latina population, such shifts toward the sociodemographic profile, values and lifestyle of non-Hispanic whites have been associated with increased rates of low birth weight, in spite of the accompanying increases in income, insurance and prenatal care.\textsuperscript{31,32}

The differential in birth outcomes has been shown not only in adult women but also in teens. When compared with white non-Hispanic teens, Mexican-American teen
mothers have a lower proportion of LBW babies and are less likely to have premature rupture of membranes prior to the onset of labor. Comparing Mexican-Americans by acculturation, less acculturated teen mothers are less likely to give birth to low birth weight babies and their babies are less likely to have fetal distress; pregnancies in more acculturated Mexican-Americans are more likely end in fetal or postnatal death. A portion of the increases in rates of LBW and other negative birth outcomes in the more acculturated population can be explained by the increased risk behaviors of acculturated Latinas. Although pregnant Mexican-American teens are less likely to smoke than either white or black pregnant teens, with acculturation, alcohol, cigarette and marijuana use increases among Mexican-Americans. Nutritional status may also decline, although some research indicates that during pregnancy, teen dietary intake may remain very similar across acculturation status.

Independent of substance use, age, parity, education, and household income, country of origin and identification with subgroup culture is a “protective” association. At the same time, research grouping Mexican-Americans by both country of origin and language use indicated that they do not experience a simple negative mode of adaptation to US society. After controlling for covariates, US-born Spanish-speakers had the highest odds for low birth weight and Mexico-born English-speakers had the lowest odds for preterm delivery compared to US-born English-speakers. These results suggest a complex process of positive and negative acculturation. It is thought that psychosocial factors, such as social support, stress, religiosity, and adherence to the
traditional values (marianismo, familismo\textsuperscript{*}) may be the significant factors in explaining the benefit of low acculturation on birth outcomes.

**Social Support, Stress and Coping**

Sources of social support for pregnant and parenting teens differ both by ethnicity and within the Latino population by acculturation. The impact of these factors is difficult to delineate because of the complexity in defining and measuring social support.

The relationship between the father of the baby and the pregnant and parenting teen varies by ethnic background and acculturation: Mexican-American teen mothers are more likely than non-Hispanic whites to be involved in long-term, continued relationships with the father of their baby. Specifically, Mexican-American teens are much more likely to be married than either non-Hispanic white or black teens, particularly if born in Mexico.\textsuperscript{14, 19, 25, 26, 28, 37} The difference exists not only when looking at the general population of teens, but also when examining marriage rates at conception and at birth among pregnant and parenting teens. In part due to higher marriage rates, Mexican-American teens are much more likely to be in relationship with the father of the baby at delivery.\textsuperscript{20, 38} Furthermore, Mexican-American pregnant and parenting teens are much more likely to live with the father of their baby – whether husband or boyfriend – both prior to, during and following pregnancy. An even higher percentage Mexican-Americans of low acculturation live with the father of their baby;\textsuperscript{19} social support from the father of the baby appears to decrease somewhat with acculturation. On the other hand, white teens, and particularly Black teens, are much more likely to live with their parents before and during pregnancy.\textsuperscript{19, 24, 38} In sum, pregnant and parenting Latina teens

\textsuperscript{*} These terms will be defined and discussed in the section on "Latino Culture and the Context of Acculturation" pg 7.
receive more support, both emotional and financial, from the father of the baby and his family.\textsuperscript{38-40}

Differing relationships with the father of the baby are one aspect of the variation in social support between Mexican-American and non-Hispanic white pregnant and parenting teens; the role of family and friends also differs between the two populations. Pregnant and parenting Mexican-American teens are more likely to have fewer friends than their white peers; instead the family is a much larger portion of their social network and social support.\textsuperscript{39-41} Mexican-American teens are more likely to interact with their family on a daily basis.\textsuperscript{23} Although family cohesiveness is stronger among immigrant and less acculturated Mexican-Americans, less acculturated pregnant teens receive less social and financial support from family members than more highly acculturated Mexican-American teens.\textsuperscript{26} This may be due in part to the fact that immigrant teens' family members may still be in their country of origin and thus unable to provide as much emotional or financial support.\textsuperscript{42} Upon examining total support, research is conflicting whether pregnant and parenting Mexican-Americans have less or more social support than their white peers.\textsuperscript{26,41} Furthermore, the literature is also ambiguous regarding whether overall levels of social support increase or decrease and whether social networks grow larger or smaller with acculturation.\textsuperscript{42} Some literature suggests that the quality of the social networks decreases with acculturation.\textsuperscript{42}

Adolescents in general, and adolescent mothers in particular, tend to utilize indirect and passive coping strategies, which can actually lead to increased stress. Typically, adolescent coping strategies include drug use, listening to music and being with someone you care about.\textsuperscript{23} In comparing Mexican-Americans and non-Hispanic
white teen mothers, their coping strategies are very similar. The only significant difference was higher use of religion-related coping behaviors among the Latina teen moms. Mexican-American teens are more Catholic than their peers, particularly immigrant teens, who are much more likely to have been raised in a Catholic household than more acculturated teens.\textsuperscript{15,43} Although Balcazar et al found that more acculturated individuals had more coping strategies, these strategies included drug use; passive indirect methods such as that can actually increase instead of reduce stress.\textsuperscript{23,26}

As with social support, it is unclear whether acculturation results in net increases of stress; however, research does suggest that more acculturated teens experience more prenatal stress.\textsuperscript{26,44} More acculturated Latina teens experience a more pronounced conflict between US and Mexican culture; they also experience more stress due to negative comments about their ethnicity.\textsuperscript{26} Less acculturated teens are more likely to experience stress due to separation from their families and native country.\textsuperscript{26} Increased prenatal stress in more acculturated Latinas may result in part from changes in social support, including reduced support from the baby’s father.\textsuperscript{44}

**Latino Culture and the Context of Acculturation**

Acculturation is a dynamic process that requires the integration of two sets of ideas, beliefs, values, attitudes and behaviors. Foreign-born individuals adapt to the values, beliefs, attitudes, behaviors, language, cultural customs, and practices of the dominant culture. This adaptation to broader social surroundings is manifested by changes in language use and preference, cognitive style, personality, identity, and attitudes. Acculturation is often a process that generates stress and feelings of
marginality, partially because it is intertwined with social network transitions and socioeconomic transitions for immigrants and their offspring.\textsuperscript{28,40,45,46}

The demographic and behavioral profile of Mexican-Americans changes as acculturation increases, whether as a result of increased time in the US following immigration or of being born in the US as a second or higher generation Mexican-American. The trend is a general shift towards the profile of the non-Hispanic white population. As was mentioned in the discussion of birth outcomes, the more acculturated group is found to have more education, more employment and more income, although still at levels lower than that of the white population. More acculturated Mexican-Americans are also more likely to be welfare recipients. In terms of health care, more acculturated Hispanics experience less health care access barriers (i.e. language, knowledge of system), receive more medical care (prenatal care, pap smears), and are more likely to have health insurance.\textsuperscript{30,47-51} While foreign-born Latinos have one of the highest uninsurance rates of all subgroups, even \textit{US-born} Latinos have health insurance rates lower than those within the non-Hispanic white or black populations. As discussed above, sexual behavior as well as substance use change with acculturation; increased acculturation has consistently been associated with increased sexual activity among females as well as increased rates of tobacco, alcohol and drug use. All of these changes are toward the direction of patterns in the white non-Hispanic population.\textsuperscript{31,52}

The context of the aforementioned cultural transition is an alteration of the fundamental ideas, values, and beliefs that guide daily behavior and decision-making. Mexican immigrants arriving in the US operate under a more “traditional” worldview than their more “modern” US born children, or even their immigrant counterparts who
have spent many years in the United States. Research discussed indicated that these changes have a significant impact on teen beliefs and behaviors that affect teen pregnancy and childbearing. Furthermore, they impact the way that parents and community react to teen pregnancy, and by extension the social support that a teen receives during pregnancy and child-rearing. Specifically, differences have been noted in religiosity, perspectives on gender, and engagement/perception of family. Marianismo, machismo and familismo are three terms that have been used to describe the more traditional roles of women, men, and family, respectively. Increased acculturation is associated with a decreased adherence to each of these concepts\textsuperscript{53}, as well as a decrease in religiosity.\textsuperscript{54} Second generation Mexican Americans, as well as immigrants who have spent most of their life in the United States are more likely to ascribe to modern/post-modern views on religion and gender.

Marianismo is an extension of the traditionally Catholic religious beliefs of Mexicans, particularly of their focus on the Virgen de Guadalupe. It emphasizes the woman as a representation of the Virgin Mary – a self-denying, submissive, sexually pure woman. Her primary roles should be that of wife and mother – a sacrificial nurturer of her husband and her children. Any needs or career goals of her own should always be submitted to her role in the family. In a traditional Latino community, one of the few ways women of any age can increase her social status and support is through motherhood.\textsuperscript{39,40} In all Latina women, including teens, the value and status associated with marriage and motherhood may therefore affect sexual behavior as well as contraceptive decision-making.\textsuperscript{18} Furthermore, decreased adherence to the concept of marianismo, whether due to acculturation, socioeconomic status, or family background,
may have significant impact on a Latina teens sexual activity and pregnancy. With less emphasis on the purity of women, teen sexual activity may increase. At the same time, with more emphasis on the possibility of women taking roles outside of the home, emphasis on educational attainment and career options might increase, decreasing pregnancy rates.

The accompanying male perspective to *marianismo* is that of *machismo*, which emphasizes the role of the man as provider and protector of the family, in combination with bravado/courage, mastery over women, sexual freedom, affective detachment, and physical dominance; it is often accompanied by excessive alcohol consumption.\(^{53,55}\) In a study of 307 adolescent and young adult Latino men (average age 18), Goodyear et al found that individuals who held traditional male gender role ideology were significantly more likely to be responsible for a teen pregnancy. They were also more likely to endorse or be willing to engage in coercive sex, which was associated with increased sexual activity and decreased use of effective birth control.\(^{56}\) This data matches findings from Kenney’s study examining the impact of sexual abuse on teen pregnancy: Mexican-American teens who were coerced into sex or raped were almost twice as likely to have had a teen pregnancy as their non-abused peers.\(^{27}\) Unfortunately, neither Goodyear or Kenney’s results were stratified by acculturation. Examining the patterns of sexual activity and contraceptive use discussed above, it may be that Latino immigrant men adhere more strongly to traditional male gender role ideology and thus would be more likely to be responsible for a teen pregnancy, due to increased coercion, increased sexual activity and lower contraceptive use.
Finally, *familismo* emphasizes the central role of the nuclear and extended family as the primary source of support, belonging, identity and purpose. Family unity and cohesiveness are central tenants of “traditional” Mexican culture.\(^{42,57,58}\) As previously discussed, the role of the family changes with acculturation – family cohesiveness decreases, but the physical distance between immigrants and their families may decrease the amount of support relatives are able to provide.

The changes of acculturation occur not only at an individual level, but also at the level of the family and the community. Recent data gathered by zip codes, rather than individuals, has presented a new perspective on teen pregnancy and childbearing. In California, poverty in the community is the strongest predictor of teen birthrates at the zip code level (Poverty measured by number of families below the poverty level).\(^{21}\) Furthermore, an increased proportion of adults with a college degree is also associated with lower teen birthrates, particularly birthrates among Hispanics.\(^{21}\) Denner et al examined eight communities whose birthrates for Latina teens deviated significantly from the poverty-based prediction (90/1000); four communities that had significantly higher birth rates for 15-17 year old Latinas (130/1000), and four communities with significantly lower Latina teen birthrates (50/1000). (Community is defined by zip code.) Within these Latino communities, once controlling for poverty, a variety of protective and risk factors for high teen birthrates became salient; specifically, it became clear that more traditional cultural norms and increased social capital were associated with lower birthrates among Latina teens 15-17 for the zip code.

When compared with high teen birthrate communities, communities with low teen birthrates were found to adhere more closely to traditional Latino values.\(^{59}\) In the context
of *familismo*, it was found that there was greater commitment to both family and the community as well as strong respect for the family and family reputation. As a result, the communities were very close knit. Religiosity and *marianismo* were also stronger, as demonstrated by closer ties to religious institutions as well as increased control, monitoring and protection of girls. No markers of *machismo* were used. The maintenance of traditional values may have been due to the stronger connection to the country of origin in these communities. Specifically, the low birthrate communities had a higher percentage of Hispanic residents (more homogenous), fewer adults born in the US and more Spanish-speaking individuals; residents saw the community as part of Mexico. Greater ethnic homogeneity has generally been found to be associated with less social disorganization and deviancy.\(^{21,60}\)

Social capital includes not only the social support and networks previously discussed, but also, with regard to teens, resources for youth to pursue goals, safe places, positive opportunities and community norms that emphasize education, social control and rule enforcement.\(^{59}\) Potentially as an outgrowth of community unity, low teen birthrate communities had more social networks, mostly informal. For example, many residents shared child rearing and provided mutual support as a result of long histories of relationships and the presence of extended family. More broadly, it has been found that informal economies that include day laboring, street vending, services performed in the home and local businesses reinforce cultural and ethnic identity and build local networks by minimizing reliance on services or support from outside the community.\(^{61}\) Low birthweight communities also had more institutional collaboratives, although still relatively few programs. The significant institutions that were present had long-standing
and positive reputation in the community; the staff serving in the institutions tended to be Hispanic and from the community. Teachers in the schools were also more likely to be Hispanic. In general, there were many more potential role models for Hispanic teens. Lack of positive role models is thought to be a risk factor for teen pregnancy, both among whites and Latinos.

