

## ABSTRACT

Title of Document: “SIN QUERER QUERIENDO”:  
EXPLORING THE FACTORS ASSOCIATED  
WITH PREGNANCY PREVENTION AND PREGNANCY  
INTENTION AMONG LATINO YOUTH IN  
MONTGOMERY COUNTY

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This study seeks to determine the factors that influence pregnancy desire and pregnancy prevention behavioral intentions among Latino youth. One out of two Latino girls in the U.S. will become pregnant before they turn 20. A pregnancy significantly hinders a teen’s ability to pursue an education and develop professionally, and places an undue economic burden on the family. In order to appropriately address the factors that fuel teen birth rates, it is imperative to study behavioral, social, and cultural dynamics associated with pregnancy prevention and sexual behavior in the local Latino community. This study utilized the Theory of Planned Behavior (TPB) to explore factors associated with pregnancy prevention behaviors, namely abstinence, condom use, and birth control pill use. The study specifically addresses attitudes, subjective norms, and perceived behavioral controls of Latino adolescents/teens regarding three pregnancy prevention behaviors. The Pregnancy Wantedness Scale was designed to specifically measure pregnancy attitudes among youth. The study answered three main questions: 1) What are the characteristics of Latino youth who desire a pregnancy during their adolescent years?;

2) Are pregnancy prevention behavioral intentions associated with pregnancy wantedness?; and 3) Are attitudes, subjective norms and perceived behavioral control associated with pregnancy prevention behavioral intentions?

A questionnaire was designed in English and Spanish using input from local community stakeholders. A total of 949 Latino youth were recruited using a central location intercept approach. Univariate and multiple linear regression analyses were used to answer the three research questions. Analyses were conducted separately for males and females with some and no sexual experience. Psychometric studies and factor analysis were conducted to assess the reliability and underlying structure of the scale.

This study found that multiple demographic, familial and acculturation factors influenced youth's pregnancy intentions. For most groups, pregnancy wantedness was mostly influenced by youth's religion salience, acculturation level and living with a parent. Only condom use intention was associated with lower pregnancy wantedness for males. Perceived behavioral control and parental norms was positively associated with increased behavioral intentions across all three behaviors for most groups. This study suggests that practitioners should be aware of the gender, sexual experience and acculturation level of Latino youth when designing education interventions. Moreover, the findings of this study suggest that strengthening parental role and communication will protect youth from desiring a pregnancy and motivate them to use contraception effectively.

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WITH PREGNANCY PREVENTION AND PREGNANCY INTENTION  
AMONG LATINO YOUTH IN MONTGOMERY COUNTY

by

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## DEDICATION

This dissertation is dedicated to all Latino youth who strive to defy all odds, and to Yeny and Paco who are showing me how love and commitment can keep a young couple together while facing an unintended pregnancy.

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# Chapter 1 Introduction and Significance

## 1.1 Introduction

One out of two Latino female teens will become pregnant before they turn 20 years of age (NCPTUP, 2008). A pregnancy will significantly hinder a teen's ability to pursue an education and develop professionally, and may place an undue economic burden on the family (Hoffman, 2006). For a community already struggling at the lower echelons of the economic ladder (Bureau., 2008), the direct and indirect costs of a teen birth may hinder their ability to rise out of poverty. Recently, clinicians and researchers alike have voiced concern about Latino teens' intentions to become pregnant, and suggested that teen pregnancies are mostly intended. This belief might hinder professionals in the field from understanding the true forces behind Latino teen pregnancies and may misdirect their efforts in preventing it. Moreover, it might promote further discrimination toward the already marginalized Latino youth.

In order to appropriately understand the factors that fuel teen birth rates, it is imperative to study the behavioral, social, and cultural dynamics associated with pregnancy prevention and sexual behavior in the local community. As any study trying to understand the community dynamics at play, it was imperative to start this project at the heart of the population affected by the issues, the Latino community and more specifically, the Latino youth.

This study was conceived by the Latino community, which has been an active participant in all aspects of the investigation. The Latino Health Initiative (LHI)— a committee comprised of members from the Montgomery County Department of Health and Human Services and a group of volunteer professionals from national, state and local

organizations—was instrumental in raising my awareness about this problem in their community. They sought my collaboration in determining the factors that drive teen pregnancy rates in the Latino population in Montgomery County, Maryland. During the course of the formative research phase, two important community-researcher partnerships emerged. Identity, Inc., an organization working on Latino positive youth development, and Planned Parenthood of Metropolitan Washington (PPMW), the leading provider of reproductive health services in the community and in the nation, were two key players in this study. These two organizations have provided, informational, instrumental and financial support during the phases of the research project.

This study utilized the Theory of Planned Behavior (TPB) to explore the factors associated with multiple pregnancy prevention behaviors (Ajzen, 2002b). I specifically addressed the attitudes, subjective norms and perceived behavioral control of Latino males and females regarding three pregnancy prevention behaviors: condom use, birth control pills and abstinence. Attitudes are a group of beliefs an individual have about the outcomes associated with performing a particular behavior. Subjective norms are determined by the people that influence an individual's behavior. Finally, perceived behavioral control is the person's subjective perception of their own control over the behavior. This study seeks to answer the following three research questions:

1. What are the characteristics of Latino youth who desire a pregnancy during their adolescent years?
2. Are pregnancy prevention behavioral intentions associated with pregnancy wantedness?
3. Are attitudes, subjective norms and perceived behavioral control associated with pregnancy prevention behavioral intentions?



To answer these research questions, I first conducted a community needs assessment with community experts and multiple focus groups with Latino teens in an effort to understand the multiple dimensions of this problem, develop the research questions, and design the research methodology. I also used these data to inform the development of data collection instruments. Given the belief that Latino youth actively seek a pregnancy, a scale was developed to assess youth's attitudes towards becoming pregnant at a young age, the Pregnancy Wantedness Scale (PWS).

## 1.2 Problem Statement

Unintended pregnancies in adolescence have been recognized by the U.S. government and public health authorities as a public health problem. The proposed agenda of Healthy People 2020 lists multiple objectives associated with teen pregnancies, including, reduce pregnancy rates among adolescent females; increase the proportion of adolescents 17 years old and under who have never had sexual intercourse; increase the proportion of sexually active adolescents ages 15 to 19 who uses contraception; increase the the proportion of adolescents who receive formal instruction on reproductive health topics before they turn 18 years old; increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics (USDHHS, 2009).

Pregnancy in adulthood can be an exciting moment for any individual or couple who is eager and able to assume the emotional and financial responsibility of raising a child. For most youth a pregnancy takes them by surprise, at which point their life can take a dramatic turn. Those who decide to keep and raise their child face multiple obstacles and challenges, forcing them to grow up quickly and assume an adult role. Addressing teen pregnancy could improve Latino youth's probability to thrive and excel.

Thus, reducing teen pregnancy is not only a public health issue; it is a social justice priority.

The first obstacle a pregnant teen faces is their ability to finish school. A large percentage of pregnant teens drop out of school, limiting their personal and professional development (Hoffman, 2006). According to Hoffman in her publication entitled “By the Numbers: The Public Costs of Teen Childbearing”, of the Latino girls who drop out of school, 40% do so after they learn about the pregnancy.

Dropping out of school and the lack of financial support has a direct impact on the economy. Hoffman (2006) estimates that teen pregnancy costs U.S. tax-payers \$9.1 billion U.S. dollars in 2004, and \$195 million dollars in the state of Maryland alone. Most of the costs associated with teen pregnancy are due to negative social consequences such as incarceration costs, and lost revenue due to lower taxes paid by the children of teen moms over their adult lifetimes and welfare costs. This estimate also takes into account lost economic opportunities for mothers who were unable to finish their education and get a higher paying job. In the Latino community of Montgomery County the male partner often drops out of school as well to provide for the child. This adds another economic cost due to his loss of productivity potential had he stayed in school.

Another important consideration is the health and wellbeing of babies born to teen moms. In Montgomery County, when teens become pregnant during middle or high school, they have the opportunity to be case managed by the school nurse and thus, are more likely to initiate prenatal care promptly (MCCCCYF, 2007). In fact, in Montgomery County, 75% of pregnant teens under 18 who are case managed by school health received their first prenatal care visit in their first trimester, as opposed to 55% of

teens under 18 who did not receive case management by school health. This suggests that when teens have little contact with the health care system, as in the case of pregnant teens not managed by the school nurse, they are unaware of the steps needed to seek prenatal care. However, in Montgomery County, less than 60% of births to mothers under 18 years were to mothers who received prenatal care. The lack of proper prenatal care may result in low birth weight. Compared to mothers 21-39 years old, babies born to mothers under 20 years of age are more likely to be born with low birth weight. In Montgomery County, 10.4% of all births to women under the age of 20 had low birth weight babies, compared to the average 7.7% for all women in Montgomery County (NCHS, 2007). (NCHS, n.d.)

Latino households in Montgomery County are at a significant economic disadvantage compared to White and Asian households. While the subsistence income for a family of three is over \$60,000, the average Latino household earns roughly \$20,000 and generally has more than four members (MCCCCYF, 2007). Education and employment opportunities are the key to lift Latino households from poverty. However, teen pregnancy, along with other youth risk behaviors, is jeopardizing the dream Latino parents hold for their children.

Despite the steady and promising decline of teen birth rates in the U.S. in the past decade, we have observed an alarming increase in teen birth rates in the last three years (NCHS, 2005). Latino teens (ages 15-19) are driving this trend. Although their Black peers once topped the chart of teen births, today Latinos have the highest rate of teen births in the U.S. and in Maryland. In 2006, the average U.S. teen birth rate was 42 per 1,000 female teens (ages 15-19). Latino teens had a rate of 83 births per 1,000, compared

to 63.7 per 1,000 and 26.6 per 1,000 for Blacks and Whites respectively. Montgomery County, in particular has rates half the national average (21.9 per 1,000). However, Latino teens in the County still have rates higher to the Latino national average (78 per 1,000), which is twice the rate of Blacks and three times the rate of White peers.

Efforts to curb teen pregnancy and promote responsible sexual activity, such as community youth programs and sex education school curriculum, have rendered poor results for this population. Montgomery County Latino teens still have high levels of sexual activity. Approximately, half of Latino youth have had vaginal or anal sex, most of them (88%) before the age of 16 (Uriburu & Kattar, 2006). However, only half of all sexually active teens used a contraception method the last time they had sex.

Given the high and rising rates of teen pregnancy in the Latino community, many clinicians, policymakers, and researchers have claimed that teen pregnancies are far from being unintended. On the contrary, many argue that teens have strong intentions to get pregnant as they can reap tangible and intangible benefits from pregnancy and childrearing, such as the stability of a partner, having a home of their own and leaving troubled homes or school. Although there is evidence that some pregnant teens do get pregnant intentionally, or have expressed ambivalence on a desire to get pregnant (Stevens-Simon, Sheeder, Beach, & Harter, 2005), more scientific evidence is needed to support this claim.

### 1.3 Significance

The literature on teen pregnancy is rich and growing. Studies have addressed youth sexuality, pregnancy risks, contraception use, and a host of social and environmental factors related to teen pregnancy. White, Black, Latino, and Asian teens

alike have been sampled, studied and analyzed. Yet, this vast body of literature fails to answer critical questions about Latino teen pregnancy.

A large number of studies have been conducted all over the U.S. (e.g. California, New York) (Cubbin et al., 2002). However, few studies have been conducted in the Mid-Atlantic region and in the Washington Metropolitan Area (WMA). Thus, the findings from these studies consider behavioral factors associated with Mexicans (Remez, 1991), Puerto Ricans and other nationalities that are not as common in WMA or in Montgomery County. A notable gap exists in the literature addressing the health problems in general, and sexual and reproductive health, in particular, of Central American immigrants. Secondly, many studies are secondary data analyses of national surveys which offer rich data and very large samples. These large samples ignore the intrinsic characteristics of particular communities and minority ethnic groups, particularly when Latinos are lumped together in one category. Finally, many studies reviewed commonly focus on one gender, studying either males or females (Gaydos, Rowland Hogue, & Kramer, 2006; Gilliam, Warden, & Tapia, 2004; Goodyear & Newcomb, 2000), or sexually or non sexually active teens (Aarons & Jenkins, 2002; Houts, 2005) or recruit only from one location (health clinics, hospitals) (Bruckner, Martin, & Bearman, 2004) producing a limited sample.

Guided by the TPB, my study explored a diversity of factors known to influence individual's behaviors, namely attitudes, influential people and personal control over the behavior. Three different types of pregnancy prevention behaviors were studied: abstinence, condom use, and birth control pills or oral contraception. The literature has yet to address the interplay between attitudes, social norms and behavioral control with

their intentions to prevent a pregnancy.

It is believed that Latino culture is in favor of young pregnancies, but there is little documented evidence of factors that contribute to pregnancy intentions. To explore this, I developed a scale to measure pregnancy wantedness. The Pregnancy Wantedness Scale (PWS) uses a multidimensional definition of intentions and addresses both cognitive and conation items that reflect individual rational decision making processes, as well as understudied affect components that may impact one's feelings towards pregnancy.

My study attempted to close the gap in knowledge by exploring factors that affect pregnancy prevention behavior for both males and females, sexually and non-sexually active, and from a wide age group including young and older adolescents. By surveying a large sample of Latino youth, I was able to analyze multiple pregnancy prevention behaviors to better understand youth's decisions when it comes to sex and contraception use. Moreover, through the administration of the PWS, this study expanded the current knowledge by exploring demographic, behavioral, familial, and acculturation factors associated with pregnancy intentions. Moreover, it used a wide interval scale as the continuous predictor instead of collapsing data into two or three categories. This allowed me to explore how much change in the independent variables impact pregnancy wantedness.

Local problems call for local action. Therefore, it is imperative to study the root of the problem at the community level in order to design tailored, culturally appropriate, and effective interventions for the community. Aided by the community itself, I conducted this study to meet their data needs, and lay the evidence on which future programs can be designed and built.

## 1.4 Research Questions

The purpose of this study is to explore the factors that influence pregnancy prevention behavior among Latino youth residents of Montgomery County, Maryland. I also studied attitudes towards pregnancy that might indicate a general desire for pregnancy and childrearing among youth. I used the Theory of Planned Behavior to design my study and data collection instruments. I addressed the following research questions:

1. What are the characteristics of Latino youth who desire a pregnancy during their adolescent years?
2. Are pregnancy prevention behavioral intentions associated with pregnancy wantedness?
3. Are attitudes, subjective norms and perceived behavioral control associated with pregnancy prevention behavioral intentions?

## 1.5 Definition of Terms

### Theory of Planned Behavior

- *Behavioral intentions*: Perceived likelihood of engaging in a specific behavior (Montaños & Kasprzyk, 2002). Intentions was measured with a single item assessing intentions to engage in each behavior in the next 12 months, or the next time they have a sexual encounter.
- *Attitudes*: Are determined by the individual's beliefs about an outcome or attributes of performing the behavior (behavioral beliefs) weighted by evaluations of those outcomes or attributes (outcome beliefs). Indirect measurements of attitudes were

used. Four beliefs and four evaluation questions were paired to each to each other and used an four independent predictors.

- *Behavioral beliefs*: Belief that a particular behavior is associated with certain attributes or outcomes.
- *Outcome evaluation*: The subjective value attached to a behavioral outcome or attribute.
- *Subjective norms*: It is determined by the individual's normative beliefs; whether important individuals in their life approve or disapprove of them performing the behavior, weighted by his or her motivation to comply with those individuals. A subjective norms score is produced from the product of each normative belief and its corresponding motivation to comply.
- *Normative beliefs*: The belief that specific individuals will approve or disapprove of the behavior. For each behavior several important referents were identified through formative research. Participants evaluated the degree to which each referent agreed with each behavior.
- *Motivation to comply*: Individual's evaluation of the likelihood of complying with what referents think about the behavior.
- *Perceived behavioral control*: Subjective perception of the individual's control over the behavior.

### Community

- *Latino*: Individuals who were born in Latin America, or self identified as belonging to a Spanish speaking country in Latin America. The term *Hispanic* has been adopted by the U.S. government to classify people from Spanish speaking countries, such as



Mexico, Puerto Rico, Cuba, Central and South America. Recently social scientists have preferred the use of the term *Latino* as it preserves the national geographical origin of the person (Marín & VanOss Marín, 1991). For the purpose of this study, I defined Latinos as individuals who were born in, or self identified as belonging to, a country in Latin America.

- *Acculturation*: Acculturation is the process of culture and psychological change following the contact with a different culture (Berry, 2003; Berry, Phinney, Sam, & Vedder, 2006). Although acculturation can be a reciprocal phenomenon, usually it is the minority culture that changes, adapts and integrates key aspects of the culture shared by the majority. Given the multidimensionality of this construct, I measured acculturation using language of preference, generation and language in which survey was completed.
- *Generation*: Generation will be divided into three categories: first generation (born in LA and who arrived after age 13), 1.5 generation (born in LA and arrived to the U.S. before age 13), and second generation (born in the U.S.).
- *Residence status*: Assesses whether participants have a green card or are U.S. citizens. Participants will be classified as being Lawful Permanent Resident/Citizen (LPRC) or Non-Lawful Permanent Resident (NLPR) (CHIS, 2007). Those residing in the U.S. with special visas, work permits or without documents will fall under the same category of NLPR.
- *Community-Based Participatory Methods (CBPR)*: CBPR is a research philosophy and approach intended to increase the relevance of health research findings to fit specific community needs (AHRQ, 2004). CBPR seeks to benefit the community

participating in the research by addressing their expressed research needs, developing partnerships between the researchers and the community directly affected by the issue being studied, involving community members in the research process, and developing recommendations to drive social change.

- *Free and Reduced Price Meals (FARM)*: FARM is a program in which eligible students receive breakfast and/or lunch in school at a reduced price or free of charge. Eligibility requirements are based on household income and household size. For example, a household of four members have to earn less than \$40, 493 U.S. dollars a year to qualify (MCPS, 2009) . It is estimated that 30% of children in Montgomery County are eligible to receive FARM ("Montgomery County Expands Free Nutritional Summer Lunch Programs", 2009) . FARM status is commonly used as a proxy indicator for family income.
- *Religion*: Religion has the potential to influence individual's sexual behavior (Kirby, Lepore, & Ryan, 2005). The influence of religion was assessed by asking about the person's religion affiliation, and the level in which religion influence their decisions about sexuality and contraception.
- *Living Arrangements*: Children are less likely to become pregnant or father a child if they live in a household with both parents compared to children whose parents are divorced or separated (Kirby, Lepore, & Ryan, 2005). Household composition was determined by the individuals who live in the house with them.

## Sexuality and pregnancy

- *Unintended pregnancy*: Is defined by the National Survey of Family Growth as pregnancies that are unwanted at any time and pregnancies considered to be mistimed.
- *Teen pregnancy*: A pregnancy occurring during the adolescent years up to age 19.
- *Teen birth rates*: A birth to a mother in her adolescent years up to age 19. The rate is calculated as the number of live births per 1,000 females of the population of interest.
- *Pregnancy wantedness*: A set of attitudes that reflect the desire or positive expectations following a pregnancy or childbearing. These attitudes reflect three important components: beliefs about the outcome of the pregnancy, feelings towards the pregnancy and childrearing, and intentions to get pregnant.
- *Sexual experience*: A person that has had vaginal sex at any point in their lives will be classified as having sexual experience. Sexual experience will be determined based on the respondents' age of first sex.
- *Contraception use at last sexual intercourse*: Contraception use reduces the likelihood of pregnancy. Therefore this study will ask about contraception use at last sexual intercourse. This variable will be collapsed into four categories: used no contraception, withdrawal, condom use and hormonal method. Withdrawal is not an effective method, but its practice denotes an intention to prevent a pregnancy, therefore it will have its own category.

### 1.6 Summary

This document will acquaint the reader with the magnitude and factors associated with Latino teen pregnancy, and the research methods I employed to answer the three

research questions. Chapter 1 offers an overview of the problem of teen pregnancy in the Latino community. It also proposes the three research questions being addressed as well as the definition of terms used throughout the document. Chapter 2 offers a thorough review of the literature on teen birth rates; the Latino community in Montgomery County; the theoretical underpinnings of the study; attitudes, subjective norms and perceived behavioral control of pregnancy prevention; and pregnancy intentions among youth. Chapter 3 details the results of the formative research phase; instrumentation development; data collection procedures; and the planned statistical analyses. Chapter 4 reports the results of all the statistical analyses, including a missing value analysis; psychometric analysis of all scales; sample description; and multiple linear regression. Chapter 5 discusses how the study findings reflect what have been previously documented in the literature, identifies the limitations of this study and its potential contribution to the literature. Copies of the recruitment materials, IRB approved consent forms, data collection instruments, and additional tables summarizing the results can be found in the Appendixes.

## Chapter 2 Literature Review

### 2.1 Introduction

This chapter presents a review of the existing literature on the Latino teen pregnancy in the United States (U.S.) using the theoretical constructs of the Theory of Planned Behavior (TPB) as a conceptual framework. It begins with the recent trends in teen birth rates in the U.S., Maryland and Montgomery County, and how they differ between racial and ethnic groups. This is followed by a description of the Latino community in Montgomery County, and the effects of acculturation in Latino's health and quality of life, followed by the theoretical underpinnings of the study. Teen sexual and contraception behaviors are discussed as explained by the TPB constructs. Finally, I will discuss the literature addressing youth's intentions to become pregnant.

The review of the literature includes information from a diversity of sources. These included primarily scientific articles published in peer reviewed journals, using PubMed, EBSCO and Academic Search Premier databases. I have also relied on reports published by national institutions (National Center of Health Statistics, U.S. Census Bureau), community organizations (Identity, Collaboration Council), and local government (Montgomery County Department of Health and Human Services).

### 2.2 Teen Pregnancy and Birth Statistics

The U.S. is currently the country with the highest number of unintended pregnancies of the developed world—50% of all pregnancies—mainly due to high birth rates among teens (41.9 per 100,000 females ages 15-19 in 2007) (Martin et al., 2009). This rate contrasts sharply with births to adolescents 15-19 in other developed countries. In 1996, Sweden reported a teen birth rate of 7.8 per 1,000 15-19 year old females and

Canada's rate was half of the U.S. in 1995 with 24.5 teen births per 1,000 female teens (Darroch, Singh, Frost, & Team, 2001).

In the U.S., despite a steady decrease in teen birth rates in the last 14 years, teen births are again on the rise (See Table 1). In 1991, there were 62 births per 1,000 female teens 15-19 years of age (Martin et al., 2009). This rate decreased drastically to 48 per 1,000 by the year 2000, and again to 41 by 2005. This downward trend came to an abrupt halt in 2006 when birth rates among 15-19 year olds increased 3.4%. The largest increase of 4% was reported among teenagers 18-19 years old in 2006. The birth rate for this age group increased from 69.9 in 2005 to 73.0 in 2006. Teenagers 15-17 followed closely behind with a 3% increase in 2006. The rate for this age group increased from 21.4 in 2005 to 22.0 per 1,000 females. Teen birth rates for very young teens under 14 years of age have continued to decline steadily from 0.7 per 1,000 teens aged 10-14 to 0.6 in 2006.

Birth rates offer a good approximation of the actual number of pregnancies. Pregnancy rates are computed by adding the total number of live births, abortions, and fetal losses (Martin et al., 2009). However, because abortion data are not available for every state and many pregnancies end in miscarriage, it is not possible to estimate whether actual pregnancies increased in 2006 as well.

When we look at individual racial and ethnic groups, Black teens have experienced the highest reduction in teen births from 1991 to 2000, 33% reduction (Table 1) (Martin et al., 2009). Black teens also experienced the highest increase in 2006; 5%. Latino teen birth rates significantly decreased since 1991, when they had the second highest birth rate, 105 per 1,000. Latino teens greatly benefited from the downward trend

of birth rates. By 2005, the rate had dropped 22% from 105 in 1991 to 82 per 1,000.

However, the drop was not as dramatic as for Black teens, which were able to push down their teen birth rates to 61 during the same year. Similar to other groups, in 2005, Latinos experienced a 3.7% increase in their teen birth rates. Latino teens now have the highest birth rates of all teens in the U.S. 83.0, compared to 63.7 for Blacks and 26.6 for White teens. It is estimated that one in two Latino female teens will become pregnant at least once before they reach the age of 20, compared to one in three White teens (NCTPTUP, 2008).

Table 1. Teen Birth Rates (15-19 Years) in the U.S. by Race/Ethnicity 1991-2006.

<b>Race</b>	<b>1991</b>	<b>2000</b>	<b>Average annual rate change % 1991-2000</b>	<b>2005</b>	<b>Average annual rate change % 2000-2005</b>	<b>2006</b>	<b>Average annual rate change % 2005-2006</b>
<b>All</b>	61.8	48	- 22.5%	41	- 14.5%	41.9	3%
<b>Black, non Hispanic</b>	118.2	79	-33%	60.9	-22.7%	63.7	5%
<b>White, non Hispanic</b>	43.4	33	-23.2%	25.9	-21.2%	26.6	3%
<b>Latino</b>	104.6	87	17%	81.7	6%	83	2%
<b>American Indian/ Alaskan Native</b>	84	58	-30.9%	52.7	-8.6%	55	4
<b>Asian or Pacific Islander</b>	27.3	21	-22.2%	17	-19%	17	0

Source: (Martin et al., 2009)  
Births per 1,000 15-19 year old females.

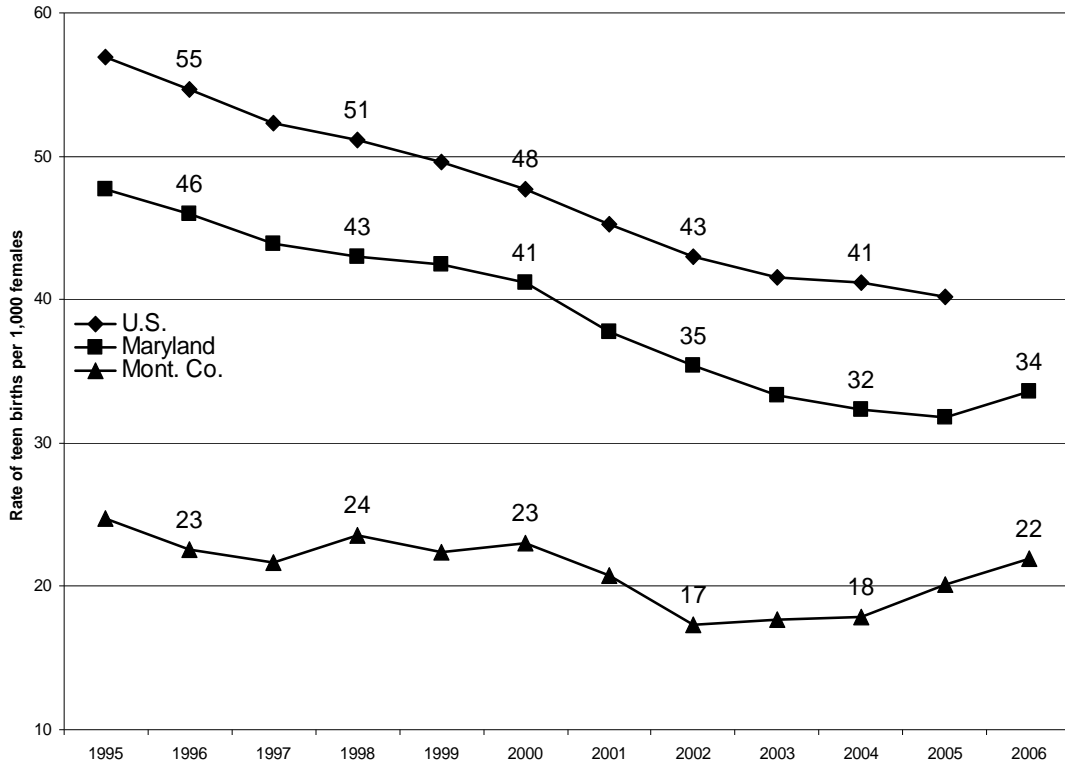
Maryland ranks among the top 16 states with the lowest teen birth rates in the U.S., with an average birth rate of 33.6 in 2006, below the national average (see Figure 1). However, it also experienced a 6% increase in teen birth rates from 31 to 33.6 in 2006 (Martin et al., 2009). Latino teens 15-19 years of age reported a birth rate of 91.6 births

per 1,000 women; almost twice the rates of Black women (49 per 1,000 women) and four times the rate for White women (26 births per 1,000 women), and more than double the state average.

A possible explanation for Maryland's lower than average teen birth rates is the increasing rates of abortions it has experienced since the mid 1990's. According to the Guttmacher Institute, in both the U.S. and Maryland there were roughly 25 legal abortions per 1,000 women ages 15-44 in 1995. Since 1995, Maryland's rates have steadily increased to a 31.5 legal abortions per 1,000 women in 2005, while the U.S.' abortion rates have decreased to 19.4 per 1,000 (AGI, 2008). This rate might not reflect the true number of Maryland female residents who had an abortion, as women from other states have sought this service in Maryland as well. Also, it is possible that this increase in abortion rates has not affected Latino teen birth rates, as Latino women are less likely to terminate pregnancies than other racial and ethnic groups.



Figure 1. Teen Birth Rates (15-19 yrs) in U.S., Maryland and Montgomery County, 1995-2005.

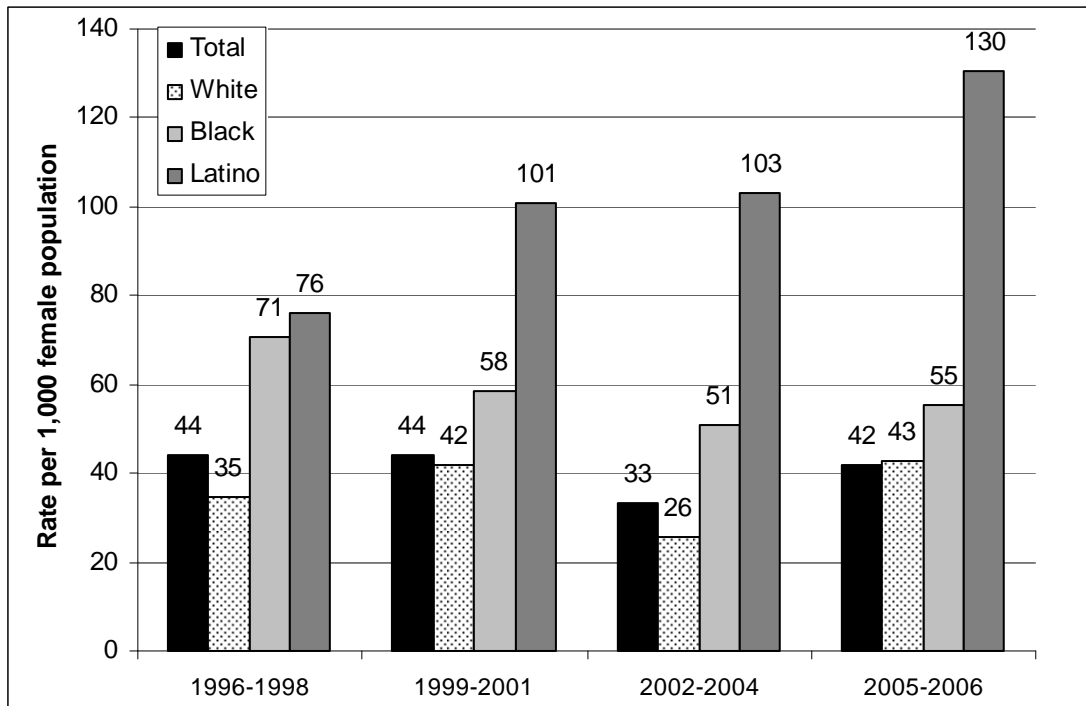


Source: (NCHS, 2005)  
Births per 1,000 15-19 year old females.

Montgomery County has teen birth rates well below the state of Maryland (Figure 1). However, it has also experienced a sharp increase in teen births since 2002. In 2006, the birth rate among 15 to 19 year old women rose to 21.6 from 17.3 in 2002, the decade's lowest rate. Overall, this teen birth rate looks very promising. However, drastic differences exist among ethnic and racial groups (see Figure 2). Latino teens have not been able to achieve the same teen birth rate reductions as their Black and White peers. Latino 15-19 year old teens reported a birth rate of 78.8 births per 1,000 women; more than twice the teen birth rates of Black teens (28.6 per 1,000 women) and three times the rate for White women (22.5 births per 1,000 women). Among the 18-19 year old teens, Latino teens had the highest rates as well, with 130.4 births, while the gap between blacks

and White decreased (55.3 and 42.8 respectively) (NCHS, 2005) (Figure 2). Identity, Inc. conducted a Latino youth needs assessment in 2006 and found that 7% of Latino youth reported having at least one child, and 3% reported either being currently pregnant or having a pregnant partner (Uriburu & Kattar, 2006).

Figure 2. Teen Birth Rates (18-19 yrs) in Montgomery County by Race/ Ethnicity.



Source: (NCHS, 2005)

### 2.3 Latino Community Profile

Latinos are the largest and fastest growing minority in the U.S., representing 14.7% of the total population. Far from being a homogeneous group, *Latinos* is a label assigned to a very diverse group of individuals coming from different countries, with different racial makeup, cultural backgrounds and migration history. The vast majority of Latinos in the U.S. (65%) come from Mexico, followed by the Caribbean (Dominican Republic, Cuba and Puerto Rico) (13%), Central America (7%), and South America (4%)

(USCB, 2006).

Bordering the District of Columbia to the north, Montgomery County is home to close to one million people, 14% of which are considered Latinos. However, it has a very different demographic make up when it comes to country of origin. Contrary to national trends, Central Americans make up 45% of the Latino population in Montgomery County, while 10% come from the Caribbean, 21% from South America, and only 8% from Mexico (USCB, 2006). While El Salvadorians represent only 3% of the total U.S. Latino population, they comprise one third of the Montgomery County Latino population. There are other important characteristics that define Latinos in the County. The majority of Central Americans, particularly those from El Salvador, Nicaragua and Guatemala, came to the U.S. during the 1980's and 1990's fleeing civil war in their countries (Marín & VanOss Marín, 1991), and as refugees following the devastating Hurricane Mitch in 1998.

There is a notable economic gap between the average Montgomery County non-Latino resident and a Latino resident. Montgomery County is the eighth wealthiest county in the U.S. with a median household income of \$91,000, and only 5% of the population living under the Federal poverty level (Bureau., 2008). However, while income for non-Latino Whites and Asian households are among the nation's highest, incomes for Black and Latino households have dropped (MCCCCYF, 2007). In this wealthy county, 35% of elementary school students and 39% of middle school students are recipient of Free and Reduced Price Meals (FARM). In order for a family to meet its basic needs, a Montgomery County family of three needs \$61,438; an amount substantially higher than the Federal poverty level of \$16,090. This means that a family must make an hourly wage

of almost \$30 U.S. dollars, as opposed to the 2010 minimum wage of \$7.25 dollars per hour (MCCCCYF, 2007). Latinos living in the County are directly affected.

Approximately, 21% of Latinos live below the Federal poverty level and have a per capita household income of \$20,165 (Bureau., 2008).

### *2.3.1 Acculturation*

Acculturation is the process of cultural and psychological change following the contact with a different culture (Berry, 2003; Berry, Phinney, Sam, & Vedder, 2006).

Although acculturation can be a reciprocal phenomenon, usually it is the minority culture that changes, adapts, and integrates key aspects of the culture shared by the majority.

These changes can be psychological and cultural, and they may include changes in customs, perception of the acculturation process, redefinition of their cultural identities, and changes in their political and economic life (Phinney, 2003). Most importantly, cultural adaptations have an important impact on the individual's social skills, well-being and their ability to function in the new cultural and social complex (Ward, Bochner, & Furnham, 2001).

When we study the Latino population, as well as any other immigrant group, it is critical to assess their level of acculturation to better understand their current health behavior. Research on health behaviors among immigrant groups in the U.S. has consistently shown considerable differences in behaviors, attitudes, and health outcomes between individuals from the same country of origin but with different acculturation levels. For example, more acculturated Latinos know how to navigate the judicial system and thus report domestic violence incidents in higher numbers than recent immigrants (Garcia, Hurwitz, & Kraus, 2004). Similarly, more acculturated Latino women are more

likely to experience domestic abuse as changes in traditional gender roles collide with their male partner's expectations (Firestone, Harris, & Vega, 2003).

As Latinos integrate eating patterns and lifestyles of the dominant culture, they are more likely to suffer from obesity and obesity-related diseases, such as diabetes. However, second and third generation Latinos (presumably more acculturated than their parents) also exhibit more positive attitudes towards physical activity (Edmonds, 2005; Gordon-Larsen, Mullan Harris, Ward, & Popkin, 2003; Unger et al., 2004). As discussed later in this chapter, acculturation also has a profound impact on how Latinos view and use contraception and engage in sexual activity.

#### 2.4 Theoretical Framework

This study used the complete model of the Theory of Planned Behavior (TPB) to guide the development of the research questions and data collection instruments. This theory helps explain individual's intentions to engage in a health behavior (Ajzen & Fishbein, 1980) (Figure 3). The complete model of the TPB is comprised of two models: the Theory of Reasoned Action and the Theory of Planned Behavior. The Theory of Reasoned Action (TRA), developed by Martin Fishbein, takes into account individual's attitudes towards a behavior and their perception of how people important to them think they should behave. The TPB, developed later by Icek Ajzen, is an extension to the TRA. It includes individual's perception of their own control over the health behavior. This joint model proposes that attitudes, subjective norms and perceived behavioral control, together with demographic and environmental factors, predict individual's behavioral intentions (Montaños & Kasprzyk, 2002). This study seeks to understand pregnancy prevention behavior, which entails three different behaviors: abstinence, use of birth

control pills and the use of the male condom.

#### 2.4.1 *Theory of Planned Behavior*

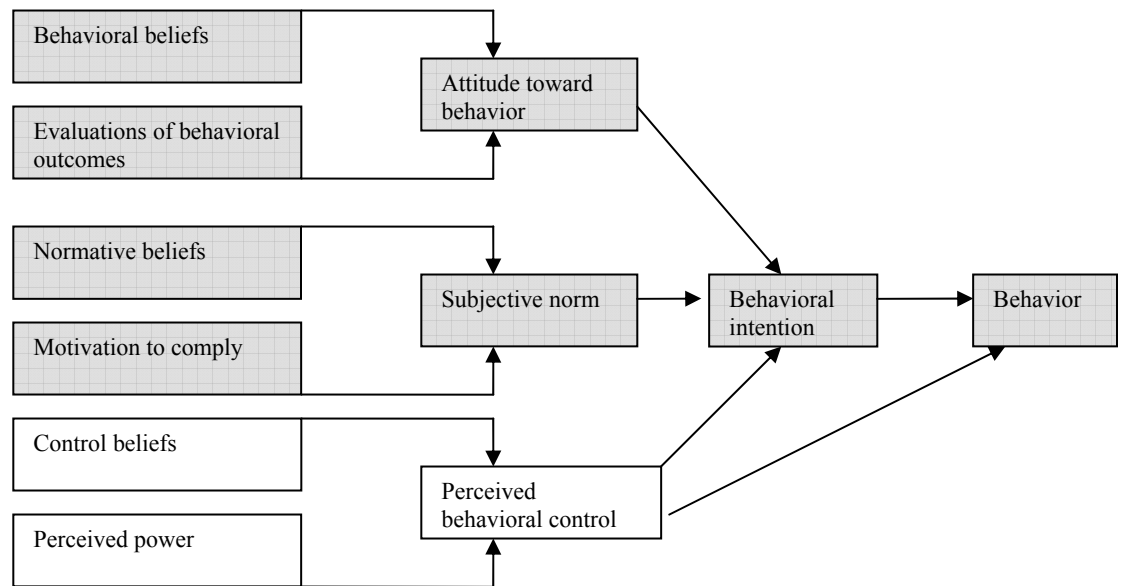
The TPB is a value expectancy theory where the individual, assumed to be a rational actor who weighs his or her decision toward performing the behavior based on the attitudes, subjective norms and perceived behavioral control he or she might have regarding the behavior.

*Attitudes* are determined by the individual's beliefs about an outcome or attributes of performing the behavior (behavioral beliefs) weighted by their evaluations of those outcomes or attributes (outcome evaluations). A person who believes that desirable or good outcomes will result from performing the behavior will have a positive attitude towards the behavior. For example, an individual who has a strong belief that birth control pill use will result in weight gain, and considers weight gain to be a very undesirable outcome, will have negative attitudes towards birth control and thus less likely to use this method.

Attitudes are indirectly measured by two scales: *behavioral beliefs* and *outcome evaluation* (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). The behavioral beliefs scale is a list of salient beliefs linked to the behavior. For example, continuing with the example of using birth control pills, salient beliefs might include "cause weight gain," "regulate menstrual cycle," and "effectively prevents a pregnancy". An individual assesses the occurrence likelihood of each belief. Outcome evaluation refers to the importance an individual assigns to each behavioral belief. The individual indicates whether each behavioral belief ("cause weight gain") is *good* or *bad*, or *desirable* or *undesirable*. Both behavioral beliefs and outcome evaluations are usually measured with

a 7-point Likert scale (Ajzen & Fishbein, 2008). Each behavioral belief is multiplied by its corresponding outcome evaluation. The sum of these products is used to create the attitudes sub scale.

Figure 3. Theory Planned Behavior Conceptual Model



Source: (Montaños & Kasprzyk, 2002).

Attitudes can also be measured directly by using a semantic differential scale where individuals agree on the association of each belief to a list of adjective pairs that describe the experience of engaging in the behavior. For example, “Using birth control pills is...” is used as the stem while adjective pairs can include *good - bad*, *healthy - unhealthy*, and *smart - dumb* (Ajzen, 2005; Montaños & Kasprzyk, 2002).

*Subjective norms* offer important information regarding the influence people around us have on our behavior. It is determined by the individual’s normative beliefs; whether important individuals in their life approve or disapprove of them performing the behavior, weighted by his or her motivation to comply with those individuals (Ajzen &

Fishbein, 1980). For example, an individual assesses how much her partner will approve of her using birth control pills and whether it is important to do what her partner wants her to do. An individual with strong normative beliefs is likely to get support to perform the proposed behavior.

Subjective norms are measured by normative beliefs and motivation to comply (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Normative beliefs are composed of a list of people important to the individual and who influence the behavior being studied (family, friends, partner, physician, etc). The respondent assesses if the person would agree or disagree of them performing the behavior. For example, “My partner thinks *I should - I should not* use birth control pills.” This is measured with a 7-point Likert scale. Motivation to comply takes into account how much the person wants to do what each important individual thinks they should do. This is measured by asking the respondent “When it comes to using birth control, how much do you want to do what your partner thinks you should do,” and it is answered in a 7-point Likert scale anchored by *not at all - very much*. To obtain a score for subjective norms the product of each normative belief and their corresponding motivation to comply is summed to create the subjective norms sub scale.

Subjective norms can also be measured directly by asking the respondent whether most people important to them would approve of them engaging in the behavior. The direct measure is strongly associated with behavioral intention. However, for the purpose of this study I used indirect measures (Montaños & Kasprzyk, 2002). Multiple individuals may have different levels of influence over youth’s pregnancy prevention behaviors. Thus, I wanted to assess the importance of each important referent, rather than



obtain a general assessment of all referents.

Icek Azjen, TPB's theorist, proposes that although the individual has positive attitudes towards the behavior and a supportive environment, he or she might not have the personal control or power to engage in the behavior. Personal, social and environmental conditions might serve as facilitating or constraining factors that affect the individual's capacity to perform the behavior. According to Ajzen, perceived behavioral control can be a predictor of both behavioral intention and behavior itself (Ajzen, 2002b). Perceived behavioral control should not be confused with another similar concept in health behavior, *self-efficacy*. Self efficacy is defined as one's confidence in one's ability to take action (Janz, Champion, & Strecher, 2002). Although both are concerned with the perceived ability in performing a behavior, perceived behavioral control denotes subjective degree of control over behavioral performance (Ajzen, 2002b).

*Perceived behavioral control* is indirectly measured by using two scales: control beliefs and perceived power (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Control beliefs are a scale where the individual rates the perceived likelihood that facilitating or constraining conditions will occur. For example, a control belief related to birth control is "I need a prescription to buy birth control". This is measured with a 7-point Likert scale with end points *likely - unlikely*. These beliefs are weighted by the individual's perceived power to overcome this constraining situation. Perceived power is a scale where individuals assess the level of difficulty in performing the behavior given the presence of each facilitating or constraining condition. For example, "When I need to obtain a prescription, I am *less likely - more likely* to buy birth control pills" (Ajzen, 2002b). To obtain a score for perceived behavioral control sub scale, we add the product of each

control belief by each perceived power for the belief.

Attributes of each construct (behavioral beliefs, normative beliefs and control beliefs) are identified through strong formative research consisting of either in-depth interviews or focus groups with an adequate sample of the target population. Due to its ability to serve as an exploratory tool to identify specific attributes of behavioral attitudes, norms and control beliefs, the TPB is an appropriate theory to study teen pregnancy prevention behaviors.

#### 2.4.2 *Attitudes About Sexual Activity and Contraception Use*

##### Sexual activity and abstinence

Sex and particularly unprotected sex, is the most common risk behavior youth engage in. The Youth Risk Behavior Survey in 2007 estimated that 47.8% of high school students in the U.S. have had sexual intercourse (CDC, 2008). When disaggregated by ethnicity, a higher percentage of Black high school students have had sex (66%), compared to Latinos (52%) and Whites (43.7%). In their needs assessment, Identity, Inc. found that 49% of their sample of 1,114 Latino youth were sexually active, or had already practiced vaginal or anal sex (Uriburu & Kattar, 2006). Of these, 88% had their first vaginal or anal sexual experience by age 16.

The Latino culture is characterized by traditional gender roles that promote sexual permissiveness among males but sexual constraint among females (Denner, 2004). This is due in part to the concepts of *machismo* and *marianismo* that dominate the traditional Latino culture. *Machismo* refers to the correct masculine way to behave, which is often linked to drinking behavior and risky sex (Galanti, 2003), while *marianismo* are those set of values of female purity and sexual ignorance embodied by the image of the Virgin

Mary (Denner, 2004). Latino young adults acknowledge that they learned traditional gender roles from their parents, usually at odds with the mainstream American culture (Raffaelli, 2004).

The literature has consistently found that acculturation, measured either by language preference or generation, plays an important role in the level of sexual activity and risk taking among Latino adolescents. Latino adolescent males are at a higher risk of engaging in sex than females (Edwards, Fehring, Jarrett, & Haglund, 2008). However, when acculturation is taken into account, there is little difference between more acculturated males and females regarding their sexual behavior (Upchurch, Aneshensel, Mudgal, & Sucoff McNeely, 2001). This suggests that more acculturated youth, regardless of gender, have more permissive or non traditional values about sex than their less acculturated peers. Young Latinas, particularly those born in the U.S. are increasingly negotiating their own version of femininity. They respect their parents' wishes of conservative sexual mores, but defy their perceptions that sexual freedom equates promiscuity (Denner, 2004). In fact, a study conducted by Bourdeau and colleagues, found that Latina adolescents were more assertive than their male peers in their perceived abilities to initiate sexual contact and demand respect from their partners (Bourdeau, Thomas, & Long, 2008).

Less acculturated Latinas from the first generation tend to have higher levels of traditional gender roles (favoring childbirth), are more likely to initiate sexual relations at an older age (after 16), and feel more invulnerable to sexually transmitted infections (STIs) (Kaplan, Erickson, & Juarez-Reyes, 2002; Newcomb & Romero, 1998; Unger, 2000). They also have fewer sexual partners in their lifetime (Edwards, Fehring, Jarrett,

& Haglund, 2008). On the other hand, more acculturated Latino women are more likely to engage in risky behaviors, such as having multiple partners and initiating their sexual life before the age of 16 (Kaplan, Erickson, & Juarez-Reyes, 2002; Newcomb & Romero, 1998).

### Condom and birth control pill use

Contraception use is a complex behavior that is strongly influenced by the individual's beliefs about contraception effectiveness and side effects (Gilliam, Warden, Goldstein, & Tapia, 2004), beliefs about morality and social acceptance (Leonard, Chavira, Coonrod, Hart, & Bay, 2006), knowledge about methods (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006), and the length of their romantic relationships (Harvey, Henderson, & Casillas, 2006). These barriers are more than ever present among youth, who generally have less information, less access to contraception and exhibit greater secrecy around contraception use.

Condoms are the contraceptive method most used by teens. According to the Youth Risk Behavior Survey 2007, approximately 61.5% of youth ages 15-19 used a condom during their last sexual intercourse. However, these rates differ appreciably between ethnic and racial groups. When disaggregated by ethnic group, 67.3% of Black respondents who were sexually active at the time of the survey reported using a condom during the last intercourse, as opposed to 61% of Latinos and 59% of White students (CDC, 2008). Identity's study found that 56% of their sexually active respondents reported not using contraception every time they had anal or vaginal sex (Uriburu & Kattar, 2006).

Using condoms, the most utilized contraception among Latino youth, often falls under the responsibility of men. Literature has shown that male's attitudes on their

responsibility towards contraception use, their perception of condom effectiveness in preventing pregnancy, and their ability to communicate with their partners are strong predictors of condom use (Murphy & Boggess, 1998; Sheeran & Taylor, 1999; Soler et al., 2000). When compared to Blacks and Whites, Latino youth are less likely to use contraception the first time they have sex (Abma, Martinez, Mosher, & Dawson, 2004). Latino college students report less-frequent lifetime condom use and more negative attitudes about condoms than White and Black college students. They also hold stronger beliefs about condoms interfering with pleasure (Espinosa-Hernández & Lefkowitz, 2009). This is particularly the case for inexperienced men, where their perception of condom use embarrassment reduces their likelihood of using condoms in the future. Sexually experienced men report greater levels of pleasure reduction due to condom use (Pleck, Sonenstein, & Ku, 1990).

Scholars suggest that the quality of the relationship with one's partner strongly influenced condom use. In one study, young males who were in longer term relationships, trusted the fidelity of their partners and did not want to avoid a pregnancy completely were less likely to use a condom than men who doubted the faithfulness of their partners (Brady, Tschann, Ellen, & Flores, 2009). They might feel that they know their partners and are not at risk for STIs, or they are not comfortable discussing condom use with their partners (Soler et al., 2000).

Although their condom use is low relative to other racial groups, White students have higher utilization rates of birth control pills than their peers. Almost 21% of White respondents reported using birth control pills as opposed to 9.1% of Blacks and Latinos (CDC, 2008). The low utilization rate of birth control pills by Latinas is mainly affected

by their perception of adverse health effects due to its use. A focus group study on hormonal birth control use with young Latinas found that commonly mentioned reasons for not using birth control were expected weight gain, bleeding, facial acne, and depression (Gilliam, Warden, Goldstein, & Tapia, 2004). Gilliam and colleagues, found that participants continue to hold these beliefs regardless of the advice of health care professionals. Guendelman and colleagues found that English Speaking Latinos and white non Latino adult women had more favorable attitudes towards using hormonal contraception, including birth control pill and the contraceptive injection (Guendelman, Denny, Mauldon, & Chetkovich, 2000). Spanish speaking Latinas commented how they experienced emotional stress, anxiety, and nervousness due to contraceptive hormonal methods.

Studies on Latino use of contraception offer conflicting evidence on the influence of acculturation on sexual health. Researchers conclude that Latinos, particularly those who are foreign born and less acculturated, have misconceptions about the effectiveness and safety of hormonal contraception, and face more access barriers (Gilliam, Warden, Goldstein, & Tapia, 2004; Unger, 2000). A handful of studies have found that first generation Latinas were more likely to use contraception and receive social support for contraception use (Jimenez, Potts, & Jimenez, 2002; Unger, 2000). However, a report published by the National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP) found the opposite. Latino teens raised in English-only households (presumably second or third generation teens) were more likely to use contraception during their first sexual intercourse (Suellentrop & Sugrue, 2008). When studying migrant Mexican women, Wilson found that teen and women in their twenties from the

first and 1.5 generation were less likely to use contraception than U.S. born Mexican-American women. She found that poverty and an affiliation to the Catholic religion was a significant mediating factor negatively correlated to contraception use (Wilson, 2009). According to Sangi-Haghpeykar and colleagues, foreign born Latina women faced most barriers in using birth control. They tended to desire large families, perceived lower levels of social support and low self-efficacy for birth control use, and assumed that contraception use was the woman's responsibility (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006).

#### *2.4.3 Subjective Norms on Sexual Activity and Contraception Use*

##### Sexual behavior and abstinence

Youth's decisions to engage in sexual activity and in using effective contraception are strongly influenced by people close to them who also influence other decisions in their lives (Hutchinson & Montgomery, 2007; Resnick, Bearman, & Blum, 1997). In the Latino culture, parents play a crucial role in the sexualization and sexual decisions of their children, according to traditional values rooted in familism, machismo and marianismo (Raffaelli & Ontai, 2001; Upchurch, Aneshensel, Mudgal, & Sucoff McNeely, 2001). However, some studies suggest that traditional views on sexuality are changing among the migrant population as well as Latinos residing in Latin America.

A recent qualitative study with Mexican migrant fathers from urban and rural areas of Mexico found that fathers were less concerned about their daughter's premarital virginity and more worried about their daughters' safety, honor, and self respect. Fathers originally from Mexican urban areas exhibited more liberal views regarding sexuality, as opposed to fathers originally from rural areas. However, all fathers expressed concern for

their daughters' safety in urban areas in the U.S. where they are more exposed to physical and sexual violence, potential for dating a drug dealer or gang member, and a higher incidence of STIs and unintended pregnancies (González-López, 2004).

Likewise, a focus group study with Honduran mothers in Honduras, found that mothers would like to offer their daughters untraditional advice as they enter adulthood. When asked about the dreams and hopes they have for their daughters, these women wanted their daughters to exhibit more self-respect, be independent before marriage, and demand equality of gender roles in marriage. However, they would promote childbearing at the right time in their marriage and the importance of delaying sexual relations to avoid being trapped in a relationship or having an unintended pregnancy (Giordano, Thumme, & Sierra Panting, 2009). These studies suggest that parents might not be pushing their daughters to engage in abstinence until marriage, but hope they make responsible choices and to protect themselves, or “cuidarse”, meaning to avoid a pregnancy.

