ETHNIC IDENTITY, WOMANIST IDENTITY, AND YOUNG ADULT LATINAS' SAFE SEX PRACTICES

by

MARINA VALDEZ

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DISSERTATION APPROVAL PAGE

Student: Marina Valdez

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This dissertation has been accepted and approved in partial fulfillment of the requirements for the Doctor of Philosophy degree in the Department of Counseling Psychology and Human Services by:

Dr. Ellen H. McWhirter	Chairperson
Dr. Linda Forrest	Member
Dr. Joseph Stevens	Member
Dr. Lynn Fujiwara	Outside Member

and

Dr. Kimberly Andrews Espy	Vice President for Research & Innovation/Dean of the Graduate School

Original approval signatures are on file with the University of Oregon Graduate School.

Degree awarded September 2011

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DISSERTATION ABSTRACT

Marina Valdez

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Title: Ethnic Identity, Womanist Identity, and Young Adult Latinas' Safe Sex Practices

Approved: _____
Ellen McWhirter, Ph.D.

Young Latina women are at risk for unwanted pregnancy and sexually-transmitted infections. Researchers have suggested that factors such as self-efficacy and relationship power dynamics may contribute to difficulty in negotiating safe sex practices. For women in heterosexual relationships, the most common prevention practice—condom use—requires partner cooperation. Sociocultural variables related to gender role socialization can adversely affect a woman's ability to negotiate condom use.

I developed and tested a model of sociocultural predictors of Latina women's safe sex practices. The predictors included ethnic identity, acculturation, womanist identity, gender role attitudes, sexual self-efficacy, and sexual relationship power. I surveyed 210 young adult Latina women via an online survey that was disseminated across the United States via social networking websites and email. I used path analysis to investigate the fit of the hypothesized model with the data, first to predict condom use and second to predict sexual history exploration. Results indicated that the hypothesized model predicting the safe sex practice of exploring a partner's sexual history had a good fit to the data, whereas the model predicting condom use did not provide an adequate fit to the data.

These findings suggest that young adult Latinas' exploration of a partner's sexual history is more likely to occur when women have stronger ethnic identity and womanist identity, more egalitarian gender role attitudes, and higher levels of partner dominance and control in their relationship. The model accounted for 16% of the variance in sexual history exploration. Although the variance explained was low, this model is still informative of the factors that contribute to sexual history exploration. Exploring a potential partner's history is an important aspect of safe sex practices that can have major implications for healthy sexual decision-making. Understanding an individual's cultural identity via ethnic and womanist identity, as well as considering sociocultural (e.g., gender role attitudes) and interpersonal (e.g., relationship power) factors, can inform prevention efforts that will contribute to safe sex behavioral outcomes. Other factors that may contribute to safe sex practice outcomes that were not accounted for by the models are noted. Implications for practice and future research are discussed.

CURRICULUM VITAE

NAME OF AUTHOR: Marina Valdez

GRADUATE AND UNDERGRADUATE SCHOOLS ATTENDED:

University of Oregon, Eugene, OR
Texas Tech University, Lubbock, TX

DEGREES AWARDED:

Doctor of Philosophy, Counseling Psychology, 2011, University of Oregon
Master of Science, Counseling, Family, & Human Services, 2003, University of Oregon
Bachelor of Arts, Psychology, 1999, Texas Tech University

AREAS OF SPECIAL INTEREST:

Latina identity development, sexual health, and relationship variables
Women's issues

PROFESSIONAL EXPERIENCE:

Pre-doctoral Intern, Suffolk University Counseling Center, 2010-2011

Adjunct Instructor, Portland State University Psychology Department, 2010

Life Skills Specialist/Counselor, University of Oregon Counseling & Testing Center, 2007-2009

GRANTS, AWARDS, AND HONORS:

Cynthia de las Fuentes Dissertation Award, *Ethnic Identity, Womanist Identity, and Young Adult Latinas' Safe Sex Practices*, National Latino/a Psychological Association, 2010

Graduate Teaching Fellowship, University of Oregon Counseling & Testing Center, 2007-2009

Travel Grant, *Quantitative Training for Underrepresented Groups/Society for Multivariate Experimental Psychology (QTUG/SMEP) Student Conference*, American Psychological Association, 2008

Graduate Teaching Fellowship, University of Oregon Office of Academic Advising, 2006-2007 & 2002-2003

Graduate Teaching Fellowship, University of Oregon Career Center, 2001-2002

Graduate Teaching Fellowship, University of Oregon College of Education, 2000-2001

Jean Twohig Award, University of Oregon College of Education, 2001

Minority Aging Network in Psychology (MANIP) Fellowship, American Psychological Association, 2001

Fighting Funds Scholarship, University of Oregon Graduate School, 2000

Magna cum Laude, Texas Tech University, 1999

PUBLICATIONS:

McWhirter, E. H., Torres, D. M., Salgado, S., & Valdez, M. (2007). Perceived barriers and post-secondary plans in Mexican American and European American adolescents. *Journal of Career Assessment, 15*(1), 119-138.

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CHAPTER I

LITERATURE REVIEW

Introduction

Young Latinas are a population at risk for unprotected heterosexual sexual activity. Strategies for promoting healthy sexual behaviors in young women fail to take into account the sociocultural context of young women, particularly ethnocultural and gender-related factors that may influence sexual behavior (Amaro, 1995). Some studies have provided evidence that cultural variables, such as acculturation and gender roles, can impact sexual behavior. However, there is a relative absence of feminist, empowerment-driven, and multicultural perspectives informing the literature on healthy sexual behavior, pregnancy prevention programs, and STI prevention work.

The proposed study of young adult Latina safe sex practices aims to address this gap by exploring the contributions of ethnic identity, womanist identity, acculturation, and gender role attitudes on self-efficacy, perceived power in negotiating sexual decisions, and safe sex practices.

In this chapter, I define the constructs of interest and review the literature related to ethnic identity and gender-related influences on sexual behavior. I close this chapter by providing my hypotheses and proposed model. The Methodology chapter follows and details procedures, participants, measures, and analyses that will be utilized in the study.

Safe Sex Behaviors and Women

Safe sex behaviors are defined as behaviors during sexual activity that involve taking precautions against acquiring a sexually transmitted infection (STI) and unwanted pregnancy (National Institute of Health; NIH, 2008). These behaviors include condom

use, birth control/contraception use (e.g., the pill, spermicide use) and getting tested for STIs. Other practices that fall within the category of safe sex behaviors include empowering strategies such as engaging in open communication about safe sex and contraception with a partner and setting limits on sexual activity (NIH, 2008).

Risky Sexual Behavior and Pregnancy/Sexually Transmitted Infections Outcomes

Failure to use contraception places women at an increased risk for unwanted pregnancy and STIs. A national study conducted in 2001 revealed that nearly half of the pregnancies in the United States that year were reported as unintended pregnancies (49% of all pregnancies in 2001; Finer & Henshaw, 2006). Teenage pregnancy rates, in particular, have increased in recent years (data from teens aged 15-19 years; Moore, 2008; Centers for Disease and Prevention (CDC), 2009b). In addition to unwanted pregnancy, the rates of STI (e.g., Chlamydia, gonorrhea) incidents (not including HIV cases) for sexually active individuals between ages 15-24 is at nearly 50%, even though this age group comprises 25% of the sexually active population (CDC, 2009b; 2008).

Women of color, and women between the ages of 18-24, are among the subgroups of women who have demonstrated considerably higher rates of unintended pregnancies compared to white women and women in older age groups (Finer & Henshaw, 2006). In one study, more than half of Latina women's pregnancies were unintended (about 54%), and Latinas with low incomes (i.e., below the poverty line) had the highest rates of unintended pregnancies compared to their White and Black counterparts (Finer & Henshaw, 2006).

Teenage pregnancy rates have increased (Moore, 2008). By the time teenage girls are in 12th grade, 66% have had sexual intercourse at least once (Moore, 2008). Of the

girls having sex, only half (54%) report using condoms and just 19% of girls are on birth control pill. U.S. Latina females in particular have received much attention due to the proportionally higher teenage pregnancy and unintended pregnancy rates compared to their Euro-American and African-American counterparts (National Coalition of Hispanic Health and Human Service Organizations (COSSMHO), 1999; Finer & Henshaw, 2006). Latina teens now have the highest rate of teen pregnancy amongst the teen population, possibly because they are a fast-growing proportion of the teen population (Moore, 2008). Latinas between the ages of 15-19 are much more likely to become pregnant compared to their African-American and white peers (CDC, 2009b; 2008).

Latinas are also at risk for contracting STIs. Among Latina females ages 20-24, rates of Chlamydia are high (about 3,000 reported cases per 100,000 population; CDC, 2009b). The rates of individuals living with HIV or AIDS are disproportionately higher for people of color in the United States (about 73 reported cases per 100,000 population compared to 20 reported cases among Non-Hispanic White females; CDC, 2009b; CDC, 2009a). About 72% of women who are infected with HIV are infected via heterosexual transmission (CDC, 2007). Therefore, risk for becoming infected with a STI, including HIV, is particularly high for women of color.

According to the CDC (2009a), the HIV/AIDS epidemic is a serious threat to the Latino population in the United States. Latinos make up about 15% of the U.S. population but accounted for 17% of all new HIV infections in the United States in 2006, the rate of new HIV infection being 2.5 times that of whites. Whereas newly diagnosed AIDS cases decreased from 2003 to 2007 among other ethnic groups, the number of cases among Latino populations remained stable. In addition, males account for about

three-quarters of all HIV/AIDS cases (CDC, 2007). High-risk heterosexual contact (i.e. having heterosexual contact with a man who has, or is at high risk for having, a STI) is the leading route of transmission for infection among women (72% of women living with HIV/AIDS were exposed through high-risk heterosexual contact; CDC, 2007; 2009a). In 2006, HIV/AIDS was the fourth leading cause of death among Latino men and women aged 35–44 (CDC, 2009a).

The rate of new AIDS cases among females who were exposed to high-risk heterosexual contact remained stable from 2003-2007 (CDC, 2007), suggesting that prevention strategies are either not being utilized or are not effective for women in high-risk situations. Data have suggested that women are at risk for transmission because their male partners are more likely to have multiple sexual partners, rather than the woman having multiple sexual partners herself (Seidman, Mosher, & Aral, 1992). Marín, Gomez, and Hearst (1993) argue that women engaged in sexual relationships with Latino men are at higher risk of infection, because Latino men are more likely than men of other ethnic backgrounds to have multiple sexual partners.

Negotiating Condom Use

Condom use is an important element of preventative health care because it is the most effective means for preventing unwanted pregnancies and STIs. Thus, condom use is critical to safe sex practice. Condoms are designed to both prevent pregnancy and to prevent transmission of sexually transmitted infections and diseases. Condom use is lower in teenage Latinas (ages 15-19) compared to their African-American and white peers (CDC, 2008) and tends to be lower for Latina women compared to their white counterparts (Gómez & Marín, 1996; Marín, et al., 1993; Harrison et al., 1991). Latinas

have significantly lower levels of knowledge about methods of HIV transmission and less comfort with sexual behavior compared to their non-Latina counterparts (Gómez & Marín, 1996). In a small sample (N = 40) of unmarried and non-cohabitating bilingual Mexican and Puerto Rican women, 37 participants reported at least one risky sexual behavior (i.e., unprotected vaginal sex, unprotected anal sex, unprotected sex with a partner who has other sexual partners) with their primary partners in the previous 3-month time period (Ragsdale, Gore-Felton, Koopman, & Seal, 2009).

Level of commitment in sexual relationships appears to have an impact on women's safe sex practices. Casual sexual partnership appears to promote higher rates of condom use in Latina adolescent girls (Denner & Coyle, 2007) and in adult Latina women (Marín, et al., 1993). However, Latinas have lower rates in condom use compared to non-Latina white women: 46% Latinas use condoms in casual relationships versus 13% in a steady relationship; 55% of non-Latina white women use them in casual relationships versus 34% in steady relationships (Marín, et al., 1993). Latina adult women and adolescent girls in committed and steady relationships tend to exhibit lower condom use (Denner & Coyle, 2007; Gómez & Marín, 1996; Macaluso, Demand, Artz, & Hook, 2000; Newcomb et al., 1998; Saul et al., 2000). Indeed, introducing condoms as a new practice in a long-term sexual relationship can imply mistrust in the relationship (Gómez & Marín, 1996). Thus, committed relationships are only less risky in that partners are less likely to have multiple partners.

In addition to low condom usage in committed relationships, condom use is low even among women expressing no desire for pregnancy and women reporting no use of any other form of contraceptive (Gómez & Marín, 1996; Marín, et al., 1993). Some

researchers have suggested that pregnancy prevention may be a stronger motivator for condom use than disease prevention (Gómez & Marín, 1996). Women may experience greater power in facilitating condom use in their relationships if they are not using other forms of contraception, and if their partners want to avoid pregnancies. Moreover, greater economic freedom (thus, less economic dependency on a partner) is a protective factor against risky sexual behavior (Ragsdale et al., 2009). For example, Saul et al. (2000) found that employment and greater levels of education predicted condom use in Puerto Rican women. When women are economically dependent on men, there is a power discrepancy present that may contribute to the difficulty in negotiating safe sex practices (Newcomb et al., 1998).

The gendered nature of heterosexual relationships, and the interpersonal factors (e.g., power dynamics) inherently present in these relationships, appears to place women at a disadvantage for practicing the most common healthy sexual behavior (e.g., condom use; Amaro, 1995). Using a condom requires the participation of the male partner. Women have reported experiences of powerlessness and fear in negotiating sexual decisions with their partners (Fullilove, Fullilove, Haynes, & Gross, 1990; Gómez & Marín, 1996; Wingood & DiClemente, 1992). In addition, the fear or worry about a male partner's reaction inhibits women from initiating safe sex practices (Fullilove et al., 1990; Wingood & DiClemente, 1992). Thus, negotiating condom use can be especially challenging for women who are not only emotionally committed to a relationship, but also economically dependent on that relationship (Ragsdale et al., 2009). Further, condom use can be driven by pregnancy prevention concerns more often than by disease prevention concerns, and when women can utilize contraceptives that do not require male

participation, requesting condom use may be low (Gómez & Marín, 1996). Unfortunately, other contraceptive methods do not protect against STIs.

