

11-15-2012

Latino Acculturation and Parent-Teen Sex Communication

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LATINO ACCULTURATION AND PARENT-TEEN SEX COMMUNICATION

by

KELSEY SCHWARZ

Under the Direction of Dawn Baunach, Ph.D.

ABSTRACT

A greater understanding of how level of acculturation influences parent-teen sex communication is needed to implement effective teen pregnancy prevention and safer sex education. My research sought to examine how levels of acculturation into mainstream U.S. culture influence parent-teen sex communication among Latinos. I examined level of acculturation (via language preference and nativity) and gender of adolescents in relation to discussion of sex and specific sex topics with parents. More acculturated Latinos were more likely to discuss sex, STIs, saying no to sex, and condoms with their parents than those less acculturated Latinos. Greater acculturation was also associated with greater quantity of sex topics discussed with parents when compared to Latinos that preferred Spanish. Less acculturated Latinos in the sample were more likely to have never discussed sex with their parents compared to more acculturated Latinos. Latino participant's gender was not a statistically significant predictor of parent-teen communication.

INDEX WORDS: Acculturation, Latino/a, Parent-teen sex communication

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KELSEY SCHWARZ

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2012

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2012

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December 2012

ACKNOWLEDGEMENTS

This thesis would not have been possible without the guidance of my committee. First and foremost, I would like to thank Dawn Baunach, my committee chair, for her guidance and mastery of teaching statistical methods. I would like to thank Wendy Simonds for her encouragement and superb grammar. I would also like to thank Kathleen Roche for her continued feedback and advice. Finally, I would like to thank my fiancé for his love, support, and willingness to move to Georgia so that I could pursue my dream.

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1 INTRODUCTION

1.1 Statement of Problem

Rates of unintended teen pregnancy and sexually transmitted infections (STI) for adolescents differ across ethnic groups in the United States; these rates are generally higher for minority groups, such as Latinos¹ (CDC 2010; Ventura and Hamilton 2011). Latina teens have the highest birth rate compared to non-Hispanic Whites, non-Hispanic Blacks, American Indians and Alaska Natives, and Asians and Pacific Islanders with 2010 rates of 23.5, 51.5, 38.7, 10.9 per 1,000, respectively (Hamilton et al. 2011).). In fact, Latino teens report lower rates of contraceptive use and increased rates of sexual activity compared to the general teenage population in the United States (Gilliam et al. 2004:299). Although Latinos report a preference for condoms over hormonal birth control, research shows that they rarely use either form of contraceptive (East et al. 2005; Gilliam et al. 2004; Sangi-Haghpeykar et al. 2006). Condom use among U.S. born and non-U.S. born Latinas is significantly lower than among Whites (Sangi-Haghpeykar et al. 2006). Even if condoms are the only method of birth control used, they are often used inconsistently (Faulkner 2003). Among Latinas who report using contraception, the use of sponges, foam, jelly, and diaphragms is lower than among non-Latino White women (Gomez and Marin 1996). In addition, Latinos are more likely to use the withdrawal and rhythm methods, which are ineffective against STIs and less effective in preventing pregnancy (East et al. 2005).

Research also shows that Latino parents have less communication with their teens about sex and contraception than non-Latino parents living in the United States (Guzman et al. 2003; Guzman et al. 2006; Hutchinson 2002; Meneses et al. 2006; Rojas-Guyler and King 2007). This lack of communication is problematic because frequent parent-teen communication about sex is associated with higher

¹ Throughout this thesis, I will be using the terms “Latino” and “Hispanic” interchangeably because while past research has most often referred to individuals from Latin America living in the United States as “Latinos”, the NSFG refers to them as “Hispanic”. I would like to note, however, that “Latino” and “Hispanic” are vague terms that encompass individuals from culturally different Spanish-speaking countries, and I hope to dedicate future research to studying how country of origin further influences the affect of acculturation on parent-teen sex communication.

contraception use, greater condom use self-efficacy (greater belief in one's ability to use a condom or have a partner use a condom), and increased sexual communication with partners among adolescents and young adults (East et al. 2005; Hutchinson and Cooney 1998). While mainstream American culture generally encourages women to pursue a career, be knowledgeable about sex and contraception, and discuss sexual issues with their family, peers, and teachers, traditional Latino culture tends to disapprove of contraception, encourage motherhood as a means of fulfilling a woman's life role, and be associated with silence around sexual matters (González-López 2005; Hirsch 2003; Hovell et al. 2004; Sangi-Haghpeykar et al. 2006; Unger et al. 2000; Zavella and Castaneda 2005). In fact, Latina initiation of discussion regarding sex, birth control, contraception, and STIs is seen as culturally inappropriate by members of the community (Erickson 2003; Zavella and Castaneda 2005). This silence around sexual matters and non-use of contraception may be due to various cultural barriers specific to Latinos. These include: misconceptions about birth control side effects; the notion that responsibility for family planning belongs solely to women; the cultural endorsement of large families with many children; adherence to traditional gender-role norms; and Catholicism's stance against birth control (Gomez and Marin 1996; Sangi-Haghpeykar et al. 2006; Zavella and Castaneda 2005).

1.2 Purpose of Study

Through my research, I seek to understand the role acculturation plays in influencing parent-teen sex communication among Latinos. Acculturation theory postulates that, over time, first and second generation and later immigrants who integrate into mainstream society will adopt many of their new host country's values, behaviors, and customs while retaining some cultural beliefs and traditional values from their country of origin (Berry 1997, 2006; Cuellar et al. 1995; Phinney et al. 2001). This thesis examines how Latino adolescents' acculturation is associated with parent-teen sexual communication by analyzing the most recent data from the National Survey of Family Growth. I perform Logistic Regression and Ordinal Logistic Regression analysis on this data in order to ascertain likelihood of sex discussion,

amount of topics covered in sex discussion, and quantity of these topics in sex discussion among Latino parents and teens. This study adds to current research of Latino parent-teen sex communication because it focuses on national-level data and analyzes specific topics of sexual communication discussed within families.

2 REVIEW OF LITERATURE

2.1 Sex Education in the Home

Most parents believe that children should receive sex education in the home; however, most parents consider friends and the media to be more common sources of sex education than parents (Lagus et al. forthcoming). In fact, middle-class parents report a low frequency of sex communication with their teens (Rosenthal and Feldman 1999). For fear of invading their teens' privacy, most parents avoid personal issues, such as sexual desire, sexual satisfaction, and sexual practice, and concentrate on issues of danger and risk when discussing sex (Mckee and Karasz 2006; Raffaelli and Ontai 2001; Rosenthal and Feldman 1999). Yet mothers of all races and ethnicities tend to communicate to their adolescents about sex more than fathers (Hutchinson 2002; Miller et al.1998). When fathers discuss sex with their children, the most common topic addressed with daughters is the danger of teenage boys trying to take the their virginity, and the most common topic addressed with sons is puberty (Wilson et al.2010).

Among adolescents who are sexually active, frequent parent-teen discussion of sex and birth control is associated with higher consistency of contraceptive use (East et al. 2005). Communication style also influences teens' sexual behavior (Mueller and Powers 1990). Teens who believe parents have a "supportive" (friendly and/or attentive) communication style when discussing sex report less sexual activity on average than those whose parents have less supportive communication styles (Mueller and Powers 1990). Friendly, attentive, and open sex communication between a parent and teen is associated with more contraceptive use among those teens who are sexually active (Mueller and Powers 1990). Teens whose parents have more controlling communication styles report being more sexually active in high school than those with more supportive parents, and contentious and dramatic communication between parent and teen about sex is associated with lower levels of contraception use (Mueller and Powers 1990).

Some research on parent-teen sex communication indicates that more frequent discussions about birth control are associated with increased likelihood that teens engage in sex (Jaccard et al. 1996). Even so, perceived parental attitude toward premarital birth and contraception use can influence teens (Flores 2006; Jaccard et al. 1996). When Black teens feel their mothers have a negative attitude toward premarital sex, they are less likely to engage in sex and have a lower frequency of sexual encounters (Jaccard et al. 1996). Among Black teens who are sexually active, the more disapproving they feel their mothers are of premarital sex, the more consistently they use birth control (Jaccard et al. 1996).

2.2 Latino Parents as Sex Educators

Familial influence is especially important to Latino adolescents' sexual development due to their bicultural existence (Bourdeau et al. 2008; Gallegos-Castillo 2006). Latino adolescents are more bicultural than their parents, in the sense that they tend to embrace American culture more than their parents' generation in addition to retaining their ethnic identity (Schwartz et al. 2007). For example, Latino adolescents endorse American cultural practices related to language, food, and entertainment yet are still reportedly more respectful of their family, follow their families' wishes and advice more, feel more obligated to help care for elderly family members, and spend more time with parents when compared to teens from European backgrounds (Fuligni et al. 1999; Schwartz et al. 2007). The term "respecto" in Spanish is a key cultural value, which means to respect one's parents (Vargas and Busch-Rosnagel 2000).

2.3 Sources of Latino Sex Education

As with mothers in non-Latino families, mothers in Latino families are usually the purveyor of sexual communication (Guzman et al. 2003; Guzman et al. 2006). In fact, Latino fathers hold mothers responsible for their daughters' sexual behavior (González-López 2005). However, many Latino teens report rarely or never discussing sex with either parent (Guzman et al. 2003; Guzman et al. 2006). Some research shows that Latina mothers believe open communication to be crucial (Mckee and Karasz 2006). However, much research demonstrates that Latino parents do not promote agency or sexual independence through sex education (Flores 2006; Zavella and Castaneda 2005).

2.4 Effect of Latino Parent-Teen Sex Communication

Researchers of parent-teen sex communication within the Latino community report contradictory findings. Some have found that parent-teen sex communication among minority groups has no effect on their teens' sexual behavior (Miller et al. 1999). General mother-teen communication (not sexual communication) is associated with less frequent sexual intercourse and fewer sex partners for many teens (Miller et al. 1999). Higher quality (open) general communication between mother and daughter is associated with fewer teen sexual experiences and a later age at initial sexual experience (O'Sullivan et al. 1999). However, sex communication is a weak indicator of teen sexual behavior, according to some research, because it is associated with more frequent sex and more sexual partners for teens (Miller et al. 1999).

Other researchers have found that mother-teen sex communication among Latinos has a positive and protective effect (Guzman et al. 2003; Rojas-Guyler and King 2007). Higher condom use has been associated with sex discussions (Rojas-Guyler and King 2007). Latino teens who discuss sex with their parents initiate sex at later ages and have fewer sexual partners (Whitaker and Miller 2000). There is also less risk of pregnancy among Latinas whose parents give them sex information (Baumeister et

al.1995). Among Latinas, when sex communication specifically discusses condoms there is an association with greater condom use at most recent sex and greater lifetime condom use (Whitaker and Miller 2000). When parents do not discuss sex and condoms with their adolescents, teens' peers can more easily influence them to engage in sexually risky behavior (Whitaker and Miller 2000).

2.5 Topics of Sex Communication among Latinos

Teen's increased level of comfortable discussing sex with their parent is associated with adolescents not being sexually active (Guzman et al. 2003). Explicit communication (straightforward questions about condom use and other birth control methods) is effective in making daughters knowledgeable about sex (Nadeem et al. 2006). Implicit communication (alluding to pregnancy prevention and warning daughters to be careful) is a less effective mode of sex communication (Nadeem et al.2006). However, maternal explicit communication occurs less frequently than the less effective implicit communication, among Latinas (Nadeem et al. 2006). In fact, most of the discussion about sex between a Latina mother and daughter centers on protecting oneself from men and pregnancy, rather than gaining knowledge about contraceptive methods (Ayala 2006).

Often times, Latino parents only give vague and implicit information to their teens regarding sex (Nadeem et al. 2006; Raffaelli and Ontai 2001; Zavella and Castaneda 2005). Parents speak about caring for oneself and avoiding sex and pregnancy while rarely discussing STIs, sexuality, or sexual development (Raffaelli and Ontai 2001; Zavella and Castaneda 2005). According to Guzman et al. (2006), delaying sex and pregnancy are more common topics discussed than HIV/AIDS. Frequently, relatives who have undergone a teen pregnancy do not discuss it with those who can learn from it (Harper et al. 2006). All of this translates into young Latinas knowing that they should avoid disease and pregnancy, but knowing very little about how to do so via contraception, safer sex, and their reproductive health (Faulkner 2003). Furthermore, Baumeister et al.'s research (1995) demonstrates that contraception is the least often discussed topic among Latinos because their parents are most uncomfortable with the

idea of birth control. Sexual development, intercourse, and pregnancy were discussed less often than the danger affiliated with sexual activity, the moral aspects of sexuality, appropriate behavior, and dating (Raffaelli and Ontai 2001).