Parental norms may be effective in reducing sexual initiation and early conception if parents talk to their children about their expectations for their children's future and how sexuality can affect them (Liebowitz, Calderón Castellano, & Cuéllar, 1999).

Communication between parents and children is an important step to reduce sexual risk factors. Trejos-Castillo found that maternal communication was associated with reduced sexual risk taking behaviors (Trejos-Castillo & Vazsonyi, 2009). However, Latino parents are not talking to their children. The Honduran women in the focus group expressed how they would communicate their *hopes and dreams* to their daughters, but these conversations did not necessarily take place (Giordano, Thumme, & Sierra Panting, 2009). Latina mothers trust their social environment and culture to effectively relay



traditional views of behavior and morality to their daughters, but they do not talk about it (Gilliam, 2007a; Raffaelli, 2004). Parents impose strict dating rules and emphasize conserving a good image of one's self in the community as a way to dampen sexual behaviors in their daughters (Raffaelli & Ontai, 2001). However, according to Gilliam, Latina adolescents want to have open communication about sexuality with their mothers (Gilliam, 2007a) instead of learning about their expectations indirectly (Raffaelli & Ontai, 2001).

The MCAHNA survey found that a significant percent of the 10<sup>th</sup> grade students (65.8%) answered that their parents were very influential in deciding their sexual behavior (MCCCCYF, 2005). However, focus group participants reported that they rarely have any conversation with their parents regarding sexuality. Some feel that if they bring the topic up their parents will assume that they are sexually active. Many youth expressed that their parents wanted them to wait until marriage or until they are "ready." Because some parents do not expect their children to have sex, they just do not talk about sex at all.

Likewise, high levels of connectedness between parents and family are associated with delayed sexual initiation (Kirby, Lepore, & Ryan, 2005). However, Latino youth in Montgomery County experience high levels of family disengagement. More than 30% of Identity, Inc.'s needs assessment respondents stated that their parents *sometimes* to *never* knew with whom they were with after school, and about 50% of youth had no adult supervision after school (2006). This lack of time and troubled communication patterns hinders any conversation about sexuality between parents and youth.

Religion has been found to be an important protective factor for early sexual

initiation and pregnancy prevention (Kirby, Lepore, & Ryan, 2005; Rasberry & Goodson, 2009), particularly among less acculturated Latina women (Edwards, Fehring, Jarrett, & Haglund, 2008). However, not all measures of religion are associated with reduced sexual behavior. For Latinos, religion's importance in their daily life, or religion's salience, delays sexual behavior. Expressing religion privately through praying also reduces the odds of sexual intercourse (Burdette & Hill, 2009). Latinas that attend church tend to hold more traditional attitudes, have fewer sexual partners, and are less likely to ever had sex (Edwards, Fehring, Jarrett, & Haglund, 2008). However, their family's religion did not impact Latino's odds of sexual intercourse (Burdette & Hill, 2009).

The literature is not clear on the role peers and friends play in youth's decisions to engage in sexual activity (Kerns, Westhoff, Morroni, & Murphy, 2003). In the Montgomery County's reproductive health assessment, participants correctly identified abstinence as the only 100% effective means of preventing a pregnancy, but only 65% of 10<sup>th</sup> graders answered that they were confident in their ability to choose abstinence and were unsure whether they could say no to a partner about having sex (MCCCCYF, 2005). They also found that most Black youth in the focus groups had sex to fit in. Latino youth, on the other hand, felt more pressure from their partners and friends, and a desire to rebel against their parents. Aarons and Jenkins found that focus group Latino and Black female youth participants in Washington, D.C. mentioned "keeping up" with older sisters and avoiding the teasing that came along with abstinence as strong motivators for having sex (Aarons & Jenkins, 2002).

Partners are usually mentioned as a strong influential voice. However, limited literature exists on Latino partner's involvement. Latino women have a tendency to date

men three to four years older than them (Abma, Martinez, Mosher, & Dawson, 2004). In fact, one third of Latino female teens reported that their first sexual partner was four or more years older, compared to one-fifth of White and Black female teens. Women dating older men are more compelled to have sex with them as a way of holding on to their partners (Gilliam, Warden, & Tapia, 2004). In a sample with 6<sup>th</sup> grade students, having an older partner was associated with early sexual initiation (VanOss Marin, 2000). Those who date older men are also less likely to use any contraception and are at a higher risk of pregnancy or might develop pregnancy intentions with their older partner (Abma, Martinez, Mosher, & Dawson, 2004; Davies, DiClemente, Wingwood, Harrington, & Sionean, 2003; Ford, Sohn, & Lepkowski, 2001). In fact, 45% of fathers of babies born to women 15 to 17 years were 20-24 years of age. In Montgomery County, 88% of all births in 2003 to women under the age 18 had a father under the age of 24 (NCHS, 2005).

#### Perceived behavioral control of sexual activity and contraception use

According to the TPB, individuals can hold positive views about a behavior and have the support they need, but if they are not in control of situations where they can exercise the behavior, they are less likely to engage in the behavior. The levels of perceived power Latino youth have in their sexual relations have seldom been studied. Studies on partner's influence do shed some light on obstacles Latino men face in using contraception, as well as coercive behaviors they use to initiate sexual activity. For example, if Latino male youth are unable to resist the constant teasing and harassment from friends, or if Latino women cannot say no to their partners about having sex, they will have little control of the sexual activity (Murphy & Boggess, 1998; Pleck, Sonenstein, & Ku, 1990; Soler et al., 2000).

Aaron and Jenkins found that Latino and Black female youth participants often had sex after succumbing to pressure from their male partners (Aarons & Jenkins, 2002). When women do not have the perceived power to withhold sexual activity, it is likely they do not control the use of contraception either. Aaron and Jenkins also found that Latinos held positive attitudes about using condoms, but they cited their partner's machismo as the main reason they do not use them. Latino women often rely on their male partners to purchase contraception, such as the pill (Rivera, Méndez, Gueye, & Bachmann, 2007). This lack of control over access and use of contraception places women at risk of contraceptive failure and nonuse.

The MCARHNA (2007) found that despite the seemingly normal high rates of sexual activity among youth, many focus group participants mentioned that youth often do not feel comfortable having sex. Some participants expressed that women, more than men, actually do not want to have sex. In fact, the National Survey of Family Growth found that in 2002, 10% of all adolescents who have had sexual intercourse experienced non-voluntary sex (Abma, Martinez, Mosher, & Dawson, 2004).

## 2.5 Pregnancy Intention Definitions

Approximately 50% of all pregnancies in the U.S. are *unintended*. Of these unintended pregnancies, about half end in abortion (Abma, Martinez, Mosher, & Dawson, 2004), (NCPTUP, 2008). Many Americans consider that an unintended pregnancy is a problem in the U.S. and is the outcome of low educational attainment, lax social morals, and irresponsible sexual behavior (Mauldon & Delbanco, 1997). Multiple studies have focused on pregnancy intentions to assess a series of health outcomes such as pre term delivery, low birth weight, use of contraception, poor pregnancy outcomes

and early childhood attachment (Afable-Munsuz & Braveman, 2008; Sable, 1998).

However, many scholars agree that pregnancy intentions is a construct that is difficult to measure, and current measurements might not be adequate (Sable, 1999; Santelli, Duberstein Lindberg, Orr, Finer, & Speizer, 2009; Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000; Zabin, Astone, & Emerson, 1993).

Researchers studying pregnancy intentions have addressed this question retrospectively using data from the National Survey of Family Growth (NSFG). The NSFG assesses women's intentions by asking a series of questions about previous pregnancies, such as wantedness of the pregnancy at time of conception, timing of the pregnancy, and level of happiness with the pregnancy (Santelli, Duberstein Lindberg, Orr, Finer, & Speizer, 2009). Thus, unintended pregnancies are the sum of those pregnancies classified as *mistimed* (earlier than expected), *unwanted* (when no children are desired ever) or those ending in abortions. Mistimed pregnancies that occur later than expected, perhaps due to problems in conceiving, and pregnancies reported as wanted are classified as *intended*. This results in a dichotomous definition of the concept.

Santelli and other scholars have called for a multidimensional definition of pregnancy intendedness to fully capture the complex emotional and psychological factors involved in this concept (Klerman, 2000; Sable & Libbus, 2000; Santelli, Duberstein Lindberg, Orr, Finer, & Speizer, 2009; Zabin, Astone, & Emerson, 1993). For example, NSFG's current measurement of intention ignores a wider range of options such as pregnancies that are truly intended, deliberately planned without partner's consent, as well as ambivalence in pregnancy intentions.

A mistimed pregnancy is a concept that ignores the true qualitative and changing

characteristics of time significance for women. According to the NSFG's definition, a pregnancy is considered mistimed if the pregnancy was not planned but the woman desires a pregnancy in the *future* (Santelli, Duberstein Lindberg, Orr, Finer, & Speizer, 2009). One main problem must be noted with this definition. The time period for a desired future pregnancy is not bounded. Women can refer to future as in the next two years or the next 15 years. For example, an adolescent facing an unintended pregnancy might consider her pregnancy to be mistimed if she was planning to have children sometime in the next 10-20 years (Klerman, 2000).

Stanford and colleagues conducted a qualitative study with women and had them explain in their own words the circumstances surrounding their pregnancy (Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000). He then matched their qualitative responses to the pregnancy intentionality categories of the NSFG. He found that women who would classify as having a mistimed pregnancy ranged from women who were planning a pregnancy but did not expect it so soon, women who were actively planning a future pregnancy with their partners but not at that time, to women who terminated their pregnancies. Because all of these women desired a pregnancy at a future time, they were considered mistimed pregnancies and thus fell under the dichotomized category of *unintended*.

Moreover, these categories, unwanted and mistimed, assume that the woman is clear on her decision or motivation to become pregnant, and ignore common pregnancy ambivalence (Bruckner, Martin, & Bearman, 2004; Kelly, Sheeder, & Stevens-Simon, 2004). According to Sable (1999), the fact that there is a partner involved in the pregnancy adds to the complexity of pregnancy decision making. Measurements are

unable to capture the degree to which one person desires a pregnancy to manifest their sexuality or hold on to a partner. It also does not assess a pregnancy desire discrepancy between the partners.

Current measurements of *intendedness* address issues involving *conation* and *cognition*. Conation refers to the impulse or desire to become pregnant, while cognition is the rational aspect of intention. However, new multidimensional measurements of the construct should address *affect*, the level of wantedness, and the psychological and emotional feelings towards a pregnancy (Miller & Sable, 2008).

Level of happiness, used in the NSFG as one measure of pregnancy intentions, might not capture the true feelings of women facing an unintended or mistimed pregnancy. Unintended pregnancies are assumed to cause unhappiness to the pregnant women. However, in her studies, Sable and Libbus found that when pregnancies are mistimed, women generally feel either very or somewhat happy with the prospects of a pregnancy (Sable & Libbus, 2000). On the other hand, women who classify their pregnancies as unwanted generally feel neutral or unhappy about it. In describing their definition of planned and unplanned pregnancies a group of women in the state of Georgia described their unplanned pregnancies as a happy event in their lives. Others noted a shift in feelings from being unhappy to being very excited about their pregnancies and loving their children (Lifflander, Gaydos, & Rowland Hogue, 2007).

## 2.6 Pregnancy Intentions Among Youth

Although pregnancy intentions have been measured in numerous studies, thanks to the data of the NSFG, only a handful of studies have addressed youth's intentions to become pregnant. Usually these studies have addressed young females' intentions

(Bruckner, Martin, & Bearman, 2004; Kelly, Sheeder, & Stevens-Simon, 2004) but not males'. Other studies have used samples recruited from family planning clinics (Cowley & Farley, 2001; Rivera, Méndez, Gueye, & Bachmann, 2007), youth who are waiting for their pregnancy test results (Rivera, Méndez, Gueye, & Bachmann, 2007; Zabin, Astone, & Emerson, 1993), or youth at local hospitals (Aarons & Jenkins, 2002; Davies, DiClemente, Wingwood, Harrington, & Sionean, 2003; Rosengard, Phipps, Adler, & Ellen, 2004). These studies offer insight on alternative measurements of pre-pregnancy intentions, attitudes about a potential pregnancy, and childbearing expectations (Kelly, Sheeder, & Stevens-Simon, 2004; Zabin, Astone, & Emerson, 1993).

The predominant American culture often considers teen pregnancy in the Latino community as a cultural characteristic, where early pregnancies are the norm. This idea was supported by a recent study commissioned by the National Campaign to Prevent Teen and Unwanted Pregnancies (NCTPTUP) which found that only 45% of Latino youth respondents strongly disagreed with the statement that teen pregnancy in their community was not a big deal (Vexler, 2007). The agency interpreted this finding as 50% of Latino youth desiring a pregnancy or considering it normal.

This belief has made its way through popular media. A recent article in The Washington Post profiled the story of two young Latino sisters who became pregnant intentionally to force their parents into accepting their boyfriends (Aizenman, 2009). Other stories highlight the burden of the so-called *anchor* babies on the American tax payers. This term has been defined by the popular media, not the academic community. Anchor babies refers to babies born to Non Lawful Permanent Residents or Citizens (NLPRC) in the U.S., or by Mexican women who cross the border to deliver their babies



in the U.S., making their children U.S. citizens (FAIRUS, 2008; Pitts, 2008). Anchor babies open up maternal access to free housing, food stamps, and other benefits; the most important being the ability of that child to claim their parents as residents when they turn 21 years of age (Pitts, 2008).

These popular beliefs about youth's pregnancy intentions appear to be confirmed by a number of studies. One study found that a greater percentage of young Blacks and Latino women have plans to become pregnant in the next six months, when compared to White women (Rivera, Méndez, Gueye, & Bachmann, 2007). These behavioral intentions were significantly correlated with lower contraception use, more positive attitudes about pregnancy and weaker intentions to get an abortion. Rosengard and colleagues found that respondents reporting intentions on becoming pregnant in the next six months were more likely to have positive attitudes towards pregnancy and using no contraception (Rosengard, Phipps, Adler, & Ellen, 2004). These respondents also were more likely to have a positive pregnancy test at the six month follow up interview. A study with Black young fathers also revealed that 39% of them desired their partner's pregnancies. Not only did they see few drawbacks of teen pregnancy, they reported greater family and social support after they became fathers (Davies et al., 2004).

Not all studies, however, support the idea that youth want to get pregnant. Aarons and Jenkins found that Latinos in Washington, D.C. generally have a negative view about pregnancy, often citing parental punishment, baby's father abandonment, and leaving school as reasons why pregnancy should be postponed (Aarons & Jenkins, 2002).

Another study of adolescent males, using data from the 1988 National Survey of Male Adolescents, found that the overwhelming majority of males (69%) reported feeling upset

if they found out their girlfriends were pregnant (Marsiglio, 1993). About 60% of the sample also disagreed with the idea that they would feel more like a man if they fathered a child during adolescence. Although these findings were consistent for males across economic status, a greater percentage of males from wealthier neighborhoods reported more negative attitudes towards an early pregnancy than males from economically deprived areas.

While the above cited studies found contradictory evidence regarding youth' deliberate pregnancy intentions, others find that youth are ambivalent about childbearing. Stevens-Simon developed a multidimensional pregnancy intention scale to assess attitudes about pregnancy intentions among nulligravida, ineffectively contracepting adolescent females (Stevens-Simon, Sheeder, Beach, & Harter, 2005). She found that very few respondents stated that they actually wanted to become pregnant, but the majority was ambivalent. This means that they reported neither positive nor negative attitudes about childbearing nor its consequences. She also found that if a pregnancy was not considered detrimental for their future plans, females were less likely to use effective contraception.

Moreover, several studies have found that females who showed ambivalence about a future pregnancy had higher rates of conception (Zabin, Astone, & Emerson, 1993) and lower contraception use rates compared to females with negative attitudes or positive attitudes about pregnancy (Frost, Singh, & Finer, 2007; Zabin, Astone, & Emerson, 1993). Bruckner's and colleagues study confirms Zabin findings (Bruckner, Martin, & Bearman, 2004). Using the National Longitudinal Survey of Adolescent Health (Add Health), they found that 14% of female adolescents were ambivalent about a

pregnancy and only 20% had clear anti-pregnancy attitudes. Those considered ambivalent were less likely to use contraception consistently. Moreover, females with pro-pregnancy and anti-pregnancy attitudes did not differ in terms of contraception use.

Jaccard and colleagues went a step forward. Using data from the National Longitudinal Study on Adolescent Health (AddHealth) they followed pregnancy outcomes over two waves of surveys (Jaccard, Dodge, & Dittus, 2003). They measured intentions using two items: “Getting pregnant is one of the worst things that can happen to me” and “It would not be all that bad if I got pregnant” and found that females that scored highly on positive attitudes towards pregnancy had a higher probability of becoming pregnant in the near future. These studies suggest that it is ambivalence, and not clear pro-pregnancy attitudes or intentions, that place women at risk of a pregnancy through inconsistent contraception use and lack of motivators to remain nulligravida.

However, discrepancies in intentionality are found even within the same studies. For example, a focus group with mostly parenting Black males in Alabama found that the majority of them did not get their partners pregnant intentionally. However, almost 40% reported their desires to become a father at a young age. For them, a pregnancy had few drawbacks. They also provided a strong network of support for other young fathers, but admitted feeling stigmatized by their communities due to their young age (Davies et al., 2004). It is possible that these discrepancies may arise more commonly through qualitative studies, while they might be classified as ambivalence when categorized in quantitative research.

The influence of interpersonal factors in reproductive decision making has consistently been confirmed in the literature; pregnancy intentions are not excluded.

Some studies suggest that partners are an important influence in women's decisions to have a baby or ambivalence about childbearing. Cowley and Farley found that the strongest predictor of pregnancy desire or ambivalence among female adolescents were partner's attitudes about pregnancy (Cowley & Farley, 2001). She proposed that females whose partners desire a pregnancy are more likely to desire a pregnancy themselves or feel ambivalent about it. Davies also found that most male parents respondents in her focus groups felt that their female partners desired a pregnancy and manipulated them into becoming pregnant (Davies et al., 2004). In a different study, Davies found that pregnancy desire significantly correlated with having a male partner who desired a pregnancy and with having a boyfriend at least five years older (Davies, DiClemente, Wingwood, Harrington, & Sionean, 2003).

Parents might also be a source of influence when it comes to teen pregnancy. Jaccard and colleagues found that females that were living with both parents and with mothers with high levels of education exhibit lower levels of positive pregnancy attitudes, and thus were more likely to not become pregnant in the near future (Jaccard, Dodge, & Dittus, 2003). Two separate studies involved interviewees with Mexican migrant fathers and Honduran mothers about their daughters' sexuality. Although neither group placed too much importance on virginity, participants expressed concerns about irresponsible sexual behavior that results in teen pregnancies (Giordano, Thumme, & Sierra Panting, 2009; González-López, 2004). Moreover, parents of adolescents who participated in the MCAHNA's focus groups felt that it was important that children reach their educational goals and be financially independent before having children.

Traditional Latino values of familism places much emphasis on the importance of

childbearing. The literature suggests that changes in values may erode over time as Latino women become more integrated into mainstream American culture and improve their socio-economic status. When studying Mexican women, Wilson (2008) found that pregnancies of U.S. born women were less likely to be intended compared to pregnancies to first generation Mexican women. An important mediating factor in this association was marital status. In this study, U.S. born Mexican women were less likely to be married and thus less likely to be seeking to get pregnant (Wilson, 2008).

One of the primary motivators for preventing an unplanned pregnancy is youth's focus on their future (Kirby, 2007). In fact, Kirby found that having school connectedness and high academic aspirations were protective factors against teen pregnancy. However, Identity, Inc.'s needs assessment found that a large proportion of Latino youth were disengaged from school. For example, 22% of youth missed more than 11 days in the previous school year and 55% reported being in detention at least once. About a third (30%) did not feel confident that they will be able to graduate from high school (Uriburu & Kattar, 2006). If Latino youth do not see a future for themselves, a pregnancy does not necessarily hinder their future plans.

## 2.7 Summary

The review of the literature revealed that more research still has to be done on the issue of Latino adolescent pregnancy. The increase in teen birth rates in the U.S. has disproportionately affected Latino teens. The gap between Latino teen birth rates and Black and White teens is widening. Even in communities such as Montgomery County, with rates less than half the national average, Latino teens are driving the teen birth rates upward.

Attitudes towards contraception may affect actual contraceptive behavior.

Condoms, the most widely used form of contraception for Latino youth, are believed to constantly break or slip and reduce pleasure. Although youth might understand the risks of not using condoms, these beliefs often overpower their knowledge. Moreover, Latinos are more likely to feel embarrassed using condoms and discussing their use with their partners.

Similar beliefs exist for birth control pills. Latino females feel that birth control pills cause weight gain and other side effects, including rare diseases. Others distrust the true effectiveness of birth control pills. The problem resides in that Latino youth tend to base their behavior on information obtained from friends and family experience, undermining the advice they receive from health care professionals or health educators.

Family, partners and friends are strong voices that influence Latino youth's sexual behavior. Most studies suggest that parents are the primary influence on youth when it comes to having sex. However, Latino parents are not talking to their children about sex. Although research suggests that more females than males would rather remain abstinent, it is often hard for them to resist the pressure from their partners or constant teasing from their friends.

Therefore, when it comes to having sex or using contraception, individuals perceived control has to be taken into account. Women dating older men find it hard to negotiate condom use and many have sex to hold on to their partners. Even if women are dating men their age, it is usually the male partner who controls condom use. Research has shown that women hold positive attitudes towards condoms. However, many women do not use condoms in order to please their partners. Youth's lack of access to

contraception, their ability to pay for it and to overcome embarrassment are also major barriers to using any method.

To assess the risk of teen pregnancy, one must first assess the attitudes youth have regarding pregnancy intentions. Researchers call for a new multidimensional definition of the concept that reflects the complex interaction of cognitive and psychological elements at play. Recent studies show contradictory evidence on youth's intentions. Although some have found that youth, particularly Latino youth, might have greater positive attitudes towards a pregnancy, others have found that youth do not get pregnant intentionally. However, a new concept emerged from the traditional dichotomous definition of intention. Ambivalence, or the lack of strong positive or negative attitudes towards pregnancy, has been shown to be positively associated with inconsistent condom use and to predict future conception. Studies that have studied ambivalence have consistently found that youth that are ambivalent about a pregnancy are at a higher risk of pregnancy than those who are anti- or pro- pregnancy. Therefore, the dynamics between contraception use intentions, pregnancy prevention behaviors and pregnancy attitudes deserve a closer examination to help curb the rise of Latino teen pregnancy.

## Chapter 3 Methodology

### 3.1 Overview

The purpose of this study was to measure pregnancy prevention behaviors and pregnancy desire among Latino youth through the development, validation, and administration of a theory-based instrument using a cross-sectional study design. The goals of the study were to: 1) examine the attitudes, social norms and perceived behavioral control of Latino youth related to pregnancy prevention; 2) explore the relationship between pregnancy wantedness and pregnancy prevention behavior; and 3) assess the level of pregnancy wantedness among certain Latino youth groups. A total of 949 Latino youth 14-19 year olds from the Washington metropolitan area participated in the study.

This research project consisted of four distinct phases, two of which were accomplished as part of the dissertation project. Phase 1 consisted of formative research and was completed prior to the dissertation project. During the formative research phase, a community needs assessment consisting of interviews with community experts and focus groups with Latino youth was conducted. The results of the community needs assessment are discussed later in this chapter. The data elicited from the formative Phase 1 was used to inform the study data collection instruments and the study design. Phase 2 involved developing the instrument and the pregnancy wantedness scale (PWS). During Phase 3, surveys were back translated, validated using cognitive interviews, and pilot tested; and administered a survey to 949 Latino youth (see Figure 4). The fourth and final phase consists of recommendations for the dissemination of the findings.



Figure 4. Phases of the Research Project.

<p><b>Phase 1 Needs Assessment</b> Community stakeholder interviews</p>	<p><b>Phase 2 Instrument development</b> Literature review Focus groups Table of specifications Draft survey</p>	<p><b>Phase 3 Instrument testing &amp; Data Collection</b> Survey cognitive testing Survey pilot testing Survey Administration Data Analysis</p>	<p><b>Phase 4 Findings Dissemination</b> Community Local government Scientific journals National conferences</p>
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### 3.2 Community Participation

Community-based participatory research (CBPR) is an approach meant to increase the relevance of health research findings to fit specific community needs (AHRQ, 2004). CBPR directly benefits the community being studied by addressing expressed research needs, developing partnerships between researchers and the community directly affected by the issue being studied, involving community members in the research process, and developing recommendations to drive social change. This research project applied the basic principles of CBPR, according to the “Community-Based Participatory Research: Assessing the Evidence”.

A key component of this study is the level of community involvement in all phases of the study. Following the principles of CBPR, community members took an active role defining the problem, and informing the research question and research methods. They were also involved in refining the survey and collecting the data.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services (MC-DHHS) facilitated entree to the Latino community. Members of the data work group of LHI informed me about the need for data on Latina

teen pregnancy and proposed that my study focuses on this issue. LHI is a committee comprised of members from the MC-DHHS and a group of volunteer professionals from national, state, and local organizations. The mission of LHI is to “improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally, and linguistically competent health wellness system that supports, values, and respects Latino families and communities (LHI, n.d)”.

Following the suggestion of LHI, I initiated a community assessment on the issue of Latina teen pregnancy. The assessment consisted of a review of the literature, examination of relevant community statistics, and in-depth interviews with key stakeholders to further define the problem and develop the research questions.

Two important community partnerships emerged from this process. Identity, Inc is a prestigious and well respected community organization in Montgomery County that uses a positive youth development model to work with Latino youth. Their mission is to “provide opportunities for Latino youth to believe in themselves and reach their highest potential. We accomplish this by reaching out to youth and their families, one at a time (Identity, n.d).” Identity, Inc. supported the recruitment of youth for the focus group and cognitive interviews. Identity, Inc. also recommended Latino youth who participate in their after school programs or who work in their offices as recruiters for the study. They offered financial support to cover 70% of the costs associated with participants’ incentives and paid their recruiters for the surveys collected. Finally, they provided expert feedback for the design of the study data collection methods, recruitment strategies and survey content validity.

A second partnership was created between the researcher and Planned Parenthood of Metropolitan Washington (PPMW). Planned Parenthood is the nation's leading provider of sexual and reproductive health services (PPMW, n.d.). PPMW's is the local office of Planned Parenthood that services Washington, DC, Montgomery County, and Prince George's County. PPMW's Latino community outreach and health education program consists of a group of youth ages 15-18 trained in sexual health, who conduct advocacy and education work in the community. PPMW supported the study by offering their trained youth as participants for one pilot focus group. Their youth health educators were trained in recruitment and survey administration. Some of their youth also participated in the cognitive interviews. The group's coordinator provided support in the revision of the instrument and the scale. Two memoranda of understanding were signed between Identity, Inc. and PPWM, separately, and myself to establish the terms of collaboration and data co-ownership (See Appendix A).

### 3.3 Preliminary Studies

A considerable amount of research was conducted to appropriately identify the research questions, study design, and develop the data collection instruments. I first conducted a community needs assessment which consisted of 16 interviews with community stakeholders. I then proceeded to moderate eight focus groups with 65 Latino youth. The findings of the preliminary studies were used to develop the data collection instruments.

#### 3.3.1 *Community Needs Assessment*

The community needs assessment was the first step to know the community of interest, Montgomery County, MD. I conducted 16 semi-structured in-depth interviews

with a variety of community members and national experts to gather information on perceived risk factors of pregnancies among youth; understand the social, economic, and cultural challenges migrant youth face in the community; get input on research questions, variables of interest, and research methods; and to identify potential partners for the research.

I used a variety of sources to identify people to interview, such as references by other interviewees and members of the Latino Health Initiative, individuals identified in county reports, and community organizations' publications. I interviewed community members, such as clinicians, social workers, and health educators working in community health clinics, area hospitals, schools, youth development organizations, County government, and academic researchers (Table 2). The first priorities were to understand community members' perceptions of risk factors for unintended pregnancies, identify the gap in knowledge and data they needed, and to gather ideas to recruit the population of interest.

A preliminary review of the literature helped inform the interview guide. The guide included questions such as "What are the reasons women give you for not using contraception?", "Who are the people that influence their behavior regarding having or not having sex?", and "What are the three main factors that place Latino teens at risk for a pregnancy?". Some of the questions were adapted to the profession and expertise of the interviewee. The interview was also used to ask about other community stakeholders that might help inform the study.

Table 2. Community Stakeholder Interviewees.

<b>Interviewees</b>	<b>Organization</b>
Co-executive directors	Identity, Inc.
Latino youth program coordinator	Planned Parenthood Metropolitan Washington
Physician, academic and financial officer	Mary's Center for Maternal and Childcare, community maternal health clinic
Social worker and family planning specialist	TAYA – Teen and Young Adult Health Clinic
Ob/Gyn	Adventist Hospital at Takoma Park
Nurse and office manager	Adventist Hospital Women's Health Clinic
Executive director	Community Bridges, young adolescent development organization
Community activist and public health expert	Latino Health Initiative member
Community activist and physician	Chair of Montgomery County Collaboration Council for Children, Youth and Families
School nurse coordinator	Department of Health and Human Services of Montgomery County
Social worker and Director of the Inter-Agency Committee on Adolescent Pregnancy of Montgomery County	Department of Health and Human Services of Montgomery County
Assistant coordinator LHI	Department of Health and Human Services of Montgomery County
Latino youth program manager	National Campaign to Prevent Teen and Unplanned Pregnancy
Research specialist	National Campaign to Prevent Teen and Unplanned Pregnancy
Policy Specialist	National Institute of Latina Reproductive Health
Physician and researcher	IBIS Reproductive Health (research organization)
<b>Other informal discussions</b>	<b>Organization</b>
Women's Health Department, Director	Adventist Hospital at Takoma Park
Maternal and Child Health educator	Maryland Department of Health and Human Services

The interviews were audio recorded but not transcribed, and each took an average of one hour to complete. I generated a list of emerging themes by reviewing the audio of each recorded interview and the interviewer's notes. I tabulated the data by major categories and emerging themes. This study was approved by the IRB from the University of Maryland in October 2007. An extension to the study was approved for one additional year in September 2008 (See Appendix A).

### 3.3.2 *Focus Groups*

Focus groups are controlled and moderated discussions used to gain in-depth information about a specific topic (Stewart, Shamdasani, & Rook, 2007). Group discussions usually have between 6-10 participants who are purposefully selected and who share certain traits of interest. The questions are scripted in a moderator's guide and reflect the essence of the research inquiry. Focus groups have been used in health research to learn about health behaviors, health care access. They can be used as the primary source of data collection or to inform the development of a survey (Krueger, 1998). Fishbein and Ajzen strongly recommend conducting a qualitative study, either in-depth interviews or focus groups, to elicit salient beliefs related to the main theoretical constructs and specific to the population of interest (Montaños & Kasprzyk, 2002).

I moderated a total of eight focus groups with 65 Latino youth ages 15-18 (Table 3). I conducted one focus group with peer educators from PPMW (n=7). This group was used to test the moderator's guide (Stewart, Shamdasani, & Rook, 2007). I conducted seven additional groups—four groups with girls (n=30) and three groups with boys (n=28)—all residents of Montgomery County. No parental consent was required for the focus groups as per IRB approval (Appendix A). A total of 65 youth participated (34

females and 50 under the age of 18). Each participant received a \$10 gift card and an information sheet listing sexual and reproductive health resources in their community as an incentive. A copy of the information sheet can be found in Appendix E. I provided food and light refreshments to all participants.

Table 3. Focus Group Participants.

#	Group	Females (n=34)	Males (n=31)	Under 18 years old (n=50)	18 years old (n=15)	Total n
1	PPMW youth	4	3	7	0	7
2	Identity Gaithersburg	0	10	8	2	10
3	Identity Gaithersburg	10	0	9	1	10
4	Northwood HS	3	0	3	0	3
5	Identity Takoma Park	0	10	6	4	10
6	Identity Takoma Park	10	0	7	3	10
7	Identity Wheaton	7	0	7	0	7
8	Identity Wheaton	0	8	3	5	8
	Total					65

Identity, Inc. and PPWM recruited youth from their peer educators and after-school programs. A copy of the recruitment flyer and recruitment script for the focus groups can be found in Appendix C. All focus groups were moderated in the language of choice of the participants, either English or Spanish. Often both languages were spoken simultaneously during the discussion. All focus groups were audio recorded with the participants' consent.

The focus group moderator's guide was based on the framework of the TPB and asked questions that arose during the literature review and community stakeholder interviews. Additional questions were included to elicit information for the PWS. A copy

of the moderator's guide can be found in Appendix D. Following Fishbein and Ajzen recommendations, the moderator's guide included questions such as: "What would [couple] do to prevent a pregnancy if they decide to have sex?", followed by "What are the disadvantages of using [contraceptive methods mentioned]?" to elicit attitudes regarding contraception and abstinence (Ajzen, 2002b) (Montaños & Kasprzyk, 2002). Questions such as "I want you to think about how people close to [girl or boy] feel about them using birth control or remaining abstinent" were asked to elicit normative beliefs. To elicit control beliefs, I probed participants to answer "Would it be easy to use [method X]?" and "What would happen if partner does not want to use [method x]". To inform the pregnancy wantedness scale, I asked questions such as "Is [girl] happy she is pregnant?" I also asked about the advantages and disadvantages of a pregnancy for male and female teens, and how referent others react to a pregnancy (Ajzen, 2002a). Finally, I used the statement "Latino teens just want to get pregnant" to stimulate discussion about the issue.

The guide was specifically designed to engage and elicit information from young audiences. Following Hazel's suggestions, I used pictures of young couples and pregnant youth to jointly create a story about the characters and promote discussion on the topics of interest (Hazel, 1995). I also used large notepads to write the participants' answers. This approach gave them the assurance that everyone was being heard, their input was acknowledged, and they could react to what other peers said. By writing all their comments, even idiomatic expressions considered by many tasteless and disrespectful, I reassured them that they could openly express themselves without being judged. Many personal questions about sexuality arose during the discussion. The moderator took note of every question and allowed a 20-30 minute optional discussion session once the focus



group concluded. Every question asked was answered by the moderator. This question and answer session was not recorded.

The focus groups' recordings were transcribed, and all the notes written on the notepad were typed. The transcription and the notes were analyzed to identify themes for each focus group question. However, the focus group data will be properly and fully analyzed in the future; it is beyond the scope of this study. For the purpose of the survey and scale development, I conducted an analysis of the themes emerging from the moderator's notes and transcription. I analyzed the data by identifying emerging themes in each predetermined major category guided by the theoretical framework and research questions. The main categories were attitudes, important referents and perceived behavioral control for abstinence, the use of the contraception methods, and pregnancy intentions.

Some weaknesses to the focus group methodology must be noted. First, the youth who participated were youth that actively participate in Identity's Inc. after school programs. Although some of them are at risk youth, they are likely to have knowledge, skills or attitudes different from the general Latino youth population. Secondly, I planned on having a male moderator for the male focus groups. I trained a PPMW college age community educator who is bilingual, is an experienced moderator and has vast experience working with Latino youth. Unfortunately, his schedule conflicted with the focus group meetings and I moderated all focus groups. Given the level of openness achieved in each session, I am confident that male youth did not feel inhibited by the gender of the moderator.

### Findings from the community needs assessment

Interviews with community stakeholders and the focus group findings confirmed many of the findings from the literature regarding contraception use. According to interviewees, a high percentage of teens were engaging in risky sexual activities. Focus group participants agreed that more men than women were interested in pursuing sexual relations with their partners. They all agreed that sex was very common and that men expected to be physically intimate with their partners. Girlfriends that refused to have sex or delayed sex in the relationship were met with pressure from their partners and sometimes threats of breaking up with them. It is difficult to assess the level of consent if male partners' sweet talk their girlfriends into having sex or "played their game well". Through persistence, and threat of breaking up with them they get their girlfriends to have sex with them. However, women who consistently refused to have sex were considered more respectable and "good girls" than the ones who were having sex.

Moreover, sexual interactions often occurred under the influence of drugs or alcohol, or in *skipping parties* where drugs and alcohol were available. Skipping parties are parties held during school hours attended by students who skip school that day. The level of consent or awareness of behavior might be clouded under the influence of alcohol or drugs. Therefore, the level of true consent or voluntary sex is a grey area under these circumstances.

Participants identified birth control pills and male condoms as the methods most frequently used by adolescents, besides withdrawal. However, Latino youth are unlikely to use contraception, or use it correctly, mainly due to myths, misconceptions and lack of knowledge. Male focus group participants were able to obtain free condoms, had positive attitudes about condom use, and readily mentioned all the advantages and few

disadvantages of condom use. However, they reported that young men, including themselves, seldom used condoms or any other form of contraception, even if they were aware about the risk of pregnancy and sexually transmitted infections. Their perceived high rates of breakage, slippage, reduction of pleasure, and lack of effectiveness, were the main reasons for not using condoms.

This leaves us to believe that adolescents' sense of invulnerability and the "it will not happen to me" attitude often overpowers their knowledge and attitudes about condoms. Men who reported "loving" their female partners or feeling that their partners were "different", special, or "clean" (meaning they have not been with many men) felt less compelled to use a condom. Respondents who worked closely with teens also mentioned that female teens might have problems negotiating contraception use, as they are likely to date older partners. Some community clinicians mentioned that Latino youth fear that hormonal contraception causes cancer and thus will not use it. Focus group participants, however, did not mention the fear of cancer or any other life threatening disease when asked about birth control pills and other hormonal contraception.

In the preliminary community assessment, most clinicians mentioned parents as the most influential people in the youth's lives. Most echoed the findings from the literature which have consistently documented parents as the main influence in youth's sexual decisions. However, given the failure of many Latino parents to talk to their children about sexuality, it was the partner (generally the male partner) who had the ability to talk women into having sex and avoid using condoms (Aarons & Jenkins, 2002).

However, not all parental influence carries the same message. Focus group participants commented on the different messages they were exposed to at home. Men spoke to the fact that parents, particularly fathers, promoted sexual activity at an early age. Some mentioned that fathers will call their sons' names and will tease them or call them gay if they have never had sex. Mothers, on the other hand promoted abstinence in the household, particularly with their daughters.

Most respondents thought that Latino youth have strong intentions of becoming pregnant. Clinicians, mostly American clinicians who work at area hospitals and area high schools, hold this belief. They all commented on how Latino female teens and their parents do not seem as upset as their Black or White peers in the same situation. I asked Latino community stakeholders about this issue, as cultural differences in pregnancy management, the concept of familism, and family support might be lost in translation and misconstrued by American clinicians. Latino interviewees offered differing views on the issue. Some cited regional differences, where as South American teens actively prevented a pregnancy, but Central American youth were more accepting of pregnancy. Others commented on the lack of aspirations and future opportunities as a barrier to pregnancy prevention. Many mentioned that youth "do not have anything to lose" if they become pregnant.

Focus group participants had mixed reactions to the question regarding whether a Latino female teen would be happy to become pregnant. Most mentioned that teens (male and female) would be sad and worried about becoming pregnant. They claimed that having to work to sustain the baby, dropping out of school, and not being able to hang out with their friends were reasons not to have a baby. However, a few did mention that some

teens, particularly girls, would be happy to become pregnant to hold on to their partners.

I used the interview and focus group findings, as well as the evidence from the literature, to identify survey questions most pressing for my study. The focus group questions regarding abstinence and contraception use were used to identify specific beliefs, influential individuals, and control behaviors related to the theoretical framework.

Four main abstinence beliefs were identified: friends will tease a person who does not have sex, partners will apply pressure to have sex, abstinence means that one does not love the partner, and abstinence means one respects him or herself. The partner, mother, father, and friends were all identified as important referents for engaging or not engaging in sexual activity.

Condom beliefs were based on perceptions that they break or slip easily, they reduce pleasure, partners might refuse, and use implies that the person has had many sexual partners. Only three referents were considered important: the partner, the mother and the father. Friends have little influence over condom use as far as the formative research suggested.

The use of birth control pill (BCP) was influenced by beliefs that they cause weight gain or affect one's health, use implies that one is planning to have sex, and that one might not take it correctly. The partner and the mother were considered important referents for this behavior.

Given the mixed responses I received from the participants regarding youth's intentions to become pregnant, I developed a scale using multiple items reflecting positive and negative outcomes of a pregnancy according to the focus group respondents.

### 3.4 Instrument Development

The purpose of this study was to learn about the factors that influence teen pregnancy prevention behavioral intentions (abstinence, condom use and birth control pills use) and pregnancy wantedness in the Latino community. To my knowledge, no other study has applied all the constructs of the TPB to a broad spectrum of pregnancy prevention behaviors nor has applied a PWS to the Latino community. Therefore, the study called for the development of a new survey. Moreover, since this study specifically addressed the youth pregnancy intentions, I decided to develop a scale to measure this latent construct. The development of the scale follows a similar process as the TPB survey development. The development of both instruments is explained below.

The development of the survey and PWS followed steps listed below and are explained in detail in the following sections: 1) review of the existing literature; 2) review of the needs assessment and focus group findings; 4) generation of a preliminary pool of items; 5) drafting and refinement of an instrument; 6) conduct of cognitive interviews and pilot test; and 7) large scale administration of the instrument.

#### 3.4.1 *Literature Review*

The first step in the development of a survey is to conduct a thorough review of existing studies. The literature review consisted of searching the literature for scientific articles published in peer review journals and other publications from community, local government agencies, and national organizations. I searched the literature, statistics, and community information about local Latino youth reproductive needs; their attitudes towards sexuality and contraception; pregnancy intentions; and pregnancy protective and risk factors. This review of the literature and community stakeholder interviews identified

specific attitudinal beliefs, important referents and demographic characteristics that could help answer the three research questions.

#### *3.4.2 Generation of Item Pool and Measurement Structure*

Based on the focus group findings, interview data, and review of existing literature on the subject, I developed an initial pool of 200 items to include in the survey. The items were divided into five sections: demographic, acculturation, sexual behavior history, theoretical constructs, and pregnancy wantedness. The two versions of the survey can be found in Appendix D. The final version of the variables used in the analysis are listed in Table 4. Due to the researcher's partnership with Identity, Inc, the survey includes items on gang involvement, family connectedness and school engagement, access to weapons, employment, and HIV prevention knowledge. These questions will be used by Identity, Inc.'s for community evaluation purpose, but they were analyzed in this study nor explained in this chapter.

Table 4. Variables Included in the Analysis.

Variable	Original Question	Type & Range	Categories
Age	How old are you?	Continuous, 14-19	numerical
Gender	What is your sex?	Categorical	1= male 2= female
Had Sex (sexual experience)	How old were you when you had vaginal sex for the first time?	Categorical	0= no sexual experience 1= at least 1 sexual experience (calculated from age of first sexual experience)
Survey Language	Gathered from survey version	Categorical	1= English 2= Spanish
Generation	Calculated from questions: Where were you born? How old were you when you arrived in the U.S.?	Categorical (dummy coded)	Generation 1 Generation 1.5 Generation 2 (reference) (calculated based on country of birth and age of arrival to the USA)
Acculturation (language acculturation)	Calculated from questions: In which language do you: read and speak? usually speak at home? usually think? usually speak with friends?	Continuous, 1-5	1= More Spanish than English 3= Both languages equally 5= More English than Spanish
Residence Status	Calculated from questions: Are you a citizen of the U.S.? Are you a permanent resident with a green card?	Categorical (dummy coded)	Lawful Permanent Resident/ Citizen Non-Lawful Permanent Resident (reference)



<b>Variable</b>	<b>Original Question</b>	<b>Type &amp; Range</b>	<b>Categories</b>
Live With (living arrangements)	Who do you live with now? Check all that apply.	Categorical (dummy coded)	Siblings and Others Father and siblings Mother and siblings Mother and Father Friends or Partner (reference category)
Importance of Religion	How important is religion in influencing your decisions about sex and contraception?	Categorical (dummy coded)	Somewhat Important Important Very Important Unsure Not Important (reference)
Education Mother	What is the highest level of education completed by your mother or female guardian?	Categorical (dummy coded)	High School College Do not Know Less than High School (reference)
Contraception	The last time you had vaginal sex, what method did you or your partner use to prevent a pregnancy or a disease? Mark all that apply.	Categorical (dummy coded)	Withdrawal Condom Hormonal Abstinence None (reference)
Abstinence Intention	I plan on not having vaginal sex in the next 12 months.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
BCP Use Intention	By the next time I have vaginal sex, I plan on being on birth control pills.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use

Variable	Original Question	Type & Range	Categories
Condom Use Intention	I want to use a male condom the next time I have sex.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
Abstinence Friends Tease	Calculated from questions: If I decide not to have sex my friends will tease me Being teased by my friends is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Abstinence Means No Love	Calculated from questions: If I do not have sex, my partner will think that I do not love him or her. Making my partner feel that I do not love him or her is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Abstinence Means Self Respect	Calculated from questions: If I do not have sex it shows that I respect myself. Showing respect for myself is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Abstinence Partner Will Pressure	Calculated from questions: My partner will pressure me into having sex. Being pressured by my partner is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Partner Agrees Abstinence	Calculated from questions: My partner thinks that I should not have sex in the next 12 months. How much do you care what your partner thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Mother Agrees Abstinence	Calculated from questions: My mother thinks that I should not have sex in the next 12 months. How much do you care what your mother thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions

Variable	Original Question	Type & Range	Categories
Father Agrees Abstinence	Calculated from questions: My father thinks that I should not have sex in the next 12 months. How much do you care what your father thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Friends Agrees Abstinence	Calculated from questions: My friends think that I should not have sex in the next 12 months. How much do you care what your friends think you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Abstinence Up To Me	Whether or not I have sex in the next 12 months is entirely up to me.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
Abstinence is Impossible	For me to not have sex in the next 12 months is impossible.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
Condoms No Like	Calculated from questions: My partner does not like to use condoms. My partner not liking condoms is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Condoms Break	Calculated from questions: If I use condoms, these will break or slip out during sex. Having a condom break or slip out during sex is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions

Variable	Original Question	Type & Range	Categories
Condom Means Many Partners	Calculated from questions: If I use a male condom every time I have sex, my partner will think that I have had many sexual partners. Making my partner think that I have had many sexual partners is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Condom Means Less Pleasure	Calculated from questions: If I use a male condom every time I have sex, I will feel less pleasure. Feeling less pleasure during sex is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Partner Agrees Use Condom	Calculated from questions: My partner thinks that I should use male condoms the next time we have sex. How much do you care what your partner thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Mother Agrees Use Condom	Calculated from questions: My mother thinks that I should use male condoms the next time I have sex. How much do you care what your mother thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Father Agrees Condom	Calculated from questions: My father thinks that I should use male condoms the next time I have sex. How much do you care what your father thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Confident in Condom Use	I am confident that I could use a male condom the next time I have sex.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use

Variable	Original Question	Type & Range	Categories
Condom Use Not in My Control	The decision to use a male condom the next time I have sex is not in my control.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
BCP Means Planning Sex	Calculated from questions: If I (or my partner) use birth control pills it means that I am (or she is) planning to have sex. Planning to have sex is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Forget Taking BCP	Calculated from questions: I (my partner) might forget to take the birth control pill every day. Forgetting to take the birth control pill is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
BCP Affects Health	Calculated from questions: Using birth control pills can affect my (or my partner's) health Having the birth control pills affect my health is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
BCP Causes Weight Gain	Calculated from questions: Using birth control pills will make me or my partner gain weight. My partner or me gaining weight is	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
Partner Agrees to Use BCP	Calculated from questions: My mother thinks that I or my partner should use birth control pills. How much do you care what your mother thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions

Variable	Original Question	Type & Range	Categories
Mother Agrees Use BCP	Calculated from questions: My partner thinks that I should use birth control pills How much do you care what your partner thinks you should do?	Continuous +10 to -10	+10 = higher likelihood of behavioral intentions -10 = lower likelihood of behavioral intentions
BCP Easy Use	It is easy for me to use birth control pills.	Continuous, 1-5	1= strongly disagree, less likely to use 3= unsure 5= strongly agree, more likely to use
BCP Up To Me	Whether I use birth control pills is entirely up to me.	Continuous, 1-5	1= strongly disagree 3= unsure 5= strongly agree
PWS Score	Calculated from all PWS questions	Continuous, 19-95	numerical
Would Have Baby If Partner Wanted	I would have a baby right now if my partner wanted to.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Partner Would Stay With Me	If I have a baby right now, my partner would stay with me.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Would Cause Trouble Between Partner	If I have a baby right now, it would cause trouble between my partner and me.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes

Variable	Original Question	Type & Range	Categories
Ok If We Love Each Other	Having a baby right now with my partner is ok if we love each other.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Ok If Married	Having a baby right now is ok if I get married or move in with my partner.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Have Someone To Love	I would like to have a baby right now so I can have someone to love.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Cant Hang Around Friends	If I have a baby right now I wouldn't be able to hang around with my friends.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
I Can Leave House	I would like to have a baby right now so I can leave my house.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Get In Way Future Plans	Having a baby right now would get in the way of my future plans.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes

Variable	Original Question	Type & Range	Categories
Dropping School Make Me Sad	Dropping out of school to take care of a baby would make me sad.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Make Me Happy	Having a baby right now would make me happy.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Worst Thing Can Happen To Me	Having a baby right now is the worst thing that can happen to me.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Difficult For Me	Having a baby right now would be very difficult for me.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Family Be Disappointed	My family would be very disappointed if I have a baby right now.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Because Friends Have One	I want to have a baby right now because my friends have one.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes



Variable	Original Question	Type & Range	Categories
Would Need To Work	If I have a baby right now, I would need to work to sustain the baby.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Would Be Very Worried	I would be very worried If I have a baby right now.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Would Be Embarrassing Me	If I have a baby right now, it would be embarrassing for me.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
I Love Children	I do not mind having a baby right now because I love children.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes
Would Get Attention Friends	I would get a lot of attention from my friends if I have a baby right now.	Continuous, 1-5	1= strongly disagree, less positive attitudes 3= unsure 5= strongly agree, more positive attitudes

### Item pool and measurement structure of demographic, acculturation, family and sexual activity variables

Although 200 items were compiled in the original item pool, only the items that remained in the final survey are explained in detail below.

*Demographic variables:* The demographic section includes basic questions such as age, gender, living arrangements, personal and parental education level, and socio-economic status. I drew questions from validated surveys when possible. However, other questions were newly created for this survey. *Age* was bounded by ages 14 to 19. An ‘other’ category was added to identify participants not eligible to participate due to their age. *Gender* was assessed with only two categories, male and female. Although some surveys are including multiple gender categories, which include transgender as well as sexual orientation categories, gender was kept as a binary variable since only a very low percentage of respondents answered anything other than male or female in a previous community survey (Kerr, 2002).

*Familial and socio-economic variables:* *Living Arrangements* assessed with whom the person lives, offering as categories, mother, father, siblings (brothers or sisters), other family members, or other. The participant is able to select ‘all that apply’ to their situation.

Knowing the parents’ socio-economic status (e.g. occupation, income, and educational level) renders critical information about the environment youth are being raised in. In previous Identity, Inc.’s studies, over 40% of youth did not know the education level of their parents (Kerr, 2002; Uriburu & Kattar, 2006). They were vague in defining their parents’ occupations particularly when many adults worked at temporary unstable jobs. Therefore, I considered that asking youth about household income will

likely produce unreliable information as well. Despite recall problems for parental education, I used *Education of Mother*, as a proxy measure of socio-economic status. The categories included less than 8<sup>th</sup> grade, less than high school, completed high school, completed all or some college. I originally planned to use their *FARM* status to assess their income level. FARM is the Free and Reduced Meal program offered to students who qualify based on family income. This item was included in the survey but was dropped as one of the analysis variables. I learned through my participation in community meetings that qualifying families often have problems completing the application. Thus, their FARM status might not adequately reflect their true socio economic status.

*Religion's influence:* Religion's influence on sexual behavior was assessed by asking the level of importance of religion influence on their sexual and contraceptive behavior. The categories included very important, somewhat important, important, not very important, unsure, and not at all. This variable was treated as a categorical variable, not ascale.

*Acculturation:* Multiple measures to assess acculturation and contact with the main culture were added to the survey. More than 20 acculturation scales have been developed and validated with Latino populations. Many capture the complexity of the acculturation experience by measuring social interaction, media preference, language, country of birth, and generation status (Cruz, Marshall, Bowling, & Villaveces, 2008). Shorter scales and proxy measures have been commonly used for acculturation when the use of longer scales is impractical. According to Alegria (2009), proxy measures allow for simplicity of assessment, feasibility of collection in large health surveys and limited response burden (Alegria, 2009). Proxy measures, such as language spoken at home,

length of stay in the U.S., and survey language, have been found to be highly correlated with other lengthier acculturation scales (Cruz, Marshall, Bowling, & Villaveces, 2008). Given the length limitation of the survey, I used two proxy measures to assess acculturation: Language Acculturation and Generation.

Language is an important skill that allows individuals to communicate better with members of the main culture and exchange information (Unger, Ritt-Olson, & Baeconde-Garbanati, 2007). Language is also the most used single indicator to measure acculturation (Alegria, 2009). Language is used as part of a scale or alone as an unidimensional proxy measure as it explains a significant variance of other acculturation measures (Epstein, Botvin, & Diaz, 1998; Epstein, Botvin, Dusenbury, Diaz, & Kerner, 1996). To measure *Language Acculturation*, I used Marín's and Marín VanOss four item language scale, which has been validated in both English and Spanish for the Latino population in the U.S.. This scale asks participants whether they use Only Spanish, Spanish better than English, Both equally, English better than Spanish and Only English when they are at home, speaking to their friends, thinking or reading (Marín & VanOss Marín, 1991).