In summary, failure to use contraceptives places women at an increased risk for unwanted pregnancies and STIs, including HIV/AIDS. Women of color have higher rates of unwanted pregnancies and HIV infection compared to their white counterparts (CDC, 2008; Finer & Henshaw, 2006; Moore, 2008). Latinas, specifically, appear to be at high risk for such consequences (CDC, 2009b; Finer & Henshaw, 2006; Moore, 2008). Thus, it is important to review the sexual practices of Latinas to better understand what places them at such high risk. A deeper understanding of what influences their sexual decisions and what impacts their safe sex practices is needed.

Promoting Safe Sex Practices

Safe sex practices such as discussing safe sex with partners and actual condom use are critical prevention strategies. Many approaches to STI risk-reduction and pregnancy prevention focus on educational strategies based on the assumption that knowledge of risk will translate directly into behavior change (e.g., the health belief model; the theory of reasoned action; see Amaro, 1995 and Cochran & Mays, 1993 for in-depth critiques on the application of these psycho-social models with minority populations). There is evidence that education can indeed influence behavior. For example, researchers have found perceived susceptibility for HIV transmission to be related to higher levels of safe sex practices (Newcomb et al., 1998). Likewise, social learning theory (Bandura, 1977) is a model often used for promoting safe sex behavior. Within social learning theory, self-efficacy (i.e., the belief that an individual can carry out a behavior well) is emphasized as an important intrapersonal variable associated with

facilitating healthy sexual decision-making among women and promoting safe sex practices (Bandura, 1994). Self-efficacy in condom use has been found to be related to higher levels of safe sex practices in adult Latina women (Gómez & Marín, 1996).

Many teenage pregnancy prevention and STI prevention strategies focus solely on imparting education and information as a way to impact behavior and attitudes sans any attention to cultural context, including interpersonal (i.e., relationship power dynamics) and/or sociocultural factors (i.e., gender role socialization, acculturation/ethnic identity factors) that may impact an individual's ability to negotiate and engage in safe sex practices (Amaro, 1995; Bandura, 1994; Cochran & Mays, 1993; COSSMHO, 1999; Crosby et al., 2003; Gómez & Marín, 1996). Researchers have provided evidence that knowledge of HIV risks is not related to sexually risky behavior (i.e., multiple partners, drug use; Crosby, et al. 2003; Nyamathi, Bennett, Leake, Lewis, & Flaskerud, 1993). In fact, Crosby et al. (2003) found perceived barriers toward condom use and perceived peer condom usage to be better predictive of condom use than knowledge of HIV/AIDS was among African American adolescent girls. Furthermore, Nyamathi et al. (1993) suggest that acculturation factors and access to resources may be more appropriate barriers to consider in HIV risk among women of color.

Amaro (1995) has called for researchers to design prevention strategies that promote women's active participation in facilitating condom use. She highlighted the need to maintain what is effective about existing models and enhance them with sociocultural considerations (Amaro, 1995). Further, Soet, Dudley, and Dilorio (1999) emphasized the importance of accounting for the impact ethnicity and gender power dynamics have on women's actual practice of safe sex behaviors. Using cultural

adaptation models to adapt existing prevention strategies to ethnocultural groups has been emphasized as an important next step in providing ideal, appropriate, and culturally competent treatment to ethnic minorities (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009). Culturally-embedded values about gender roles and relationships must be understood to design effective prevention programs and/or adapt existing programs for Latina women. Thus, to understand Latina engagement in safe sex practices, it is important to understand sociocultural, interpersonal, *and* intrapersonal factors as they impact Latinas' sexual development and decision-making processes.

In summary, Latina women practice less sexual protective behaviors, such as condom use, when they feel less self-efficacious, less sexually comfortable, and less power in negotiating condom use in their relationships (Gómez & Marín, 1996). This information is powerful in suggesting that both self-efficacy and relationship power are variables of interest for promoting safe sex practices amongst Latina women. This proposed study will consider both sexual self-efficacy and relationship power in the context of culture. Each variable will be reviewed in more depth in later sections of this literature review.

The next section of the review considers (a) the intrapersonal variable of sexual self-efficacy, (b) the interpersonal variable of power in the relationship and the sexual decision-making process, and (c) the sociocultural variables of ethnic identity, acculturation, gender role attitudes, and a feminist-oriented variable termed *womanist* identity. I begin by defining sex-related variables of sexual self-efficacy and sexual power. I follow these definitions with a description of identity development during the emerging adulthood (Arnett, 2000) stage of life as it pertains to the population of interest:

young Latina women. Then I define ethnic identity and acculturation, and review the relationship between ethnic identity, acculturation, and the sex-related variables of sexual power, sexual self-efficacy, and safe sex practices. The intersection, and potential integration, of ethnicity and gender is a salient part of Latinas' identity development (Espín, 1997). Thus, this review addresses gender role attitudes and the relationship between gender roles and identity, and gender roles and the sex-related variables. Finally, I define *womanist* identity, which best captures the intersection and potential integration of ethnicity and gender for women of color.

Sexual Self-Efficacy

Bandura's social cognitive theory emphasizes the concept that self-efficacy aids in an individual's motivation, cognitions, and behaviors (Bandura, 1986). Self-efficacy is defined as the belief that an individual has about her/his ability to manage a situation well (Bandura, 1977; 1986).

> "People's beliefs about their capabilities affect what they choose to do, how much effort they mobilize, how long they will persevere in the face of difficulties, whether they engage in self-debilitating or self-encouraging thought patterns, and the amount of stress and depression they experience in taxing situations. When people lack a sense of self-efficacy, they do not manage situations effectively even though they know what to do and possess the requisite skills. Self-doubts override knowledge and self-protective action" (Bandura, 1994, p. 26).

Negotiating sexual decisions means having to negotiate interpersonal relationships (Gagnon & Simon, 1973, as cited in Bandura, 1994). Thus, an individual would have to

have a strong sense of interpersonal and relational self-efficacy to engage in safe sex practices that involve participation of the sexual partner (i.e., condom use).

Evidence for the role self-efficacy plays in impacting safe sex practice has been mixed. Crosby et al. (2003) found that self-efficacy in negotiating condom use was not predictive of actual condom use among their sample of African American adolescent girls. The researchers hypothesized this finding, which is inconsistent with other findings relating self-efficacy to condom use (e.g., Lindberg, 2000; Rotheram-Borus, Jemmott, & Jemmott, 1995) to be a result of remarkably high self-efficacy levels observed with the short measure they used (Crosby et al., 2003). Soet, Dilorio, & Dudley (1998) found a significant predictive relationship between self-efficacy and condom use, however, it explained a small percentage (2%) of the variance in condom use among their African American and white female college student sample. They found that interpersonal variables, including partner attitudes and anticipated partner reaction to condom use, were better predictors of actual condom use than was self-efficacy (Soet, Dilorio, & Dudley, 1998).

In research looking at Latinas specifically, low self-efficacy appears to impact condom use (Farmer & Meston, 2006; Gómez & Marín, 1996). Latinas have been found to have significantly lower levels of self-efficacy to request and influence condom use in their partner than their non-Latina counterparts (Gómez & Marín, 1996). Gómez and Marín (1996) surveyed 513 Latina women and 184 non-Latina women between ages 18-49 years (mean age = 32 years) about their sexual relationships. In their sample, Latinas had significantly lower levels of self-efficacy to request and influence condom use in their partner than their non-Latina counterparts. Self-efficacy to facilitate condom use

was strongly related to actual condom use amongst their sample. Further, Farmer and Meston (2006) found that their Latino participants (both male and female) reported lower condom use self-efficacy compared to the Asian and white participants.

Bowleg, Belgrave, and Reisen (2000) did not find sexual self-efficacy to play a significant role in impacting Latinas' safe sex behavior. Their definition of sexual self-efficacy included the ability to assert sexual needs, set limits in sexual activities, and engage in safe sex practices (Bowleg et al., 2000). One possible explanation for their finding included that their participants were mostly married or in committed relationships, potentially impacting their perception of STI risk, and therefore, their levels of motivation and need for safe sex behaviors.

Many studies that consider self-efficacy fail to consider cultural variation among Latina women (e.g., Bowleg et al., Gómez & Marín, 1996) and/or compare women of color to White women as a means for understanding cultural differences in sexual decision-making (e.g., Farmer & Meston, 206; Gómez & Marín, 1996; Soet, Dudley, & Dilorio, 1999). Such comparisons tend to set the White female as the point of comparison, and her success strategies as the standard; in addition, potentially important within-group variations are ignored. Culturally-relevant prevention is possible only when there is deeper understanding of Latinas' attitudes, behaviors, and context related to sexual relationships. Identifying the contextual factors contributing to self-efficacy, and the successful negotiating and practicing of healthy and safe sexual behaviors, among Latina women can provide valuable information about how to promote culturally-relevant prevention strategies (Bernal et al., 2009).

Sexual Relationship Power

In addition to the intrapersonal variable of self-efficacy, interpersonal factors associated with power differentials and dynamics are also salient to Latina's safe sex practices. Amaro (1995) has asserted the need to consider sociocultural factors that contribute to power differentials amongst heterosexual couples and the general disempowerment of women of color, as these factors appear to influence a woman's ability to facilitate condom use. This proposed study will consider this factor by measuring a Latina's sense of power in her relationship.

The definition (and therefore the measurement) of relationship power has varied. Measuring power is difficult because it is dependent on context (e.g., developing relationship versus established relationship; gender/cultural norms; Bowleg et al., 2000). Power may often be defined from the dominant culture's perspective (e.g., white, middle-class conceptualization of power) that may not be applicable to women of color (Mays & Cochran, 1988, as cited in Bowleg et al., 2000). Some researchers have conceptualized perceived power in sexual relationships as measured by how threatened a woman perceives her partner to be at the request for condom use, as well as, the presence of physical or emotional abuse (Gómez and Marín, 1996; Pulerwitz, Gortmaker, & DeJong, 2000; Saul et al., 2000). Others have measured it as how dependent and/or committed a woman feels in her current relationship (Saul et al., 2000). For example, the amount of resources (e.g., education, income) a woman has to live independently of her partner is one way to measure power (Saul et al., 2000). Lastly, power has been measured by how the decision-making tasks are balanced in the relationship (Saul et al., 2000). In any

case, most theoretical approaches for promoting safe sex practices do not fully consider interpersonal power in relationships (Amaro, 1995).

For this proposed study, the variable *sexual relationship power* will be defined as having personal control in sexual relationships, as well as decision-making influence on negotiations (including sexual negotiations) in relationships (Amaro, 1988; Fullilove et al., 1990; Pulerwitz, et al., 2000; Saul et al., 2000; Soet et al., 1999). Sexual relationship power refers to the ability to engage in actions against a partner's wishes and the ability to control a partner's actions (Pulerwitz et al., 2000). It also includes the ability to influence timing of sexual activity, the nature of the activity, and the use or non-use of contraceptives. The female's perception of her power and the sexual decision-making process in her sexual relationship can influence her ability to request, negotiate, and actually engage in condom use (Gómez and Marín, 1996; Soet, Dudley, & Dilorio, 1999).

There is evidence of relationship power issues for Latina women in heterosexual relationships; a lack of power in the relationship is related to low levels of condom use (Gómez and Marín, 1996; Ragsdale, et al., 2009; Saul et al., 2006). Gómez & Marín (1996) found that a sense of higher levels of sexual decision-making power in the relationship was strongly related to actual condom use amongst their sample of Latina and non-Latina women in steady sexual relationships. Further, Latinas had significantly lower levels of perceived power in negotiating sexual decisions than their non-Latina counterparts (Gómez & Marín, 1996). This finding has been replicated by Ragsdale et al., (2009), with low levels of relationship power related to higher levels of risky sexual behavior, specifically unprotected sex. Saul et al. (2000) utilized a multidimensional definition of power, and noted that greater levels of resource power via education and

employment predicted higher levels of condom use. However, in contrast to Gómez & Marín (1996) and Ragsdale et al. (2009), they found no relationship between decision-making power in the relationship and condom use amongst their Puerto Rican female sample. A potential explanation for this finding is the decision-making power measure was validated on primarily White, married couples and the items were related to broad marital decisions involving household duties, child-rearing, and other tasks (see Madden, 1987, as cited in Saul et al., 2000).

Summary

Self-efficacy in sexual negotiations and relationship power dynamics appear to be related. Less power in relationships is related to lower self-efficacy in discussing safe sex and refusing unprotected sex (Soet, Dudley, Dilorio, 1998). Bryan, Aiken, and West (1997) found that greater levels of control over the sexual encounter were related to condom negotiation and use self-efficacy. Moreover, using direct communication in negotiating safe sex practices (labeled as direct power strategies by Bowleg, et al., 2000) was found to be significantly predictive of sexual self-efficacy.

In summary, it appears that self-efficacy and interpersonal power differentials impact women's sexual practices. With regard to Latinas specifically, Gómez & Marín (1996) highlight two important findings: (1) sexual self-efficacy, decision-making power, and condom use is lower amongst Latina women, and (2) even if condom use is not a priority for these women (66% of their sample were married women), their low scores on the measures related to relationship power and sexual comfort suggest an imbalanced relationship dynamic. These findings suggest that fostering Latina women's self-efficacy to use condoms and facilitating the empowerment of Latina women in sexual negotiations

may be critical elements of prevention strategies designed to increase the safety of Latinas' sexual practices.

In addition to sexual self-efficacy and sexual relationship power, sociocultural factors must be considered as (a) they contribute to power differentials existent in heterosexual relationships (Amaro, 1995) and (b) they can provide a fuller picture of cultural variables that should be adapted to existing prevention and intervention strategies to increase culturally competent treatment (Bernal et al., 2009). Because adolescence and young adulthood are periods marked by identity formation, as well as increased engagement in romantic and sexual relationships (Arnett, 2000), sociocultural factors related to cultural identity are considered in this study. The following section will review the sociocultural factors relevant to Latina identity development, including ethnic identity, gender role attitudes, and *womanist* identity (i.e., feminist-oriented identity), and their relationships with Latinas' sexual practices.