Although the acculturative process differs for every individual, certain patterns can be seen in the acculturation of the individuals within the Mexican-American community. These behavioral and ideological changes have real impact on teen’s sexual risk-taking behaviors and rates of teen pregnancy and childbearing.

**Conclusion**

In spite of increases in sexual activity over the last half century, US rates of teen pregnancy and childbearing have decreased due to increases in contraception and abortion. However, rates remain high in certain subgroups, particularly the US poor and US Latinos. In comparison with all other ethnic and racial groups, US Latinos, particularly Mexican-Americans, have the highest teen birthrates in spite of lower rates of sexual activity among Latina teen females. The differential in birthrate is most likely due to significantly lower rates of contraception and abortion. Acculturation has complex effects, both positive and negative, on Hispanic health. Among Hispanic females, acculturation is associated with increased risk-taking (including increased sexual activity), increased abortion and increased prenatal care; it is also associated with an increase in negative birth outcomes. The social context of pregnancy and childbearing is very different among Latinos and non-Latinos, as sources of social support and
community perspective differ; Latinos, particularly immigrants, obtain much stronger support from the father of the baby and his family, proportionately more support from their family, and much less support from friends. The adherence of an individual or community to traditional Latino values and norms provides the context for perspectives, behaviors and lifestyle, as well as the context in which these attributes occur.

Given the findings of teen pregnancy and childbearing in the US, particularly in the Latino community, it is important to utilize this data to evaluate the possible effectiveness within the Mexican-American community of socially-based intervention programs directed at non-sexually based antecedents. Intervention/prevention programs directed toward sexual antecedents have been more consistently successful than socially based programs. However, given the general high-risk patterns of Latino teens in terms of education as well as teen pregnancy, more broadly based social intervention programs, such as service-learning programs, seem more necessary and effective. Furthermore, in the socially conservative Mexican-American population, programs focusing only on sexuality education, particularly information about contraception and abortion, are not always well received. Therefore, a broad-based teen intervention may be more viable. In past socially-based interventions, those that were successful in reducing teen pregnancy and childbearing varied widely but caused three common changes to the lives of enrolled adolescents: increased youth connection with adults, reduced participants' discretionary time, and improved adolescents beliefs and hopes for their futures. These alterations tended to benefit the adolescents lives in many ways, not only by altering their sexual risk-taking behavior, but also by increasing educational attainment and goals and reducing other risk behaviors. Furthermore, I believe that these goals are in line with the
individual and community level research. "Interventions should focus on building social capital within diverse communities by building communication across youth-serving agencies and between youth-serving agencies and diverse community members, helping residents see that the success of their community rest in part on their investment in youth."
References


22
Interlude

As demonstrated in *Teen Pregnancy and Childbearing among US Latinos*, Latino adolescents are a growing population with significant needs with regard to sexual and reproductive health. Furthermore, the process of acculturation to mainstream US culture appears to be associated with negative outcomes within many areas of reproductive health. This literature review pointed to the need for increased research that addresses males, identifies Latinos by subgroup and uses better indicators for acculturation. It also suggested the need to understand and then maintain the aspects of culture that are protective for Latinos. The study described in *The Effects of Acculturation and Protective Factors on Sexual Behaviors and Contraceptive Use* was designed to begin to address some of the aforementioned gaps in the research.
The Effects of Acculturation and Protective Factors on Sexual Behaviors and Contraceptive Use:

A Study of Rural Adolescents of Mexican Descent
Since 1994, Latinos have had the highest adolescent birthrate of all US ethnic and racial groups.\textsuperscript{1,2} Among Latinos, teen birthrates in the Mexican-American subpopulation are the highest.\textsuperscript{2,3} Furthermore, it is estimated that Latinos will comprise 25% of US teenagers by the year 2025;\textsuperscript{4} Mexican-Americans also form the largest subpopulation of US Latino adolescents.

Within the Latino population, level of acculturation has been associated with differences in rates of pregnancy and childbearing. Acculturation is a dynamic process of cultural exchange by which immigrants modify their attitudes, beliefs, cultural norms, values or behaviors as a result of interaction with a different culture.\textsuperscript{5-8} These changes then guide daily behavior and decision-making. For most Latinos, acculturation includes the transition from a more traditional worldview with strong emphasis on family and religion, as well as distinct roles for men and women, to a modern/post-modern view on religion, gender, and family.\textsuperscript{9-11} The acculturative transition is also associated with gains in education and economic status.\textsuperscript{12} As a consequence, acculturation has both positive and negative affects on health outcomes among Latinos, as their socioeconomic status improves and their cultural framework shifts. As related to sexual and reproductive behaviors, acculturation has generally been associated with earlier onset of sexual activity and higher rates of nonmarital adolescent childbearing.\textsuperscript{13-16} Findings, however, are not consistent as to the direction of these relationships; furthermore they may differ by gender.\textsuperscript{17} Typically, marker variables such as generation or length of residence have been used as indirect measures of acculturation status.

In recent years, there has been a shift in the focus of research from risk factors, or a deficit model, to an assets approach evaluating protective factors. It is an area of
growing, but still limited research. Thus, findings are sparse with regard to the impact of protective factors on sex-related behaviors for Latinos. Research has shown that involvement with positive adult role models, commitment to school success, parental monitoring and strong parent-adolescent communication each decrease a teens likelihood of being engaged in sexual risk-taking behaviors.\textsuperscript{18-22} The impact of acculturation on protective factors has only been explored only in certain realms. Changes with acculturation in the protective aspects of Latino attitudes toward family have been studied, indicating that support from family remains fairly constant with acculturation, although there are changes in perception of familial obligations and the position of family as referents.\textsuperscript{11} Furthermore, parental monitoring appears to decrease with acculturation.\textsuperscript{23} However, only a narrow portion of the aspects of home and school environments have been analyzed with relation to changes in acculturation.

This paper examines sexual behavior and contraceptive use among a sample of high school students of Mexican descent living in the Salinas Valley. This study is the first to examine the impact of both acculturation and protective factors on sex-related behaviors in a rural, Latino population of both males and females. Furthermore, an acculturation scale was used that allowed for closer measurement of the actual acculturation process through questions regarding language use and the language of chosen media sources.

Based on the changes with acculturation described above, it was hypothesized that American-oriented female adolescents would be more likely to have had sexual intercourse. Mexican-oriented males were anticipated to be more likely to have had sexual intercourse and less likely to have used contraception than American-oriented
males. Acculturation status was not expected to impact female use of contraception, as research has shown that Latina adolescent use of contraception remains fairly constant regardless of knowledge regarding contraceptive methods.\textsuperscript{24} Protective factors in adolescents' lives were expected to both lower the rates of sexual intercourse and increase the rates of contraceptive use among adolescents having sexual intercourse.

With regard to the relationship between protective factors and acculturation, it was anticipated that lower acculturation would be associated with a stronger home environment and higher levels of adult supervision. School environment was not expected to change with acculturation. Understanding these protective and risk factors as related to early pregnancy and childbearing in the Latino community will be an essential step to inform effective methods of prevention.

**Methodology**

*Sample and Recruitment Procedures*

In June of 2002, data were collected from students aged 14-19 years at a comprehensive high school in the Salinas Valley by means of anonymous, self-reported, written surveys of a variety of personal characteristics and sex-related behaviors. The rural town was chosen for this study because of its predominant Latino population (88%); high rates of teenage childbearing (76 per 1000 females 15-19) compared to state (48/1000) and national (49/1000) averages; and low rates of teenage childbearing compared with national averages for adolescents of Mexican descent (100/1000).\textsuperscript{25-27} The town has a total population of 12,583; approximately 10% of the population is between 15 and 19, or 1,280 people. Of the employed population age 16 years and over, 42%
work in agriculture. Seventeen percent of families live below the federal poverty level.\textsuperscript{26} The study site has only one comprehensive public high school.

To obtain a sample that crossed grade and academic success, students in all health and science classes were invited to participate in the survey. Health and science are both required courses for high school students. Additional classes taught by the health and science teachers were also invited to participate. Two solicited class were bilingual classrooms. Prior to administering the survey, students were asked to take a letter of consent to their parents that explained the purpose of the survey and assured anonymity and confidentiality for the students. The letter explained that if parents would permit for their children to participate in the survey, one parent should sign the letter. For students 18 years old or older, parental permission was not required.

Students who gave their consent to participate and obtained written parental consent were given a questionnaire to fill out by the researcher. The survey was available in the respondent’s choice of either English or Spanish and took approximately 30 minutes to complete. Students placed their completed surveys in a monitored cardboard box. In order to facilitate participation, two modest incentives were offered to students who returned a signed consent form – extra credit in the class in which the survey was administered and two slices of pizza after school. Approval from the Committee for the Protection of Human Subjects at the University of California, Berkeley was obtained for this study (2002-5-51).

\textit{Measures}

The student survey was divided into four sections consisting of items evaluating sociodemographic characteristics of adolescents and their families; acculturation;
protective factors; and sexual behaviors and contraceptive use. All items were used as had been previously tested in both English and Spanish. (See Appendices A and B for copies of the survey in English and in Spanish.)

**Outcome measures: Sexual Behaviors and Contraceptive Use**

Multiple aspects of sexual behaviors and contraceptive use were assessed; three measures were chosen for in-depth analysis: whether a subject had ever had sexual intercourse, use of condoms at first sexual intercourse and use of contraception at last intercourse. Each measure was coded as “yes” or “no.” These measures were chosen from national surveys including the National Longitudinal Survey of Youth and the Youth Risk Behavior Survey.

**Exposure Variables: Acculturation and Protective Factors**

**Acculturation**

A modified version of the Bidimensional Acculturation Scale (BAS)\(^2^8\) was used to assess acculturation. Two subscales of the three that comprise the BAS were utilized: the Language Use subscale and the Electronic Media subscale. The third subscale (linguistic proficiency) was not incorporated due to space and time restraints. All scale items were used as had been previously tested and validated; one additional question, also previously validated, was added to the scale.

The Language Use subscale contained a total of 8 items to assess how often subjects used each English and Spanish in their daily lives. Specifically, subjects were asked about language use with friends, at home, and overall; they were also asked how often they thought in each language. The Electronic Media subscale consisted of a total of six items asking how often the subject watched television, listened to radio programs,
and listened to music in each English and Spanish. Each item was scored on a 4-point Likert scale (from 1= None or hardly any of the time to 4= All or almost all of the time). For questions regarding Spanish language use and media, lower response values (e.g., 1,2) for each item represent a low Mexican orientation; for questions regarding English language use and media, lower response values (e.g. 1,2) represent less orientation to mainstream American culture. Subjects were then classified according to orientation to Mexican and American cultures. Subject’s whose mean score on Spanish language items was 2.5 or greater were classified as having a “high Mexican orientation;” all other subjects were identified as having a “low Mexican orientation.” Similarly, subject’s whose mean score on English language items was 2.5 or greater were classified as having a “high American orientation;” those with scores lower than 2.5 were identified as having a “low American orientation.” Subjects could be identified as having both a high American orientation and a high Mexican orientation if they indicated high response values for both English and Spanish language items.

Protective Factors

Two categories of protective factors were analyzed: adult supervision after school and protective environments. Modeled on the Youth Risk Behavior Survey and the California Health Interview Survey, adult supervision after school was examined by asking, “how often is there an adult around during your after school hours?” Answers were ranked on a 4-point Likert scale, ranging from “Never or almost never” to “All or almost all the time.” Students were identified as having “high” levels of after school supervision if an adult was around “most of the time” or “all or almost all the time.”
Twelve questions regarding home and school environments from the resiliency module of the California Healthy Kids Survey were utilized to assess protective environments\(^a\). All were measured on a four-point Likert scale ranging from “Not at all true” (=1) to “Very much true” (=4). There were three questions each regarding high expectations in the home, caring relationships in the home, high expectations in the school and caring relationships in the school. The responses for the three items within each area were averaged; a mean greater than 3 (on the 4-point Likert scale) indicated a “high” level of the variable being measured.

Summary measures were then created, both by location (home vs. school) and by the quality being measured (high expectations vs. caring relationships). Each of these summary measures was based on the average of 6 items; a mean greater than 3 indicated a “strong” home environment, a “strong” school environment, the presence of caring relationships, or the presence of high expectations. Finally, a summary measure of protective environments was created, averaged over all 12 items addressing high expectations and caring relationships in both the home and school environments. As with the other scales, subjects with a mean higher than 3 were identified as having “strong” protective environments.