As with Black and White teens, Latino parental attitude toward premarital sex can influence adolescent sexual behavior (Flores 2006; Jaccard et al. 1996). According to Flores, “these young women often expressed cultural values as sources of strength: not wanting to have a bad reputation, not disappointing their parents, and fear of even greater parental restriction of their freedom” (2006: 208). Among Latina mother-daughter dyads, the majority of sex conversation is spent discussing beliefs and values about dating (Romo et al. 2002). These conversations tend to focus less on advice, “cautionary messages”, comments relating to other adolescents like siblings and friends, and self-disclosure of experiences (Romo et al. 2002). These comments about others often involve parents blaming pregnant teens for shaming their family (Gilliam 2007). Delaying sex and pregnancy are more commonly discussed topics than HIV (Guzman et al. 2006). However, according to Miller et al. (1998), Latino mother-child dyads more commonly discuss HIV and STIs, condoms, reproduction, sexual pressures, and choosing sex partners, than topics such as sexual development and masturbation.

More time spent discussing beliefs about dating is associated with less adolescent sexual behavior (Romo et al. 2002). Mothers’ self-disclosure is associated with more conservative teen attitudes about premarital sex (Romo et al. 2002). Latina teens who have never been pregnant receive more information on menstruation, sexual intercourse, and STIs and have more frequent sex communication with parents than Latina teens who have been pregnant (Baumeister et al. 1995). Additionally, maternal discussion of contraceptives leads to higher condom knowledge among Latina teens and more comfort using and discussing condoms with their partner (Nadeem et al. 2006). Condom discussion with partners is a noted area of difficulty for Latina women due to issues of infidelity (Faulkner 2003; Flores 2006; Gomez and Marin 1996; Zavella and Castaneda 2005). Many Latinas fear that their partners will assume

they are committing infidelity if they insist on using a condom (Faulkner 2003; Flores 2006; Gomez and Marin 1996; Zavella and Castaneda 2005). In fact, many Latinas report requesting condom use with their partner only if they suspect them of infidelity (Faulkner 2003).

2.6 Cultural Barriers to Parent-Teen Sex Communication

Gonzalez-López (2005) posits that immigrant communities create a safe place for women to discuss sexuality, become more knowledgeable about contraception, and then pass the information on to their daughters. However, most research demonstrates that Latina mothers have conservative attitudes about premarital sex and contraception (Hovell et al. 2004). These mothers often aim to dissuade their daughters from getting pregnant via cultural values that hold virgins in high esteem and view premarital sex as shameful (Gilliam 2007; González-López 2005). Discussion of teen pregnancy prevention is common for Latina mothers regardless of their nationality, education, or mother-daughter relationship (Romo et al. 2006). Yet, discussion of contraception rarely occurs unless it is used to instill fear of birth control's side effects (Gilliam 2007).

Latino youth initiate sex at later ages and have fewer sexual partners than non-Latino youth; however, they are less likely to use birth control and condoms when engaging in sex (East et al. 2005). Latinas report skepticism, concern, and negative attitudes about birth control due to being misinformed by friends, family, and health practitioners (Gilliam et al. 2004). Latinas believe that hormonal contraception can cause depression, mood swings, bleeding, acne, weight gain, and infertility (Gilliam et al. 2004; Hirsch 2003; Sangi-Haghpeykar et al. 2006). Many believe that IUDs can choke a fetus or become stuck in the fetus' forehead (Gilliam et al. 2004; Hirsch 2003). Because of possible side effects and the moral sin associated with modern birth control, Latinas often prefer to use traditional and much less effective methods of fertility control such as withdrawal and rhythm (Hirsch 2003; Sangi-Haghpeykar et al. 2006).

Many young Latinas feel they cannot discuss sex and contraception with their mothers because they believe mothers will provide them with incorrect information (Gilliam 2007). In fact, a study of parental knowledge of contraception demonstrates that when compared to Whites, non-Whites (Black, Native American, Asian American, Latino and other) tend to believe that condoms are ineffective and teenagers are incapable of proper condom use (Eisenberg et al. 2004). Compared to Whites, non-Whites (Black, Native American, Asian American, Latino and other) are more likely to believe the birth control pill is ineffective, unsafe, and that teenagers cannot take it properly (Eisenberg et al. 2004).

In addition to having incorrect information regarding contraception, many Latino parents believe they lack the proper communication skills, self-efficacy, and awareness of topics to discuss and when to discuss them (González-López 2005; Hutchinson 2002; Villarruel 1998). Many Latina mothers cite communication barriers such as embarrassment and not wanting to promote sex by discussing it (Mckee and Karasz 2006; Meneses et al. 2006). Mothers who feel knowledgeable about sex are not embarrassed, believe other mothers are discussing sex with teens, and think the discussion will be effective, are more likely to initiate sex communication with their adolescent (Guilamo-Ramos et al. 2008).

Virginity is held in the highest esteem within the U.S. Latino community and modern Mexican society among parents and daughters alike (Faulkner 2003; González-López 2005; Zavella and Castaneda 2005). Some researchers believe virginity is valued because of Latinos' Catholicism (Rice 2003). However, others find that it is valued because it gives women dignity and social capital (González-López 2005; Zavella and Castaneda 2005). In traditional Latino culture, virginity solidifies access to a respectful and dignified marriage (González-López 2005; Zavella and Castaneda 2005). Therefore, single women can be stigmatized if they know too much about sexual matters or even share information about sex with other women (Zavella and Castaneda 2005). Furthermore, the Latino community often views Latinas as promiscuous if they try to obtain contraception from clinics (Rice 2003).

Pregnancy is the main fear associated with premarital sex within the Latino community (Flores 2006; Zavella and Castaneda 2005). Preventing teen pregnancy is a common concern for Latina mothers regardless of their nationality, education, or mother-daughter relationship (Romo et al. 2006). Many Latinas fear unplanned pregnancies because they tend to be against abortion (Villarruel 1998; Zavella and Castaneda 2005). Research posits that Black and White teenage females associate unplanned pregnancies with high costs to their future education and careers (East et al. 2005). Similarly, highly acculturated Latinas feel their education or careers would be impeded by an unplanned pregnancy (Mckee and Karasz 2006). Research demonstrates that young Latinas have high educational and career aspirations, such as attending college and graduate school and working in medicine, education, law, and government (Marlino and Wilson 2006). Latinas fear unwanted pregnancy because they believe that it causes more immediate consequences than contracting an STI (Villarruel 1998; Zavella and Castaneda 2005). However, consistent birth control use is more often associated with positive expectations about future education and careers for Black and White teens, compared to Latina teens (East et al. 2005).

Latina mothers are concerned about their daughters' sexuality because pregnancy may deter them from a proper education, and subsequently, from economic independence (Ayala 2006). Latina girls report having strict families that set dating rules which influence their sexual behavior (Hovell et al. 2004). Latino parents view daughters as victims who need to be taught self-control and be supervised (Hyams 2006). According to Gallegos-Castillo, "mothers often give daughters contradictory messages, instructing them to follow traditional sexist cultural norms while simultaneously advising them to break free of them" (2006: 50). For instance, mothers often place restrictions on their daughters so that they cannot be out without the supervision of older brothers; consequently, Latina teens learn that they both need and should fear men (Ayala 2006). Additional restrictions Latino parents place on daughters include setting an age when they can begin dating, chaperoning dates, and not allowing the daughter to date while they are living at home (Raffaelli and Ontai 2001; Skuza 2007). Latino parents restrict their

daughters because they worry about their safety (González-López 2005; Skuza 2007). Oftentimes these restrictions are more extreme in the United States than they were when living in their country of origin (Skuza 2007).

These restrictions are placed on young Latinas because their dating behavior can affect the family image (González-López 2005; Raffaelli and Ontai 2001). It can bring shame and embarrassment on the family because the U.S. dating style violates Latino traditions, such as courtship whereby daughters only interact with young men while under supervision (González-López 2005; Raffaelli and Ontai 2001). However, sometimes such restrictions can backfire and lead to parent-daughter conflict, secretive dating, running away, engaging in premarital sex without using contraception, and even teen pregnancy as a way to escape their strict family (Flores 2006; Gilliam 2007; Raffaelli and Ontai 2001; Skuza 2007).

According to Driscoll, “cultural expectations unique to a particular ethnic group mold young women’s expectations and values surrounding marriage and motherhood” (Driscoll et al. 2003: 119). Therefore, while pregnancy is a major fear among Latina adolescents, research shows that Latinas view teenage childbearing more positively than non-Latinas and associate it with having something to love, being needed by someone, making a boyfriend more committed, and bringing the mother and pregnant teen closer (Harper et al. 2006; Russell and Lee 2006; Unger et al. 2000; Valdez 2004). Researchers posit that these positive consequences may be more associated with Latinas because of three core Latino values: *familismo* (a family is one’s primary source of support), *marianismo* (the primary role of women is to be mothers and wives), and *machismo* (the man should be responsible for his family) (Unger et al. 2000). *Familismo* can influence the family to be supportive of a pregnant teen; *marianismo* may lead a pregnant teen to believe that she is fulfilling her primary role as a mother and wife; and *machismo* may influence the boyfriend to be responsible and help raise the baby (Rocca et al. 2010; Russell and Lee 2006; Unger et al. 2000; Valdez 2004). Additionally, “teens who live in communities with a dearth of opportunity... have little incentive to try to prevent early pregnancy” (Rubin and East 1999; Stapleton

2010). Therefore, early motherhood provides an alternative path toward adult role fulfillment and a potentially positive life option (Rubin and East 1999; Russell and Lee 2006; Zabin 1993). Latinas may be at greater risk for unprotected sex and teen pregnancy due to these perceived benefits of teen childbearing (Unger et al. 2000). In fact, wanting to become pregnant is the most common reason given by pregnant teens for not using contraception and the desire to have a baby is more often reported by Latina teens than teens of any other ethnic group (Rubin and East 1999; Stevens-Simon et al. 1996). However, once pregnant, many young Latinas are motivated to strive for an improved life through education in order to provide a quality life for their child (Russell and Lee 2006).

It is important to note that socio-economic status, income level, parental education, acculturation and religiosity often affect parent-teen sex communication, regardless of race or ethnicity (Zambrana 2011). For example, maternal education influences parent-teen sex communication and greater maternal education is associated with more direct parent-teen sex communication (Lefkowitz et al. 2000; Raffaelli and Green 2003). In fact, when controlling for maternal education, the ethnic disparities in sex communication are no longer significant (Lefkowitz et al. 2000). Additionally, parents' religiosity influences parent-teen sex communication, specifically discussion of birth control, moral issues regarding sex, and frequency of general sex communication (Regnerus 2005). Furthermore, higher income translates into greater access to goods and social services that aid in the sex communication process and greater knowledge about sexual issues (Lefkowitz et al. 2000; Zambrana 2011). Past research has been criticized for neglecting to analyze Latinos within their social context, specifically analyzing the effects of low income, low educational attainment, low socio-economic status, and high religiosity (Zambrana 2011).

2.7 Ethnicity, Sex Behavior, and Contraceptive Use

The high birth rate among Latinas demonstrates that there is a disconnect between contraceptive and sex knowledge, attitudes, and sexual behavior (Stevens-Simon et al. 1996). Latino women, in particular, are at a disadvantage due to their lower levels of sexual knowledge, power in sexual situations, and self-efficacy to use condoms (Gomez and Marin 1996). Condom negotiation is difficult for Latinas because of traditional gender-role norms (Gomez and Marin 1996; Zavella and Castaneda 2005). Requesting the use of condoms can put a Latina's reputation in jeopardy by making her seem less sexually innocent (Zavella and Castaneda 2005). Research indicates that recent Mexican immigrants view the initiation of birth control, contraception and STI discussion by Latinas to be culturally inappropriate (Erickson 2003; Zavella and Castaneda 2005). In fact, Latina teen mothers report that sex is rarely discussed with their own partners (Erickson 2003). Therefore, "the cultural scripting of gender roles in romantic relationships makes it almost certain that sex will be unplanned and unprotected" (Erickson 2003: 75).

2.8 Theoretical Approaches to Acculturation

I use research on acculturation to generate my hypotheses. Initial research on acculturation defines it as adaptation to a new culture; however, more recent research has taken on a bicultural approach, also termed "integration," where immigrants maintain their ethnic identity while also identifying with their new culture (Berry 1997, 2006; Phinney et al. 2001). Acculturation not only includes integration, but also includes assimilation, separation, and marginalization (Berry 2006). Assimilation takes place when minority group members do not maintain their original cultural identity and rather wish to adopt the values of the new host culture (Berry 2006). Separation occurs when individuals prefer to maintain their cultural identity and values of their country of origin and avoid interacting with and adopting the values of mainstream culture (Berry 2006). Marginalization happens when both mainte-

nance of original culture and interaction with mainstream culture do not occur for reasons such as discrimination and exclusion (Berry 2006). According to Berry (2006), integration only pertains to circumstances where the dominant culture is open and inclusive toward diverse cultural groups. For the purposes of this study, the integration of Latinos into mainstream American culture will be referred to as acculturation.