Researchers found that the proportion of life spent in the U.S. was correlated to the lengthier acculturation scale more so than generation (Cruz, Marshall, Bowling, & Villaveces, 2008). She measured generational status as a dichotomous variable with two possible responses: foreign born and U.S. born. To measure *Generation*, I used the item Age of Arrival to the U.S. to classify respondents into three categories: second generation (U.S. born), 1.5 generation (Foreign born but arrived before age 13) and second generation (Foreign born and arrived after age 13). By adding a third category, 1.5

generation, I am able to capture the differences between youth who arrived as children and thus have been exposed more to the American culture than youth who arrived in their mid to late teens.

*Residence status:* Asking directly about *legal status* not only jeopardizes the trust from respondents over their right to privacy, but it also raises concerns about confidentiality issues that could endanger the well being of participants (Carter-Pokras & Zambrana, 2006). To ensure maximum protection of respondents, Residence Status was measured instead by asking two questions currently included in the California Health Information Survey (CHIS) (CHIS, 2007). The questions “Are you a citizen of the US?” and “Are you a permanent resident of the U.S.?” have answer categories ‘Yes,’ ‘No,’ ‘Application Pending,’ and ‘Do not Know.’ Answering ‘Yes’ to any of these questions implied that the respondent was a *Lawful Permanent Resident or Citizen*. Answering ‘No’ implied that they were *Non-Lawful Permanent Resident*. It did not imply, however, that the respondent was *undocumented*. On the contrary, respondents might have special visas or work permits that enable them to stay in the country lawfully. These, however, were not assessed in the study. Moreover, no personal identifiers, such as names or social security numbers, were asked from respondents to ensure confidentiality and privacy.

*Sexual behavior:* Sexual behavior questions are used to describe the participants in terms of their sexual experience. *Age First Sex* and *Age of Partner* are both answered with the actual age of the person or with ‘do not know’. If the respondent has never had vaginal sexual intercourse, they would answer ‘I have never had sex’ and would skip all questions relevant to sexual behavior. *Age First Sex* was used to create the variable *HadSex*. I classified the respondent into two categories. If they answered the question

with an actual age or do not know, and completed the following sexual behavior questions, he or she was classified as *sexually experienced*. On the other hand, those who responded that they have never had sex or correctly followed that skip pattern, were classified as *sexually inexperienced*.

*Frequency of Sexual Activity* was measured by the number of vaginal sex events per week bounded by a 12-month period. *Number of partners* refers to the number of vaginal sex partners in the past 12 months. *Contraception* was a categorical variable whose categories were collapsed for the final analysis described later. *Age First Pregnancy* and *Number of Children* were also included. For the sexual behavior section, I used questions from the Youth Risk Behavior Survey or an adaptation of these questions when applicable.

#### Item pool and measurement structure of the TPB sub scale variables

The TPB is very specific in the measurement structure of each construct. A detailed description of each construct and its measurement structure is explained in Chapter 2. The initial draft of the survey was designed according to Ajzen and Fishbein measurement and format specifications, but the specific beliefs were derived from the literature and focus group data. However, response scales and the measurement structure for some items were changed based on the cognitive interview findings. Below is a description of the original items and the changes made. Initially, all items were measured with a 7-point Likert scale but it was changed to 5-point Likert scale following the cognitive interviews.

*Behavioral intentions*: These were measured with one item per behavior. Each item denoted the intention to engage in the behavior either in the next 12 months

(Abstinence Intentions), or the next time they engage in a sexual act (Condom Intentions and BCP Intentions). The scale ranged from 5 to 1 with endpoints *strongly agree-strongly disagree*. A higher number denoted a greater agreement to engage in the behavior.

*Attitudinal beliefs:* Each belief was measured with a 5 point scale ranging from 5 to 1 anchored by *strongly agree-strongly disagree*, instead of the original *likely-unlikely*. A higher scale number corresponded to a higher level of agreement. Each attitudinal evaluation was measured with a bipolar response scale ranging from +2 to -2 with end points *very good - very bad*.

*Normative beliefs:* These were also measured in a 5-point scale anchored by *strongly agree-strongly disagree*. Its corresponding motivation to comply These were measured with a 5- point bipolar scale ranging from +2 to -2 with endpoints *very much - not at all*. All reversed phrased items were reverse coded to be consistent with other items. Therefore, for each item a greater number denotes a a stronger normative belief.

*Perceived behavioral control:* These was originally measured indirectly using two items: control beliefs and power of control. Based on the cognitive interviews and considering the length of the survey, perceived behavioral control was changed to a direct measure using two items per behavior. Each item was measured with a 5-point unipolar response scale with end points *strongly agree-strongly disagree*. A higher number indicates a stronger perceived control over the behavior.

Each attitudinal belief was multiplied to its corresponding belief evaluation. Therefore, the product of these two variables ranged from +10 to -10. A positive and higher number indicated a greater likelihood to engage in the behavior. Subjective norm was calculated as the product of each normative belief and their motivation to comply

with each important referent. The score of subjective norms thus ranged from +10 to -10. A higher and positive number indicates that the participants perceive a strong norm from each referent in favor of performing the behavior. Since perceived behavioral control was measured directly, each item corresponds to one independent variable.

All attitudes and subjective norms were to be summed in order to create one sub scale for attitudes and one for norms. However, due to the reliability analysis findings, the items could not be placed inside a scale. Therefore, the product of each pair (belief and its evaluation) were each used as independent variables.

#### Development of the PWS item pool

The fourth section of the survey consisted of the PWS. The most critical aspect of scale development is achieving content validity, meaning that the items accurately reflect the latent construct (DeVellis, 1991). To develop the PWS, I used an inductive approach by first defining the latent construct of pregnancy wantedness and then proceeding to develop the pool of items (Spector, 1992). I developed a preliminary pool of 84 items based on questions previously asked in surveys and other scales, findings from other studies, and findings from the community needs assessment.

A content analysis of the PWS items was conducted (DeVellis, 1991) and nine themes were identified: 1) direct measures of intention, 2) partner and relationship motivators, 3) self-realization and self-esteem, 4) pregnancy as a solution to problems, 5) future aspirations, 6) baby as goal in life, 7) family motivators, and 8) baby to promote maturity and responsibility.

The items in the preliminary scale reflected a diversity of attitudes towards pregnancy and childrearing. These attitudes were composed of three elements: cognition



(belief), conation (intention to act), and affect (feeling) (Torabi & Jeng, 2001). Items that reflect cognition are items that state a rational outcome of becoming pregnant or having a baby (e.g. partner will not leave if we have a baby). Conation items were items that reflect intention to have a baby (e.g. I want to have a baby so I can...). Both cognition and conation items reflected the rational decision making process by which the individual analyzed the adverse and positive effects of a pregnancy. Finally, affect items assessed respondents' feelings about having a baby (e.g. having a baby will make me happy). By including cognition and affect items, the PWS addressed the multidimensional concepts lacking in other measures of pregnancy wantedness (Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000).

The preliminary pool of items was reduced by removing duplicate or similar items. In the initial survey, each item could be answered with a 7-point Likert scale. After the cognitive test, this response scale was changed to a 5-point Likert scale with end points *strongly agree-strongly disagree*.

#### PWS measurement structure

The PWS is a summated scale, meaning that all scores were added for a final score ranging from 20 to 100. The highest score represents higher levels of wanting of a pregnancy. For the purpose of this scale, I made the classical measurement assumption that all items are equally related to the latent construct (DeVellis, 1991). Therefore, I am assuming that the amount of error associated with each individual item varied randomly, and the error of one item is not correlated to another item's error. There was not sufficient theoretical evidence to assign appropriate weights to each item. Therefore, the items in the scale were not weighted. All negative attitudes were reverse coded prior to

all analyses. This summated score was used on all relevant statistical analyses.

### 3.5 Instrument Refinement and Testing

#### 3.5.1 *Refinement of the Survey and PWS*

The pool of items identified for the survey and the PWS were shared with a group of experts, including members of the dissertation committee, other faculty members, and community experts who work closely with youth. I asked experts to specifically comment on the items' relevance to the latent construct, their clarity, and conciseness and to suggest additional items that were overlooked. Community experts suggested changing some terms or clarifying questions to make them easier to understand. The PWS was circulated among community stakeholders who work with youth, who were asked to identify each item as either: a belief or statement they hear frequently when working with youth; a statement they have heard before but not very frequently; or a statement they have never or rarely heard about.

I refined the item pool by eliminating and adding items according to the experts' recommendations. All items were evaluated to ensure their clarity and readability. Items were written at a 5th grade reading level using Fry's system where the average number of words and syllables per sentence are between 14 and 18. To avoid acquiescence or systematic agreement regardless of the statement, I used a combination of positively and negatively worded items (DeVellis, 1991). I avoided, when possible, the use of the word 'No' to turn a positive statement into a negative statement. According to Spector, the word 'No' in questions are frequently overlooked by respondents and lead to incorrect answers (Spector, 1992). The final PWS was reduced to 20 key items.

### 3.5.2 *Survey Back Translation*

*Back translation* consists of translating a survey from the source language (English) to the target language (Spanish) and back into the source language. It is considered the most robust translation method where small changes in the translation from the source to target language are usually amplified when the instrument is translated back into the target language (Del Greco, Walop, & Eastridge, 1987; Guillemin, 1995; Mannersriwongul & Dixon, 2004). A professionally-certified Spanish native speaker translator translated the survey from English to Spanish. I used an experienced bilingual translator to conduct the translation into English. I evaluated both language versions and assessed the face validity of the translation (Guillemin, 1995). There were a few discrepancies between the translation versions, mostly due to different names for the same term. There were no discrepancies in the concept or main idea of each question. Cross-cultural validation was established for the survey's instructions, response scales, and labels of response scales, idiomatic equivalence, and conceptual equivalence (Guillemin, 1995) during the cognitive testing of the survey in both languages (Del Greco, Walop, & Eastridge, 1987).

### 3.5.3 *Cognitive Interviews*

A cognitive interview is a method that requires respondents to report their cognitive process when they read and attempt to answer a survey question. Researchers record participants' comments and compare them to other respondents before making corrections to the instrument (Tourangeau, Rips, & Rasinski, 2000). Conducting a cognitive test of a survey improves the instrument's construct validity. Cognitive interviews also detect problems respondents have in understanding questions or terms

used, correct use of skip patterns, and improve comprehension of the response scales and the survey format. There are multiple methods to cognitively test an instrument. I used two approaches to achieve cognitive evaluation of the English and Spanish versions of the instrument. The first approach, consisted of asking the respondent to answer the survey and comment concurrently about the response process (Tourangeau, Rips, & Rasinski, 2000). The second approach consisted of asking the respondent to answer the survey anonymously and answer researcher's questions retrospectively.

Seven Latino youth ages 14-19 from PPMW's youth educators were recruited for the cognitive interviews using the first approach. Participants answered the survey in Spanish or in English. Due to the level of sensitivity of the survey, including questions on illegal activity and sexuality, I did not ask respondents to answer these questions aloud. The cognitive interview was probe based. According to Fowler, cognitive interviews are more productive when problematic questions are predetermined and identified before the cognitive evaluation (Fowler, 1995). Therefore, I asked respondents to read selected questions, instructions, and terms and to comment on them. One strategy is to ask respondents to paraphrase questions to ensure that all respondents understand the questions in the same way and in a way the questions were intended to be understood (Collins, 2003). I also addressed the ease in which information could be retrieved given the bounded retrieval period in some questions and preference for either response scale numbers or labels. I asked respondents to comment on specific words and terms and on their level of comfort answering or reading some questions (Fowler, 1995). This probe based approach, as opposed to a *think aloud* approach, makes the cognitive interview process easier for the respondent while placing the burden on the interviewer (Collins,

2003). After the cognitive interview, respondents were asked to complete the entire survey in their language of choice and take notes on the time burden. An example of the cognitive interview questions can be found in Table 5.

Table 5. Cognitive Testing Protocol

Tested concept	Questions
<b>Comprehension</b>	“What does X mean to you?” “What did you understand by X?”
<b>Retrieval</b>	“Without telling me your answer, how did you calculate it?”
<b>Confidence</b>	“How well do you remember this?”
<b>Response</b>	“How did you feel about answering this question?” “Which scale is easier to understand, the one with labels or numbers?” “Where you able to find your answer to the question from the response options shown?” “How easy or difficult did you find this question to answer?”
<b>Comfort</b>	“Did any question made you feel uncomfortable?”

Source: (Collins, 2003)

The second cognitive interview approach was similar to a pilot test with retrospective comments from respondents (Fowler, 1995). The purpose of this cognitive approach was to mimic the pilot test while receiving valuable insight from the respondents. I recruited five youth 14-19 years of age from Identity, Inc.’s after-school programs. I asked participants to answer anonymously the English or Spanish survey, comment on the level of comprehension and ease of response for pre specified items and scales, and to time themselves while answering the survey. After they placed returned the surveys inside a sealed envelope, I asked them to comment on the time burden, confusing items, response scales and labels, and format and sensitive questions and to make suggestions to improve the instrument (Fowler, 1995). A summary of the information collected from all cognitive interviews by the item, instruction, term, and issue can be found in Appendix F, Table 36.

#### 3.5.4 *Pilot Testing*

Pilot testing is commonly used to assess whether the research protocol is realistic, identify logistical problems, and assess the feasibility of the full scale study (van Teijlingen & Hundley, 2001). Fifteen participants were recruited using a central location intercept approach. Participants had a choice of answering the English or Spanish version of the survey. I observed the data collection for some pilot surveys and manually evaluated the results. By observing recruiters employ the proposed data collection procedures, I was able to detect potential problems in the method. For example, it was burdensome for the recruiters to keep track of the number of participants approached and the number of individuals who declined to participate. It was also burdensome for some recruiters to manage all the recruitment materials: scripts, flyers, surveys, consent, and assent forms. Therefore, I decided to not track the number of the potential participants invited to participate or document reasons for not participating. Also, I distributed folders in multiple colors, pens attached to clipboards, and pen holders to help recruiters organize the surveys, consent forms, scripts, and gift cards when they were out recruiting.

The cognitive testing and pilot testing protocols were approved by the IRB of the University of Maryland on March 2009. The recruitment scripts, flyers and consent/assent forms are in Appendices B and C. During the pilot test, PPMW suggested training staff at the health desk of the Mexican and El Salvadorian consulates to recruit youth in the waiting room. Although I tested this approach, I decided not to pursue it for the collection of data. I considered that the venue might bias results given the sensitivity of the questions about criminal activity and the likely presence of their parents.

I manually reviewed the pilot surveys for missing data, errors in the skip patterns, and ability to recruit according to the protocol. I made significant changes to the

instrument following the cognitive and pilot testing. The final version of the survey can be found in Appendix D.

### 3.6 Data Collection Procedures for the Administration of the Survey

The following section describes the data collection procedure of the survey administration. This protocol and all versions of the data collection instruments were approved by the IRB of the University of Maryland on March 2009 (Appendix A).

#### 3.6.1 *Sample Selection*

One of the purposes of this study was to provide necessary information to Montgomery County organizations working with the Latino youth to enhance and develop tailored programs for youth. A sample of 949 male and female youth 14-19 years old who self-identify as Latino, and who resided in Montgomery County were recruited from August to October 2009. These recruitment criteria were established because the prevention of a pregnancy is the responsibility of both partners. The attitudes and behaviors of either partner can affect the adoption of effective prevention practices. By recruiting youth 14-19 years of age using a central location intercept approach, I was able to capture a snapshot of all students of high school age even if they no longer attended school. Since this study was community-based and community-driven, the participants were recruited from the Montgomery County community.

#### 3.6.2 *Sample Recruitment*

##### Recruiters

I trained 20 youth who currently work with Identity, Inc. and with PPMW as peer educators or office and program assistants to work as recruiters in the study. All

recruiters were selected by Identity, Inc's staff and Planned Parenthood. Identity, Inc. selected youth who currently work with them in the office or in the HIV education program, youth who successfully completed some of their after school programs and youth who they considered mature and responsible to carry out this task. Identity, Inc. paid their recruiters for each survey completed. Planned Parenthood selected youth who work in their youth education and outreach program. These are paid by Planned Parenthood, thus their recruitment responsibilities fell into their work responsibilities. All recruiters participated in a three hour training that covered the following topics: research ethics, the administration of consent form and survey, the study protocol as approved by the IRB, survey management, and identification of problematic situations. All of Identity's recruiters, who recruited on their own, participated in additional training that discussed personal safety, when to make decisions to stop the survey, and managing and recording surveys.

PPMW recruiters worked exclusively under the supervision of the Latino community outreach coordinator of PPMW. They recruited participants at Planned Parenthood activities, health and family fairs, and community venues. They recruited participants but relied mainly on their supervisors and me to administer the survey. Other PPMW staff, such as social workers and nurses, recruited participants in other PPMW's activities and venues.

To enhance the safety of the recruiters, Identity's recruiters wore a visible photo identification with their names and position, name of the study and the logos of Identity and the University of Maryland School of Public Health. Recruiters were paired in male-female teams to ensure their safety and enhance trust of female participants who might be



intimidated by male recruiters. However, recruiters were able to recruit without their partners if the opportunity arose. PPMW recruiters wore a Planned Parenthood t-shirt when recruiting at PPMW's activities but wore to PPMW identification when recruiting in the community to avoid being targeted by anti-abortion activists.

Supervisors were in charge of monitoring recruitment practices, collecting completed surveys and distributing blank surveys, and communicating with me frequently to share any problems arising during data collection. Recruiters were monitored by their immediate supervisor depending on their office affiliation. Recruiters from Identity's Gaithersburg office were monitored by Identity's co-executive director. Recruiters from Identity's Takoma Park office were monitored by a program manager. Finally, recruiters from Identity's Northwood High School office were directly monitored by me. Recruiters from PPMW were supervised by PPMW's community outreach coordinator.

Recruiters used a central location intercept approach to invite youth to participate in the study. They identified specific locations in Montgomery County where youth frequently gathered. Some of these locations were outside of the school and bus stops, fast food restaurants, retail areas, parks, festivals or health fairs, soccer games, and churches. They approached youth and invited them to participate using a recruitment script (Appendix C). It was initially proposed that recruiters keep track of all subjects approached, those who declined and those who completed the survey, and record the reason subjects declined to participate (e.g. lack of time, lack of interest, not eligible). However, after the pilot test it was evident that most recruiters were burdened by this additional tasks, and most of them were not able to keep an accurate record of their

recruitment attempts. Therefore, a record of the number of participants recruited was not kept by the recruiters.

### *3.6.3 Survey Administration*

It was imperative that all participants fully understood the study before they started filling out the survey. Therefore, upon approaching a potential participant, recruiters first assessed their eligibility (self report as Latino, 14-19 years old, and live in Montgomery County) and invited them to participate in the study guided by a script and a flyer. The script included a brief description of the study, its purpose, privacy protection issues, rights of the participants and the compensation for participation (Appendix C). Recruiters emphasized participants' right to stop the survey at any time, the possibility of feeling embarrassed due to sensitive questions, and the use of a privacy shield to cover their answers from bystanders. Prior to completing the survey, each participant read and signed a consent form (if 18 years old or older) or assent form (for participants younger than 18) (Appendix B). All survey materials (scripts, flyers, consent/assent forms and survey) were available in English and Spanish. No parental consent was needed for this study. For details on human subject protection, please refer to Section 3.8 Human Subject Protection on page 109.

Given the level of sensitivity of some questions, the following measures were put in place to protect the privacy and anonymity of the participants. Recruiters asked participants to fill out the survey individually and to keep their answers to themselves. After participants returned the signed consent/assent form, they received the survey on a clipboard with a large 9" x 12" envelope. Recruiters instructed the participants to use the envelope to cover their clipboard while filling out the survey in an effort to keep their

responses as private as possible. The recruiter also helped keep the participant some distance apart from other people to further protect their privacy. Moreover, the first page of the survey only contained basic demographic questions (e.g. gender and residency). All sensitive questions were placed after the first page. Moreover, confidentiality was guaranteed as the survey did not ask any identifiable information from the participant, such as name, address, or social security number.

Although there were no physical risks to the participants, I anticipated that some participants might feel uncomfortable or embarrassed answering questions about sexuality. The level of question sensitivity and source of embarrassment were addressed in the cognitive test. Recruiters gave each participant a copy of the “Sexual and Reproductive Health Services Information Sheet” which lists sexual and reproductive health services available to them in their community. The survey did not ask questions about violence or abuse. However, it was possible that participants would mention that they were victims of abuse or neglect by their parents or legal guardians. Participants who have children may have confessed to abusing or neglecting their children. This study followed Montgomery County’s guidelines for reporting abuse and neglect. Study researchers were prepared to contact Montgomery County’s Child Welfare Services hotline. There were no reports of violence or neglect during data collection.

Upon completion, participants placed their surveys inside the large envelope and sealed it. Recruiters placed all sealed envelopes in a folder with dummy surveys. This reduced the contact the recruiter had with a completed survey and assured the participant that the recruiters would not be able to identify his or her survey from the other dummy surveys inside the envelope. All recruiters returned the completed surveys inside their

envelopes to the Identity office they were affiliated with. Each participant received a \$5 gift card from McDonald's or Chipotle after returning the survey.

#### *3.6.4 Addressing Social Desirability*

Sensitive questions are likely to render socially desirable responses which in turn increases response error (Spector, 1992). Some survey questions, such as sexual behavior and gang related questions, were very sensitive. It is common for participants to offer a socially acceptable answer to these questions. I took precautions to reduce socially desirable answers following Fowler's recommendations (Fowler, 1995). First, the survey was self-administered, eliminating the moderating effect of an interviewer. Second, the recruiter informed the participant about the privacy measures in place to protect their identity and their answers. These privacy measures are described in Section 3.8 Human Subject Protection on page 109. Recruiters helped participants keep a distance from other individuals who might be able to see their answers and provided an envelope to shield their survey while completing it. Third, the participant returned the survey in a sealed envelope to eliminate the risk of the recruiter or anyone else reading the answers. Finally, the survey did not have any identifiers, such as names, address or social security numbers. Identity, Inc. has conducted similar surveys in the past with the same population. Questions about socially unacceptable behavior, such as gang involvement, intoxication, and violence were frequently answered in their previous surveys. Therefore, I did not anticipate social desirability biasing the results.

### **3.7 Data Processing and Analysis**

The following section describes the data analysis process, including preparation of the data prior to the analysis, descriptive statistics, psychometric and reliability

analysis for the PWS, and multiple linear regressions for the three research questions. The software G\*Power version 3.0 was used to calculate an priori sample size for multiple regression. A sample size of 139 was calculated to obtain a power of 0.8, with a significance level of 0.05, a medium effect size of 0.15, and 15 predictors. A rule of thumb for linear regression is to use at least 10-15 cases per predictor (Field, 2005). I was able to recruit 949 participants and retained 672 after removing incomplete surveys. After dividing the sample into four groups, I still have an adequate sample size to conduct all analyses.

### *3.7.1 Data Processing*

#### Data entry and cleaning

I used scannable survey software (Remark Office OMR 7, Gravic 2008) to automatically enter the data into a database. I randomly selected 5% of the data and verified it against the original survey to ensure data entry accuracy by the software. The software had 100% entry accuracy. The first step in data cleaning was to enter values for cells left blank by the scanning software due to survey reading error. It was common for respondents to select one answer, cross it out and select a different answer. Also, respondents often used check marks to select their answers and inadvertently made a mark on a different response. In these instances the software recognized the entry as a *multiple* entry and no value was entered in the system. A manual check was done to verify every multiple entry against the original survey. I entered a value for cells left blank due to multiple values read by the software if the response intended by the respondent was clear from the survey. If two or more responses were selected and none of them were crossed out, the cell was left blank and it was classified as a missing value.

### Missing value analysis

Missing values is a common problem in survey research, particularly when surveys are self administered. The amount of missing values in the survey have the potential to significantly bias the results of any study. Given the length and sensitivity of the survey questions and the age of the participants, a large amount of missing values was expected. To reduce the possibility of a bias due to the missing values, it was imperative to reduce the number of missing values. To achieve this, I excluded surveys with over 25% of missing values in the scales; imputed the group mean for the sub scale and PWS items; and obtained information from other questions in the survey, when possible, to fill out the missing values for selected variables. Most of the variables were part of the PWS or the theory's subscales. Summative scales, such as the PWS and Language acculturation scale, do not allow for adding scores when one or more items are unanswered (Spector, 1992). Therefore, surveys with over 25% of missing values for any of the scale items (e.g. language scale, attitudes, norms, perceived behavioral control and pregnancy wantedness scales) were removed. For example, the theoretical construct sub scales are composed of four items. Using this cut off criterion, only one item value was allowed to be missing. For the PWS, up to five items could have missing values. After the surveys were removed, less than 1.5% of the scale items still had missing values.

I conducted a mean imputation of the key variables using selected group means. I obtained the mean of specific groups rather than the mean of the sample. This ensured a score closer to the actual value. The sample was divided into four mutually exclusive groups: male/no sex, male/ had sex, female/ no sex and female/had sex. I used these four group means to substitute the value for the theory subscales and pregnancy wantedness scale. To impute the mean of the language acculturation scale, a group mean was

obtained according to generation and survey language.

To avoid creating a bias due to the elimination of surveys, I compared the surveys to be eliminated with those remaining in the study. I looked for differences in age, gender, generation and sexual experience. Sexual experience was an important variable to look at for this analysis since most scales are related to sexual activity. To further reduce the missing values for the remaining variables, I obtained the information from other questions in the survey when possible. After excluding the incomplete surveys and imputing the mean of selected variable, I conducted a second missing value analysis to assess whether the remaining variables still had a problem with missing values.

Questions about sexual experience had a high percentage of missing values. Naturally, participants who have never had vaginal sex did not answer any of the questions regarding to Age of Partner, Number of Partners, Frequency of Sex, Contraception, or pregnancy related questions. Contraception was a variable used in the analysis. Therefore, in order to correctly assess the number of true missing values, I recoded this variable and added a new category, abstinence. Any respondent who had never had sex was considered to practice abstinence for the purpose of this variable. All true missing, were left missing. After this recoding, Contraception had only 1.79% missing values.

The final step was imputing a group mean for the theoretical construct sub scale and the PWS items with missing values. To obtain this mean, the sample was split into four groups by gender and sexual experience. For each scale item, I obtained four different means corresponding to the four groups (Male-Had Sex, Male- No Sex, Female-Had Sex and Female- No Sex). To obtain the mean for the Language Acculturation scale

items, I split the sample by Generation and Survey Language. By obtaining a group mean instead of a sample mean, I obtained a score closer to the actual score. Once the means were obtained, all missing values for the items were replaced according to their specific sample sub group. These means were used for all theoretical constructs, and the PWS and Language Acculturation scale.

### *3.7.2 Descriptive Statistics*

Descriptive analyses (percentage, mean, median, and standard deviation) were conducted to obtain basic information on the variables of interest: demographic, family and social environment, acculturation measures, sexual behavior, theoretical constructs, and the summated score of the PWS. I also conducted univariate analysis of each theoretical predictor and the outcome of interest for research questions two and three. Based on these analyses I was able to identify proposed variables that were not significant when entered into a regression model with the predictor and removed them from the proposed regression analysis.

### *3.7.3 Psychometric Analysis of Theoretical Sub Scales and the PWS*

#### Reliability analysis of theoretical sub scales

Reliability analysis of the theoretical sub scales was an important step to assess whether the items belong together in a scale. According to Azjen, the sub scales pertaining to attitudes, subjective norms and perceived behavioral control do not need to exhibit high internal consistency (Ajzen, 2002a). However, a reliability analysis was conducted with the theoretical sub scales to assess the inter item correlation. Thus, reliability analyses were conducted for the following subscales (abstinence attitude beliefs, abstinence attitude evaluation, abstinence subjective norms, abstinence perceived



behavioral control, condom attitude beliefs, condom attitude evaluation, condom subjective norms, condom perceived behavioral control, BCP attitude beliefs, BCP attitude evaluation, BCP subjective norms, BCP perceived behavioral control). Moreover, I used each pair of belief and its corresponding evaluation as independent variables to identify relevant predictors.

First, I looked at the overall Cronbach's alpha. A Cronbach's alpha higher than .7 should be considered adequate for my study. I then studied the Corrected Item-Total Correlation, from the Reliability Analysis Table, which displays the correlations between each item and the total score of the questionnaire. Items should correlate highly with the overall scale. Any item with correlations under .3 means that the particular item does not correlate well and does not belong in a scale together. Second, I looked at the fluctuations in alpha if a particular item was removed from the scale.

#### The PWS factor analysis

I conducted a Principal Component Analysis (PCA) on the PWS items to better understand the structure of the set of variables, identify clusters of variables that measured the latent constructs, and reduce the number of variables in the scale if there are any collinear items. The main purpose of the PCA was to reduce the complexity of the data by reducing the number of variables contained in the scale without losing a significant amount of variance. To properly conduct the PCA, I first tested the sample adequacy and examined the correlation matrix to ensure that there was no multicollinearity between any two items. Thus, I conducted the KMO measure of sample adequacy and Bartlett's test of sphericity. A rule of thumb is that one must have at least ten participants per variable in the scale. A KMO score close to one indicates that the

patterns of the correlations are compact and should render reliable factors. Therefore, I expected to have scores .7 and above (Field, 2005).

The Bartlett's test of sphericity identifies singularity, multicollinearity and poor correlation between variables. Singularity and multicollinearity are a problem in factor analysis because it is impossible to determine the unique contribution of each variable to the latent construct being measured. I identified multicollinearity and singularity by obtaining an R-matrix with the significance level and the determinants. The determinant of the R-matrix should be greater than .00001. If it is less than this value it means that there are variables that correlate highly with each other. The Bartlett's test of sphericity also tells us if the R-matrix resembles an identity matrix where variables correlate poorly or do not correlate at all with any other variable, meaning that all variables are independent from each other. The Bartlett's test overall should have a significance value less than .05, meaning that the R-matrix is not an identity matrix, and the residual for each variable should lie above .05. Finally, I produced an Anti-image matrix of correlations and covariance to obtain a measure of sampling adequacy for each variable. The diagonal elements should be greater than .5, like the KMO test. Since all analyses were conducted with four sample sub groups (based on gender and sexual experience), a KMO sample adequacy and sphericity test was conducted to ensure the sample size of each sub group was adequate.

Using the complete sample, I then performed the PCA to determine the number of factors I could retain from the scale. I used Kaiser's criteria to retain factors with eigenvector values higher than one (Kaiser, 1960). I also examined the scree plot to visually assess the break point on the plot that indicates the number of factors retained.

The scree plot was used to visually examine the retained factors (Cattell, 1966). The importance of each factor is apparent as the scree plot graphically represents the factors with high and low eigenvalues. The factors that should be retained are generally followed by a sharp drop of the curve. The cutoff point for factor retention is this inflexion point (Field, 2005). The Total Variance Explained table was examined for the retained factors and the percentage of variance they explain before and after rotation. By examining the variance explained after the rotation I assessed the improvement of the interpretation after the rotation (Field, 2005).

Finally, I used direct oblimin oblique rotation to identify the factor structure of the scale. Direct oblimin oblique rotation was appropriate for this analysis because there is theoretical evidence that the underlying factors are related and not completely independent from each other (Field, 2005). The delta is the degree by which factors are allowed to correlate. For the oblique rotation, I established the delta constant at zero, which is the default delta value set by SPSS. The results from the Pattern Matrix were reported because they were better for interpretation as it clearly identifies the scale factors. Each factor identified represents a sub scale within the scale. Each of these sub scales were labeled based on the main theme of the items.

#### *3.7.4 PWS Internal Consistency and Reliability Analysis*

To assess how well the PWS items reflect the latent variable being measured, in this case the desire of a pregnancy, I conducted a Cronbach's alpha reliability test for each sub scale factor identified by the PCA. Prior to this analysis, all reverse phrased items were reverse coded. The reliability analysis followed the same procedure described in page 98.

### 3.7.5 *Research Questions Analyses*

The three research questions were answered using multiple linear regressions in order to draw conclusions of the association between the outcome variable and the independent variables. This section summarizes the steps taken to examine the data and test for assumptions and build the regression models for the three research questions.

#### Assumption testing

Before conducting the analysis, outliers were identified and all of the assumptions were tested. Outliers were identified by converting all outcome variables into a z-score. I ran frequencies on the z-scores to identify any score over 3.29, which was an indication that these cases might be outliers (Field, 2005).

Second, I tested the following assumptions before conducting linear regression:

1. the relationship between the predictors and dependent variable was linear;
2. errors have a constant variance (homoscedasticity), were normally distributed and their mean value is zero;
3. the residual terms or independent errors were independent;
4. the residuals were normally distributed; and
5. there was no multicollinearity between the predictors or the dependent variable.

To test the assumption of linearity, I plotted the residual versus predicted values and assessed the symmetrical distribution of points along the diagonal line.

Homoscedasticity was tested by graphing on a scatterplot of ZRESID (regression standardized residual) against ZPRED (regression standardized predicted value).

Assumption of independent errors was tested using the Durbin-Watson test. A score

between one and four was considered appropriate. A histogram of residuals was visually studied to assess the normality of their distribution. Finally, multicollinearity was tested by scanning a correlation matrix of each predictor with each other and with the outcome variables to identify any correlation equal to .9 or higher. The *variance inflation factor* (VIF) was also assessed to ensure that it was not greater than ten and that the *Tolerance* score was lower than one (Field, 2005).

Third, I used the adjusted  $R^2$  to assess the how much variance of the outcome the predictor explains when entered into the model. The significance of the change in  $R^2$  from one model to the next was used to examine, whether the addition or elimination of variables in the model significantly increases the percentage of the outcome's variance it explains. To evaluate whether the model was significantly better at predicting the outcome than the mean, the results of the ANOVA table (degrees of freedom, F statistics and significance) were reported. The F statistics, specifically, represents the improvement in predicting the results from fitting the model.

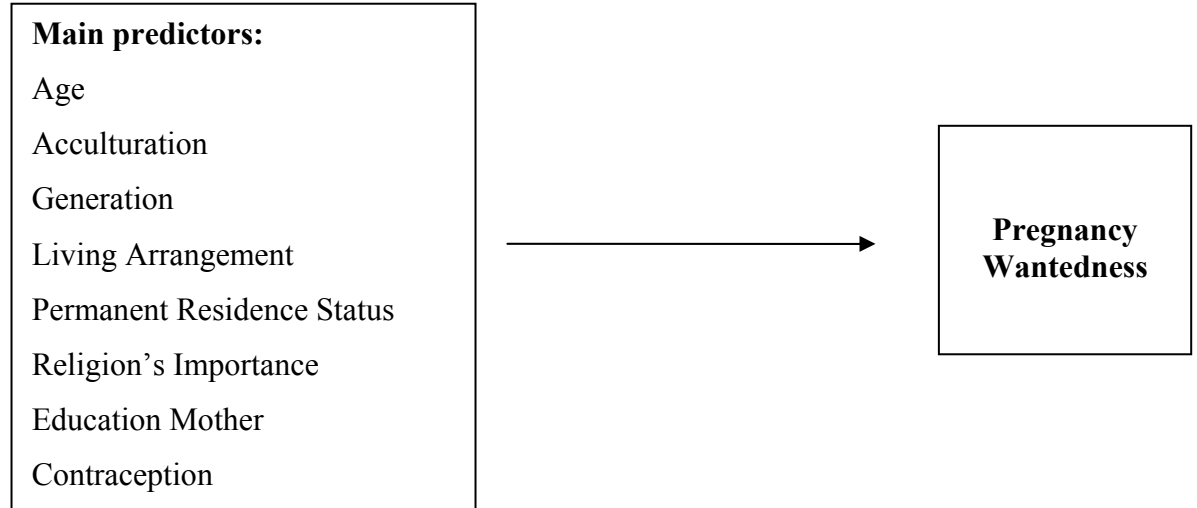
The Coefficients Table displays the relative impact between each predictor and the outcome. In other words, the expected change in the outcome based on a change of the predictor. In order to facilitate the interpretation of the changes in the predictor, I reported the *unstandardized coefficient B*. The *standard error of B*, the *standardized Beta coefficient*, the *t-test* score and its significance and the *95% confidence interval* of the unstandardized coefficient were also reported. The unstandardized B coefficient was used for all analytical interpretations given the presence of dummy categorical variables in the regression model.

Research Question One: What are the characteristics of Latino youth who desire a pregnancy during their adolescent years?

Research Question One was an exploratory question whose purpose was to identify specific characteristics of Latino youth associated with high and low levels of pregnancy desire. The sample was split based on gender and sexual experience. This resulted into four groups and four regression models. Because this was an exploratory question, I used backward entry to build the regression model. The backward entry method enters all the predictors in the model and removes predictors based on the significance of their contribution to the predictability of the outcome. After each predictor is removed, the model is re-estimated before another predictor is removed (Field, 2005). A step entry criterion of .5 and a removal criterion of .1 was used for all backward model iterations.

To answer this question I used the PWS summated score as the continuous outcome variable. I used the following predictor variables: Age, Acculturation, Generation, Living Arrangements, Permanent Residence Status, Religion's Importance, Education Mother and Contraception (see Figure 5). The categorical variables were entered as dummy variables. In a backward entry model, the last model represents the group of variable that best predict the outcome. Therefore, only the first model (containing all the variables entered) and the last model (with the remaining significant variables) were reported.

Figure 5. Conceptual Framework Research Question One.



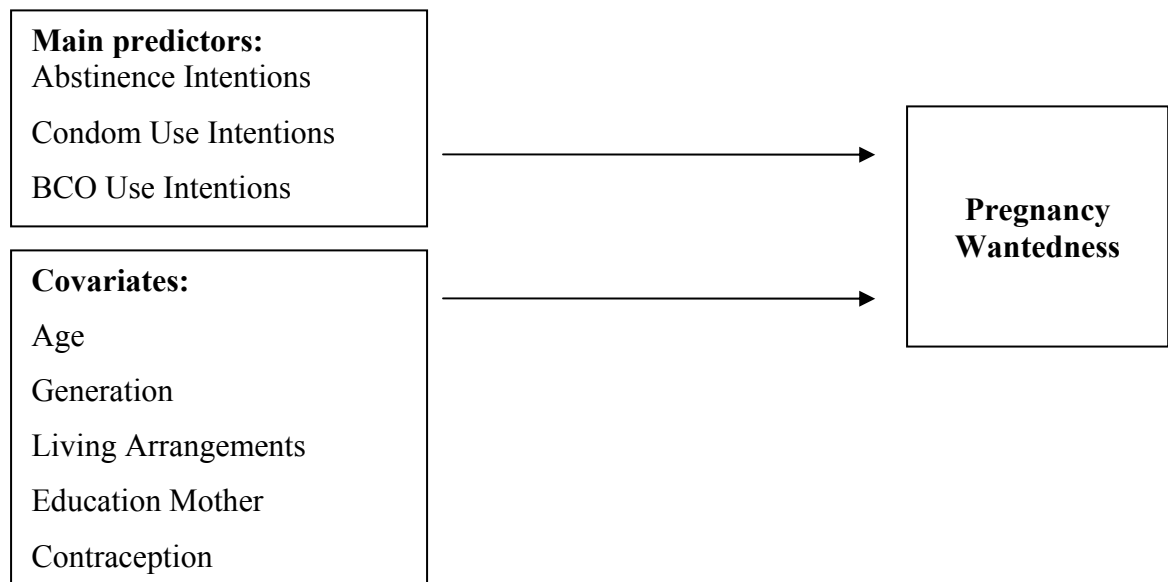
Research Question Two: Are pregnancy prevention behavioral intentions associated with pregnancy wantedness?

The second research question seeks to understand the level of pregnancy desire among Latino youth based on their behavioral intentions. To identify the difference in intentions for specific groups, the sample was split into four groups based on gender and sexual experience. To assess whether individual's intentions to prevent a pregnancy are associated with pregnancy wantedness, I used the three behavioral intentions (Abstinence Intention, Condom Use Intention, and BCP Use Intention) as main predictors. I also included the following demographic variables as potential covariates: Age, Generation, Living Arrangements, Education Mother and Contraception. The outcome variable was the PWS score (see Figure 6).

First, univariate analysis was conducted between each predictor and the outcome variable. This allowed me to identify which of the main predictors of interest (the three behavioral intentions) were significantly associated with the outcome. Only those

significant predictors were included in the first step of the regression model. The significant covariates were introduced into the model at step two. If one dummy category was found significant, all dummy categories related to the same variable were entered into the model.

Figure 6. Conceptual Framework Research Question Two.



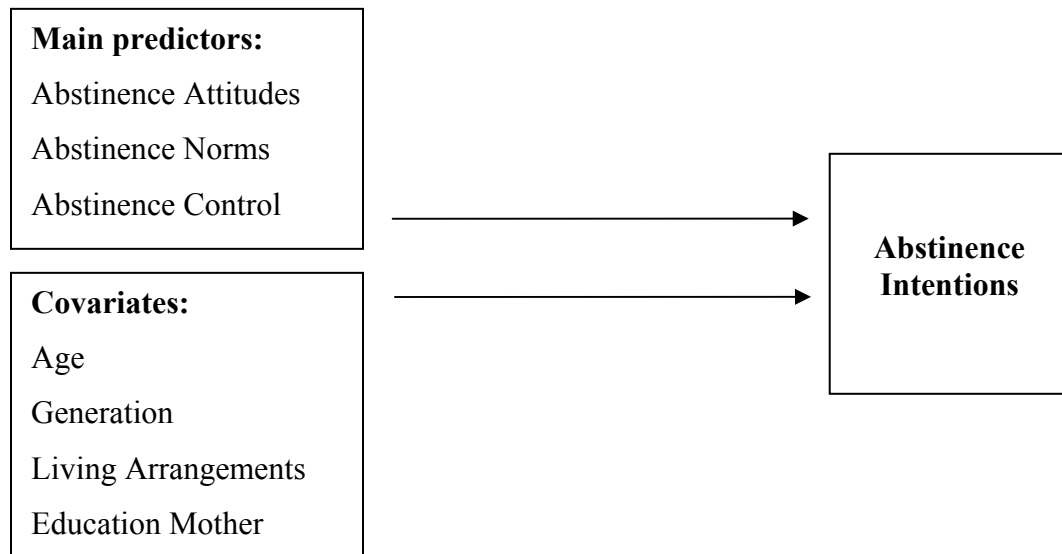
Research Question Three: Are attitudes, subjective norms and perceived behavioral control associated with pregnancy prevention behavioral intentions?

This question was aimed at testing the TPB theory, which proposes that if individuals have strong positive attitudes, important others supporting the behavior, and a strong perceived control of the behavior, they are more likely to intend on engaging in the behavior. Intentions, on the other hand, was a strong predictor of actual behavior. I split the sample into four groups by gender and sexual experience. I then conducted three separate analyses using each behavioral intention as the predictor variable. For each analysis, I used a different population.



*Abstinence Intentions:* To identify variables associated with Abstinence Intentions, I used the four items related to abstinence attitudes, four items related to subjective norms and two measures of perceived behavioral control as main predictors. The following covariates were considered: Age, Generation, Education Mother, Living Arrangements and Permanent Residency Status (see Figure 7). In order to identify predictors significant for specific population groups, all four sample sub-groups were used in the analysis. First, univariate analysis was conducted between the predictors and the covariates, and Abstinence Intentions. The univariate analysis revealed the specific attitudes, norms and behavioral controls that were significantly associated with the outcome. To build the initial hierarchical regression model, only those main predictors found to be significant were used. The significant covariates were entered into the second step of the model.

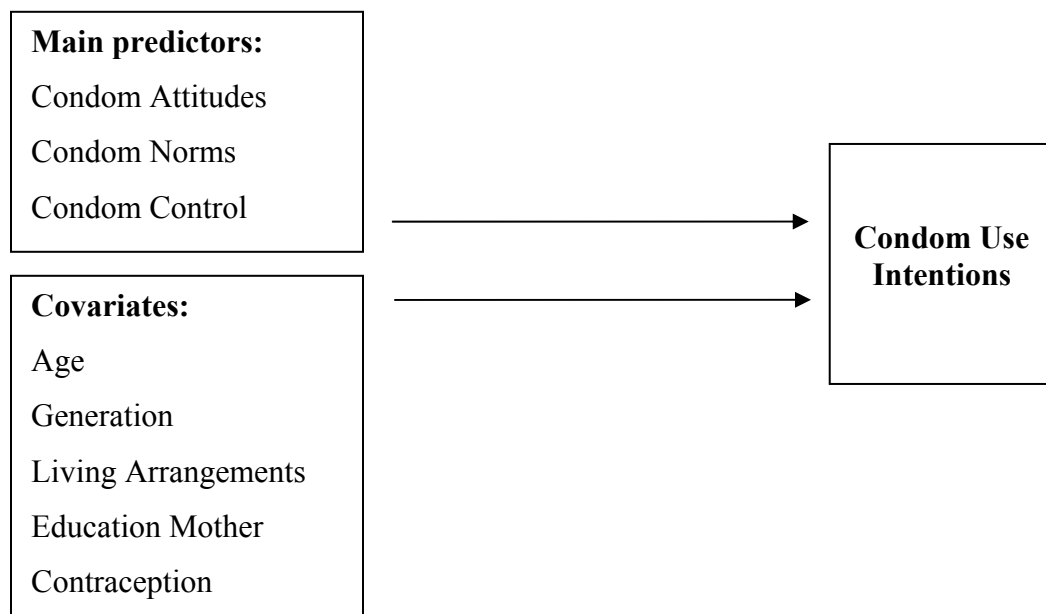
Figure 7. Conceptual Framework Research Question Three - Abstinence Intentions.



*Condom Use Intentions:* I followed the same steps used for Abstinence Intentions to run the hierarchical linear regression analysis for Condom Use Intentions. The model using Condom Use Intentions as the outcome variable used the following predictors: four items related to condom use attitudes, three measures of subjective norms, and two items on perceived behavioral control (see Figure 8).

Covariates included: Age, Generation, Education Mother, Living Arrangements, Permanent Residency Status and Contraception. Only two analyses were conducted using sexually experienced males and females. Condom Use Intentions among participants with no sexual experience were not analyzed as it is likely that they do not have realistic attitudes and control beliefs regarding condom use.

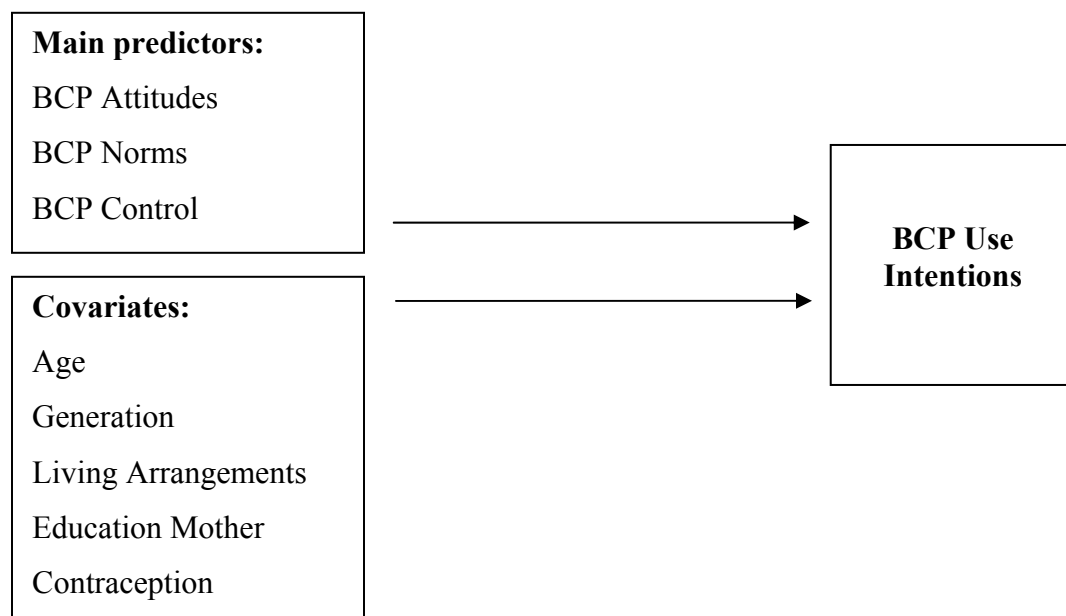
Figure 8. Conceptual Framework Research Question Three - Condom Use Intentions.



*BCP Use Intentions:* BCP Use Intentions were assessed by building a hierarchical linear model following the steps detailed for the Abstinence Intention analysis. The main predictors used were the following: four items related to BCP attitudes, two subjective

norms and two perceived behavioral control measures. I included the following covariates: Age, Generation, Education Mother, Living Arrangements, Permanent Residency Status and Contraception. For this analysis only sexually experienced females were included as they were more likely to have reliable attitudes and knowledge about this type of contraception (see Figure 9).

Figure 9. Conceptual Framework Research Question Three - BCP Use Intentions.



### 3.8 Human Subject Protection

The study participants fell between the ages of 14-19. Therefore, two different consent forms were used. One *consent form* was given to participants ages 18 and 19, and an *assent form* for participants younger than 18. Despite the age of the participants, no parental consent was sought. Although protecting the wellbeing of minors is paramount in any study, seeking parental approval would have significantly hindered the ability to conduct this study. Therefore, additional steps were taken to protect the privacy and wellbeing of participants in the study. The IRB at the University of Maryland waived the

requirement for a parental consent based on the following reasons.

*The research involved no more than minimal risk to the subjects:* This study involved no physical risk to the participant. If they felt uncomfortable with some questions they could decide to stop participating at any time and still receive their compensation. Sensitive or embarrassing questions were adapted based on the cognitive interview findings.

*The waiver or alteration did not adversely affect the rights or welfare of the subjects:* Moreover, by participating in the study, the subjects were still eligible to receive services through Identity, Inc. and any other community organization.

*Whenever appropriate, the subjects were provided with additional pertinent information after participation:* Along with the compensation, recruiters provided participants with the Sexual and Reproductive Health Services Information Sheet so they could access youth appropriate services in the community.

*The research could not have been carried out without the waiver or alteration:* Latino parents are considered a transient population and thus difficult to reach. Many hold multiple jobs that take them away from their homes. In a recent survey done by Identity, Inc., a large percentage of youth reported that they spend very little time with their families, making it challenging for them to meet with their parents, explain the purpose of the study and obtain their consent. The burden placed on youth by requiring parental consent would have increased the participation refusal rates. Moreover, the youth that are diligent in obtaining the consent and meeting with the interviewer might be inherently different from the average youth, thus introducing a sample selection bias in the study.

*The research was designed for conditions or for a subject population for which parental or guardian permission was not a reasonable requirement to protect the subjects (for example, neglected or abused children):* Youth that would most benefit from programs that result from the findings from this study are at risk youth. At risk youth are often disengaged from their families or might be victims of abuse or neglect. By asking them to obtain parental consent I might have placed them at risk of family violence. Therefore, obtaining consent was not a reasonable requirement to protect the subject.

*An appropriate mechanism for protecting the children who participated as subjects was employed:* To ensure that all participants are protected in the study the informed consent highlighted risks and benefits for participants and it was verbally explained to them using the Informed Consent Explanation Script.

*The waiver was not inconsistent with Federal, state, or local law.*

*Waiving parental consent was not an uncommon request when studying this population.*

Given the legal implications of many survey questions related to criminal behavior (gang involvement, residence status, gun possession, etc.) I considered obtaining a certificate of confidentiality from the National Institutes of Health (NIH). This certificate is a tool granted by the NIH to protect the privacy of the research participants. However, according to a written communication with NIH's Certificate of Confidentiality Coordinator, this study was not eligible for a Certificate of Confidentiality because no personal identifiers were collected (Boikess, 2009).

### 3.9 Summary

This study used the TPB to address three main gaps in the literature: the characteristics of youth who have positive attitudes about childbearing; the relationship of pregnancy prevention behavioral intentions and pregnancy desire; and the association between attitudes, subjective norms and perceived behavioral control with three pregnancy prevention behavioral intentions.

This research project was based on a strong formative research phase which included a community needs assessment, community stakeholder interviews, and eight focus groups with community Latino youth. The formative research helped identify the scope of the problem, the study design and the research questions. It was also used to develop the item pool for the survey and the PWS. The input of the Montgomery County community and other experts was sought to improve the instrument's content validity through expert feedback, cognitive interview, and pilot test.

A total of 949 surveys were completed with the support of 20 trained youth Latino youth recruiters from the community. An extensive data preparation and missing value analysis was conducted to select complete surveys and impute the mean on selected missing values. A psychometric analysis of the sub scales and PWS was conducted to identify the reliability of the scales and determine the inter item correlation. Factor analysis was used as a method of data reduction and thus eliminated unnecessary items from the PWS. Finally, multiple linear regressions were used to answer all three research questions. The results of the analyses described above are reported in Chapter 4.

## Chapter 4 Results

This study involved collecting data from Latino youth ages 14-19 in Montgomery County, MD regarding their attitudes, norms, and behavioral control on pregnancy prevention behavior. This chapter describes the results of the multiple stages of the study. First, it describes the results of the validation and reliability testing of the data collection instrument. This is followed by the results of the missing value analysis and a description of the retained study sample. Finally, it summarizes the findings for the three research questions.

### 4.1 Instrument Refinement and Testing

Instrument development involved multiple strategies to refine the instrument in an effort to improve its content validity. First, I shared the instrument draft with members of the dissertation committee, other faculty at the Department of Public and Community Health, and community experts who work with youth. Second, I conducted cognitive testing with 12 youth from the target community. Finally, I conducted a pilot test of the instrument and data collection methods.

#### 4.1.1 *Expert review*

The main concern of all experts consulted was the long length of the survey. Since the instrument included questions from Identity's periodic youth evaluation, the initial version contained more than 180 items. The first step in shortening the questionnaire was to identify questions that were not critical to the research questions, delete questions whose answers could be derived from other items, and made subscales more concise. Experts also recommended adding additional questions to address the importance of religion in participants' decisions about sex and to add two questions about

the participants' residence status. Some faculty members suggested eliminating the question about forced sexual encounters. In order to properly measure violence, the survey would need to be expanded to include multiple items. Given that sexual violence was outside of the scope of the proposed analysis, the item was removed.