---

\(^a\) Developed by WestEd for California Department of Education. For further information, see www.wested.org/hks.
Sociodemographic variables

Five basic sociodemographic measures previously found in research to impact sex-related behaviors were included as potential confounding factors: age, gender, academic performance, mother’s educational level, and presence of both biological parents in the home. Academic performance was assessed by adolescents’ reports of their grades in school during the last 12 months, using an 8-item response scale, ranging from “Mostly A’s” (scored as 8) to “Mostly F’s” (scored as 1). Scoring was then dichotomized into “High grades” (A’s and B’s) and “Low grades” (C’s, D’s and F’s). As a marker of socioeconomic status, subjects’ were asked about their mother’s educational level, using a six-item response scale ranging from “No schooling” (=1) to “College degree or more” (=6). For statistical analysis, maternal educational level was dichotomized into “High” (completed high school, a GED or more) and “Low” (Did not graduate from high school). In order to ascertain the presence of one or both biological parents in the home, subjects were asked, “Who lives in your house?” with a list of twelve options, including mother, father, stepfather, stepmother, foster parent, etc.
Subjects who indicated that both their mother and father lived in their house were
categorized as “living with both parents”; all other subjects were categorized as “other”.

**Statistical Analysis**

From the complete sample, students were designated as eligible for this analysis if
they were of Mexican descent; answered all questions regarding key outcome, exposure
and control variables; and answered the survey honestly and carefully, with
understanding of the questions (329). Students not of Mexican descent were excluded
because of insufficient numbers (see below).

Exploratory bivariate analyses was performed to assess relationships between
each of the exposure variables and each of the outcome measures, between each of the
sociodemographic covariates and each of the outcome measures, and finally between the
covariates. Predictors of sex-related behaviors were explored among all study
participants, among females, and among males. Interactions between gender and other
covariates were tested for significance as related to the outcomes of sexual activity,
condom use at first intercourse and contraceptive use at last intercourse. Analyses were
performed using logistic regression.

Multivariate logistic regression models were then constructed for each of the three
outcomes (sexual activity, condom use at first sex, and contraceptive use at last sex)
utilizing the exposure variables that were significant at p < .10 in either the general
bivariate analyses or the gender-stratified bivariate analysis; all sociodemographic
variables were also included as potential confounders. Three separate models were
created for each outcome; one including all study participants, one with males only, and
one of only females.
Results

Study participant characteristics

In the 2001-2002 school year, the enrollment of the surveyed high school was 943. Of these students, 641 (68%) were solicited to participate in the study. Sixty-six percent of invited students (423) returned signed consent forms and completed a survey. Comparing the demographics of the high school with the surveyed population, the ethnic distribution was similar, but the gender and grade distribution were slightly different. The high school was 90% Latino; 93% of the surveyed subjects were Latino. 49% of the high school and 52% of those invited were female, whereas 58% of subjects were female. The grade distribution of those invited to participate in the survey, and thus those surveyed, was more heavily weighted in the lower grades compared with the high school population. In the high school, 58% of students were in 9th and 10th grade, 41% were in 11th and 12th grade. By contrast, in the sample, 72% of students were in 9th and 10th grade, and 27% were in 11th and 12th grade. This distribution was similar to that of solicited students.

The final analytic sample for this study consisted of those students who also met the eligibility criteria. Thirty individuals were excluded from these analyses because they were either not Latino, Latino but not of Mexican descent, or did not indicate their ethnicity; these numbers were too small to permit analysis. Additionally, 61 individuals were excluded because of missing values on key outcome, exposure or control variables. Finally, three individuals were excluded who indicated that they did not understand most of the survey questions. The final sample thus consisted of 329 students, 78% of the 423 who completed the survey.
Out of the 329 adolescents included in the analysis, 61% of the respondents were female, 39% were male (see Table 1). The average age of the teen respondents was 15.8 years old; the median age was 16 years old. Most respondents received A’s and B’s (43%) or B’s and C’s (45%) in school, with a smaller portion receiving lower grades (12%). Only 27% of the students’ mothers had completed high school. The vast majority (80%) of respondents’ lived with both parents.

Generational status varied in the population; 26% were first generation immigrants (born in Mexico), 56% were second generation (born in the US) and 18% were third generation or higher. The results of the Bidimensional Acculturation Scale indicated that 33% of the students had a high Mexican orientation, while 85% had a high American orientation. 20% of subjects were strongly oriented to both Mexican and American cultures; 3% were oriented to neither culture. 40% of students with a high Mexican orientation were first generation immigrants, while only 16% of students with a low Mexican orientation were born in Mexico (p<.001). Only 2% of subjects chose to complete the survey in Spanish.

A substantial proportion of respondents indicated that they had high levels of after school supervision (63%); 56% reported strong protective environments as indicated by the summary measure. 37% of students reported both high levels of after school supervision and strong protective environments. Examining protective environments by subscale, 64% had a strong home environment, 45% had a strong school environment, 67% indicated that adults had high expectations of them and 39% indicated having caring relationships with adults. At the most specific level, 76% indicated high expectations in their home, 51% indicated high expectations at school, 45% indicated the presence of
caring relationships at home, and 34% indicated the presence of caring relationships at school.

<table>
<thead>
<tr>
<th>Table 1. Sociodemographic characteristics, acculturation, protective factors, and sex-related behaviors and outcomes by complete sample, high Mexican orientation, and low Mexican orientation, Salinas Valley, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>All (N = 329)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>% (n)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Female gender</strong></td>
</tr>
<tr>
<td>61.1 (201)</td>
</tr>
<tr>
<td>Age: (median and IQR)</td>
</tr>
<tr>
<td>16 (15-17)</td>
</tr>
<tr>
<td>Academic performance:</td>
</tr>
<tr>
<td>A's and B's</td>
</tr>
<tr>
<td>B's and C's</td>
</tr>
<tr>
<td>C's, D's and F's</td>
</tr>
<tr>
<td>Mother completed high school</td>
</tr>
<tr>
<td>Both parents live in home</td>
</tr>
<tr>
<td><strong>Acculturation</strong></td>
</tr>
<tr>
<td>High Mexican orientation</td>
</tr>
<tr>
<td>High American orientation</td>
</tr>
<tr>
<td><strong>Protective factors</strong></td>
</tr>
<tr>
<td>High after school supervision</td>
</tr>
<tr>
<td>Strong protective environments</td>
</tr>
<tr>
<td>Strong home environment</td>
</tr>
<tr>
<td>Strong school environment</td>
</tr>
<tr>
<td>High expectations</td>
</tr>
<tr>
<td>Caring relationships</td>
</tr>
<tr>
<td><strong>Sex-related behaviors &amp; outcomes</strong></td>
</tr>
<tr>
<td>Sexual intercourse (ever):</td>
</tr>
<tr>
<td>Used condom at first intercourse</td>
</tr>
<tr>
<td>Used contraceptive method at last intercourse</td>
</tr>
<tr>
<td>Ever been pregnant/ever impregnated partner</td>
</tr>
<tr>
<td>Have a child</td>
</tr>
</tbody>
</table>

* Difference between subjects with a high Mexican orientation and those with a low Mexican orientation significant at p<.05; ** p<.01.
† IQR = interquartile range
‡ Mexican orientation and American orientation were measured by separate items and thus do not add to 100%. Subjects could indicate high levels of one, both or neither.
§ % of sexually active (N = 106).
¶ All three were female; one male indicated he was "not sure" if he had a child.

Students with high and low orientations to Mexican culture generally had similar profiles with regard to sociodemographic characteristics and protective factors.

However, students with a high Mexican orientation were more likely than those with a
low Mexican orientation to have a mother who didn’t complete high school. They were also more likely to have a strong school environment (p<.05); this was relationship was driven by a significant association between Mexican orientation and high expectations from adults at school (p<.01). For younger adolescents (ages 14-15), having a high Mexican orientation was significantly associated with high levels of after school supervision (p<.05); this relationship was not present for older adolescents (ages 16-19). The interaction term between Mexican orientation and age in predicting after school supervision was significant at p<.05.

**Sexual Behaviors and Contraceptive Use**

As shown in Table 1, 32% of the adolescents reported having had sexual intercourse at least once in their lives. Of those who had had sexual intercourse, 70% reported using a condom the first time they had sexual intercourse and 73% reported using at least one method of contraception the last time they had sexual intercourse. Of those using a method of contraception at last intercourse, 23% used oral contraception, 88% used condoms, and 8% used Depo-Provera. Use of two methods of contraception was reported by 21% of subjects using contraception at last intercourse; all reported using one hormonal method and one barrier method.

Bivariate analysis indicated the significance of acculturation and protective factors, as well as sociodemographic characteristics, as related to sexual behaviors and contraceptive use (See Table 2). Multivariate analysis was conducted for each outcome; each model included the acculturation variables and protective factors found significant in the bivariate analysis for the given outcome and controlled for all sociodemographic variables (See Tables 3, 4, and 5).
<table>
<thead>
<tr>
<th></th>
<th>Sexual Intercourse (ever) (N = 329)</th>
<th>Condom use at first intercourse (N = 106)</th>
<th>Contraceptive use at last intercourse (N = 106)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Odds Ratio (95% CI)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acculturation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican orientation</td>
<td>.56* (.33, .94)</td>
<td>.61 (.24, 1.54)</td>
<td>1.03 (.38, 2.79)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American orientation</td>
<td>1.66 (.83, 3.32)</td>
<td>1.77 (.52, 6.07)</td>
<td>1.38 (.38, 4.99)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protective factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school supervision</td>
<td>.59* (.37, .94)</td>
<td>1.86 (.82, 4.36)</td>
<td>1.73 (.73, 4.09)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective environments</td>
<td>1.26 (.79, 2.01)</td>
<td>2.52* (1.08, 5.89)</td>
<td>4.20** (1.70, 10.37)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = strong)</td>
<td>.92 (.57, 1.50)</td>
<td>2.68* (1.14, 6.30)</td>
<td>2.37 (.59, 5.67)</td>
</tr>
<tr>
<td>School environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = strong)</td>
<td>1.02 (.64, 1.62)</td>
<td>1.09 (.47, 2.52)</td>
<td>2.84* (1.12, 7.19)</td>
</tr>
<tr>
<td>High expectations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = present)</td>
<td>1.07 (.66, 1.76)</td>
<td>1.73 (.73, 4.11)</td>
<td>3.27** (1.34, 7.99)</td>
</tr>
<tr>
<td>Caring relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = present)</td>
<td>1.32 (.82, 2.11)</td>
<td>2.56* (1.04, 6.26)</td>
<td>2.56* (1.01, 6.47)</td>
</tr>
<tr>
<td><strong>Sociodemographic Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = Male)</td>
<td>1.65* (1.04, 2.66)</td>
<td>1.02 (.44, 2.33)</td>
<td>1.67 (.70, 4.02)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(continuous)</td>
<td>1.45** (1.20, 1.76)</td>
<td>.95 (.68, 1.32)</td>
<td>1.01 (.72, 1.42)</td>
</tr>
<tr>
<td>Academic performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1=A's and B's</td>
<td>.26** (.12, .54)</td>
<td>1.56 (.47, 5.22)</td>
<td>2.29 (.68, 7.69)</td>
</tr>
<tr>
<td>1=B's and C's</td>
<td>.47* (.23, .96)</td>
<td>1.03 (.35, 3.02)</td>
<td>1.67 (.57, 4.88)</td>
</tr>
<tr>
<td>Mother's education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = completed high school)</td>
<td>1.76* (1.06, 2.92)</td>
<td>1.93 (.77, 4.88)</td>
<td>2.58 (.94, 7.07)</td>
</tr>
<tr>
<td>Family configuration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = both parents living in home)</td>
<td>.45** (.26, .77)</td>
<td>1.07 (.44, 2.64)</td>
<td>.84 (.33, 2.17)</td>
</tr>
</tbody>
</table>

CI = confidence interval. *p<.05, **p<.01.

**Sexual behavior**

**Acculturation.** Although American orientation was not significantly associated with incidence of ever having sexual intercourse (OR = 1.66, 95% CI: .83, 3.32), subjects with a high Mexican orientation were less likely to have had sexual intercourse (OR = .56, 95% CI: .33, .94) than those with a low Mexican orientation. This difference persisted
with multivariate adjustment for gender, age, academic performance, maternal education, family configuration, and after school supervision. Specifically, students with a high Mexican orientation were 1.82 times less likely to have engaged in sexual intercourse than those who did not have a high Mexican orientation.

**Protective Factors.** High levels of after school supervision were associated with a decreased likelihood of having had sexual intercourse in both the bivariate (OR = .59, 95% CI: .37, .94) and multivariate analyses; no other protective factors were significantly associated with sexual experience. In the multivariate model, students with high levels of after school supervision were found to be 1.72 times less likely to have had sexual intercourse compared with students with less supervision.