Identity Development and Emerging Adulthood

Erikson (1968) pioneered the concept of identity development by theorizing that the primary developmental task for adolescents is ego identity formation. This formation process involves exploration of and commitment to numerous aspects of life choices, such as occupation and religion (Erikson, 1968). Arnett (2000) asserts that this developmental process occurs over the course of a more extended time period—beyond adolescence. He refers to this post-adolescent stage of life as *emerging adulthood*, and defines it as the time when an individual engages in identity exploration and works towards becoming a young adult. Emerging adulthood occurs in late teens to early twenties (ages 18-25). Youth in industrialized societies have an extended period of

exploration, while delaying the full onset of adult responsibilities, specifically in areas of romantic relationships, education, and work (Arnett, 2000). The *emerging adulthood* stage, therefore, is one characterized by exploration of identities and roles in life; the goal is not necessarily marriage or career, but rather it is to gather information for the self (Arnett, 2000). This developmental stage maps on quite well to cultures such as US mainstream culture. Trends in marriage and parenthood rates over the last 50 years have suggested that people in late teens and early twenties are delaying these long-term adult responsibilities to their mid- to late-twenties (Arnett, 2000). This proposed study focuses on the emerging adulthood stage by looking at Latina women between ages 18-25, as they are exploring and forming their identities and negotiating decisions in their sexual relationships.

For individuals whose identities include membership in minority, oppressed, and/or marginalized populations, such as Latina women, the developmental process can be quite complex. As Oliva Espín (1997) described, "this developmental process will most likely mandate periods of conflict and separation as those who are "different" struggle to incorporate their experience of subordination to and rejection of the standards of society," (p. 41). Women of color must negotiate their ethnic, gender, sexual and social class identities. In addition, linguistic identity—identification with preferred language(s), language use, and expression—can inform identity development (Anzaldúa, 1999; Espín, 1997). History, regional differences, political climate, and oppression, among other contextual factors, influence how women of color negotiate their identity (Anzaldúa, 1999; Espín, 1997).

Ethnic Identity

Ethnic identity has been identified as an important protective factor among Latino and other ethnic minority youth. Ethnic identity is a part of cultural identity used to make sense of self, and regards an individual's ethnic group of origin and current cultural surroundings to create that sense of self (Phinney, Berry, Vedder, & Liebkind, 2006; Sam, 2006). Having a strong ethnic identity is associated with ego identity and psychological adjustment (Phinney, 1989), self-esteem (Cavazos-Rehg & DeLucia-Waack, 2009; Phinney, Cantu, & Kurtz, 1997), academic effort (Kim & Chao, 2009), academic achievement (Altschul, Oyserman, & Bybee, 2006) and enhanced intergroup relations (Phinney, Ferguson, & Tate, 1997).

Cultural values associated with Latino ethnic identity include notions of family values (i.e., *familismo*; Diaz-Guerrero & Szalay, 1991), gender role expectations (i.e., *machismo* and *marianismo* roles; Gallegos-Castillo, 2006; Guzmán, Arruda, & Feria, 2006), and religiosity (i.e., adherence to religious values and beliefs). *Familismo* influences gender role subscription (Gallegos-Castillo, 2006) and sexual socialization (Guzmán et al., 2006; Hurtado, 2003). In addition, Latino men's subscription to *machismo* ideals of dominance and Latina's subscription to *marianismo* ideals of obedience and maintaining virginal status (Gloria, Ruiz, & Castillo, 2004), may shape heterosexual relationship dynamics. These values may impact how Latina women approach their sexual relationships. For example, Latina women who identify with more traditional values may ascribe to more traditional perspectives of sexuality, including the idea that birth control is a woman's responsibility (Amaro, 1988; Pavich, 1986). In another example, higher levels of religiosity—another indicator of traditional values—are

related to a decrease in risky sexual behavior, including abstinence amongst Latino adolescents between ages 15-21 (Edwards, Fehring, Jarrett, & Haglund, 2008). Maintaining and adhering to traditional cultural values informs ethnic identity development, and thus impacts sexual attitudes and behaviors.

Erikson's (1968) concept of the identity formation process has guided several conceptualizations of ethnic identity formation (e.g., Cross, 1978; Phinney, 1989). In a review of empirical literature addressing ethnic identity in adolescents and adults, Phinney (1990) extrapolated important concepts and components of ethnic identity development. She distinguished between an ethnic identity *state* (i.e., an individual's ethnic identity at a given time) versus ethnic identity *stages* (i.e., development of ethnic identity over time). Self-identification, acculturation issues, language use, and contextual issues impact the conceptualization, and therefore the measurement, of ethnic identity (Phinney, 1989).

Few studies have measured ethnic identity as a continuous variable (as opposed to ethnicity, which is often a categorical, self-report ethnic label) and studied the relationship between ethnic identity and sexual behaviors. Ethnic identity has been found by some researchers to predict lower levels of risky sexual behavior in African American populations (Beadnell, et al., 2003), but no studies were identified that considered a measure of ethnic identity in relation to Latino sexual behavior. Rather, researchers tend to consider acculturation as a variable representing an element of ethnic identity.

Acculturation. The process of acculturation is intertwined with ethnic identity development. Acculturation refers to a psychological and cultural process in which ethnic minority individuals negotiate attitudes and behaviors between their own culture

and the dominant culture (Berry, 2003; Phinney et al., 2006). Acculturation is a convoluted process (Phinney, 2003), and can be defined by many variables (e.g., an individual's language preference, practiced rituals and traditions, peer group preferences). Understanding the role acculturation plays in adolescent development and behavioral choices can, therefore, be complicated. How an individual *identifies* culturally is an aspect of acculturation, but acculturation is not entirely synonymous with ethnic identity. For instance, ethnic identity involves a sense of belonging to one's ethnic group, as well as having positive feelings about one's ethnicity (Phinney, 1992). Acculturation involves the process by which an individual negotiates both their ethnic identity and their identification with the dominant culture.

Latino adolescents must negotiate the acculturation process and their identities while coping with associated stress (i.e., acculturative stress). Results are mixed about the role of acculturation in predicting risky sexual behavior. It seems that acculturation can be both a risk factor and a protective factor for Latinas. For example, low acculturation levels in young immigrant Latinos can be a protective factor against aspects of risky sexual behavior, such as early onset of sexual activity, having multiple sex partners, and number of pregnancies (Guilamos-Ramos, Jaccard, Peña, & Goldberg, 2005; Kaplan, Erickson, & Juarez-Reyes, 2002). More specifically, low acculturation levels appear to be a protective factor for delaying onset of sexual intercourse activity (Kaplan, et al., 2002), and having multiple partners (Nyamathi et al., 1993).

In Kaplan, et al.'s (2002) sample, once a girl had begun having sexual intercourse, acculturation levels seemed to be a stronger predictor of risky sexual behavior (Kaplan, et al., 2002). Nyamathi et al. (1993) found that American-born Latinas had high risk of

engaging in risky sexual behaviors due to the relative absence of traditional Latino cultural buffers. As such, researchers have found evidence that high acculturation levels are a risk factor for risky sexual behavior (Guilamos-Ramos, et al., 2005; Kaplan, et al., 2002; Nyamathi et al., 1993), including low condom use (Newcomb et al., 1998).

On the other hand, it also appears that high acculturation is related to having more accurate HIV knowledge (Nyamathi et al., 1993), which can serve as a potential protective factor. Whereas highly acculturated Latinas may be at risk for engaging in risky sexual behavior (i.e., engaging in sexual acts without a condom), they are more likely to have awareness of and knowledge about the risk of being infected with HIV (Newcomb et al., 1998; Nyamathi et al., 1993).

Age, marital status, and acculturation were powerful predictors of risky sexual behaviors for the Latinas in Newcomb et al.'s (1998) sample. When other variables such as education or employment are considered, acculturation does not seem to have a similarly strong relationship to sexual-related constructs, such as risky sex behavior or condom use. In a study with adult Puerto Rican women (ages 18-35), acculturation did not change the relationships between variables such as education and employment predicting condom use (Saul, et al., 2000). In addition, low acculturation is related to traditional gender role attitudes (Kaplan, et al., 2002), which can impact negotiation for condom use, making low acculturation a potential risk factor in this regard. Because gender roles may mediate the relationship between cultural identity and sexual behaviors, I explore gender roles in more detail in a later section.

Researchers concerned with relationship power dynamics and sex roles in heterosexual relationships among Latinas have not fully considered cultural factors in

their studies. For example, Saul et al. (2006) did not measure their participants' acculturation levels. Gómez & Marín (1996) assessed ethnicity and acculturation, but report minimal results relating ethnicity or acculturation to sexual self-efficacy or sexual behaviors. Finally, Ragsdale et al. (2009) considered ethnic differences among Latina women and found that Mexican ethnicity was associated with lower levels of condom use. However, they did not find a relationship between acculturation and relationship power (Ragsdale et al., 2009). Their sample reported mostly moderate levels of acculturation, and the researchers highlighted the need for a diverse range of acculturation levels to better understand the potential effect of ethnicity and acculturation on sexual power dynamics (Ragsdale et al., 2009).

In summary, acculturation appears to be a significant contributor to Latinas' sexual behaviors in most cases. Nyamathi et al. (1993) suggest a need for culturally-relevant prevention programs based not only on race and ethnicity, but also on acculturation levels. Because ethnic identity and acculturation are related, but not identical, it is important to consider the potential role of ethnic identity in Latinas' sexual practices. The proposed study aims to contribute to the literature by using a measure of ethnic identity and a measure of acculturation, and evaluate their role in Latinas' sexual relationships and behavior to better inform culturally-relevant prevention efforts.

Key Relationships. Important relationships in Latinas' lives can influence their sexual attitudes and behaviors. The results of some research studies that consider parental role in Latina sexual development have provided evidence that parenting style, communication, and support play a big role in fostering healthy sexual development and healthy sexual decision-marking for adolescent Latinas (Denner & Guzmán, 2006;

Guzmán, et al., 2006). Peer relationships are another type of relationship that informs Latina sexual development and safe sex practices. Perceived peers' condom use behavior is significantly predictive of condom use (Catania, Kegeles, & Coates, 1990; Denner & Coyle, 2007; Gómez & Marín, 1996).

Few research studies address key supportive relationships for young Latina women as they transition from adolescence into young adulthood (e.g., Roberts & Kennedy, 2006). Roberts & Kennedy (2006) emphasize the significance of parental support for college-aged minority women in their choices related to healthy sexual behavior. Whether Latinas carry over what they have taken from their key relationships in adolescence and utilize this support to negotiate sexual relationships into their young adulthood can supplement what we already know about Latina girls' strengths. Mother-daughter relationships (via communication and perceived approval of sexual-related practices) and perceived peer condom use are considered in this study as descriptive variables to further understand the sample of Latinas.

Religiosity. Religiosity is considered in this study as a descriptive variable because it has been found to play an important role in Latinos lives, specifically regarding sexual behavior (Edwards et al., 2008). Higher levels of religiosity have been identified as a protective factor against sexual behavior among adolescents (Sinha et al., 2007; Thornton & Camburn, 1989). Edwards et al. (2008) focused their study on religiosity and adolescent sexual behavior among Latino adolescents between ages 15-21 and found similar results: increased religiosity was related to a decrease in risky sexual behavior. Further, religiosity appears to be an indicator of acculturation level (Edwards et al., 2008). Latinos who expressed preference for Spanish language tended to be more

religious, suggesting that maintenance of traditional cultural norms in Latino culture (i.e., low acculturation levels) includes religious practices and traditional attitudes about sex (Edwards et al., 2008).

As adolescent girls transition into womanhood, religion may take on different meanings for them. For example, Ali, Mahmood, Moel, Hudson, and Leathers (2008) considered the role religiosity plays in women's sense of feminism. They found that most women who identified as religious (in their sample, this included Muslim and Christian women) also expressed connection to women's issues, even if they did not identify directly as feminists (Ali et al., 2008). Amaro (1988) interviewed Mexican American women with diverse ranges of socioeconomic statuses and acculturation levels about religion and sex. She found great variability in the women's reports about sexual attitudes and experiences, suggesting that religiosity may not play a significant role in shaping sexual attitudes and behaviors (Amaro, 1988). Because this proposed study will be looking at Latinas transitioning from adolescence to young adulthood, religiosity will be an important descriptive variable to consider.

Womanist Identity

Researchers have found positive relationships between feminist identity and healthy sexual outcomes, including condom use self-efficacy and sexual assertiveness (Schick, Zucker, & Bay-Cheng, 2008; Yoder, Perry, & Saal, 2007). The majority of this research has been done on predominantly White female samples. In this study, I consider a feminist approach to the study of safe sex practices that assumes Latina women's sexual behaviors are best understood when gender socialization, sex roles, and impact of larger

sociopolitical factors are acknowledged. After defining the term "*womanist identity"* I provide a rationale for the inclusion of this variable in the proposed study.

A womanist identity, or womanist consciousness as some scholars refer to it (King, 2003), has evolved to incorporate all ethnic groups and refers to the extent a woman of color has integrated both her ethnic and feminist identities and believes it to be an important part of her sense of self (King, 1993; Moradi, 2005). Moradi (2005) argues that a feminist identity and womanist identity share many parallels, but stresses the potential utility of the term womanism, as opposed to feminism, for women of color. Traditional feminist theories have largely been premised by the experiences and values of middle-class white women (Espín, 1997). White women hold privilege in a cultural context where it is easy to overlook other cultural variables as influential aspects of their lives (McIntosh, 1998). For white women, gender is likely the most powerful aspect of identity as it is the most significant area of identity that establishes them as subordinate to white men (Espín, 1997). For women of color, the impact of gender is tempered with other potentially more salient aspects of identity, such as race and social class (Espín, 1997). Feminist scholars of color, such as Gloria Anzaldúa (1999), bell hooks (2000), and Oliva M. Espín (1997), have introduced the notion that the experiences of minority women may inform a different idea of feminism from the existing feminist theories. As such, feminist scholars have embraced a womanist label as a term that captures the intersection, and integration, of all aspects of identity, including race/ethnicity, gender, sexual orientation, class, among other aspects of identity (Moradi, 2005).