Many of the items that added length to the survey were the “normative beliefs” and “motivation to comply” subscales. For each pregnancy prevention behavior, subjective norms were assessed for partner, mother, father and friend. However, depending on the behavior, many of these individuals did not exert critical influence according to the literature. Therefore, only the most important individuals were included in corresponding subscales. For example, the influence of the partner, mother, father and friends were assessed for abstinence, but only the influence of the partner and the mother were used for birth control pills subjective norms. Moreover, perceived behavioral control was changed from an indirect measurement, requiring two subscales per behavior, to a direct measure. Each behavior was assessed by two items directly measuring the construct.

#### *4.1.2 Cognitive Interviews*

Twelve Latino youth from the target population participated in the cognitive testing interviews. Table 36, Appendix F summarizes the cognitive interview results. The average time burden was 30 minutes with a range of 20-40 minutes. Participants often ignored instructions on filling out the survey, skip patterns, and “mark all that apply” statements on several questions. All participants considered a 7-point response scale hard to answer, and many got discouraged from answering. They also suggested adding labels to each response category rather than numbers for clarity. As a result of the cognitive



testing, the font was modified so instructions were more prominent and noticeable to the reader. All the response scales were converted from a 7-point to a 5-point Likert response scale.

#### *4.1.3 Pilot Testing*

Fifteen participants were recruited for the pilot test. A manual examination of the surveys revealed that participants were able to follow the skip patterns correctly and were consistent in their responses. However, despite instructions on filling out each response bubble, some participants used check marks to select their responses. Although missing values were observed, these did not follow any specific pattern.

Based on community expert feedback on each item, the original 42 item pregnancy wantedness scale (PWS) was reduced to a 20 item scale. Most changes suggested by the dissertation committee members, faculty, and community experts were implemented in the survey prior to the cognitive test and pilot test.

After organizing the comments of all experts, cognitive interview findings and pilot test findings, the original 180 item draft instrument was reduced to a 143 item instrument, including the final 20 items of the PWS. The original and final version of the survey can be found in Appendix D.

## **4.2 Missing Value Analysis**

A total of 949 surveys were collected from August to October 2009. Twenty-nine percent of the surveys (277/949) were excluded from the final sample based on eligibility criteria and missing values. An initial analysis of the missing values revealed that although missing values was a common problem throughout the survey, almost all variables had less than 10% missing values (See Table 37 in Appendix F). The only items

with more than 10% missing values were variables inside a skip pattern (e.g. Plans College, Contraception, Age First Pregnancy). The variables that had 9% of missing values corresponded to the language acculturation subscale. Five surveys were excluded due to missing values on the gender variable, 23 surveys due to missing values or out of range values on the age variable, and 260 surveys having more than 25% missing values on any one of the subscales and PWS. These numbers do not sum to the total number of excluded surveys because some surveys met more than one exclusion criterion. Some surveys were from youth residing outside Montgomery County, from Prince George's County, Washington DC, and Virginia. Given the small sample (2.3%) of participants outside of the county, any unaccounted difference in the sample was unlikely to bias the results of the study. Therefore, these cases were included in the final sample. A total of 672 surveys (70.8% of the original sample) were retained.

Excluded surveys were compared to the final sample on selected variables (gender, age, sexual experience, generation and survey language). This analysis is summarized in Table 6. Males made up 62% of the excluded sample, as opposed to 57% of the retained sample. A higher proportion (69%) of the excluded sample was sexually more experienced than the retained sample (60%). The excluded sample was younger than one year older than the retained sample (17.6 compared to 16.9). Both groups had roughly the same proportion of respondents in the three generation groups. Finally, no discernable differences were observed for survey language in the two samples.

Table 6. Descriptive Statistics of Retained and Excluded Surveys.

		<b>Retained (n= 672)</b>	<b>Excluded (n= 277)</b>
<b>Gender</b>	Males	383 (57%)	173 (62%)
	Females	289 (43%)	99 (35%)
<b>Had Sex</b>	Yes	403 (60%)	193 (69%)
	No	269 (40%)	84 (30%)
<b>Age</b>	Male/Female	16.89	17.59
<b>Generation</b>	Generation 1	250 (37%)	96 (34%)
	Generation 1.5	298 (44%)	98 (35%)
	Generation 2	92 (13%)	64 (23%)
<b>Survey Language</b>	English	394 (58%)	150 (54%)
	Spanish	278 (41%)	127 (45%)

After excluding 29% of the surveys, a subsequent missing value analysis revealed that most variables had no more than 1.5% missing values. A few variables still had high missing values. Both Country of Birth and Age of Arrival to U.S. had missing values of over 4% Mother's Education and variables related to sexual experience had over 40% missing.

To reduce the number of missing values in Country of Birth and Age of Arrival to U.S., respondents' answers for each of these two questions were cross verified. If respondents selected 'I was born in the U.S.' for Country of Birth but left Age of Arrival to U.S. blank, this missing value was entered as 'I was born in the U.S.'. If both Country of Birth and Age of Arrival to U.S. were missing, the final value was left as missing. Unfortunately, this procedure only reduced the number of missing from 4.9% to 4.7%. Mother's Education and Father's Education had 2.1% and 2.6% of missing data respectively. Therefore, missing values were recoded into 'do not know' responses.

The analyses used the scores of multiple subscales and scales. In order to correctly calculate these scores, no missing value can be present in any of the scale items. Therefore, I conducted a mean imputation by substituting the missing value with a calculated sample group mean. Table 7 below provides an example of the difference between the overall sample mean, and the mean of each sample group based on Gender and Sexual Experience. The Acculturation scale also had the mean imputed using group means based on the participant's Survey Language and Generation.

Table 7. Group and Sample Means Selected for Imputation of Abstinence Intentions.

	<b>Group Mean</b>
<b>Males who had not have sex</b>	2.98
<b>Males who had sex</b>	2.33
<b>Female who have not had sex</b>	3.73
<b>Females who had sex</b>	2.80
<b>Sample mean</b>	2.86

### 4.3 Instrument Rreliability and Validity

#### 4.3.1 *Reliability of Theory Construct Subscales*

According to Ajzen (Ajzen, 2002a), the 4-item subscales indirectly measuring attitudes and subjective norms do not need to exhibit high internal consistency. They do, however, need to have a high inter-item correlation. Many subscales, exhibited moderate Cronbach's alphas ranging from .5 to .6, particularly if a suggested item was removed. However, most subscales had inter-item correlations lower than .4. This means that the items were not suited to be integrated as one scale. Therefore, I used each item's pair score as independent variables. Originally, to create the 'attitude scale', the attitude belief items were to be multiplied to their corresponding attitude evaluation (e.g. BCP Cause

Weight Gain Belief × BCP Cause Weight Gain Evaluation), and the product of all four paired items would be summed to calculate the scale score. In order to use each attitude item pair as a predictor, I obtained the product of each attitude belief and attitude evaluation, and used this product as a predictor. One advantage of using item pairs as predictors is the ability to identify specific attitudes that can be addressed by behavioral intention. All tables with the reliability coefficients for the theoretical sub scales are located in Appendix F.

#### 4.3.2 *Reliability, Construct Validity and Factor Analysis of the PWS*

The KMO test (.899) confirmed that a sample of 672 was appropriate for principal component analysis (PCA). Bartlett's Test of Sphericity was significant ( $\chi^2 = 6200$ ,  $df = 190$ ,  $p = .000$ ), indicating that the correlation matrix was not an identity matrix, and the variables were not completely independent from each other. A visual scan of the Correlation Matrix revealed that no two variables correlated highly with each other ( $> .9$ ). The Correlation Matrix Determinant (determinant = .00008742) was greater than the minimum value of .00001, ruling out multicollinearity as a problem. A further exploration of the anti-image matrices revealed that all of the diagonal elements were all above .8, so no items need to be eliminated from the scale.

#### Principal component analysis

To assess the construct validity of the PWS, I conducted a factor analysis using a PCA approach and an oblimin oblique rotation to extract the factors. Following Kaiser's criterion, I retained all factors with eigenvalues greater than one. The results in Table 8 show that four factors needed to be retained. The scree plot confirmed that four factors

had eigenvalues greater than one. The four retained factors accounted for 61.7% of the total variance.

Table 8. Principal Component Analysis Results of the Pregnancy Wantedness Scale.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% Variance	% Cumulative	Total	% Variance	% Cumulative
1	6.64	33.20	33.20	6.64	33.20	33.20
2	2.83	14.14	47.34	2.83	14.14	47.34
3	1.82	9.08	56.42	1.82	9.08	56.42
4	1.05	5.26	61.68	1.05	5.26	61.68

Extraction Method: Principal Component Analysis.

Table 9 shows the item loadings for each factor extracted. There were six items that loaded highly on the first factor. These items followed a common theme of positive impact on the relationship and feelings of love youth obtain from childbearing. The second factor clearly clustered eight factors all related to the negative impact a pregnancy has on a youth's life. One item, "Would Be Embarrassing for Me," loaded onto two factors. Although it had a slightly higher loading on the Factor 1 (.494 versus .440), conceptually it belonged better with Factor 2. Another item, "Would Need to Work," also loaded on both Factors 2 and 3. Although it loaded much higher on the third factor (.555 versus .429), it related more closely to the theme in the second factor. Factor 3 included two items that related to specific reasons why a youth might desire a baby. The fourth and final factor had one item related to the attention they would receive if they become pregnant. However, there was one item that loaded on the fourth and first factor, I Love Children. This item was conceptually more similar to Factor 1, although it loaded slightly higher on the fourth factor.

Table 9. Pattern Matrix of the Principal Component Analysis.

Items	Component			
	1	2	3	4
Ok If We Love Each Other	<b>.801</b>	.033	.158	-.012
Ok If Married	<b>.764</b>	-.005	.072	.046
Make Me Happy	<b>.697</b>	.139	.043	.208
Partner Would Stay With Me	<b>.686</b>	-.152	-.230	-.036
Have Someone To Love	<b>.642</b>	.046	.327	.133
Would Have Baby If Partner Wanted To	<b>.594</b>	.077	.339	.088
Would Be Embarrassing For Me (R)	<b>.494</b>	<b>.440</b>	-.363	-.191
Would Be Very Worried (R)	<b>.404</b>	<b>.468</b>	.224	-.157
Get In Ways Of Future Plans (R)	.013	<b>.776</b>	.145	.021
Would Be Difficult For Me (R)	.093	<b>.739</b>	.166	.069
Dropping School Make Me Sad (R)	-.046	<b>.733</b>	.185	-.042
Family Would Be Disappointed (R)	.072	<b>.715</b>	.062	.090
Worst That Thing Can Happen To Me (R)	.233	<b>.695</b>	-.283	.120
Can not Hang Around Friends (R)	-.213	<b>.645</b>	-.032	.017
Would Cause Trouble Between Partner And I (R)	.014	<b>.622</b>	-.194	-.001
Would Need To Work (R)	-.335	<b>.429</b>	<b>.555</b>	-.114
So I Can Leave My House	.306	-.069	<b>.753</b>	.086
Because Friends Have One	.240	.027	<b>.742</b>	.099
Would Get Attention From Friends	-.082	.034	-.045	<b>.951</b>
I Love Children	<b>.445</b>	.279	.056	<b>.472</b>

Extraction Method: Principal Component Analysis.  
 Rotation Method: Oblimin with Kaiser Normalization.  
 Rotation converged in 18 iterations.

### Reliability analysis for PWS sub scales

To ensure the internal consistency of the PWS's identified factors, I conducted a reliability analysis of three sub scales. The fourth factor only had one item, Would Get Attention From Friends; therefore I removed it from the scale. I obtained a Cronbach's alpha score for each of the three sub scales. Table 10 illustrates a good Cronbach's alpha for each scale (Factor 1:  $\alpha = .872$ , Factor 2:  $\alpha = .855$ , Factor 3:  $\alpha = .777$ ). The Corrected item-total correlation were all well above the .3 criterion. For Factor 2, the model suggests deleting Would Need to Work in order to increase the alpha to .859. However, formative research showed that this was an important negative outcome of an early pregnancy. Given the small increase in the factor's alpha, this item was not removed. For Factor 3, no items were removed because the scale only had two items.

The reliability test of three subscales confirmed that each subscale had good internal consistency and that the items conceptually and statistically correlated with each other. The PCA was effective in identifying an independent item not related to the scale. Therefore, I was able to reduce the number of items of the scale by one item. This produced a PWS of 19 items with three factors.



Table 10. Reliability Coefficients and Correlations of PWS Factors.

	Items	$\alpha$ Cronbach's	Corrected Item-Total Correlation	$\alpha$ if item is deleted
<b>Factor 1</b> <b>"Emotional and relationship motivators"</b>	Ok If We Love Each Other	0.872	0.752	0.839
	Ok If Married		0.695	0.847
	Make Me Happy		0.718	0.844
	Partner Would Stay With Me		0.421	0.881
	Have Someone To Love		0.687	0.848
	Would Have Baby If Partner Wanted To		0.640	0.854
	I Love Children		0.634	0.855
<b>Factor 2</b> <b>"Negative outcomes of childbearing"</b>	Would Be Embarrassing For Me (R)	0.855	0.727	0.826
	Get In Ways Of Future Plans (R)		0.733	0.826
	Would Be Difficult For Me (R)		0.468	0.849
	Dropping School Make Me Sad (R)		0.656	0.832
	Family Would Be Disappointed (R)		0.666	0.831
	Worst That Thing Can Happen To Me (R)		0.620	0.836
	Can not Hang Around Friends (R)		0.449	0.851
	Would Cause Trouble Between Partner And I (R)		0.549	0.842
	Would Be Very Worried (R)		0.388	0.856
	Would Need To Work (R)		0.334	0.859
<b>Factor 3</b> <b>"Specific reasons to have a baby"</b>	So I Can Leave My House	0.777	0.636	.a
	Because Friends Have One		0.636	.a

#### 4.4 Sample Characteristics

Table 11 illustrates the demographic characteristics of the sample. The study sample was predominantly male (57%) with a mean age of 16.8. More than half (60%) of the sample was older than 16 years of age. As far as sexual experience, the vast majority of the sample (60%) reported having had vaginal sex at least once in their lifetime. For the purpose of the study, I did not inquire about other types of sexual activity.

In terms of city of residence, over 97% of the sample resided in Montgomery County. Silver Spring and Gaithersburg had a strong representation in the study (26% and 23% respectively). Close to 50% of participants came from other locations in the County such as Germantown, Rickville, Wheaton, Aspen Hill, Bethesda, Potomac, White Oak, and Hillandale.

Not surprisingly, the vast majority of the sample was single (87%). Only 11.1% were either married or living with their partner. Two percent identified their marital status as other but did not clarify their living situation. Two major religions dominated in the sample, Catholicism (47%) and Christianity (26%). Only 3% self-identified as Evangelicals. A small minority (6%) considered themselves as either Baptists, Jews, Jehovah's Witnesses or Seventh Day Adventists. Although, Catholicism is a Christian religion, in practice, individuals who self identify as 'Christians' as opposed to 'Catholics' belong to the Baptist, Evangelical, Seventh Day Adventist, Jehovah's Witness and Pentecostal churches. Therefore, if these religions are added to the Christian category, 32% of the sample was Christian. Approximately 19% do not practice any religion. The 5% who selected 'Other' did not specify their religion.

Table 11. Descriptive Statistics of Demographic Characteristics.

		N	%
<b>Gender</b>	Male	383	57.0
	Female	289	43.0
<b>Age (mean = 16.8)</b>	14	67	10.0
	15	82	12.2
	16	113	16.8
	17	137	20.4
	18	145	21.6
	19	128	19.0
<b>City</b>	Silver Spring	176	26.2
	Gaithersburg	153	22.8
	Germantown	83	12.4
	Rockville	73	10.9
	Other Montgomery County	170	25.3
	Other*	16	2.3
<b>Marital Status</b>	Single	578	86.8
	Married or Living with Partner	74	11.1
	Other	14	2.1
<b>Religion</b>	Catholic	308	46.5
	Christian	171	25.8
	None	126	19.0
	Other	58	8.8
<b>Education Completed</b>	6-8th Grade	59	9.2
	9th Grade	115	18.0
	10th Grade	155	24.3
	11th Grade	162	25.4
	12th Grade	126	19.7
	Some College	21	3.3
<b>Sexual Experience</b>	Had Sex	403	60.0

Include residents from Prince George's County, Washington, DC and Virginia.

Table 12 and Table 13 provide a description of the acculturation measures, residence status, and country of birth of the sample. The vast majority of the sample was foreign born (86%). This means that they either came when they were young (belonging to the 1.5 generation, or they came after their 13th birthday (2nd generation). However, given the large proportion of youth belonging to the 1.5 generation (47%) most youth chose to answer the survey in English (58%). Moreover, from a range of 1 to 5, the mean score of the language acculturation scale was 3.0 (SD = .93). This is exactly the midpoint of the scale showing that the sample used both English and Spanish equally. Two items were used to assess residence status (i.e., U.S. Citizenship status and U.S. Residence status). Three quarters (74%) of the sample responded that they were either a citizen, resident or that either application was pending. Only a fourth (26%) either responded ‘no’ or ‘do not’ know’ to either question.

A further exploration of the Acculturation mean score by Generation revealed that participants from the first and 1.5 generation levels had lower mean Acculturation scores compared to 2<sup>nd</sup> generation youth. Low Acculturation scores mean that youth used more Spanish than English for different tasks and environments. Youth from Generation 1, had a mean score of 1.96 compared to a mean of 3.72 of youth from Generation 2, showing that even youth who were born in the U.S. considered themselves fully bilingual and used both languages in multiple realms.

Table 12. Descriptive Statistics of Acculturation, Residence Status and Country of Birth.

		N	%
<b>Survey Language</b>	English	394	58.6
	Spanish	278	41.4
<b>Generation</b>	Generation 1	101	15.8
	Generation 1.5	298	46.6
	Generation 2	241	35.9
	Undetermined	31	4.6
<b>Residence status</b>	Lawful Resident or Citizen	489	74.0
	Non Lawful Permanent Resident	172	26.0
<b>Country of Birth</b>	U.S.	245	38.3
	El Salvador	169	26.4
	Guatemala	35	5.5
	Honduras	38	5.9
	Other South America	74	11.6
	Other Central America & Mexico	44	6.9
	Other Caribbean	35	5.5
	Other	13	2.0

Table 13: Language Acculturation Frequencies.

	Read and Spoken		Spoken at Home		Usually Thought		Spoken with Friends	
	N	%	N	%	N	%	N	%
<b>Only Spanish</b>	35	5.2	147	21.9	69	10.3	50	7.4
<b>Spanish better than English</b>	128	19.0	166	24.7	108	16.1	94	14.0
<b>Both equally</b>	311	46.3	267	39.7	252	37.5	221	32.9
<b>English better than Spanish</b>	166	24.7	55	8.2	117	17.4	135	20.1
<b>Only English</b>	31	4.6	36	5.4	120	17.9	165	24.6

Table 14 describes the social and family environment participants lived in. Approximately one third of the sample lived with both parents and other siblings (37%). However, one third lived in a female headed household with other siblings or other family members but without a father (34%). A large proportion (22%) lived in a household without their mother or father, usually with other siblings, family members, friends, or their partner. Less than half (38%) of the respondents participated FARM, or Free and Reduced Meal, Program, which is offered to school children of qualifying families based on household size and income but a considerable amount (14%) did not know whether or not they participated in the FARM program.

Most respondents came from families with very low educational attainment. Approximately a fourth (24%) of participants' mothers did not complete high school, and 25% of mothers had a high school diploma. One third of participants did not know their mother's educational attainment. A greater percentage (44%) did not know their father's educational attainment.

Only 15% of them had mothers who had a college degree or completed some college education. Study participants had frequent access to the Internet; 70% reported having a computer at home, and 64% reported having home Internet access. Many study participants worked for pay on a weekly basis. About one third (31%) of youth worked 11 hours a week or more, with 13% working more than 26 hours a week.

Table 14. Descriptive Statistics of Social and Family Environment.

		N	%
<b>Living Arrangements</b>	Mother and father	245	36.5
	Mother and other family	228	33.9
	Father and other family	46	6.8
	Siblings and or other family	113	16.8
	Partner or friends	40	0.1
<b>Receive FARM</b>	No	300	47.4
	Yes	242	38.2
	Do not know	91	14.4
<b>Mother Education</b>	< 8th grade	95	14.1
	<high school	64	9.5
	High school	169	25.1
	College	105	15.6
	Other	1	0.1
	Do not know	238	35.4
<b>Father Education</b>	< 8th grade	81	12.1
	<high school	55	8.2
	High school	139	20.7
	College	92	13.7
	Other	7	1.0
	Do not know	298	44.3
<b>Computer At Home</b>	No	199	29.9
	Yes	467	70.1
<b>Internet Access At Home</b>	No	235	35.4
	Yes	429	64.6
<b>Work For Pay</b>	No	374	56.4
	Yes	289	43.6

Table 15 describes the level of sexual activity of the sexually active sample. The study sample was a sexually experienced sample, with 60% of respondents having had vaginal sex by the time of the survey (n = 403). For the purpose of this study, sexual

experience referred exclusively to vaginal sex. The mean age of vaginal sex initiation was 15.2 (14.8 for males and 15.8 for females). However, a significant proportion of both males and females started their sexual life very young. Of the sexually active sample, 41.1% of males and 19% of females were sexually active by the age of 13. Most of the sexually active respondents (54% of males and 50% of females) initiated sexual intercourse around the age of 14 or 15. Although 60% of the total sample was 17 years old and older, less than 10% of the sexually experienced sample started having sex after 17 years of age. Seventy percent of all 19 year-olds had already had sex.

The age of their partners ranged from 11 to over 25. However, the partner's mean age for males was 14.9, slightly higher than their own mean age of sexual initiation. As for females, their partners' mean age was 17.1, over one year higher than their mean age of sexual initiation. However, the range of ages tells a different story. About 33% of the females' partners were over 18, but 14% of girls started to have sex at age 18 or 19.

A large proportion of sexually active participants (38%) reported having sex at least four or more times per month, with a greater percentage of males (43%) reporting this level of sexual activity than females (32%). More males than females also reported a greater number of sexual partners in the last 12 months, with 40% of males reporting at least three sexual partners in the last 12 months as opposed to only 10% of females. The vast majority of sexually active females (63.9%) had only had one sexual partner in the last 12 months.

In terms of reliable contraception method, a considerable proportion of the sexually active sample (60%) reported using a male condom during their last sexual encounter. About 25% of the sample reported using either no method or withdrawal,



which is not highly effective but indicates some desire to prevent a potential pregnancy. Hormonal methods were used by 20% of the female sexually active sample, and these included birth control pills (the most popular), injections, and Plan B. No other method of contraception was listed by respondents in the 'Other' option.

Approximately 11% of the total sample (and 18% of the sexually active participants) have either been pregnant or their partners have been pregnant. Males and females reported the same rate of pregnancies. Approximately 9% of both males and females reported at least one pregnancy. This means that about 5% of the entire study sample had experienced a pregnancy. The mean age for first pregnancy is 16.03 for males and 15.89 for females. There were 51 respondents who were currently parenting (females = 26). This corresponded to 12% of the sexually experienced sample and 7.5% of the total study sample. From the parenting group, 66% had only one child. An additional 14 respondents indicated that they have children but did not know the number of children.

Table 15. Descriptive Statistics of Sexual Activity and Parenting Statistics of Sexually Active Sample.

		Total		Male		Female	
		N	%	N	%	N	%
<b>Age of first sex</b>	10	10	2.5	8	3.2	2	1.4
	11	18	4.5	17	6.7	1	0.7
	12	42	10.6	31	12.3	11	7.6
	13	62	15.6	48	19.0	14	9.7
	14	97	24.4	58	22.9	39	26.9
	15	77	19.3	43	17.0	34	23.4
	16	49	12.3	29	11.5	20	13.8
	17	23	5.8	7	2.8	16	11.0
	18	10	2.5	4	1.6	6	4.1
	19	1	0.3	0	0.0	1	0.7
	Other	3	0.8	3	1.2	0	0.0
<b>Age of Partner at First Sex</b>	10-11	7	1.8	7	2.8	0	0.0
	12-13	56	14.4	51	20.5	5	3.5
	14-15	105	27.0	83	33.6	22	15.5
	16-17	102	26.2	48	19.4	54	38.0
	18-19	43	11.0	9	3.6	34	23.9
	20 and above	26	6.8	9	3.6	17	11.2
	Do not know/ unsure	50	12.9	40	16.2	10	7.0
<b>Frequency of sex (last 12 months)</b>	0 times per month	46	11.8	25	10.1	21	14.8
	< 1 times per month	84	21.6	44	17.8	40	28.2
	1-3 times per month	110	28.3	75	30.4	35	24.6
	4 or more times per month	149	38.3	103	41.7	46	32.4
<b>Number of Partners (last 12 months)</b>	0	35	9.0	18	7.3	17	11.8
	1	168	43.1	76	30.9	92	63.9
	2	57	14.6	38	15.4	19	13.2
	3	57	14.6	47	19.1	10	6.9
	4	24	6.2	21	8.5	3	2.1
	5	15	3.8	13	5.3	2	1.4
	6 or more	16	4.1	16	6.5	0	0.0

		Total		Male		Female	
<b>Contraception Used at Last Sex</b>	Do not know / Not sure	18	4.6	17	6.9	1	0.7
	None	55	14.1	34	13.7	21	14.7
	Withdrawal	41	10.5	23	9.3	18	12.6
	Condom	238	60.9	166	66.9	72	50.3
	Hormonal	43	11.0	15	6.0	28	19.6
	Other	2	0.5	0	0.0	2	1.4
	Do not know	12	3.1	10	4.0	2	1.4
<b>Age of Pregnancy</b>	10-13	4	1.1	4	1.6	0	0.0
	14-16	39	10.1	14	5.8	25	7.6
	17-19	30	7.8	18	7.4	12	8.4
<b>Pregnancy History</b>	Ever	73	18.1	36	8.9	37	9.2
	Never	296	76.9	194	79.8	102	71.8
	Do not Know	16	4.2	13	5.3	3	2.1
<b>Importance of Religion</b>	Not important	93	23.5	67	26.9	26	17.8
	Somewhat important	102	25.8	59	23.7	43	29.5
	Important	73	18.5	37	14.9	36	24.7
	Very important	41	10.4	27	10.8	14	9.6
	Do not know/ Unsure	86.00	21.8	59	23.7	27	18.5
<b>Number of Children</b>	0	319		207		112	
	1	34		19		15	
	2	14		4		10	
	3 or more	3		1		2	
	Do not Know/ Unsure	14		10		4	

(n=403)

Table 16 illustrates the means and standard deviations of the theoretical constructs. The three intention items and the six perceived behavioral control items have a range of 1 to 5, with the higher number reflecting greater intention to engage in the behavior or greater control over the behavior, and a score of three representing the

midpoint of 'unsure'. The attitude and norms items had a range from +10 to -10. The higher and positive number reflects an attitude and norm level that would facilitate behavior intention.

Females in general showed greater intentions to engage in abstinence, 3.55 compared to 2.55 for males. The mean for females that had never had sex was notably greater (3.73) than for females who are sexually experienced (2.81). For both groups of females and males who had not had sex, their intention mean was closer to the midpoint of 'unsure', showing a weak intention towards the behavior. For both males and females, the attitude that most strongly related their abstinence intentions was Abstinence Means Self Respect with a mean of 3.19 for males and 5.34 for females. The high negative means of the three attitudes that denote pressure to have sex (Abstinence Friends Will Tease, Abstinence Means No Love and Abstinence Partner Will Pressure Me) among females suggested that they might feel more pressure from their partners or friends than males.

Even if condoms were generally a male controlled contraceptive, females, regardless of their sexual experience, showed greater intentions to use a condoms than males. The most important attitude that may hinder condom use intentions was the concern about the condom breaking, with means of -2.57 and -3.28 for males and females respectively. For males the second most important attitude was feeling less pleasure (-2.35), while for females it was the idea that condom means they had many sexual partners (-2.32).

Regarding birth control pill (BCP) use, females had higher means than males. For sexually active females, the attitudes that they might forget to take them or that BCP may

affect their health had more negative means (-3.38 and -3.18 respectively) than the other two attitudes.

The data also suggested that both males and females were more responsive to their mothers' norms when it came to all three behavioral intentions. For example, males had a mean of 2.73 for Norms Abstinence Mom over 2.13 for Norms Abstinence Partner. This gap was seen more clearly among females, with a mean of 4.82 for mother's norms over the 2.06 of their partner's norms. This difference was also evident for condom use, although sexually active males rated slightly higher norms for their partners (3.37) than for their mothers (3.29). Fathers also played an important role in some behaviors, often trading the second place with the partners.

Table 16. Descriptive Statistics of Theoretical Constructs.

		Total				Had Sex				No Sex			
		Male		Female		Male		Female		Male		Female	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>Abstinence</b>													
<b>Intention*</b>	Abstinence Intentions	2.55	1.12	3.27	1.12	2.33	1.15	2.81	1.06	2.98	0.90	3.73	.097
<b>Attitudes**</b>	Abstinence Friends Will Tease	-0.65	2.90	-2.05	1.99	0.45	3.18	-1.95	2.01	-1.04	2.20	-2.15	1.97
	Abstinence Means No Love	-2.02	3.22	-2.24	2.38	-2.35	3.52	-2.88	2.52	-1.34	2.37	-1.58	2.04
	Abstinence Self Respect	3.19	3.43	5.34	3.70	3.41	3.28	4.91	3.56	2.73	3.69	5.78	3.80
	Abstinence Partner Will Pressure	-0.74	2.63	-2.18	2.26	-0.63	2.92	-2.12	2.38	-0.96	1.91	-2.25	2.13
<b>Norms**</b>	Norms Abstinence Partner	2.13	3.07	2.06	3.14	2.41	3.15	2.30	2.77	1.56	2.83	1.81	3.48
	Norms Abstinence Mom	2.73	3.90	4.82	4.07	2.63	3.92	4.41	4.10	2.93	3.86	5.25	4.01
	Norms Abstinence Dad	1.78	4.01	3.02	4.96	1.59	4.04	2.08	5.23	2.16	3.95	3.99	4.48
	Norms Abstinence Friends	.25	3.39	.55	4.01	.51	3.54	.14	3.94	-.28	3.02	.97	4.06
<b>Control*</b>	Abstinence is Up To Me	3.67	1.03	4.06	0.93	3.74	1.04	4.14	0.95	3.53	1.01	3.99	0.91
	Abstinence is Impossible	2.84	1.12	3.51	1.12	2.64	1.16	3.32	1.18	3.24	0.90	3.71	1.01
<b>Condom use</b>													
<b>Intention*</b>	Condom Use Intentions	3.71	1.12	3.89	0.99	3.86	1.11	3.93	0.99	3.42	1.09	3.85	1.01
<b>Attitudes**</b>	Condom Will Break	-2.57	3.16	-3.28	2.72	-2.61	3.34	-3.60	2.90	-2.49	2.79	-2.95	2.50
	Condom Means Many Partners	-1.95	2.88	-2.32	2.31	-2.08	3.09	-2.42	2.41	-1.69	2.39	-2.22	2.20
	Partner No Like Condoms	-1.07	3.15	-2.19	2.54	-1.05	3.57	-2.05	2.60	-1.10	2.07	-2.34	2.48
	Condoms Less Pleasure	-2.35	3.70	-1.71	3.03	-2.87	4.13	-2.49	3.29	-1.30	2.33	-0.89	2.51

		Total				Had Sex				No Sex			
<b>Norms**</b>	Norms Condom Partner	2.93	4.12	2.78	3.82	3.37	4.32	3.50	3.75	2.04	3.54	2.05	3.77
	Norms Condom Mom	3.22	4.72	4.40	3.86	3.29	4.94	4.13	4.00	3.07	4.24	4.68	3.70
	Norms Condom Father	2.36	4.81	2.76	4.67	2.33	5.05	1.97	5.08	2.42	4.29	3.58	4.05
<b>Control*</b>	Confident in Condom Use	3.95	0.93	3.85	0.93	4.07	0.95	3.96	0.87	3.69	0.81	3.75	0.97
	Condom Use Not in My Control	3.27	1.15	3.56	1.15	3.24	1.20	3.41	1.25	3.33	1.02	3.70	1.02
<b>Birth Control Pill Use</b>													
<b>Intention*</b>	BCP Intentions	2.96	1.10	3.39	1.13	2.93	1.19	3.32	1.21	2.99	0.90	3.45	1.04
<b>Attitudes**</b>	BCP Means Planning Sex	1.72	3.46	1.50	3.23	2.20	3.71	2.03	3.24	0.75	2.64	0.95	3.15
	Forget Taking BCP	-2.05	2.97	-2.86	2.52	-2.27	3.21	-3.38	2.42	-1.60	2.39	-2.32	2.51
	BCP Affects Health	-2.08	2.84	-2.63	2.72	-2.34	2.87	-3.18	2.85	-1.55	2.72	-2.06	2.46
	BCP Makes Gain Weight	-1.51	3.00	-1.63	2.80	-1.75	3.38	-2.16	3.02	-1.02	1.93	-1.08	2.44
<b>Norms**</b>	Norms BCP Partner	2.42	3.44	2.90	4.03	2.85	3.64	3.63	4.21	1.56	2.80	2.14	3.69
	Norms BCP Mother	2.65	4.01	4.03	3.66	2.33	5.05	1.97	5.08	2.57	3.74	4.31	3.40
<b>Control*</b>	BCP Easy to Use	2.76	0.96	3.20	1.00	2.67	1.04	3.30	1.16	2.94	0.74	3.11	0.81
	BCP Use Up to Me	3.15	1.10	3.91	0.92	3.16	1.16	4.07	0.87	3.12	0.98	3.74	0.94

\* Scale ranges from 1-5; higher number representing either greater behavioral intentions or greater perceived control over behavior.

\*\* Scale ranges from +10 to -10, higher positive numbers representing a greater likelihood to engage in the behavior.

Table 17 displays the summated mean score and standard deviation of the PWS and the mean score for each scale item. The data are disaggregated by Gender and sexual experience. The mean scores of the PWS reveal that females tend to have less positive attitudes regarding pregnancy and childrearing than their male partners. On average, females had a mean score of 44 as opposed to 51 for males. There was a very small difference in mean scores between females with and without sexual experience, as well as for males.

When examining the mean scores for the PWS individual items, it was evident that most means hovered around 2.5 and 3.0, indicating a general sentiment of pregnancy attitudes slightly lower than the mid point “unsure.” No item’s mean scored 4.0 or above, which would indicate an agreement with a positive attitude. Generally, males had mean scores higher than females, with a few exceptions. Moreover, sexually inexperienced females tended to have lower mean scores for every item than females with sexual experience. However, the opposite was true for males. The mean score for sexually inexperienced males suggested that they had more positive attitudes towards childbearing than their more experienced male peers.



Table 17: Descriptive Statistics of the Pregnancy Wantedness Scale.

	Total				Had Sex				No Sex			
	Males		Females		Males		Females		Males		Females	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Pregnancy Wantedness Scale*	52	12	47	13	52	12	49	13	51	11	44	13
Would Have Baby If Partner Wanted**	2.51	1.20	2.09	1.07	2.53	1.32	2.20	1.08	2.46	0.94	1.98	1.05
Partner Would Stay With Me	3.02	1.10	3.23	1.11	3.14	1.17	3.43	1.13	2.77	0.90	3.02	1.05
Would Cause Trouble Between Partner	3.02	1.08	3.13	1.07	3.06	1.16	3.16	1.08	2.95	0.90	3.09	1.07
Ok If We Love Each Other	2.78	1.14	2.66	1.21	2.83	1.21	2.91	1.25	2.69	0.99	2.40	1.11
Ok If Married	2.80	1.16	2.72	1.16	2.85	1.21	2.93	1.13	2.69	1.05	2.51	1.16
Have Someone To Love	2.52	1.11	2.23	1.10	2.56	1.15	2.41	1.15	2.46	1.02	2.03	1.01
Cant Hang Around Friends	2.91	1.14	2.64	1.21	2.91	1.20	2.49	1.08	2.93	0.99	2.80	1.31
I Can Leave House	2.20	0.95	1.92	0.94	2.13	1.01	1.92	0.88	2.34	0.81	1.93	1.01
Get In Way Future Plans	2.63	1.19	2.24	1.21	2.61	1.22	2.29	1.13	2.68	1.13	2.18	1.28
Dropping School Make Me Sad	2.84	1.21	2.29	1.18	2.86	1.26	2.33	1.09	2.81	1.09	2.25	1.27
Make Me Happy	2.89	1.14	2.68	1.14	3.04	1.21	2.96	1.11	2.57	0.93	2.40	1.10
Worst Thing Can Happen To Me	3.14	1.11	2.91	1.26	3.18	1.17	3.04	1.18	3.05	0.99	2.77	1.33
Difficult For Me	2.57	1.14	2.15	1.14	2.52	1.18	2.20	1.10	2.67	1.07	2.11	1.17
Family Be Disappointed	2.82	1.15	2.25	1.23	2.91	1.16	2.41	1.23	2.65	1.11	2.07	1.22
Because Friends Have One	2.21	1.00	1.81	0.91	2.16	1.03	1.83	0.85	2.31	0.92	1.80	0.97
Would Need To Work	2.17	1.11	1.90	1.00	2.00	1.12	1.91	0.92	2.50	1.01	1.88	1.08
Would Be Very Worried	2.32	1.11	2.01	1.11	2.27	1.17	2.11	1.12	2.43	0.96	1.90	1.11
Would Be Embarrassing Me	3.37	1.13	3.17	1.26	3.43	1.20	3.39	1.24	3.23	0.94	2.94	1.24
I Love Children	2.84	1.11	2.63	1.19	2.94	1.20	2.90	1.17	2.64	0.87	2.36	1.14

\* Summated score of all 19 items; Ranges from 19-95, higher number representing more positive attitudes about childbearing.

\*\* Individual item scores; Range from 1-5; higher number representing an agreement with the statement.

*4.4.1 Research Question One: What Are The Characteristics Of Latino Youth Who Desire A Pregnancy During Their Adolescent Years?*

Splitting the sample based on gender and sexual experience yielded four sample groups: males with no sexual experience (n= 127), males with sexual experience (n=256), females with no sexual experience (n= 242), and females with sexual experience (n=247). The sample size in each sub-group is adequate for the analyses conducted. All predictors were entered into the model using a backward entry approach, and PWS score was the outcome variable. Four different models were conducted based on each sample group. Coefficients for BCP use, Condom use and Withdrawal practice at last sex, were not reported for males and females with no sexual experience. Likewise, Abstinence practice coefficients were not reported for males and females with sexual experience. The regression models for each sample group are reported separately below.

Assumptions for the four regressions models were assessed first. An initial scan of the correlation matrix revealed no collinearity problems. However, after the model was run, the dummy variables comprising Household Composition (LiveWithSib, LiveWithFather, LiveWithMother, and LiveWithMotherFather), were found to have high variance inflation factors (greater than 10). Therefore, I collapsed the categories and recoded the variables to eliminate potential categories that were correlating highly with each other. Living Arrangement was collapsed into four categories, as opposed to the original 5. The new categories were: Live With Other (combined Live With Sibling and Live With Other), Live With Mom, Live With Dad, and Live With Mom & Dad. The new variables were dummy coded, using Live With Other as the reference group. This recoding eliminated the high VIF scores in the regression models. Other assumptions were tested, but no problem was identified. Residuals follow a linear pattern and were

normally distributed, there was no homoscedasticity, and the Durbin-Watson test was within the limits.

#### Backward regression on PWS for males with no sexual experience

Out of the 17 predictors, only nine predictors were significant ( $p > .05$ ) in the final model— Generation 1<sup>st</sup>, Generation 1.5, Lawful Citizen or Resident, Living with Mom, Living with Mom & Dad, Religion Important, Religion Very Important, Religion Importance Unsure and Education Mother Do not Know. The backward approach built nine different blocks, at each step eliminating one variable. The first block explained 36% of the variance in PWS (adjusted  $R^2 = .358$ ). After eliminating eight variables, the final model block explained 37% of the variance (adjusted  $R^2 = .366$ ). However, the change in  $R^2$  from Step 1 to each subsequent step was not significant ( $p > .05$ ). The overall ANOVA test for the final step was significant ( $df = 9, F = 9.10, p < .001$ ), confirming that the model was an improvement over the mean.

Table 18 shows six predictors at Step 9 that were significantly related to the PWS score. Almost all significant predictors had a strong impact on pregnancy wantedness. Youth who migrated to the U.S. after age 13 may have higher PWS Scores than those born in the U.S.. The expected PWS score would increase by 7 points if youth belonged to the Generation 1 rather than to Generation 2. Religion's importance showed a contradictory trend. Youth who reported being unsure about the influence of religion in their decisions about sex and contraception may see an increase of 8.5 points in pregnancy wantedness, as opposed to youth to which religion was not important. However, for those who reported that religion was important in their life, they could see a 7.5 increase in their PWS score. Among all the categories for religion importance, the

“unsure” category had the greatest impact on the PWS score. Living with Mom had a negative impact on PWS Score, meaning that those in female headed households had less positive attitudes about childbearing. Those who live with their mothers should expect a six point drop on their PWS score as opposed to those who live with other family members, friends, or partners.

Table 18. Backward Regression on PWS for Males With No Sexual Experience.

	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
<b>Initial Model</b>						
(Constant)	48.22	12.00		4.02	.00	24.44, 72
Age	0.38	0.55	0.06	0.70	.49	-0.70, 1.46
Acculturation	-1.74	1.36	-0.15	-1.28	.20	-4.43, 0.95
Generation 1	3.83	4.18	0.12	0.92	.36	-4.44, 12.11
Generation 1.5	4.89	2.44	0.23	2.00	.05	0.06, 9.72
Generation Undetermined	-9.06	10.04	-0.07	-0.90	.37	-28.96, 10.85
Lawful Citizen or Resident	4.62	2.49	0.20	1.86	.07	-0.31, 9.55
Living with Dad	-1.55	3.50	-0.04	-0.44	.66	-8.48, 5.37
Living with Mom	-6.89	2.49	-0.30	-2.77	.01	-11.82, -1.96
Living with Mom & Dad	-4.26	2.49	-0.19	-1.71	.09	-9.18, 0.67
Religion Somewhat Important	0.38	2.74	0.01	0.14	.89	-5.05, 5.81
Religion Important	5.88	2.81	0.24	2.09	.04	0.32, 11.44
Religion Very Important	4.10	3.03	0.13	1.35	.18	-1.90, 10.11
Religion Importance Unsure	8.10	2.71	0.33	2.98	.00	2.72, 13.47
Mother’s Education HS	-0.58	4.70	-0.01	-0.12	.90	-9.90, 8.73
Mother’s Education College	-2.65	2.32	-0.10	-1.14	.25	-7.25, 1.94
Mother’s Education Do not Know	3.23	2.00	0.15	1.61	.11	-0.74, 7.20
Abstinence vs. None	-6.37	4.66	-0.10	-1.37	.17	-15.62, 2.87
<b>Final Model</b>						
(Constant)	39.87	3.13		12.73	.00	33.66, 46.07
Generation 1	7.09	3.13	0.23	2.27	<b>.03</b>	0.89, 13.29
Generation 1.5	6.63	1.97	0.31	3.37	<b>.00</b>	2.73, 10.52

	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
Lawful Citizen or Resident	3.86	2.23	0.16	1.73	.09	-0.57, 8.28
Living with Mom	-6.11	2.02	-0.27	-3.02	<b>.00</b>	-10.11, -2.10
Living with Mom & Dad	-3.76	2.02	-0.17	-1.86	.07	-7.76, 0.24
Religion Important	7.15	2.19	0.29	3.27	<b>.00</b>	2.82, 11.48
Religion Very Important	4.54	2.47	0.14	1.83	.07	-0.36, 9.44
Religion Importance Unsure	8.52	2.07	0.34	4.12	<b>.00</b>	4.42, 12.61
Mother's Education Do not Know	5.25	1.66	0.24	3.15	<b>.00</b>	1.95, 8.54

(n= 127)

### Backward regression on PWS for males with sexual experience

The linear regression model found only three predictors significantly associated with pregnancy wantedness. Of the 17 predictors entered into the model, only three (Living with Mom, Living with Mom & Dad, and Religion Important) were significantly associated with the outcome variable. At Step 1, the model explained about 3.4% of the variance (adjusted  $R^2 = .034$ ). After 17 iterations of the backward model, the final reduced model was able to explain 6% (adjusted  $R^2 = .059$ ). However, the change in  $R^2$  from Step 1 and all subsequent models was not significant ( $p > .05$ ). The ANOVA test for the final step confirmed the significant improvement of the final model ( $df = 3, F = 6.315, p < .001$ ). Living with Mom and Living with Mom & Dad were negatively correlated to pregnancy wantedness. Youth may see a drop of almost five points in their pregnancy desire if they have such living arrangements. Considering religion as important was positively correlated with the outcome. Therefore, youth could experience an increase of six points of pregnancy desire if they considered religion important as opposed to not important at all (see Table 19).

Table 19. Backward Regression on PWS for Males With Sexual Experience.

	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
<b>Initial Model</b>						
(Constant)	57.07	11.77		4.85	.00	33.88, 80.26
Age	0.17	0.60	0.02	0.29	.77	-1.01, 1.35
Acculturation	-0.37	1.06	-0.03	-0.35	.73	-2.46, 1.72
Generation 1	-1.12	3.17	-0.04	-0.35	.72	-7.37, 5.13
Generation 1.5	-0.45	2.18	-0.02	-0.21	.84	-4.76, 3.85
Generation Undetermined	-1.22	3.49	-0.02	-0.35	.73	-8.08, 5.65
Lawful Citizen or Resident	-2.24	2.04	-0.09	-1.10	.27	-6.26, 1.78
Living with Dad	-0.21	3.24	0.00	-0.06	.95	-6.60, 6.18
Living with Mom	-4.27	2.09	-0.17	-2.05	.04	-8.38, -0.16
Living with Mom & Dad	-4.00	2.22	-0.15	-1.80	.07	-8.38, 0.38
Religion Somewhat Important	-1.47	2.14	-0.05	-0.68	.49	-5.69, 2.76
Religion Important	4.86	2.47	0.14	1.97	.05	-0.01, 9.72
Religion Very Important	1.02	2.80	0.03	0.36	.72	-4.50, 6.54
Religion Importance Unsure	-3.38	2.12	-0.12	-1.59	.11	-7.55, 0.80
Mother's Education HS	-0.12	2.57	0.00	-0.05	.96	-5.18, 4.93
Mother's Education College	0.70	2.17	0.02	0.32	.75	-3.57, 4.97
Mother's Education Do not Know	-0.14	1.96	-0.01	-0.07	.94	-4.00, 3.72
BCP used at last sex	1.81	3.57	0.04	0.51	.61	-5.23, 8.85
Withdrawal used at last sex	-3.41	3.02	-0.08	-1.13	.26	-9.37, 2.54
Condom used at last sex	-2.78	1.96	-0.11	-1.42	.16	-6.64, 1.09
<b>Final Model</b>						
(Constant)	54.21	1.32		41.14	.00	51.62, 56.81
Living with Mom	-4.88	1.74	-0.20	-2.80	<b>.01</b>	-8.31, -1.45
Living with Mom & Dad	-4.56	1.85	-0.17	-2.46	<b>.01</b>	-8.20, -0.91
Religion Important	5.92	2.09	0.17	2.83	<b>.01</b>	1.80, 10.04

(n=256)

### Backward regression on PWS for females with no sexual experience

Females with no sexual experience had eight predictors significantly associated with pregnancy wantedness. Of the 17 variables entered into the model, only eight were retained in the final step and 10<sup>th</sup> iteration. Step 1 of the model explained 23% of the outcome variance (adjusted  $R^2 = .228$ ). There was a non-significant change in  $R^2$  for the final model, which explained 28% (adjusted  $R^2 = .280$ ). The ANOVA test was significant at every subsequent iteration, including the final step ( $df = 8, F = 6.458, p < .001$ ). Religion was the predictor most strongly associated with pregnancy wantedness for females without sexual experience. For those who rated religion's importance as 'unsure' or 'very', they could see a an average 12 point increase in their pregnancy wantedness, as opposed to those which religion was not important at all. Not knowing their mother's education was positively correlated to pregnancy wantedness. As opposed to those with mothers who completed less than high school, they can see an eight point increase in their pregnancy wantedness (see Table 20).

Table 20. Backward Regression on PWS for Females With No Sexual Experience.

	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
<b>Initial Model</b>						
(Constant)	26.38	16.33		1.62	.11	-5.95, 58.70
Age	1.07	0.70	0.14	1.53	.13	-0.31, 2.45
Acculturation	-2.80	1.43	-0.20	-1.96	.05	-5.63, 0.03
Generation 1	1.77	4.30	0.04	0.41	.68	-6.75, 10.28
Generation 1.5	-2.05	2.63	-0.08	-0.78	.44	-7.25, 3.16
Generation Undetermined	-2.68	4.85	-0.05	-0.55	.58	-12.27, 6.92
Lawful Citizen or Resident	6.20	3.10	0.19	2.00	.05	0.06, 12.33
Living with Dad	-1.78	6.30	-0.03	-0.28	.78	-14.25, 10.68
Living with Mom	-4.94	3.16	-0.17	-1.56	.12	-11.20, 1.32
Living with Mom & Dad	-5.85	2.98	-0.23	-1.97	.05	-11.74, 0.04
Religion Somewhat Important	6.56	4.80	0.18	1.37	.17	-2.94, 16.07
Religion Important	7.65	4.23	0.27	1.81	.07	-0.72, 16.02
Religion Very Important	8.51	4.29	0.30	1.98	.05	0.01, 17.01
Religion Importance Unsure	10.22	4.51	0.31	2.27	.03	1.30, 19.14
Mother's Education HS	0.72	4.17	0.01	0.17	.86	-7.53, 8.97
Mother's Education College	-3.04	2.58	-0.11	-1.18	.24	-8.15, 2.08
Mother's Education Do not Know	5.77	2.57	0.21	2.25	.03	0.69, 10.85
Abstinence vs. None	1.02	7.01	0.01	0.15	.88	-12.84, 14.89
<b>Final Model</b>						
(Constant)	8.61	12.69		0.68	.50	-16.49, 33.72
Age	1.72	0.61	0.22	2.83	<b>.01</b>	0.52, 2.93
Acculturation	-3.26	1.21	-0.23	-2.69	<b>.01</b>	-5.66, -0.86
Lawful Citizen or Resident	6.87	2.73	0.21	2.52	<b>.01</b>	1.48, 12.27
Religion Somewhat Important	9.41	4.43	0.26	2.12	<b>.04</b>	0.65, 18.17
Religion Important	9.71	4.02	0.35	2.41	<b>.02</b>	1.75, 17.66
Religion Very Important	11.54	4.05	0.41	2.85	<b>.01</b>	3.52, 19.56
Religion Importance Unsure	12.55	4.28	0.38	2.93	<b>.00</b>	4.08, 21.02
Mother's Education Do not Know	8.26	2.14	0.30	3.87	<b>.00</b>	4.04, 12.48

( n=142)



### Backward regression on PWS for females with sexual experience

The regression model for females with sexual experience found five significant predictors associated with pregnancy wantedness. These predictors were very different than those found significant for females with no sexual experience. The first step with 17 predictors explained 23% of the variance (adjusted  $R^2 = .233$ ) which dropped to 25% (adjusted  $R^2 = .245$ ) in the final step and 15<sup>th</sup> iteration. The change in  $R^2$  was not significant according to the F test. However, the ANOVA F test was significant for every step of the model, including step 15 ( $df = 5$ ,  $F = 10.459$ ,  $p < .001$ ). For females with sexual experience, the following predictors were significantly associated with pregnancy wantedness: acculturation, belonging to generation 1, being a lawful citizen or resident, living with mom and dad, and using BCP at last intercourse.

For females who were sexually experienced, having more contact with the American culture, living with both parents and using birth control pills were predictive of lower levels of pregnancy wantedness. Those females who migrated to the U.S. after age 13, may see an increase of nine points in their pregnancy wantedness compared to those born in this country. Although Acculturation did not have a strong impact, its negative correlation to pregnancy wantedness was concordant with the previous explanation. Those who experience an increase in language acculturation (more acculturated into the American culture) may see a drop in their pregnancy wantedness. These two predictors taken together mean that at higher levels of closeness with the American society, either through language acculturation or number of years of contact with the main culture, pregnancy desire might decrease. Living with both parents was negatively correlated to the outcome. Therefore, those females who live with both parents may score about eight points less in their pregnancy desire (see Table 21).

Table 21. Backward Regression on PWS for Females With Sexual Experience.