**Sociodemographic characteristics.** Higher grades in school (A’s and B’s or B’s and C’s) and the presence of both parents in the home (OR = .45, 95% CI: .26, .77) were associated with a decreased likelihood of the adolescent having had sexual intercourse; these relationships remained in the multivariate analysis. The relationship of academic performance with sexual activity was significant in the model containing only females (A’s & B’s - OR = .25, 95% CI: .09, .68), but not in the separate model for males (A’s & B’s - OR = .28, 95% CI: .07, 1.10). By contrast, whether a student was living with one or both parents was significant for males (OR = .36, 95% CI: .14, .91), but not for females (OR = .65, 95% CI: .29, 1.48). However, the effect on sexual behavior of neither academic performance nor family configuration differed significantly by gender, as neither interaction term (academic performance and gender or family configuration and gender) was significant (p=.31, p = .19, respectively).
In the bivariate analysis, male gender (OR = 1.65, 95% CI: 1.04-2.66), increasing age (OR = 1.45, 95% CI: 1.20-1.76), and having a mother with at least a high school education (OR = 1.76, 95% CI: 1.06, 2.92) were significantly associated with having had sexual intercourse. In the multivariate analysis, only age remained as a significant positive predictor of having had sexual intercourse (OR = 1.50, 95% CI: 1.22, 1.85).

Table 3. Results of multivariate logistic regression for history of sexual intercourse (ever); three models - complete sample, males, and females, Salinas Valley, 2002

<table>
<thead>
<tr>
<th></th>
<th>All (N = 329)</th>
<th>Males (N = 128)</th>
<th>Females (N = 201)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Odds Ratio (95% CI)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acculturation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican orientation</td>
<td>1.50** (1.22, 1.85)</td>
<td>1.37* (1.02, 1.85)</td>
<td>1.68** (1.24, 2.26)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td>.55* (0.31, 0.99)</td>
<td>.57 (0.23, 1.43)</td>
<td>.53 (0.24, 1.17)</td>
</tr>
<tr>
<td><strong>Protective factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school supervision</td>
<td>.58* (0.35, 0.97)</td>
<td>.60 (0.27, 1.34)</td>
<td>.55 (0.27, 1.11)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sociodemographic Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1.41 (0.84, 2.35)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>(1 = Male)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>1.50** (1.22, 1.85)</td>
<td>1.37* (1.02, 1.85)</td>
<td>1.68** (1.24, 2.26)</td>
</tr>
<tr>
<td>(continuous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1=A’s and B’s</td>
<td>.28** (0.13, 0.61)</td>
<td>.28 (0.07, 1.10)</td>
<td>.25** (0.09, 0.68)</td>
</tr>
<tr>
<td>1=B’s and C’s</td>
<td>.42* (0.20, 0.91)</td>
<td>.32 (0.08, 1.24)</td>
<td>.47 (0.18, 1.25)</td>
</tr>
<tr>
<td>Mother’s education</td>
<td>1.27 (0.72, 2.24)</td>
<td>1.63 (0.68, 3.91)</td>
<td>1.03 (0.47, 2.24)</td>
</tr>
<tr>
<td>(1 = completed high school)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family configuration</td>
<td>.49* (0.27, 0.89)</td>
<td>.36* (0.14, 0.91)</td>
<td>.65 (0.29, 1.48)</td>
</tr>
<tr>
<td>(1 = both parents living in home)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CI = confidence interval.
*p<.05, **p<.01.

**Condom use at last intercourse**

**Acculturation.** Mexican orientation was not significant for the total population of sexually active subjects (OR = .61, 95% CI: .24, 1.54) (see Table 4). However, in both bivariate (OR = .29, 95% CI: .08, .99) and multivariate (OR = .19, 95% CI: .04, .90) analyses, females with a high Mexican orientation were about four times less likely to use a condom at first intercourse, compared to females with a low Mexican orientation. For
males, Mexican orientation did not significantly impact condom use (OR = 1.61, 95% CI: .24, 11.06). The interaction term between gender and Mexican orientation in predicting condom use at last intercourse approached significance (p<.10), suggesting that the relationship between Mexican orientation and condom use may differ by gender.

**Protective factors.** The summary measure of protective environments was significantly associated with condom use at first sexual intercourse (OR = 2.52, 95% CI: 1.08, 5.89), as were the subscales of home environment (OR = 2.68, 95% CI: 1.14, 6.30) and caring relationships (OR = 2.56, 95% CI: 1.04, 6.26). Neither school environment (OR = 1.09, 95% CI: 4.7, 2.52) nor high expectations (OR = 1.73, 95% CI: .73, 4.11) was significantly related to condom use. The two measures of home environment – caring relationships and high expectations – were each significantly associated with condom use (OR=2.73, 95% CI: 1.14, 6.57); and OR = 3.21, 95% CI: 1.27, 8.10 respectively); the parallel measures of school environment were not. Multivariate analysis of condom use at first sexual intercourse indicated that after controlling for Mexican orientation and all sociodemographic variables, the presence of protective environments almost tripled the odds of condom use for the general population (95% CI: 1.06, 4.48) (See Table 4). The relationship between protective environments and condom use was significant in the model of only females (OR = 3.95, 95% CI: 1.01, 15.51), but not in the model for males (OR = 1.80, 95% CI: .46, 7.06). The interaction term between protective environments and gender was not significant in predicting condom use (p=.78).

**Sociodemographic characteristics.** None of the sociodemographic characteristics were significantly associated with condom use at first sexual intercourse.
Table 4. Results of multivariate logistic regression for condom use at first intercourse; three models - complete sample, males, and females, Salinas Valley, 2002

<table>
<thead>
<tr>
<th></th>
<th>All (N = 106)</th>
<th>Males (N = 50)</th>
<th>Females (N = 56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds Ratio (95% CI)</td>
<td>Odds Ratio (95% CI)</td>
<td>Odds Ratio (95% CI)</td>
</tr>
<tr>
<td><strong>Acculturation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican orientation (1 = high)</td>
<td>.63 (.22, 1.83)</td>
<td>1.61 (.24, 11.06)</td>
<td>.19* (.04, .90)</td>
</tr>
<tr>
<td><strong>Protective factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective environments (1 = high)</td>
<td>2.70* (1.08, 6.74)</td>
<td>1.80 (.46, 7.06)</td>
<td>3.95* (1.01, 15.51)</td>
</tr>
<tr>
<td><strong>Sociodemographic Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (1 = Male)</td>
<td>1.05 (.44, 2.56)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Age (continuous)</td>
<td>.98 (.68, 1.41)</td>
<td>.89 (.53, 1.50)</td>
<td>1.03 (.58, 1.83)</td>
</tr>
<tr>
<td><strong>Academic performance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1=A's and B's</td>
<td>1.08 (.29, 4.03)</td>
<td>2.41 (.29, 20.28)</td>
<td>.52 (.07, 3.71)</td>
</tr>
<tr>
<td>1=B's and C's</td>
<td>.83 (.26, 2.65)</td>
<td>1.32 (.23, 7.70)</td>
<td>.51 (.09, 3.02)</td>
</tr>
<tr>
<td><strong>Mother's education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = completed high school)</td>
<td>1.68 (.61, 4.65)</td>
<td>1.81 (.42, 7.80)</td>
<td>1.64 (.33, 8.10)</td>
</tr>
<tr>
<td><strong>Family configuration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 = both parents living in home)</td>
<td>1.16 (.44, 3.02)</td>
<td>2.14 (.55, 8.27)</td>
<td>.35 (.06, 1.97)</td>
</tr>
</tbody>
</table>

1CI = confidence interval.
* p<.05, ** p<.01.

Contraceptive use at last intercourse

**Acculturation.** Neither of the acculturation measures was significantly associated with contraceptive use (Mexican orientation: OR =1.03, 95% CI: .38, 2.79; American orientation: OR=1.38, 95% CI: .38, 4.99).

**Protective factors.** Use of a contraceptive at last sexual intercourse was positively associated with the presence of protective environments in bivariate anlaysis (OR = 4.20, 95% CI: 1.70, 10.37) and also in multivariate analysis that controlled for all sociodemographic characteristics.(See Table 5). Subjects with strong protective environments were more than four times as likely to use contraception (95% CI: 1.69, 10.73).
Of the subscales of protective environments, school environment (OR = 2.84, 95% CI: 1.12-7.19), high expectations (OR=3.27, 1.34, 7.99) and caring relationships (OR =2.56, 95% CI: 1.01,6.47) were each positively associated with contraceptive use at last sexual intercourse. Indicating the presence of high expectations from adults in their lives significantly impacted contraceptive use for males (OR = 11.45, 95% CI: 2.13, 61.67), but not for females (OR = 1.88, 95% CI: .54, 6.56). The interaction term between high expectations and gender approached significance (p<.10). This finding suggests that the impact of high expectations on contraceptive use may differ by gender.

Of the most specific measures of protective environments, high expectations in the home and school were each significantly related to contraceptive use. Students who reported high expectations of them in school were more than 3 times as likely to have used a contraceptive the last time they had sexual intercourse, compared with those who did not report high expectations (95% CI: 1.33, 8.18). Similarly, subjects who reported high expectations of them in the home were four times more likely to have used a contraceptive the last time they had sexual intercourse than those without high expectations in the home (95% CI: 1.56, 10.28). After school supervision was not significantly associated with contraceptive use, neither in the model for all study participants, nor in the separate models for males or females.

Sociodemographic characteristics. For males, contraceptive use was associated with having a mother who completed high school (OR = 9.5, 95% CI: 1.11, 81.50). This relationship did not remain significant in the multivariate analysis (OR = 13.79, 95% CI: .87, 219.01). No other sociodemographic characteristics were significantly associated with contraceptive use in either the bivariate or multivariate analysis.
Table 5. Results of multivariate logistic regression for contraceptive use at last intercourse; three models - complete sample, males, and females, Salinas Valley, 2002

<table>
<thead>
<tr>
<th></th>
<th>All (N = 106)</th>
<th>Males (N = 50)</th>
<th>Females (N = 56)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective environments</td>
<td>4.62** (1.70, 12.51)</td>
<td>8.55 (.77, 95.00)</td>
<td>4.68* (1.22, 17.84)</td>
</tr>
<tr>
<td>(1 = high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sociodemographic Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (1 = Male)</td>
<td>2.07 (.77, 5.41)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Age (continuous)</td>
<td>.99 (.67, 1.46)</td>
<td>1.32 (.61, 2.85)</td>
<td>.60 (.33, 1.11)</td>
</tr>
<tr>
<td>Academic performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l=A’s and B’s</td>
<td>1.29 (.33, 5.10)</td>
<td>6.21 (.42, 92.75)</td>
<td>.33 (.04, 2.53)</td>
</tr>
<tr>
<td>l=B’s and C’s</td>
<td>1.17 (.35, 3.89)</td>
<td>10.27 (.91, 116.55)</td>
<td>.19 (.03, 1.29)</td>
</tr>
<tr>
<td>Mother’s education (1 = completed high school)</td>
<td>2.51 (.85, 7.37)</td>
<td>13.79 (.87, 219.01)</td>
<td>.88 (.20, 3.77)</td>
</tr>
<tr>
<td>Family configuration (1 = both parents living in home)</td>
<td>1.07 (.37, 3.06)</td>
<td>7.08 (.65, 97.41)</td>
<td>.43 (.09, 2.17)</td>
</tr>
</tbody>
</table>

*CI = confidence interval.
**p<.05, ***p<.01.

Discussion

This study analyzed how acculturation and protective factors are related to sexual behaviors and contraceptive use among Latino adolescents of Mexican descent living in rural areas. Strong Mexican orientation and high levels of after-school supervision were found to be associated with a decreased likelihood of sexual activity. However, females with a high Mexican orientation were less likely to have used a condom at first sexual intercourse. The presence of protective environments was associated with increased contraceptive use, at both first and most recent sexual intercourse. With few exceptions, the features of protective environments did not appear to differ significantly with different levels of orientation to Mexican culture. These findings are especially relevant in order to clarify the role of acculturation in affecting risk for pregnancy and sexually
transmitted diseases (STDs) and to further understand the changes in protective factors that occur with acculturation that may impact sex-related behaviors.

**Acculturation**

The interplay between gender and acculturation in affecting sexual behaviors and contraceptive use produced both expected and surprising results. The study findings support previous evidence suggesting that less acculturated Mexican-American female adolescents are less likely to have had sexual intercourse than their more acculturated counterparts, but are also less likely to use contraception. The impact of acculturation on contraceptive use for females was particularly clear in evaluating the use of a condom at first sexual intercourse; specifically, female subjects who were highly oriented to Mexican culture were less likely to have used a condom. These results suggests that once sexually active, teens strongly oriented to Mexican culture may be at greater risk of pregnancy or of acquiring an STD.