Consideration of a womanist identity—or the intersection of gender and race—in ethnic minority women is important in further understanding their sexual development

(Stephens & Phillips, 2005). Research in this area has primarily focused on African American women's experience (e.g., Stephen & Phillips). Stephens and Phillips (2005) looked at the intersection of gender and race amongst African American adolescent girls and their sexual behavior. They emphasized that healthy development of these gender and racial identities in African American girls can be protective factors against risky sexual behavior, as they can buffer against internalized stereotyping and role expectations often associated with African American female sexuality. This proposed study will contribute to the understanding of the intersection between gender and race as it relates to Latinas' experiences, their identity development, and their sexual practices.

The present study will include the womanist identity variable to assess young Latina women's feminist identity in the context of her ethnicity. Inclusion of the variable womanist identity attends to sociocultural aspects of identity development. This concept integrates gender and ethnicity within a feminist framework. The potential effects of womanist identity, gender role perceptions and feminist orientation have on the sexual self-efficacy, sexual relationship power, and sexual behavior of Latinas will be examined in this study.

Gender Role Attitudes

Many feminist theories reflect the experiences and values of middle-class white women (Espín, 1997). Women of color have a different social and cultural context compared to their White counterparts, and are therefore likely to have differing interpersonal values and approaches. Latina women's sexual values, attitudes, and behaviors are best understood when gender socialization, sex roles, and impact of larger sociopolitical factors are acknowledged (Espín, 1997; Hurtado, 2003). For example,

Latina women are confronted with an additional sense of interpersonal relationships via ethnocultural values such as familismo and marianismo. Pavich (1986) describes the role of wife and mother as significant for Latina women. No doubt, the value of promoting Latina girls' household responsibilities and fostering the development of their caregiving skills as they grow up highlights a cultural value for being a skillful mother and wife (Gallegos-Castillo, 2006). Thus, it is important to consider how these values facilitate romantic and sexual relationships for Latinas.

Latina women who identify with more traditional and culturally-relevant gender norms may ascribe to traditional, or *machista*, perspectives of sexuality: it is undesirable for women to discuss sex with men, the type of sexual behaviors are determined by men and, prevention of pregnancy is a woman's task (Amaro, 1988; Pavich, 1986). Further, even if Latina women do not identify as traditional in their values, they have reported that these traditional perspectives still impact their sexual relationships, sexual behaviors and decision-making, and their beliefs about male sexuality (Cunningham, Diaz-Esteve, Gonzales-Santiago, & Rodriguez-Sanchez, 1994; Espín, 1997; Gómez & Marín, 1996). These gender role expectations can place Latina women at a higher risk for engaging in risky sexual behavior.

Gender roles may mediate the relationship between cultural identity and sexual development in Latinas. The more acculturated an individual, the greater potential for loss of traditional perspectives, including gender roles (Kaplan et al., 2002; Newcomb et al., 1998). Kaplan et al. (2002) considered gender role attitudes as one aspect of acculturation. They found an inverse relationship between acculturation and gender role orientation such that the more acculturated an individual, the less traditional their gender

role orientation. Further, they found that the more traditional a young girl's gender role orientation is, the older she is at first sexual intercourse (Kaplan et al., 2002). Thus, lower acculturation levels and more traditional gender role orientation are protective factors for delaying onset of sexual intercourse activity. Kaplan also found that girls with a less traditional gender role orientation were more likely to engage in risky sexual behavior. Kaplan et al.'s (2002) definition of risky sexual behavior included multiple sexual partners and number of pregnancies (i.e., the more pregnancies within the age range of population, the riskier her behavior).

Researchers who have studied condom use self-efficacy in Latina women have hypothesized that traditional gender expectations in sexual relationships (e.g., non-assertive in sexual situations) are the reason for lower sexual self-efficacy (Farmer & Meston, 2006; Gómez & Marín, 1996). As Newcomb et al. stated, "Discussing condom use with a partner may increase perceptions that Latinas are unfaithful, dominant, or inappropriately interested in sex" (1998, p. 457), images that opposes traditional gender-appropriate sexual behaviors for Latinas.

Gender role attitudes appear to be an aspect of ethnocultural values that impact Latina women's sexual behavior. As Latina women are negotiating their ethnic identity and engaging in the acculturation process, which involves negotiating their cultural worldviews, gender role expectations and attitudes appear to have an impact on sexual decision-making. Although holding traditional gender role expectations is a protective factor in some cases (e.g., decisions to delay onset of sexual intercourse), it can be a risk factor in others (e.g., negotiating condom use). The proposed study aims to contribute to

the literature by using a measure of gender role attitudes to evaluate the role of such attitudes in Latinas' sexual behavior.

Summary

This literature review demonstrates that safe sex practices are an important health topic, and that Latina females are a group that would benefit from more effective intervention to increase safe sex practices and thereby reduce unintended pregnancies and STIs. The review highlights how the most basic prevention strategy—using a condom—may be a challenging strategy for Latina women. Researchers have called for consideration of the realities of Latina women's cultural and gendered contexts in developing culturally competent, feminist-driven, and empowerment-focused prevention strategies. This review highlights the potential roles of cultural identity—both ethnic and womanist identities—, gender role attitudes, and acculturation as factors that may influence Latina women's sexual behaviors. This proposed study aims to contribute to our understanding of how Latina women's intersecting identities and worldview can impact their safe sex practices.

Purpose of Study

This study utilized a non-experimental, survey design to explore potential predictors of safe sex behaviors in a sample of Latina women ages 18-25. Based on the literature I developed a path model that portrayed the hypothesized relationships among the variables (see figure 1). The predictors included ethnic identity, womanist identity, gender role attitudes, acculturation, sexual self-efficacy and sexual relationship power. The criterion or outcome variable was safe sex practices (i.e. condom use and safe sex discussion).

My overall hypothesis was that the proposed model would provide an adequate fit to the data; that is, that the proposed model of relationships would account for variation in reported use of safe sex practices. As is visually presented in Figure 1, I hypothesized that gender role attitudes and womanist identity would mediate the relationships between ethnic identity variables (ethnic identity and acculturation) and sex-related variables (sexual self-efficacy and sexual relationship power) to explain safe sex practices. In line with my proposed model, I expected a relationship between gender role attitudes and both sexual self-efficacy and sexual relationship power variables; participants who have more egalitarian gender role attitudes would have higher levels of sexual power and sexual self-efficacy. I expected a positive relationship between sexual relationship power and sexual self-efficacy, with greater levels of power predicting greater levels of self-efficacy. Finally, I expected a positive relationship between both sexual self-efficacy and sexual relationship power variables and safe sex practices. I predicted lower levels of sexual relationship power and sexual self-efficacy would be related to lower levels of safe sex practices. Each of the proposed relationships was grounded in the research literature.

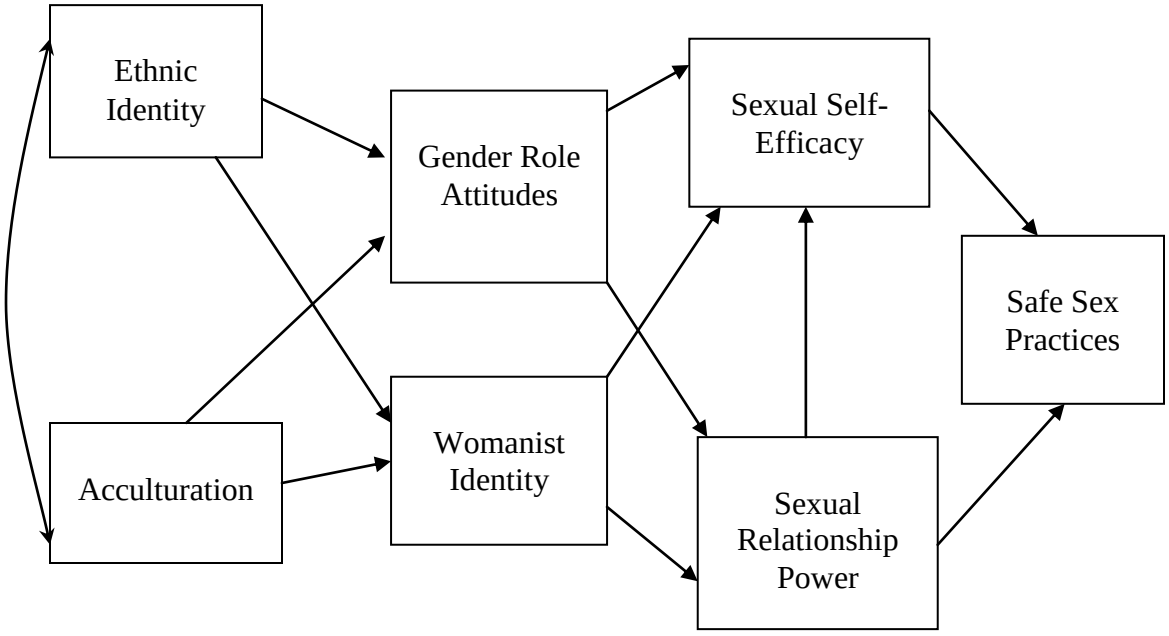

Figure 1. The Hypothesized Path Model for Study: Hypothesized relationships among ethnic identity, womanist identity, gender role attitudes, sexual relationship power, sexual self-efficacy, and safe sex behavior.

CHAPTER II

METHODS

Procedures

Participants were recruited to the study using four methods: email advertisements, postings on the internet social networking website Facebook, posted flyers on university campuses, and snowball sampling. With respect to email advertisements, I targeted approximately 35 university-based, nationally or regionally-based, and/or network-based groups with a focus on multicultural populations (i.e., ethnic minority groups, women's groups), Latino membership, and/or Latino student-related issues (i.e., MEChA, Mujeres). I selected these groups based on their focus on Latino issues, using keywords in Google and Facebook search engines such as "Latina organizations." After identification of these groups I sent an email advertisement to the leaders of these student organizations, requesting that the email be distributed to their student members via their group listservs. In addition to campus listservs, I also sent a recruitment email to community leaders and advocates who work with young adult Latino populations. These leaders were identified via my professional relationships with local community members, and via my existing social network. I identified approximately ten leaders and advocates, to whom I then sent an email requesting their assistance in disseminating the email advertisement to people who fit the participant demographic, or to other community members with access to a young adult Latina population. This email and all recruitment documents are presented in Appendix A.

The second recruitment method involved internet social networking engines. I advertised the study on the social networking website, Facebook, as a way to reach a

diverse range of young Latina women, especially those who may not be enrolled in a college or university. The study description and invitation to participate was posted on the Facebook "walls" of family members, friends, colleagues, and interest groups such as National MEChA, Being Latino, and Planned Parenthood.

Recruitment flyers were posted at the University of Oregon and Portland State University campuses for the third method of recruitment. I also received permission from owners of Latino markets and restaurants in Portland and Eugene, OR and in El Paso, TX to post flyers on their community boards. The flyer is presented in Appendix A.

The final method of recruitment involved a snowball sampling technique (Gall, Borg, & Gall, 2003). Snowball sampling refers to using participants to identify other participants for the study. I requested that current participants forward the email advertisement and invitation to participate to other eligible participants and to listservs that might reach eligible participants. Upon completion of the survey, all participants were prompted to pass the survey weblink to other individuals and listservs.

Data was collected online, using Survey Monkey, which is a secure web-based service used to collect survey data. Eligibility criteria for participation included: (1) a female identifying as Hispanic/Latina, (2) between the ages of 18-25, (3) who is sexually active with a male partner currently or within the last two years, and (4) is able to read and write English. To facilitate the recruitment process, I provided a gift card drawing. Participants had the opportunity to win one of ten $25 gift certificates to the store of their choice: Target, iTunes, Forever 21, DSW Shoes, Macy's, or Starbucks Coffee. One raffle prize was drawn for every 25 participants; therefore, each participant had a 1 in 25 chance to win a gift certificate. After completion of the survey, participants were asked if

they wished to participate in the gift card drawing, and informed that the information they provided for the drawing would not be linked with their survey responses. If the participant chose to participate, they were directed to a new window requesting their name and mailing address. This page also included an explanation that their identifying information was in no way linked to their survey responses.

The email advertisements for the study included: (1) a brief description of the study, (2) eligibility criteria for participation, (3) the approximate time commitment to complete the survey, (4) information about the raffle drawing and odds of winning, and (5) an internet link to the web-based survey page. The flyer advertisement included a briefer description of the study and eligibility to participate, information about the opportunity to enter a gift card drawing, and the URL address for the online survey. To estimate the time for survey completion, I piloted the survey with three graduate student volunteers. Each reported a completion time between 15 and 30 minutes.

Survey Monkey was used to ensure participant confidentiality. This service provides secure and confidential storage of data. See Appendix B for the questionnaire format as presented on the web via Survey Monkey.

Research Participants

Participants were self-identified Latina/Hispanic females between the ages of 18-25 years who were currently sexually active with a male partner, or had been sexually active with a male partner at some point in the last 2 years. A total of 301 participants consented to participate in the web survey. Ninety-one participants were excluded on the basis of eligibility. This included participants who were not within the specified age range (n = 20), participants who reported not having a sexual experience with a male

partner ever or not within the last two years (n = 25), or those who dropped out of the survey before providing their age and/or race/ethnicity (n = 46). Of the remaining 210 participants who fit the eligibility criteria, sixteen participants did not complete the entire survey. Following Schlomer, Bauman, and Card's (2010) guidelines for missing data, the full information maximum likelihood method was utilized to retain these cases in the analyses. See Analysis section for further description of missing data procedures.

Participants selected labels that fit their ethnic identification. Participants could choose to select more than one category. Hispanic (n = 114) and/or Latina (n = 105) were the most frequently selected ethnic labels. Thirty-one percent (n = 65) of participants chose both Hispanic and Latina, while 23.3% (n = 49) chose only Hispanic and 19% (n = 40) chose only Latina. Among the additional ethnicity labels, the most frequently selected were Chicana, Mexican, and/or Mexican American (n = 95). The remaining participants self-identified as Puerto Rican/Puerto Rican American (n = 4), Cuban/Cuban American (n = 3), Dominican/Dominican American (n = 2), Central American (n = 13), South American (n = 13), or Spanish/Spanish American (n = 6). Fifteen participants selected multiple categories, which I describe here as multi-ethnic with Hispanic/Latino origins (i.e., two or more Latino/Hispanic ethnic groups, including indigenous Mexican). Eight participants described additional non-Hispanic/Latino identities in the *other* category, which I labeled as biracial (i.e., one Latino/Hispanic group and one or more non-Latino/Hispanic group) identity. Table 1 provides participant age and ethnicity data.