Acculturation affects verbal behavior, language, customs, foods, cultural expressions, cultural connections, identity, beliefs about gender roles, and values (Berry 1997; Cuellar et al. 1995). Mainstream U.S. sex role attitudes, contraceptive attitudes, and premarital sex attitudes differ from traditional Latino attitudes (Phinney and Flores 2002; Sangi-Haghpeykar et al. 2006; Trejos-Castillo and Vazsonyi 2009; Zavella and Castaneda 2005). Adolescents tend to be bicultural and embrace American practices more so than older generations (Schwartz et al. 2007); “Latino adolescents faced with multiple and often conflicting environments and values (e.g., school values, family values, cultural norms, etc.) must negotiate various contextual and cultural demands to successfully complete developmental and culturally defined tasks” (Vazquez et al. 2000: 256-257).

Acculturation’s influences on sexual health can be explained by cultural norms theory, which posits that low acculturation to the host country, and its association with adherence to traditional values from the country of origin, may provide protection from engaging in high-risk behavior (Afable-Munsuz and Brindis 2006; Upchurch et al. 2001). Traditional cultural values such as *familism*, *respecto*, *marianismo*, and *machismo* emphasize the importance of supporting family, respecting and honoring one’s parents, and maintaining virginity (Trejos-Castillo and Vazsonyi 2009; Upchurch et al. 2001; Vazquez et al. 2000). According to cultural norm theory, less acculturated adolescents avoid violating these norms and therefore, avoid engaging in risky sexual behaviors (Afable-Munsuz and Brindis 2006; Trejos-Castillo and Vazsonyi 2009).

Acculturation's influences on sexual health can also be explained by segmented assimilation theory which posits that immigrants assimilate to different segments of the population – some adopt the values of the mainstream middle class and become upwardly mobile while others adopt the values of the inner city lower class and thus undergo “downward assimilation” (Portes and Zhou 1993: 82). Second generation Latino youth often live in impoverished environments that prevent them from adopting the values of mainstream, middle class Americans and adopt values and norms associated with the inner city instead (Portes et al. 2005; Portes and Zhou 1993).

Acculturation is often a balancing act between maintaining one's original cultural identity and adopting the culture of the new host country (Berry 2006). Immigrants and the generations to follow either assimilate, separate, integrate, or become marginalized (Berry 2006). The process of acculturation generally refers to one's integration into mainstream culture (Berry 1997, 2006; Phinney et al. 2001). However, separation and assimilation strategies may best explain the effect of acculturation on sexual health and parent-teen sex communication.

Separation strategy posits that less acculturated individuals will maintain more of their ethnic identity than more acculturated individuals (Berry 2006). Although acculturation level bears little effect on family support, as acculturation increases, other traditional values, such as perceived obligation to family, decreases, according to Sabogal et al. (1987). Additionally, less acculturated Latinos adhere to more conservative views of sexuality, such as valuing virginity and not openly discussing sex-related topics (Rojas-Guyler and King 2008; Villarruel 1998). In fact, adolescents have reported that acculturation allowed them to realize the benefits of open communication (Chung et al. 2007).

Assimilation strategy posits that more acculturated individuals will absorb more of the mainstream culture's values, beliefs, and behaviors than less acculturated individuals (Berry 2006). More acculturated Latinas are more likely to demonstrate risky sex behaviors similar to their white counterparts, such as having more sexual partners and initiating sex at an earlier age (Rojas- Guyler et al. 2005). Addi-

tionally, more acculturated Latinos are more likely to report open communication about sex with their parents than less acculturated Latinos (Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998).

In sum, the process of acculturation affects many aspects of life, including language, costumes, identity, beliefs, and behaviors (Berry 1997; Cuellar et al. 1995). Cultural norms theory, segmented assimilation theory, separation strategy, and assimilation theory aid in the understanding of how the process of acculturation specifically affects sexual health, parent-teen general communication, and parent-teen sexual communication (Berry 2006; Chung et al. 2007; Rojas-Guyler and King 2008; Sabogal et al. 1987; Villarruel 1998).

2.9 Effects of Acculturation

Past research demonstrates that higher acculturation is correlated with a greater length of time living in the United States, higher preference for reading in English, and less attachment to country of origin (Norris et al. 1996). The effect of acculturation on the Latino community's health has created a phenomenon known as the "Hispanic mortality paradox" (Abraido-Lanza et al. 2005). Research shows that while Latinos are disproportionately poorer than non-Hispanic Whites, they have lower mortality and morbidity rates than non-Hispanic Whites living in the United States (Abraido-Lanza et al. 2005). While Latinos tend to exhibit some more favorable health behaviors and refrain from some riskier behaviors when compared to non-Latinos (i.e. drinking and smoking); mixed findings from past research demonstrate that higher acculturation can lead to both healthy behaviors (more exercise) and health risk behaviors (i.e. high alcohol intake, smoking, and high BMI) (Abraido-Lanza et al. 2005).

Latino adolescents often feel conflicting pressures from their traditional culture and American culture (Schwartz et al. 2007). Research shows that Latino adolescents adhere less to the traditional values of *familism* and *respecto* the longer they live in the United States (Vazquez et al. 2000). U.S.-born Latinas believe that they have a higher likelihood of having a non-marital birth than Mexican-born Lati-

nas (East et al. 2005). Time spent living in the United States is associated with a greater perceived likelihood of non-marital birth (East et al. 2005). Latina single motherhood in the United States is less stigmatizing than in Latin America (Hirsch 2003). Hirsch posits that Latinas living in the United States have less of a personal connection to their church than those living in their countries of origin (Hirsch 2003). This disconnect with the Catholic church allows young Latinas living in the United States to be more likely to use birth control than their counterparts not living in the United States (Hirsch 2003).

Findings indicate that “acculturation is associated with sexual behavior and that with acculturation, the sexual behavior of Hispanics may become more similar to that of other groups in U.S. society” (Ford and Norris 1993: 323). Research shows mixed findings on how acculturation affects risky sexual behavior. Some researchers posit that lower acculturation has a protective effect due to the fact that Latino youth tend to be acculturated in and socialized among urban, poor, less educated neighborhoods where risky sexual behavior and teen pregnancy are problems (Harris 1999; Kaplan et al. 2002; Portes and Zhou 1993; Portes et al. 2005). Findings indicate that “engagement in risky sex behavior increases with greater exposure to and socialization in American society” (Harris 1999: 310). Therefore, highly acculturated Latinas and Latinas born in the United States report a higher likelihood of adolescent sexual activity, more sexual partners, more pregnancies, earlier initial intercourse, riskier sexual history, more frequent oral and anal sex, and greater prevalence of STIs than those less acculturated (Ford and Norris 1993; Guilamo-Ramos et al. 2005; Jimenez et al. 2002; Kaplan et al. 2002; Marin et al. 1993; Minnis and Padian 2001; Sabogal et al. 1993).

Conversely, other research shows that young Latinas who migrated to the United States as adults are less likely to use contraception than those who were born in the United States, Spanish speaking Latinos are less likely to use condoms than English speaking Latinos, and higher acculturation is associated with never being pregnant as a teen (Baumeister et al. 1995; Marin et al 1993; Wilson 2009). Another study on contraception use and acculturation found that although acculturation may positively

affect contraceptive knowledge, that does not necessarily translate into improved contraceptive use because U.S.-born Latinas and non U.S.-born Latinas have similarly low levels of contraceptive use and STI prevention practices (Sangi-Haghpeykar et al. 2006). Other research indicates that acculturation is associated with sexually risky behavior without the increased self-efficacy that would lead to consistent contraception use (Unger and Molina 2000). Yet other research posits that Latino family values such as respect, obedience, and restrictions on teens prevents the risky sexual behavior often associated with acculturation (Trejos-Castillo and Vazsonyi 2009).

Less acculturated Latina adolescents are less likely to report parents as a source of sex education and must rely on media and peers for information (Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998). In fact, research shows that Latino youth born outside of the United States report less discussion about sex and contraception with their parents compared to Latino youth born in the United States (Jimenez et al. 2002). Conversely, mothers of highly acculturated teens are encouraging of sexual discussion and communicating safety (Villarruel 1998). Researchers posit that this may be due to less acculturated parents feeling uncomfortable and less knowledgeable about sex communication due to their traditional values (Rojas-Guyler and King 2007). However, other research demonstrates how migration to the United States makes parents more restrictive of their daughters and silent regarding sexual matters (Zavella and Castaneda 2005). While mothers try to repress their daughters' sexuality, these daughters try to encourage their mothers to challenge traditional gender roles and be aware of their own sexual needs and desires (Ayala 2006).

While much research indicates that acculturation is a predictor of sexual behavior, other research demonstrates that age, generation, immigrant status, place of birth, and social dynamics of the immigrant community are better predictors of sexual behavior among immigrant groups. Migration and generation produce a pattern of delayed first births among Latinas (Hirsch 2003). Younger generations and highly acculturated Latinas also desire fewer children and practice more egalitarianism within their

marriages than their mothers (Gallegos-Castillo 2006; Hirsch 2003; Phinney and Flores 2002). Labor market participation in the United States gives these younger Latinas more power and autonomy within their marriage than it does in many Latin American countries because they can earn a livable wage in the United States (González-López 2005; Hirsch 2003). Additionally, younger generations of Latinas feel more comfortable saying no to sex, feel male partners have less of an influence on their contraceptive choices, and feel more comfortable being knowledgeable about sex than their mother's generation (Hirsch 2003; Sangi-Haghpeykar et al. 2006). Despite the common misconceptions and perceived side effects, young Latinas living in the United States prefer hormonal contraception to having an unwanted pregnancy (Hirsch 2003).

Native-born youth with immigrant parents are more likely to engage in risky sexual behavior, such as ever having sex and initial sex at younger age, than foreign-born youth (Harris 1999). Latino youth in native families are more likely to have ever had sex and had first sex at a younger age than native-born youth with foreign-born parents or foreign-born youth (Harris 1999). Latino youth born in the United States are more likely to engage in sexual activity than those born outside of the United States, and those who speak English at home are more likely to be sexually active than those who speak Spanish (Jimenez et al. 2002). Foreign-born Latino youth are more likely than native-born Latino youth to cite waiting until marriage as a reason for refraining from sex (Jimenez et al. 2002).

Furthermore, recent research posits that sexuality may be more associated with the social dynamics of the immigrant community than acculturation to the mainstream American culture (González-López 2005). The greater influence of social dynamics may be because the network of women within the immigrant community creates alternatives to their traditional sexual values and those of the mainstream culture (González-López 2005). This research demonstrates that migration into immigrant communities is what allows mothers to feel more positive about sex education and communication, regardless of their level of acculturation to mainstream society (González-López 2005).

3 HYPOTHESES

Due to this silence around sexuality among traditional Latino families, *I hypothesize that acculturation to the U.S. will be associated positively with parent-adolescent communication about sexual issues among Latino/a youth* (Hypothesis 1). Furthermore, *I hypothesize that acculturation to the U.S. will be associated positively with parent-adolescent communication about STIs (including HIV) and saying “no” to sex* (Hypothesis 1a).

Due to the lower levels of acceptance of and reliance on birth control among traditional Latinos, *I hypothesize that acculturation to the United States will be associated positively with parent-adolescent communication about birth control* (Hypothesis 1b).

Due to the lack of condom use and condom discussion among less acculturated Latinos, *I hypothesize that acculturation to the United States will be associated positively with parent-adolescent communication about condoms* (Hypothesis 1c).

Due to parents’ fear of unintended teenage pregnancy, *I hypothesize that Latina girls will be more likely to engage in parent-teen sexual communication than Latino boys, regardless of level of acculturation* (Hypothesis 2).

I hypothesize that among youth with low levels of acculturation to the U.S., the frequency of parent-adolescent communication about saying “no” to sex will be higher than parent-adolescent communication about birth control, condom use, STIs, and HIV (Hypothesis 3).

4 DATA AND METHODS

4.1 Data and Subsample

All data and variables were drawn from the National Survey of Family Growth (NSFG). This survey is administered by the National Center for Health Statistics and has been conducted in the United States since 1973. The NSFG is a highly regarded source for data on pregnancy, sexual activity, contraception use, childbirth, marriage, parenting, divorce, infertility, and adoption. For the 2006-2010 cycle of NSFG in-person interviews were conducted with 22,682 participants between the ages of 15 and 44. The computer-assisted interviews were conducted from June 2006 to June 2010 by female interviewers. There was a 77% overall response rate for the 2006-2010 NSFG (CDC 2011).