	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
<b>Initial Model</b>						
(Constant)	38.98	14.10		2.76	.01	11.08, 66.89
Age	0.73	0.74	0.08	0.99	.32	-0.73, 2.19
Acculturation	-2.08	1.48	-0.14	-1.40	.16	-5.01, 0.86
Generation 1	8.40	3.96	0.23	2.12	.04	0.57, 16.23
Generation 1.5	1.45	2.50	0.06	0.58	.56	-3.50, 6.39
Generation Undetermined	1.00	4.31	0.02	0.23	.82	-7.53, 9.52
Lawful Citizen or Resident	4.86	2.97	0.17	1.64	.10	-1.02, 10.73
Living with Dad	-5.43	4.32	-0.10	-1.26	.21	-13.97, 3.11
Living with Mom	-1.97	2.67	-0.08	-0.74	.46	-7.25, 3.30
Living with Mom & Dad	-9.96	2.72	-0.38	-3.66	.00	-15.34, -4.58
Religion Somewhat Important	4.19	2.98	0.15	1.40	.16	-1.71, 10.09
Religion Important	2.78	3.01	0.10	0.93	.36	-3.17, 8.73
Religion Very Important	2.58	3.82	0.06	0.68	.50	-4.97, 10.13
Religion Importance Unsure	6.11	3.29	0.19	1.86	.07	-0.40, 12.63
Mother's Education HS	-2.06	3.52	-0.05	-0.59	.56	-9.04, 4.91
Mother's Education College	2.22	2.34	0.08	0.95	.35	-2.42, 6.85
Mother's Education Do not Know	3.32	2.52	0.12	1.31	.19	-1.68, 8/31
BCP used at last sex	-7.57	3.03	-0.24	-2.50	.01	-13.57, -1.58
Withdrawal used at last sex	-0.72	3.44	-0.02	-0.21	.83	-7.52, 6.08
Condom used at last sex	-0.26	2.53	-0.01	-0.10	.92	-5.27, 4.75
<b>Final Model</b>						
(Constant)	56.45	3.96		14.27	.00	48.63, 64, 28
Acculturation	-2.87	1.36	-0.20	-2.11	<b>.04</b>	-5.55, -0.18
Generation 1	9.80	2.95	0.27	3.32	<b>.00</b>	3.96, 15.64
Lawful Citizen or Resident	6.01	2.59	0.21	2.32	<b>.02</b>	0.88, 11.14
Living with Mom & Dad	-8.63	1.92	-0.33	-4.50	<b>.00</b>	-12.42, -4.84
BCP used at last sex	-7.80	2.30	-0.25	-3.39	<b>.00</b>	-12.35, -3.26

(n= 147)

Summary research question one

When assessing the level of pregnancy wantedness among youth one must take into account their gender and their sexual experience. For each of these groups, different personal, familial and social factors affect whether they have more or less positive childbearing attitudes. Religion was found to be associated positively with more positive attitudes for three of the four sub groups. Acculturation and Generation was also significant; at higher levels of acculturation (either by language or generation status), youth tend to have less positive attitudes towards a potential pregnancy. Parents play an important role in their children’s pregnancy attitudes. Living with at least the mother, or having a mother with higher levels of education, had a negative significant association, either by their level of education or by being heads of households seems to be a protective factor for pregnancy wantedness.

Table 22: Summary of Research Question One.

	No Sexual Experience	Have Sexual Experience
<b>Males</b>	Generation 1 (+) Generation 1.5 (+) Living with Mom (-) Religion Important (+) Religion Importance Unsure (+) Mother’s Education Do not Know (+)	Living with Mom (-) Living with Mom & Dad (-) Religion Important (+)
<b>Females</b>	Age (+) Acculturation (-) Lawful Citizen or Resident (+) Religion Somewhat Important (+) Religion Important (+) Religion Very Important (+) Religion Importance Unsure (+) Mother’s Education Do not Know (+)	Acculturation (-) Generation 1 (+) Lawful Citizen or Resident (+) Living with Mom & Dad (-) BCP used at last sex (-)

The symbol (+/-) denotes the directionality of the association between the theoretical construct and the behavior intention.

#### 4.4.2 *Research Question Two: Are Pregnancy Prevention Behavioral Intentions Associated With Pregnancy Wantedness?*

To answer research question 2, the sample was split into four groups based on gender and sexual experience. Univariate analyses were then conducted for each sample group using each behavioral intention and each potential covariate as predictor variables. The PWS score was used as the dependent variable. The following covariates were studied: Age, Living Arrangements, Generation, and Mother's Education. Only the significant covariates and behavioral intentions are displayed in the univariate tables (Appendix F). A hierarchical multivariate regression model was built using only those key variables and covariates significant in the univariate analysis. The first block of the model consists of the significant key variables (Abstinence Intentions and Condom Use Intentions), and the second model was built with the significant covariates. For all regression models, assumptions were tested using the same protocol explained in research question one. There were no violations of any of the assumptions.

##### Hierarchical linear regression on PWS for males with no sexual experience

Out of the three behavioral intentions, only two (Abstinence Intentions and Condom Use Intentions) were significantly related to pregnancy wantedness ( $p < .001$ ) for males without sexual experience ( $n=127$ ) in the univariate analysis (Table 40 in Appendix F) A hierarchical multivariate model was built with these two key variables and all covariates (See Table 23). The first step of the multivariate regression accounted for roughly 23% of the variance (adjusted  $R^2 = .225$ ). When covariates were introduced in the second step, the model significantly improved ( $p < .001$ ) between steps, explaining 33% of the variance (adjusted  $R^2 = .328$ ). The ANOVA F-test statistics confirmed that

the model significantly improves its predictive value at step 2 (df = 12, F = 6.117, p < .001).

Table 23. Hierarchical Linear Regression on PWS for Males With No Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	71.68	3.62		19.80	.00	64.51, 78.85
Abstinence Intentions	-2.36	0.96	-0.20	-2.46	.02	-4.26, -0.46
Condom Use Intention	-4.04	0.79	-0.41	-5.08	.00	-5.61, -2.47
<b>Final Model</b>						
(Constant)	52.67	10.75		4.90	.00	31.38, 73.96
Abstinence Intentions	-1.87	0.97	-0.16	-1.92	.06	-3.80, 0.06
Condom Use Intention	-2.61	0.84	-0.26	-3.09	<b>.00</b>	-4.28, -0.94
Age	0.63	0.53	0.10	1.20	.23	-0.41, 1.67
Generation 1	3.12	2.75	0.10	1.13	.26	-2.33, 8.57
Generation 1.5	4.63	1.95	0.21	2.37	<b>.02</b>	0.76, 8.50
Generation Undetermined	-17.47	10.00	-0.14	-1.75	.08	-37.27, 2.34
Living with Dad	1.03	3.22	0.03	0.32	.75	-5.35, 7.40
Living with Mom	-4.44	2.47	-0.19	-1.80	.07	-9.34, 0.45
Living with Mom & Dad	-2.07	2.49	-0.09	-0.83	.41	-7.01, 2.87
Mother's Education HS	3.95	4.75	0.07	0.83	.41	-5.45, 13.35
Mother's Education College	-1.47	2.38	-0.05	-0.62	.54	-6.19, 3.25
Mother's Education Do not Know	3.66	1.99	0.17	1.84	.07	-0.28, 7.60

(n=127)

Only two variables were significant at step two: Condom Use Intention and Generation 1.5. Condom Use Intentions are negatively correlated to the outcome variable. In the initial model, males with no sexual experience will experience a 4.04 point decrease in their PWS score as their condom use intentions increase by one unit. However, when the other covariates are introduced into the model, this impact was significantly reduced. At step 2, the B coefficient for Condom Use Intentions decreased

to -2.61. Therefore, other covariates in the model are confounding Condom Use Intentions. I can conclude that sexually inexperienced males that express an intention to use condoms when they become sexually active would have lower pregnancy attitudes by a factor of -2.6 points.

#### Hierarchical linear regression on PWS for males with sexual experience

Univariate analyses for males with sexual experience (n=256) revealed that only one behavioral intention (Condom Use Intention) and no covariates were significant (Table 41 in Appendix F). Therefore, multivariate analysis was not indicated for this sample group. Condom use intentions were significantly associated with lower pregnancy wantedness.

#### Hierarchical linear regression on PWS for females with no sexual experience

An initial univariate analysis of females with no sexual experience (n=142) found multiple variables to be significant, including the three behavioral intentions and at least one dummy category of all potential covariates (Table 42 in Appendix F). The hierarchical multivariate model was built in two steps. In step one, all behavioral intentions were entered, and, in Step 2, the covariates were entered. In step one, only one behavioral intention was significant, Abstinence Intentions. For females with no sexual experience, they may experience a 4.5 point drop in their pregnancy wantedness score as their intentions to engage in abstinence increase by one unit. This first step explains 23% of the variance (adjusted  $R^2 = .232$ ). As covariates were entered into the model, the overall variance explanation increased to over 30% (adjusted  $R^2 = .331$ ). However, in step 2 the B coefficient for Abstinence Intention decreased by one point. This means that

when other covariates were accounted for the pregnancy desire of females with no sexual experience will drop by three points, rather than four points as in step 1. In step 2, no covariates were found significant at the  $p < .05$  level (see Table 24).

Table 24. Hierarchical Linear Regression on PWS for Females With No Sexual Experience.

Predictors	B	SE	Beta	T	sig	95% CI
<b>Initial Model</b>						
(Constant)	73.53	4.51		16.32	.00	64.62, 82.45
Abstinence Intentions	-4.49	1.12	-0.34	-4.00	.00	-6.71, -2.27
Condom Use Intention	-1.73	1.12	-0.14	-1.54	.12	-3.95, 0.48
BCP Use Intention	-1.64	1.09	-0.13	-1.51	.13	-3.79, 0.51
<b>Final Model</b>						
(Constant)	50.62	11.61		4.36	.00	27.65, 73.60
Abstinence Intentions	-3.10	1.10	-0.24	-2.82	<b>.01</b>	-5.28, -0.93
Condom Use Intention	-1.57	1.08	-0.12	-1.45	.15	-3.71, 0.58
BCP Use Intention	-1.97	1.04	-0.16	-1.89	.06	-4.03, 0.09
Age	1.34	0.64	0.17	2.10	<b>.04</b>	0.08, 2.60
Generation 1	1.52	3.34	0.04	0.46	.65	-5.08, 8.13
Generation 1.5	-3.75	2.02	-0.14	-1.86	.07	-7.74, 0.24
Generation Undetermined	0.84	4.40	0.01	0.19	.85	-7.87, 9.55
Living with Dad	3.40	5.34	0.05	0.64	.52	-7.15, 13.96
Living with Mom	-2.00	2.93	-0.07	-0.68	.50	-7.81, 3.81
Living with Mom & Dad	-5.06	2.70	-0.20	-1.87	.06	-10.41, 0.28
Mother's Education HS	2.52	3.78	0.05	0.67	.51	-4.96, 9.99
Mother's Education College	-2.92	2.38	-0.10	-1.23	.22	-7.63, 1.79
Mother's Education Do not Know	3.64	2.32	0.13	1.57	.12	-0.96, 8.24

(n=142)

Hierarchical linear regression on PWS for females with sexual experience

Univariate analysis was conducted for females with sexual experience (n=147) (Table 43 in Appendix F). Since only one behavioral intention (Condom Use Intention) was significant, multivariate regression with that variable and three other significant predictors was conducted. However, in step 2 of the multivariate regression, Condom Use Intention lost its significance (See Table 25).

Table 25. Hierarchical Linear Regression on PWS for Females With Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	61.17	4.25		14.39	.00	52.77, 69.57
Condom Use Intention	-3.15	1.05	-0.24	-2.99	.00	-5.23, -1.07
<b>Final Model</b>						
(Constant)	55.92	4.54		12.32	.00	46.95, 64.90
Condom Use Intention	-1.96	1.02	-0.15	-1.93	.06	-3.97, 0.04
Generation 1	8.41	3.10	0.23	2.71	<b>.01</b>	2.27, 14.55
Generation 1.5	1.88	2.10	0.07	0.90	.37	-2.27, 6.04
Generation Undetermined	0.90	4.36	0.02	0.21	.84	-7.71, 9.51
Living with Dad	-6.06	4.26	-0.12	-1.42	.16	-14.48, 2.37
Living with Mom	-1.17	2.62	-0.04	-0.45	.65	-6.34, 4.0
Living with Mom & Dad	-8.30	2.68	-0.32	-3.10	<b>.00</b>	-13.60, -3.0
Mother's Education HS	-1.35	3.38	-0.03	-0.40	.69	-8.03, 5.33
Mother's Education College	3.43	2.34	0.13	1.46	.15	-1.20, 8.07
Mother's Education Do not Know	5.33	2.47	0.19	2.16	<b>.03</b>	0.45, 10.21

(n=147)

Only Generation 1, Living with Mother and Father and Education Mother Do not Know were found to be significant. Despite the loss in significance, the covariates alone in step 2 explained 20% of variance (adjusted  $R^2 = .200$ ) a significant increase from 6% at step 1. The second model was an improvement over the mean ( $df = 10, F = 4.653, p <$



.001). It can be concluded that for sexually inexperienced females, their intentions to use contraception when they become sexually active was not an indicator of their pregnancy attitudes.

Summary of research question two

Males who intended to use a condom at a future sexual intercourse experienced lower pregnancy wantedness, regardless of their sexual experience. However, abstinence intentions were associated with lower pregnancy desire only among sexually inexperienced females. No behavioral intention was found to be related to pregnancy desire for sexually experienced females.

Table 26: Summary of Research Question Two.

	No Sexual Experience	Have Sexual Experience
<b>Males</b>	Condom Use Intention (-)	Condom Use Intention (-)
<b>Females</b>	Abstinence Intention (-)	n.a.

The symbol (+/-) denotes the directionality of the association between the theoretical construct and the behavior intention.

*4.4.3 Research Question Three: Are Attitudes, Subjective Norms And Perceived Behavioral Control Associated With Pregnancy Prevention Behavioral Intentions?*

To answer the third research question multivariate analyses were conducted using each behavioral intention as an outcome variable. Therefore, three sets of regressions with different sample groups were conducted for each behavioral intention. For Abstinence Intentions, the sample was divided by gender and sexual experience. For Condom Use Intentions, only females and males with sexual experience were analyzed separately. Finally, females with sexual experience were used for BCP Use Intentions. For all regression models, assumptions were tested using the same protocol explained in

research question one. There were no violations of any of the assumptions. Univariate analysis was first conducted to identify significant key variables and covariates. Since I was interested in identifying specific attitudes, norms and perceived behavioral control associated with each outcome, I will report the full outcome of the univariate analysis and not just the significant variables as previously reported.

#### Hierarchical linear regression on abstinence intentions for males with no sexual experience

The univariate analysis with males with no sexual experience (n=127) identified five key variables and only one covariate significantly associated with Abstinence Intentions (Table 44 in Appendix F). The first step of the model was comprised of the five key variables found significant in the univariate analysis. Of these, only 2, Abstinence Means Self Respect and Norms Abstinence Dad, were significant ( $p < .05$ ). Abstinence Means Self Respect had the strongest impact on the outcome and was positively correlated to Abstinence Intentions. As the belief in this attitude increased, abstinence intentions also slightly increased by .09 points. As Age, the only significant covariate, was entered into the model at step 2, the predictive value of Abstinence Means Self Respect and Norms Abstinence Dad remained unchanged but were still significant (see Table 27).

The complete model (at Step 2) explained 20% of the outcome variance (adjusted  $R^2 = .202$ ). The change in  $R^2$  from step 1 to step 2 was not significant ( $p = .286$ ). The ANOVA F test confirmed the overall improvement of the model ( $df = 6, F = 6.302, p < .001$ ).

Table 27. Hierarchical Linear Regression on Abstinence Intentions for Males with No Sexual Experience

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	2.49	0.27		9.06	.00	1.94, 3.03
Abstinence Means No Love	0.00	0.03	-0.01	-0.14	.89	-0.07, 0.06
Abstinence Self Respect	0.09	0.03	0.39	3.72	.00	0.04, 0.14
Norms Abstinence Mom	-0.05	0.03	-0.21	-1.50	.14	-0.11, 0.02
Norms Abstinence Dad	0.06	0.03	0.29	2.15	.03	0.01, 0.12
Abstinence is Up to Me	0.07	0.08	0.08	0.81	.42	-0.10, .023
<b>Final Model</b>						
(Constant)	3.29	0.80		4.11	.00	1.71, 4.88
Abstinence Means No Love	-0.01	0.03	-0.02	-0.21	.83	-0.07, 0.06
Abstinence Self Respect	0.09	0.03	0.37	3.59	<b>.00</b>	0.04, 0.14
Norms Abstinence Mom	-0.05	0.03	-0.21	-1.49	.14	-0.11, 0.02
Norms Abstinence Dad	0.06	0.03	0.27	1.99	<b>.05</b>	0.00, 0.12
Abstinence is Up to Me	0.06	0.08	0.07	0.70	.49	-0.11, 0.22
Age	-0.05	0.04	-0.09	-1.07	.29	-0.13, 0.04

(n=127)

Hierarchical linear regression on abstinence intentions for males with sexual experience

The univariate analysis for males with sexual experience (n=256) identified five key variables and one covariate significantly associated with Abstinence Intentions (Table 45 in Appendix F). In the multivariate model, these five key variables were entered simultaneously in step 1, followed by the three dummy variables related to the significant predictor, Mother's Education (See Table 28). At step 1, only two key variables were significantly associated with Abstinence Intentions: Abstinence Means No Love and Abstinence Partner will Pressure Me. Contrary to expectations, Abstinence Means No Love was positively related to Abstinence Intentions. For every unit increase in the belief that abstinence means that one does not love their partner, their abstinence

intentions also increased by 0.06 point. Abstinence Partner will Pressure Me was negatively correlated to Abstinence Intentions. For every one unit increase in the belief that the partner will pressure to have sex, their abstinence intentions dropped by 0.09 points.

When the significant covariate was added to the model at Step 2, a third key variable became significant, Abstinence is Impossible. The unstandardized B coefficient for Abstinence Means No Love and Abstinence Partner will Pressure Me remained unchanged (see Table 28). Given the confounding effect of the covariates, Abstinence is Impossible became significant and showed a stronger predictive value of the outcome, compared to other significant key variables. For every one unit increase in the belief that engaging in abstinence for the next 12 months, is impossible, their Abstinence Intentions also increased. None of the dummy categories of the covariate Mother's Education were found significant at step 2. The complete model at step 2 explained roughly 10% of the variance (adjusted  $R^2 = .094$ ). The  $R^2$  change from step 1 to step 2 was not significant ( $p = .077$ ). However, the final model was a significant improvement over the mean ( $df = 8$ ,  $F = 4.311$ ,  $p < .001$ ).

Table 28. Hierarchical Linear Regression on Abstinence Intentions for Males With Sexual Experience.

Predictors	B	SE	Beta	t	Sig	95% CI
<b>Initial Model</b>						
(Constant)	2.10	0.19		11.02	.00	1.72, 2.47
Abstinence Friends Will Tease	0.02	0.04	0.05	0.46	.64	-0.06, 0.10
Abstinence Means No Love	0.06	0.02	0.18	2.96	.00	0.02, 0.10
Abstinence Partner will Pressure Me	-0.09	0.04	-0.22	-1.99	.05	-0.17, 0.00
Norms Abstinence Dad	0.03	0.02	0.09	1.48	.14	-0.01, 0.06
Abstinence is Impossible	0.11	0.06	0.11	1.77	.08	-0.01, 0.23
<b>Final Model</b>						
(Constant)	2.00	0.22		8.89	.00	1.56, 2.44
Abstinence Friends Will Tease	0.02	0.04	0.07	0.61	.54	-0.05, 0.10
Abstinence Means No Love	0.06	0.02	0.18	2.96	<b>.00</b>	0.02, 0.10
Abstinence Partner will Pressure Me	-0.09	0.04	-0.22	-2.04	<b>.04</b>	-0.17, 0.00
Norms Abstinence Dad	0.02	0.02	0.08	1.23	.22	-0.01, 0.06
Abstinence is Impossible	0.12	0.06	0.13	2.03	<b>.04</b>	0.00, 0.24
Mother's Education HS	-0.35	0.23	-0.10	-1.51	.13	-0.81, 0.11
Mother's Education College	0.16	0.20	0.06	0.82	.41	-0.23, 0.55
Mother's Education Do not Know	0.21	0.18	0.09	1.18	.24	-0.14, 0.55

(n=256)

Hierarchical linear regression on abstinence intentions for females with no sexual experience

Four key variables and two covariates were significantly associated with Abstinence Intentions in the univariate analysis: Abstinence Self Respect, Norms Abstinence Mom, Abstinence is Impossible, and Abstinence is Up to Me, one dummy category of Mother's Education and Generation (Table 46 in Appendix F). Step 1 of the multivariate model containing the four key variables explained 24% of the variance (adjusted  $R^2 = 23.6$ ). The variance remained virtually unchanged at step 2 (adjusted  $R^2 = .244$ ). However, according the ANOVA F test, the model showed a significant

improvement at step 2 when Generation and Mother's Education were introduced (df = 10, F = 5.556, p < .001). For females with no sexual experience (n=142), Norms Abstinence Mom and Abstinence is Up to Me, were most significantly associated with Abstinence Intention both at step 1 and at step 2, (see Table 29).

Table 29. Hierarchical Linear Regression on Abstinence Intentions for Females With No Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	1.72	0.36		4.84	.00	1.02, 2.43
Abstinence Self Respect	0.03	0.02	0.11	1.24	.22	-0.02, 0.07
Norms Abstinence Mom	0.05	0.02	0.19	2.41	.02	0.01, 0.08
Abstinence is Up to Me	0.31	0.10	0.29	3.25	.00	0.12, 0.50
Abstinence is Impossible	0.10	0.08	0.11	1.24	.22	-0.06, 0.26
<b>Final Model</b>						
(Constant)	2.11	0.40		5.26	.00	1.32, 2.90
Abstinence Self Respect	0.02	0.02	0.07	0.78	.44	-0.03, 0.07
Norms Abstinence Mom	0.04	0.02	0.18	2.14	.03	0.00, 0.08
Abstinence is Up to Me	0.29	0.10	0.27	2.99	.00	0.10, 0.48
Abstinence is Impossible	0.08	0.08	0.08	0.96	.34	-0.08, 0.24
Generation 1	-0.37	0.27	-0.12	-1.41	.16	-0.90, 0.15
Generation 1.5	-0.09	0.17	-0.05	-0.56	.57	-0.42, 0.24
Generation Undetermined	0.20	0.35	0.04	0.56	.58	-0.50, 0.89
Mother's Education HS	-0.11	0.30	-0.03	-0.38	.71	-0.71, 0.48
Mother's Education College	0.06	0.19	0.03	0.29	.77	-0.32, 0.43
Mother's Education Do not Know	-0.30	0.18	-0.14	-1.63	.11	-0.66, 0.07

(n=142)

No covariates were significant at step 2. For every increase in their mother's norms in favor of abstinence, one would expect a slight increase of .04 in their Abstinence Intentions. Conversely, as perceived behavioral control increases (Abstinence is Up to Me), Abstinence Intentions increase by 0.29 points, once the covariates were accounted for.

Hierarchical linear regression on abstinence intentions for females with sexual experience

A univariate analysis was conducted with females with sexual experience (n= 147). However, only two key variables and no covariates were significantly associated with Abstinence Intention ( see Table 47 in Appendix F). A multivariate regression was conducted with these two variables: Abstinence Means No Love and Abstinence is Impossible. In the model, only Abstinence is Impossible (reverse coded) was significant. This model explained 10% of the variance (adjusted R<sup>2</sup>= .104, and the model was a significant improvement over the mean (df = 2, F = 9.468, p < .001) (see Table 30). As females gain more control over engaging in abstinence, their intentions increase by 0.26 points.

Table 30. Hierarchical Linear Regression on Abstinence Intentions for Females With Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
(Constant)	2.13	0.28		7.49	.00	1.57, 2.69
Abstinence Means No Love	0.06	0.03	0.14	1.78	.08	-0.01, 0.13
Abstinence is Impossible	0.26	0.07	0.29	3.60	.00	0.12, 0.40

(n=147)

### Hierarchical linear regression on condom use intentions for males with sexual experience

Six key variables and one dummy category for two covariates were found to be significantly associated with condom use for males with sexual experience (n=256) (see Table 48 in Appendix F). A multivariate model was built by force entering the significant key variables: Partner No Like Condoms, Norms Condom Partner, Norms Condom Mom, Norms Condom Dad, and Confident in Condom Use. This first model was able to explain 33% of the variance (adjusted  $R^2 = .328$ ). When Mother's Education College and Condom Used at Last Sex were entered into the model at step 2, the model variance increased (adjusted  $R^2 = .342$ ), but the change in  $R^2$  from step 1 to step 2 was not significant ( $p > 0.05$ ). However, step 2 was a significant improvement of the model over the mean ( $df = 12, F = 12.033, p < .001$ ).

Table 31 lists the key variables and covariates were entered into the multivariate model. Four variables were found significant at step 1: Condom Will Break, Partner No Like Condoms, Norms Condom Mom and Confident in Condom Use. When the covariates Mother's Education and Contraception were entered into step 2, these variables remained significant. Condom Use at Last Sex was also a significant covariate. The key variable that appeared to have the greatest predictive value over Condom Use Intention was Confident in Condom Use. The B coefficients for the other three key variables remained unchanged at step 2. However, the B coefficient for Confident in Condom Use slightly decrease when Condom Used at Last Sex was accounted for in step 2. As sexually active males' confidence increases by one unit, one can expect that their Condom Use Intentions will also increase by 0.47 points. The two attitude variables were found to have a small but negative predictive value on the outcome.



Table 31. Hierarchical Linear Regression on Condom Use Intentions for Males With Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	1.40	0.25		5.53	.00	0.90, 1.90
Condom Will Break	-0.05	0.02	-0.16	-2.81	.01	-0.09, -0.02
Partner No Like Condoms	-0.04	0.02	-0.13	-2.40	.02	-0.08, -0.01
Norms Condom Partner	0.00	0.01	0.01	0.15	.88	-0.03, 0.03
Norms Condom Mom	0.04	0.02	0.18	2.62	.01	0.01, 0.07
Norms Condom Dad	-0.01	0.02	-0.07	-0.94	.35	-0.05, 0.02
Confident in Condom Use	0.53	0.06	0.46	8.61	.00	0.41, 0.65
<b>Final Model</b>						
(Constant)	1.30	0.27		4.80	.00	0.76, 1.83
Condom Will Break	-0.05	0.02	-0.14	-2.62	<b>.01</b>	-0.08, -0.01
Partner No Like Condoms	-0.04	0.02	-0.13	-2.30	<b>.02</b>	-0.07, -0.01
Norms Condom Partner	0.00	0.01	0.01	0.12	.90	-0.03, 0.03
Norms Condom Mom	0.04	0.02	0.18	2.61	<b>.01</b>	0.01, 0.07
Norms Condom Dad	-0.02	0.02	-0.09	-1.24	.22	-0.05, 0.01
Confident in Condom Use	0.47	0.06	0.41	7.30	<b>.00</b>	0.34, 0.60
Mother's Education HS	-0.03	0.19	-0.01	-0.17	.86	-0.42, 0.35
Mother's Education College	0.15	0.16	0.06	0.91	.37	-0.18, 0.47
Mother's Education Do not Know	0.05	0.14	0.02	0.36	.72	-0.23, 0.34
Withdrawal Used at Last Sex	0.36	0.23	0.09	1.57	.12	-0.09, 0.81
Condom Used at Last Sex	0.45	0.16	0.19	2.86	<b>.00</b>	0.14, 0.75
BCP Used at Last Sex	0.16	0.27	0.03	0.58	.56	-0.37, 0.69

(n=256)

### Hierarchical linear regression on condom use intentions for females with sexual experience

Univariate analysis was conducted for sexually active females (n= 147). Only three key variables— Condom Will Break, Norms Condom Dad and Confident in Condom Use— were significant. One covariate (Age) and three dummy categories of two covariates (Generation 1, Condom Used at Last Sex and BCP Use at Last Sex, were found to be significant as well (see Table 49 in Appendix F). When entered into the multivariate model, only two key variables remained significant, at step 1 and step 2, Condom Will Break and Confident in Condom Use. This first model explained 32% of the variance (adjusted  $R^2 = .322$ ), and it slightly decreased to .330 at step 2, but the change in  $R^2$  was not significant (see Table 32).

Confidence in using a condom appears to have the greatest predictive impact on Condom Use Intentions. Although its predictive value slightly decreased once the covariates were entered into the model, one can expect that for every increase in their confidence perception, Condom Use Intentions will increase by 0.51 points. The other key variable, Condom Will Break, had a negative association with the outcome as expected.

Table 32. Hierarchical Linear Regression on Condom Use Intentions for Females With Sexual Experience.

Predictors	B	SE	Beta	t	sig	95% CI
<b>Initial Model</b>						
(Constant)	1.41	0.31		4.48	.00	0.79, 2.03
Condom Will Break	-0.06	0.02	-0.18	-2.67	.01	-0.11, -0.02
NormsConFather	0.02	0.01	0.11	1.63	.10	0.00, 0.05
Confident in Condom Use	0.57	0.08	0.52	7.55	.00	0.42, 0.72
<b>Final Model</b>						
(Constant)	2.91	0.94		3.10	.00	1.05, 4.77
Condom Will Break	-0.05	0.02	-0.16	-2.25	<b>.03</b>	-0.10, -0.01
NormsConFather	0.03	0.01	0.14	1.93	.06	0.00, 0.05
Confident in Condom Use	0.51	0.08	0.47	6.37	<b>.00</b>	0.35, 0.67
Age	-0.08	0.05	-0.12	-1.58	.12	-0.18, 0.02
Generation 1	-0.16	0.22	-0.06	-0.72	.47	-0.60, 0.28
Generation 1.5	0.16	0.15	0.08	1.04	.30	-0.14, 0.45
Generation Undetermined	0.16	0.30	0.04	0.53	.60	-0.43, 0.75
Condom Used at Last Sex	0.15	0.18	0.08	0.83	.41	-0.21, 0.51
Withdrawal Used at Last Sex	-0.14	0.24	-0.05	-0.57	.57	-0.62, 0.34
BCP Used at Last Sex	0.10	0.22	0.04	0.46	.65	-0.34, 0.54

(n=147)

Hierarchical linear regression on BCP intentions for females with sexual experience

To explore the constructs associated with BCP Use Intentions, a regression model was conducted with only sexually active females (n= 147). An initial univariate regression identified four key variables and two dummy categories from the covariate Contraception as significant (Table 50 in Appendix F). When these four key variables were entered into the multivariate model, they explained almost 40% of the variance

alone (adjusted  $R^2 = .392$ ).

Once the covariate was entered at step 2, the explained variance increased to 43% (adjusted  $R^2 = .429$ ). However, this change was not significant. The model at step 2 was a significant improvement over the mean ( $df = 7, F = 16.642, p < .001$ ) (see Table 33). At the first step of the model, all four key variables remained significant. All variables had a positive correlation with the outcome. When the covariate was entered at step 2, the four variables remained significant, and the B coefficient slightly changed for some. None of the dummy categories of the covariate, however, were significant.

Table 33. Hierarchical Linear Regression on BCP Use Intentions for Females With Sexual Experience

Predictors	B	SE	Beta	t	Sig.	95% CI
<b>Initial Model</b>						
(Constant)	2.18	0.27		8.18	0.00	1.66, 2.71
BCP Means Planning Sex	0.07	0.03	0.18	2.67	0.01	0.02, 0.12
BCP Affects Health	0.14	0.03	0.33	5.02	0.00	0.09, 0.20
Norms BCP Partner	0.08	0.02	0.29	4.30	0.00	0.05, 0.12
BCP Easy to Use	0.35	0.07	0.33	4.99	0.00	0.21, 0.48
<b>Final Model</b>						
(Constant)	2.51	0.29		8.74	0.00	1.94, 3.08
BCP Means Planning Sex	0.07	0.02	0.20	2.92	0.00	0.02, 0.12
BCP Affects Health	0.11	0.03	0.26	3.85	0.00	0.05, 0.17
Norms BCP Partner	0.07	0.02	0.23	3.35	0.00	0.03, 0.10
BCP Easy to Use	0.29	0.07	0.28	4.04	0.00	0.15, 0.43
Condom Used at Last Sex	-0.36	0.21	-0.15	-1.72	0.09	-0.77, 0.05
BCP Used at Last Sex	0.33	0.26	0.11	1.30	0.20	-0.17, 0.84
Withdrawal Used at Last Sex	-0.53	0.28	-0.14	-1.88	0.06	-1.08, 0.03

(n=147)

It appears that sexually active females' perceptions of behavioral control had the greatest impact on their BCP Use Intention. As their perception of pills being easy to use increases, their BCP Use Intentions also increase by 0.35 points. The variable with the second highest predictive value was BCP Affects Health. However, the direction of this association was contrary to common beliefs. According to the data, as their belief that BCP use will affect their health or the health of their partners increase, their BCP Use Intentions will increase as well by 0.14 points.

### Summary of Research Question Three

From the three main constructs of the Theory Planned Behavior, attitudes, norms and perceived behavioral control, control beliefs were consistently found to be significant across behaviors and population sub groups, with one exception. For males, father's norms were positively associated with their intentions to engage in abstinence, and mothers' norms increased their intentions to use condom. For females, few factors were significant. Mother's norms helped increase female's intentions to remain abstinent, and their partner's norms positively influenced their intentions to use BCP.

Table 34: Summary of Research Question Three.

<b>Sexual Experience</b>	<b>Behavioral Intentions</b>	<b>Males</b>	<b>Females</b>
<b>No</b>	Abstinence	Abstinence Self Respect (+) Norms Abstinence Dad (+)	Norms Abstinence Mom (+) Abstinence is Up to Me (+)
<b>Yes</b>	Abstinence	Abstinence Means No Love (+) Abstinence Partner will Pressure Me (-) Norms Abstinence Dad (+) Abstinence is Impossible (+)	Abstinence is Impossible (+)
	Condoms	Condom Will Break (-) Partner No Like Condoms (+) Norms Condom Mom (+) Confident in Condom Use (+) Condom Used at Last Sex (+)	Condom Will Break (-) Confident in Condom Use (+)
	BCP Use	N/A	BCP Means Planning Sex (+) BCP Affects Health (+) Norms BCP Partner (+) BCP Easy to Use (+)

The symbol (+/-) denotes the directionality of the association between the theoretical construct and the behavior intention

#### 4.5 Summary

Chapter 4 presented the findings of the instrument development and validation process, the psychometric tests for all sub scales and PWS, as well as the results of the regression model. When assessing the level of pregnancy wantedness among youth one must take into account their gender and their sexual experience. For each of these groups, different personal, familial and social factors affect whether they have more or less positive childbearing attitudes. Religion was found to be associated positively with greater positive attitudes for three of the four sub groups. Acculturation and Generation was also found significant; at higher levels of acculturation (either by language or generation status), youth tended to have less positive attitudes towards a potential

pregnancy. Parents play an important role in their children's pregnancy attitudes. Living with at least the mother, or having a mother with higher levels of education, had a significant negative association, either their level of education or being heads of households seemed to be a protective factor for pregnancy wantedness.

Pregnancy prevention behavioral intentions were analyzed to explore their relationship to pregnancy wantedness. Very few intentions were associated with pregnancy attitudes. Males who intended to use a condom at a future sexual intercourse experienced lower pregnancy wantedness, regardless of their sexual experience. However, abstinence intentions were associated with lower pregnancy desire only among sexually inexperienced females. No behavioral intention was found significant for sexually experienced females.

Finally, the Theory of Planned Behavior was tested to assess whether attitudes, norms and perceived behavioral control were associated with behavioral intentions. Control beliefs were consistently found significant across behaviors and population sub groups, with one exception. For males, father's norms were positively associated with their intentions to engage in abstinence, and mothers' norms increased their intentions to use condom. For females, few factors were significant. Mother's norms helped increase female's intentions to remain abstinent, and their partner's norms positively influenced their intentions to use BCP.

## Chapter 5 Discussion

### 5.1 Introduction

A total of 949 Latino youth were recruited to complete a survey to assess their pregnancy prevention behavioral intentions and their level of pregnancy desire. Multiple regression analysis was conducted to answer three research questions. The sections below present a discussion of the primary results of the analyses as they are related to pregnancy prevention and other current literature on the subject. The limitations and contributions of this study to the field are also discussed.

### 5.2 Discussion of Survey Data and Psychometrics

#### 5.2.1 *PWS Psychometric Analysis*

According to Ajzen (Ajzen, 2002a), internal consistency is not critical for the Theory of Planned Behavior (TPB) sub scales. In fact, many sub scales in this study were found to have very low internally consistencies and were unrelated to one another, indicating that the items did not appear to be measuring the same construct and should not be in the same scale. It is possible that although each item was reflective of a true belief, each was measuring different aspects of the behavior. This study instead sought to identify most pertinent attitudes, norms, and control beliefs on which to intervene.

In terms of the Pregnancy Wantedness Scale (PWS), the factor analysis identified three themes throughout all questions related to wanting to have a baby: emotional relationships and love, negative outcomes of a pregnancy, and specific reasons to have a baby. The themes related well to the reasons focus group participants offered when asked about the benefits and disadvantages of having a baby. Other studies have documented similar sentiments. For example, Aarons and Jenkins (2002) identified youth's fears of



parental punishment and having to leave school due to a pregnancy as adverse outcomes, consistent with two questions under the Negative Outcomes theme.

All 19 items that were retained reflected the themes of the pregnancy wantedness subscales developed by Stevens-Simon and colleagues (Stevens-Simon, Sheeder, Beach, & Harter, 2005). They used a scale addressing future plans, self-esteem, boyfriend relations, family relations, and their fondness of babies. This study expands on Stevens-Simon scale by including males and abstinent women. The current scale is also relatively shorter; Stevens-Simon scale had 60 items and nine factors, while the PWS identified three factors and had 19 items.

### 5.3 Discussion of Descriptive Data

Slightly more males than females participated in the survey. It is possible that some females felt discouraged from participating due to the nature of the study. Moreover, during observations of recruiters many more males than females were out in the community such as in retail areas, parks, and even health and family fairs. The vast majority of the participants were single and still living with either one or both parents, which is common for youth ages 14 to 19.

Most participants were born outside the United States (U.S.). This is consistent with but higher than the overall Montgomery County Latino population, where more than half of Latinos are foreign born. The proportion of Latinos (in our study and in Montgomery County) originally from El Salvador and Central America contrasted sharply with the predominant country of origin of Latinos nationwide. In the U.S. most Latinos are originally from Mexico followed by Puerto Ricans (including those from the nation of Puerto Rico), and Central America. El Salvadorians, on the other hand, make up

only a small fraction of the U.S. Latino population (See Table 39 in Appendix F). Participants came mainly from Central America with large representation from El Salvador. Over one third of Latinos in Montgomery County are originally from El Salvador. Other Central American countries, such as Guatemala and Honduras, also had prominent representation in the study. More research is needed to identify differences between Latino groups. It is possible that their migration history fleeing civil war and their relatively lower levels of acculturation would affect their views on health behavior and sexuality as well as their access to health care services.

Mother's education was used as socio-economic proxy in the absence of reliable reporting of household income. Youth reported that their mothers had very low levels of education. Participants reported that almost half of their mothers had at most a high school diploma. This was not very different from the overall adult population (+25 years old) in the U.S., where about half have a high school diploma or less ( Table 39 Appendix F). However, there was a significant gap between their education level and the education level of other adults in the community. In Montgomery County, over three quarters of adults have at least some college education, and most of these have a college degree or higher education. This insurmountable gap in educational attainment in Montgomery County is likely a reflection of the income disparity between races and ethnic groups in the County.

#### 5.4 Discussion of Sexual Behavior

Participants in this study were slightly more sexually active than participants in other studies. Over half of the sample had had vaginal sexual intercourse at least once in their life. The Youth Risk Behavior Survey (CDC, 2008) found that half of the Latino

high school students nationwide had vaginal intercourse experience. In a previous study conducted with Montgomery County Latino youth, Kerr (2002) found that almost one in two participants were sexually active (vaginal or anal).. It is possible that a greater percentage of Montgomery County youth are engaging in vaginal sex compared to the national sample, or that sexual activity has increased since Kerr's study eight years ago. However, it is also possible that sexually active respondents were less intimidated by participating in the survey than abstinent participants.

This study found that males started having sex at much younger ages than females. Boys generally started having vaginal sex by age 13, with some starting as young as 11, while many girls started their sexual life between 13 and 14. This is consistent with Edwards' and colleagues' findings (2008) that Latino females generally delayed sexual intercourse compared to male adolescents. Given the early sexual initiation age, youth reported engaging in other sexual risky activities, such as higher number of partners and low contraception use. Males, compared to females, have a higher number of sexual partners in a year. In this study more than half of females had only one partner in the 12 months prior to the study, compared to one third of men. Latinas' lower number of partners relative to Latino males has also been documented in the literature (Edwards, Fehring, Jarrett, & Haglund, 2008).

About a fifth of respondents had experienced a pregnancy and were currently parenting. This number is higher than a previous study conducted by Kerr (Kerr, 2002). Moreover, about half of the females in this study who had experienced a pregnancy got pregnant by age 15. National estimates report that one in two Latinas are likely to become pregnant by their 20<sup>th</sup> birthday (NCTPTUP, 2008). It is unlikely that Montgomery

County's Latino youth meet this dire expectation. In order for half of the Latino female adolescents experience a pregnancy by age 20, there must be a steep increase in pregnancies between the ages of 18 and 19. It was surprising to see that 14 out of 65 ever pregnant youth reported not knowing the number of children they had. Although males might fail to remember the number of children they have fathered or to know the outcome of a partner's pregnancy, it is rare for females to not remember this fact. It is possible that some did not understand the question or did not want to answer it.

The condom utilization rates in this study were very similar to national estimates. The Youth Risk Behavior Survey of 2007 found that more than half of Latinos reported using a condom during their last sexual intercourse, similar to the rate in this study. However, it was still concerning that almost one third of the sexually active sample in the study did not use effective contraception (either condom or a hormonal method) at their last sexual intercourse. The high number of partners and the lack of effective contraception place these youth at risk for pregnancies and sexually transmitted infections (STIs). Male focus group participants felt that condoms were necessary with partners one does not know that well, such as in one night stands or non serious relationships. They felt that they needed to be safe and protect themselves from diseases those persons might carry. However, when in a committed relationship, one does not need to be that careful because they know the person well.

Brady et al (2009) also found that Latino male youth were less likely to use condoms if they trusted their partners or if they had been involved with them for a longer period of time. If this finding is applied to our sample, we can expect that males that have a high number of partners in one year are the ones using a condom compared to the ones

that have steady partners. My study, however, did not ask about current relationships or the length of such relationships. Despite the relatively high number of condom users at last sexual intercourse, I cannot draw conclusions regarding the consistency of condom use in all sexual encounters.

Regardless of sexual experience, the pregnancy wantedness summated score for males was close to the midpoint score of 57. Seven-Simon and colleagues (2005) also found that responses to a pregnancy wantedness scale clustered around the midpoint. They interpreted this as youth being ambivalent about their pregnancy intentions. Females on the other hand scored ten points under the midpoint, showing less positive attitudes towards pregnancy but not a clear rejection of motherhood altogether. The apparent differences in scores for individual scale items between males and females also indicate that males hold more positive views towards a pregnancy. It is not surprising that males have more positive views on each scale item, since they are not as directly affected by childbearing as females.

#### *5.4.1 Discussion of Research Question One: What Are The Characteristics Of Latino Youth Who Desire A Pregnancy During Their Adolescent Years?*

The first research question sought to identify specific characteristics of Latino youth that have positive attitudes about childbearing. Four different analyses were conducted for males and females with different sexual experiences, and it yielded a unique set of demographic variables for each of the four groups. Living with a mother, religion's importance, acculturation, generation, and contraception behavior were factors associated with pregnancy wantedness across more than one group.

Living with a mother (either in a female headed household or with a father), reduced positive pregnancy attitudes for sexually experienced males and females and for

sexually inexperienced males. Surprisingly, living with a mother was not a factor for sexually inexperienced females. Multiple studies have documented the importance of living with family, particularly with both mother and father (Upchurch, Aneshensel, Sucoff McNeely, & Levy-Storms, 1999) and the importance of family involvement and communication in reducing youth sexual risk behavior (Gilliam, 2007b; Hutchinson & Montgomery, 2007; Jaccard, Dittus, & Gordon, 1998; Resnick, Bearman, & Blum, 1997). Although living with a mother does not immediately imply good parent-child communication (Raffaelli & Ontai, 2001), it is likely that there are more opportunities for this communication to take place than if the child lives apart from a mother.

Religion's importance in sexual activity and contraception use was found to contribute to pregnancy desire for both male groups and sexually inexperienced females. As religion increased in importance, even if the person was unsure about the influence of religion, positive attitudes about pregnancy increased as well. Interestingly, for sexually inexperienced males and females, being unsure about the religion's importance had a stronger positive impact on the pregnancy desire than other levels of religion's importance.

Religion is a well known protective factor against sexual activity (Burdette & Hill, 2009; Edwards, Fehring, Jarrett, & Haglund, 2008; Kirby, Lepore, & Ryan, 2005; Liebowitz, Calderón Castellano, & Cuéllar, 1999). Religion's salience (importance of religion in one's life) and private religion (praying) delays sexual behavior and reduces the odds of sexual intercourse (Burdette & Hill, 2009). Therefore, it is not surprising that religion turned out to be significant mostly for the sexually inexperienced respondents. This importance might also be the reason they were still not sexually active. Despite their

sexual inactivity, these youth held higher levels of pregnancy wantedness than youth for whom religion was not important at all. According to Edwards and colleagues (2008), frequent church attendance was associated with traditional Latino values, particularly for less acculturated Latino adolescents and females. Religion might also be important in fostering traditional Latino values of familism and gender roles, which include a focus on the family and childbearing.

Higher levels of acculturation were associated with lower levels of pregnancy wantedness for both female groups. Sexually inexperienced males and sexually experienced females from the 1<sup>st</sup> generation experienced higher levels of pregnancy wantedness than the more acculturated youth from the second generation.

The positive association of generation status and pregnancy wantedness is consistent with acculturation dynamics. A shift in traditional values is likely to occur as Latinos become more integrated into the mainstream culture. As previously discussed in Chapter 2, studies on Latino sexual behavior offer conflicting evidence. Latina women tend to have higher levels of traditional gender roles (favoring childbirth) and are more likely to initiate sexual relations at an older age (after 16) (Kaplan, Erickson, & Juarez-Reyes, 2002; Newcomb & Romero, 1998; Unger, 2000; Wilson, 2008). Second generation Latina adults are less likely to report that pregnancy was intended than first generation Latinas (Wilson, 2008). Moreover, contraception use at first sexual intercourse, an indication of active pregnancy avoidance, is more common among second generation Latino youth and youth raised in English speaking households (Suellentrop & Sugrue, 2008).

Not knowing their mother's education was found to be significant and positively

associated with pregnancy wantedness for only sexually inexperienced males and females. However, there was no relationship between known education level and pregnancy wantedness. Not knowing the mother's education level might indicate that the mother had a very low educational level. Studies have found that having parents, particularly mothers, with high levels of education results in a delay of sexual initiation and lower rates of teen pregnancy (Jaccard, Dodge, & Dittus, 2003). Educated parents might instill the importance of postponing sexual activity in order to successfully complete an education and pursue a career.

Females classified as lawful permanent residents or citizens experienced higher levels of pregnancy desire than non-lawful residents. This association sharply contrasts with the claim by American anti immigration groups that non-lawful permanent residents actively seek to have anchor babies (FAIRUS, 2008). Our study, however, found the opposite to be true, that it is the lawful resident or citizen who had greater desires for a pregnancy. Additional psychosocial factors must be studied to understand this association and determine any differences by acculturation levels in individuals with the same residency status.

Finally, sexually experienced females who used birth control pills (BCP) had lower pregnancy wantedness. It is not surprising that females that used BCP are actively trying to prevent a pregnancy since using BCP is a clear indication of pregnancy avoidance. However, continuation and consistency of BCP use could not be assessed among this group of females. Condom use, however, was not related to pregnancy wantedness. A possible interpretation is that condoms are also used to prevent STIs. As previously discussed, males are more likely to use condoms with partners they do not



know to prevent STIs (Brady, Tschann, Ellen, & Flores, 2009).

#### *5.4.2 Discussion of Research Question Two: Are Pregnancy Prevention Behavioral Intentions Associated With Pregnancy Wantedness?*

The second research question sought to explore the association between the intentions to engage in several pregnancy prevention behaviors and actual pregnancy wantedness. Although professionals who work with youth might be inclined to look at adolescents' intentions to protect themselves as a sign of active pregnancy avoidance, these results indicate that this is not the case for all behaviors or for all groups of youth.

This study found that males' condom use intention was the only behavioral intention associated with pregnancy desire regardless of their sexual experience. Males had lower pregnancy desire if they planned to use a condom when they have sex. Actual condom use was not associated with pregnancy attitudes when analyzed in research question one. To my knowledge no studies have examined the relationship between actual condom use, and pregnancy desire in males. However, other studies have documented that females with anti-pregnancy and pro-pregnancy attitudes do not differ in their contraception use, compared to females who were ambivalent (Bruckner, Martin, & Bearman, 2004). Bruckner and colleagues found that ambivalent women were less likely to use contraception. However, women with anti-pregnancy and pro-pregnancy attitudes had similar contraception use rates.

For sexually inexperienced females, their intentions to engage in abstinence were associated with lower pregnancy wantedness. It is possible that the same factors that influence abstinence in females are also responsible for lowering their pregnancy desire. Additional longitudinal research might shed some light on how previously abstinent females change their minds when they do decide to have sex and how or if their attitudes

about childbearing are shaped by that decision.

*5.4.3 Discussion of Research Question Three: Are Attitudes, Subjective Norms And Perceived Behavioral Control Associated With Pregnancy Prevention Behavioral Intentions?*

The last research question tested the Theory of Planned Behavior (TPB) by examining the associations between different attitudes, norms, and perceived behavioral controls and each behavioral intention. According to this study, it appears that perceived behavioral control had the strongest predictive value on behavioral intentions than attitudes and norms. Father's and mother's norms were also associated with increased behavioral intentions for males.

For all behaviors and participants, perceived behavioral control was significant and positively related to the behavioral outcome. For every group, except for abstinence intentions for sexually experienced males, control beliefs were the most important predictors of behavior intentions. This is consistent with Kirby's meta analysis (2007) of pregnancy prevention education programs. Confidence in contraception use and self efficacy are strong protective factors against pregnancy and have a high potential for change. It is not surprising that females' perceived behavioral controls are significant. According to Bordeau and colleagues (2008), Latina adolescents are growing more assertive in their decisions to use contraception.

The role of parental norms in behavioral intentions was significant for both male groups regardless of sexual experience. Having strong father norms was shown to increase abstinence intentions among males, but strong mother norms increased condom use for males. On the other hand, mother norms increased abstinence intentions only for sexually inexperienced females. Although it is not surprising that males identify more

with their fathers and females to their mothers, no studies were found that differentiate between fathers' and mothers' influence on their sons and daughters. The role of parents has been well documented in the literature. Living with a parent, communicating openly about sex, and parental education have been found to be protective factors (Gilliam, 2007a; Jaccard, Dodge, & Dittus, 2003; Raffaelli & Ontai, 2001; Rasberry & Goodson, 2009). While, these studies have focused on sexual behavior and pregnancy intentions, they have not addressed use of specific contraceptives, such as condom and BCP use, among young women. Due to the traditional values imparted in the household and differences in gender sexualization by Latino parents, women receive a strong message about abstinence, but they do not receive information about preventing a pregnancy when they have sex (Gilliam, 2007a; Raffaelli, 2004; Raffaelli & Ontai, 2001; Upchurch, Aneshensel, Mudgal, & Sucoff McNeely, 2001). Perhaps this is why parental norms were not significant for sexually active women. Once they step outside the traditional norm, they defy their parents' ideas of promiscuity and rely on their partners for normative cues (Denner, 2004). Perhaps that is the reason why this study found that having a partner supportive of BCP use was associated with greater BCP use intentions among females.

For sexually inexperienced males, their intentions to remain abstinent were related to the belief that abstinence means self respect. In the focus group discussions self respect and sexual abstinence was a common theme for discussion, but participants, both males and females, considered that it was more relevant for females. For example, it was a common belief among participants that females that respect themselves did not have sex, and males who respected their female partners respected them more if they were opposed to having sex. The concept of self respect is usually tied to the traditional value

of *marianismo*, so it was surprising to see that this belief was significant for males but not for females.

There were two important associations between attitudes and intentions for sexually experienced males. First, the belief that abstinence means that one does not love the partner increased abstinence intentions. I can suppose that males that believe that they will not be able to demonstrate love will have greater intentions to not have sex. This was a surprising finding, as focus group participants repeatedly asserted that males convinced females to have sex by telling them that it was a way to demonstrate their love and that by abstaining they are implying that they do not love them. Thus, this association seems to contradict this sentiment.

Males have lower abstinence intentions when they perceive pressure from their partners to have sex. It makes sense that partner pressure would decrease one's intentions. What seems unexpected is that this association was significant for the males but not for the females. Studies that address partner pressure in sexual behavior have been studied for females but less so for males. It is possible that females are used to resisting or managing their male partners' pressure. However, traditional views of male promiscuity may hinder Latino adolescent males' abilities to appropriately manage their partners' pressure if they do not want to have sex.

For both sexually experienced males and females, the belief that a condom might break reduced their intentions to use this method. Beliefs of condom malfunction are common among adolescents and has well been documented in the literature (Murphy & Boggess, 1998; Pleck, Sonenstein, & Ku, 1990; Sheeran & Taylor, 1999). Focus group participants also consistently considered condom breaking or not working as reasons for

not using it.

For males, the belief that the partner does not like condoms reduced their condom use intention. This finding seems to contradict the belief that males oppose condom use and that females agree not to use it because of their male partners. This study found the opposite; it was males who held the belief that women do not like condoms. Moreover, studies have consistently shown that perception of pleasure reduction is an important factor in condom inconsistency or lack of use (Espinosa-Hernández & Lefkowitz, 2009; Pleck, Sonenstein, & Ku, 1990). However, pleasure reduction was not found to be a significant factor in this study.

Birth control pill use intentions were studied only for sexually active women. For this group, I found two unexpected associations. First, the attitude that using BCP meant the woman is planning to have sex increased their BCP use intentions. Based on traditional Latino culture values, sexual initiation and assertiveness is frowned upon (Raffaelli, 2004). Therefore, one would expect to find a negative association between this attitude and the outcome. On the contrary, planning to have sex was a positive attribute of Latina sexuality. This finding is consistent with Bourdeau and colleagues (2008) who suggested that females, and particularly more acculturated Latinas, were assertive in their sexual behavior (Bourdeau, Thomas, & Long, 2008) and that more acculturated Latinas were more likely to use contraception than their less acculturated or first generation peers (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006; Wilson, 2008).

Studies have consistently found that misinformation and beliefs about illness and disease were common reasons why Latina women do not use BCP (Gilliam, Warden, Goldstein, & Tapia, 2004; Guendelman, Denny, Mauldon, & Chetkovich, 2000).