Participants were from a total of 23 states. The majority of the participants were from California (n = 62), Texas (n = 43), and Oregon (n = 39). One hundred and

seventy-four (82.9%) participants reported that they were born in the United States. The majority of the sample 63.3% (*n* = 133) reported that both parents were born outside of the United States. Twenty percent (*n* = 42) reported both parents were born in the US and 16.7% (*n* = 35) reported that one parent was born outside of the country.

Table 1

Age and Ethnicity of Participants

Age	*Mean*	*SD*
	21.69	2.00
Ethnicity	*N*	*%*
Hispanic	49	23.3
Latina	40	19.0
Both Hispanic/Latina	65	31.0
Did not select Hispanic/Latina	56	26.7
Total	210	100.0
Additional Ethnicity Labels		
Mexican descent/Chicana	95	45.2
Puerto Rican descent	4	1.9
Cuban descent	3	1.4
Dominican descent	2	1.0
Central American descent	13	6.2
South American descent	13	6.2
Spanish descent	6	2.9
Multi-ethnic with Latino origins	15	7.1
Biracial	8	3.8
Did not select an additional ethnicity label	51	24.3
Total	210	100.0

Participants ranged in age from 18-25 years with a mean age of 21.7 (*SD* = 2.0). Most of the participants were currently enrolled in a 4-year college (*n* = 87) or had earned a Bachelor's degree (*n* = 49). Nine percent of the sample (*n* = 19) were currently

enrolled in a community college, and 6.2% reported some college/university (n = 13) or some graduate school (n = 13) experience.

The majority of the sample (91%) reported having religious beliefs. Most of the sample reported identifying as Catholic (51%) or Christian (14.3%). About half of the participants (54%) reported their religious beliefs as very important (n = 46) or important (n = 67) in their lives. Another 30% reported their religious beliefs as somewhat important (n = 65), with the remaining participants reporting their religious beliefs as slightly important (n = 20) or not at all important (n = 6).

About half of the sample (51%) reported that they were currently in a relationship (i.e., 6 months or less, long-term, or cohabitating with partner; n = 107). The remaining participants reported being single and not dating anyone (n = 34), single and dating one person (n = 20), or single and dating casually (n = 21). Ten women reported being married. One participant each reported the following relationship statuses: engaged, separated, divorced, sexually exclusive with one partner while dating others, and swinging with primary partner and other casual partners. Three participants reported multiple relationship status categories, making their relationship status ambiguous. Eighty-six percent (n = 181) of the participants reported a heterosexual orientation, with the remaining reporting bisexual (n = 15), lesbian (n = 1), sexually-fluid (n = 3), or all-loving orientations (n = 1). One participant endorsed both a heterosexual and bisexual orientation. Seven participants did not report their relationship status or sexual orientation.

Table 2

Pregnancy Outcomes

Pregnancy Questions				
1. Have you ever been pregnant?	*N*		*%*	
Yes	33		15.7	
No	166		79.0	
Did not answer	11		5.2	
Total	210		100.0	
2. If yes, how many times have you been pregnant?	*N*		*%*	
0/Never been pregnant/Did not answer	177		84.5	
1	21		10.0	
2	7		3.3	
3	4		1.9	
4	1		0.5	
Total	210		100.0	
3. What was the outcome of the:	1st pregnancy	2nd	3rd	4th
Miscarriage	2	0	1	0
Abortion	14	7	4	0
Adoption	0	0	0	0
Mother Kept Child	7	1	0	0
Father Kept Child	0	0	0	0
Both Kept Child	10	4	0	1
Grandparents Kept Child	0	0	0	0
N/A	177	198	205	209
Total	210	210	210	210

With respect to sexual activity, 202 provided information about their vaginal, oral, and anal sex activity. About 44% of the participants reported having vaginal intercourse regularly, and 28.6% reported having it occasionally. The remaining participants were

either not currently engaging in vaginal intercourse (but had engaged in it before; 18.1%), or had never engaged in vaginal intercourse (5.7%). About 25% of the participants reported engaging in oral sex regularly, and 40% reported occasionally engaging in oral sex. About 30% of the participants reported not currently engaging in oral sex (but had done so before; 28.6%). About two thirds of the sample reported never having engaged in anal sex (64.8%). Finally, 16.2% of the sample participants reported having been pregnant at least once and 18.1% reported having had an STI. Of the 34 reported pregnancies, about 74% (n = 25) resulted in abortions. See Tables 2 and 3 for detailed information about pregnancy outcomes and types of STIs, respectively, reported by the sample.

About 35% of the participants (n = 71) reported that most of their girlfriends used a condom during intercourse. About 25% reported either not knowing whether their girlfriends used condoms (n = 56) or believing that some of their friends used condoms (n = 44). The remaining reported that a few of their friends used condoms (n = 24), all of their friends did (n = 4), or none of their friends did (n = 1).

The majority of the participants (64%; n = 127) reported that their mother would talk about sex a little bit or not at all. Similarly, participants reported minimal to no communication about contraception (63%) and about risk of pregnancy/STIs (58%) with their mothers. About 35% of the participants reported talking sometimes, many times, or a great deal/regularly with their mothers about sex, contraception, and/or the risk of pregnancy/STIs. About half of the participants (53%; n = 105) reported that their mothers would either strongly disapprove (29%) or disapprove (24%) of their sexual activity at this time in their lives. Another 30% of the participants reported that their

mothers would feel neutrally (neither approve nor disapprove) of their sexual activity. Sixteen percent of the participants reported their mothers as approving (*n* = 23) or strongly approving (*n* = 7) of their sexual activity. About half of the participants reported that their mothers would approve (*n* = 36) or strongly approve (*n* = 61) of their contraception use at this time in their lives, with another 25% of the participants reporting that their mothers would feel neutrally about their contraception use. Nineteen percent of the participants reported that their mothers would strongly disapprove (*n* = 38) and 8% reported that their mothers would disapprove (*n* = 16) of their contraception use.

Table 3

Detailed Breakdown of Sexually Transmitted Infections Reported by the Sample

Types of Sexually Transmitted Infections (STIs) Reported		
	N	*%*
AIDS/HIV	0	0.0
Chlamydia	16	7.6
Gonorrhea	4	1.9
Hepatitis	0	0.0
Herpes	7	3.3
Scabies	1	0.5
HPV/Genital Warts	19	9.0
Syphilis	0	0.0
Pelvic Inflammatory Disease	2	1.0
Trichomoniasis	0	0.0
Pubic Lice/Crabs	1	0.5
None	162	77.1
Total	210	100.0

Measures

In this section, the measures used in the study are described. Table 4 outlines the constructs of interest and their related measures. All measures are included in Appendix B as presented in Survey Monkey.

Demographic and Descriptive Variables

Demographic Information. Demographic information included age, education, country of origin, current state of residence, and sexual orientation. All items were self-report. They reported their age and country of origin using an open-ended format. They selected their education status, current state of residence, and sexual orientation. The sexual orientation item included an "other" category, with a fill-in-the-blank option to self-define sexual orientation.

Descriptive Information. The demographic questionnaire also included items eliciting other descriptive information. These items included questions about religiosity (4 items), relationship status (1 item), sexual activity (3 items), pregnancy and STI history (5 items), perceptions of peer condom usage (1 item), and mother's attitudes and communication about sexual behavior (5 items) (see Appendix B). The items assessing relationship history and sexual activity history were developed for the purpose of this study. Items regarding religiosity, pregnancy, and STI history were derived from Dishion's (2008) grant-funded study on the prevention of childhood drug use.

Perception of peers' condom usage was assessed using a single item derived from Crosby et al.'s (2003) study. The item reads, "How many of your girlfriends use a condom most of the time when they have sex?" To increase item clarity, I modified it to

read, “How many of your girlfriends use a condom when they have sex?” Five response options range from (1) *none of my friends* to (5) *all of my friends*.

Table 4

Description of Study Constructs and Measures

Construct	Measure	# Items	Variable Type
Ethnic Identity	Multigroup Ethnic Identity Measure-Revised (MEIM-R)	6	Continuous
Acculturation	The Short Acculturation Scale (SAS)	12	Continuous
Womanist Identity	Womanist Consciousness Scale (WCS)	15	Continuous
Gender Role Attitudes	Attitudes Towards Women Scale (AWS)	15	Continuous
Sexual Self-Efficacy	The Self-Efficacy Scale (SES)	12	Continuous
Sexual Relationship Power	Sexual Relationship Power Scale-Modified version (SRPS-M)	19	Continuous
Safe Sex Practices	Safer Sex Behavior Questionnaire (SSBQ)	14	Continuous

I measured two aspects of mother-daughter communication. First, I measured perception of mother’s attitudes about sexual behavior using items selected from a measure used in Usher-Seriki, Bynum, and Callands’s (2008) study. The items assess the extent to which adolescents believe their mothers approve of their sexual decisions. The two items used for this study read, “How would your mother feel about your having sex at this time in your life?” and “How would your mother feel about your using contraception at this time in your life?” Response options are presented on a 5-point

scale, from (1) *strongly disapprove* to (5) *strongly approve.*

Second, I measured mother–daughter communication about sex using 3 items developed for this study. The three items read, "How much have you and your mother talked about sex?" "How much have you and your mother talked about contraception?" and "How much have you and your mother talked about the risk of pregnancy/STIs?" Response options are presented on a 5-point scale, from (1) *not at all* to (5) *a great deal*.

Ethnic Identity. Ethnic identity was measured using the 6 item Multigroup Ethnic Identity Measure-Revised (MEIM-R; Phinney & Ong, 2007). The measure assesses an individual's exploration of and commitment to their ethnic identity. The items on the MEIM-R are adapted from The Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992). Response options are presented on a 5-point scale, ranging from (1) *strongly disagree* to (5) *strongly agree,* with (3) as a neutral position. Items 1, 4, and 5 assess Exploration; Items 2, 3, and 6 assess Commitment. A sample item for the Exploration factor includes, "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs." A sample item for the Commitment factor includes, "I feel a strong attachment towards my own ethnic group."

Phinney and Ong (2007) suggest that the measure begin with an open-ended question that elicits the respondent's spontaneous ethnic self-label, and that the measure should conclude with a list of ethnic groups that the respondent can check to indicate both their own and their parents' ethnic backgrounds (also see Phinney, 1992). This information is intended to provide background information and is not scored. Therefore, the participant's ethnic self-label was elicited first, followed by the 6-item measure. A list of ethnic groups, and a prompt to indicate their own and their parents' ethnicity,

followed the MEIM-R. The score is calculated as the mean of items in each subscale (Exploration and Commitment) or of the scale as a whole, with higher scores indicating higher ethnic identity. Phinney and Ong (2007) tested the MEIM-R on a sample of ethnically diverse university students, 51% of which identified as Latino and 78% of total sample identified as female. They reported an alpha of .81 for the 6-item scale. Phinney (1992) provides evidence of the validity of the 20-item version of the MEIM, including significant correlations with measures of participant's educational stage (high school students versus college students), socioeconomic status as measured by parents' occupation, and self-esteem (Phinney, 1992).

Acculturation. Acculturation was measured using The Short Acculturation Scale (SAS; Marín, Sabogal, Marín, Otero-Sabogal, & Pérez-Stable, 1987). The SAS consists of 12 items scale, with five multiple choice responses: (a) *"only Spanish"* or *"only Latino/Hispanics"*; (b) *"more Spanish than English"* or *"more Hispanics/Latinos than Anglos (Whites)"*; (c) *"both equally"* or *"about half and half"*; (d) *"more English than Spanish"* or *"more Anglos (Whites) than Hispanics/Latinos"* and (e) *"only English"* or *"only Anglos (Whites)".* Sample items include: "In general, what language(s) do you read and speak?" and "My close friends are…" The sum of items was used as scores, with high scores reflecting higher degrees of acculturation to the dominant culture. The SAS was developed with Hispanic (n = 363) and non-Hispanic White (n = 228) participants. As reported by Marín et al. (1987), the SAS is intended and used for measuring acculturation across three factors: language (α = .90), media (α = .86), and ethnic social relations (α = .78). Internal consistency reliability for the full 12-item scale was reported as .92 (Marín et al., 1987). Evidence of the validity of the SAS is provided by Marín et

al. (1987), including correlations with participant's generation status, length of time living in the United States, and self-perception of their own acculturation level.

Womanist Identity. Womanist identity was measured using The Womanist Consciousness Scale (WCS; King & Fujino, 1994, as cited in King, 2003). The WCS measures an individual's beliefs and attitudes about women's issues and ethnic/racial concerns from a separate-versus-integrated perspective. The measure assesses the degree to which an individual has integrated her ethnic and gender consciousness. The WCS consists of 15 items, with response options presented on a 7-point scale from (1) *strongly disagree* to (7) *strongly agree*, with (4) as a neutral position. Sample items include "It's hard for me to think about ethnic issues without also considering women's issues at the same time" and "Even though I know Latina men have been oppressed by racism, I will not tolerate sexism from them." The sum of the items is used as the indicator, with higher scores indicating stronger womanist consciousness.

This measure was selected because it is designed to be used with women of color, and addresses potential concerns and/or conflict feminist women of color may experience with men of their same race/ethnicity. King and Fujino (as cited in King, 2003) used this measure with a multi-ethnic sample of female community college students and reported a Cronbach alpha of .80. King (2003) reported strong internal consistency reliability (.86) in her study with African American adult women. WCS scores were significantly correlated with scores on measures of ethnic identity (r=.27) and feminist identity (.44) in her sample (King, 2003). For the present study, the measure was modified to address Hispanic/Latina females. Specifically, the ethnic descriptor "Latina/o or Hispanic" replaced the general label of "ethnic minority" for each item.