I focus on the most recent data (2006-2010 cycle), which oversampled Black, Latino, and younger individuals (aged 15-24). In this cycle, 22.6% (n= 5,131) of respondents were of Hispanic origin, including 12% (n=2,723) Latina females and 10.6% (n=2,408) Latino males. I focus on individuals who were asked about sex communication with their parents before the age of 18. This question was limited to participants under the age of 25 at screening. There were 970 Latina female participants (11.4% of total sample) and 984 Latino male participants (11.5% of total sample) aged 15 through 24 in this cycle. In total, 22.9% (n=1,954) participants under the age of 25 were Hispanic. The age range among this group of young adults was 9, the mean age was 19.04, and the skewness was .195.

4.2 Dependent Variables

My analyses will be restricted to the cases pertaining to Latino/as aged 15 to 24. Participants were asked about specific sex communication topics (saying no to sex, discussing birth control, where to get birth control, discussing STIs, how to prevent HIV, condom use, or none of the above) and were told to list each that were discussed by their parents. For purposes of this study, I analyze frequency of specific topics and frequency of no sex communication. Therefore, I recoded these variables in multiple

ways (all refused and do not know responses were coded as system missing). First, I recoded SEXDISCUSS as having sex communication (discussion of any topic) versus not having sex communication (choosing none of the above). Among Latino participants, 13.8% (n=708) reported no discussion of sex with parents and 24.3% (n=1,245) reported at least some discussion of sex with parents.

Second, I recoded each topic into a dummy variable representing if the teen reports discussion of STIs or no discussion of STIs (STD) (55% of Latinos reported no discussion and 45% reported discussion), reports discussion of condom use or no discussion of condom use (USECONDOM) (68.4% of Latinos reported no discussion and 31.6% reported discussion), reports discussion of saying no to sex or no discussion of saying no to sex (SAYNO) (63% of Latinos reported no discussion and 37% reported discussion), reports discussion of birth control methods or no discussion of birth control methods (BCMETHOD)(65.2% of Latinos reports no discussion and 34.8% reported discussion), reports discussion of where to obtain birth control or no discussion of where to obtain birth control (BCWHERE) (75.6% of Latinos reported no discussion and 24.4% reported discussion), and reports discussion of HIV or no discussion of HIV with their parents (PREVENTHIV) (62.1% of Latinos reported no discussion and 37.9% reported discussion). Therefore, the most frequently discussed sex topics among Latino parents and teens were STIs, HIV, and saying no to sex. Birth control methods, condom use, and where to obtain birth control were the least discussed topics among Latino families in the 2006-2010 NSFG cycle.

Third, I totaled all the topic indicators to get a sum of the number of different topics discussed. This variable (QUANTITYDISCUSS) ranges from 0 topics discussed to 6 topics discussed. The mean is 2.1 topics discussed with a median of 2 topics. The modal amount of topics discussed among Latino parents and their teens is 0, with a frequency of 708 out of 1953.

4.3 Independent Variables

In order to ascertain level of acculturation, I used the variable ACASILANG, which indicates the preferred language of the interview. Although language preference is not a comprehensive measure of

acculturation, it has been used by researchers to ascertain level of acculturation when no other applicable variables exist in the data (see Edwards et al. 2008; Guilamo-Ramos 2005; Trejos-Castillo and Vazsonyi 2009). The options for language preference were English or Spanish. Among Latino participants, 66.5% (n=3,411) preferred English and 33.5% (n=1,716) preferred Spanish. For purposes of this study, those who preferred English are referred to as more acculturated and those who preferred Spanish are referred to as less acculturated (see Edwards et al. 2008). Therefore, I recoded the ACASILANG variable so that the higher number conveys greater acculturation (1=English preferred and 0= Spanish preferred).

I further assess level of acculturation by analyzing the BRNOUT variable. BRNOUT demonstrates whether the participant was born in the United States or outside of the United States with U.S.-born demonstrating greater acculturation. In the 2006-2010 NSFG cycle, 47% of Latino participants (n=2,415) were born outside of the United States and 52.9% (n=2,713) were born in the United States. Among U.S.-born Latinos, 2.7% (n=73) preferred Spanish and 97.3% (n=2636) preferred English. Among non-U.S. born Latinos, 68% (n=1,642) preferred Spanish and 32% (n=773) preferred English.

Level of acculturation can also be ascertained via the variable YRSTRUS, which displays the year the participant moved to the United States. In the most recent NSFG cycle, the median year reported was 1997 and the modal year reported was 2000 for all participants. Unfortunately, this variable has case selection problems because the question pertaining to years living in the United States was only asked of the participants who answered yes to being born outside of the United States. Among the participants asked, the median amount of years living in the United States was between 27 and 31 years, the mean years were between 22 and 31, and the modal year was between 32 and 36 years. However, due to the measurement issues, I am not able to analyze acculturation via the variable YRSTRUS.

Originally, I intended to create an index for all acculturation variables mentioned above (AC-SAILANG, BURNOUT, YRSTRUS) to see if they were strongly associated with each other. I planned to con-

struct my index so that the higher numbers conveyed greater acculturation (i.e. English preferred, born in the United States, and more years living in the United States). However, because of the case selection issue with the YRSTRUS variable, I had to drop it from my analysis. With only two remaining acculturation variables (BRNOUT and ACASILANG), I am not able to create an index and therefore, analyze the effects of each of these measures separately.²

I also analyze the variable SEX, in order to determine gendered differences in parent-teen sex communication among Latinos. In the 2006-2010 NSFG cycle, the modal gender for Latino participants was female. Young Latina women under the age of 25 constituted 11.4% of the total sample and young Latino men under the age of 25 constituted 11.5% of the total NSFG sample in the 2006-2010 cycle.

4.4 Control Variables

Due to the fact that income and education level may have compounding effects on both parent-teen sex communication and acculturation, I control for these variables in my analyses. I control for total income of respondent's family (TOTINCR) and highest year of school completed by respondent (EDUCAT). Among Latino participants, the mean and median for total family income was between \$25,000 and \$29,999. Among more acculturated Latinos (according to language preference) the modal income was \$75,000 or more. For less acculturated Latinos the modal income was between \$20,000 and \$24,999. The median year of school completed for all participants and Latino participants was the same at 12 years (finished high school). The mean year completed was 12.78 years for all participants and 11.61 years for all Latino participants. Among more acculturated Latino participants (according to language preference) the modal year completed was 12th grade and for less acculturated Latinos the modal year completed was 9th grade or less.

² I acknowledge, however, that nativity (born in the United States or not) and language preference (Spanish or English) may be too multicollinear, therefore, I tested for multicollinearity of variables and created alternative dichotomous variables representing combinations of nativity and language preference (born in United States and speaks English, born in the United States and speaks Spanish, born outside of the United States and speaks Spanish) which I compared the effects of my original variables (ACASILANG and BRNOUT) to in logistic regression.

I also control for religiosity (how often they attended religious services as a child, ATTND14) in my analysis. After recoding the variable so that higher numbers indicated greater frequency of religious service attendance, the mean, median, and mode of religious service attendance among Latinos as children were 2-3 times a month, once a week and once a week, respectively. The modal religious service attendance among more acculturated Latinos and less acculturated Latinos (according to language preference) was once a week.

I control for maternal education (EDUCMOM) in my analysis. The mean, median, and mode for maternal education among Latinos were high school graduate, less than high school, and less than high school, respectively. The modal level of maternal education among more acculturated Latinos and less acculturated Latinos (according to language preference) was less than high school.

5 ANALYTIC TECHNIQUE

5.1 Logistic Regression

In order to test my hypotheses and analyze the relationship between level of acculturation and parent-teen sex communication, I perform Logistic Regression and Ordinal Logistic Regression. My hypotheses pertaining to engaging in sex discussion versus not engaging in discussion (hypothesis 1 and hypothesis 2) are analyzed using Logistic Regression because I intend to predict probability of parent-teen sex communication (dichotomous variable) given data on level of participants' acculturation and gender. The first model in the nested equations for hypotheses 1 and 2 contains all recoded acculturation variables (ACASILANG, BRNOUT) and the independent variable for gender (SEX). The next step adds all control variables (TOTINCR, EDUCAT, ATTND14, EDUCMOM).

Additionally, my hypotheses on engagement in discussing specific topics versus not discussing these topics (hypothesis 1a, hypothesis 1b, and hypothesis 1c) are analyzed using Logistic Regression because I am predicting the probability of these discussions (six separate dichotomous variables) taking place in relation to participant's level of acculturation. The first model in the nested equations for hypotheses 1a, 1b, and 1c contains all recoded acculturation and sex variables (ACASILANG, BRNOUT, SEX). The next step adds all control variables (TOTINCR, EDUCAT, ATTND14, EDUCMOM).

5.2 Ordinal Logistic Regression

Ordinal Logistic Regression allows me to further analyze overall parent-teen sex communication for more acculturated and less acculturated Latinos (hypothesis 1). I create two regression models. The first model includes all independent variables for acculturation and sex (ACASILANG, BRNOUT, SEX) and the dependent variables summarizing the number of topics discussed. The second model adds all control variables (TOTINCR, EDUCAT, ATTND14, EDUCMOM).

5.3 Cross Tabulation

Cross tabulation analysis provides data on the effect of acculturation on frequencies of parent-teen communication regarding specific sex topics. I analyze which sex topics are discussed more often among less acculturated Latino/as compared to more acculturated Latino/as (hypothesis 3).

6 RESULTS

6.1 Sex Discussion

1940 cases from the 2006-2010 NSFG cycle were used in this analysis. I ran logistic regression to test whether levels of acculturation (via language preference and foreign birth) and participant's sex were strong determinants of their likelihood of having had discussion about sex with their parents before the age of 18 (Table 1). In the first model, sex communication was regressed on acculturation (language preference and foreign birth) and sex. In this model, pseudo r-squared (.028) displayed that the model was a very weak predictor of likelihood of discussion among Latino and Latina teens and young adults. I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in sex discussion with their parents than Latino/as with lower levels of acculturation. Language preference was the strongest predictor and the only statistically significant variable ($\alpha < .05$) in the model, displaying that Latino/as who preferred English are 119% more likely to discuss sex with their parents than those who preferred Spanish ($e^b - 1 = 1.19$). In other words, the odds of those that preferred English discussing sex with parents are 2.19 times higher than those who preferred Spanish ($e^b = 2.19$). The odds of those born in the United States discussing sex with their parents were 1.05 times higher than those born outside of the United States ($e^b = 1.046$), and those born in the United States were 4.6% more likely to discuss sex with their parents than those born outside of the United States ($e^b - 1 = .046$). However, the variable representing U.S. born and foreign born was not a statistically significant predictor of sex discussion in this model ($\alpha < .05$). I also hypothesized that female Latinas would be more likely to engage in sex discussion with their parents. According to this model, the odds of females discussing sex with their parents were 1.038 times higher than for males ($e^b = 1.038$). However, the variable representing sex was not statistically significant in this model and cannot be generalized to the greater U.S. population ($\alpha > .05$).

In the second model, sex communication was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added (Table 1). When adding these controls, the pseudo r-squared improved slightly (from .028 to .031). According to the model, Latino/as that report greater religiosity were 4.9% more likely to engage in sex discussion than those that report lower religiosity ($e^b-1 = .049$), and this finding was statistically significant. Latino/as with higher education were more likely to engage in sex discussion ($e^b-1 = .018$), and each additional year of education increased the log odds of discussing sex by 1.8%; however this was not statistically significant ($\alpha > .05$). Latino/as with higher educated mothers were more likely to engage in sex discussion ($e^b-1 = .001$), and each additional year of maternal education increased the log odds of discussing sex by .1%; however this was not statistically significant ($\alpha > .05$). Income had no effect ($B = .000$; $e^b-1 = .000$) on sex discussion, according to this model. Controlling for religiosity, education, maternal education, and income did not change the pattern of the independent variables relationships to sex communication. When adding these control variables, Latino/as that preferred English were 119% more likely to engage in sex discussion than those that preferred Spanish, Latino/as that were born in the United States were 6% more likely to engage in sex discussion than those foreign born, and female Latinas were 2.7% more likely to engage in sex discussion than male Latinos ($e^b-1 = 1.19$, $e^b-1 = .06$, $e^b-1 = .027$, respectively). Among these independent variables, language preference was still the only statistically significant predictor of sex discussion, after controlling for income, education, religiosity, and maternal education ($\alpha < .05$).³

³ As noted above, I tested the multicollinearity of the variables ACASILANG and BRNOUT for each topic of sex discussion. For all topics of sex discussion, ACASILANG and BRNOUT were not multicollinear (.652 and .652 in every first model and .634 and .650 in every second model). Originally, nativity (dichotomous BRNOUT) was not significantly associated with discussing sex with parents, sexually transmitted infections, birth control, where to obtain birth control, HIV prevention, condom use, and saying no to sex. Originally, language preference (dichotomous ACASILANG) was not significantly associated with discussing birth control with parents and discussing where to obtain birth control. For overall sex discussion, discussing saying no to sex, birth control discussion, where to obtain birth control, STI discussion, HIV prevention, and condom use, recoding those variables into new variables that represented language and nativity combined resulted in a non-significant influence on sex discuss for those born outside of the US and speaking English and a significant influence on sex discussion for those born outside of the US and speaking Spanish, compared to those born in the United States who spoke either Spanish or English. This influence (on overall sex discussion, saying no to sex, where to obtain birth control, STI discussion, HIV prevention, and condom use) remained significant when controlling for gender, religiosity, education, maternal education, and income.