The study hypothesis that having a high Mexican orientation would be associated with a higher likelihood of having had sex for males was not supported. Rather, lower levels of acculturation had the same impact on males' and females' sexual behaviors: having a high Mexican orientation was associated with a decreased incidence of sexual intercourse. The relationship between Mexican orientation and contraceptive use for males remained ambiguous due to a lack of statistical significance, although it appeared to be in the opposite direction of females, with increased Mexican orientation being associated with increased contraceptive use. Because research evaluating adolescent Latino males' sexual behavior is still sparse, it is difficult to form a consistent picture of the impact of acculturation on Latino males' sexual behaviors and contraceptive use.
American orientation did not appear to have an impact on sexual behaviors or contraceptive use. This could represent one of two things. It may be that the sample was so strongly “Americanized” (85% had high American orientation) that the relative impact of American culture as a significant presence in teens’ lives was not discernable. A second explanation of the lack of impact of American orientation is that it is only the relative presence or absence of Mexican culture in a teen that affects his or her sexual behaviors, as opposed to the specific impact of American culture. As described in the background, Mexican culture holds more traditional perspectives on religion, gender and family that may influence decisions regarding sexual activity and contraceptive use. Increased religiosity among teens strongly oriented to Mexican culture may partially explain both their lower incidence of sexual activity and their lower use of condoms once sexually active. Lower use of contraception may also be associated with a desire to become a mother; less acculturated female adolescents have been found to be more likely to desire motherhood, a part of the cultural emphasis on motherhood for women, and or family in general.

Furthermore, the higher incidence of having had sexual intercourse among men can be explained in part by the fact that Latino culture looks at least somewhat approvingly on sexual activity among young men while strongly valuing sexual abstinence for young women until they are married or in a serious, long-term relationship.

**Protective Factors**

As hypothesized and supported by literature regarding resiliency and protective factors, the presence of protective environments was associated with increased contraceptive use among sexually active subjects; this effect was similar for males and
females. Two specific features of protective environments were significantly related to both condom use at first sexual intercourse and contraceptive use at most recent intercourse: high expectations in the home and the combined marker of caring relationships with adults. The presence of protective environments did not appear to be associated with whether or not a teen had ever had sexual intercourse. Several questions arise from this combination of results. 1) Why didn’t protective environments have an impact on whether or not teens had had sex? 2) How do high expectations in the home and caring relationships with adults encourage teens to use contraceptives when having sexual intercourse?

The results would suggest that positive home and school environments were insufficient to prevent adolescents from choosing to have sex. It is difficult to discern from this data whether the protective environments were not protective enough to reduce the incidence of sexual activity, or whether there were counterforces such as peer pressure, or lack of alternatives to early sexual experience, that overwhelmed the influence of the home. Once sexually active, how a teen approached their sexual experience did appear to be significantly impacted by the relationships and expectations they encountered at home, and even at school. Parental expectations appeared to either consciously or sub-consciously impact adolescents’ contraceptive decision-making and use. Given parents’ expectations, it may be that these adolescents also had higher expectations for their futures, and thus were more likely to take measures to avoid pregnancy. One piece of evidence supporting this hypothesis is the relationship between high expectations in the home and academic performance, another marker of a student’s ability to make current choices to affect future success. 46% of students with high
expectations in the home reported receiving A’s and B’s in school compared with 34% of those who did not report high expectations in the home (p<.05). High expectations in the home may also impact adolescents’ views of themselves. Individuals with poor self-image are known to be at higher risk for early childbearing.\textsuperscript{29,30} Conversely, by having an adult in the home who expects them to be a success, teens with high parental expectations may develop a stronger self-image that empowers them to make protective decisions, thus avoiding pregnancy and STDs. Caring relationships with adults may act similarly by improving a teen’s self-image. Given that three of the six questions that measured caring relationships addressed having an adult to talk with or to listen to the student, caring relationships may also be an indicator of a teen having an adult to talk with about important issues, including contraception. In some studies, communication around sexuality and contraception has been associated with a decreased risk of sexual activity, as well as a marked increase in the use of contraception if they are sexually active.\textsuperscript{18,22}

In contrast to protective environments, these findings support that having adult supervision after school decreases the likelihood of having had sex, but has no impact on contraceptive use among the sexually active. The impact of after school supervision on sexual activity paralleled information gathered from key community informants, who stated, “Kids here get pregnant between 4 and 6 in the afternoon before their parents get home from work.”\textsuperscript{31} This finding was also supported by literature suggesting that adult supervision is a very real barrier to teens having sexual intercourse.\textsuperscript{18} Although no relationship between supervision and contraceptive use was present in this study, there is concern that tight adult supervision may create a “chilling” effect in terms of pursuing
contraceptive services. Highly supervised youth may feel that they cannot obtain contraceptives or receive care without their parents knowing. Ironically, this may place this group of adolescents at greater risk of pregnancy and STDs, a potential negative consequence of close parental monitoring.

Suprisingly, only two protective factors varied significantly with acculturation. First, as hypothesized, having a high Mexican orientation was associated with increased after-school supervision; this was only true for younger (14-15) adolescents. Monitoring of adolescents, particularly young adolescents, is in line with the more traditional views associated with an orientation toward Mexican culture. A strong Mexican orientation was also associated with having a strong school environment, especially high expectations from adults at school. It may be that relative to the expectations at home, the expectations subjects with a strong Mexican orientation encountered in school appeared high. Contrary to study hypotheses, the strength of the home environment did not change with acculturation. This suggests that the aspects of family life that stay the same with acculturation (support from family) may be stronger in influencing high expectations and caring relationships at home than the aspects of family life that change with acculturation (familial obligations, family as referents).11

Sociodemographic characteristics

Among the sociodemographic variables, older teens and males were more likely to have had sex and teens with two parents in the home and students with higher grades were less likely to have had sexual intercourse, consistent with the literature.15,32-36 However, none of these four variables (gender, age, academic performance, family structure) was significantly related to contraceptive use. The impact of mother’s
education, which was used as a proxy for socioeconomic status (SES), was unclear. In bivariate analyses, it had the anticipated effect on contraceptive use (increased) only for males; it also had the opposite of anticipated impact on sexual activity compared with previous research findings. However, both of these effects lacked significance in the multivariate model. The initial association between mother’s education and incidence of sexual activity may be explained, in part, by the relationship between mother’s education and acculturation. Students with a high Mexican orientation were more than eight times as likely to have a mother born in Mexico, and more than 5 times as likely to have a mother who did not graduate from high school. Once Mexican orientation was included in the multivariate model, the effect of maternal education on sexual activity was removed. Therefore, mother’s education may have been a closer proxy of acculturation, both of students and of their mothers, than of socioeconomic status. In turn, level of acculturation of both subjects and their parents appears to have impacted adolescent sexual behavior.

Limitations

The conclusions of this study regarding the effects of acculturation and protective factors on Latino adolescents’ risk for pregnancy are limited by several factors. First, these findings cannot be generalized to populations beyond rural teens of Mexican descent currently enrolled in high school. Thus, they cannot be applied to the high-risk population of adolescents not in school. The school-based population also produced a very “Americanized” sample. Seventy-six percent of subjects were born in the U.S. and over 50% of Mexican-born teens had been in the U.S. for 10 years or more. While most US Latinos are very Americanized (87% are U.S.-born), the limited range of
acculturation made it difficult to assess the impact of varied degrees of acculturation, especially very low levels. Furthermore, although attempts were made to include a broad spectrum of high school students by soliciting required and bilingual classes, the 63% of students that participated may not have been representative of the full range of high school populations. The studied teens not only agreed to complete the survey, but also obtained their parent’s written consent to participate in the study. These requirements, in combination with the incentive of extra credit, may have created a bias in the sample towards those who were more engaged at school and in closer contact with their parents. This bias may have lead to generally higher proportions of students with strong home and school environments than would be representative of high school populations as a whole.

Several limitations in the results stemmed from the small sample size. Pregnancy could not be used as the dependent variable because only nine individuals in the sample stated that they had ever been pregnant or impregnated their partner. Instead, sexual activity and contraceptive use were used as predictors of the risk for pregnancy. Limited power due to sample size also prevented statistical analyses stratified by multiple covariates. The combination of small sample size and a highly Americanized population prevented ideal use of the Bidimensional Acculturation Scale, in which at least three categories describing a subject’s cultural orientation are used. Specifically, the three categories are: bicultural (highly oriented to both Mexican and American cultures), a high Mexican orientation, or a high American orientation; an additional category of low level bicultural (oriented to neither American nor Mexican culture) can also be used if appropriate. In this study, too few subjects had a low American orientation to allow adequate statistical analysis of the three (or four) categories.
Finally, the results of the multivariate analyses are not adequately controlled for socioeconomic status, as the marker used to measure SES (maternal education) appeared more closely related to the acculturation of the mother (and thus the subject) than to the subjects’ SES. Socioeconomic status, including education and poverty status, is often closely related to immigrant status. Latino immigrants are less likely to have completed high school and have lower annual income than second and third generation Latinos.\textsuperscript{12} Therefore, it is often difficult to determine the individual effects of each SES and acculturation, particularly in a sample such as this one where both SES and level of acculturation are fairly homogenous. In future studies evaluating the impact of acculturation in Latinos and other immigrant groups, it may be helpful to include multiple measures of socioeconomic status, including non-educational measures such as parents’ type of employment, work hours, and receipt of health benefits. Indicators such as participation in school-subsidized and free lunch programs can be helpful, but may underestimate the socioeconomic status of students, as they may not enroll in such programs due to social stigma or concerns regarding their or their parents’ immigration status.

**Conclusions and Implications**

The population of Latino adolescents in the United States is both marginalized and growing quickly. Latino children are three times as likely as non-Latino white children to live in poverty; they are also less likely to complete high school than their African-American and white peers.\textsuperscript{12,37} Given that by the year 2025, Latino adolescents are expected to comprise 25% of the U.S. teen population\textsuperscript{4}, it is essential that government and communities invest in promoting the health and well-being of this population.
Reproductive and sexual health is one of the most important issues facing Latino youth; they currently have the slowest rate of decrease in STDs and the highest rates of teenage childbearing when compared with white and African-American adolescents. Continued research will be the key mechanism to increase understanding of the protective factors that can improve sexual health among Latino adolescents.

To achieve a more complete picture of rural Latino teens, data should be collected from teens who are not enrolled in school and a larger population of recent immigrants. One important rural subpopulation to survey is adolescent farmworkers, who are more likely to have low levels of acculturation and less likely to be enrolled in traditional high schools. In addition, current research at the zip code or census tract level has shown that much can be learned from examining community contextual factors. Examining multiple rural and urban communities, both from the angle of individual factors, as well as community indicators, will allow for more comprehensive analysis of protective and risk factors as related to Latino adolescents’ attitudes and behaviors around sex, contraception, pregnancy and childbearing. This data will be most valuable if collected longitudinally beginning in the elementary school years in order to establish causal relationships between sex-related behaviors and significant protective and risk factors.

The findings of this study suggest several means that should be explored as potential mechanisms through which both governmental and non-governmental organizations can begin to address the reproductive health needs of the Latino adolescent population, particularly Mexican-American youth.

1) Communicate to parents that having and expressing high expectations of their children, as well as developing caring and open relationships makes a difference in their children’s attitudes and behaviors. This message can be conveyed at a mass or individual level. Currently, an ad campaign (Parents. The Anti-Drug) has
attempted to communicate this message at a mass media level through billboards, print ads and TV commercials. It is not clear how effective the campaign is in reaching Latino parents, nor whether the ads actually influence parents' behavior. At a more personal level, programs are needed that provide parenting education, coaching, and support to help guide parents to be effective during the adolescent years.

2) Where parents are not able or available to communicate these messages to their children, this research suggests that schools, and the adults students encounter in school, may be able to play a powerful role in adolescents lives. Clear mechanisms need to be developed to encourage the development of caring relationships between students and adult role models; once established, such relationships are natural contexts to express high expectations to youth. Clearly adolescents can benefit from more than just one adult relationship; but at a minimum, schools and other institutions involved in the lives of youth should assure that such environments are readily available to youth of all ethnic, racial and SES groups.

3) This study did not specifically address the relationships of youth within their broader community. However, the significance of the school environment in students' lives may be paralleled in other contexts. Youth development programs that reduce participants' discretionary time, increase their connection with adults and improve their beliefs and hopes for the future may also be effective mechanisms to impact adolescents attitudes and decisions regarding sex and contraception, as well as other risk taking behaviors.

4) All efforts to establish relationships between youth and adults must be designed in the context of Latino culture and the acculturation process. This entails not only providing information, resources and services in Spanish and English, but designing services around the specific familial and cultural factors that differentially affect Latino youth at different stages of acculturation.

In a globalized world, and particularly in California where the definition of the "white majority" is shifting, it is important to continue to identify the characteristics of both culture and individuals that help adolescents to be resistant to economic disadvantage. Once these characteristics are clearly recognized, means must be identified to affirm and encourage the cultural aspects of adolescents' lives that protect individuals and groups from negative social and health outcomes.
References


Conclusion

Both Teen Pregnancy and Childbearing among US Latinos and The Effects of Acculturation and Protective Environments on Sexual Behaviors and Contraceptive Use were written in order to gain further understanding of how acculturation impacts sexual behaviors and risk for early childbearing among Latino adolescents. Each paper added a perspective to the growing body of literature regarding acculturation. Both papers also pointed to the complexity of the acculturation process, suggesting that it should not be simplified to rudimentary measures. Effects particularly addressed the potential for protective factors to change with acculturation. As larger and longitudinal studies are performed, additional findings regarding the impact of acculturation on sexual behaviors and risk for early childbearing will continue to inform methods of improving the sexual and reproductive health of the growing Latino adolescent population while also identifying the factors that create advantage and hope in Latino adolescents’ lives.
Bibliography


Holmer, B. (2002). In K. Penner (Ed.). Salinas, CA.