Gender Role Attitudes. Gender role attitudes were measured using the short form of The Attitudes Toward Women Scale (AWS: Spence & Helmreich, 1972; Spence, Helmreich, & Stapp, 1973). The AWS has been widely used to assess gender role attitudes in college-aged men and women. The measure consists of questions regarding an individual's attitudes and beliefs about gender-based rights, roles, and responsibilities in society. The AWS consists of 15 items; response options are presented on a 4-point scale from (1) *agree strongly* to (4) *disagree strongly*. Seven items of the AWS are reverse-scored. Sample items include, "Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry" and "There are many jobs in which men should be given preference over women in being hired or promoted." To facilitate understanding of scale items, McWhirter, Hackett, and Bandalos (1998) modified the wording of five items to better fit the language used by the high school student participants of their study. For example, the original item reading, "It is ridiculous for a woman to fix an engine and for a man to darn socks" was changed to "It is ridiculous for a woman to fix an engine and for a man to knit socks." The wording utilized by McWhirter et al. (1998) was used in this study. High scores represent more egalitarian attitudes towards women, and low scores represent more traditional attitudes.

Spence and Helmreich (1972) reported a Cronbach alpha of .89 for a sample of college students. They also reported a correlation of .91 between the original scale and the short form (Spence & Helmreich, 1972). McWhirter et al. (1998) used the AWS with a sample of Mexican American high school girls and reported a Cronbach's alpha of .69. Spence and Helmreich (1972) provide evidence for the construct validity of the AWS,

including significant differences in AWS scores between women and men, between college students and their same-gender parent, and between psychology undergraduate and graduate students.

Sex Related Variables

Sexual Self-Efficacy. Sexual self-efficacy was measured using a modified version of The Sexual Self-Efficacy Scale (SES; adapted from Dilorio, et al., 1997 as cited in Soet et al., 1999). The measure consists of questions regarding an individual's confidence in their ability to engage in safer sex behaviors. Dilorio et al. (1997) developed the scale using a sample of adult STD patients. Their 21-item scale had a reliability of .91. Soet et al. (1997) shortened the scale to 12 items, with response options presented on a 10-point scale from (1) *not at all sure I can do* to (10) *completely sure I can do*. Sample items include, "I can always say no to sex with someone who is pressuring me to have sex," "I can always discuss the importance of using condoms with any sex partner," and "I can always use a condom without fumbling around." The mean score of the items were used, with high scores indicating greater levels of self-efficacy.

The measure was used with a sample of white and African American college women under the age of 25 (Soet et al., 1999). Three subscales are included in this measure, with four items for each of the subscales. The subscales are (1) refusal to have sex (α = .74), (2) proper condom use (α = .93), and (3) condom use negotiation (α = .87). Soet et al. (1999) found a significant relationship between the sexual self-efficacy and power in relationship, such that those women reporting their partner as more dominant had lower sexual self-efficacy.

Sexual Relationship Power. Sexual relationship power was measured using The Sexual Relationship Power Scale (SRPS; Pulerwitz, et al., 2000). The measure consists of questions regarding who holds the control and decision-making power in the relationship, including sexual-related power. The scale consists of 23 items and 2 subscales measuring relationship control, and decision-making dominance within the sexual relationship, respectively.

The first subscale is the Relationship Control Factor/Subscale (α = .86), which consists of 15 items, with response options presented on a 4-point scale from (1) *strongly agree* to (4) *strongly disagree*. Sample items for the Relationship Control Factor/Subscale include, "Most of the time, we do what my partner wants to do," "I am more committed to our relationship than my partner is," and "My partner might be having sex with someone else." The second subscale is Decision-Making Dominance Factor/Subscale (α = .62), which consists of 8 items, response options presented on a 3-point scale: (1) *Your partner*, (2) *Both of you equally*, and (3) *You*. Sample items for this subscale include, "Who usually has more say about whether you have sex?" and "Who usually has more say about how often you see one another?" After reverse scoring of specified items, mean scores are derived for each subscale by averaging subscale items. Higher scores indicate greater sexual relationship power. To obtain the overall score, Pulerwitz et al. (2000) provide a formula for each subscale, where the mean scores are rescaled to a range of 1-4.

The SRPS was designed and tested with White, Latina, and African American women; Latinas comprised the largest percentage of their sample size (89%; Pulerwitz et al., 2000). The scale was developed in both English and Spanish language versions; only

the English-language version was used in the present study. The internal consistency of the overall scale was reported as .84 (Pulerwitz, et al., 2000). Pulerwitz et al. (2000) recommend excluding the items addressing condom use if the research questions include condom use as an outcome variable, and refers to this modification as the SRPS-M. As such, the SRPS-M was used for this study. A significant relationship was found between the SRPS-M and the outcome of consistent condom use (Pulerwitz et al., 2000). The overall internal consistency for the English-language SRPS-M was reported at .84, with reliabilities of .85 for the Relationship Control subscale and .63 for the Decision-Making Dominance subscale (Pulerwitz et al., 2000).

Safe Sex Practices. The safe sex practices variable was measured using the Safer Sex Behavior Questionnaire (SSBQ; adapted from Dilorio, et al., 1992 as cited in Soet et al., 1999). The measure asks questions regarding condom use practices and discussions with partner about safer sex practices. Dilorio et al. (1992) developed the scale using a sample of college students. Soet et al. (1997) shortened the scale to 12 items, with response options presented on a 4-point scale from (1) *never* to (4) *always*. Sample items include, "I use a condom when I have sex," "If I know a situation may lead to sex, I carry a condom with me," and "I initiate discussion of sex with my partner." Two items (8 and 10) are reverse scored. Higher scores indicate safer sex practices.

The original 24-item scale had a reliability of .83 for the female respondents (Dilorio et al., 1992). Dilorio et al. (1992) tested construct validity on a sample of single college students, and found that female respondents' safe sex behavior was related to measures of risk-taking behavior (-.21) and assertiveness (.27). Soet et al. (1999) used the modified measure on a sample of white and African American college women under

the age of 25. Two subscales are included in this measure, with 5 items for the condom use subscale (Cronbach's alpha = .78) and 7 items for the safer sex discussion subscale (alpha = .76). They found a significant relationship between power in relationship and safe sex behavior, such that those women reporting their partner as more dominant reported engaging in riskier sex behavior.

This measure was modified for the current study to include a N/A response to prevent participants from skipping items if certain safe sex behaviors were not relevant to them. Thus, the response options for this measure were presented on a 5-point scale, with (0) *N/A*, (1) *never*, (2) *less than half the time*, (3) *more than half the time*, and (4) *always.*

I controlled for order effects in the measures by creating 3 random test orders, and introduced a new order after every 75-125 participants completed (or participated in a portion of) the survey. For an outline of each test order, see Appendix C.

CHAPTER III

RESULTS

In this chapter I present the findings of the study. I address the steps of the data analysis in the following sections: conducting exploratory factor analyses (EFA), testing for order effects, examination of missing data, testing of statistical assumptions, and using path analysis—a form of structural equation modeling (SEM)—to test the relationships among variables. First, I conducted EFAs on each measure to verify the structure of the instruments in the present sample. I describe the results of these EFAs as well as the decisions made on the basis of these findings. Second, I provide information about missing data analysis. Next, I evaluated the data to verify that statistical assumptions were met. Finally, I present results of the path analysis. Data were analyzed using the PASW Statistics GradPack 18.0 software package (SPSS Inc., 2009).

Exploratory Factor Analyses

Exploratory factor analyses (EFAs) were conducted on each of the measures included as variables in the path model. These EFAs were conducted because the samples on which the measures were derived were not samples of Latina women, and construct validity of the measures has not been established in Latina samples for the majority of these measures. Specifically, EFAs were conducted on the following measures: the MEIM-R (ethnic identity), SAS (acculturation), WCS (womanist identity), AWS (gender role attitudes), SES (sexual self-efficacy), SRPS-M (sexual relationship power), and the SSBQ (safe sex practices).

The purpose of the EFAs was to estimate the factor structure of each measure, and determine whether the factor structure reported by measure authors was consistent with

the factor structure in the present sample. EFA estimates a factor structure that represents the relationship among items in the particular sample. I followed recommendations provided by Preacher and MacCallum (2003), including guidelines for determining the appropriate extraction method, the number of factors to retain, and which rotation method to use. For each instrument, I used principal axis factoring with an oblique rotation method. I determined the number of factors to extract and retain based on Kaiser's rule of eigenvalues greater than 1, inspection of the scree plot, and the interpretability of the resultant factors (Preacher & MacCallum, 2003). Item communalities and pattern coefficients were also reviewed. Any items with low communalities (i.e., below .20) were removed from the subsequent analyses (Costello & Osborne, 2005). Communalities with a range from .20 to .40 were noted, and the coefficients in the pattern matrix were then considered for possible elimination. Items with pattern coefficients lower than .32 (which is about 10% overlapping variance with the other items in the factor) are considered poor and non-interpretable (Tabachnick & Fidell, 2001; Worthington & Whitaker, 2006). Thus, items with coefficients below $|.32|$ across all factors were removed from the EFAs (Tabachnick & Fidell, 2001).

Primary Study Variables

Ethnic Identity. Ethnic identity was measured using the 6-item MEIM-R. Based on Kaiser's criterion of eigenvalues greater than 1, a single factor was extracted. Inspection of the scree plot revealed a bend and leveling off at the first eigenvalue point. A one-factor solution accounted for 66.86% of the variance of the original 6 items. Item communalities ranged from .64 to .73. Pattern coefficients ranged from .77 to .85 (see Table 5 for the MEIM-R pattern matrix). These results suggest that all six items are

related to the same underlying latent construct, ethnic identity. The inter-item correlations were large, with correlations ranging from .54 to .81. The internal consistency reliability of the MEIM-R items in the present sample was $\alpha = .92$.

A one factor structure is not consistent with that reported by the authors of the MEIM-R. Phinney and Ong (2007) specified two subscales: *Commitment* (items 2, 3, and 6) and *Exploration* (items 1, 4, and 5). Prior research using the original MEIM-R demonstrates that the two components (*Exploration* and *Commitment)* are theoretically and statistically related (e.g., Roberts et al., 1999). The preponderance of research studies utilizing this measure have reported a single score derived from averaging the 6 items. Low scores indicate minimal interest in, or understanding of, an individual's ethnicity. High scores indicate a high, fixed, or "achieved" sense of ethnic identity based on knowledge of and commitment to the individual's ethnicity (Ong, Phinney, & Dennis, 2006). In the present study, ethnic identity was measured using the MEIM-R items as a single factor as this structure is empirically supported by the results of the EFA in the current sample of Latina women.

Acculturation. Acculturation was measured using the 12-item SAS. In the initial EFA, three factors had eigenvalues greater than 1 in the SAS measure. According to the scree plot, the bend occurred after the 3rd eigenvalue point. The total variance in the 12 items accounted for by the three-factor structure is 57.2%. After rotation, the variance accounted for by individual factors 1 through 3 was 38.54%, 13.39%, and 5.25% respectively.

Table 5

Pattern Coefficient Matrix for the MEIM-R

MEIM-R Item	Pattern Coefficients
4. "…done things that will help me understand my ethnic background better."	.85
3. "…understand pretty well what my ethnic group membership means to me."	.84
6. "…strong attachment towards my own ethnic group."	.82
5. "…talked to other people in order to learn more about my ethnic background."	.82
2. "…belonging to my own ethnic group."	.81
1. "…to find out more about my ethnic group, such as its history, traditions, and customs."	.77

Marin et al. (1987) report three subscales: *language use* (items 1-5), *media use* (items 6-8), and *ethnic social relations* (items 9-12). In the current sample, only one item (item 5) had a pattern coefficient that was inconsistent with the structure reported by Marin et al. (1987). Item 5 addresses language preference when speaking with friends, and had the highest pattern coefficient (.61) on the *media use* factor. This makes sense conceptually considering the contemporary trend of online social networking as a primary medium for communicating and interacting with peers.

Prior research studies have utilized the SAS as a unidimensional construct, with high reliabilities reported for a single factor structure (e.g., Marin et al., 1987; McWhirter et al., 1998). A single factor structure, if empirically justifiable, would increase power in this study given the number of variables and paths in the proposed model and given my sample size. To assess the justifiability of a simpler factor structure, I examined correlations among the factors. Factors 1 (i.e., *media use*) and 3 (i.e., *language use*) had

a correlation of r = -.65, while the magnitude of correlations between factor 2 (i.e., *ethnic social relations*) and factors 1 (r = 0.26) and 3 (r = -0.35) was lower. Factors 1 and 3 both address preference for language use, while Factor 2 items are associated with the *ethnic social relations* subscale. Next I conducted an EFA restricting the results to a 2-factor solution. This solution accounted for 51.14% of the variance, with factor 1 explaining 37.95% of the variance and factor 2 explaining 13.19% of the variance. In this second EFA, items for the original Factors 1 and 3 constituted the first factor. As expected, factor 1 (i.e., *language and media use*) and 2 (i.e., *ethnic social relations*) were not highly correlated (r = .34), suggesting that ethnic social relations are only somewhat related to language use or preference. Factor coefficients for factor 1 were all positive and ranged from .65 to .75. Correlations among factor 1 items ranged from .34 to .67. Factor coefficients for factor 2 ranged from .63 to .75. Internal consistency reliability analyses of the 2 factors yielded a Cronbach's alpha of .87 for factor 1 (items 1-8) and .80 for factor 2 (items 9-12). This 2-factor structure makes conceptual sense and has sufficient empirical justification in the present sample. As such, a two factor structure was utilized for this study.

Factor 1 is labeled *Language & Media Use* and Factor 2 is labeled *Ethnic Social Relations* (see Table 6 for the pattern matrix for the SAS). An internal consistency reliability analysis of the 12-item SAS yielded an alpha of .84 for the total scale.

Womanist Identity. Womanist identity was measured using the 15-item WCS. Using Kaiser's rule, the initial EFA revealed two factors extracted from the items in the WCS measure. The scree plot showed a distinct bend occurring after the second eigenvalue point. After rotation, the total variance accounted for by the two-factor

structure was 50.2%. The variance accounted for by individual factors 1 and 2 was 45.21% and 5.02% respectively. Item communalities ranged from .38 to .70, and pattern coefficients for items associated with factors 1 and 2 ranged from .41 to .87, and from .39 to .91, respectively.