Table 1: Logistic Regression for Sex Discussion with Parents (ever discussed sex with parent)

	Model 1	Model 2
Language Preference (English=1)	.786*** 2.196***	.784*** 2.191***
Nativity (U.S.-born= 1)	.045 1.046	.059 1.060
Sex (Female=1)	.038 1.038	.027 1.027
Religiosity	--- ---	.048* 1.049*
Education	---	.018
Maternal Education	---	1.018
Family Income	---	.001
Constant	---	1.001
	-.148 8.62	-.570 .565
Adjusted R Square	.028	.031

* p ≤ .05, ** p ≤ .01, *** p ≤ .001 (two-tailed)
Notes: Log odds are listed first in each cell; Odds are listed second.

The majority of my analyses excluded paternal education as a control variable. This choice was based on past research, which posits that women are generally the sex educators in Latino families (González-López 2005; Guzman et al. 2003; Guzman et al. 2006). Therefore I chose to only include maternal education in the above logistic regressions; however, I did run one final logistic regression including paternal education as a control variable to determine its effect and subsequent need to be included in future research (Table 2). According to this regression, paternal education had a statistically significant influence on parent-teen sex communication, specifically on teens ever discussing sex with their parent ($e^b = 1.147$; $\alpha < .05$). The patterns of association for language preference, nativity, and participant's sex remained the same when including paternal education in the analysis ($e^b = 1.990$, $e^b = 1.035$, $e^b = 1.023$, respectively). Additionally, the patterns of association for all control variables remained the same when including paternal education in the analysis.

Table 2: Logistic Regression for Sex Discussion with Parents (ever discussed sex with parent), including paternal education as control variable

	Model 1	Model 2
Language Preference (English=1)	.755*** 2.127***	.688*** 1.990***
Nativity (U.S.-born= 1)	.038 1.038	.035 1.035
Sex (Female=1)	.038 1.038	.023 1.023
Religiosity	---	.075** 1.078**
Education	---	.003 1.003
Maternal Education	---	.003 1.003
Paternal Education	---	.137*** 1.147***
Family Income	---	-.001 .999
Constant	-.082 .921	-.676 .509
Adjusted R Square	.025	.044

* p ≤ .05, ** p ≤ .01, *** p ≤ .001 (two-tailed)
Note: Log odds are listed first in each cell; Odds are listed second.

6.2 Sexually Transmitted Infection Discussion

I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in STI discussions with their parents than Latino/as with lower levels of acculturation, so my second logistic regression analysis tested whether levels of acculturation (via language preference and foreign birth) and participant's sex were determinants of their likelihood of having had discussion about sexually transmitted infections with their parents before the age of 18 (Table 3). Discussion about sexually transmitted infection was regressed on acculturation (language preference and foreign birth) and sex, in the first model. Pseudo r-squared (.014) displayed that the model was a very weak predictor of likelihood of STI discussion among Latino and Latina teens and young adults. The strongest predictor was

language preference and it was the only statistically significant variable ($\alpha < .05$) in the model, displaying that the odds of those that preferred English discussing STIs with parents were 1.7 times higher than those who preferred Spanish ($e^b = 1.705$). In other words, Latino/as who preferred English were 70% more likely to discuss sexually transmitted infections with their parents than those that preferred Spanish ($e^{b-1} = .705$). In regards to nativity, the odds of those born in the United States discussing sex with their parents were 1.09 times higher than those born outside of the United States ($e^b = 1.091$), and those born in the United States were 9.1% more likely to discuss STIs with their parents than those born outside of the United States ($e^{b-1} = .091$). However, this variable was not a statistically significant predictor of sex discussion in this model ($\alpha < .05$). Finally, females were 1.3% less likely to discuss STIs with their parents than males ($B = -.013$; $e^b = .987$; $e^{b-1} = -.013$). However, this variable was not statistically significant in this model and cannot be generalized to the greater U.S. population ($\alpha > .05$).

Discussion about sexually transmitted infection was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added in the second model (Table 3). The pseudo r-squared did not improve (from .014 to .016) when adding these controls. Latino/as that report greater religiosity were 2% more likely to engage in STI discussion than those that report lower religiosity ($e^{b-1} = .02$). Additionally, Latino/as with higher education were more likely to engage in STI discussion ($e^{b-1} = .019$), and each additional year of education increased the log odds of discussing STIs by 1.9%. Latino/as with higher educated mothers were also more likely to engage in STI discussion ($e^{b-1} = .007$), and each additional year of maternal education increased the log odds of discussing STIs by .7%. Interestingly, Latino/as with higher income are .111% less likely to have STI discussion with their parents when compared to those with lower income ($B = -.001$; $e^b = .999$; $e^{b-1} = -.111$). Controlling for these variables did not change the relationships between the independent variables and sex communication. Latino/as that were born in the United States were 9.6% more likely to engage in STI discussion than those foreign born, and female Latinas were 2%

less likely to engage in STI discussion than male Latinos ($e^b - 1 = .096$, $e^b - 1 = -.02$, respectively). However, none of these findings were statistically significant ($\alpha > .05$). Language preference remained the only statistically significant predictor of sex discussion ($\alpha < .05$), and when adding all control variables, Latino/as that preferred English were 68% more likely to engage in STI discussion than those that preferred Spanish ($e^b - 1 = .682$).

Table 3: Logistic Regression for Sex Discussion with Parents Regarding Sexually Transmitted Infections

	Model 1	Model 2
Language Preference (English=1)	.533*** 1.705***	.520*** 1.682***
Nativity (U.S.-born= 1)	.087 1.091	.092 1.096
Sex (Female=1)	-.013 .987	-.021 .979
Religiosity	--- ---	.020 1.020
Education	---	.019 1.019
Maternal Education	---	.007 1.007
Family Income	---	-.001 .999
Constant	-.715 .489	-1.002 .367
Adjusted R Square	.014	.016

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two-tailed)

Note: Log odds are listed first in each cell; Odds are listed second.

6.3 Birth Control Discussion

My third logistic regression analysis tested the hypothesis that Latino/as with higher levels of acculturation would be more likely to engage in birth control discussions with their parents than Latino/as with lower levels of acculturation (Table 4). In the first model, birth control discussion was regressed on acculturation (language preference and foreign birth) and sex. The model was a very weak predictor of likelihood of birth control discussion among Latino and Latina teens and young adults (Pseudo r-squared = .025). Sex of participant was the strongest predictor and the only statistically significant variable ($\alpha < .05$) in the model, displaying that female Latinas were 65% more likely to discuss birth control with their parents than male Latinos ($e^b - 1 = .651$). In other words, the odds of females discussing birth control with parents were 1.65 times higher than males ($e^b = 1.651$). Latino/as who preferred English were 37% more likely to discuss birth control with their parents than those that preferred Spanish ($e^b - 1 = .378$), and the odds of those that preferred English discussing birth control with their parents were 1.37 times higher than those who preferred Spanish ($e^b = 1.378$). However, the variable representing language preference was not statistically significant ($\alpha > .05$). While the variable representing nativity was not statistically significant ($\alpha > .05$), the pattern demonstrated that the odds of those born in the United States discussing birth control with their parents were 1.06 times higher than those born outside of the United States ($e^b = 1.062$), and those born in the United States were 6.2% more likely to discuss birth control with their parents than those born outside of the United States ($e^b - 1 = .062$).

In the second model, birth control discussion was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added (Table 4). When adding these controls, the pseudo r-squared improved slightly (from .025 to .052), meaning that the second model was somewhat of a better predictor of likelihood of birth control discussion. Statistically significant findings regarding religiosity indicated that Latino/as that re-

ported greater religiosity were 5.4% less likely to engage in birth control discussion than those that reported lower religiosity ($e^{b-1} = -.054$, $\alpha < .05$). Latino/as with higher education were more likely to engage in birth control discussion ($e^{b-1} = .158$), and each additional year of education increased the log odds of discussing birth control by 15.8%. This finding was also statistically significant ($\alpha < .05$). Latino/as with higher income were .111% less likely to have birth control discussion with their parents when compared to those with lower income ($B = -.001$; $e^b = .999$; $e^{b-1} = -.111$); however this was not statistically significant ($\alpha > .05$). Maternal education has no effect ($B = .000$; $e^{b-1} = .000$) on birth control discussion, according to this model; this was also not statistically significant ($\alpha > .05$). Controlling for religiosity, education, maternal education, and income did not change the pattern of the independent variables relationships to sex communication. The only statistically significant predictor when adding the control variables was participant's sex, which indicated that female Latinas were 58.2% more likely to engage in birth control discussion than male Latinos ($e^{b-1} = .582$, $\alpha < .05$). Latino/as that preferred English were 19.4% more likely to engage in birth control discussion than those that preferred Spanish and Latino/as that were born in the United States were 4.5% more likely to engage in birth control discussion than those foreign born, ($e^{b-1} = .194$, $e^{b-1} = .045$, respectively). However these variables were not statistically significant ($\alpha > .05$).

Table 4: Logistic Regression for Sex Discussion with Parents Regarding Birth Control

	Model 1	Model 2
Language Preference (English=1)	.320 1.378	.177 1.194
Nativity (U.S.-born= 1)	.060 1.062	.044 1.045
Sex (Female=1)	.501*** 1.651***	.459*** 1.582***
Religiosity	---	.055* .946*
Education	---	.147*** 1.158***
Maternal Education	---	.000 1.000
Family Income	---	-.001 .999
Constant	-1.209 .298	-2.410 .090
Adjusted R Square	.025	.052

* p ≤ .05, ** p ≤ .01, *** p ≤ .001 (two-tailed)

Note: Log odds are listed first in each cell; Odds are listed second.

6.4 Where to Obtain Birth Control Discussion

I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in discussion about where to obtain birth control with their parents than Latino/as with lower levels of acculturation. The fourth logistic regression analysis tested this hypothesis to see whether levels of acculturation (via language preference and foreign birth) and participant's sex were determinants of their likelihood of having had discussion about where to obtain birth control with their parents before the age of 18 (Table 5). Discussion about where to get birth control was regressed on acculturation (language preference and foreign birth) and sex and the model was a very weak predictor of likelihood of this discussion (pseudo r-squared = .043). The strongest predictor and only statistically significant variable ($\alpha < .05$) in the model was sex of participant, displaying that female Latinas were 100% more likely to

discuss where to obtain birth control with their parents than male Latinos ($e^b - 1 = 1.002$). In other words, the odds of females discussing where to obtain birth control with parents are two times higher than males ($e^b = 2.002$). According to this model, acculturation measures (language preference and nativity) were not statistically significant ($\alpha > .05$); however, their patterns were worth noting. For language preference, Latino/as who preferred English were 41% more likely to discuss where to obtain birth control with their parents than those that preferred Spanish ($e^b - 1 = .411$), and the odds of those that preferred English discussing where to obtain birth control with their parents were 1.41 times higher than those who preferred Spanish ($e^b = 1.411$). In regards to nativity, the odds of those born in the United States discussing where to obtain birth control with their parents were 1.27 times higher than those born outside of the United States ($e^b = 1.277$), and those born in the United States were 27.7% more likely to discuss where to obtain birth control with their parents than those born outside of the United States ($e^b - 1 = .277$).

In the second model, discussion about where to get birth control is regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added (Table 5). When adding these controls, the pseudo r-squared slightly improved (from .043 to .053). Level of education and religiosity findings were statistically significant, in this model ($\alpha < .05$). Latino/as with higher education were more likely to engage in discussion about where to obtain birth control ($e^b - 1 = .089$), and each additional year of education increased the log odds of discussing where to obtain birth control by 8.9%. Additionally, Latino/as that reported greater religiosity were 4.5% less likely to engage in discussion about where to obtain birth control than those that reported lower religiosity ($e^b - 1 = -.045$). The associations of maternal education and income to discussion about where to obtain birth control were not statistically significant ($\alpha > .05$). However this model indicates that Latino/as whose mothers have higher education were more likely to discuss where to obtain birth control with their parents than those whose mothers have less education ($e^b - 1 = .005$),

and each additional year of maternal education increased the log odds of discussing where to obtain birth control by .5%. Furthermore, Latino/as with higher income were .111% less likely to discuss where to obtain birth control with their parents when compared to those with lower income ($B = -.001$; $e^b = .999$; $e^{b-1} = .999$). When adding the control variables, the pattern of the independent variables relationships to sex communication did not change. In this model, female Latinas were 95.4% more likely to discuss where to obtain birth control than male Latinos and this was still the only statistically significant independent variable ($e^{b-1} = 1.954$). Latino/as that preferred English were 28.8% more likely to discuss where to obtain birth control than those that preferred Spanish and Latino/as that were born in the United States were 26% more likely to discuss where to obtain birth control than those foreign born; however these variables were not statistically significant ($\alpha > .05$; $e^{b-1} = 1.288$, $e^{b-1} = 1.26$, respectively).