Appendix A: Survey Instrument in English.

Student Survey
Information and Instructions

- I am asking you to complete this survey so that I can learn information that will help me as I work with members of your community to design new programs for teens and improve the programs that already exist.

- This survey will ask you questions about yourself, including general information, your ethnic background, sexual experiences you may have had, and your relationships with the people around you.

- **You do not** have to answer any questions that make you feel uncomfortable. Your participation is voluntary. It is YOUR CHOICE to answer the questions on this survey.

- Your answers will be **private**. Because your name is not on this survey, no one - not me, your teachers, your parents or anyone else - will know how you answered the questions.

- Please read the questions **carefully** and answer **truthfully**.

- Please make sure your marks (X or √) are **inside the box** so that I know which answers you are choosing.

- If you have any questions about what something means, or about anything else about the survey, please ask me.
The following questions ask for some general information about you.

1. How old are you?
   - 12 years old or younger
   - 13 years old
   - 14 years old
   - 15 years old
   - 16 years old
   - 17 years old
   - 18 years old
   - 19 years old
   - 20 years old or older

2. What is your gender?
   - Female
   - Male

3. What grade are you in?
   - 9th grade
   - 10th grade
   - 11th grade
   - 12th grade
   - Other
     (specify)_________________

4. How do you describe your ethnicity?
   (Mark All That Apply)
   - Latino, Hispanic, Chicano, Mexican or Mexican-American, Central American or other Latin American
   - Black or African American
   - White or Caucasian (not Latino)
   - Native American, American Indian or Alaska Native
   - Asian, Asian-American, Oriental or Pacific Islander
   - Other (specify)_________________

5. During the past year, how many times have you moved houses (changed where you live)?
   - 0 times
   - 1 time
   - 2 or more times

6. How many people live in your house? (including yourself)
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - more than 8

7. Who lives in your house? (Mark All That Apply)
   - Mother
   - Father
   - Stepmother
   - Stepfather
   - Foster parents/ guardians
   - Sister(s)
   - Brother(s)
   - Grandmother(s)
   - Grandfather(s)
   - Other adult relative(s)
   - Cousin(s)
   - Other (specify)_________________

8. If you have a job, how many hours a week do you usually work?
   - I work _________ hours per week
   - I do not have a job
9. What is your father's highest level of education?
- No schooling
- 8th grade or less
- Some high school
- High school diploma or GED
- Some college
- College diploma or more
- Not sure

10. What is your mother's highest level of education?
- No schooling
- 8th grade or less
- Some high school
- High school diploma or GED
- Some college
- College diploma or higher
- Not sure

11. During the past 12 months, how would you describe the grades you mostly received in school?
- Mostly A's
- A's and B's
- Mostly B's
- B's and C's
- Mostly C's
- C's and D's
- Mostly D's
- Mostly F's

12. Where were you born?
- United States
  - What state?
  - ________________
- Mexico
  - What state?

13. Where was your Mother born?
- United States
- Mexico
- El Salvador
- Philippines
- Other (specify) ________________

14. Where was your Father born?
- United States
- Mexico
- El Salvador
- Philippines
- Other (specify) ________________

15. How long have you lived in the United States?
- All my life
- _____________ years

16. Since you started living in the United States, have you ever moved back to the country where you were born?
- Yes. When did you move back to the US?
  - ________________ years ago
- No

17. How many of your close friends were born in the United States?
- None or almost none of my friends were born in the United States.
- Some of my friends were born in the United States.
- Most of my friends were born in the United States.
- All or almost all of my friends were born in the United States.
The following questions ask you about your language use.

18. How often do you do each of the following? **Mark one answer for each statement.**

<table>
<thead>
<tr>
<th></th>
<th>None or hardly any of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All or almost all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>How often do you speak English?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>How often do you listen to music in Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>How often do you watch television programs in Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>How often do you speak in English with your friends?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>How often do you speak Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>How often do you speak English at home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td>How often do you think in Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td>How often do you speak in Spanish with your friends?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>How often do you listen to radio programs in English?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td>How often do you speak Spanish at home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K.</td>
<td>How often do you listen to music in English?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.</td>
<td>How often do you think in English?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.</td>
<td>How often do you listen to radio programs in Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.</td>
<td>How often do you watch television programs in English?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. How much do you agree or disagree with each of the following? Mark one answer for each statement.

<table>
<thead>
<tr>
<th></th>
<th>Disagree Strongly</th>
<th>Disagree Somewhat</th>
<th>Agree Somewhat</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. I have a lot of pride in my ethnic group and its accomplishments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. I participate in cultural practices of my own group, such as special food, music, dance or customs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. I feel a strong attachment towards my own ethnic group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. I feel good about my cultural or ethnic background</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. I am active in organizations or social groups that include mostly people of my ethnic group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Remember that your answers are completely ANONYMOUS because your name is NOT on this survey. No one—not your parents, friends, teachers or any one else—will see your survey or be able to link you to your answers.

This section asks about sexual knowledge and behavior. Please answer all questions as instructed. If a question makes you feel uncomfortable, you do not need to answer it.

20. About what percent of students in your school grade do you think ever had sexual intercourse? (For example, you might think about how many in a group of 100 students or three classrooms.)
- 0 percent (None)
- 25 percent
- 50 percent (Half)
- 75 percent
- 100 percent (All)

21. Have you ever had sexual intercourse?
- Yes
- No

22. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

23. Did you or your partner use a condom the first time you had sexual intercourse?
- I have never had sexual intercourse
- Yes
- No

24. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

25. If you have had sexual intercourse, how many times have you had it in the last 3 months?
- I have never had sexual intercourse
- I have had sex, but not during the last 3 months
- I had sex once in the last 3 months
- 2 times
- 3 or 4 times
- 5 or more times

26. If you have had sexual intercourse more than once in the last three months, how often did you or your partner(s) use condoms in the last three months?
- I have never had sexual intercourse
- I have had sex, but not more than once during the last three months
- I had sex in the last three months, but we did not use condoms.
- We used a condom less than half the time
- About half the time
- Most of the time (more than 75% of the time)
- Every time
27. The last time you had sexual intercourse, did you and/or your partner use any method(s) to prevent pregnancy?
☐ Yes
☐ No
☐ I have never had sexual intercourse

Note: A birth control method means "any method to prevent pregnancy."

28. If you or your partner DID use a method to prevent pregnancy the last time you had sexual intercourse, what method(s) did you use? (Mark All That Apply)
☐ Does not apply. I have never had sexual intercourse
☐ Does not apply. We did not use a birth control method the last time I had sex.
☐ Birth control pills (The Pill)
☐ A condom
☐ Depo-Provera (The Shot)
☐ Withdrawal (pull out before ejaculation)
☐ Some other method (specify) __________________________

29. If you or your partner did NOT use a method to prevent pregnancy the last time you had sexual intercourse, why was that? (Mark all that apply)
☐ Does not apply. I have never had sexual intercourse.
☐ Does not apply. We used a birth control method the last time I had sex.
☐ I/my partner want(s) to get pregnant
☐ I don’t have sex very often
☐ Religious/cultural reasons
☐ Birth control interferes with foreplay/sexual pleasure
☐ My partner does not want to use birth control.
☐ My partner does not want me to use birth control.
☐ My family and/or friends don’t want me to use birth control
☐ I didn’t have a birth control method available at that time
☐ I don’t know where to get birth control
☐ Birth control costs too much
☐ I don’t feel comfortable buying birth control
☐ I don’t feel comfortable asking my partner to use birth control
☐ Other (specify) __________________________
30. Generally, where do you get your condoms? (Mark all that apply)
- I never get condoms
- From a store (grocery store, drugstore)
- My friends
- A clinic
- My family
- My school nurse
- My partner
- Health fair or community event
- Condom vending machine
- Other source (specify) _______

31. How many times have you been pregnant or gotten someone pregnant?
- 0 times (Never)
- 1 time
- 2 times
- 3 times
- 4 or more times
- Not sure

32. How old were you when you were first pregnant or got someone else pregnant?
- I have never been pregnant or gotten someone else pregnant
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old or older

33. How many children do you have?
- None (0)
- 1
- 2
- 3
- 4 or more
- Not sure

34. How much have you learned about methods to prevent pregnancy from each of the following? Mark one answer for each statement.

<table>
<thead>
<tr>
<th>Did Not Receive Information</th>
<th>Learned a Little</th>
<th>Learned Something</th>
<th>Learned a Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. My doctor (or the clinic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. My school's nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. A class in school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. My parent(s)/guardian(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. My friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. My girlfriend/boyfriend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Other family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. My counselor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. My church</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Books/Magazines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Television/Radio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Internet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

79
35. How much of the time do you feel confident of each of the following? *Mark one answer for each statement.*

<table>
<thead>
<tr>
<th>I feel confident that...</th>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I can talk with a boyfriend/girlfriend about protection from pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. I can say &quot;NO&quot; when I don't want to have sex</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. I can talk with a date about how to avoid pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. I can say &quot;NO&quot; to unprotected sex</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

36. In the past year have you received birth control counseling or services from a clinic or a doctor?
- ☐ Yes
- ☐ No
- ☐ Don't know

37. If a woman has just had sex and thinks she might become pregnant, is there anything she can do in the next few days to prevent the pregnancy?
- ☐ Yes
- ☐ No
- ☐ Don't know

38. Have you ever heard of emergency contraception, or the "morning after pill"?
- ☐ Yes
- ☐ No

39. Have you ever had a boyfriend/girlfriend?
- ☐ Yes
- ☐ No

40. How long was your longest relationship with a boyfriend/girlfriend?
- ☐ Less than one month
- ☐ ________ months (specify)
- ☐ I have never had a boyfriend/girlfriend

41. How old was your oldest boyfriend/girlfriend?
- ☐ ________ years old
- ☐ I have never had a boyfriend/girlfriend
The following questions ask questions about things like your relationships with people and about how you spend your time. Please continue to answer as honestly as possible.

42. Which of these are important to you? *(Mark all that are important to you)*
- Participating in sports/clubs in school or in the community
- Music
- Volunteering, community service
- My friends
- My family
- Getting good grades in school
- Helping my family
- My interests/hobbies other than sports (riding my bike, drawing, etc)
- Talking with an adult (outside my family) who has time to listen to me
- My boyfriend/girlfriend
- Staying out of trouble
- My job
- My religion
- None of these is important to me

43. What do you usually do after school? *(Mark all that apply)*
- I participate in sports, clubs, or other activities at school
- I participate in music, art, sports or a hobby outside of school.
- I do homework/study.
- I go to work.
- I watch TV
- I go to my friend's house.
- I do housework
- I go to the library
- I hang out in the neighborhood
- I spend time with my friends.
- I spend time with my family
- I spend time with my boyfriend/girlfriend
- Other (specify)

---

44. How often is there an adult around during your after school hours?
- Never or almost never
- Some of the time
- Most of the time
- All or almost all the time

45. In the last 3 months, what was the latest your parent/guardian allowed you to stay out on weekday nights, Sunday through Thursday?
- __________ o'clock
- I could stay out as late as I wanted.
- My parents did not allow me to go out without them on weekday nights.

46. In the last 3 months, what was the latest your parent/guardian allowed you to stay out on the weekend nights, Friday through Saturday?
- __________ o'clock
- I could stay out as late as I wanted.
- My parents did not allow me to go out without them on weekend nights.
The next questions are about how much your parents know about you. *Mark one answer for each statement.*

### 47. How much do your parents (or guardians) really know about...

<table>
<thead>
<tr>
<th></th>
<th>Nothing</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. where you go when you go out at night?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. what you do with your free time?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. where you are most afternoons (after school)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. your use of alcohol (even if you don’t drink)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. your use of tobacco (even if you do not smoke)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. your sexual activity (even if you are not sexually active)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

For each of the following statements, please mark whether you feel that it is not at all true, a little true, pretty much true, or very much true. *Mark one answer for each statement.*

### 48. In my home, there is a parent or some other adult...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. who expects me to follow the rules</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. who is interested in my school work</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. who believes that I will be a success</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. who is too busy to pay much attention to me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. who talks with me about my problems</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. who always wants me to do my best</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G. who listens to me when I have something to say</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### 49. At my school, there is a teacher or some other adult...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. who really cares about me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. who tells me when I do a good job</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. who notices when I’m not there</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. who is mean to me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. who always wants me to do my best</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. who listens to me when I have something to say.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G. who believes that I will be a success</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
50. Please continue to mark how true you feel the following statements are for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have a friend about my own age who really cares about me.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B. Outside of my home and school, there is an adult who really cares about me.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C. When I need help, I find someone to talk with</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D. I plan to graduate from high school</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E. After high school, I plan to go to college or some other school (including vocational school or the military)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

51. How often do you go to church or mass?
   - Never. I don't go to church or mass
   - I go to church/mass only on important religious holidays
   - About once a month
   - About two times a month
   - Every week

52. How often do you pray?
   - Never - I don't pray.
   - About once a year
   - About once a month
   - About once a week
   - About once a day
   - More than once per day

53. How religious are you?
   - Not religious at all
   - Somewhat religious
   - Very religious

54. During the last four weeks, how much of the time did you feel so sad that nothing could cheer you up?
   - None of the time
   - A little of the time
   - Some of the time
   - Most of the time
   - All or almost all the time

55. During the last four weeks, how much of the time have you been a happy person?
   - None of the time
   - A little of the time
   - Some of the time
   - Most of the time
   - All or almost all the time

56. During the last four weeks, which of the following were true for you? (Mark all that were true for you)
   1. I skipped/ditched school
   2. I got in fights
   3. My family got in fights
   4. I drank alcohol
   5. I used drugs
   6. I smoked cigarettes
   7. None of these were true for me
The following questions ask you about people you admire or look up to. This could be someone you know personally, someone you have read about or seen on TV or in the movies, or someone that you know about some other way.