Table 6

Pattern Coefficient Matrix for the SAS

SAS Item	Language & Media Use	Ethnic Social Relations
3. "…language(s) do you usually speak at home?"	.75	--
8. "…what language(s) are the movies, T.V., and radio programs you prefer to watch and listen to?"	.75	--
4. "…language(s) do you usually think?"	.74	--
5. "…language(s) do you usually speak with your friends?"	.73	--
7. "…language(s) are the radio programs you usually listen to?"	.69	--
1. "…language(s) do you read and speak?"	.68	--
2. "…language(s) you used as a child?"	.66	--
6. "…language(s) are the T.V. programs you usually watch?"	.65	--
10. "…prefer going to social gatherings/parties where the people are…"	--	.75
9. "…close friends are…"	--	.73
11. "…people you visit or who visit you are…"	--	.73
12. "…your (future) children's friends, you would want them to be…"	--	.63

Note. Coefficients smaller than .20 are omitted

King and Fujino (1994, as cited in King, 2003) describe the WCS as a unidimensional measure without subscales. The correlation between the 2 extracted factors was .67. In order to assess the justifiability of a unidimensional structure, I next conducted a follow-up EFA restricting results to a single factor structure. The one-factor solution accounted for 44.86% of the variance. Item communalities ranged from .38 to .70. The factor coefficients for items ranged from .54 to .82 (see Table 7). Inter-item correlations ranged from .34 to .51. An internal consistency reliability analysis of the WCS yielded an alpha of .92 for the total scale. Although a single factor solution did not account for a high degree of variance in the items, I decided to retain a single factor structure in order to maximize the power of my analyses and preserve a simpler model to test. I used the single-factor solution of the WCS as the unidimensional construct for womanist identity in this study.

Gender Role Attitudes. Gender role attitudes were measured using the 15-item AWS. An initial EFA was conducted and Kaiser's rule and scree plot inspections were used to determine the number of factors to retain. The scree plot shows that the bend occurs after the 3rd eigenvalue. The total variance accounted for by the three-factor solution was 49.20%. The variance accounted for by factors 1 through 3 was 38.14%, 8.35%, and 2.71% respectively. A review of the pattern coefficients suggested that all of the items loading on the first factor were those endorsing traditional gender role attitudes. The remaining items were distributed between factors 2 and 3, and consisted of the reverse-scored items endorsing egalitarian gender role attitudes.

Table 7

Pattern Coefficient Matrix for the WCS

WCS Item	Pattern Coefficients
5. "…Latina women need to get together and work on our common problems…"	.82
14. "…both race and gender jointly affect Latina women's lives."	.79
4. "Latina women's problems are often caused by both racism and sexism."	.76
15. "Latino men should understand that women's issues are important…"	.75
8. "…Latino men must address their sexism."	.72
2. "Sexism and racism must be addressed simultaneously…"	.69
6. "…the combination of my gender and my ethnicity affect my life experiences."	.66
11. "…issues of my Latino group and of women cannot be separated…"	.65
13. "…Latino men have been oppressed by racism, I will not tolerate sexism from them."	.63
7. "…learn about issues affecting women of Latino descent…"	.63
12. "…cannot separate racism and sexism in their fight for equality."	.62
9. "…notice that feminists often ignore how gender issues affect Latina women."	.59
10. "…special connection with other Latina women."	.58
1. "…hard for me to think about ethnic issues without also considering women's issues…"	.57
3. "…hesitate to join Latina organization that refused to address women's issues."	.54

A review of the communalities and the pattern coefficients revealed several weak items as defined by Costello and Osborne (2005). These weak items (with communalities below .2 and pattern coefficients below .30) consisted of items 2, 6, and 12. I conducted a follow-up EFA after eliminating these items, resulting in a 2-factor structure. After this EFA, 3 items had communalities between .20 and .40, but had pattern coefficients above

the .32 cutoff value for weak items indicated by Tabachnick and Fidell (2001). Thus, no further items were eliminated.

Table 8

Pattern Coefficient Matrix for the AWS

AWS Item	Traditional-worded Items	Egalitarian-worded Items
11. "…intellectual leadership of community should be largely in the hands of men."	.92	--
8. "Sons…should be given more encouragement to go to college than daughters."	.87	--
10. "…the father should have greater authority than the mother…"	.84	--
4. "Women should worry less about their rights and more about becoming good wives and mothers."	.74	--
9. "…ridiculous for a woman to fix an engine and for men to mend socks."	.70	--
7. "…woman should not expect to go to exactly the same places…as men."	.65	--
13. "…many jobs in which men should be given preference over women…"	.61	--
15. "…modern girl is entitled to the same freedom…"	--	.67
1. "…men should share in household tasks…"	.27	.58
3. "…woman should be free…to propose marriage."	--	.52
5. "Women…should bear equally the expense when they go out…"	--	.48
14. "…equal opportunity with men for apprenticeship…"	.21	.47

Note. Coefficients smaller than .20 are omitted

Factor 1 consists of 7 items endorsing traditional gender role attitudes and Factor 2 consists of the remaining 5 items endorsing egalitarian gender role attitudes. The egalitarian-endorsed items are meant to be reverse-scored. Thus, this factor structure

suggests a methodological issue such that participants may have responded similarly to items based on item structure rather than item content.

The AWS is described as a unitary measure without subscales (Spence & Helmreich, 1972). A prior study with a Latina sample used the AWS as a unidimensional construct (McWhirter et al., 1998). I examined the factor correlation and determined that the correlation of .48 was not strong enough to support exploration of a single-factor structure. I was also concerned that the factor structure reflected a methodological issue in the wording of the items. Thus, I retained only factor 1 as the indicator of gender role attitudes for this study. This factor accounted for 44.16% of the variance. The pattern coefficients were positive and ranged from .61 to .92. See Table 8 for the pattern matrix of the AWS. Correlations among factor 1 items ranged from .45 to .81. An internal consistency reliability analysis produced an alpha of .88 for the whole scale with all items, and .91 for factor 1 (7 items).

Sexual Self-Efficacy. Sexual self-efficacy was measured using the 12-item SES. The EFA resulted in two factors as indicated by Kaiser's rule and the scree plot. The scree plot showed a distinct bend occurring after the second eigenvalue point. The total variance accounted for by this two-factor solution was 63.84%. Item communalities ranged from .50 to .83. The pattern coefficients for item 1 were similar for both factors (i.e., a coefficient of .31 on factor 1 and a coefficient of .32 on factor 2). Because of the cross-loading, I eliminated item 1 from the subsequent EFA. This follow up EFA resulted in a 2-factor solution accounting for 66.77% of the variance. After rotation, the variance accounted for by the individual factors 1 and 2 was 55.56% and 11.21% respectively. Items on the first factor had positive coefficients ranging from .56 to 1.00.

Items on the second factor had positive coefficients that ranged from .62 to 1.02. See Table 9 for the pattern matrix for the SES. Correlations among the items in factor 1 ranged from .46 to .83. Correlations among the items in factor 2 ranged from .58 to .83.

The SES is described as having three subscales (Dilorio et al., 1997), labeled *condom use negotiation, refusal to have sex,* and *proper condom use.* The first factor derived from the current EFA consisted of all items comprising Dilorio et al.'s (1997) *condom use negotiation* subscale, as well as items 6, 8, and 10. These items (6, 8, and 10) correspond with Dilorio's third subscale: *refusal to have sex*. Conceptually, these items fit with the other items in factor 1, as they imply aspects of sexual negotiation (e.g., Items 8 and 10 refer to setting limits on sexual activity; Item 6 implies that sex will only occur with an individual if they wear a condom).

Rostosky, Dekhtyar, Cupp, and Anderman (2008) highlight the importance of measuring domain-specific self-efficacy, specifically self-efficacy to control a sexual situation (i.e., sexual activity negotiation) and to control one's own behavior (i.e., proper condom use). As such, in the present study, factor 1 (7 items) was labeled the *sexual activity negotiation self-efficacy* subscale to reflect items representing negotiation of condom use and with setting limits on sexual activity. Factor 2 (4 items) is consistent with the items comprising the proper *condom use self-efficacy* subscale reported by Dilorio et al. (1997) and this subscale label was retained. The correlation between the factors was .61. An internal consistency reliability analysis yielded alphas of .92 and .90 for *sexual activity negotiation self-efficacy* and *proper condom use self-efficacy*, respectively. The reliability for the total scale was .92.

Table 9

Pattern Coefficient Matrix for the SES

SES Item	Sexual Activity Negotiation	Proper Condom Use
7. "…discuss the importance of using condoms…"	1.00	--
6. "…say no to sex without a condom…"	.88	--
3. "…talk to any potential partner to make him understand why we should use a condom."	.78	--
10. "…say no to sexual intercourse with someone I have just met…"	.76	--
12. "…convince any sex partner to use a condom…"	.74	--
5. "…discuss preventing AIDS and other STDs…"	.70	--
8. "….say no to sex with someone even if I have had sex with him before."	.56	--
4. "…put a condom on my partner even if the room is dark."	--	1.02
2. "…put a condom on my partner so that it will not slip or break."	--	.86
11. "…be the one to put the condom on even if I'm with a new sex partner."	--	.71
9. "…use a condom without fumbling around."	--	.62

Note. Coefficients smaller than .20 are omitted

Sexual Relationship Power. Sexual relationship power was measured by the 19-item SRPS-M. Pulerwitz et al. (2000) report two subscales for the SRPS. They indicate that the first subscale, *Relationship Control*, consists of items 1-12 and is based on a 4-point scale, whereas the second subscale, *Decision-Making Dominance*, consists of items 13-19 and is based on a 3-point scale. Given the difference in rating scales, two separate EFAs were conducted, one for each subscale. The first EFA was conducted on the subscale, *Relationship Control*, including items 1-12. The eigenvalues and the scree plot

results of this EFA indicated a 3-factor structure. The 3-factor solution accounted for 48.19% of the variance. A review of the communalities and the factor coefficients revealed two weak items, items 1 and 12. A follow-up EFA was conducted after elimination of these items, resulting in a 3-factor structure. After this EFA, some item communalities (items 2, 3, and 11) were between the .20 and .40 range, however their pattern coefficients were above the .32 cutoff value for weak items indicated by Tabachnick and Fidell (2001). Thus, no further items were eliminated.

After rotation, the variance accounted for by the individual factors 1 through 3 was 37.94%, 11.37%, and 5.33% respectively. Pattern coefficients of items on the first factor were positive and ranged from .72 to .78. Coefficients of items on the second factor ranged from .42 to .84. The third factor contained just two items (items 3 and 4), and their coefficients were .43 and .72, respectively. Having just two items on a factor does not constitute a strong factor (Costello & Osborne, 2005), and therefore this factor was not considered in the path analysis. See Table 10 for the pattern matrix for the SRPS-M, Relationship Control subscale.

Correlations among the three factors produced by the EFA ranged from .34 to .39 and the correlation between factors 1 and 2 was .39. Factor 1 (4 items) relates to the level of engagement in negotiating relationship power, including items such as "Most of the time, we do what my partner wants to do" and "I am more committed to our relationship than my partner is." Factor 2 (4 items) relates to dominance and control in the relationship, including items such as "My partner won't let me wear certain things," and "My partner tells me who I can spend time with." As such, I titled the first factor *Relationship Commitment and Compromise* and the second factor *Relationship*

Dominance & Control. Due to the conceptual distinctions in relationship power between the two factors, both factors were used in the path model.

Table 10

Pattern Coefficient Matrix for the SRPS-M, Relationship Control Subscale

SRPS-M, *Relationship Control* Subscale Item	Commitment & Compromise	Dominance & Control	Factor 3 Coefficients
8. "I am more committed…than my partner…"	.78	--	--
10. "My partner gets more out of our relationship…"	.73	.21	--
7. "My partner does what he wants, even if I do not want him to."	.73	--	--
9. "…my partner and I disagree, he gets his way…"	.72	--	--
5. "My partner tells me who I can spend time with."	--	.84	.22
6. "I feel trapped…in our relationship."	.31	.64	--
11. "My partner always wants to know where I am."	--	.58	--
2. "My partner won't let me wear certain things."	--	.42	.21
4. "My partner has more say…about important decisions that affect us."	--	.28	.72
3. "When my partner and I are together, I'm pretty quiet."	--	--	.43

Note. Coefficients smaller than .20 are omitted.

The second EFA was conducted on the subscale, *Decision-Making Dominance*, including items 13-19. The eigenvalues and the scree plot results supported a 3-factor structure. The three-factor solution accounted for 35.75% of the variance. A review of item communalities revealed three weak items, ranging from .05 to .29. A follow-up

EFA excluding items 13, 15, and 17 (which had the lowest communalities of .09, .13, and .05, respectively) resulted in a two-factor solution with two items each, and all communalities < .30. Based on this weak factor structure I decided to exclude this subscale of the SRPS-M from the path model.

Safe Sex Practices. Safe sex practice was measured with the 12-item SSBQ. The response options for this questionnaire included a not applicable (N/A) option, which was initially scored as zero (0). There are many reasons a participant might choose N/A, for example, the person might not be using condoms due to being in a monogamous relationship and using other forms of contraception to prevent pregnancy; the person might not be in a relationship at all; the person might assume their sexual partner does not have a homosexual or drug use history to ask about; or, the person might be trying to conceive. Therefore, it was not appropriate to assign a particular value to the N/A responses. A total of 100 participants responded N/A to at least one item on the SSBQ. Twenty-seven participants responded N/A to five or more of the items, 46 participants responded N/A to 2-4 of the items, and 27 participants endorsed just one N/A on the SSBQ. For these participants, given the variety of reasons that they may have chosen N/A responses, I was not confident that a valid SSBQ score could be derived from the remaining items. I considered eliminating these participants, and generating an SSBQ score for remaining participants based on the items to which they had responded. Such an approach would involve a loss of power due to the loss of participants, but would allow for including participants with fewer N/A responses. A second approach to handling this issue was to treat the N/A responses as missing data and then using the full information maximum likelihood (FIML) approach at the SEM level to address this missing data.

This approach was the optimal choice for this study because FIML estimation approaches provides a best estimate and most accurate representation of the missing data (Acock, 2005). Because FIML is an analytical strategy that coincides with carrying out the path analysis, it is further discussed in a subsequent section.