Table 5: Logistic Regression for Sex Discussion with Parents Regarding Where to Obtain Birth Control

	Model 1	Model 2
Language Preference (English=1)	.344 1.411	.253 1.288
Nativity (U.S.-born= 1)	.244 1.277	.231 1.260
Sex (Female=1)	.694*** 2.002***	.670*** 1.954***
Religiosity	---	-.046 .955
Education	---	.085** 1.089**
Maternal Education	---	.005 1.005
Family Income	---	-.001 .999
Constant	-1.991	-2.627
Adjusted R Square	.137 .043	.072 .053

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two-tailed)

Note: Log odds are listed first in each cell; Odds are listed second.

6.5 HIV Prevention Discussion

My fifth logistic regression analysis tested whether levels of acculturation (via language preference and foreign birth) and participant's sex were determinants of their likelihood of having had discussion about HIV prevention with their parents before the age of 18 (Table 6). I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in HIV prevention discussion with their parents than Latino/as with lower levels of acculturation. In the first model, HIV prevention discussion was regressed on acculturation (language preference and foreign birth) and sex. Pseudo r -squared (.012) displayed that the model was a very weak predictor of likelihood of HIV prevention discussion among Latino and Latina teens and their parents. Language preference of participant was the strongest statistically significant predictor ($\alpha < .05$), displaying that Latino/as that preferred English were 49.9% more likely to discuss HIV prevention with their parents than Latino/as that preferred Spanish ($e^b - 1 = .499$). The odds of English speaking Latino/as discussing HIV prevention with parents were 1.499 times higher than for Spanish speaking Latino/as ($e^b = 1.499$). Sex of participant was also a statistically significant variable ($\alpha < .05$), and according to this model, the odds of males discussing HIV prevention with their parents were higher than for females ($B = -.256$; $e^b = .774$; $e^b - 1 = -.226$). In fact, females were 22.6% less likely to discuss HIV prevention with their parents than males ($B = -.256$; $e^b = .774$; $e^b - 1 = -.226$). The odds of those born in the United States discussing HIV prevention with their parents were 1.056 times higher than those born outside of the United States ($e^b = 1.056$), and those born in the United States were 5.6% more likely to discuss HIV prevention with their parents than those born outside of the United States ($e^b - 1 = .056$). However, the variable representing U.S. born and foreign born was not a statistically significant predictor of HIV prevention discussion in this model ($\alpha < .05$).

HIV prevention discussion was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added in

the second model (Table 6). The pseudo r-squared did not improve (from .012 to .014) when adding controls. None of the control variables were statistically significant predictors of HIV discussion in this model ($\alpha > .05$); however the patterns are worth noting. For example, Latino/as that reported greater religiosity were 1.6% less likely to engage in HIV prevention discussion than those that reported lower religiosity ($e^b - 1 = -.016$). Also, Latino/as with higher education were more likely to engage in HIV prevention discussion ($e^b - 1 = .036$), and each additional year of education increased the log odds of discussing HIV prevention by 3.6%. Additionally, Latino/as whose mothers have higher education were more likely to engage in HIV prevention discussion ($e^b - 1 = .003$), and each additional year of maternal education increased the log odds of discussing HIV prevention by .3%. Furthermore, Latino/as with higher income were .1% more likely to have HIV prevention discussion with their parents when compared to those with lower income ($e^b - 1 = .001$). Controlling for education, maternal education, income, and religiosity did not effect the relationships of the independent variables to sex communication. When adding the control variables, language preference and participant's sex remained statistically significant and demonstrated that Latino/as that preferred English were 45% more likely to engage in HIV prevention discussion than those that preferred Spanish, and female Latinas were 23.7% less likely to engage in HIV prevention discussion than male Latinos ($\alpha < .05$, $e^b - 1 = .450$, $e^b - 1 = -.237$, respectively). The model also indicates that Latino/as that were born in the United States were 5.8% more likely to engage in HIV prevention discussion than those foreign born ($e^b - 1 = .058$); however this finding was still not statistically significant ($\alpha > .05$).

Table 6: Logistic Regression for Sex Discussion with Parents Regarding HIV Prevention

	Model 1	Model 2
Language Preference (English=1)	.405* 1.499*	.371* 1.450*
Nativity (U.S.-born= 1)	.054 1.056	.056 1.058
Sex (Female=1)	-.256** .774**	-.270** .763**
Religiosity	---	.016 1.016
Education	---	.036 1.036
Maternal Education	---	.003 1.003
Family Income	---	.001 1.001
Constant	-.758 .469	-1.219 .296
Adjusted R Square	.012	.014

* p ≤ .05, ** p ≤ .01, *** p ≤ .001 (two-tailed)

Note: Log odds are listed first in each cell; Odds are listed second.

6.6 Condom Use Discussion

I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in condom use discussion with their parents than Latino/as with lower levels of acculturation. Therefore, my sixth logistic regression analysis tested whether levels of acculturation (via language preference and foreign birth) and participant's sex were determinants of their likelihood of having had discussion about condom use with their parents before the age of 18 (Table 7). In the first model, condom use discussion was regressed on acculturation (language preference and foreign birth) and sex, and pseudo r-squared (.047) displayed that the model was a very weak predictor of likelihood of condom use discussion among Latino and Latina teens and their parents. The strongest predictor of condom discussion demonstrated

that Latino/as who preferred English were 146.7% more likely to discuss condom use with their parents than those that preferred Spanish ($e^{b-1} = 1.467$), and the odds of those that preferred English discussing condom use with their parents were 2.467 times higher than those who preferred Spanish ($e^b = 2.467$). This finding was statistically significant ($\alpha < .05$). Sex of participant is also statistically significant ($\alpha < .05$), and according to the model, female Latinas were 46.6% less likely to discuss condom use with their parents than male Latinos ($e^{b-1} = -.466$). Nativity was not a statistically significant predictor; however, this model indicates that those born in the United States were 11.4% less likely to discuss condom use with their parents than those born outside of the United States ($e^{b-1} = -.114$, $\alpha < .05$).

Condom use discussion was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added in the second model (Table 7). When adding these controls, the model did not improve (pseudo r-squared = .050). According to the model, none of the control variables were statistically significant predictors of condom discussion ($\alpha > .05$). The findings do, however, indicate that Latino/as that reported greater religiosity were 2.1% less likely to engage in condom use discussion than those that reported lower religiosity, Latino/as with higher education were more likely to engage in condom use discussion and each additional year of education increased the log odds of discussing condom use by 1.9%, Latino/as whose mothers have higher education were less likely to engage in condom use discussion and each additional year of maternal education decreased the log odds of discussing condom use by .3%, and Latino/as with higher income were .2% less likely to have condom use discussion with their parents when compared to those with lower income ($e^{b-1} = -.021$, $e^{b-1} = .019$, $e^{b-1} = -.003$, $e^{b-1} = -.002$, respectively). Controlling for these variables did not change the relationships between the independent variables and sex communication. In this model, language preference and participant's sex were still statistically significant predictors of discussion ($\alpha < .05$). The findings demonstrated that Latino/as that preferred English were 144% more likely to engage in condom use discussion than those that preferred Spanish and fe-

male Latinas were 47% less likely to engage in condom use discussion than male Latinos ($e^b - 1 = 1.44$, $e^b - 1 = -.47$, respectively). While not statistically significant, the model also indicated that Latino/as that were born in the United States were 11.7% less likely to engage in condom use discussion than those foreign born ($\alpha > .05$, $e^b - 1 = -.117$).

Table 7: Logistic Regression for Sex Discussion with Parents Regarding Condom Use

	Model 1	Model 2
Language Preference (English=1)	.903*** 2.467***	.892*** 2.440***
Nativity (U.S.-born= 1)	-.121 .886	-.124 .883
Sex (Female=1)	-.626*** .534***	-.634*** .530***
Religiosity	---	-.021 .979
Education	---	.019 1.019
Maternal Education	---	-.003 .997
Family Income	---	-.002 .998
Constant	-1.176 .308	-1.218 .296
Adjusted R Square	.047	.050

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two-tailed)
Note: Log odds are listed first in each cell; Odds are listed second.

6.7 Discussion about Saying No to Sex

My final logistic regression analysis tested whether levels of acculturation (via language preference and foreign birth) and participant's sex were determinants of their likelihood of having had discussion about saying no to sex with their parents before the age of 18 (Table 8). I hypothesized that Latino/as with higher levels of acculturation would be more likely to engage in saying no to sex discussion with their parents than Latino/as with lower levels of acculturation. In the first model, discussion about

saying no was regressed on acculturation (language preference and foreign birth) and sex. In this model, pseudo r-squared (.114) displayed that the model was a very weak predictor of likelihood of saying no to sex discussion among Latino and Latina teens and their parents. Language preference was the strongest predictor of saying no to sex discussion in this model and was statistically significant ($\alpha < .05$). Latino/as who preferred English were 185% more likely to discuss saying no to sex with their parents than those that preferred Spanish ($e^b - 1 = 1.852$), and the odds of those that preferred English discussing saying no to sex with their parents are 2.85 times higher than those who preferred Spanish ($e^b = 2.852$). Sex of participant was also statistically significant ($\alpha < .05$) and a strong predictor of saying no to sex discussion ($e^b = 2.75$). Female Latinas were 175% more likely to discuss saying no to sex with their parents than male Latinos ($e^b - 1 = 1.75$). The odds of those born in the United States discussing saying no to sex with their parents were 1.147 times higher than those born outside of the United States ($e^b = 1.147$), and those born in the United States were 14.7% more likely to discuss saying no to sex with their parents than those born outside of the United States ($e^b - 1 = .147$). However, the variable representing U.S. born and foreign born was not a statistically significant predictor of saying no to sex discussion in this model ($\alpha < .05$).

In the second model, discussion about saying no was regressed on acculturation (language preference and foreign birth) and sex, and controls for education, maternal education, religiosity, and income were added (Table 8). When adding these controls, the model improved slightly (from .114 to .122). According to the model, Latino/as that reported greater religiosity were 8.6% more likely to engage in saying no to sex discussion than those that reported lower religiosity ($e^b - 1 = .086$), and this finding was statistically significant ($\alpha < .05$). Latino/as with higher education were more likely to engage in saying no to sex discussion ($e^b - 1 = .010$), and each additional year of education increased the log odds of discussing saying no by 1%; however this finding was not statistically significant ($\alpha > .05$). Latino/as whose mothers have higher education were more likely to engage in saying no to sex discussion

($e^b - 1 = .008$), and each additional year of maternal education increased the log odds of discussing saying no by .8%; however this finding was not statistically significant ($\alpha > .05$). Latino/as with higher income were .1% more likely to have saying no to sex discussion with their parents when compared to those with lower income ($e^b - 1 = .001$); however this was not statistically significant ($\alpha > .05$). When adding these control variables, the relationship between all independent variables and sex communication did not change substantially. According to this model, Latino/as that preferred English were 189% more likely to engage in saying no to sex discussion than those that preferred Spanish; Latino/as that were born in the United States were 17.1% more likely to engage in saying no to sex discussion than those foreign born, and female Latinas were 175% more likely to engage in saying no to sex discussion than male Latinos ($e^b - 1 = 1.897$, $e^b - 1 = .171$, $e^b - 1 = 1.751$, respectively). Among these independent variables, participant's sex and language preference remained the only statistically significant predictors of saying no to sex discussion ($\alpha < .05$).

Table 8: Logistic Regression for Sex Discussion with Parents Regarding Saying No to Sex

	Model 1	Model 2
Language Preference (English=1)	1.048*** 2.852	1.064*** 2.897***
Nativity (U.S.-born= 1)	.137 1.147	.158 1.171
Sex (Female=1)	1.012*** 2.750***	1.012*** 2.751***
Religiosity	---	.083*** 1.086***
Education	---	.010
Maternal Education	---	1.010 .008
Family Income	---	1.008 .001
Constant	-2.090 .124	-2.652 .071
Adjusted R Square	.114	.122

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two-tailed)

Note: Log odds are listed first in each cell; Odds are listed second.