57. Are there any people or individuals you really admire or look up to?
- Yes
- No

58. Who is the person that you most admire or look up to?
- Relative/Family member.
  (ie mother, brother, aunt, etc)
  Specify
- Girlfriend/Boyfriend
- Friend (your same age)
- Adult friend
- Teacher
- Community member.
  (ie doctor, priest, mayor etc)
  Specify
- Historical Figure.
  (ie Abraham Lincoln)
  Specify
- Public or popular figure (ie
  President Bush, Michael
  Jordan, Jennifer Lopez)
  Specify
- Other. Specify

59. How would you describe your relationship with this person?
- I know him/her personally.
- I read about him/her in history books.
- He/she is a public figure and I met him/her in person.
- He/she is a public figure and I have only seen him/her in the media
- Other. Specify

60. What is his/her gender?
- Male
- Female

61. What is his/her ethnicity?
(Mark all that apply)
- Latino, Hispanic, Chicana,
  Mexican or Mexican-American,
  Central American or other
  Latin American
- Black or African American
- White or Caucasian (not Latino)
- Native American, American
  Indian or Alaska Native
- Asian, Asian-American, or
  Oriental
- Other (specify)

62. Finally, how do you feel about the questions on this survey? Mark one answer for each statement.

<table>
<thead>
<tr>
<th></th>
<th>Hardly any questions</th>
<th>Only some questions</th>
<th>Most questions</th>
<th>All questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I understood the questions on this survey.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. I answered the questions carefully.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. I answered the questions honestly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

63. Is there anything else that you would like to say?
Appendix B: Survey Instrument in Spanish

Cuestionario de Estudiantes
Información e Instrucciones

- Te pido que completeness este cuestionario para que pueda aprender más información que nos va a ayudar a miembros de la comunidad y a mí en nuestro trabajo para crear e implementar nuevos programas para adolescentes y para mejorar los programas que ya existen.

- Este cuestionario te pregunta acerca de ti mismo, incluyendo información general, tus antecedentes étnicos, experiencias sexuales que pudrieras haber tenido y tus relaciones con la gente que te rodea.

- No tienes que contestar preguntas que te hagan sentir incómodo(a). Tu participación es voluntaria. TU DECIDES si contestas las preguntas de este cuestionario.

- Tus respuestas son confidenciales. A causa de que no se escribe tu nombre en este cuestionario, nadie - ni yo, ni tus maestros, ni tus padres, ni nadie más - va a saber como contestaste a las preguntas.

- Favor de leer cada pregunta con cuidado y de contestar cada pregunta con la verdad.

- Favor de asegurar que tu marca (X o √) cabe en cada cajita para que no haya duda cual respuesta has seleccionado.

- Si tienes cualquier pregunta sobre el cuestionario o sobre lo que significa algo, favor de preguntarme a mí.
Las siguientes preguntas piden información sobre ti.

1. ¿Cuántos años tienes?
   - 12 años o menos
   - 13 años
   - 14 años
   - 15 años
   - 16 años
   - 17 años
   - 18 años
   - 19 años
   - 20 años o más

2. ¿Cuál es tu sexo?
   - Mujer
   - Hombre

3. ¿En qué grado estás?
   - 9º grado
   - 10º grado
   - 11º grado
   - 12º grado
   - Otro grado
     (especificar)__________

4. ¿Cuál es tu grupo étnico? (Marca todas las respuestas que correspondan)
   - Latino, Hispano, Chicano, Mexicano o Mexicano-Americano,
     Centroeuropeo u otro Latinoamericano
   - Negro o Afro-Americano
   - Blanco o Caucásico (no Latino)
   - Indígena Americano,
     Indio Americano, o Nativo de Alaska.
   - Asiático, Asiático-Americano, Oriental, o de las Islas del Pacífico
   - Otro
     (especificar)__________

5. ¿Cuántas veces te has cambiado de domicilio durante el último año?
   - 0 veces
   - 1 vez
   - 2 veces o más

6. ¿Cuántas personas viven en tu casa? (incluyendo a ti)
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - más que 8

7. ¿Quién vive en tu casa? (Marca todas las respuestas que correspondan)
   - Madre
   - Padre
   - Madrastra
   - Padastro
   - Tutor(es)
   - Hermana(s)
   - Hermano(s)
   - Abuela(s)
   - Abuelo(s)
   - Otro(s) familiar(es) adulto(s)
   - Primo(s)
   - Otro(s) (especificar)__________

8. Si tienes un empleo, ¿cuántas horas a la semana generalmente trabajas?
   - Trabajo_________ horas a la semana
   - No tengo un empleo.
9. ¿Cuál es el nivel de educación más alto que completó tu padre?
   ☐ Nunca asistió a la escuela
   ☐ 8º grado o menos
   ☐ Empezó pero no terminó el preparatorio
   ☐ Terminó el preparatorio, una carrera técnica, o sacó su GED
   ☐ Empezó pero no terminó la universidad/licenciatura
   ☐ Licenciatura o más
   ☐ No estoy seguro(a)

10. ¿Cuál es el nivel de educación más alto que completó tu madre?
    ☐ Nunca asistió a la escuela
    ☐ 8º grado o menos
    ☐ Empezó pero no terminó el preparatorio
    ☐ Terminó el preparatorio, una carrera técnica, o sacó su GED
    ☐ Empezó pero no terminó la universidad/licenciatura
    ☐ Licenciatura o más
    ☐ No estoy seguro(a)

11. Durante los últimos 12 meses, ¿cómo describirías la mayoría de las calificaciones que recibiste en la escuela?
    ☐ Casi puras As
    ☐ As y Bs
    ☐ Casi puras Bs
    ☐ Bs y Cs
    ☐ Casi puras Cs
    ☐ Cs y Ds
    ☐ Casi puras Ds
    ☐ Casi puras Fs

12. ¿En qué país naciste?
    ☐ Los Estados Unidos
    ☐ ¿Cuál estado? __________
    ☐ México
    ☐ ¿Cuál estado? __________
    ☐ El Salvador
    ☐ Islas Filipinas
    ☐ Otro país (especificar) __________

13. ¿En qué país nació tu madre?
    ☐ Los Estados Unidos
    ☐ México
    ☐ El Salvador
    ☐ Islas Filipinas
    ☐ Otro país (especificar) __________

14. ¿En qué país nació tu padre?
    ☐ Los Estados Unidos
    ☐ México
    ☐ El Salvador
    ☐ Islas Filipinas
    ☐ Otro país (especificar) __________

15. ¿Cuánto tiempo has vivido en los Estados Unidos?
    ☐ Toda mi vida
    ☐ ________ años

16. Desde que te mudaste por primera vez para vivir en Estados Unidos, ¿alguna vez te has regresado a vivir en el país donde naciste?
    ☐ Sí. ¿Cuándo regresaste de nuevo a los EE.UU. para vivir? Hace ________ años.
    ☐ No

17. ¿Cuántos de tus mejores amigos nacieron en los Estados Unidos?
    ☐ Ningunos o casi ningunos de mis amigos nacieron en los EE.UU.
    ☐ Algunos de mis amigos me nacieron en los EE.UU.
    ☐ La mayoría de mis amigos nacieron en los EE.UU.
    ☐ Todos o casi todos de mis amigos nacieron en los EE.UU.
Las preguntas que siguen te preguntan sobre tu uso de lenguaje.

18. ¿Con qué frecuencia haces cada uno de los siguientes? *Marca una opción para cada pregunta.*

<table>
<thead>
<tr>
<th></th>
<th>Nunca o casi nunca</th>
<th>De vez en cuando</th>
<th>La mayoría del tiempo</th>
<th>Siempre o casi siempre</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

89
19. ¿Qué tanto estás de acuerdo o en desacuerdo con cada una de las siguientes declaraciones? _Marca una opción para cada frase._

<table>
<thead>
<tr>
<th></th>
<th>Muy en desacuerdo</th>
<th>Algo en desacuerdo</th>
<th>Algo de acuerdo</th>
<th>Muy de acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Yo he pasado tiempo tratando de conocer más acerca de mi grupo étnico, incluyendo su historia, sus tradiciones y costumbres.......</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Para aprender más sobre mis antecedentes étnicos, frecuentemente platico con otras personas acerca de mi grupo étnico..</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Me hace sentir muy orgulloso mi grupo étnico y lo que ha logrado ..</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Yo pongo en práctica las costumbres culturales de mi propio grupo tal como su música, su comida, su baile y otras costumbres.........................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Siento un fuerte afecto a mi grupo étnico...............................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>Mis antecedentes culturales y étnicos me hacen sentir bien........</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td>Participo activamente en organizaciones o grupos sociales que en su mayoría incluyen gente de mi grupo étnico .........................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recuerda que tus respuestas son completamente ANÓNIMAS, debido a que tu nombre NO aparecerá en esta encuesta. Ninguna persona que te conozca – ni tus padres, amigos, maestros ni el personal – sabrá tus respuestas o podrán identificar cuales respuestas marcaste en esta encuesta.

Esta sección hace preguntas sobre tu conocimiento del sexo y sobre tu conducta. Por favor contesta todas las preguntas como se indica. Si una pregunta te hace sentir incómodo(a), no estás obligado(a) a contestarla.

20. ¿Aproximadamente qué porcentaje de los estudiantes en tu grado piensas que han tenido relaciones sexuales? (Por ejemplo, puedes pensar cuántos en un grupo de 100 estudiantes o en tres salones de clase.)
   □ 0 por ciento (ninguno)
   □ 25 por ciento
   □ 50 por ciento (la mitad)
   □ 75 por ciento
   □ 100 por ciento (todos)

21. ¿Alguna vez has tenido relaciones sexuales?
   □ Sí
   □ No

22. ¿Cuántos años tenías cuando tuviste relaciones sexuales por primera vez?
   □ Yo nunca he tenido relaciones sexuales
   □ 11 años de edad o más joven
   □ 12 años de edad
   □ 13 años de edad
   □ 14 años de edad
   □ 15 años de edad
   □ 16 años de edad
   □ 17 años de edad
   □ 18 años de edad o más

23. La primera vez que tuviste relaciones sexuales, ¿usaste tú o tu pareja un condón?
   □ Sí
   □ No

24. En toda tu vida, ¿cuántas parejas sexuales has tenido?
   □ 1 persona
   □ 2 personas
   □ 3 personas
   □ 4 personas
   □ 5 personas
   □ 6 personas o más

25. Si has tenido relaciones sexuales, ¿cuántas veces las has tenido en los últimos 3 meses?
   □ Yo nunca he tenido relaciones sexuales
   □ He tenido relaciones sexuales, pero no he tenido sexo en los últimos 3 meses.
   □ He tenido relaciones sexuales sólo 1 vez en los últimos 3 meses.
   □ 2 veces
   □ 3 o 4 veces
   □ 5 veces o más
26. Si has tenido relaciones sexuales más que una vez en los últimos tres meses, ¿cuántas veces tú o tu(s) pareja(s) usaron condones en los últimos tres meses?

☐ Yo nunca he tenido relaciones sexuales

☐ He tenido relaciones sexuales, pero no he tenido sexo más que una vez en los últimos tres meses.

☐ He tenido relaciones sexuales en los últimos tres meses, pero no usamos condones.

☐ Usamos condones menos de la mitad de las veces que he tenido relaciones sexuales.

☐ Usamos condones la mitad de las veces.

☐ Usamos condones la mayoría de las veces (más que 75% del tiempo).

☐ Usamos condones cada vez.

27. **Nota:** Un método anticonceptivo quiere decir "cualquier método para prevenir el embarazo".

28. Si tú o tu pareja usaron un método para prevenir el embarazo la última vez que tuviste relaciones sexuales, ¿cuál(es) método(s) usaron tú o tu pareja?

(Marca todas las respuestas que correspondan)

☐ No corresponde. Yo nunca he tenido relaciones sexuales.

☐ No corresponde. No se usó ningún método para prevenir el embarazo la última vez que tuve el sexo.

☐ Pastilla de control natal (o sea píldoras anticonceptivas)

☐ Un condón

☐ Depo-Provera (Inyección)

☐ Interrupción (sacar antes de eyacular)

☐ Algún otro método

(especificar) ________________

27. **La última vez** que tuviste relaciones sexuales, ¿cúal(s) fue(s) la(s) manera(s) de prevenir el embarazo?