However, in this study the attitude that BCP use may affect the health of women appears to increase BCP use intentions. This finding not only contradicts multiple studies on the issue but defies common sense. It is possible that respondents did not understand the item correctly. During the cognitive interviews, I asked respondents about this item to ensure comprehension. According to interviewees' advice, the item was reworded. Still, it is possible that respondents failed to understand the question fully or might have mistaken the terms "affect health" with BCP's contraceptive mechanism, by which it alters the body's hormones to prevent a pregnancy, the reduction of menstrual cramps, and other positive health effects.

#### 5.5 Limitations of the Study

Several limitations must be noted. The purpose of this study was to explore the factors associated with pregnancy wantedness and pregnancy prevention behavioral intentions. Thus, it was designed as a cross-sectional study, a snapshot of the current situation of the population. Since this was a cross-sectional study it is impossible to establish the predictive validity of the model, only the strength of the association between predictors and the outcome.

The recruitment strategy was intended to gather a diverse group of Latino youth in the community. However, recruitment relied on voluntary participation from a convenience sample recruited from public locations. This self-selection introduces an internal validity issue where the participants surveyed might exhibit different characteristics from the general population. This presents some challenges for the generalizability of the results. The similarity of the study participants to the County's Latino population increases confidence somewhat that the findings can be applied to the

population surveyed, young Latinos of Montgomery County. Moreover, given the demographic uniqueness of Latinos in this area, first and second generation youth from mainly Central American countries, the findings cannot be extrapolated to the entire U.S. Latino population.

Social desirability can pose a problem given the amount of sensitive questions in the survey. Participants may have given socially desirable answers instead of answering the questions truthfully. Multiple strategies were put in place to dampen the effect of social desirability and enhance participants' trust in the privacy and confidentiality of the survey. However, factors such as gender, age, and level of acculturation of participants may have influenced their responses. For example, even if participants were aware of the confidentiality of their responses, male respondents and older respondents could have reported greater levels of sexual activity than females or younger respondents. Also, more acculturated participants may have felt more comfortable filling out the survey. Less acculturated or Non Lawful Permanent Resident youth may have reported more socially desirable behaviors due to concerns about the impact of sharing such information on their lives.

A missing value analysis revealed that there were missing data in most variables of interest. Therefore, removal of incomplete surveys and mean imputation of missing values in the retained surveys was necessary. Although the imputed mean was derived from the group mean (based on gender and sexual experience) to closely resemble the true answers on the subscales, this was only an approximation and not the true value. Missing values were equally dispersed throughout the survey. There was no indication that items placed later in the survey had more missing values than items placed at the

beginning of the survey.

Several reasons explain the number of missing values. The survey was self-administered. By eliminating the role of the interviewer social desirability was reduced. However, it was impossible to assess whether a respondent understood the question and was interpreting correctly. In general, participants are more likely to skip over questions they do not understand, are embarrassing for them, or simply to finish the survey faster. Additionally, the survey had over 100 questions and took approximately 30 minutes to complete. It was possible that participants got tired or too discouraged to complete the entire survey. These issues likely contributed to missing values in the surveys collected.

Many questions in the survey asked about sexual behavior and immigration issues as well. Given the sensitivity of these questions, it was not surprising to have missing data in the responses. Moreover, questions about parent's education also had a large amount of missing data, most likely due to recall problems or lack of information.

For the language acculturation scale, missing data on those items could be due to the format and layout of the questions. There were more missing values in the last three items of the Language Acculturation scale than on the first item. This might be an indication that the respondent got confused when reading and answering the questions.

The amount of missing values resulted in the loss of data from 30% of collected surveys. If I was able to reduce missing values and retain the 949 surveys collected, I would have had a more robust sample size for the individual analyses. Moreover, a large sample size could have resulted in better inter-correlations for the theoretical constructs. Finally, the sample removed from the analysis was more likely to be male and older. They were also more likely to have had sex than the retained sample. These differences



had the potential to bias the results of the survey.

## 5.6 Study's Contribution to the Field of Public and Community Health

In the past 30 years countless studies have addressed multiple aspects of sexual and reproductive health and behavior among adolescents due to persistently high rates of teen pregnancy and widespread sexually transmitted infections. As the largest minority population in the U.S., Latinos need to have their sexual health issues examined.

However, a few subjects have been overlooked in the literature. Although Latinos are considered to have positive attitudes towards an early pregnancy, little specific information exists on what factors might trigger these attitudes. Moreover, the literature has ignored whether sexual and contraceptive behavioral intentions are related to these attitudes. This study sought to address these gaps in the literature by examining demographic, familial, and acculturation factors that might be associated with pregnancy attitudes and by identifying whether youth's intentions to prevent a pregnancy are related to such attitudes. Finally, it tested the TBP model and identified specific attitudes, norms and perceived behavioral control that are associated with behavioral intentions. This provides a solid foundation for community practitioners and health educators to address in teen pregnancy reduction interventions for Latino youth.

Several strengths of this study should be noted. First, in designing well informed and culturally appropriate programs, practitioners have called for data relevant to their own communities. This study used the feedback from multiple community members to identify the problem and research questions, develop the data collection instrument, and carry out the study. By involving a diversity of community stakeholders, I am more certain that I was able to address specific questions the community had and to meet their

information needs. Thus, the study's findings are likely to be highly relevant for those working on the field of youth development and health in the area of Montgomery County.

Second, this study undertook the task of expanding the definition and measurement structure of a pregnancy desire construct. It has long been suggested in the literature that unintended pregnancies cannot be measured only by assessing the timing or desires to have a pregnancy. The PWS expanded this definition to include both the cognitive and emotional aspect of what a pregnancy represents in a person's life. It included multiple items addressing specific reasons to have a pregnancy, expressed desire to become pregnant, emotional and affective gains resulting from a pregnancy as well as adverse effects. By including a variety of items, the PWS was able to address the complex psychological dynamics underlying this construct.

Third, this study used the summated PWS score as a continuous variable rather than collapsing the score into categories of intentions, no intentions, or ambivalence, as most studies on this issue have done. To my knowledge, this statistical approach has not been used before in other studies addressing this issue. Most studies have used either a direct measurement of pregnancy intentions or have collapsed a scale into two or three categories. Therefore, it was difficult to compare the PWS scores to other findings in the literature. If I were to cluster the PWS score results into three distinct categories, using a rationale similar to what other studies have used (Stevens-Simon, Sheeder, Beach, & Harter, 2005), it is likely that most respondents would fall under the ambivalence category because the scores for both males and females clustered in the mid range. Collapsing a scale into three categories thus would ignore the true effect of demographic factors on pregnancy intentions. Moreover, respondents might have been arbitrarily

placed inside a category they did not necessarily fall under.

By leaving the PWS summated score as a continuous variable and conducting linear instead of logistical regression, I was able to identify pertinent demographic, familial, behavioral, and acculturative factors that exerted a change in the pregnancy wantedness score. Therefore, besides confirming the state of ambivalence most youth have expressed regarding an early pregnancy, I was able to assess the factors that trigger this ambivalence.

Fourth, the recruitment strategy used in this study expanded our understanding of attitudes and norms that a diverse group of Latino male and female youth hold. By using a central location intercept approach, I was able to recruit a wide variety of youth who attend or do not attend school and those who might be at risk, married, or parenting. Most studies reviewed have used either male or female participants and have recruited mainly from one location, usually a family planning or community health clinic. Although numerous studies have addressed Latino youth sexual behavior, most studies have been conducted in large Latino enclaves. Thus the literature has overwhelmingly studied Mexican youth. By conducting this study in Montgomery County, Maryland, I was able to study a group of Latinos that seldom appear in research studies, Central Americans, particularly El Salvadorians.

Finally, the findings from this study will be widely disseminated in the community. Since the research was community driven, multiple community organizations have shown interest in getting a briefing on the results and their implications to their institutional programs. Moreover, this study will supply Montgomery County with updated data on Latino youth sexual behavior they can use for

grant application, strategic programming, and policy advocacy. The study's findings will be disseminated by meetings with multiple organizations, dissemination of a brief report with key indicators to County and State stakeholders through established networks of professionals working in the field, and through the media.

## 5.7 Recommendations for Further Research

This study provided further evidence needed to appropriately tailor intervention programs to curb teen pregnancy. However, additional questions arose from the study that deserve to be closely examined in future research. Parents were found to be an important factor in reducing pregnancy wantedness among most youth. This study found that parental norms reduce pregnancy wantedness for all groups with the exception of sexually inexperienced females. It is important to address how parental norms change over time for youth with different levels of acculturation and different living arrangements, and how these norms change before and after youth become sexually active. This study suggested that more educated parents have a stronger influence on some preventive behaviors than parents with less than high school. Therefore, it would be interesting to learn about the messages regarding pregnancy, future plans, and children's goals parents with different levels of acculturation and education convey to youth.

Youth with greater levels of acculturation, as measured by language and generational status, had less pregnancy desire. In order to appropriately address it in an intervention, it would be important to learn about specific factors associated with acculturation that could also be responsible for pregnancy attitudes. For example, research could examine whether acculturation is related to parents' improved income or education level. These factors are also associated with pregnancy wantedness among

youth. Moreover, future studies with a larger sample of Latinos should explore the differences in pregnancy wantedness between youth originally from Central America, South America and the Caribbean. Such research could reveal if regional differences affect youth pregnancy desires.

Religious youth tend to hold more positive attitudes about pregnancy. Studies have addressed sexual behavior based on multiple religion measures; however, we still do not know why religion both decreases the likelihood of sexual behavior and increases the desire for a pregnancy. It would be important to examine what specific aspects of religion influence pregnancy wantedness. Moreover, not all religions are alike. This merits a closer examination of multiple religious affiliations, including Seventh Day Adventists, Baptist, and Pentacostal to identify what religious doctrine promotes pregnancy prevention behavior among youth, or whether these attitudes are the result of individual parishes and the congregation.

Youth with greater perceived behavioral control and parents having strong norms have greater intentions to engage in abstinence. The content and communication patterns parents use to impart their norms should be further explored. More importantly, this points to the need to identify key messages parents use to educate their children about sexuality, promote education, and foster healthy relationships. More specifically, it would be important to identify messages fathers convey to their sons and messages mothers convey to their daughters. This study found that parental norms were important to children of the same biological sex. Future studies could address the difference in paternal norms for males who live with their mothers and do not have contact with their father, a male guardian, or any other father figure.

Interestingly, parental norms were not significant for sexually active females. More research should be conducted regarding girls' changing perceptions and acceptance of parental norms. Acculturation should be included as a potential covariate, as acculturation can modify girls' acceptance of mothers' norms and influence girls' sexual behavior.

For some youth, the perception of control over abstinence increased their intentions to be abstinent. Interestingly, this was only the case for sexually experienced males and abstinent females. Future research should address the pressure abstinent males are subject to from their partners and peers, cultural values on sexual behavior, and perspectives of healthy relationships that influence their perceived control of remaining abstinent. Sexually active males have greater intentions to engage in abstinence if they believe that their partner will pressure them or if they believe that abstinence means that they do not love their partners. These findings were surprising as it contradicts documented knowledge about male sexual behavior and attitudes. Therefore, a qualitative study should address abstinence intentions among sexually active males and inquire about these and other attitudes that would motivate them to stop having sex.

For sexually active males, mothers were influential in their intentions to use a condom. It would be interesting to explore further the influence of fathers in promoting abstinence versus the influence of mothers in promoting condoms. For both sexually active males and females, their perception of condom use increases their condom use intentions. Although past research has addressed attitudes about condom use for males, it would be important to assess how these control beliefs change for men and women before and after using condoms.

Sexually active females had greater intentions to use birth control if they believed that using them meant that they were planning to have sex. The concept of *marianismo* in this community defies the notion that planning sex and taking necessary precautions are positive attributes. Therefore, the changes in traditional views of women about sexuality should be further explored, as well as assessing the role of acculturation in changing perceptions and misconceptions about birth control.

Too often health behaviors are attributed to culture and ignore underlying socio-economic factors that might influence attitudes and behaviors. This study used very limited proxy measures of socio economic status due to limitations of participant knowledge and recall about their parents' income, education level, and employment, and their own FARM status. Future studies should include a sample of participants from a wide range of socio economic levels and should include multiple and reliable measures of socio economic status. This analytical approach is important in order to distinguish pregnancy wantedness and behavioral intentions due to household income or to cultural idiosyncrasies.

Finally, this study should be replicated with other racial groups in the County to be able to compare pregnancy wantedness and behavioral intentions between Latinos and other groups. Future studies should attempt to recruit a larger sample size in order to have a robust sample for sub-group analysis by gender, sexual experience, race and ethnicity, income level and parental education.

If this study is replicated, several changes to the questionnaire and methods are suggested. First, the survey should be kept shorter, less than 50 questions, to reduce the potential impact of length on missing values. Sensitive questions, such as residence

status, should be moved to the end of the survey to avoid embarrassing the participant and biasing their responses. Skip patterns should be used to a minimum or if possible taken out altogether to avoid confusion from respondents. If youth recruiters are used, there should be more oversight and periodic direct observation of recruitment to correct recruitment practices, solve problems, and keep a high standard throughout. Also, better training should be given to keep an accurate record on youth who declined to participate. Finally, more formal recruitment places, such as clinics, after school programs, training programs, should be sought by engaging additional community organizations in the study to open access to more youth.

The development of the PWS was the first step in expanding current definitions of pregnancy intentions among youth. However, if future studies use this scale with other populations, formative research should first be conducted to ensure that the themes addressed in the scale are consistent with those populations' attitudes and beliefs. By validating the scale among multiple groups, it will be possible to compare pregnancy intentions among racially and socio economically diverse populations.

Moreover, further analysis must be conducted with the scale to validate it as an outcome measure. This study only suggested the association of certain variables to pregnancy desire. However, a prospective study can assess whether scores in the Pregnancy Wantedness Scale are predictive of future pregnancies. Finally, to further assess the construct validity of the scale, a confirmatory factor analysis should be conducted.



## 5.8 Programmatic Implications

Table 35 below describes the programmatic implications and recommendations based on this study's findings. These recommendations should consider the youth's gender and sexual experience as these factors may influence program effectiveness. The symbol (+/-) denotes direction of the association between predictor and outcome.

Table 35: List of Programmatic Implications and Recommendations.

<b>Programmatic implications</b>	
<b>Pregnancy Wantedness</b>	
Acculturation and generation (-)	<p>Programs should be able to acknowledge the impermanence of traditional Latino values among Latino youth in the U.S. Recent immigrants might be less sexually active, have more positive attitudes toward pregnancy and may exhibit lower rates of contraception. More acculturated youth might be able to navigate the system better in order to effectively prevent a pregnancy. Youth's ability to access and effectively use community resources, their values and life expectations, and their attitudes about sexuality are all modified by their contact with the American main culture, and thus should be addressed in any intervention. Interventions should take into consideration the level of acculturation of the participants. Traditional values should be strategically used to promote pregnancy avoidance. Values consistent with higher levels of acculturation should also be used to strengthen attitudes, beliefs, and goals that are at odds with an early pregnancy and promote them among less acculturated youth.</p>
Religion (+)	<p>Educational programs should consider the religiosity of their students and involve churches in the effort to prevent early pregnancy. Churches can be involved in teen pregnancy prevention efforts by promoting healthy relationships, educational attainment, and establishing high expectations of their youth parishioners. They should also identify messages in their church that promote pregnancy attitudes and direct these messages away from youth. Childbearing and family formation should be promoted according the religion's beliefs but at a later point the person's life.</p>
Parental influence (-)	<p>Efforts to curb teen pregnancy should involve parents. Programs must address parent-teen communication and content of these messages. Parental communication trainers should focus on simple messages parents can feel comfortable conveying to their children. Parents must address children's goals, emphasize education importance, and teach children about healthy relationships. Latino parents can be engaged through targeted messages conveyed in printed form or media or oral presentations in places they frequent. These places can range from community clinics, employment centers, consular offices, and schools.</p>
<b>Abstinence Intentions</b>	
Means no love (+) Partner will pressure (-) Self-respect (+)	<p>Interventions targeting male adolescents should address beliefs of self-respect, importance of showing love without sexual contact, and management of pressure by partners to have sex.</p>

<b>Programmatic implications</b>	
Father's norms (+)	Parents should be involved in sex education programs. As participants, parents should learn how to strengthen their communication with their children and convey messages that promote abstinence messages and delay sexual initiation. Programs must foster the participation of fathers or male mentors, not only mothers.
Perceived behavioral control (+)	Strengthen perception of control by training youth in partner communication strategies, managing pressure from partners and friends, and resist cultural impulses and social norms that promote sexual behavior.
<b>Condom Use Intentions</b>	
Condom will break (-)	Basic sexual health presentations should address condom efficacy, correct condom use, and strategies to reduce condom malfunction due to breakage or slippage. Emphasize the benefits of using a condom over not using any contraception at all.
Perceived behavioral control (+)	Strengthen youth's perception of control over condom use and self-efficacy by improving negotiation skills related to condom use with partner, addressing barriers in condom acquisition (purchasing condoms or getting them at a health clinic), planning a sexual encounter and carrying condoms at all times. These programs must be provided to both males and females, with a stronger self-efficacy component for males in order to reinforce their skills in correctly using a condom in different circumstances.
<b>Birth Control Pill Use Intentions</b>	
Means planning sex (+)	Reinforce the positive value of planning a sexual encounter and taking appropriate measures to prevent a pregnancy.
Perceived behavioral control (+)	Interventions should strengthen females' perceived control and self-efficacy surrounding the use of birth control, reducing barriers, and improving confidence in taking the method correctly.
Low use rate of BCP among sexually experienced females	Increase use of birth control pills and other hormonal methods by promoting the positive aspects of the method, reducing barriers to access, and reducing misinformation that keep youth from using the method. Males must also be made aware of the effects and access to hormonal methods so they can discuss and negotiate BCP use with their partners.

## 5.9 Summary

Latino youth are a heterogeneous group that exhibit pregnancy desire and sexuality attitudes at different levels depending on each individual's particular characteristics associated with their culture, living arrangements, and contact with American culture. Based on the findings of this study it would be inaccurate to suggest that Latino youth as a whole desire a pregnancy or feel happy about it. Desiring a pregnancy is influenced by a complex set of factors that may motivate behavior but does not determine it. Religiosity, parental roles, and acculturation level, for example, influence youth differently with regards to their sexuality and pregnancy attitudes. Religion not only protects youth from early sexual activity but also promotes positive pregnancy attitudes. Traditional Latino beliefs and the value of familism may be communicated more strongly through religious messages. Therefore, educational programs must consider these differences when addressing the needs of the Latino population.

This study confirmed that parents play a crucial role in the lives of their children, particularly when it comes to pregnancy desire. Youth that live with their parents, and especially with their mothers, are less likely to desire a pregnancy. Moreover, children from mothers with a high school diploma also exhibit lower levels of pregnancy desire. Although living arrangements and parental education cannot be changed in educational programs, educators must address the importance of the parent's role in pregnancy and sexual risk behavior. Programs must focus on parent-child communication by strengthening parental skills and confidence in talking to their children about education, future goals, healthy relationships, and sexuality. Interventions must also include fathers or paternal figures in programs when addressing boys' sexual behaviors.

Acculturation into the American mainstream culture is a mixed blessing for Latino youth. As youth become acculturated, their sexual attitudes and behaviors progressively change. Less acculturated youth tend to have less sex and fewer sexual partners, but they are also more likely to want a pregnancy, perhaps due to traditional values emphasizing familism. More acculturated youth have less pregnancy desire but exhibit higher rates of risky sexual behavior. It is possible that more acculturated youth place less importance on the Latino values of *marianismo* and *machismo* and feel freer to explore their sexuality.

Youth's intentions to engage in safe sex, either by abstaining from sex altogether or using condoms or birth control pills, are highly influenced by their level of perceived control. Therefore, any sex education program must emphasize ways that youth can control their reproductive health and prevent pregnancy. Moreover, educators must also go back to basics and discuss common misperceptions regarding contraception use and strengthen youth's ability to negotiate contraception use and resist pressure from peers and partners.

This study provided evidence that a multi-pronged approach to curb Latino teen pregnancy is in order. Teen pregnancy must be addressed at multiple levels of the social ecology—the intra-personal, the inter-personal, and cultural. Not only are Latinos likely to exhibit different needs than their peers from other racial and ethnic groups, there are important variations within the Latino youth group. Recognizing and addressing these differences is the first step to effective program design.

Appendix A  
IRB Approval Letters and Memoranda of Understanding



# UNIVERSITY OF MARYLAND

INSTITUTIONAL REVIEW BOARD

2100 Lee Building  
College Park, Maryland 20742-5125  
301.405.2412 TEL 301.314.1475 FAX  
irb@deans.umd.edu  
www.umresearch.umd.edu/IRB

April 07, 2009

## MEMORANDUM

*Application Approval Notification*

**To:** Dr. Nancy L. Atkinson  
Genevieve Martinez Garcia  
Public and Community Health

**From:** Joseph M. Smith, MA, CIM *MS*  
IRB Manager  
University of Maryland, College Park

**Re:** **IRB Application Number:** 08-0628  
**Project Title:** "Preventing Unintended Pregnancies Among Latino Youth"

**Approval Date:** March 19, 2009

**Expiration Date:** March 19, 2010

**Type of Application:** Initial

**Type of Research:** Non-Exempt

**Type of Review for Application:** Full Board

**Degree of Risk:** No greater than minimal



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MARYLAND

INSTITUTIONAL REVIEW BOARD

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May 11, 2009

**MEMORANDUM**

*Application Approval Notification*

**To:** Dr. Nancy L. Atkinson  
Genevieve Martinez Garcia  
Public and Community Health

**From:** Joseph M. Smith, MA, CIM *MS*  
IRB Manager  
University of Maryland, College Park

**Re:** **IRB Application Number:** 08-0628  
**Project Title:** "Preventing Unintended Pregnancies Among Latino Youth"

**Approval Date:** May 08, 2009

**Expiration Date:** March 19, 2010

**Application Type:** *Addendum/Modification:*  
Approval of request, submitted to the IRB office on May 01, 2009, to increase the sample sizes of youth focus programs, pilot testing and youth survey; to increase the age range of participants recruited for the cognitive testing, pilot testing and survey.

**Type of Research:** Non-Exempt





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MARYLAND

INSTITUTIONAL REVIEW BOARD

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irb@deans.umd.edu  
www.umresearch.umd.edu/IRB

August 10, 2009

**MEMORANDUM**

*Application Approval Notification*

**To:** Dr. Nancy L. Atkinson  
Genevieve Martinez Garcia  
Public and Community Health

**From:** Joseph M. Smith, MA, CIM

A handwritten signature in black ink, appearing to read 'MS'.

IRB Manager

University of Maryland, College Park

**Re:** **IRB Application Number:** 08-0628

**Project Title:** "Preventing Unintended Pregnancies Among Latino Youth"

**Approval Date:** August 10, 2009

**Expiration Date:** March 19, 2010

**Application Type:** *Addendum/Modification:*  
Approval of request, submitted to the IRB office on August 05, 2009, to approval the final version of the survey in English and Spanish; to clarify the recruitment script.

**Type of Research:** Non-Exempt

**MEMORANDUM OF UNDERSTANDING  
REGARDING USE OF DATA IN RESEARCH STUDY PROJECT**

**BETWEEN**

**IDENTITY, INC. AND GENEVIEVE MARTINEZ GARCIA**

This Memorandum of Understanding hereinafter referred to as the MOU, between Identity, Inc. and Genevieve Martinez Garcia, is effective upon signing by the parties.

This MOU is for the purpose of clarifying rights and responsibilities in regard to collection, analysis, publication and any other use of data collected by Identity and/or Planned Parenthood or Genevieve Martinez Garcia in connection with Genevieve's research project to assess youth's attitudes, social norms and behavioral controls that may influence their intentions to prevent a pregnancy. This study is being conducted jointly with Identity, Inc. and other agencies, including Planned Parenthood. Identity is one agency responsible for data collection.

**1) Ownership of Data**

a) Any and all data collected in connection with this research project will be the shared property of Identity, Inc. and Genevieve Martinez Garcia. This includes data collected through any means, including but not limited to surveys, focus groups and interviews. This applies to data whether collected by Identity employees, youth volunteers, other agencies or by Ms. Martinez Garcia during the focus groups.

**2) Use of Data**

a) Ms. Genevieve Martinez Garcia is free to develop manuscripts, articles or publish reports based upon any and all collected data.

b) Identity is free to develop manuscripts, articles or publish reports based upon any and all collected data.

c) Any data collected in connection with this research project cannot be sold to any other party and cannot be shared with any other party without the prior written authorization of both Identity, Inc. and Genevieve Martinez Garcia.

**3) Publication and Authorship**

a) Genevieve Martinez Garcia agrees to acknowledge Identity, Inc. and its role in this research project in any and all publications. Identity, Inc. agrees to acknowledge Genevieve Martinez Garcia and the University of Maryland School of Public Health, and her role in this research project in any and all publications.

**4) Protection of Proprietary Interests**

a) Genevieve Martinez Garcia and Identity, Inc. agree to limit dissemination of any and all data referred to above to those persons, including staff and consultants with whom

each may work, to those who have a need to know such proprietary data in order to fulfill their agreements under contracts with Identity or with Genevieve Martinez Garcia.

**5) Location and Storage of Data**

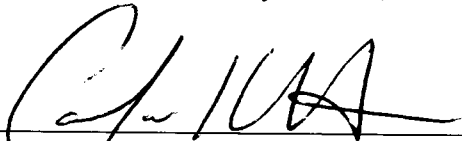
a) The hard copies of surveys will be stored by Genevieve Martinez Garcia. All hard copies of surveys as well as focus group recordings will be destroyed 12 months after data is collected. Identity, Inc. will receive a complete copy of all the survey data collected as well as in SPSS format the focus group summaries which are prepared in connection with this research project.

**6) Term**

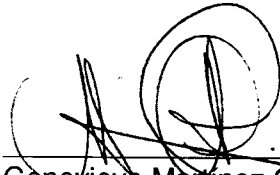
a) This MOU shall be effective as of the date of signing by both parties and shall continue in force until specifically terminated by the parties in writing.

b) The limitation on the use of the data which is described herein shall survive the termination of the MOU.

Signed this Wednesday, June 3, 2009.



Candace Kattar  
For Identity, Inc.



Genevieve Martinez Garcia  
UMD-CP, School of Public Health

**MEMORANDUM OF UNDERSTANDING  
REGARDING USE OF DATA IN RESEARCH STUDY PROJECT**

**BETWEEN**

**PLANNED PARENTHOOD METROPOLITAN WASHINGTON  
AND GENEVIEVE MARTINEZ GARCIA**

This Memorandum of Understanding hereinafter referred to as the MOU, between Planned Parenthood of Metropolitan Washington and Genevieve Martinez Garcia, is effective upon signing by the parties.

This MOU is for the purpose of clarifying rights and responsibilities in regard to collection, analysis, publication and any other use of data collected by Identity and/or Planned Parenthood or Genevieve Martinez Garcia in connection with Genevieve's research project to assess youth's attitudes, social norms and behavioral controls that may influence their intentions to prevent a pregnancy. This study is being conducted jointly with Planned Parenthood of Metropolitan Washington and other agencies, including Identity, Inc.. Planned Parenthood is one agency responsible for data collection.

**1) Ownership of Data**

a) Any and all data collected in connection with this research project will be the shared property of Planned Parenthood of Metropolitan Washington and Genevieve Martinez Garcia. This includes data collected through any means, including but not limited to surveys, focus groups and interviews. This applies to data whether collected by Planned Parenthood of Metropolitan Washington employees, youth volunteers, other agencies or by Ms. Martinez Garcia during the focus groups.

**2) Use of Data**

a) Ms. Genevieve Martinez Garcia is free to develop manuscripts, articles or publish reports based upon any and all collected data.

b) Planned Parenthood of Metropolitan Washington is free to develop manuscripts, articles or publish reports based upon any and all collected data.

c) Any data collected in connection with this research project cannot be sold to any other party and cannot be shared with any other party without the prior written authorization of Planned Parenthood of Metropolitan Washington, Genevieve Martinez Garcia and Identity, Inc.

**3) Publication and Authorship**

a) Genevieve Martinez Garcia agrees to acknowledge Planned Parenthood of Metropolitan Washington and its role in this research project in any and all publications. Planned Parenthood of Metropolitan Washington agrees to acknowledge Genevieve Martinez Garcia and the University of Maryland School of Public Health, and Identity, Inc. and their role in this research project in any and all publications.

#### 4) Protection of Proprietary Interests

a) Genevieve Martinez Garcia and Planned Parenthood of Metropolitan Washington agree to limit dissemination of any and all data referred to above to those persons, including staff and consultants with whom each may work, to those who have a need to know such proprietary data in order to fulfill their agreements under contracts with Planned Parenthood of Metropolitan Washington or with Genevieve Martinez Garcia.

#### 5) Location and Storage of Data

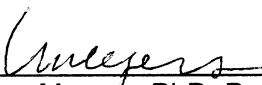
a) The hard copies of surveys will be stored by Genevieve Martinez Garcia. All hard copies of surveys as well as focus group recordings will be destroyed 12 months after data is collected. Planned Parenthood of Metropolitan Washington will receive a complete copy of all the survey data collected as well as in SPSS format the focus group summaries which are prepared in connection with this research project.

#### 6) Term

a) This MOU shall be effective as of the date of signing by both parties and shall continue in force until specifically terminated by the parties in writing.

b) The limitation on the use of the data which is described herein shall survive the termination of the MOU.

Signed this Friday, July 24, 2009.

  
\_\_\_\_\_  
Laura Meyers, PhD, President and CEO  
Planned Parenthood  
of Metropolitan Washington

  
\_\_\_\_\_  
Genevieve Martínez García  
UMD-CP, School of Public Health

Appendix B  
Consent Forms for the Cognitive Interview, Pilot Test , and  
Survey

## Cognitive Testing Consent Form (English)

Page 1 of 2

Initials \_\_\_\_\_

Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth
<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park, and Identity, Inc.. We are inviting you to participate in this study because you are a Latino or Latina between the ages of 14-19, and live in Montgomery County, Maryland. The purpose of this study is to test whether the survey we have developed will be understood by youths like you. We want to know your opinion about the questions in the survey.
<b>Procedures</b>	Your participation involves in this research involves reading a survey out loud. The researcher will ask you questions about the words and some of the questions included in the survey. We want to know if there are words or questions you do not understand, and if there are questions you feel are too sensitive or embarrassing for youth like you to answer. Your comments will be used to change the survey and prepare a final draft. The survey you will evaluate is about sexuality. We won't ask you to answer the questions of the survey, but reading the questions out loud might make you feel embarrassed. The survey will ask questions such as "Did you use any form of birth control the first time you had sex?" and "How frequently do you have sex?" If you feel uncomfortable reading some questions, you don't have to read them, just tell the researcher how you feel and the question will be skipped. The testing will take no longer than 2 hours.  In appreciation, we will give you an information sheet listing health services in your community a \$10 value gift.
<b>Confidentiality</b>	The investigators promise to keep all the information confidential as required by law. To help protect your privacy and confidentiality, we won't ask for your full name, physical address or any other information that may identify you. The researchers will only take notes of your suggestions and comments and will use this information to make changes to the final draft of the survey. Because her notes won't have your name on them, she won't be able to link your comments to you. All the information that she writes will be kept in a locked cabinet in the principal investigator's office in the University of Maryland. The information will be destroyed after 12 months. Only the researchers will have access to the survey.  If during the study you tell us that you are a victim of neglect or abuse by your parents, or that your child is a victim of neglect or abuse, I need to inform the Child Welfare Services. If you need to report neglect or abuse of yourself or any other child, please call 1-240-777-4417
<b>Risks</b>	There are no known physical risks associated with participating in this research project. It is possible that you feel uncomfortable answering some sensitive questions about sex.

Initials \_\_\_\_\_  
Date \_\_\_\_\_

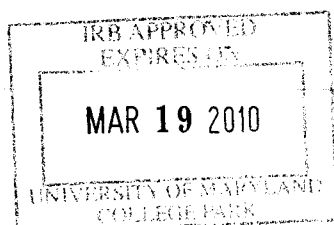
<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
<b>Benefits</b>	This research is not designed to help you personally, but the results may help the researchers learn more about what the sexual health services youths need. We hope to use this information to improve youth programs in Montgomery County.	
<b>Freedom to withdraw</b>	Your participation in this research is completely voluntary. You may choose not to take part at all. You may stop participating at any time. You will always be able to use Identity, Inc. services, no matter if you decide to participate or not participate.	
<b>Medical treatment</b>	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.	
<b>Ask questions</b>	Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a> ; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.	
<b>Age of Subject &amp; Consent</b>	Your signature indicates that: You are at least 18 years of age the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.	
<b>Signature and Date</b>	<b>NAME OF SUBJECT</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	

Iniciales \_\_\_\_\_  
Fecha \_\_\_\_\_

**Formulario de consentimiento de la evaluación cognitiva de la encuesta  
(español)**

Revised 5/6/2009

<b>Nombre del Proyecto</b>	Previendo los embarazos no intencionales en la juventud latina
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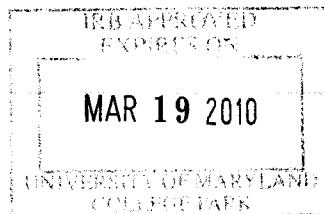


<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park, y la organización Identity, Inc. están llevando a cabo este estudio. Te estamos invitando a participar porque eres latino o latina y estás entre las edades de 14-19 años de edad, y actualmente vives en el condado de Montgomery. El propósito de este estudio es evaluar si la encuesta que hemos desarrollado la entienden chicos como tu. Queremos conocer tu opinión acerca de las preguntas de la encuesta.
<b>Procedimiento</b>	<p>Para ser parte de este estudio te pedimos que leas en voz alta una encuesta. La investigadora te preguntará si entiendes las palabras o preguntas en la encuesta. Queremos saber si hay preguntas o palabras difíciles de entender o si hay preguntas que puedan avergonzar a alguien. Usaremos tus sugerencias y comentarios para mejorar la versión final de la encuesta.</p> <p>La encuesta que leerás es sobre sexualidad. No te pediremos que contestes las preguntas de la encuesta, pero al leer las preguntas en voz alta te puedes sentir avergonzado(a). La encuesta te hará preguntas como “¿Usaste contraceptivos la primera vez que tuviste relaciones sexuales?” y “¿Cuán frecuentemente tienes relaciones sexuales?”. Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). Dile a la investigadora como te sientes y brincaremos esa pregunta. La evaluación no tomará más de 2 horas.</p> <p>En agradecimiento, te daremos una hoja informativa con los servicios de salud sexual y reproductiva en tu comunidad y un regalo con un valor de \$10 dólares.</p>
<b>Confidencialidad</b>	<p>Los investigadores mantendrán toda la información confidencial según lo requiere la ley. Para proteger tu privacidad y confidencialidad, no preguntaremos tu nombre completo, la dirección de tu casa o cualquier otra información que te pueda identificar. La investigadora sólo tomará notas de tus comentarios y usará esta información para mejorar la versión final de la encuesta. Como sus notas no llevarán tu nombre, ella no podrá vincular tus comentarios a tu persona. Toda la información que ella escriba se guardará en un gabinete cerrado en la oficina de la investigadora principal en la Universidad de Maryland, la información será destruida en 12 meses. Solo las investigadoras tendrán acceso a la información.</p> <p>Si durante esta evaluación tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, tenemos que informárselo a los Servicios para el bienestar de menores. Si tú quieres reportar un caso de abuso o abandono de un niño o adolescente, puedes llamar al 1-240-777-4417.</p>
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad. en el estudio.

Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar la información sobre sexualidad que necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
<b>Libertad de no participar</b>	Tu participación es completamente voluntaria. Puedes decidir no participar. Puedes dejar de participar en cualquier momento. Tú siempre podrás usar los servicios de Identity, Inc. no importa si no participas o si dejas de participar.	
<b>Tratamiento médico</b>	La Universidad de Maryland no provee ningún tratamiento médico, hospitalización o seguro de salud para los participantes de este estudio. La Universidad de Maryland tampoco proveerá tratamiento médico o compensación por lesiones sostenidas durante su participación en este estudio, excepto cuando lo requiera la ley.	
<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	Tu firma indica que: Tienes por lo menos 18 años de edad; Te han explicado el estudio; Tus preguntas han sido contestadas completamente; y Que tu decisión de participar en el estudio es libre y voluntaria	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	

**Cognitive Testing Assent Form (English)**

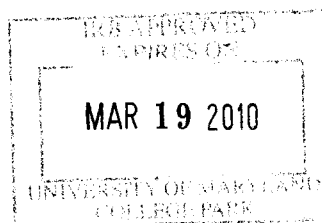


Initials \_\_\_\_\_  
 Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth
<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park, and Identity, Inc.. We are inviting you to participate in this study because you are a Latino or Latina between the ages of 14-19, and live in Montgomery County, Maryland. The purpose of this study is to test whether the survey we have developed will be understood by youths like you. We want to know your opinion about the questions in the survey.
<b>Procedures</b>	Your participation involves in this research involves reading a survey out loud. The researcher will ask you questions about the words and some of the questions included in the survey. We want to know if there are words or questions you do not understand, and if there are questions you feel are too sensitive or embarrassing for youth like you to answer. Your comments will be used to change the survey and prepare a final draft. The survey you will evaluate is about sexuality. We won't ask you to answer the questions of the survey, but reading the questions out loud might make you feel embarrassed. The survey will ask questions such as "Did you use any form of birth control the first time you had sex?" and "How frequently do you have sex?" If you feel uncomfortable reading some questions, you don't have to read them, just tell the researcher how you feel and the question will be skipped. The testing will take no longer than 2 hours. In appreciation, we will give you an information sheet listing health services in your community a \$10 value gift.
<b>Confidentiality</b>	The investigators promise to keep all the information confidential as required by law. To help protect your privacy and confidentiality, we won't ask for your full name, physical address or any other information that may identify you. The researchers will only take notes of your suggestions and comments and will use this information to make changes to the final draft of the survey. Because her notes won't have your name on them, she won't be able to link your comments to you. All the information that she writes will be kept in a locked cabinet in the principal investigator's office in the University of Maryland. The information will be destroyed after 12 months. Only the researchers will have access to the survey.  If during the study you tell us that you are a victim of neglect or abuse by your parents, or that your child is a victim of neglect or abuse, I need to inform the Child Welfare Services. If you need to report neglect or abuse of yourself or any other child, please call 1-240-777-4417
<b>Risks</b>	There are no known physical risks associated with participating in this research project. It is possible that you feel uncomfortable answering some sensitive questions about sex.

Initials \_\_\_\_\_  
 Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
<b>Benefits</b>	This research is not designed to help you personally, but the results may help the researchers and Identity, Inc. learn about the sexual health services youths like you need and improve youths programs in Montgomery County.	
<b>Freedom to withdraw</b>	Your participation in this research is completely voluntary. You may choose not to participate at all. You may stop participating at any time. You will always be able to use Identity, Inc.'s services even if you decide not to participate.	
<b>Medical treatment</b>	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.	
<b>Ask questions</b>	<p>Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD</p> <p>For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
<b>Age of Subject &amp; Consent</b>	Your signature indicates that: the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.	
<b>Signature and Date</b>	<b>NAME OF SUBJECT</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	



Iniciales \_\_\_\_\_

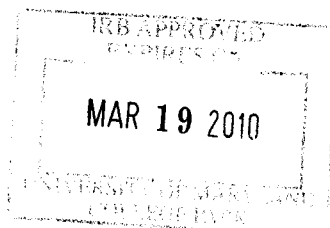
Fecha \_\_\_\_\_

**Formulario de asentimiento de la evaluación cognitiva de la encuesta (español)**

<b>Nombre del Proyecto</b>	Previendo los embarazos no intencionales en la juventud latina
<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park, y la organización Identity, Inc. están llevando a cabo este estudio. Te estamos invitando a participar porque eres latino o latina y estás entre las edades de 14-19 años de edad, y actualmente vives en el condado de Montgomery. El propósito de este estudio es evaluar si la encuesta que hemos desarrollado la entienden chicos como tu. Queremos conocer tu opinión acerca de las preguntas de la encuesta.
<b>Procedimiento</b>	<p>Para ser parte de este estudio te pedimos que leas en voz alta una encuesta. La investigadora te preguntará si entiendes las palabras o preguntas en la encuesta. Queremos saber si hay preguntas o palabras difíciles de entender o si hay preguntas que puedan avergonzar a alguien. Usaremos tus sugerencias y comentarios para mejorar la versión final de la encuesta.</p> <p>La encuesta que leerás es sobre sexualidad. No te pediremos que contestes las preguntas de la encuesta, pero al leer las preguntas en voz alta te puedes sentir avergonzado(a). La encuesta te hará preguntas como “Usaste contraceptivos la primera vez que tuviste relaciones sexuales?” y “¿Cuán frecuentemente tienes relaciones sexuales?”. Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). Dile a la investigadora como te sientes y brincaremos esa pregunta. La evaluación no tomará más de 2 horas.</p> <p>En agradecimiento, te daremos una hoja informativa con los servicios de salud sexual y reproductiva en tu comunidad y un regalo con un valor de \$10 dólares.</p>
<b>Confidencialidad</b>	<p>Los investigadores mantendrán toda la información confidencial según lo requiere la ley. Para proteger tu privacidad y confidencialidad, no preguntaremos tu nombre completo, la dirección de tu casa o cualquier otra información que te pueda identificar. La investigadora sólo tomará notas de tus comentarios y usará esta información para mejorar la versión final de la encuesta. Como sus notas no llevarán tu nombre, ella no podrá vincular tus comentarios a tu persona. Toda la información que ella escriba se guardará en un gabinete cerrado en la oficina de la investigadora principal en la Universidad de Maryland, la información será destruida en 12 meses. Solo las investigadoras tendrán acceso a la información.</p> <p>Si durante esta evaluación tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, tenemos que informárselo a los Servicios para el bienestar de menores. Si tú quieres reportar un caso de abuso o abandono de un niño o adolescente, puedes llamar al 1-240-777-4417.</p>
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad en el estudio.

Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar la información sobre sexualidad que necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
<b>Libertad de no participar</b>	Tu participación es completamente voluntaria. Puedes decidir no participar. Puedes dejar de participar en cualquier momento. Tú siempre podrás usar los servicios de Identity, Inc. no importa si no participas o si dejas de participar.	
<b>Tratamiento médico</b>	La Universidad de Maryland no provee ningún tratamiento médico, hospitalización o seguro de salud para los participantes de este estudio. La Universidad de Maryland tampoco proveerá tratamiento médico o compensación por lesiones sostenidas durante su participación en este estudio, excepto cuando lo requiera la ley.	
<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	Tu firma indica que: Te han explicado el estudio; Tus preguntas han sido contestadas completamente; y Que tu decisión de participar en el estudio es libre y voluntaria	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	



## Pilot Testing Consent Form (English)

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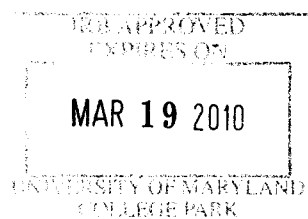
Initials \_\_\_\_\_

Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth
<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park and Identity, Inc.. We are interviewing Latinos and Latinas 14-19 old who live in Montgomery County, Maryland. We want learn about how Latino youths feel about their sexuality so that community organizations may offer you better youth and health services. The survey you will be asked to complete will be used to test whether the questions in the survey are well understood by the participants. The results of the survey will be used to correct the final survey for the study.
<b>Procedures</b>	<p>We ask that you complete a survey asking your opinion about the sexual behavior of youths like you and about your current sexual behavior. Some questions are sensitive and might make you feel embarrassed. You do not have to answer any question that makes you feel uncomfortable. The survey will ask questions such as "Did you use any form of birth control the first time you had sex?", and "How frequently do you have sex?" This survey <u>will not</u> test your knowledge. You can stop participating any time. They survey will take around 30 minutes.</p> <p>In appreciation, we will give you a brochure listing health services in your community and a \$5 value gift.</p>
<b>Confidentiality</b>	<p>The investigators promise to keep all information confidential as required by the law. We won't ask your name, physical address or any other information that may identify you. People around you and who might know you will be able to read your responses if they get close enough. You will keep 6 feet distance from other people while filling out the survey and will use a shield to protect your responses. Return the survey inside a sealed envelope to the moderator. The envelope will be placed inside a large collection envelope with real and fake surveys. We won't be able to identify which survey belongs to you. Only the researcher will have access to the survey. All the surveys will be typed into a computer file protected with a password, and the paper survey that you complete will be destroyed in 12 months. In the meantime, all surveys will be kept in a locked cabinet in the principal investigator's office.</p> <p>If during the study you tell us that you are a victim of neglect or abuse by your parents, or that your child is a victim of neglect or abuse, I need to inform the Child Welfare Services. If you need to report neglect or abuse of yourself or any other child, please call 1-240-777-4417</p>
<b>Risks</b>	There are no known physical risks associated with participating in this research project. You might feel uncomfortable answering sensitive questions about sex.

Initials \_\_\_\_\_  
Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
<b>Benefits</b>	This research is not designed to help you personally, but the results may help the researchers and Identity, Inc. learn about the sexual health services youths like you need and improve youths programs in Montgomery County.	
<b>Freedom to withdraw</b>	Your participation in this research is completely voluntary. You may choose not to participate at all. You may stop participating at any time. You will always be able to use Identity, Inc.'s services even if you decide not to participate.	
<b>Medical treatment</b>	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.	
<b>Ask questions</b>	<p>Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD</p> <p>For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
<b>Age of Subject &amp; Consent</b>	<p>Your signature indicates that:</p> <ul style="list-style-type: none"> <li>you are at least 18 years of age;</li> <li>the research has been explained to you;</li> <li>your questions have been fully answered; and</li> <li>you freely and voluntarily choose to participate in this research project.</li> </ul>	
<b>Signature and Date</b>	<b>NAME OF SUBJECT</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	





## Formulario de consentimiento de la encuesta piloto (español)

Página 1 de 2

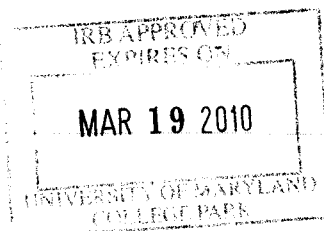
Iniciales \_\_\_\_\_

Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina
<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park y Identity, Inc. están llevando a cabo este estudio. Estamos invitando a participar a latinos y latinas entre las edades de 14-19 años de edad, y que viven en el condado de Montgomery. Queremos conocer cómo los jóvenes latinos se sienten acerca de su sexualidad para que las organizaciones comunitarias puedan ofrecer mejores servicios de salud y servicios para los jóvenes. La encuesta que completarás se usará para examinar si participantes como tú entenderán las preguntas de la encuesta. Los resultados de este estudio se usarán para corregir la versión final de la encuesta.
<b>Procedimiento</b>	<p>Te pedimos que completes una encuesta que preguntará tu opinión sobre el comportamiento sexual de jóvenes como tu, y sobre tu comportamiento sexual. Algunas preguntas son sensitivas y te puedes sentir avergonzado (a). Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). La encuesta te hará preguntas como “¿Usaste contraceptivos la primera vez que tuviste relaciones sexuales?”, y “¿Cuan frecuentemente tienes relaciones sexuales?”. Esta encuesta no te hará preguntas sobre tu conocimiento, y puedes dejar de participar en cualquier momento. La encuesta tomará alrededor de 30 minutos.</p> <p>En agradecimiento, te daremos un panfleto con información de los servicios de salud sexual y reproductiva en tu comunidad y regalo con un valor de \$5 dólares.</p>
<b>Confidencialidad</b>	<p>Las investigadoras prometerán mantener toda la información confidencial según lo requiere la ley. No preguntaremos tu nombre, dirección de tu casa o cualquier otra información que pueda identificarte o identificar tu encuesta. La gente que está a tu alrededor, y quien tal vez te conozca, podría leer tus respuestas si se acercan a ti. Mantendrás una distancia de 6 pies de otros participantes y usarás un cobertor para proteger tus respuestas. Entrega la encuesta en un sobre sellado a la moderadora. El sobre se colocará dentro un sobre más grande con otros sobres con encuestas reales y falsas. No sabremos identificar cual sobre te pertenece. Las respuestas de la encuesta serán entradas a un archivo de la computadora protegidos con una clave secreta y la encuesta se destruirá en 12 meses. Todas las encuestas se mantendrán en un archivo cerrado con candado en la oficina de la investigadora principal en la Universidad de Maryland. Solo las investigadoras tendrán acceso a las encuestas. Si escribimos un informe de este estudio, la información de las encuestas será resumida</p> <p>Si durante este estudio tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, lo informaremos a los Servicios para el bienestar de menores. Si quieres reportar un caso de abandono o abuso de un niño, puedes llamar al 1-240-777-4417.</p>

Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad.	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar qué tipo de información sobre sexualidad necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
<b>Libertad de no participar</b>	Tu participación en este estudio es completamente voluntaria. Puedes decidir no participar del todo en el estudio. Puedes dejar de participar en cualquier momento. Tú siempre vas a poder usar los servicios de Identity, Inc, no importa si decides no participas o si dejas de participar en el estudio.	
<b>Tratamiento médico</b>	La Universidad de Maryland no provee ningún tratamiento médico, hospitalización o seguro de salud para los participantes de este estudio. La Universidad de Maryland tampoco proveerá tratamiento medico o compensación por lesiones sostenidas durante su participación en este estudio, excepto cuando lo requiera la ley.	
<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	<p>Tu firma indica que:</p> <ul style="list-style-type: none"> <li>Tienes por lo menos 18 años de edad;</li> <li>Te han explicado el estudio;</li> <li>Tus preguntas han sido contestadas completamente; y</li> <li>Que tu decisión de participar en el estudio es libre y voluntaria</li> </ul>	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	



## Pilot Test Assent Form (English)

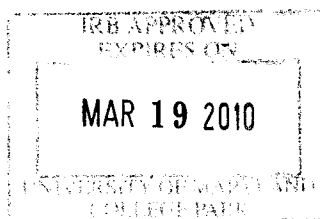
Initials \_\_\_\_\_

Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth
<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park y Identity, Inc. We are interviewing Latinos and Latinas 14-19 old who live in Montgomery County, Maryland. We want learn about how Latino youths feel about their sexuality so that community organizations may offer you better youth and health services. The survey you will be asked to complete will be used to test whether the questions in the survey are well understood by the participants. The results of the survey will be used to correct the final survey for the study.
<b>Procedures</b>	<p>We ask that you complete a survey asking your opinion about the sexual behavior of youths like you and about your current sexual behavior. Some questions are sensitive and might make you feel embarrassed. You do not have to answer any question that makes you feel uncomfortable. The survey will ask questions such as “Did you use any form of birth control the first time you had sex?”, and “How frequently do you have sex?”. This survey <u>will not</u> test your knowledge. You can stop participating any time. They survey will take around 30 minutes.</p> <p>In appreciation, we will give you a brochure listing health services in your community and a \$5 value gift.</p>
<b>Confidentiality</b>	<p>The investigators promise to keep all information confidential as required by the law. We won't ask your name, physical address or any other information that may identify you. People around you and who might know you will be able to read your responses if they get close enough. You will keep 6 feet distance from other people while filling out the survey and will use a shield to protect your responses. Return the survey inside a sealed envelope to the moderator. The envelope will be placed inside a large collection envelope with real and fake surveys. We won't be able to identify which survey belongs to you.</p> <p>Only the researcher will have access to the survey. All the surveys will be typed into a computer file protected with a password, and the paper survey that you complete will be destroyed in 12 months. In the meantime, all surveys will be kept in a locked cabinet in the principal investigator's office.</p> <p>If during the study you tell us that you are a victim of neglect or abuse by your parents, or that your child is a victim of neglect or abuse, I need to inform the Child Welfare Services. If you need to report neglect or abuse of yourself or any other child, please call 1-240-777-4417</p>
<b>Risks</b>	There are no known physical risks associated with participating in this research project. You might feel uncomfortable answering sensitive questions about sex.