6.8 Ordinal Logistic Regression

I ran ordinal logistic regression analysis to test whether acculturation and participant's gender determined quantity of sex topics discussed with parents (Table 9). I hypothesized that acculturation to the United States would be positively associated with parent-teen sex communication. I also hypothesized that the Latino girls would be more likely to engage in parent-teen sex communication than Latino boys. In this analysis, quantity of sex topics discussed was predicted by acculturation (language preference and nativity) and gender, with controls for income, education, maternal education, and religiosity. Pseudo r-squared (.035) displayed that the model was a weak predictor of quantity of sex topics discussed among Latino and Latina teens and their parents. According to this analysis, language preference was associated with the greatest increase in quantity of sex topics discussed with parents and was statistically significant ($\alpha < .05$). Being more acculturated (preferred English) was associated with a 1.77 increase in odds of discussing a greater quantity of sex topics with parents, when compared to less acculturated Latinos (preferred Spanish)(OR= 1.77; parameter estimate = .576; $\alpha < .05$). Acculturation, measured as nativity, was not statistically significant; however the pattern indicates that being more acculturated (born in the United States) was associated with a 1.022 increase in odds of discussing a greater amount of sex topics with parents, compared to less acculturated Latinos (not born in the United States)(OR= 1.022; parameter estimate= .022; $\alpha > .05$). In regard to participant's gender, the ordinal logistic regression demonstrated that each increase in sex was associated with a 1.145 increase in the odds of greater sex topics discussed with parents; however, this finding was not statistically significant (OR = 1.145; parameter estimate = .136; $\alpha > .05$). In other words, being female was associated with an increase in the odds of discussing more sex topics with parents, when compared to being male. Each increase in religiosity was associated with a 1.029 increase in the odds of greater sex topics discussed with parents; each increase in education was associated with a 1.037 increase in the odds of greater sex topics discussed with parents, and each increase in maternal education was associated with a 1.006 in-

crease in the odds of greater sex topics discussed with parents. However these findings were not statistically significant (parameter estimate = .029, .037, .006, respectively; $\alpha > .05$). Income had a negative influence on sex communication, each increase in income was associated with a one unit decrease in the odds of greater sex topics discussed with parents; however this was not statistically significant (parameter estimate = -.001; $\alpha > .05$). Finally, paternal education had a statistically significant influence on quantity of sex topics discussed; each increase in paternal education was associated with a 1.117 increase in the odds of greater sex topics discussed with parents (parameter estimate = .111; $\alpha < .05$).

	Model	95% Confidence Interval	
		Lower Bound	Upper Bound
Language Preference (English=1)	.576***	.264	.887
Nativity (U.S.-born= 1)	.022	-.211	.254
Sex (Female=1)	.136	-.035	.307
Religiosity	.029	-.012	.070
Education	.037	-.010	.085
Maternal Education	.006	-.007	.019
Paternal Education	.111***	.058	.164
Family Income	-.001	-.003	.001
Pseudo R Square	.035	---	---

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$ (two-tailed)
 Note: Parameter estimates are listed first in each cell; Odds ratios are listed second.

6.9 Cross Tabulation of Acculturation and Sex Topics

According to cross tabulation analysis, 53.2% of less acculturated (language preference) Latinos in the sample never discussed sex with their parents compared to only 33.3% of more acculturated Latinos. Among less acculturated (language preference) Latinos, 17.5% discussed saying no, 27.5% discussed birth control methods, 16.4% discussed where to obtain birth control, 32.9% discussed STIs, 29.6% discussed HIV, and 19.3% discussed condoms (Table 10). Among more acculturated Latinos, 40.2% discussed saying no, 36% discussed birth control methods, 25.7% discussed where to obtain birth control, 47.1% discussed STIs, 39.3% discussed HIV, and 33.7% discussed condoms, when acculturation was measured as language preference (Table 10). This pattern held true when measuring acculturation as nativity, as well (Table 11).

Table 10: Cross Tabulation of Sex Topics Discussed by Level of Acculturation (measured as language preference)

	Less Acculturated (Preferred Spanish)	More Acculturated (Preferred English)
Any Sex Discussion	131	1109
Discussed Saying No	49	670
Discussed Birth Control Method	77	599
Discussed Where to Obtain Birth Control	46	427
Discussed STIs	92	784
Discussed HIV	83	654
Discussed Condoms	157	460
Total	280	1663

Note: Count listed in each cell

Table 11: Cross Tabulation of Sex Topics Discussed by Level of Acculturation (measured as nativity)

	Less Acculturated (Born Outside of U.S.)	More Acculturated (U.S.- Born)
Any Sex Discussion	317	925
Discussed Saying No	157	564
Discussed Birth Control Method	175	502
Discussed Where to Obtain Birth Control	108	367
Discussed STIs	220	657
Discussed HIV	191	548
Discussed Condoms	157	460
Total	558	1387

Note: Count listed in each cell

Table 12: Independent Variables' Influence on Parent-Teen Sex Communication

	Acculturation (language preference)	Acculturation (nativity)	Participant's Sex	Religiosity	Education	Maternal Education	Family Income
Any Sex Discussion	.784***	.059	.027	.048*	.018	.001	.000
Discussed Saying No	1.064***	.158	1.012***	.083***	.010	.008	.001
Discussed Birth Control Method	.177	.044	.459***	-.055*	.147***	.000	-.001
Discussed Where to Obtain Birth Control	.253	.231	.670***	-.046	.085**	.005	-.001
Discussed STIs	.520**	.092	-.021	.020	.019	.007	-.001
Discussed HIV	.317*	.056	-.270**	.016	.036	.003	.001
Discussed Condoms	.892***	-.124	-.634***	-.021	.019	-.003	-.002

* p ≤ .05 ** p ≤ .01 *** p ≤ .001 (two-tailed)

Note: Unstandardized coefficients listed in each cell

7 CONCLUSIONS

Most research pertaining to acculturation and teen sexuality has focused on risky sex behavior, contraception use, and teen pregnancy (Baumeister et al. 1995; East et al. 2005; Ford and Norris 1993; Guilamo-Ramos et al. 2005; Kaplan et al. 2002; Marin et al 1993; Minnis and Padian 2001; Sabogal et al. 1993; Wilson 2009). However, little research specifically dealt with acculturation and parent-teen sex communication (Romo, Nadeem, and Kouyoumdjian 2010: 73). Those that have focused on Latino parent-teen sex communication and acculturation levels have used non-representative data, such as convenience samples and small samples of fewer than 100 participants, (Rojas-Guylar and King 2007; Villaruel 1998). Additionally, the conceptualization of parent-teen sex communication in most studies has been problematic because it was too general and vague and ignored specific conversation topics as well as the quality of the communication (Whitaker and Miller 2000). Finally, the conceptualization of acculturation was sometimes viewed as problematic, according to Hunt, Schneider, and Comer because the mainstream cultural group which immigrant populations were compared to was rarely defined (2004).

My research sought to understand how level of acculturation influenced parent-teen sex communication within the Latino community. I used nationally representative data, which asked specific questions about which sex topics parents discussed with their teens. Additionally, I utilized data that gauged acculturation level by language and nativity. I kept Hunt et al.'s criticism of the measure of acculturation in mind, and therefore, compared U.S. based Latino adolescents with greater levels of acculturation to U.S. based Latino adolescents with lower levels of acculturation (for comparison group see: Aspy et al. 2007; East et al. 2005; Hunt et al. 2004; Hutchinson 2002; Mckee and Karasz 2006; Miller et al. 1998; Mueller and Powers 1990; Raffaelli and Ontai 2001; Rosenthal & Feldman 1999; Wilson et al. 2010).

Based on past research, I hypothesized that acculturation to the United States, among Latino youth, would be positively associated with parent-teen communication about sexual issues. This as-

sumption held true and was statistically significant for acculturation based on language preference. According to my analysis, Latinos who preferred English were much more likely to discuss sex with their parents than those that preferred Spanish. Even after controlling for adolescent education, maternal education, religiosity, and income, the likelihood of English speaking Latinos engaging in parent-teen sex discussion was greater than for Spanish speaking Latinos. Nativity, as a measure of acculturation, proved to be less predictive of parent-teen sex communication than language preference. However, while the predictive power of nativity on sex communication was not statistically significant, the pattern still showed a positive association between being born in the United States and discussing sex with parents when compared to being born outside of the United States, even when controlling for education, maternal education, religiosity, and income. Additionally, my hypothesis that acculturation to the United States would be positively associated with parent-teen sex communication was supported because greater acculturation, in terms of preferring English, was associated with greater quantity of sex topics discussed with their parents when compared to Latinos that preferred Spanish. Furthermore, while nativity was not a statistically significant predictor of quantity of sex discussion, the pattern further supported this hypothesis. Being born in the United States was associated with a greater amount of sex topics discussed with parents when compared to being born outside of the United States.

While analyzing specific sex communication, I hypothesized that acculturation to the United States would be positively associated with parent-adolescent sex communication about sexually transmitted infections (STI). Language preference, as a measure of acculturation, confirmed this positive association to be true and generalizable to the greater population, with Latinos that preferred English being more likely to discuss STIs with their parents than those that preferred Spanish. This association between English preference and communication about STIs remained positive even when controlling for education, maternal education, religiosity, and income. Nativity, as a measure of acculturation, was not a statistically significant predictor of STI communication; however, the pattern was consistent with

those being born in the United States being more likely to discuss STIs with their parents than those born outside of the United States, even when controlling for all other variables.

In regards to sex discussion specific to the topic of HIV, I hypothesized that acculturation to the United States would be positively associated with parent-teen communication about HIV. Again, language preference was the only statistically significant acculturation measure to predict this association. My data showed that Latinos that preferred English were more likely to discuss HIV prevention with their parents than Latinos that preferred Spanish and this positive association remained true even when controlling for all other variables. Nativity was not a statistically predictive measure of acculturation in this data analysis; however, the pattern of its association to HIV communication, demonstrated that being born in the United States made a Latino more likely to engage in HIV prevention discussion with their parents than Latinos who were born outside of the United States.

I also analyzed the likelihood of parents discussing saying no to sex as another specific topic of sex communication. I hypothesized that acculturation to the U.S. would be positively associated with parent-teen discussion about saying no to sex. Acculturation, measured as language preference, was a strong predictor of parents and teens communicating about saying no to sex, with Latinos that preferred English being much more likely to discuss saying no than those that preferred Spanish and this positive association remained strong when controlling for education, maternal education, religiosity, and income. Acculturation, measured as nativity, was also positively associated with discussion about saying no to sex among Latino parents and teens, however, nativity was still not statistically significant and therefore, not generalizable to the greater population, even when controlling for all other variables.

According to past research, level of acculturation influenced attitudes toward birth control (Baumeister et al. 1995; Marin et al 1993; Sangi-Haghpeykar et al. 2006; Wilson 2009), therefore, I hypothesized that greater acculturation would be positively associated with parent-teen communication about birth control and about where to obtain birth control. While the patterns for acculturation level

and birth control discussions were positive, these associations were not statistically significant for any measure of acculturation. According to my analyses, English preference made a Latino more likely to discuss birth control with their parent before control for all other variables and more likely after controlling for all other variables. Additionally, Latinos that preferred English were more likely to discuss where to obtain birth control with their parents and more likely to discuss this after controlling for all other variables when compared to Latinos that preferred Spanish. However, none of these associations between language preference and birth control discussion were statistically significant. Furthermore, being born in the United States meant that Latinos were more likely to discuss birth control and where to obtain birth control with their parents, however this too was not a statistically significant predictor of this particular sex discussion.

Past research indicated a link between greater acculturation and condom knowledge and increased condom use (Baumeister et al. 1995; Marin et al 1993; Wilson 2009); therefore, I hypothesized that acculturation to the United States would be positively associated with parent-teen communication about condoms. Greater acculturation, measured as preference for English among Latinos, was associated with an increased likelihood of discussing condoms with parents when compared to Latinos that preferred Spanish. This positive association stayed consistent when controlling for education, maternal education, religiosity, and income. Nativity, my other measure for acculturation, once again proved to not be statistically significant; however, the pattern of the association displayed that Latinos born in the United States were more likely to discuss condoms with their parent when compared to Latinos born outside of the United States, and this was true even when controlling for all other variables.

Qualitative research within the field of Latino sex communication found that parents believe that their daughters' loss of virginity and early pregnancy can shame the family and hinder future life chances (González-López 2005; Raffaelli and Ontai 2001). Based on these findings, I hypothesized that Latina girls would be more likely to engage in parent-teen sexual communication with their parents than

Latino boys. I assumed that this association would be true regardless of Latina females' level of acculturation. According to my analyses, participant's sex was not a statistically significant predictor of parent-teen communication. However the pattern of association supported my hypothesis because the odds of Latina females discussing sex with their parents were higher than for Latino males. Controlling for acculturation via language preference and nativity revealed that the odds of Latina females discussing sex with their parents were higher than for Latino males.⁴ When adding controls for education, maternal education, religiosity, and income the odds of Latina females discussing sex with parents were higher than for Latino males. Additionally, being female was associated with greater quantity of sex topics discussed with parents. Furthermore, female Latinas' greater likelihood of engaging in particular sex communication with their parents was statistically significant and generalizable to the greater population. Specifically, female Latinas were more likely to discuss birth control, where to obtain birth control, and saying no to sex when compared to male Latinos, and this was true even when controlling for all other variables.