☐ Sí.

☐ No.

☐ Yo nunca he tenido relaciones sexuales
29. Si tu o tu pareja NO usaron ningún método para prevenir el embarazo la última vez que tuvieron relaciones sexuales, por favor, indica el motivo. (Marca todas las respuestas que correspondan)

☐ No corresponde. Yo nunca he tenido relaciones sexuales.
☐ No corresponde. Se usó algún método para prevenir el embarazo la última vez que tuve relaciones sexuales.
☐ Yo/mi pareja quiere(e) embarazarse.
☐ No tengo sexo muy seguido
☐ Me opongo al uso de anticonceptivos por motivos religiosos o razones culturales
☐ No me gustan los métodos anticonceptivos porque interfieren con el placer sexual.
☐ Mi pareja no quiere usar métodos anticonceptivos.
☐ Mi pareja no quiere que yo use métodos anticonceptivos.
☐ Mi familia y/o mis amigos no quieren que use yo métodos anticonceptivos.
☐ No tenía ningún método anticonceptivo en ese momento.
☐ No sé dónde conseguir métodos anticonceptivos.
☐ Los métodos anticonceptivos cuestan mucho dinero.
☐ No me siento cómodo comprando anticonceptivos.
☐ No me siento cómodo de pedirle a mi pareja que use métodos anticonceptivos.
☐ Otro (especificar) ______________

30. Generalmente, ¿dónde obtienes tus condones? (Marca todas las respuestas que correspondan)

☐ Nunca tengo condones.
☐ De la tienda o farmacia.
☐ De mis amigos o amigas.
☐ De una clínica.
☐ De mi familia.
☐ De la enfermera de mi escuela.
☐ De mi pareja (con quien tengo relaciones sexuales).
☐ De una feria de salud o evento comunitario.
☐ De una máquina dispensadora.
☐ De otros lugares (especificar).

31. ¿Cuántas veces has estado embarazada o has dejado a una mujer embarazada?

☐ 0 veces (Nunca)
☐ 1 vez
☐ 2 veces
☐ 3 veces
☐ 4 veces o más.
☐ No estoy seguro(a).

32. ¿Cuántos años tenías cuando quedaste embarazada o dejaste a alguien embarazada por primera vez?

☐ Nunca he estado embarazada ni dejado a alguien embarazada.
☐ 11 años o menos
☐ 12 años
☐ 13 años
☐ 14 años
☐ 15 años
☐ 16 años
☐ 17 años
☐ 18 años
☐ 19 años
☐ 20 años o más
33. ¿Cuántos hijos tienes?
- Ninguno (0)
- 1
- 2
- 3
- 4 o más
- No estoy seguro(a)

34. ¿Cuánto has aprendido sobre métodos para prevenir el embarazo de cada uno de los siguientes? *Marca una opción para cada oración*

<table>
<thead>
<tr>
<th>Información</th>
<th>Aprendí un</th>
<th>Aprendí Algo</th>
<th>Aprendí Mucho</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Mi doctor (o la clínica)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. La enfermera de mi escuela</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Mis clases en la escuela</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Mis padres o guardianes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Mis amigos y amigas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Mi novio / novia (o pareja)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Otros miembros de mi familia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Mi consejero(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Mi iglesia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Los libros y/o las revistas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. La televisión y/o la radio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. El Internet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. ¿Con qué frecuencia sientes seguro(a) de los siguientes? *Marca una opción para cada declaración.*

<table>
<thead>
<tr>
<th>Me siento seguro(a) que...</th>
<th>Nunca o casi nunca</th>
<th>De vez en cuando</th>
<th>La mayoría del tiempo</th>
<th>Siempre o casi siempre</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Puedo hablar con un novio o novia acerca de la protección de embarazo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Puedo decir &quot;NO&quot; a teniendo relaciones sexuales.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Puedo hablar con la persona con quien salgo (mi acompañante) para prevenir un embarazo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Puedo decir &quot;NO&quot; cuando no quiero tener relaciones sexuales sin protección</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. Durante el año pasado, has recibido servicios o consejos sobre métodos anticonceptivos (control natal) de una clínica o un doctor?

- Sí
- No
- No sé

37. Si una mujer acaba de tener relaciones sexuales, y cree que posiblemente va a quedar embarazada, ¿hay algo que se puede hacer en los próximos días para prevenir el embarazo?

- Sí
- No
- No sé

38. Alguna vez, has escuchado sobre anti-concepción de emergencia, "la píldora del siguiente día", o el "morning after pill"?

- Sí
- No

39. Alguna vez, ¿has tenido un novio/una novia?

- Sí
- No

40. ¿Cuánto duró tu relación más larga con un novio/una novia?

- Menos de un mes
- _____________ meses (especificar)
- Nunca he tenido un novio/una novia.

41. ¿Cuántos años tenía el novio/novia de mayor edad que has tenido?

- _____________ años
- Nunca he tenido un novio/una novia

Las preguntas que siguen te preguntan sobre cosas como tus relaciones con varias personas y sobre cómo pasas el tiempo. Favor de continuar contestando lo más honestamente posible.

42. ¿Cuáles de éstos son importantes para ti? (Marca todas que sean importantes para ti)

- Participar en deportes, grupos o clubes en la escuela o en la comunidad.
- La música
- El trabajo voluntario o servicio en la comunidad.
- Mis amigos
- Mi familia
- Sacar buenas calificaciones o notas en la escuela
- Ayudar a mi familia
- Mis intereses / varias (andar en bicicleta, dibujar, etc.)
- Platicar con un adulto (fuera del hogar) que tiene el tiempo para escucharme.
- Mi novio / novia
- No meterme en problemas
- Mi trabajo
- Mi religión
- Ninguna de éstos es importante para mí
43. Normalmente, ¿qué haces después de la escuela? (Marca todas las respuestas que correspondan)

☐ Participo en deportes, clubes u otras actividades en la escuela.
☐ Participo en música, arte, deportes, o una pasatiempo fuera de la escuela.
☐ Estudio/hago mis tareas de la escuela.
☐ Trabajo.
☐ Miro la televisión.
☐ Voy a la casa de un amigo.
☐ Hago quehaceres de la casa.
☐ Voy a la biblioteca.
☐ Paso el tiempo en la vecindad
☐ Paso el tiempo con mis amigos.
☐ Paso el tiempo con mi familia
☐ Paso el tiempo con mi novio/novia
☐ Otro (especificar) __________

45. En los últimos tres meses, entre semana (sea lunes a jueves), ¿a qué hora por la noche te piden tus padres que regreses a casa?

☐ A las __________
☐ No tengo hora límite para llegar a casa entre semana.
☐ Mis padres no me dejan salir las noches entre semana si no estaban ellos mismos.

46. En los últimos tres meses, fines de semana (sea viernes a sábado), ¿a qué hora por la noche te piden tus padres que regreses a casa?

☐ A las __________
☐ No tengo hora límite para llegar a casa los fines de semana.
☐ Mis padres no me dejan salir las noches del fin de semana si no estaban ellos mismos.

Las preguntas que siguen se tratan de cuánto saben tus padres de ti. Marca una opción para cada frase.

<table>
<thead>
<tr>
<th>47. En verdad, ¿cuánto saben tus padres acerca de...</th>
<th>Nada</th>
<th>Poco</th>
<th>Mucho</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. adónde vas cuando sales de noche? ..................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. qué haces con tu tiempo libre? ....................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. dónde estás la mayoría de las tardes (después de la escuela) ..................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. tu uso de alcohol (aun si no tomas)? ................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E. tu uso de tabaco (aun si no fumas)? ................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F. tu conducta sexual (aun si no tienes relaciones sexuales) ..................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
48. En mi casa, está presente mi padre o mi madre o algún otro adulto...

<table>
<thead>
<tr>
<th></th>
<th>Nada cierto</th>
<th>Algo cierto</th>
<th>Muy cierto</th>
<th>Absolutamente cierto</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. En mi escuela, hay un(a) maestro(a) o algún otro adulto...

<table>
<thead>
<tr>
<th></th>
<th>Nada cierto</th>
<th>Algo cierto</th>
<th>Muy cierto</th>
<th>Absolutamente cierto</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
50. Por favor, continúa marcando qué tan cierto te parecen las oraciones que siguen.

<table>
<thead>
<tr>
<th></th>
<th>Nada cierto</th>
<th>Algo cierto</th>
<th>Muy cierto</th>
<th>Absolutamente cierto</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tengo un amigo aproximadamente de mi edad que realmente se preocupa por mí.</td>
<td>1☐</td>
<td>2☐</td>
<td>3☐</td>
<td>4☐</td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afuera de mi casa y de mi escuela, hay un adulto que realmente se preocupa por mí.</td>
<td>3☐</td>
<td>2☐</td>
<td>1☐</td>
<td>4☐</td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuando necesito ayuda, encuentro a alguien con quien hablar.</td>
<td>3☐</td>
<td>2☐</td>
<td>1☐</td>
<td>4☐</td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tengo planeado graduarme del preparatorio.</td>
<td>3☐</td>
<td>2☐</td>
<td>1☐</td>
<td>4☐</td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tengo planeado ir a la universidad o a otra escuela después de la preparatoria.</td>
<td>1☐</td>
<td>2☐</td>
<td>3☐</td>
<td>4☐</td>
</tr>
</tbody>
</table>

(incluyendo carrera técnica o el ejército)

51. ¿Con qué frecuencia asistes a la iglesia o a misa?
- Nunca - no asisto a la iglesia o a misa.
- Sólo asisto a la iglesia o a misa en los días religiosos de mayor importancia.
- Aproximadamente una vez al mes.
- Aproximadamente dos veces al mes.
- Cada semana.

52. ¿Con qué frecuencia oras o rezas?
- Nunca - no oro/rezo.
- Aproximadamente una vez al año.
- Aproximadamente una vez al mes.
- Aproximadamente una vez a la semana.
- Más que una vez cada día.

53. ¿Qué tan religioso(a) eres?
- No soy religioso(a).
- Soy algo religioso(a).
- Soy muy religioso(a).

54. Durante las últimas cuatro semanas, ¿qué tan seguido te sentiste triste que sentias que nada te hacía sentir feliz?
- Nunca o casi nunca.
- Raramente.
- De vez en cuando.
- La mayoría del tiempo.
- Siempre o casi siempre.

55. Durante las últimas cuatro semanas, ¿qué tan seguido te has sentido contento?
- Nunca o casi nunca.
- Raramente.
- De vez en cuando.
- La mayoría del tiempo.
- Siempre o casi siempre.

56. Durante las últimas cuatro semanas, ¿te han ocurrido algunas de estas situaciones?
(Marca todas las que son válidas para ti)
- A veces no fui a la escuela.
- Peleé con otros.
- Mi familia se peleó entre ellos.
- Tomé alcohol.
- Usé drogas.
- Fumé cigarrillos.
- Ninguna de estas es válida para mí.

98
Las preguntas que siguen te preguntan a cerca de personas que admiras y/o estimas. Puede ser alguien que conoces personalmente, alguien de quien has leído o visto en la televisión o en películas, o alguien a quien conozcas de cualquier otra manera.

57. ¿Hay alguna(s) persona(s) o individuo(s) que admiras y/o estimas?
- Sí
- No

58. ¿Cuál es la persona a quien más admiras y/o estimas?
- Pariente/miembro de mi familia (i.e. madre, hermano, tía, etc.)
- Novia o Novio
- Amigo (de tu edad)
- Amigo adulto (mayor de edad)
- Maestro
- Miembro de la comunidad (i.e. doctor, sacerdote, alcalde etc.)
- Otro. Especificar

59. ¿Cómo se describe tu relación con esta persona?
- Lo/la conozco personalmente.
- Leí acerca de él/ella en libros de historia.
- Él/ella es una figura pública y lo/la conoci una vez personalmente.
- Él/ella es una figura pública y sólo lo/la he visto en los medios de comunicación.
- Otro. Especificar

60. ¿Cuál es su sexo?
- Mujer
- Hombre

61. ¿A qué grupo étnico pertenece esta persona? (Marca todas las respuestas que correspondan)
- Latino, Hispano, Chicano, Mexicano o Mexicano-Americano, Centro-americano u otro Latinoamericano
- Negro o Afro-Americano
- Blanco o Caucásico (no Latino)
- Indígena Americano, Indio Americano, o Nativo de Alaska
- Asiático, Asiático-Americano, o Oriental
- Otro (especificar)

62. Finalmente, ¿cómo te sientes sobre las preguntas de esta encuesta? Marca una opción para cada declaración.

<table>
<thead>
<tr>
<th>Casi ninguna pregunta</th>
<th>Sólo algunas preguntas</th>
<th>La mayoría de las preguntas</th>
<th>Todas las preguntas</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Entendí las preguntas de esta encuesta</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. Contesté las preguntas con cuidado......</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. Contesté las preguntas honestamente...</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

63. ¿Hay algo más que quieres decir? ____________________________________________