Initials \_\_\_\_\_  
 Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
<b>Benefits</b>	This research is not designed to help you personally, but the results may help the researchers and Identity, Inc. learn about the sexual health services youths like you need and improve youths programs in Montgomery County.	
<b>Freedom to withdraw</b>	Your participation in this research is completely voluntary. You may choose not to participate at all. You may stop participating at any time. You will always be able to use Identity, Inc.'s services even if you decide not to participate.	
<b>Medical treatment</b>	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.	
<b>Ask questions</b>	<p>Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD</p> <p>For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
<b>Age of Subject &amp; Consent</b>	Your signature indicates that: the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.	
<b>Signature and Date</b>	<b>NAME OF SUBJECT</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	



Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

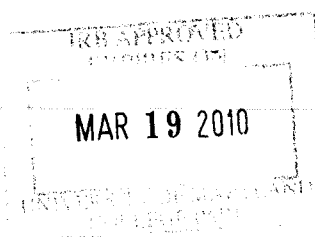
**Formulario de asentimiento de la encuesta piloto (español)**

<b>Nombre del Proyecto</b>	Previendo los embarazos no intencionales en la juventud latina
<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park y Identity, Inc. están llevando a cabo este estudio. Estamos invitando a participar a latinos y latinas entre las edades de 14-19 años de edad, y que viven en el condado de Montgomery. Queremos conocer cómo los jóvenes latinos se sienten acerca de su sexualidad para que las organizaciones comunitarias puedan ofrecer mejores servicios de salud y servicios para los jóvenes. La encuesta que completarás se usará para examinar si participantes como tú entenderán las preguntas de la encuesta. Los resultados de este estudio se usarán para corregir la versión final de la encuesta.
<b>Procedimiento</b>	<p>Te pedimos que completes una encuesta que preguntará tu opinión sobre el comportamiento sexual de jóvenes como tu, y sobre tu comportamiento sexual. Algunas preguntas son sensitivas y te puedes sentir avergonzado (a). Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). La encuesta te hará preguntas como “¿Usaste contraceptivos la primera vez que tuviste relaciones sexuales?”, y “¿Cuan frecuentemente tienes relaciones sexuales?”. Esta encuesta no te hará preguntas sobre tu conocimiento, y puedes dejar de participar en cualquier momento. La encuesta tomará alrededor de 30 minutos.</p> <p>En agradecimiento, te daremos un panfleto con información de los servicios de salud sexual y reproductiva en tu comunidad y regalo con un valor de \$5 dólares.</p>
<b>Confidencialidad</b>	<p>Las investigadoras prometerán mantener toda la información confidencial según lo requiere la ley. No preguntaremos tu nombre, dirección de tu casa o cualquier otra información que pueda identificarte o identificar tu encuesta. La gente que está a tu alrededor, y quien tal vez te conozca, podría leer tus respuestas si se acercan a ti. Mantendrás una distancia de 6 pies de otros participantes y usarás un cobertor para proteger tus respuestas. Entrega la encuesta en un sobre sellado a la moderadora. El sobre se colocará dentro un sobre más grande con otros sobres con encuestas reales y falsas. No sabremos identificar cual sobre te pertenece. Las respuestas de la encuesta serán entradas a un archivo de la computadora protegidos con una clave secreta y la encuesta se destruirá en 12 meses. Todas las encuestas se mantendrán en un archivo cerrado con candado en la oficina de la investigadora principal en la Universidad de Maryland. Solo las investigadoras tendrán acceso a las encuestas. Si escribimos un informe de este estudio, la información de las encuestas será resumida</p> <p>Si durante este estudio tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, lo informaremos a los Servicios para el bienestar de menores. Si quieres reportar un caso de abandono o abuso de un niño, puedes llamar al 1-240-777-4417.</p>

Iniciales \_\_\_\_\_

Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad.	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar qué tipo de información sobre sexualidad necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
<b>Libertad de no participar</b>	Tu participación en este estudio es completamente voluntaria. Puedes decidir no participar del todo en el estudio. Puedes dejar de participar en cualquier momento. Tú siempre vas a poder usar los servicios de Identity, Inc, no importa si decides no participar o si dejas de participar en el estudio.	
<b>Tratamiento médico</b>	La Universidad de Maryland no provee ningún tratamiento médico, hospitalización o seguro de salud para los participantes de este estudio. La Universidad de Maryland tampoco proveerá tratamiento médico o compensación por lesiones sostenidas durante su participación en este estudio, excepto cuando lo requiera la ley.	
<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	<p>Tu firma indica que:</p> <p>Te han explicado el estudio;</p> <p>Tus preguntas han sido contestadas completamente; y</p> <p>Que tu decisión de participar en el estudio es libre y voluntaria</p>	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	



## Survey Consent (English)

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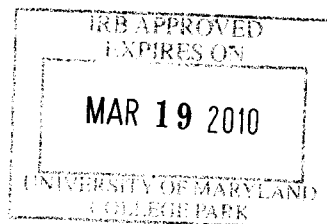
Initials \_\_\_\_\_

Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth
<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park, and Identity, Inc.. We are interviewing Latinos and Latinas 14-19 years old who live in Montgomery County, Maryland. We want learn about how Latino youths feel about their sexuality so that community organizations may offer you better youth and health services.
<b>Procedures</b>	We ask that you complete a survey asking your opinion about the sexual behavior of youths like you and about your current sexual behavior. Some questions are sensitive and might make you feel embarrassed. You do not have to answer any question that makes you feel uncomfortable. The survey will ask questions such as “Did you use any form of birth control the first time you had sex?”, and “How frequently do you have sex?” This survey <u>will not</u> test your knowledge. You can stop participating any time. They survey will take around 30 minutes. In appreciation, we will give you a brochure listing health services in your community and a \$5 value gift.
<b>Confidentiality</b>	<p>The investigators promise to keep all the information confidential as required by law. We won't ask your name, address or any other information that may identify your survey. People around you, who may know you, might see your responses if they get close to you. Please use a shield to cover the survey and keep 6 feet distance from other people to keep your responses private. When you are done, place the survey in an envelope, seal it and give it to the supervisor. The survey will be placed inside a large envelope with real and fake surveys. We won't know which survey belongs to you. Your survey will be typed into a computer file protected with a password, and the paper survey will be destroyed after 12 months. All surveys will be kept in a locked cabinet in the principal investigator's office. Only the researchers will have access to the survey. We will summarize the information from many surveys when we write the report.</p> <p>If during the study you tell us that you are a victim of neglect or abuse by your parents, or that your child is a victim of neglect or abuse, I need to inform the Child Welfare Services. If you need to report neglect or abuse of yourself or any other child, please call 1-240-777-4417</p>
<b>Risks</b>	There are no known physical risks associated with participating in this research project. You might feel uncomfortable answering sensitive questions about sex.

Initials \_\_\_\_\_  
 Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
<b>Benefits</b>	This research is not designed to help you personally, but the results may help the researchers learn about the sexual health services youths like you need and improve youths programs in Montgomery County.	
<b>Freedom to withdraw</b>	Your participation in this research is completely voluntary. You may choose not to participate at all and you may stop participating at any time. You will always be able to use Identity, Inc.'s services if you participate or decide not to participate.	
<b>Medical treatment</b>	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.	
<b>Ask questions</b>	<p>Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD</p> <p>For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
<b>Age of Subject &amp; Consent</b>	Your signature indicates that: you are at least 18 years of age; the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.	
<b>Signature and Date</b>	<b>NAME OF SUBJECT</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	



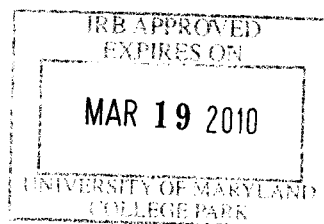


**Formulario de consentimiento de la encuesta (español)**

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina
<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park y Identity, Inc. están llevando a cabo este estudio. Estamos invitando a participar a latinos y latinas entre las edades de 14-19 años de edad, y que viven en el condado de Montgomery. Queremos conocer cómo los jóvenes latinos se sienten acerca de su sexualidad para que las organizaciones comunitarias puedan ofrecer mejores servicios de salud y servicios para los jóvenes.
<b>Procedimiento</b>	<p>Te pedimos que completes una encuesta que preguntará tu opinión sobre el comportamiento sexual de jóvenes como tu, y sobre tu comportamiento sexual. Algunas preguntas son sensitivas y te puedes sentir avergonzado (a). Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). La encuesta te hará preguntas como “¿Usaste contraceptivos la primera vez que tuviste relaciones sexuales?”, y “¿Cuán frecuentemente tienes relaciones sexuales?”. Esta encuesta no te hará preguntas sobre tu conocimiento, y puedes dejar de participar en cualquier momento. La encuesta tomará alrededor de 30 minutos.</p> <p>En agradecimiento, te daremos un panfleto con información de los servicios de salud sexual y reproductiva en tu comunidad y regalo con un valor de \$5 dólares.</p>
<b>Confidencialidad</b>	<p>Las investigadoras prometerán mantener toda la información confidencial según lo requiere la ley. No preguntaremos tu nombre, dirección de tu casa o cualquier otra información que pueda identificar tu encuesta. La gente que está a tu alrededor, y quien tal vez te conozca, podría leer tus respuestas si se acercan a ti. Protege tu encuesta con el cobertor y mantén 6 pies de distancia de otra gente para mantener tus respuestas privadas. Cuando termines pon la encuesta dentro de este sobre, séllalo y entrégaselo a nuestra supervisora. El sobre se colocará en un sobre grande con otras encuestas, reales y falsas. Así no sabremos cual sobre te pertenece. Las respuestas de la encuesta serán entradas a un archivo de la computadora protegidos con una clave secreta y la encuesta se destruirá en 12 meses. Todas las encuestas se mantendrán en un archivo cerrado con candado en la oficina de la investigadora principal en la Universidad de Maryland. Solo las investigadoras tendrán acceso a las encuestas. Si escribimos un informe de este estudio, la información de las encuestas será resumida</p> <p>Si durante este estudio tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, lo informaremos a los Servicios para el bienestar de menores. Si quieres reportar un caso de abandono o abuso de un niño, puedes llamar al 1-240-777-4417.</p>
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad.

Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar qué tipo de información sobre sexualidad necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
<b>Libertad de no participar</b>	Tu participación en este estudio es completamente voluntaria. Puedes decidir no participar del todo en el estudio. Puedes dejar de participar en cualquier momento. Tú siempre vas a poder usar los servicios de Identity, Inc, no importa si decides no participar o si dejas de participar en el estudio.	
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<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	<p>Tu firma indica que:</p> <ul style="list-style-type: none"> <li>Tienes por lo menos 18 años de edad;</li> <li>Te han explicado el estudio;</li> <li>Tus preguntas han sido contestadas completamente; y</li> <li>Que tu decisión de participar en el estudio es libre y voluntaria</li> </ul>	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	



## Survey Assent (English)

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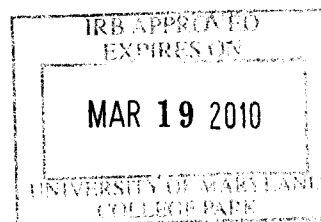
Initials \_\_\_\_\_

Date \_\_\_\_\_

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<b>Purpose</b>	This research project is being conducted by Genevieve Martínez and Dr. Nancy Atkinson at the University of Maryland, College Park and Identity, Inc.. We are interviewing Latinos and Latinas 14-19 years old who live in Montgomery County, Maryland. We want learn about how Latino youths feel about their sexuality so that community organizations may offer you better youth and health services.
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<b>Risks</b>	There are no known physical risks associated with participating in this research project. You might feel uncomfortable answering sensitive questions about sex.

Initials \_\_\_\_\_  
 Date \_\_\_\_\_

<b>Project Title</b>	Preventing unintended pregnancies among Latino youth	
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<b>Ask questions</b>	<p>Contact Dr. Atkinson: 301-405-2522, Suite 2387 Valley Drive, College Park, MD</p> <p>For questions about your rights as a participant or to report a research-related injury, contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
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	<b>DATE</b>	

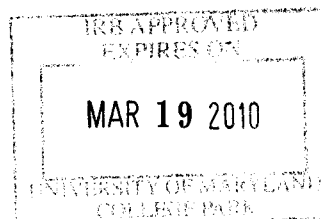


**Formulario de asentimiento de la encuesta (español)**

<b>Nombre del Proyecto</b>	Previendo los embarazos no intencionales en la juventud latina
<b>Propósito</b>	La Dra. Nancy Atkinson y Genevieve Martínez García, de la Universidad de Maryland en College Park y Identity, Inc. están llevando a cabo este estudio. Estamos invitando a participar a latinos y latinas entre las edades de 14-19 años de edad, y que viven en el condado de Montgomery. Queremos conocer cómo los jóvenes latinos se sienten acerca de su sexualidad para que las organizaciones comunitarias puedan ofrecer mejores servicios de salud y servicios para los jóvenes.
<b>Procedimiento</b>	<p>Te pedimos que completes una encuesta que preguntará tu opinión sobre el comportamiento sexual de jóvenes como tu, y sobre tu comportamiento sexual. Algunas preguntas son sensitivas y te puedes sentir avergonzado (a). Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). La encuesta te hará preguntas como “¿Usaste contraceptivos la primera vez que tuviste relaciones sexuales?”, y “¿Cuan frecuentemente tienes relaciones sexuales?”. Esta encuesta no te hará preguntas sobre tu conocimiento, y puedes dejar de participar en cualquier momento. La encuesta tomará alrededor de 30 minutos.</p> <p>En agradecimiento, te daremos un panfleto con información de los servicios de salud sexual y reproductiva en tu comunidad y regalo con un valor de \$5 dólares.</p>
<b>Confidencialidad</b>	<p>Las investigadoras prometerán mantener toda la información confidencial según lo requiere la ley. No preguntaremos tu nombre, dirección de tu casa o cualquier otra información que pueda identificar tu encuesta. La gente que está a tu alrededor, y quien tal vez te conozca, podría leer tus respuestas si se acercan a ti. Protege tu encuesta con el cobertor y mantén 6 pies de distancia de otra gente para mantener tus respuestas privadas. Cuando termines pon la encuesta dentro de este sobre, séllalo y entrégaselo a nuestra supervisora. El sobre se colocará en un sobre grande con otras encuestas, reales y falsas. Así no sabremos cual sobre te pertenece. Las respuestas de la encuesta serán entradas a un archivo de la computadora protegidos con una clave secreta y la encuesta se destruirá en 12 meses. Todas las encuestas se mantendrán en un archivo cerrado con candado en la oficina de la investigadora principal en la Universidad de Maryland. Solo las investigadoras tendrán acceso a las encuestas. Si escribimos un informe de este estudio, la información de las encuestas será resumida</p> <p>Si durante este estudio tú nos dices que eres víctima de abuso o abandono de parte de tus padres, o que tu hijo (a) es víctima de abuso o abandono, lo informaremos a los Servicios para el bienestar de menores. Si quieres reportar un caso de abandono o abuso de un niño, puedes llamar al 1-240-777-4417.</p>
<b>Riesgos</b>	No vas a sufrir ningún daño físico por participar en este estudio. Es posible que te sientas incómodo (a) con algunas de las preguntas sobre sexualidad.

Iniciales \_\_\_\_\_  
 Fecha \_\_\_\_\_

<b>Nombre del Proyecto</b>	Previniendo los embarazos no intencionales en la juventud latina	
<b>Beneficios</b>	Este estudio no te beneficiará a ti directamente, pero los resultados del mismo pueden ayudar a los investigadores y a Identity, Inc. a identificar qué tipo de información sobre sexualidad necesitan los jóvenes como tú. Esperamos que los resultados ayuden a mejorar los programas para jóvenes en tu comunidad y en el condado de Montgomery.	
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<b>Hacer preguntas</b>	<p>Contacta a la Dra. Atkinson: 301-405-2522, oficina 2387 Valley Drive, College Park, MD.</p> <p>Para preguntas sobre tus derechos como participante o para reportar alguna lesión relacionada a este estudio comunícate con: la Oficina del <i>Institutional Review Board</i>, de la Universidad de Maryland, College Park, Maryland, 20742; <a href="mailto:irb@deans.umd.edu">irb@deans.umd.edu</a>; 301-405-0678. Este estudio ha sido revisado según las guías del IRB de la Universidad de Maryland que regulan los estudios con seres humanos.</p>	
<b>Edad de participante &amp; Consentimiento</b>	Tu firma indica que: Te han explicado el estudio; Tus preguntas han sido contestadas completamente; y Que tu decisión de participar en el estudio es libre y voluntaria	
<b>Firma y Fecha</b>	<b>NOMBRE</b>	
	<b>FIRMA</b>	
	<b>FECHA</b>	



Appendix C  
Recruitment Materials: Scripts and Flyers

## **Youth Cognitive and Pilot Testing Recruitment Script (English)**

*"I want to thank all of you for your valuable input for my study. As you know I will use this information to design a survey that will help me collect information from many youths. Before I use the survey I would like to get your opinion on it as well. I am looking for at least 3-4 members from your group that will volunteer to evaluate or pilot test the survey. Remember the survey will ask questions about sexuality.*

*I will need some of you for the survey evaluation. I will ask the person to read the survey out loud and informed me of any questions hard to understand or words that might be misunderstood. I will not ask you to answer any question from the survey, just comment if it's easy or hard to understand. This way I can make sure that youth will understand the survey and that it will not be confusing for them. The evaluation will take about one hour and a half and I will also compensate you with a \$10 gift certificate. The evaluation will take place right here at a time and day convenient for you.*

*I also need some of you to pilot test the survey. I will give you the survey and will ask you to complete it and answer the questions. I will then analyze the information to make sure that there are no problems with the questions. Some questions are sensitive and might make you feel uncomfortable. Again, your survey will be kept confidential and will not have your name; because there are other people completing the survey no one will know which survey belonged to you. This will take no more than 30 minutes and I will compensate you with a \$5 gift certificate. I will ask you to read and signed an informed consent just as you did for the focus group today.*

*If anyone is interested please write your name and contact information on this sheet. I will contact you when the survey has already been designed. This will be in about 1-2 months. Because I need many more people like you, you can invite your friends to participate either evaluating the survey or pilot testing the survey. I will compensate your friends as well if they participate. Your participation is voluntary. You will not lose your right to use the services o participate in the activities sponsored by Identity, Inc if you decide not to participate."*



## **Libreto de reclutamiento para la prueba cognitiva y encuesta piloto de la juventud (español)**

*“Primero que nada quisiera agradecerles por la valiosa información que me han brindado para mi estudio. Como ya les expliqué, yo usaré esta información para crear una encuesta o cuestionario para recoger información de muchos jóvenes en la comunidad. Pero antes de que pueda usar la encuesta quisiera que ustedes me den su opinión también. Necesito como 3-4 personas de este grupo quien se ofrezca de voluntario para participar en la evaluación o en la prueba de la encuesta.*

*Voy a necesitar algunos de ustedes para la evaluación de la encuesta. Para la evaluación te pediré que leas en voz alta la encuesta y me avises si hay preguntas o palabras que no entiendes. Yo no te pediré que contestes las preguntas, solo comentar si es fácil o difícil de entender. De esta forma me puedo asegurar que la encuesta la entenderán todos los jóvenes que la completen. La evaluación tomará como una hora y media y te obsequiaré un certificado de regalo de \$10. La evaluación se llevará a cabo aquí mismo un día y hora que sea conveniente para ti.*

*También voy a necesitar voluntarios para la prueba de la encuesta. Yo te daré la encuesta y te pediré que contestes las preguntas. Yo estudiaré las respuestas para asegurarme que no hayan problemas con las preguntas. Algunas preguntas son sensitivas y te pueden hacer sentir incómodo(a). Tu encuesta se mantendrá confidencial. Como van a haber varias personas completando la encuesta nadie sabrá cual encuesta pertenece a quien. Esto quiere decir que nadie sabrá lo que tú contestaste pues la encuesta es confidencial y no llevará tu nombre. La prueba no tomará más de 30 minutos y te obsequiaré un certificado de regalo de \$5. También te pediré que completes y firmes el consentimiento informado que leíste y firmaste hoy.*

*Si alguien está interesado, escribe tu nombre e información de contacto en esta hoja. Yo me comunicaré con ustedes cuando la encuesta esté lista, como en 1-2 meses. Como necesito a mucha gente para evaluar la encuesta, ustedes pueden invitar a sus amigos a que participen. Yo les daré el certificado de regalo a todos los que participen. . Tu participación es completamente voluntaria. No perderás tus derechos a participar de los servicios y actividades de Identity, Inc si decides no participar.”*

## Survey Recruitment Script (English)

*(Note to recruiter): When you approach the person, give them the survey recruitment flyer.)*

Hi, my name is \_\_\_\_\_. How are you? Are you Latino (a), are you between 14-19 years old? Would you like to participate in a short survey and be paid \$5?

I am conducting a survey about sexuality and need your help. It will take about 30 minutes and it's confidential and anonymous. You can complete the survey right here, right now. This survey is important because it will help organizations develop health and youth services for people like you. Would you like to participate?

In order to participate I need that you read and sign a consent form stating that you understand why you are participating and what you will be doing. Also, since the survey is about sexuality, some questions are very personal and sensitive; you don't have to answer any question that makes you feel uncomfortable.

When you fill out the survey right here, you must protect the survey and cover your responses because people around you, who you may know, might look at your answers. We'll give you this shield to cover your responses while you answer the survey. We'll also help you keep people at a distance from you so you can have some privacy. To further protect your privacy, we'll ask that you return the survey in this sealed envelope, and put it in this large collection envelope. Also, we'll help you to keep people around you at least 6 feet away from you, so you can have some privacy.

*(Note to recruiter: Proceed with informed consent and answer questions).*

## **Libreto de reclutamiento para la encuesta (español)**

*(Nota al reclutador: Cuando comiences a hablar entrégale una volante de reclutamiento para la encuesta la persona)*

Buenas, mi nombre es \_\_\_\_\_. Como estás? Eres latino(a)? Tienes 14-19 años? Quisieras participar en una encuesta breve y te pago \$5?

Necesito tu ayuda completando esta encuesta sobre sexualidad. Tomará como unos 30 minutos y es confidencial y anónima. Puedes completar la encuesta ahora mismo y aquí. La encuesta es importante porque ayudará a las organizaciones desarrollar programas de salud y servicios para jóvenes latinos como tú. Quieres participar?

Para poder participar necesito que leas y firmes un formulario de consentimiento afirmando que entiendes porque estás participando y lo que te pediremos que hagas. Como la encuesta es sobre sexualidad algunas preguntas son personales y sensitivas. No tienes que contestar ninguna pregunta que te haga sentir incómodo(a).

Cuando llenes la encuesta aquí mismo, asegúrate de tapar bien tu papel y cubrir tus respuestas. Las personas que están alrededor tuyo, y quien tal vez conozcas, podrían leer tus respuestas. Te daremos un cobertor para que lo uses mientras llenas la encuesta. Con el cobertor puedes tapar el papel. También mantendremos a las personas a una distancia de ti para que puedas tener privacidad. Para proteger más tu privacidad, te pediremos que nos devuelvas la encuesta dentro de este sobre sellado y lo metas dentro de este sobre grande. También ayudaremos a mantener a la gente alrededor tuyo por lo menos a 6 pies de distancia para que tengas privacidad.

*(Nota al reclutador: Procede con el consentimiento informado y contesta las preguntas)*

## Informed Consent Explanation Script (English)

\*This script will be used by the recruiters and focus group moderator for all research parts to briefly explain the informed consent to participants.

“The form that you have in front of you is an informed consent. It will inform you of the purpose of the study, what you will be asked to do, how we will protect your confidentiality and identity, and your rights as a participant. The purpose of this study is to learn about how Latino youths like you feel about sexuality. We want to use this information to improve and expand health services available to the community.

*(Survey and pilot test)* To participate in this study we ask that you complete a survey that will take no longer than 30 minutes. The survey will ask questions about sexuality such as “My partner think that I should or should not use birth control”, “Did you use any form of birth control the first time you had sex?” In appreciation for your time, we will give you a \$5 gift certificate.

OR

*(Cognitive test)* To participate in this study we ask that you read out loud a survey. We want to know if you understand the survey or if there are words or questions that you don’t understand. We will use this information to improve the final version of the survey. Our discussion will not take longer than 2 hours. In appreciation for your time, we will give you a \$10 gift certificate.

Your participation is voluntary and you can stop participating at any time. You will always have access to the services offered by Identity, Inc. even if you decide to stop participating or not participate at all. We will do everything we can to protect your identity and confidentiality. This means that we won’t ask for your full name, home address or any other information that may identify you. Also, only the researcher will have access to the information you give us. So, no one, not your parents, friends or teacher will know what you are writing or saying. There are no physical risks if you participate. However, since some of the questions are about sexuality it is possible that you feel uncomfortable. You do not need to answer any question that embarrass you or make you feel uncomfortable. There are no immediate benefits for you, but the information you give us will help other youths like you in the future. We will give you an information sheet with a list of health services you can access in your community. Take your time reading the consent form carefully. If you have any question please let me know. If you have questions about the study you can contact the researchers, the contact information is on the sheet I will give you at the end of the study.”

## Libreto de la explicación del consentimiento informado (español)

“El formulario que tienes frente a tí es un formulario de consentimiento informado. Te informará sobre el propósito del estudio, lo que te pediremos que hagas, cómo protegeremos tu identidad y confidencialidad, y sobre tus derechos como participante. El propósito de este estudio es conocer más acerca de cómo los jóvenes latinos como tú se sienten sobre su sexualidad. Queremos usar esta información para mejorar y aumentar los servicios de salud disponibles en la comunidad.

*(Encuesta & prueba piloto)* Para participar en este estudio te pediremos que completes una encuesta que no tomará más de 30 minutos. La encuesta te hará preguntas como “Mi pareja piensa que debemos o no debemos usar contraceptivos”, y “Usaste contraceptivos la primera vez que tuviste relaciones sexuales?” En agradecimiento por tu tiempo, te obsequiaremos un certificado de regalo de \$5.

O

*(Prueba cognitiva)* Para participar en este estudio te pediremos que leas en voz alta una encuesta. Queremos saber si entiendes la encuesta o si hay palabras o preguntas de no entiendes. Usaremos tus comentarios para mejorar la versión final de la encuesta. Nuestra discusión no tomará más de 2 horas. En agradecimiento por tu tiempo, te obsequiaremos un certificado de regalo de \$10.

O

Tu participación es voluntaria y puedes dejar de participar en cualquier momento si lo deseas. Tú siempre tendrás acceso a los servicios de Identity, Inc. aunque decidas no participar o si dejas de participar. Haremos todo lo posible para proteger tu identidad y confidencialidad. Esto quiere decir que no te preguntaremos tu nombre completo, la dirección de tu casa u otra información que pueda identificarte. Solo las investigadoras tendrán acceso a la información que nos des. Nadie, ni tus padres, amigos o maestros van a saber lo que tú nos has dicho. No hay ningún riesgo físico por participar. Sin embargo, las preguntas sobre sexualidad pueden hacerte sentir incómodo(a). Tú no tienes que contestar ninguna pregunta que te haga sentir incómodo(a). Tú no te vas a beneficiar inmediatamente por haber participado en el estudio, pero te daremos una hoja informativa con la lista de servicios de salud en tu comunidad. Toma tú tiempo leyendo el formulario de consentimiento informado. Avísame si tienes cualquier pregunta. Si tienes preguntas adicionales sobre el estudio puedes contactar a las investigadoras. Su información de contacto está en la hoja informativa que te daré al final del estudio.”



Always QUIET about SEX?



Now it's your time to TALK!  
and get paid for it...

**Who?** We are looking for Latinas and Latinos 14-19 years old from Montgomery County

**Why me?** We need your help. We want to learn about knowledge and attitudes youth like you have about sexuality so we can improve health and youth services.

**What?** Read a simple and confidential survey about sexuality and tell the researchers what you think about it. You don't have to answer the survey questions, we just want to know if other youths will understand the questions.

**When & Where?** (Time & Date) (Place and address) It will take 2 hours.

**How much?** Get paid \$10 in a gift certificate.

**Is it confidential?** YES! No one will know what you said.

**Who's doing this?** Identity, Inc and researchers at University of Maryland- School of Public Health

**I want to sign up!** Ok, write your name on the list. Talk to \_\_\_\_\_. Invite your friends if they are Latinos 14-19 years old and live in the County!

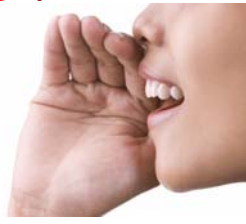
**Want more info?** Sure, call Genevieve at 202-487-7450 or email her at: [gmartin4@umd.edu](mailto:gmartin4@umd.edu), at UMD-School of Public Health Building, office 2387. She can answer all your questions in Spanish or English.



**Siempre CALLADO sobre SEXO?**

**Ahora puedes HABLAR!**

**y te pagaremos...**



**Quién?** Estamos buscando a Latinas y Latinos entre las edades de 14-19 años del condado de Montgomery.

**Porqué yo?** Porque necesitamos tu ayuda. Queremos aprender más sobre el conocimiento y las actitudes que chicos como tú tienen sobre sexualidad para mejorar los servicios de salud para jóvenes.

**Qué?** Lee una encuesta sencilla y confidencial sobre sexualidad en voz alta y déjale saber a los investigadores qué opinas. No tendrás que contestar ninguna pregunta de la encuesta, solo queremos saber si otros jóvenes entenderán las preguntas.

**Cuándo y Dónde?** (Hora y fecha) (Lugar y dirección) Tomará 2 horas.

**Cuánto me pagan?** Te pagaremos \$10 en un certificado de regalo.

**Es confidencial?** Sí! Nadie sabrá lo que has dicho.

**Quién esta haciendo esto?** Identity, Inc y los investigadores en la Universidad de Maryland- Escuela de Salud Pública.

**Yo quiero apuntarme!** Ok, apunta tu nombre en la lista de participantes. Habla con \_\_\_\_\_. Invita a tus amigos si tienen 14-19 años y viven en el Condado!

**Quiero más información!** Llama a Genevieve al 202-487-7450, o escríbele a [gmartin4@umd.edu](mailto:gmartin4@umd.edu) en la UMD Edificio de la Escuela de Salud Pública, oficina 2387. Ella podrá contestar todas tus preguntas en español y en inglés.



Always QUIET about SEX?



Now it's your time to TALK!  
and get paid for it...

**Who?** We are looking for Latinas and Latinos 14-19 years old from Montgomery County

**Why me?** We need your help. We want to learn about knowledge and attitudes youth like you have about sexuality so we can improve health and youth services.

**What?** Complete a simple and confidential survey about sexuality.

**When & Where?** (Time & Date) (Place and address) It will take 30 minutes.

**How much?** Get paid \$5 in a gift certificate.

**Is it confidential?** YES! No one will know what you wrote on the survey.

**Who's doing this?** Identity, Inc and researchers at University of Maryland- School of Public Health

**I want to sign up!** Ok, write your name on the list. Talk to \_\_\_\_\_. Invite your friends if they are Latinos 14-19 years old and live in the County!

**Want more info?** Sure, call Genevieve at 202-487-7450 or email her at: [gmartin4@umd.edu](mailto:gmartin4@umd.edu), at UMD-School of Public Health Building, office 2387. She can answer all your questions in Spanish or English.





**Siempre CALLADO sobre SEXO?**

**Ahora puedes HABLAR!**

**y te pagaremos...**



**Quién?** Estamos buscando a Latinas y Latinos entre las edades de 14-19 años del condado de Montgomery.

**Porqué yo?** Porque necesitamos tu ayuda. Queremos aprender más sobre el conocimiento y las actitudes que chicos como tú tienen sobre sexualidad para mejorar los servicios de salud para jóvenes.

**Qué?** Completa una encuesta sencilla y confidencial sobre sexualidad.

**Cuándo y Dónde?** (Hora y fecha) (Lugar y dirección). Tomará 30 minutos.

**Cuánto me pagan?** Te pagaremos \$5 en un certificado de regalo

**Es confidencial?** Sí! Nadie sabrá que has escrito en la encuesta.

**Quién esta haciendo esto?** Identity, Inc y los investigadores en la Universidad de Maryland- Escuela de Salud Pública.

**Yo quiero apuntarme!** Ok, apunta tu nombre en la lista de participantes. Habla con \_\_\_\_\_. Invita a tus amigos si tienen 14-19 años y viven en el Condado!

**Quiero más información!** Llama a Genevieve al 202-487-7450, o escríbele a [gmartin4@umd.edu](mailto:gmartin4@umd.edu) en la UMD Edificio de la Escuela de Salud Pública, oficina 2387. Ella podrá contestar todas tus preguntas en español y en inglés.



Always QUIET about SEX?



Now it's your time to TALK!  
and get paid for it...

**Who?** We are looking for Latinas and Latinos 14-19 years old from Montgomery County

**Why me?** We need your help. We want to learn about knowledge and attitudes youth like you have about sexuality so we can improve health and youth services.

**What?** Complete a simple and confidential survey about sexuality.

**When & Where?** Right here, right now. It will take 30 minutes.

**How much?** Get paid \$5 in a gift certificate.

**Is it confidential?** YES! No one will know what you wrote on the survey.

**Who's doing this?** Identity, Inc and researchers at University of Maryland- School of Public Health

**Want more info?** Sure, call Genevieve at 202-487-7450 or email her at: [gmartin4@umd.edu](mailto:gmartin4@umd.edu), at UMD-School of Public Health Building, office 2387. She can answer all your questions in Spanish or English.



**Siempre CALLADO sobre SEXO?**

**Ahora puedes HABLAR!**

**y te pagaremos...**



**Quién?** Estamos buscando a Latinas y Latinos entre las edades de 15-18 años del condado de Montgomery.

**Porqué yo?** Porque necesitamos tu ayuda. Queremos aprender más sobre el conocimiento y las actitudes que chicos como tú tienen sobre sexualidad. para mejorar los servicios de salud para jóvenes.

**Qué?** Completa una encuesta sencilla y confidencial sobre sexualidad.

**Cuándo y Dónde?** Aquí mismo y en este minuto. Tomará 30 minutos.

**Cuánto me pagan?** Te pagaremos \$5 en un certificado de regalo

**Es confidencial?** Sí! Nadie sabrá que has escrito en la encuesta.

**Quién esta haciendo esto?** Identity, Inc y los investigadores en la Universidad de Maryland- Escuela de Salud Pública.

**Quiero más información!** Llama a Genevieve al 202-487-7450, o escríbele a [gmartin4@umd.edu](mailto:gmartin4@umd.edu) en la UMD Edificio de la Escuela de Salud Pública, oficina 2387. Ella podrá contestar todas tus preguntas en español y en inglés.

Appendix D  
Data Collection Instrument:  
Focus Group Moderator's Guide and Surveys

# Peer Educator Focus Group Moderator's Guide (English)

## A. Demographic Survey

Before we start the discussion today, I would like you to fill out a survey that will ask personal questions. Some questions can make you feel uncomfortable; you don't have to answer any question that makes you feel uncomfortable. This survey is completely anonymous. Do not write your name on the survey. Because it is anonymous I won't know who the survey belongs to. I will also give you this screen that you can use to cover the survey as you fill it out to protect your responses. I will give you an envelope. As soon as you complete the survey, place it in the envelope, seal it and return it to me. If you don't wish to fill out the survey, place the survey blank inside the envelope.

## B. Confidentiality

Before we begin our discussion, I want to emphasize that it is very important that we keep what we talk about today to ourselves. Do not share anything we talk about with people outside this room. The things you say may be put in a summary of this discussion, but there will be no way to identify who said what, and your names will not be included in a summary report. During this discussion we will talk about sexuality. However, if during our conversation you mention that you are a victim of child abuse or neglect, or your child is a victim of child abuse or neglect I need to inform this to Child Welfare Services.

I want you to promise to protect the privacy and confidentiality of the group discussion by repeating this confidentiality pledge I will read to you. Just repeat after me.

*"I understand that protecting the privacy and confidentiality of the other participants is very important. Therefore, I promise not to share the information discussed here today or the names of the participants with people outside the discussion group."* (Appendix Y)

## C. Note taking and Recording Session

We will be taking notes and tape recording the discussion so that we can accurately report the important information that you will be sharing. In an effort to keep this information confidential, the principal investigator and I will be the only ones with access to the discussion recording. We will transcribe the recording and will destroy them. Your name will not be attached to any comments you make here today.

Is this OK with everyone? *(Note: If this is not acceptable to any individuals, we will request that they not participate, since the recording and note-taking is important.)*

Because we are using a tape recorder, please speak one at a time so that all opinions can be clearly heard.

## D. Ground Rules

I would like to review some basic guidelines that will be used during our discussion:

1. There are no right or wrong answers to the questions being asked today; all ideas are good ideas.
2. We also welcome and respect different points of view. Please answer what you truly think, regardless of the opinions of the other group members.
3. If you are uncomfortable with a question, feel free to pass. You are under no obligation to answer any question that makes you feel uncomfortable in any way.
4. Please turn off all cell phones, iPods, blackberry and other recording devices you might have with you.
5. Finally, during today's discussion, there are quite a few things to talk about; at times we may need to stop the discussion in order to move on. I apologize in advance for that.

## E. Participant Questions

Are there any questions at this point?

### I. Progression of romantic relationships

1. (*Note to moderator: Show picture of girl*) Let's start our discussion by creating a story together about this couple. Who are they? What are their names? \_\_\_\_\_
2. Who are the people important to them? (*Note to moderator: show a list of pictures of important people: mom, dad, friends, partner, religious, other? Move pictures next to girl when participants mention their name.*)
  - a. *Probe: any other important person?*
3. What type of things do they do together as a couple?

### II. Attitudes, norms and control on abstinence?

3. What are the advantages of staying abstinent?
4. What are the disadvantages of staying abstinent?
5. If girl doesn't want to have sex, what will boy think? What will her friends think? What will her family think?  
*Probe: love her, respect her, leave her, persuade her*
6. If boy doesn't want to have sex, what will girl think? What will his friends think? What will his family think?  
*Probe: less of a man, doesn't like her...*
7. What factors would make it hard for youth to remain abstinent?
8. What factors would make it easy for youth to remain abstinent?

### III. Attitudes, norms and control on birth control?

9. If they have sex, will they do anything to prevent a pregnancy? Why or why not?
10. What will they do?  
*Probe: what contraception or method will they use?*  
*(Note to moderator: list on poster board all contraceptives methods mentioned)*
11. Which of these contraception methods is used the most?
12. (*Note to moderator: show poster with positive and negative columns for each birth control method and abstinence listed on rows*) I want you to tell me what you think about using some of the birth control methods you just mentioned.
  - a. What are the advantages of using \_\_\_\_\_ method?
  - b. What are the disadvantages of using \_\_\_\_\_ method?
13. *Note to moderator: After the activity is over discuss the negative aspects of each contraceptive and probe about whether youth would use them anyway or are they unlikely to use them. Use questions like "What will happen if a girl/boy feels this way, would she/he use the method."*  
*Probe: get information about access, purchasing, embarrassment using/buying it, etc.*
14. I want you to think about how people close to girl and boy feel about them using birth control or remaining abstinent. (*Note to moderator: show the poster with the boy and girl pictures*).

- a. How would \_\_\_\_\_ feel if girl/boy is not having sex?
- b. How would \_\_\_\_\_ feel if girl/boy is having sex and using birth control?

15. What factors would make it hard for youth to use contraception?

16. What factors would make it easy for youth to use contraception?

- a. *(Note to moderator: Discuss why of each decision)*

#### **IV. Attitudes, norms and control on pregnancy?**

17. *(Note to moderator: Show picture of pregnant teen)* I want you to look at this picture. Let's give her a name, what's her name? \_\_\_\_\_

18. Is \_\_\_\_\_ happy that she is pregnant? Why or why not?

19. *Probe: did she want to become pregnant?*

20. Do you think there are girls your age that really want to become pregnant? Why? Why not?

21. Do you think there are boys your age that would like to get their girlfriend pregnant? Why? Why not?

22. I want you to think about how people close to girl and boy feel about her being pregnant.

*(Note to moderator: show the poster with the boy and girl pictures).*

- a. How would \_\_\_\_\_ feel if girl/boy are having a baby?

23. Finally, I want you to think about the advantages things and bad things about becoming pregnant at your age. First I want you to write on one index card the ending to this phrase:

"The advantage for a girl to become pregnant right now is...."

The disadvantage for a girl to become pregnant right now is...."

"The advantage for a boy to get his girlfriend pregnant right now is...."

The disadvantage for a boy to get his girlfriend pregnant right now is...."

# Guía del moderador para el grupo focal de la juventud (español)

## A. Encuesta demográfica

Antes de comenzar la discusión hoy, quisiera que completaran una encuesta con algunas preguntas personales. Las preguntas te pueden hacer sentir incómodo. No tienes que contestar ninguna pregunta que te haga sentir incómodo. Esta encuesta es completamente anónima. No escribas tu nombre en la encuesta. Como es anónima, yo no sabré a quien le pertenece la encuesta. También te daré este cobertor para que tapes tu encuesta mientras contestas las preguntas y así proteger tus respuestas. Te daré este sobre. Tan pronto completes la encuesta, mete la encuesta dentro del sobre, sállalo y me lo devuelves a mí. Si no deseas llenar la encuesta, la puedes dejar en blanco cuando la metas al sobre.

## B. Confidencialidad

Antes de comenzar nuestra discusión, quiero enfatizar que es muy importante no compartir con nadie fuera de este grupo lo que hemos discutido aquí hoy. Todo lo que se discuta aquí resumirá y nadie podrá identificar lo que dijo cada uno. Durante la discusión hablaremos sobre sexualidad. Sin embargo, si en la conversación tú mencionas que eres víctima de abandono o abuso o tu hijo es víctima de abuso o abandono, tengo que informárselo a los Servicios de Bienestar del Niño.

Quiero que prometas que protegerás la privacidad y confidencialidad de la discusión de hoy. Por eso quiero que todos repitan en voz alta esta promesa que leeré. Repitan después de mí.

*“Entiendo que es muy importante proteger la privacidad y confidencialidad de los otros participantes. Por eso no voy a compartir con nadie fuera de este grupo los temas que hemos discutido ni los nombres de los participantes.”* (Appendix Y)

## C. Tomar notas y grabación de la sesión

Estaremos tomando notas y grabando la discusión para poder representar sus puntos de vista. Para mantener la información confidencial, solo la investigadora tendrá acceso a esta información.

Transcribiremos la grabación y destruiremos el archivo digital. Tu nombre no está vinculando a ninguno de los comentarios que hagas. Todos están de acuerdo con grabar la sesión? *(Nota Si alguien no está de acuerdo no podrá participar en la discusión.*

Como estamos usando la grabadora, es importante que hablen uno a la vez para poder escuchar claramente todos los comentarios.

## D. Reglas de la casa

Quiero repasar algunas de las reglas que usaremos para esta discusión.

1. No hay ninguna contestación correcta o incorrecta. Todas las ideas son buenas y todos tenemos que respetarlas.
2. Quiero escuchar puntos de vista diferentes. Dime realmente lo que opines aunque otros no estén de acuerdo.
3. Si estás incómodo con una pregunta, no tienes que contestarla.
4. Por favor apaguen sus celulares, iPods, blackberries o cualquier aparato que grabe sonido antes de comenzar.
5. Durante la discusión de hoy hablaremos de muchos temas. A veces tendré que cortar la discusión y seguir a la pregunta siguiente. Quiero disculparme de antemano si te corto mientras hablar.

## E. Preguntas

Tienen alguna pregunta?



## I. Progreso de relaciones románticas

1. *(Nota al moderador: Muestra la foto de la chica)* Vamos a comenzar nuestra discusión creando una historia juntos acerca de esta pareja. Quienes son? Como se llaman?
2. Quienes son las personas importantes en su vida? *(Nota al moderador: muestra las fotos de personas importantes: mama, papa, pareja, líder religioso, otro? Mueva las fotos al lado de la foto de la chica cuando mencionen su nombre)*
  - a. *Sondeo: otras personas importantes?*
3. Que tipo de cosas hacen juntos como pareja?

## II. Actitudes, normas y control sobre abstinencia

4. Si chica no quiere tener sexo, que pensaría el chico? Que pensarían sus amigos? Que pensaría su familia?
  - a. *Sondeo: querría más, la dejaría, la convencería*
5. Si el chico no quiere tener sexo, que pensaría la chica? Que pensarían sus amigos? Sus padres?
  - a. *Sondeo: es menos hombre*
6. Cuáles son las ventajas de mantener abstinencia?
7. Cuáles son las desventajas de mantener abstinencia?
8. Porque es fácil practicar abstinencia?
9. Porque es difícil practicar abstinencia?

## III. Actitudes, normas, control sobre contraceptivos

10. Si ellos deciden tener sexo, harán algo para prevenir un embarazo? Porque?
11. Que harán?
  - a. *Sondeo: que métodos usarán? Pastillas, condón, sexo durante menstruación, interrupción*
12. Que método es más común? *(Nota al moderador: dibuja una estrella al lado de 1-2 métodos más comunes).*
13. *(Nota al moderador: muestra el tablón con las columnas positivas y negativas y las fotos contraceptivos)* Quiero que me digan lo que opinan ustedes sobre estos contraceptivos.
  - a. *Cuáles son las ventajas de usar \_\_\_\_\_ método?*
  - b. *Cuáles son las desventajas?*

*Nota al moderador: Después de la actividad discute los aspectos negativos y positivos de cada método contraceptivo y sondea a los participantes acerca si los jóvenes lo usarían o es improbable que los usen. Utiliza preguntas como, "Que ocurre si el chico/chica se siente así? Usarían el método?"*

- a. *Sondeo: obtén información acerca de acceso, compra, vergüenza al comprar, etc.*

14. Ahora quiero que pienses sobre lo que la gente importante a la chica y al chico piensan sobre usar contraceptivos o practicar la abstinencia. *(Nota al moderador: muestra el tablón con las fotos del chico y la chica).*
- Cómo se sentiría \_\_\_\_\_ si chica/chico no tienen sexo?*
  - Cómo se sentiría \_\_\_\_\_ si chica/chico tienen sexo pero usan contraceptivos?*

15. Porque es fácil usar contraceptivos?

16. Porque es difícil usar contraceptivos?

#### **IV. Actitudes, normas y control sobre el embarazo**

17. *(Nota al moderador: Muestra la foto de la chica embarazada)* Ahora, quiero que vean esta foto. Démosle un nombre. Cuál es su nombre? \_\_\_\_\_

18. \_\_\_\_\_ está contenta por estar embarazada? Porqué?

- Sondeo: ella quería embarazarse?*

19. Creen que hay chicas de tu edad que quieren estar embarazadas? Porqué?

20. Creen que hay chicos de tu edad que quieren que sus novias se embaracen? Porqué?

21. Ahora quiero que pienses como se sienten las personas importantes en la vida de \_\_\_\_\_ sobre el embarazo. *(Nota al moderador: muestra el tablón con las fotos de la chica y el chico)*

- Cómo se sintió \_\_\_\_\_ al saber que chica/chico estaba esperando un bebé?*

*(Nota al moderador: discute el porque de las emociones.)*

22. Finalmente, quiero que pienses sobre las cosas buenas y las cosas malas de quedar embarazada o embarazar a tu novia a la edad que ustedes tienen. Quiero que escribas en una tarjeta el final de la siguiente frase:

- “La ventaja de que una chica esté embarazada ahora es...”
- “La desventaja de que una chica esté embarazada ahora es...”
- “La ventaja de que un chico embarace a su novia ahora es...”
- “La desventaja de que un chico embarace a su novia ahora es...”



The participant read, understood, signed and returned the Informed Consent Form

# Montgomery County Hispanic Youth Survey 2009

Fill in responses making dark marks:

Correct: ●

Incorrect: ⊗



Some questions in the survey are sensitive. If you do not want to answer a question, please leave it blank. Please answer honestly and correctly.

1. What is your sex?

Male

Female

2. How old are you?

14

15

16

17

18

19

Other: \_\_\_\_\_

3. What city do you live in?

Aspen Hill

Gaithersburg

Germantown

Kensington

Montgomery Village

Rockville

Silver Spring

Takoma Park

Wheaton

Other: \_\_\_\_\_

4. Are you?

Single

Not married but living with partner

Married

Other: \_\_\_\_\_

5. Who do you live with now? Check all that apply.

Mother/ legal guardian

Father/ legal guardian

Brother or sister

Other family

Other: \_\_\_\_\_

In which language do you:

6. read and speak?

7. usually speak at home?

8. usually think?

9. usually speak with friends?

Only Spanish

Spanish better than English

Both equally

English better than Spanish

Only English

10. Where were you born?

Bolivia

Honduras

Colombia

Mexico

Ecuador

Nicaragua

El Salvador

Peru

Guatemala

Puerto Rico

Dominican Republic

United States (other than Puerto Rico)

Other country: \_\_\_\_\_

11. How old were you when you arrived in the U.S.?

0

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

I was born in the U.S.

12. Do you receive FARM (Free and Reduced Meals) at school?

Y

N

?



13. What is the highest level of education that you have completed?
- High school grade:  6  7  8  9  10  11  12
  - College year:  F  S  J  R
  - Other: \_\_\_\_\_
14. Did you attend school during the last school year?
- Y  N
15. Do you have a computer at home?
- Y  N
16. Do you have internet access at home?
- Y  N
17. Do you work at a job for pay?
- Y  N
18. On average how many hours do you work per week?
- I do not work for pay
  - 1-5 hours per week
  - 6-10 hours per week
  - 11-15 hours per week
  - 16-20 hours per week
  - 21-25 hours per week
  - 26 hours or more per week

21. Do you consider yourself:
- Baptist
  - Catholic
  - Christian
  - Evangelical
  - Jehovah's Witness
  - Jewish
  - Muslim
  - Seventh Day Adventist
  - I do not practice any religion
  - Other religion: \_\_\_\_\_
22. How important is religious faith in shaping the decisions you make about sex and contraception?
- Very important
  - Important
  - Somewhat important
  - Not important
  - Don't Know/ Not sure
23. Are you a citizen of the United States?
- Y  N  ?  Application pending
24. Are you a permanent resident with a green card?
- Y  N  ?  Application pending

What is the highest level of education <u>completed</u> by:	Less than 8 <sup>th</sup> grade	Less than high school	High school	College	Don't know
19. your mother or female guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. your father or male guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**The following questions are about your sexual life.**

**Partner is the person you have a relationship with (e.g. boyfriend or girlfriend) or the person you have sex with.**

**Vaginal sex is when a man puts his penis inside a woman's vagina.**

25. How old were you when you had vaginal sex for the first time?

10  11  12  13  14  15  16  17  18  19

Other: \_\_\_\_\_

I have never had vaginal sex

26. How old was your partner the first time you had vaginal sex?

10  11  12  13  14  15  16  17

18  19  20  21  22  23  24  25

Other: \_\_\_\_\_

Don't know / Not sure

I have never had vaginal sex

27. In the last 12 months, how many times have you had vaginal sex?

Zero (0) times in the last 12 months

Less than 1 time per month

1-3 times per month

4 or more times per month

I have never had vaginal sex

28. In the last 12 months, with how many people have you had vaginal sex?

0  1  2  3  4  5  > more than 5

I have never had vaginal sex

? Don't know / Not sure

29. Think about the last time you had vaginal sex, did you or your partner drink alcohol or use drugs before you had vaginal sex?

Y  N  ?  I have never had vaginal sex

30. Have you ever been physically forced to have sex (vaginal, anal or oral) when you did not want to?

Y  N  ?

31. Do you know where you can get tested for HIV/AIDS?

Y  N  ?

32. Have you ever been tested for HIV/AIDS?

Y  N  ?

33. The last time you had vaginal sex, what method did you or your partner use to prevent a pregnancy or a disease? Mark all that apply.

I have never had vaginal sex

We did not use any method

Finishing, coming or ejaculating outside

Birth control pills

Male condom

Injection (Depo)

Emergency contraception or Plan B

Don't know / Not sure

Other: \_\_\_\_\_

34. If you or your partner did not use a method to prevent a pregnancy or a disease the last time you had sex, please respond why?

\_\_\_\_\_

35. Have you ever been pregnant, or have any of your partners ever been pregnant with your baby?

Y  N  ?

36. How old were you when you or your partner became pregnant for the first time?

10  11  12  13  14  15  16  17  18  19

Other \_\_\_\_\_

? Don't know / Not Sure

I (my partner) have never been pregnant

37. How many children do you have?

0  1  2  3  > more than 3

? Don't know / Not Sure

38. Many women decide to terminate their pregnancies when they feel they are not ready to be a parent. Have you ever had to terminate a pregnancy or has your girlfriend terminate her pregnancy?

Y  N  ?













**The following statements are about your family and school.**

120. At what times are you not in the company of a parent/ guardian, or another adult responsible for you? (Mark all the times that apply to you)

- Before school
- After school
- After dinner
- Weekends
- I am always with an adult
- I do not have an adult responsible for me

121. My parent/guardian knows whom I am going to be with when I am not in school or at home.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

122. My parent/guardian knows where I am going when I am not in school or at home.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

123. During the last 12 months, how many times did you attend a “skipping party” (skip school/class to attend a party with your friends)?

- Almost daily
- A couple of times per week
- A couple of times per month
- A couple of times per year
- Never

124. During the last 12 months, how many times did you party without an adult present?

- Almost daily
- A couple of times per week
- A couple of times per month
- A couple of times per year
- Never

125. Do you take medicine for attention deficit disorder (ADD) and/or hyperactivity (ADHD) (Ritalin or Concerta)?

- Y
- N
- ?

126. What school do you go to?

- \_\_\_\_\_
- I am not in school

**If you are not in middle or high school, please jump to question 140.**

	Very likely	Likely	Unsure	Unlikely	Very Unlikely
<b>Please say how likely you feel it is that you will be able to do the following.</b>					
127. Get help from a <u>teacher or tutor at school</u> if you need extra help with schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Get help from <u>someone outside of school (tutor or friend)</u> if you need extra help with schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
<b>Please say how much you agree or disagree with the following statements.</b>					
129. I feel that I am part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. I am treated fairly at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. There is someone at school who encourages me to do well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



132. Please mark all the adults at your school who encourage you to do well.

- A teacher
- A guidance counselor
- An school support staff
- A principal or assistant principal
- No adult in school encourages me to do well
- Other: \_\_\_\_\_

133. Please mark all the activities in which you participated last school year:

- School sports team
- Sports team outside of school
- School club
- Club outside of school
- Volunteering, helping other people
- I do not participate in any activities in school
- I do not participate in any activities outside school
- Other: \_\_\_\_\_

134. About how many days of school did you miss the last school year?

- 0 days
- 1-3 days
- 4-6 days
- 7-10 days
- 11-20 days
- 21 days or more

135. During the last school year, about how many times were you suspended from school?

- Never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

136. My parent/guardian encourages me to do well in school.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

137. Are you planning to go to college in the future?

- Y  N  ?  I am in college right now

<i>How confident are you that you can:</i>	Very Confident	Confident	Not sure	Not Confident	Not very confident
138. graduate from high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. graduate from college?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Please think about how you felt this way in the last 7 days.***

140. I felt sad.

- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most or all of the time (5-7 days)
- Don't know/ Not sure

141. I felt lonely.

- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most or all of the time (5-7 days)
- Don't know/ Not sure

142. I felt that people disliked me.

- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most or all of the time (5-7 days)
- Don't know/ Not sure

**The following questions are about safety and gangs.**

143. Is there a place where you sometimes do not feel safe?

- Y  N  ?

144. Please mark all the places where you sometimes do not feel safe.

- School  
 Home  
 Community  
 I feel safe  
 Other: \_\_\_\_\_

145. Please mark all the reasons why you sometimes do not feel safe

- Gangs  
 Violence  
 Verbal abuse  
 Drugs and alcohol  
 I feel safe  
 Other: \_\_\_\_\_

146. During the past 30 days, on how many days did you carry a gun?

- 0 days  
 1 day  
 2-3 days  
 4-5 days  
 6 or more days

147. Do you live with someone who owns or carries a gun?

- Y  N  ?