Past research demonstrated a link between level of acculturation and quality of parent-teen sex discussion. Greater acculturation has been associated with discussion about sex and contraception, while lower acculturation was related to a lack of discussion about sex between teens and parents (Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998). Therefore, I hypothesized that among youth with low levels of acculturation to the United States, the frequency of parent-teen communication about saying no to sex would be higher than the parent-teen communication about birth control, condoms, STIs, and HIV. According to cross tabulation analysis, less acculturated (language preference) Latinos in the sample were more likely to have never discussed sex with their parents compared to more acculturated Latinos. Among less acculturated (language preference) Latinos, STIs, HIV, and birth control

⁴ It should be noted that due to the similar nature of the acculturation variables for language preference and nativity, analysis was run to see if their interaction was statistically significant. The interaction between language preference and nativity did was not statistically significant.

methods were more often discussed than saying no, where to obtain birth control, and condoms (Table 10). Therefore, my hypothesis was not supported. However, while less acculturated Latinos tended to discuss birth control, condoms, STIs, and HIV more than I originally assumed, less acculturated Latinos still discussed these topics at lower rates than more acculturated Latinos and this pattern was true when acculturation was measured as nativity, as well.

According to past research, more acculturated Latinos were more likely to report open sex communication with their parents when compared to less acculturated Latinos (Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998). Teen's gender may have influenced parent-teen communication about sex, because research demonstrated that Latino parents often avoided discussing birth control and contraception with their female Latina teens (Gilliam 2007; González-López 2005). Additionally, greater maternal education has been linked to more open parent-teen sex communication, religiosity has shown to influence parent-teen sex communication, and higher income has been linked to greater knowledge about sexual issues (Lefkowitz et al. 2000; Raffaelli and Green 2003; Regnerus 2005; Zambrana 2011). Therefore, I compared all logistic regressions, to analyze which of these potentially influential factors were the strongest predictors of parent-teen sex communication among Latinos. Acculturation based on language preference was the strongest predictor of parent-teen communication about most sex topics, including any sex discussion, saying no, STIs, HIV, and condoms. Participant's sex was also a strong predictor of sex communication, specifically for saying no, birth control, where to obtain birth control, HIV, and condoms. Religiosity had a statistically significant predictive effect on the discussion for a few of the sex topics, including any sex discussion, saying no, and birth. Education was only a statistically significant predictor of parent-teen sex communication for two of the sex topic discussions, birth control and where to obtain birth. However, acculturation (measured as nativity), maternal education, and family income were not statistically significant predictors of sex communication between parents and teens for any topic of sex discussion, according to my research.

7.1 Unexpected Results

Household income has been associated with adolescent sexual knowledge and parent-teen sex communication. Past research has demonstrated that higher income is related to greater adolescent sex knowledge (Lefkowitz et al. 2000). Conversely, my study revealed that higher income was associated with fewer sex topics discussed between parents and teens and less discussion specifically about birth control, STIs, and condoms. However the association between family income and sex communication was not statistically significant in any of my analyses.

Religiosity has been linked to parent-teen sex communication also. Greater religiosity has been associated with less parent-teen sex communication and reports of discussing sex to be somewhat or very hard (Regnerus 2005). Roman Catholics report not discussing sex or birth control at all with their teen more often than Protestants, Evangelicals, and Jews (Regnerus 2005). Conversely, other research demonstrated there to be no association between parent-teen sex communication and religion or a positive association between religious commitment and parent-teen sex communication (Abrego 2012; Baumeister et al. 1995). Similar to Abrego's research, according to my study, greater religiosity was associated with greater likelihood of ever discussing sex with a parent when controlling for income, education, maternal education, and paternal education (Abrego 2012). The discrepancy between my research and Regnerus' research is probably due to the fact that ever discussing sex in my analysis included discussing saying no to sex. Regnerus similarly found that greater religiosity was associated with a greater likelihood to discuss the morality of sex with children (Regnerus 2005). The only statistically significant positive association between religiosity and sex communication in my study was specific to discussing saying no to sex. As expected, greater religiosity had a negative influence on discussion about birth control methods, where to obtain birth control, and condoms.

7.2 Limitations

My research adds knowledge to the field of Latino sexual health by analyzing a nationally representative group, paying particular attention to topics of sex communication, comparing more acculturated Latinos in the U.S. to less acculturated, and including non-language based measures of acculturation. However, there are noted areas of limitation within this study that need to be addressed.

Most importantly, though the data were obtained from the NSFG, a large, nationally representative dataset, the Latino subgroup asked about sexual communication with their parents only consisted of 1940 participants. Though this initial sample size was not extremely problematic, the subgroup of Spanish speaking Latino participants, those categorized as less acculturated according to language preference, only consisted of 280 participants.

My measurement of acculturation also limited my analysis. The only available measures of acculturation within the NSFG were language preference and nativity. It has been noted that young adults that prefer Spanish as their primary language are less adaptive to their host culture and less acculturated than their English speaking Latino peers (Trejos-Castillo and Vazsonyi 2009; Guilamo-Ramos et al. 2005). However, researchers have posited that the use of background demographic proxy measures of acculturation, such as language preference and nativity, provide only a limited analysis of the acculturation process that is one-dimensional and does not demonstrate participant's actual acculturation and only their assimilation into mainstream American culture (Arends-Toth and van de Vijver 2006: 43; Berry 2006). Therefore, future research should analyze alternative measures of acculturation, such as participants' ethnic identity, friendship networks, and ethnically or nationally related attitudes and behaviors, in addition to proxy variables of language preference and nativity, in order to ascertain acculturation on a multi-dimensional scale (Berry 2006).

Additionally, my study was unable to analyze the acculturation gap between teens and their parents because the NSFG did not include data on the matter. The potential acculturation gap between

these generations has been associated with conflict and poor communication between parents and teens (Birman 2006). Therefore, future research should analyze how this acculturation gap influences sex communication between Latino parents and their teens in the United States.

In terms of my statistical analysis, the relatively low R^2 in the majority of my analyses was a limitation. In my logistic regression models, R^2 ranged from 0.012 to 0.114, which indicated that potentially influential variables had been excluded from the analysis. Therefore, language preference, nativity, and sex were weak predictors of parent-teen sex discussion among Latinos and future research should include even more potentially important variables when analyzing sex communication.

A final limitation to my research was that the Latino group analyzed consisted largely of Mexican Americans (64.3%) and all other Latino subgroups were categorized together as “other Latino” (35.1%). This was problematic because the individuals categorized as “other Latino” came from culturally diverse Spanish-speaking countries where values, norms, and behaviors regarding sex and sexual communication may differ substantially. Future research should analyze Latinos specific to their country of origin in order to understand how that factor can influence both acculturation and parent-teen sex communication. Furthermore, future research should compare Latino subgroups to each other in order to display both the similarities and differences among these culturally diverse nationalities.

7.3 Theoretical Contributions

Acculturation theory posited that immigrants undergo a process of identifying with their new host culture while still maintaining aspects of their ethnic identity (Berry 1997, 2006; Phinney et al. 2001). According to past research, acculturation affected values and attitudes regarding premarital sex and contraception (Phinney and Flores 2002; Sangi-Haghpeykar et al. 2006; Trejos-Castillo and Vazsonyi 2009; Zavella and Castaneda 2005). Cultural norms theory suggested that traditional values, which less acculturated Latinos were more likely to adhere to, prevented involvement in risky behavior (Afable-Munsuz and Brindis 2006; Trejos-Castillo and Vazsonyi 2009; Upchurch et al. 2001; Vazquez et al. 2000).

Segmented assimilation theory posited that less acculturated Latino youth adopt inner city values and norms because they often live in poor communities (Portes et al. 2005; Portes and Zhou 1993). More acculturated Latinos adopt the values of the mainstream middle class, such as open sex communication while less acculturated Latinos adopt inner city values (Chung et al. 2007; Portes and Zhou 1993).

According to separation strategy, less acculturated immigrants maintain more of their ethnic identity than more acculturated immigrants (Berry 2006). Therefore, less acculturated Latinos had more conservative views of sexuality and did not openly discuss sex as often as more acculturated Latinos (Chung et al. 2007; Rojas-Guyler and King 2008; Villarruel 1998). Similarly, assimilation theory suggested that more acculturated immigrants would embody more of the mainstream culture's values and attitudes (Berry 2006). Past research supported this theory by demonstrating that more acculturated Latinos were more likely to have open sex communication with their parents, when compared to less acculturated Latinos (Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998).

Within this acculturation framework, more acculturated immigrants adopt the values and attitudes of mainstream culture more often than less acculturated immigrants (Berry 1997, 2006; Phinney et al. 2001). Therefore, more acculturated Latinos were assumed to have more open communication about sex than less acculturated Latinos (Chung et al. 2007; Jimenez et al. 2002; Rojas-Guyler and King 2007; Villarruel 1998). My research supported this theoretical framework. According to my analysis, more acculturated Latinos were more likely to discuss sex with their parents. More acculturated Latinos were also more likely to discuss more sex topics, STIs, HIV, saying no to sex, birth control methods, where to obtain birth control, and condom use with parents when compared to less acculturated Latinos.

Past research within the acculturation framework also suggested that less acculturated Latinos would have more traditional views about contraception (Sangi-Haghpeykar et al. 2006; Trejos-Castillo and Vazsonyi 2009; Zavella and Castaneda 2005). However, my analysis demonstrated that while less

acculturated Latinos discussed birth control methods at lower rates than more acculturated Latinos, less acculturated Latinos still discussed birth control methods more often than saying no to sex.

7.4 Policy Recommendations

Researchers recommend that parental education be available so that mothers and fathers can feel more knowledgeable and better communicate with their children about sex, STIs, and contraceptives (Baumeister et al. 1995; Jaccard et al. 2000). Additionally, parents must be taught ways of communicating to facilitate honesty and to seem less prying (Jaccard et al. 2000). According to my study, Latinos that preferred English were more likely to discuss sex with their parents and were more likely to discuss HIV, STIs, and condoms with their parents than Latinos that preferred Spanish, therefore, less acculturated, Spanish speaking Latinos should be a target population for advancing parent-teen sex communication. Furthermore, by understanding Latino parents' attitudes toward sex communication with their teenagers, we can make STI/ HIV and teen pregnancy preventions more effective for this specific ethnic population.

The disparity in STI contractions and teen pregnancy among different ethnic groups should serve as a call to action for public health administrators to make sure that all communities have access to contraception and correct information about it. According to Berry (2006), in order for the acculturation strategy known as integration to take place, education, health, and labor institutions must meet immigrant groups' needs; "Appropriate programs for preventing pregnancy and STIs have to take into account the local meanings of norms, gender roles, stigma, myths, and resistance experienced by youth in different environments" (Zavella and Castaneda 2005: 243). Effective intervention should be culturally sensitive and reflect the beliefs and attitudes of Latino culture (Villarruel 1998). Teen pregnancy prevention, sexual relationships with older men, future expectations, parents' and teens' lack of contraception knowledge, misinformation about contraceptive side effects, contraception use, the cultural value of virginity and motherhood, couples' sex communication, and parent-teen sex communication must all be

focal points of these prevention programs (Baumeister et al. 1995; East et al. 2005; Harper et al. 2006; Jaccard et al. 2000; Villarruel 1998). Intervention programs must focus on these issues specific to Latinos and the risk behaviors associated with different levels of acculturation.

Latino teens have shown lower expectations about the future and felt they were more likely to be a teenage mother or father than non-Latinos (East et al. 2005). Prevention programs should take teens' attitudes about pregnancy into consideration and make a special effort to educate them about the difficulties of teen pregnancy in light of the perceived positive consequences associated with teen motherhood among Latinas (East et al. 2005; Harper et al. 2006; Russell and Lee 2006; Unger et al. 2000). Additionally, prevention programs need to make Latino adolescents more aware of the ineffectiveness and lessened reliability of the withdrawal and rhythm methods (East et al. 2005). Emphasis must be placed on how condom knowledge should symbolize care for oneself and one's future (Harper et al. 2006). Furthermore, educational enrichment programs and career guidance can be useful resources in persuading adolescents to find alternatives to teenage parenting (East et al. 2005). Programs need to encourage assertive communication about safer sex within relationship context and incorporate Latino values such as *machismo* whereby the male feels responsible for the couple's sexual health (Gomez and Marin 1996; Harper et al. 2006).

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