148. Do you spend time with someone (like a friend) who owns or carries a gun?

- Y  N  ?

149. During the past 30 days, on how many days did you carry a weapon such as a knife or a club?

- 0 days  
 1 day  
 2-3 days  
 4-5 days  
 6 or more days

150. Do you live with someone who owns or carries a weapon such as a knife or a club?

- Y  N  ?

151. Do you spend time with someone (like a friend) who owns or carries a weapon such as a knife or a club?

- Y  N  ?

152. During the last 12 months, how many times were you in a physical fight?

- 0  1  2  3  4  5  6 or More

153. Do you have brothers or sisters who have ever been or are now involved in a gang?

- Y  N  ?

154. Do you have friends who have ever been or are now involved in a gang?

- Y  N  ?

155. How many of your friends have been or are now involved in a gang?

- 0  1  2  3  4  5  6  7  8  9  
 10  11  12  13  14  15  16  17  18  19  
 20 or more

156. How old were you when you first had friends who were members of a gang?

- 10  11  12  13  14  15  16  17  18  19

Other age: \_\_\_\_\_

I have no friends involved in gangs

157. Have you ever been threatened by a gang member?

- Y  N  ?

158. Has a gang ever tried to recruit you?

- Y  N  ?



159. If a gang has ever tried to recruit you, where were you approached? Please mark all that apply.

- I have never been recruited by a gang
- School
- On the street
- A mall/shopping center
- At a party
- Other: \_\_\_\_\_

160. Have you ever been or are you now a member of a gang?

- Y
- N
- ?

***If you answered Yes to question 160, please answer questions the following questions. If you answered No to question 160 return the survey to the recruiter.***

161. At what age did you first get involved with gang-related activities?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

Other age: \_\_\_\_\_

162. Do you want to get out of the gang?

- Y
- N
- ?

163. Do you think that you can get out of the gang?

- Y
- N
- ?
- I don't want to get out



# Montgomery County Latino Youth Survey 2009

Fill in responses making dark marks:  
Correct: ● Incorrect: ⊗ ⊙ ⊕

Some questions in the survey are sensitive. If you do not want to answer a question, please leave it blank.  
Please answer honestly and correctly.

- What is your sex?  
 Male  
 Female
- How old are you?  
 14    15    16    17    18    19    Other: \_\_\_\_\_
- What city do you live in?  
 Aspen Hill  
 Gaithersburg  
 Germantown  
 Kensington  
 Montgomery Village  
 Rockville  
 Silver Spring  
 Takoma Park  
 Wheaton  
 Other: \_\_\_\_\_
- Are you?  
 Single  
 Not married but living with partner  
 Married  
 Other: \_\_\_\_\_
- Who do you live with now? Check all that apply.  
 Mother/ female legal guardian  
 Father/ male legal guardian  
 Brother or sister  
 Other family  
 Other: \_\_\_\_\_

- |   | Only Spanish                      | Spanish better than English | Both equally          | English better than Spanish | Only English          |
|---|-----------------------------------|-----------------------------|-----------------------|-----------------------------|-----------------------|
| In which language do you:   |                                   |                             |                       |                             |                       |
| 6. read and speak?  | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| 7. usually speak at home?   | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| 8. usually think?   | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| 9. usually speak with friends?  | <input type="radio"/>             | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| 10. Where were you born?  |                                   |                             |                       |                             |                       |
| <input type="radio"/> Bolivia   | <input type="radio"/> Honduras    |                             |                       |                             |                       |
| <input type="radio"/> Colombia  | <input type="radio"/> Mexico      |                             |                       |                             |                       |
| <input type="radio"/> Ecuador   | <input type="radio"/> Nicaragua   |                             |                       |                             |                       |
| <input type="radio"/> El Salvador   | <input type="radio"/> Peru        |                             |                       |                             |                       |
| <input type="radio"/> Guatemala   | <input type="radio"/> Puerto Rico |                             |                       |                             |                       |
| <input type="radio"/> Dominican Republic  |                                   |                             |                       |                             |                       |
| <input type="radio"/> United States (other than Puerto Rico)  |                                   |                             |                       |                             |                       |
| <input type="radio"/> Other country: _____  |                                   |                             |                       |                             |                       |
| 11. How old were you when you arrived in the U.S.?  |                                   |                             |                       |                             |                       |
| <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9           |                                   |                             |                       |                             |                       |
| <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 |                                   |                             |                       |                             |                       |
| <input type="radio"/> I was born in the U.S.  |                                   |                             |                       |                             |                       |
| 12. Do you receive FARM (Free and Reduced Meals) at school?   |                                   |                             |                       |                             |                       |
| <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> ?   |                                   |                             |                       |                             |                       |



13. What is the highest level of education that you have completed?
- High school grade:  6  7  8  9  10  11  12
- College year:  F  S  J  R
- Other: \_\_\_\_\_
14. Do you have a computer at home?
- Y  N
15. Do you have internet access at home?
- Y  N
16. Do you work at a job for pay?
- Y  N
17. On average how many hours do you work per week?
- I do not work for pay
- 1-5 hours per week
- 6-10 hours per week
- 11-15 hours per week
- 16-20 hours per week
- 21-25 hours per week
- 26 hours or more per week
18. During the last 12 months, how many times were you in a physical fight?
- 0  1  2  3  4  5  6 or More
19. What is the highest level of education completed by your mother or female guardian?
- Less than 8th grade
- Less than high school
- High school
- College
- Don't know
- Other: \_\_\_\_\_
20. What is the highest level of education completed by your father or male guardian?
- Less than 8th grade
- Less than high school
- High school
- College
- Don't know
- Other: \_\_\_\_\_
21. Do you consider yourself:
- Baptist
- Catholic
- Christian
- Evangelical
- Jehovah's Witness
- Jewish
- Seventh Day Adventist
- I do not practice any religion
- Other religion: \_\_\_\_\_
22. How important is religion in influencing your decisions about sex and contraception?
- Very important
- Important
- Somewhat important
- Not important
- Don't Know/ Not sure
23. Are you a citizen of the United States?
- Y  N  ?  Application pending
24. Are you a permanent resident with a green card?
- Y  N  ?  Application pending



**Partner** is the person you have a relationship with (e.g. boyfriend or girlfriend) or the person you have sex with.

**Vaginal sex** is when a man puts his penis inside a woman's vagina.

25. Do you know where you can get tested for HIV/AIDS?

- Y  N  ?

26. Have you ever been tested for HIV/AIDS?

- Y  N  ?

27. How old were you when you had vaginal sex for the first time?

- 10  11  12  13  14  15  16  17  18  19

Other: \_\_\_\_\_

I have never had vaginal sex

**If you have NEVER had vaginal sex, STOP!  
Jump to question 35 on the next page.**

28. How old was your partner the first time you had vaginal sex?

- 10  11  12  13  14  15  16  17

- 18  19  20  21  22  23  24  25

Other: \_\_\_\_\_

Don't know / Not sure

29. In the last 12 months, how many times have you had vaginal sex?

Zero (0) times in the last 12 months

Less than 1 time per month

1-3 times per month

4 or more times per month

30. In the last 12 months, with how many people have you had vaginal sex?

- 0  1  2  3  4  5  > 6 or more

? Don't know / Not sure

31. The last time you had vaginal sex, what method did you or your partner use to prevent a pregnancy or a disease? Mark all that apply.

We did not use any method

Pull out (Finishing or coming outside)

Birth control pills

Male condom

Injection (Depo)

Emergency contraception or Plan B

Don't know / Not sure

Other: \_\_\_\_\_

32. If you or your partner did not use a method to prevent a pregnancy or a disease the last time you had sex, please respond why?

\_\_\_\_\_

\_\_\_\_\_

33. How old were you when you or your partner became pregnant for the first time?

- 10  11  12  13  14  15  16  17  18  19

? Don't know / Not Sure

I (my partner) have never been pregnant

34. How many children do you have?

- 0  1  2  3  > 4 or more

? Don't know / Not Sure



**Respond whether you AGREE or DISAGREE.**

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
35. By the next time I have vaginal sex, I plan on being on <u>birth control pills</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I want to <u>use a male condom</u> the next time I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I plan on <u>not having</u> vaginal sex in the next 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. If I decide not to have sex my friends will tease me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. If I use condoms, these will break or slip out during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. If I (or my partner) use birth control pills it means that I am (or she is) planning to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. If I don't have sex, my partner will think that I don't love him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I (my partner) might forget to take the birth control pill every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. If I do not have sex it shows that I respect myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. If I use a male condom every time I have sex, my partner will think that I have had many sexual partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. My partner will pressure me into having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. My partner doesn't like to use condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Using birth control pills can affect my (or my partner's) health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. If I use a male condom every time I have sex, I will feel less pleasure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Using birth control pills will make me or my partner gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. My partner thinks that I should not have sex in the next 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. My partner thinks that I should use male condoms the next time we have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. My mother thinks that I or my partner should use birth control pills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. My mother thinks that I should use male condoms the next time I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. My mother thinks that I should not have sex in the next 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. My partner thinks that I should use birth control pills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. My father thinks that I should not have sex in the next 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. My father thinks that I should use male condoms the next time I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. My friends think that I should not have sex in the next 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Respond whether you AGREE or DISAGREE.**

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
59. I am confident that I could use a male condom the next time I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. The decision to use a male condom the next time I have sex is not in my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. It is easy for me to use birth control pills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Whether I use birth control pills is entirely up to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Whether or not I have sex in the next 12 months is entirely up to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. For me to not have sex in the next 12 months is impossible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. I feel that I am at risk for getting infected with HIV/AIDS or an infection (STDs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Respond whether you believe the statements are GOOD or BAD.**

	Very good	Good	Unsure	Bad	Very bad
66. My partner or me gaining weight is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Having the birth control pills affect my health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Planning to have sex is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Making my partner feel that I don't love him or her is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Feeling less pleasure during sex is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Forgetting to take the birth control pill is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Making my partner think that I have had many sexual partners is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. My partner not liking condoms is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Having a condom break or slip out during sex is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Showing respect for myself is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Being pressured by my partner is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Being teased by my friends is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Respond if you care about the following statement VERY MUCH or NOT AT ALL.**

	Very much	Some	Unsure	A little	Not at all
78. How much do you care what your <u>partner</u> thinks you should do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. How much do you care what your <u>father</u> thinks you should do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. How much do you care what your <u>mother</u> thinks you should do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. How much do you care what your <u>friends</u> think you should do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Respond whether you AGREE or DISAGREE.**

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
82. I would have a baby right now if my partner wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. If I have a baby right now, my partner would stay with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. If I have a baby right now, it would cause trouble between my partner and me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Having a baby right now with my partner is ok if we love each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Having a baby right now is ok if I get married or move in with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. I would like to have a baby right now so I can have someone to love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. If I have a baby right now I wouldn't be able to hang around with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. I would like to have a baby right now so I can leave my house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Having a baby right now would get in the way of my future plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Dropping out of school to take care of a baby would make me sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Having a baby right now would make me happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Having a baby right now is the worst thing that can happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Having a baby right now would be very difficult for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. My family would be very disappointed if I have a baby right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. I want to have a baby right now because my friends have one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. If I have a baby right now, I would need to work to sustain the baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Respond whether you AGREE or DISAGREE.**

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
98. I would be very worried if I have a baby right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. If I have a baby right now, it would be embarrassing for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. I don't mind having a baby right now because I love children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. I would get a lot of attention from my friends if I have a baby right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. I would like to have a baby right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. At what times are you not in the company of a parent/ guardian, or another adult responsible for you? (Mark all the times that apply to you)

- Before school
- After school
- After dinner
- Weekends
- I am always with an adult
- I do not have an adult responsible for me

104. My parent/guardian knows whom I am going to be with when I am not in school or at home.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

105. My parent/guardian knows where I am going when I am not in school or at home.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

106. During the last 12 months, how many times did you attend a "skipping party" (skip school/class to attend a party with your friends)?

- Almost daily
- A couple of times per week
- A couple of times per month
- A couple of times per year
- Never

107. During the last 12 months, how many times did you party without an adult present?

- Almost daily
- A couple of times per week
- A couple of times per month
- A couple of times per year
- Never

108. Do you take medicine for attention deficit disorder (ADD) and/or hyperactivity (ADHD) (Ritalin or Concerta)?

- Y    N    ?

109. What school did you go to last school year?

- \_\_\_\_\_
- I did not go to school last school year

**If you did NOT go school last year, STOP!!  
Jump to question 123.**



110. Are you planning to go to college in the future?

- Y    N    ?    I am in college right now

**How confident are you that you can:**

- |                                 | Very Confident        | Confident             | Not sure              | Not Confident         | Not very confident    |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 111. graduate from high school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 112. graduate from college?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**How likely you feel it is that you will be able to:**

- |   | Very likely           | Likely                | Unsure                | Unlikely              | Very Unlikely         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 113. Get help from a <u>teacher or tutor at school</u> if you need extra help with schoolwork?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. Get help from <u>someone outside of school (tutor or friend)</u> if you need extra help with schoolwork? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**How much you agree or disagree with the following statements.**

- |   | Strongly agree        | Agree                 | Unsure                | Disagree              | Strongly disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 115. I feel that I am part of my school.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. I am treated fairly at school.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 117. There is someone at school who encourages me to do well in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

118. Please mark all the adults at your school who encourage you to do well.

- A teacher
- A guidance counselor
- A principal or assistant principal
- No adult in school encourages me to do well
- Other: \_\_\_\_\_

119. Please mark all the activities in which you participated last school year:

- School sports team
- Sports team outside of school
- School club
- Club outside of school
- Volunteering, helping other people
- I do not participate in any activities
- Other: \_\_\_\_\_

120. About how many days of school did you miss the last school year?

- 0 days
- 1-3 days
- 4-6 days
- 7-10 days
- 11-20 days
- 21 days or more

121. During the last school year, about how many times were you suspended from school?

- Never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times



122. My parent/guardian encourages me to do well in school.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

**Think about how you felt this way in the last 7 days.**

123. I felt sad.

- Don't know/ Not sure
- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most of the time (5-7 days)

124. I felt lonely.

- Don't know/ Not sure
- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most of the time (5-7 days)

125. I felt that people disliked me.

- Don't know/ Not sure
- Rarely or none of the time (less than 1 day)
- Sometimes or a little of the time (1-2 days)
- Occasionally or some of the time (3-4 days)
- Most of the time (5-7 days)

126. Mark all the places where you sometimes do not feel safe.

- None, I always feel safe.
- School
- Home
- Community
- Other: \_\_\_\_\_

127. Mark all the reasons why you sometimes do not feel safe

- None, I feel safe.
- Gangs
- Violence
- Verbal abuse
- Drugs and alcohol
- Other: \_\_\_\_\_

128. During the past 30 days, on how many days did you carry a gun?

- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 or more days

129. Do you live with someone who owns or carries a gun?

- Y  N  ?

130. Do you spend time with someone (like a friend) who owns or carries a gun?

- Y  N  ?

131. During the past 30 days, on how many days did you carry a weapon (not a gun) such as a knife or a club?

- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 or more days

132. Do you live with someone who owns or carries a weapon (not a gun) such as a knife or a club?

- Y  N  ?

133. Do you spend time with someone (like a friend) who owns or carries a weapon (not a gun) such as a knife or a club?

- Y  N  ?



134. Do you have brothers or sisters who have ever been or are now involved in a gang?

Y  N  ?

135. How many of your friends have been or are now involved in a gang?

0  1  2  3  4  5  6  7  8  9

10  11  12  13  14  15  16  17  18  19

20 or more

136. How old were you when you first had friends who were members of a gang?

10  11  12  13  14  15  16  17  18  19

Other age: \_\_\_\_\_

I have no friends involved in gangs

137. Have you ever been threatened by a gang member?

Y  N  ?

138. Has a gang ever tried to recruit you?

Y  N  ?

139. If a gang has ever tried to recruit you, where were you approached? Please mark all that apply.

I have never been recruited by a gang

School

On the street

A mall/shopping center

At a party

Other: \_\_\_\_\_

140. Have you ever been or are you now a member of a gang?

Y  N  ?

**If you have NEVER been in a gang, STOP!!  
Return the survey.**

**If you answered YES to question 140,  
continue below.**

141. At what age did you first get involved with gang-related activities?

10  11  12  13  14  15  16  17  18  19

Other age: \_\_\_\_\_

142. Do you want to get out of the gang?

Y  N  ?

143. Do you think that you can get out of the gang?

Y  N  ?  I don't want to get out

**THANK YOU FOR YOUR TIME!**

Appendix E  
Sexual and Reproductive Health Services Information Sheet



# Love yourself and be healthy



## Identity



Gaithersburg Office  
414 East Diamond Ave.  
Gaithersburg, MD 20877  
Mon & Wed 4-6 pm

Get quick and private HIV testing and counseling!

Wheaton Office  
11141 Georgia Ave Suite A#31  
Wheaton, MD 20902  
Fri 3-6pm

Takoma Park Office  
7676 New Hampshire Ave Suite #411  
Takoma Park, MD 20912  
Sat 11-3pm

## Planned Parenthood

Silver Spring  
1400 Spring Street #450  
Silver Spring, MD 20910  
P: 301.608.3448

Get contraceptives, Plan B and STI testing. Answer all your questions about sexual health and pregnancy.

Gaithersburg  
1965 Clubhouse Road #104  
Gaithersburg, MD 20879  
P: 301.208.1300



## TAYA



1400 Spring Street  
Suite 200  
Silver Spring, MD 20910  
P: 301-565-0914

Get contraceptives, annual check ups and vaccines.



## Sexinfo.org





Answer all your questions about sexuality on this website...all in Spanish just for Latinos like you.



We greatly appreciate your participation completing the survey. This study is being conducted by the School of Public Health of the University of Maryland. If you have any questions you can contact the principal investigator, Dr. Nancy Atkinson at [atkinson@umd.edu](mailto:atkinson@umd.edu). You can contact the student investigator Genevieve Martínez at 202-487-7450 if you require assistance in Spanish.

# Ama tu cuerpo, ama tu salud



<p><b>Identity</b></p> <p><u>Gaithersburg Office</u> 414 East Diamond Ave. Gaithersburg, MD 20877 Mon &amp; Wed 4-6 pm</p> <p><u>Wheaton Office</u> 11141 Georgia Ave Suite A#31 Wheaton, MD 20902 Fri 3-6pm</p> <p><u>Takoma Park Office</u> 7676 New Hampshire Ave Suite #411 Takoma Park, MD 20912 Sat 11-3pm</p>  <p>Consigue la prueba y orientación sobre el VIH de forma privada y confidencial</p>	<p><b>Planned Parenthood</b></p> <p><u>Silver Spring</u> 1400 Spring Street #450 Silver Spring, MD 20910 P: 301.608.3448 F: 301.608.0098</p> <p><u>Gaithersburg</u> 1965 Clubhouse Road #104 Gaithersburg, MD 20879 P: 301.208.1300 F: 301.208.8699</p>  <p>Consigue contraceptivos, Plan B y las pruebas de infecciones transmisibles. Contesta todas tus preguntas sobre salud sexual . y embarazo.</p>
<p><b>TAYA</b></p> <p>1400 Spring Street Suite 200 Silver Spring, MD 20910 P: 301-565-0914</p>  <p>Consigue contraceptivos, exámenes anuales y vacunas.</p>	<p><b>Sexinfo.org</b></p> <p>Contesta todas tus preguntas sobre sexualidad en este sitio en la internet...toda la información está en español. Solo para Latinos como tú.</p> 



Apreciamos tu participación completando la encuesta. Este estudio lo lleva a cabo la Escuela de Salud Pública de la Universidad de Maryland. Si tiene cualquier pregunta se puede comunicar con la investigadora principal, la Dra. Nancy Atkinson [atkinson@umd.edu](mailto:atkinson@umd.edu). Si necesita asistencia en español puede llamar a la estudiante investigadora Genevieve Martínez al 202-487-7450.

Appendix F  
Additional Tables Summarizing Study Findings

Table 36. Summary of the Results From the Cognitive Interviews.

Problem Items	Responses	Solutions
<b>Instructions</b>	<p>Completion instructions were not read by any of the participants</p> <p>Skip pattern instructions were ignored</p> <p>“Check all that apply” were not read consistently</p>	<p>Instructions were condensed to show only how the bubble must be filled out.</p> <p>Skip pattern instructions were bolded and the font size increased and centered in page to catch their attention.</p> <p>“Check all that apply” statements were bolded.</p>
<b>Terms</b>	<p>Word “skipping party” understood by all</p> <p>Word “Withdrawal”: also named “pulled out” or “coming outside”</p> <p>Question about adults who encourage you: “support staff” not understood by anyone. Some thought it as psychiatrist, others thought it was a janitor</p> <p>Age questions with two rows of numbers and two vertical bubbles (other and do not know) is confusing for some.</p> <p>Word “partner” was understood by all.</p>	<p>Additional terms were added to the “withdrawal” response option.</p> <p>Identity decided to delete this response option</p> <p>Due to page formatting and space limitation this had to stay in the original format.</p>

<b>Problem Items</b>	<b>Responses</b>	<b>Solutions</b>
<b>Format</b>	Education: will not fill out main bubble on “education level”. Respondents filled out the “grade completed” bubble only.	This will be addressed in the analysis
	Language scale: easy to respond, but uncomfortable to read sideways.	No changes were made due to space limitation and formatting.
<b>Scale unlikely- likely and disagree-agree</b>  <b>Scale 7pt and 5pt</b>	Agree-disagree scale easier to understand; 5pt easier to answer than the 7pt.	All scales were limited to a 5pt scale, with end points agree-disagree, when appropriate. All scales have labels and not numbers. Each column is labeled to avoid confusion.
	5pt agree-disagree scale: participants divided as whether use “agree, somewhat agree, etc” vs “totally agree, agree” labels.	Scale labels were changed to Strongly agree-Strongly disagree.
<b>Item about sex and alcohol use</b>	Question about sex and alcohol use: many thought you had to be drunk to respond yes.	This question was deleted due to comprehension problems and because this topic was out of the scope of the study.
<b>Motivation to comply items and scale</b>	In the “motivation to comply” scale, use numbers or labels.	Labels were added with a better format for each column.
<b>Parents education scale layout</b>	Father’s education: confusing if youth have a guardian/stepfather and a father.	This item was not changed.
<b>Response Y and No and numbers inside bubble</b>	Respondents did not have any problem filling in bubbles with Y/N or with numbers.	No changes were made.

<b>Problem Items</b>	<b>Responses</b>	<b>Solutions</b>
<b>Term “Guardian” in English and Spanish</b>	Word “guardian” was understood by al	No changes were made
<b>Term “weapon”</b>	“Weapon” understood as a gun	A clarification was added in the question
<b>Time burden</b>	It took on average 30 minutes to complete.	About 15 questions were deleted from the survey in the interest of reducing the time burden for the participants. Theory scales (perceived behavioral control) was changed into a direct measure, the PWS was reduced to 20 items, plus one direct measure of the construct, other items were condensed or removed from the scale.
<b>Other</b>	Spanish survey the question “Siento que no le agrado”, confusing	There was only one instance of this comment, other respondents understood the term. No changes were made.
	Forced sex understood as rape	Although this item was well understood it was removed from the survey in the interest of length and is beyond the scope of the study.
	“Using birth control will cause illness”, illness confusing understood as serious disease or the flu	This item was modified to read “it will affect my health”.
<b>Comfort level</b>	No questions were found to be too sensitive for participants.	

Table 37. Missing Values for Key Variables With Original Sample.

	<b>N</b>	<b>Missing Count</b>	<b>Percent</b>
<b>Gender</b>	944	5	0.53
<b>Age</b>	926	23	2.42
<b>City</b>	947	2	0.21
<b>Living Accommodations</b>	922	27	2.85
<b>Country of Birth</b>	902	47	4.95
<b>Age of Arrival to U.S.</b>	902	47	4.95
<b>US Citizen</b>	919	30	3.16
<b>US Resident</b>	860	89	9.38
<b>Marital Status</b>	940	9	0.95
<b>Receive FARM</b>	884	65	6.85
<b>Importance Of Religion</b>	920	29	3.06
<b>Education Personal</b>	885	64	6.74
<b>Plans for College</b>	602	347	36.56
<b>Education of Mother</b>	949	20	2.10
<b>Education of Father</b>	949	25	2.60
<b>Language You Read &amp; Speak</b>	928	21	2.21
<b>Language You Speak at Home</b>	870	79	8.32
<b>Language You Think In</b>	858	91	9.59
<b>Language You Speak to Friends</b>	859	90	9.48
<b>Age of First Sexual Intercourse</b>	949	33	3.40
<b>Age of First Sexual Partner*</b>	585	364	38.36
<b>Frequency of Sex Last Year*</b>	581	368	38.78
<b>Number of Partners Last Year*</b>	581	368	38.78
<b>Contraception*</b>	583	366	39.60
<b>Ever Pregnant</b>	909	40	4.21
<b>Age of First Pregnancy*</b>	575	374	39.41
<b>Number of Children*</b>	565	384	40.46
<b>BCP Use Intention</b>	882	67	7.06
<b>Abstinence Intention</b>	906	43	4.53
<b>Condom Use Intention</b>	902	47	4.95
<b>BCP Causes Weight Gain Belief</b>	897	52	5.48

	N	Missing Count	Percent
<b>BCP Affects Health Belief</b>	898	51	5.37
<b>BCP Means Planning Sex Belief</b>	900	49	5.16
<b>Forget Taking BCP Belief</b>	887	62	6.53
<b>BCP Causes Weight Gain Evaluation</b>	917	32	3.37
<b>BCP Affects Health Evaluation</b>	901	48	5.06
<b>BCP Means Planning Sex Evaluation</b>	901	48	5.06
<b>Forget Taking BCP Evaluation</b>	890	59	6.22
<b>Abstinence Means No Love Belief</b>	905	44	4.64
<b>Abstinence Friends Tease Belief</b>	912	37	3.90
<b>Abstinence Means Self Respect Belief</b>	892	57	6.01
<b>Partner Will Pressure Belief</b>	902	47	4.95
<b>Abstinence Means No Love Evaluation</b>	910	39	4.11
<b>Abstinence Friends Tease Evaluation</b>	908	41	4.32
<b>Abstinence Means Self Respect Evaluation</b>	904	45	4.74
<b>Partner Will Pressure Evaluation</b>	909	40	4.21
<b>Condoms Break Belief</b>	907	42	4.43
<b>Condom Means Many Partners Belief</b>	901	48	5.06
<b>Condom Means Less Pleasure Belief</b>	905	44	4.64
<b>Partner No Like Condoms Belief</b>	889	60	6.32
<b>Condoms Break Evaluation</b>	901	48	5.06
<b>Condom Means Many Partners Evaluation</b>	899	50	5.27
<b>Condom Means Less Pleasure Evaluation</b>	904	45	4.74
<b>Partner No Like Condoms Evaluation</b>	894	55	5.80
<b>Partner Agrees to Use BCP</b>	868	81	8.54
<b>Mother Agrees Use BCP</b>	873	76	8.01



	<b>N</b>	<b>Missing Count</b>	<b>Percent</b>
<b>Partner Agrees Abstinence</b>	887	62	6.53
<b>Mother Agrees Abstinence</b>	891	58	6.11
<b>Father Agrees Abstinence</b>	878	71	7.48
<b>Friends Agrees Abstinence</b>	897	52	5.48
<b>Partner Agrees Use Condom</b>	890	59	6.22
<b>Mother Agrees Use Condom</b>	889	60	6.32
<b>Father Agrees Condom</b>	884	65	6.85
<b>Care What Partner Thinks</b>	907	42	4.43
<b>Care What Mother Thinks</b>	909	40	4.21
<b>Care What Father Thinks</b>	904	45	4.74
<b>Care What Friends Think</b>	904	45	4.74
<b>BCP Easy Use</b>	865	84	8.85
<b>BCP Up To Me</b>	867	82	8.64
<b>Abstinence Up To Me</b>	905	44	4.64
<b>Abstinence is Impossible</b>	899	50	5.27
<b>Confident in Condom Use</b>	918	31	3.27
<b>Condom Use Not in My Control</b>	904	45	4.74
<b>Would Have Baby If Partner Wanted</b>	899	50	5.27
<b>Partner Would Stay With Me</b>	887	62	6.53
<b>Would Cause Trouble Between Partner And I</b>	884	65	6.85
<b>Ok If We Love Each Other</b>	883	66	6.95
<b>Ok If Married</b>	884	65	6.85
<b>Have Someone To Love</b>	890	59	6.22
<b>Cant Hang Around Friends</b>	885	64	6.74
<b>So I Can Leave House</b>	880	69	7.27
<b>Get In Way Future Plans</b>	880	69	7.27
<b>Dropping School Make Me Sad</b>	891	58	6.11
<b>Make Me Happy</b>	888	61	6.43
<b>Worst That Thing Can Happen To Me</b>	884	65	6.85
<b>Would Be Difficult For Me</b>	881	68	7.17
<b>Family Would Be Disappointed</b>	884	65	6.85

	N	Missing Count	Percent
<b>Because Friends Have One</b>	890	59	6.22
<b>Would Need To Work</b>	894	55	5.80
<b>Would Be Very Worried</b>	913	36	3.79
<b>Would Be Embarrassing For Me</b>	899	50	5.27
<b>I Love Children</b>	899	50	5.27
<b>Would Get Attention From Friends</b>	904	45	4.74

\* Variable inside a skip pattern.

Table 38. Reliability and Cronbach's Alpha Coefficients for the Theory Based Sub Scales.

	<b>Item-Total Statistics</b>	<b>Cronbach's <math>\alpha</math></b>	<b>Corrected Item-Total Correlation</b>	<b>Squared Multiple Correlation</b>	<b>Cronbach's <math>\alpha</math> if Item Deleted</b>
<b>Abstinence Attitude Beliefs</b>	Abstinence Friends Tease Belief	0.441	0.380	0.198	0.235
	Abstinence Means No Love Belief		0.355	0.215	0.258
	Abstinence Means Self Respect Belief		-0.043	0.004	0.644
	Partner Will Pressure Belief		0.378	0.210	0.243
<b>Abstinence Attitudes Evaluation</b>	Abstinence Friends Tease Evaluation	0.032	0.282	0.247	-0.427
	Abstinence Means No Love Evaluation		0.150	0.148	-0.210
	Abstinence Means Self Respect Evaluation		-0.404	0.165	0.587
	Partner Will Pressure Evaluation		0.226	0.215	-0.443
<b>Abstinence Normative Beliefs</b>	Partner Agrees Abstinence	0.701	0.299	0.125	0.740
	Mother Agrees Abstinence		0.543	0.415	0.599
	Father Agrees Abstinence		0.609	0.467	0.553
	Friends Agrees Abstinence		0.510	0.275	0.625
<b>Abstinence Perceived Behavioral Control</b>	Abstinence Up to Me	.109	.058	.003	.a
	Abstinence is Impossible		.058	.003	.a

	<b>Item-Total Statistics</b>	<b>Cronbach's <math>\alpha</math></b>	<b>Corrected Item-Total Correlation</b>	<b>Squared Multiple Correlation</b>	<b>Cronbach's <math>\alpha</math> if Item Deleted</b>
<b>Condom Attitudes Beliefs</b>	Condoms Break Belief	0.525	0.261	0.073	0.497
	Condom Means Many Partners Belief		0.320	0.108	0.448
	Partner No Like Condoms Belief		0.347	0.135	0.423
	Condom Means Less Pleasure Belief		0.328	0.119	0.441
<b>Condom Attitudes Evaluation</b>	Condoms Break Evaluation	0.635	0.547	0.319	0.466
	Condom Means Many Partners Evaluation		0.444	0.220	0.546
	Partner No Like Condoms Evaluation		0.451	0.254	0.539
	Condom Means Less Pleasure Evaluation		0.238	0.064	0.685
<b>Condom Normative Beliefs</b>	Partner Agrees Use Condom	0.691	0.372	0.139	0.760
	Mother Agrees Use Condom		0.586	0.399	0.489
	Father Agrees Condom		0.573	0.390	0.511
<b>Condom Perceived Behavioral Control</b>	Confident in Condom Use	0.109	0.059	0.003	.(a)
	Condom Use Not in My Control (R)		0.059	0.003	.(a)
<b>BCP Attitudes Beliefs</b>	BCP Means Planning Sex Belief	0.554	0.291	0.087	0.525
	Forget Taking BCP Belief		0.303	0.095	0.512
	BCP Affects Health Belief		0.371	0.176	0.456

	<b>Item-Total Statistics</b>	<b>Cronbach's <math>\alpha</math></b>	<b>Corrected Item-Total Correlation</b>	<b>Squared Multiple Correlation</b>	<b>Cronbach's <math>\alpha</math> if Item Deleted</b>
	BCP Causes Weight Gain Belief		0.395	0.189	0.436
<b>BCP Attitudes Evaluation</b>	BCP Means Planning Sex Evaluation		-0.067	0.015	0.603
	Forget Taking BCP Evaluation	0.373	0.226	0.142	0.280
	BCP Affects Health Evaluation		0.381	0.234	0.110
	BCP Causes Weight Gain Evaluation		0.353	0.191	0.129
<b>BCP Normative Beliefs</b>	Mother Agrees Use BCP	0.557	0.386	0.149	.(a)
	Partner Agrees to Use BCP		0.386	0.149	.(a)
<b>BCP Perceived Behavioral Control</b>	BCP Easy to Use		0.276	0.076	.(a)
	BCP Up To Me	0.431	0.276	0.076	.(a)

Table 39: Demographic Characteristic of the US, Md, Montgomery County, and Study Sample Populations.

	USA	MD	MC	Sample youth	PG
<b>Race</b>					
White (non Latino)	74.0%*	57.0%**	53.9% <sup>§§</sup>	—	—
Black*	12.3%*	29.0%**	16.6% <sup>§§</sup>	—	—
Latino	15.1%*	6.0%**	14.8% <sup>§§</sup>	100.0%	—
<b>Foreign Born</b>	11.1%**	9.8% <sup>§§</sup>	60% <sup>†</sup>	85.0%	—
<b>Country Origin of Latinos †</b>					
Mexico	65.0% <sup>§</sup>	—	7.0% <sup>‡‡</sup>	3.8%	—
El Salvador	3.3% <sup>§</sup>	—	37.8% <sup>‡‡</sup>	26.4%	—
Other CA	12.4% <sup>§</sup>	—	16.0% <sup>‡‡</sup>	14.7%	—
Colombia	1.8% <sup>§</sup>	—	4.4% <sup>‡‡</sup>	2.7%	—
Peru	1.0% <sup>§</sup>	—	7.0% <sup>‡‡</sup>	2.5%	—
Other SA	1.6% <sup>§</sup>	—	6.1% <sup>‡‡</sup>	4.0%	—
Puerto Rico	9.1% <sup>§</sup>	—	4.1% <sup>‡‡</sup>	1.7%	—
Cuba	3.5% <sup>§</sup>	3.0%	1.9% <sup>‡‡</sup>	0.0%	—
Dominican Republic	2.8% <sup>§</sup>	1.0%	1.5% <sup>‡‡</sup>	3.8%	—
Ecuador	1.2% <sup>§</sup>	—	2.9% <sup>‡‡</sup>	2.1%	—
<b>Education Adults</b>					
Less than HS	18.4%**	—	7.8% <sup>§§</sup>	77.0%	23.6%
HS graduate	29.5%**	—	14.7% <sup>§§</sup>	20.0%	25.1%
At least some college	52.0%**	—	77.0% <sup>§§</sup>	3.3%	15.6%

\* U.S. Bureau of Census: Supplementary Survey Summary Tables, 2000 (PCT006, P038, PCT034, P006, QT-01,02). Percentage of total population.

US = U.S., MD = Maryland State, MC = Montgomery County, PG= Parent or Legal guardian, CA = Central America, SA = South America.

\*\* U.S. Census Bureau: State and County Quick Facts, 2008. Percentage of total population.

§ American Community Survey, 2006-2008, 3-Yr Estimate, BO3001 “Hispanic or Latino by Specific Origin”. Percentage of Latino U.S. population.

§§ U.S. Bureau of Census: State and County Quick Facts, 2009. Percentage of total MD population.

† Country of origin as a percentage of the total of Latinos.

‡‡ American Community Survey, 2007, 1-Yr Estimate. Percentage of Latino population.

† American Community Survey, 2005. Percentage of Latino population.

Table 40. Univariate Analysis on PWS for Males With No Sexual Experience.

<b>Males No Sex n=127</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>95% CI</b>
<b>Abstinence Intentions</b>	-3.36	1.03	-0.28	-3.27	.00	-5.40, -1.33
<b>Condom Use Intention</b>	-4.44	.79	-0.45	-5.56	.00	-6.01, -2.87
<b>Age</b>	1.65	.528	0.27	3.13	.00	0.61, 2.70
<b>Living with Dad</b>	6.33	3.12	0.18	2.03	.04	0.16, 12.50
<b>Generation 1.5</b>	6.67	1.83	0.31	3.63	.00	3.03, 10.29
<b>Mother's Education College</b>	-5.08	2.37	-0.19	-2.14	.03	-9.77, -0.38
<b>Mother's Education Do not Know</b>	8.02	1.79	0.37	4.49	.00	4.49, 11.55

Table 41. Univariate Analysis on PWS for Males With Sexual Experience.

<b>Males Sex n=256</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>95% CI</b>
<b>Condom Use Intention</b>	-1.44	.68.	-0.13	-2.13	.03	-2.77, -0.11

Table 42. Univariate Analysis on PWS for Females With No Sexual Experience.

<b>Females No Sex n=142</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>sig</b>	<b>95% CI</b>
<b>BCP Use Intention</b>	-4.27	.98	-0.35	-4.36	.00	-6.20, -2.33
<b>Abstinence Intentions</b>	-6.02	.99	-0.46	-6.05	.00	-7.98, -4.05
<b>Condom Use Intention</b>	-4.41	1.01	-0.35	-4.37	.00	-6.41, -2.41
<b>Age</b>	1.78	.64	0.23	2.77	.01	0.51, 3.04
<b>Living with Mom &amp; Dad</b>	-6.80	2.09	-0.26	-3.20	.00	-10.94, -2.66
<b>Generation 1</b>	10.87	3.40	0.26	3.19	.00	4.14, 17.60
<b>Mother's Education College</b>	-5.58	2.34	-0.20	-2.38	.02	-10.22, -0.95
<b>Mother's Education Do not Know</b>	8.46	2.20	0.31	3.84	.00	4.10, 12.81

Table 43. Univariate Analysis on PWS for Females With Sexual Experience.

<b>Females Sex n=147</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>95% CI</b>
<b>Condom Use Intention</b>	-3.15	1.05	-0.24	-2.99	.00	-5.23, -1.07
<b>Living with Mom &amp; Dad</b>	-9.27	2.04	-0.35	-4.55	.00	-13.30, -5.25
<b>Generation 1</b>	10.57	2.89	0.29	3.67	.00	4.86, 16.29
<b>Mother's Education HS</b>	-7.00	3.37	-0.17	-2.08	.04	-13.66, -0.33
<b>Mother's Education Do not Know</b>	6.61	2.30	0.23	2.87	.00	2.07, 11.16

Table 44. Univariate Analysis on Abstinence Intentions for Males With No Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>95% CI</b>
<b>Abstinence Friends Will Tease</b>	-0.03	0.04	-0.08	-0.85	.39	-0.10, 0.04
<b>Abstinence Means No Love</b>	-0.08	0.03	-0.21	-2.43	.02	-0.15 -0.01
<b>Abstinence Self Respect</b>	0.11	0.02	0.44	5.46	.00	0.07, 0.15
<b>Abstinence Partner will Pressure Me</b>	-0.06	0.04	-0.14	-1.56	.12	-0.15, 0.02
<b>Norms Abstinence Partner</b>	0.02	0.03	0.07	0.77	.44	-0.03, 0.08
<b>Norms Abstinence Mom</b>	0.06	0.02	0.25	2.90	.00	0.02, 0.10
<b>Norms Abstinence Dad</b>	0.07	0.02	0.32	3.75	.00	0.03, 0.11
<b>Norms Abstinence Friends</b>	0.02	0.03	0.05	0.57	.57	-0.04, 0.07
<b>Abstinence is Impossible</b>	0.12	0.09	0.12	1.37	.17	-0.05, 0.30
<b>Abstinence is Up to Me</b>	0.25	0.08	0.29	3.36	0.00	0.10, 0.41
<b>Age</b>	-0.11	0.04	-0.22	-2.53	0.01	-0.20, -0.02
<b>Generation 1</b>	0.08	0.23	0.03	0.36	0.72	-0.37, 0.54
<b>Generation 1.5</b>	-0.09	0.16	-0.05	-0.57	0.57	-0.41, 0.23
<b>Generation Undetermined</b>	-0.99	0.90	-0.10	-1.10	0.27	-2.78, 0.79
<b>Mother's Education HS</b>	0.02	0.41	0.00	0.04	0.97	-0.80, 0.83
<b>Mother's Education College</b>	-0.18	0.20	-0.08	-0.90	0.37	-0.58, 0.22
<b>Mother's Education Do not Know</b>	-0.22	0.16	-0.12	-1.40	0.16	-0.54, 0.09



Table 45. Univariate Analysis on Abstinence Intentions for Males With Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95% CI</b>
<b>Abstinence Friends Will Tease</b>	-0.05	0.02	-0.14	-2.22	0.03	-0.09, -0.01
<b>Abstinence Means No Love</b>	0.06	0.02	0.19	3.09	0.00	0.02, 0.10
<b>Abstinence Self Respect</b>	0.01	0.02	0.04	0.57	0.57	-0.03, 0.06
<b>Abstinence Partner will Pressure Me</b>	-0.07	0.02	-0.17	-2.82	0.01	-0.12, -0.02
<b>Norms Abstinence Partner</b>	0.00	0.02	0.00	-0.06	0.95	-0.05, 0.04
<b>Norms Abstinence Mom</b>	0.03	0.02	0.11	1.74	0.08	0.00, 0.07
<b>Norms Abstinence Dad</b>	0.04	0.02	0.15	2.39	0.02	0.01, 0.08
<b>Norms Abstinence Friends</b>	0.01	0.02	0.03	0.44	0.66	-0.03, 0.05
<b>Abstinence is Impossible</b>	0.17	0.06	0.17	2.71	0.01	0.05, 0.29
<b>Abstinence is Up to Me</b>	-0.03	0.07	-0.03	-0.46	0.65	-0.17, 0.11
<b>Age</b>	-0.03	0.05	-0.04	-0.60	0.55	-0.13, 0.07
<b>Generation 1</b>	0.18	0.18	0.06	0.99	0.32	-0.18, 0.55
<b>Generation 1.5</b>	0.23	0.15	0.10	1.60	0.11	-0.05, 0.52
<b>Generation Undetermined</b>	-0.21	0.31	-0.04	-0.68	0.50	-0.82, 0.40
<b>Mother's Education HS</b>	-0.52	0.21	-0.15	-2.45	0.01	-0.93, -0.10
<b>Mother's Education College</b>	0.10	0.17	0.04	0.58	0.57	-0.24, 0.44
<b>Mother's Education Do not Know</b>	0.22	0.15	0.09	1.49	0.14	-0.07, 0.52

Table 46. Univariate Analysis on Abstinence Intentions for Females With No Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95% CI</b>
<b>Abstinence Friends Will Tease</b>	-0.03	0.04	-0.07	-0.83	0.41	-0.12, 0.05
<b>Abstinence Means No Love</b>	0.02	0.04	0.05	0.56	0.58	-0.06, .10
<b>Abstinence Self Respect</b>	0.09	0.02	0.34	4.29	0.00	0.05, 0.13
<b>Abstinence Partner will Pressure Me</b>	-0.05	0.04	-0.11	-1.36	0.18	-0.13, 0.02
<b>Norms Abstinence Partner</b>	-0.01	0.02	-0.02	-0.24	0.81	-0.05, 0.04
<b>Norms Abstinence Mom</b>	0.08	0.02	0.32	3.97	0.00	0.04, 0.12
<b>Norms Abstinence Dad</b>	0.02	0.02	0.10	1.14	0.25	-0.02, 0.06
<b>Norms Abstinence Friends</b>	-0.04	0.02	-0.15	-1.77	0.08	-0.08, 0.00
<b>Abstinence is Impossible</b>	0.30	0.08	0.31	3.84	0.00	0.14, 0.45
<b>Abstinence is Up to Me</b>	0.47	0.08	0.44	5.82	0.00	0.31, 0.63
<b>Age</b>	-0.05	0.05	-0.08	-0.91	0.36	-0.14, 0.05
<b>Generation 1</b>	-0.67	0.26	-0.21	-2.57	0.01	-1.19, -0.15
<b>Generation 1.5</b>	-0.03	0.17	-0.02	-0.18	0.86	-0.36, 0.30
<b>Generation Undetermined</b>	0.43	0.38	0.10	1.14	0.25	-0.31, 1.18
<b>Mother's Education HS</b>	0.18	0.32	0.05	0.56	0.57	-0.45, 0.81
<b>Mother's Education College</b>	0.31	0.18	0.14	1.72	0.09	-0.05, 0.66
<b>Mother's Education Do not Know</b>	-0.57	0.17	-0.27	-3.37	0.00	-0.90, -0.24

Table 47. Univariate Analysis on Abstinence Intentions for Females With Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95% CI</b>
<b>Abstinence Friends Will Tease</b>	-0.02	0.04	-0.05	-0.57	0.57	-0.11, 0.06
<b>Abstinence Means No Love</b>	0.08	0.03	0.19	2.35	0.02	0.01, 0.15
<b>Abstinence Self Respect</b>	0.02	0.02	0.06	0.77	0.45	-0.03, 0.07
<b>Abstinence Partner will Pressure Me</b>	-0.02	0.04	-0.04	-0.43	0.67	-0.09, 0.06
<b>Norms Abstinence Partner</b>	-0.05	0.03	-0.13	-1.55	0.12	-0.11, 0.01
<b>Norms Abstinence Mom</b>	0.02	0.02	0.07	0.86	0.39	-0.02, 0.06
<b>Norms Abstinence Dad</b>	0.01	0.02	0.03	0.40	0.69	-0.03, 0.04
<b>Norms Abstinence Friends</b>	-0.02	0.02	-0.08	-0.91	0.36	-0.06, 0.02
<b>Abstinence is Impossible</b>	0.28	0.07	0.31	3.94	0.00	0.14, 0.42
<b>Abstinence is Up to Me</b>	-0.07	0.09	-0.06	-0.77	0.44	-0.25, 0.11
<b>Age</b>	-0.06	0.06	-0.08	-0.93	0.35	-0.18, 0.06
<b>Generation 1</b>	-0.13	0.26	-0.04	-0.53	0.60	-0.64, 0.37
<b>Generation 1.5</b>	0.13	0.18	0.06	0.72	0.47	-0.22, 0.48
<b>Generation Undetermined</b>	-0.07	0.39	-0.02	-0.18	0.86	-0.83, 0.69
<b>Mother's Education HS</b>	-0.09	0.29	-0.03	-0.32	0.75	-0.67, 0.48
<b>Mother's Education College</b>	-0.06	0.19	-0.03	-0.32	0.75	-0.44, 0.32
<b>Mother's Education Do not Know</b>	0.03	0.20	0.01	0.17	0.86	-0.36, 0.43

Table 48. Univariate Analysis on Condom Use Intentions for Males With Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95% CI</b>
<b>Condom Will Break</b>	-0.13	0.03	-0.33	-3.93	0.00	-0.19, 0.06
<b>Condom Means Many Partners</b>	-0.04	0.02	-0.12	-1.91	0.06	-0.09, 0.00
<b>Partner No Like Condoms</b>	-0.08	0.02	-0.27	-4.39	0.00	-0.12, -0.05
<b>Condoms Less Pleasure</b>	0.03	0.02	0.10	1.54	0.12	-0.01, 0.06
<b>Norms Condom Partner</b>	0.04	0.02	0.15	2.37	0.02	0.01, 0.07
<b>Norms Condom Mom</b>	0.05	0.01	0.20	3.33	0.00	0.02, 0.07
<b>Norms Condom Dad</b>	0.03	0.01	0.15	2.43	0.02	0.01, 0.06
<b>Confident in Condom Use</b>	0.59	0.06	0.51	9.46	0.00	0.47, 0.72
<b>Condom Use Not in My Control</b>	0.03	0.06	0.04	0.58	0.56	-0.08, 0.15
<b>Age</b>	-0.04	0.05	-0.05	-0.79	0.43	-0.13, 0.06
<b>Generation 1</b>	0.05	0.18	0.02	0.26	0.79	-0.30, 0.40
<b>Generation 1.5</b>	0.01	0.14	0.00	0.05	0.96	-0.27, 0.28
<b>Generation Undetermined</b>	-0.27	0.30	-0.06	-0.93	0.35	-0.86, 0.31
<b>Mother's Education HS</b>	-0.14	0.20	-0.04	-0.69	0.49	-0.54, 0.26
<b>Mother's Education College</b>	0.36	0.16	0.14	2.21	0.03	0.04, 0.68
<b>Mother's Education Do not Know</b>	-0.03	0.14	-0.01	-0.21	0.83	-0.31, 0.25
<b>Condom Used at Last Sex</b>	0.76	0.14	0.33	5.56	0.00	0.49, 1.03
<b>BCP Used at Last Sex</b>	-0.27	0.29	-0.06	-0.93	0.35	-0.86, .031
<b>Withdrawal Used at Last Sex</b>	-0.23	0.24	-0.06	-0.94	0.35	-0.70, 0.25

Table 49. Univariate Analysis on Condom Use Intentions for Females With Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95% CI</b>
<b>Condom Will Break</b>	-0.06	0.03	-0.19	-2.35	0.02	-0.12, -0.01
<b>Condom Means Many Partners</b>	0.02	0.03	0.06	0.72	0.47	-0.04, 0.09
<b>Partner No Like Condoms</b>	-0.04	0.03	-0.12	-1.42	0.16	-0.10, 0.02
<b>Condoms Less Pleasure</b>	0.02	0.02	0.08	0.92	0.36	-0.03, 0.07
<b>Norms Condom Partner</b>	0.03	0.02	0.11	1.31	0.19	-0.01, 0.07
<b>Norms Condom Mom</b>	0.03	0.02	0.13	1.59	0.11	-0.01, 0.07
<b>Norms Condom Dad</b>	0.04	0.02	0.21	2.54	0.01	0.01, 0.07
<b>Confident in Condom Use</b>	0.59	0.08	0.53	7.62	0.00	0.43, 0.74
<b>Condom Use Not in My Control</b>	0.08	0.06	0.10	1.22	0.23	-0.05, 0.20
<b>Age</b>	-0.12	0.06	-0.17	-2.10	0.04	-0.22, -0.01
<b>Generation 1</b>	-0.49	0.23	-0.18	-2.16	0.03	-0.94, -0.04
<b>Generation 1.5</b>	0.19	0.16	0.10	1.16	0.25	-0.13, 0.50
<b>Generation Undetermined</b>	0.34	0.35	0.08	0.99	0.33	-0.35, 1.03
<b>Mother's Education HS</b>	0.38	0.26	0.12	1.46	0.15	-0.13, 0.90
<b>Mother's Education College</b>	0.11	0.17	0.05	0.61	0.54	-0.24, 0.45
<b>Mother's Education Do not Know</b>	-0.11	0.18	-0.05	-0.62	0.54	-0.47, 0.25
<b>Condom Used at Last Sex</b>	0.47	0.15	0.25	3.09	0.00	0.17, 0.78
<b>BCP Used at Last Sex</b>	-0.08	0.20	-0.03	-0.41	0.68	-0.48, 0.32
<b>Withdrawal Used at Last Sex</b>	-0.48	0.24	-0.17	-2.03	0.04	-0.96, -0.01

Table 50. Univariate Analysis on BCP Use Intentiosn for Females With Sexual Experience.

<b>Predictors</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>t</b>	<b>Sig.</b>	<b>95 % CI</b>
<b>BCP Means Planning Sex</b>	0.09	0.03	0.25	3.13	0.00	0.03, 0.15
<b>Forget Taking BCP</b>	-0.03	0.04	-0.07	-0.83	0.41	-0.12, 0.05
<b>BCP Affects Health</b>	0.14	0.03	0.33	4.19	0.00	0.07, 0.20
<b>BCP Makes Gain Weight</b>	0.05	0.03	0.13	1.55	0.12	-0.01, 0.12
<b>Norms BCP Partner</b>	0.10	0.02	0.36	4.58	0.00	0.06, 0.15
<b>Norms BCP Mom</b>	0.04	0.03	0.13	1.61	0.11	-0.01, 0.09
<b>BCP Easy to Use</b>	0.47	0.08	0.45	6.02	0.00	0.31, 0.62
<b>BCP Use Up to Me</b>	0.01	0.11	0.01	0.06	0.95	-0.22, 0.23
<b>Age</b>	0.12	0.07	0.14	1.67	0.10	-0.02, 0.25
<b>Generation 1</b>	0.27	0.29	0.08	0.92	0.36	-0.31, 0.84
<b>Generation 1.5</b>	-0.28	0.20	-0.12	-1.41	0.16	-0.68, 0.11
<b>Generation Undetermined</b>	0.59	0.44	0.11	1.34	0.18	-0.28, 1.45
<b>Mother's Education HS</b>	0.61	0.33	0.15	1.87	0.06	-0.03, 1.25
<b>Mother's Education College</b>	-0.07	0.22	-0.03	-0.31	0.76	-0.50, 0.36
<b>Mother's Education Do not Know</b>	0.21	0.23	0.08	0.91	0.36	-0.24, 0.66
<b>Condom Used at Last Sex</b>	-0.76	0.19	-0.32	-4.03	0.00	-1.14, -0.39
<b>BCP Used at Last Sex</b>	1.33	0.23	0.43	5.79	0.00	0.87, 1.78
<b>Withdrawal Used at Last Sex</b>	-0.49	0.30	-0.13	-1.63	0.11	-1.09, 0.10

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