The EFA on the SSBQ included all items and N/A responses were treated as missing data. The initial EFA conducted on the SSBQ resulted in three factors as indicated by Kaiser's rule and the scree plot. The scree plot showed a distinct bend occurring after the third eigenvalue point. The total variance accounted for by this 3-factor solution was 47.03%. A review of the communalities and the pattern coefficients revealed several items with pattern coefficients below .32, including items 6, 7, 11 and 12. I removed these four items and conducted a follow-up EFA, resulting in a 2-factor solution that accounted for 59.49% of the variance. The variance accounted for by factors 1 and 2 was 35.19% and 24.30%, respectively. Items on the first factor had positive coefficients ranging from .62 to .86. Items on the second factor had positive coefficients and ranged from .56 to .91 (see Table 11 for the pattern matrix for the SSBQ).

Dilorio et al. (1992) reported two subscales for the SSBQ: *condom use* and *safe sex discussion.* Factor 1 from the current EFA consisted of items that fit Dilorio et al.'s (1997) *safer sex discussion* subscale. This factor included the items from the *safer sex discussion* subscale that asked about exploring the histories (e.g., sexual, STI/HIV, and drug use) of potential partners, and excluded the items from the subscale that asked about general sex discussion with partners. As such, I labeled factor 1 the *sexual history exploration* subscale to fully capture the theme across the items related to the specific discussion of partner's history. Factor 2 from the current EFA consisted of items that fit

Dilorio et al.'s (1997) *condom use* subscale. This factor included the items from the *condom use* subscale with the exclusion of one item (item 6), and thus I maintained this label for factor 2.

Internal consistency reliability analyses yielded alpha coefficients of .84 and .86 for factors 1 and 2, respectively. The reliability for the total scale was .77. Correlations among all items ranged from .03 to .79. The correlation between the two factors was .15, suggesting that each factor captures a separate and unique aspect of safe sex practices. Therefore, I used these factors as individual outcome variables in the path model.

Table 11

Pattern Coefficient Matrix for the SSBQ

SSBQ Item	Sexual History Exploration	Condom Use
5. "…only have sex when I know my partner's sexual history."	.86	--
3. "…ask potential partners about their sexual histories."	.83	.21
9. "…ask potential sex partners about a history of IV drug use."	.73	--
4. "…ask my potential sex partners about a history of bisexual/homosexual practices."	.62	--
1. "I use a condom when I have sex."	--	.91
2. "I stop foreplay…for my partner to put on a condom."	--	.85
10. "If my partner insists on sex without a condom, I refuse to have sex."	--	.64
8. "I have sex without a condom when I am swept away by the passion…"	--	.56

Note. Coefficients smaller than .20 are omitted

Table 12 outlines the reliability coefficients for the primary study variables and the resultant subscales. The skewness and kurtosis for each variable are also listed.

Table 12

Skewness, Kurtosis, and Reliability Coefficients for Primary Study Variables

Scale	Skewness	Kurtosis	Alpha
1. Multi-Ethnic Identity Measure-Revised	-.98	1.11	.92
2. Short Acculturation Scale	-	-	.84
--Language & Media Use	.02	-.80	.87
--Ethnic Social Relations	.82	.11	.80
3. Womanist Consciousness Scale	-.77	1.39	.92
4. Attitudes Towards Women Scale (factor 1)	-2.61	7.39	.91
5. Sexual Self-Efficacy Scale	-	-	.92
--Proper Condom Use Self-Efficacy Subscale	-.77	-.56	.90
--Sexual Activity Negotiation Self-Efficacy Subscale	-2.07	4.36	.92
6. Sexual Relationship Power Scale-Modified, Relationship Control Subcale	-	-	.84
--Relationship Commitment & Compromise Subscale	-.80	.40	.85
--Relationship Dominance & Control Subscale	-1.79	3.08	.73
7. Safe Sex Behavior Questionnaire	-	-	.77
--Sexual History Exploration Subscale	-.05	-1.27	.84
--Condom Use Subscale	-.43	-.88	.86

Testing for Order Effects

Order effects were tested using multivariate analysis of variance (MANOVA), with test order as the independent variable and the primary study variables as the dependent variables. MANOVA results indicated no significant differences in primary study variables as a function of test order, suggesting that test order bias was not an issue. The MANOVA revealed non-significant differences among the test orders (IV) on the eleven primary study variables (DVs), Wilks' $\Lambda = .67$, $F(33.\ 269) = 1.21$, $p = .21$. None of the test orders were significant for any of the primary study variables.

Missing Data

There were 105 participants with some or all missing item responses on the Safe Sex Behavior Questionnaire (SSBQ) due to the N/A responses being treated as missing responses. The other measures did not have partial completion because advancing to the next page of the survey required completion of each item on the page. Participants could also choose to exit the survey at any time if they did not want to answer a certain item or portion of the survey. Thus, there were sixteen cases with missing data on the Gender Role Attitudes scale (AWS), fifteen cases with missing data on the Sexual Self-Efficacy (SES), thirteen cases with missing data on the Relationship Power scale (SRPS-M), eleven cases with missing data on the Womanist Identity scale, and ten cases with missing data on the Acculturation scales. There were no missing cases on the ethnic identity measure (MEIM-R).

Missing data were addressed through full information maximum likelihood (FIML) estimation enabled in MPLUS (version 3.3) (Muthén & Muthén, 1998-2007; Little & Rubin, 2002). FIML has been recommended as the best approach to missing data

management (Acock, 2005; Little & Rubin, 2002; Schlomer et al., 2002). Schlomer et al. (2002) provide specific guidelines for best practices in managing missing data for counseling psychology research. The authors recommend a full information maximum likelihood method (FIML) for estimating parameters because the imputation procedure can occur simultaneously with the path analysis and because it estimates more accurate standard scores by retaining the sample size (Schlomer et al., 2010).

Path Analysis

Structural equation modeling (SEM) is a flexible approach for modeling observed and/or latent variables in which each variable or construct serve in a variety of roles and analytic models can be specified flexibly (Raykov & Marcoulides, 2000). Thus, this is an ideal approach for testing the relations between systems of variables at the same time. Path analysis, a form of SEM, was utilized to investigate the strength in relationships between the observed variables in this study. When only observed variables are present in a model it is typically called a path analysis. The data presented in this study were gathered in a cross-sectional survey design, thus all modeling effects are correlational and cannot be interpreted as causal.

The hypothesized model reported in the literature review section was modified after conducting the EFAs but prior to any other analyses in order to reflect the factor structures of the measures in the present sample. Specifically, acculturation resulted in two factors and was represented in the model by two variables, ethnic social relations and language and media use; self-efficacy resulted in two factors and was represented in the model by two variables, condom use self-efficacy and sexual activity negotiation self-efficacy; relationship power resulted in two factors and was represented by two variables,

relationship commitment and compromise, and relationship dominance and control. The EFA of the outcome variable (safe sex practices) resulted in two distinct factors, condom use and sexual history exploration, which were not correlated with each other. As such, I tested the model twice, once with Condom Use as the outcome variable, and once with Sexual History Exploration as the outcome variable.

Correlations are less stable when they are estimated from small sample sizes, which affect the precision of the estimated effects in the model. However, there is no consensus on how big the sample size needs to be to use SEM. One rule of thumb is that sample size should be at least 50 more than 8 times the number of variables in the model. Another rule of thumb is that there should be 10 to 20 times as many cases as variables or parameters (see Mitchell, 1993; Kline, 2005). Sample size needed to test the hypothesized model was estimated by looking at the number of parameters estimated. The number of parameters in the hypothesized model included the number of path links (i.e., path coefficients) between variables (11), the number of variances of the independent variables (2), the number of the covariances between independent variables (1), and the number of residual terms for the dependent variables (5). The total parameters equal 19. Thus, the hypothesized path model with 19 parameters should have a minimum sample size of 190 (19 parameters X 10 participants), with 380 being ideal. For the study, my target sample size was 380. I collected 305 surveys, with 210 of them meeting full demographic criteria for analysis.

Each model that I tested (*Condom Use* and *Sexual History Exploration*) consisted of 10 variables. The exogenous (independent) variables in the path model were ethnic identity and the two acculturation variables, language & media use and ethnic social

relations. The endogenous (dependent) variables in the path model were egalitarian gender role attitudes, womanist identity, proper condom use self-efficacy, sexual activity negotiation self-efficacy, relationship commitment and compromise, relationship dominance & control, and condom use (or sexual history exploration). After managing the missing data, I arrived at a sample size of 210, which results in 21 cases per measured parameter. By both criteria outlined above the present sample size is sufficiently large.

SEM must provide an adequate fit to the data as a whole before interpreting the individual model parameters. I used MPLUS (version 3.3; Muthén & Muthén, 1998-2007) to examine the overall fit of the data to the model. Full information maximum likelihood estimation (FIML) was used to manage the missing data. Several goodness of fit measures were used to determine the fit of the model, including the chi-square statistic (χ^2), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA; Hu & Bentler, 1999). Conventional cut-off criteria include a nonsignificant chi-square test, a CFI $\geq$ 0.95 for good fit, and a RMSEA $\leq$ 0.05 for good model fit (Hu & Bentler, 1999; Kline, 2005). A non-significant chi-square, or the failure to reject the null hypothesis, indicates a good fit; and the lower the chi-square value, the better the fit (Kline, 2005). For the CFI, values over .90 indicate adequate fit, over .95 for good fit, and closer to 1.0 indicates better fit (Kline, 2005). For the RMSEA, a value of zero indicates the best fit, .05 indicates a good fit, .08 indicates an adequate fit, and .10 or greater is a poor fit (Kline, 2005).

Statistical Assumptions

The primary statistical assumptions that underlie SEM and use of the ML approach are multivariate normality and linearity (Tabachnik & Fidell, 2001). West,

Fitch, and Curran (1995) recommend taking steps to address skewness that exceeds a value of |2|, and kurtosis that exceeds a value of |7|. Examination of univariate histograms revealed substantial negative skewness for the Gender Role Attitudes, Sexual Activity Negotiation Self-Efficacy, and Relationship Dominance & Control variables. Moderate negative skewness (defined as > |1|) was observed in the following variables: Ethnic Identity, Womanist Identity, Relationship Commitment & Compromise, and Proper Condom Use Self-Efficacy. The Ethnic Social Relations Acculturation variable showed substantial positive skewness. Table 12 presents skewness and kurtosis values for each variable in the model.

Multivariate normality is important for making accurate statistical inferences when using maximum likelihood estimation (ML). Examining multivariate normality requires careful examination of univariate distributions. Tests for multivariate normality are not currently available when estimating missing data. If the univariate distributions are nonnormal then the multivariate distribution will be nonnormal. In order to address the problem of skewness, I used ML approach with robust standard errors enabled in MPLUS (version 3.3) (Muthén & Muthén, 1998-2007; Little & Rubin, 2002), which does not assume multivariate normality. I also ran the models using an ML approach and compared my findings with the results produced using ML with robust standard errors. The differences in the results were minimal, suggesting that normality is not be a substantial problem. I proceeded with using the ML with robust standard errors.

Next, I examined bivariate scatterplots to assess the linearity assumption. All of the relations between the primary study variables were approximately linear in nature.

Finally, there were no correlations high enough to warrant concern about multicollinearity (e.g., $r > .80$).

Model Testing

The initial proposed model was based on assumptions about variable factor structures. As a result of the EFAs, the number of variables in the model increased, and the original outcome variable became two variables. I tested models for each outcome separately because the two outcomes had a very low correlation ($r = .15$). Given that each outcome is an important aspect of safe sex practices, and to explore the possibility that path coefficients might differ substantially for each, I tested model fit for each outcome independently. Factor scores derived from the EFAs were used as variables for the path analyses.

Prior to the path analysis I conducted Pearson product moment correlations between all study variables. Table 13 presents the correlations between the primary study variables. Many of the significant correlations were expected. First, the variables related to culture and gender were significantly correlated with each other. Ethnic identity was significantly correlated with the other variables related to culture and gender including the acculturation variables, womanist identity, and gender role attitudes. Second, the gender role attitudes variable was significantly correlated with both relationship power variables. Also, the relationship power variables were significantly correlated with the condom use outcome variable. Finally, the two self-efficacy variables were significantly correlated with the safe sex practices outcome variables.

There were some unexpected findings among the correlations. First, the language & media use acculturation variable was not significantly correlated with gender role

attitudes, in other words, preference for Spanish or English in media use was not associated with egalitarian gender roles. Second, I hypothesized that Latinas with more egalitarian gender role attitudes would have higher sexual self-efficacy, but that was not the case. Third, relationship commitment and compromise was significantly correlated with the self-efficacy variables, however the relationship dominance & control variable was not. Further, the relationship power variables were not significantly correlated with sexual history exploration. In addition, sexual history exploration was not significantly correlated with the other outcome variable of actual condom use. The language and media use acculturation variable was significantly correlated with condom use, whereas the ethnic social relations acculturation variable was not. On the other hand, ethnic social relations acculturation was significantly correlated with sexual history exploration.

Hypothesized Path Model Predicting Condom Use

After inspection of the correlation matrix I proceeded with the path analyses. First the *Condom Use* path model was analyzed. Figure 2 shows the model with all standardized path coefficients. This hypothesized model resulted in the following indices of fit: $\chi^2(17, N = 210) = 38.88$, $p < .01$, CFI = 0.90, and RMSEA = 0.08. These indicators suggest that the model fit is not quite adequate and that modifications may improve the fit of the model. Although the CFI suggests an adequate fit, the RMSEA is above the .05 recommended cutoff and the chi-square index was significant, indicating an unacceptable fit. Inspection of the modification indices indicated that there were no path modifications that might improve the fit of the model that were conceptually or theoretically justifiable.

Table 13

Correlations Between Primary Study Variables (n=210)

	1	2	3	4	5	6	7	8	9	10
1. Ethnic Identity										
2. Lang & Media Use Acculturation	-.34**									
3. Ethnic Social Relations Acculturation	-.25**	.40**								
4. Womanist Identity	.37**	-.19**	-.16*							
5. Egalitarian Gender Role Attitudes	.28**	-.13	-.14*	.18*						
6. Sex Activity Negotiation Self-Efficacy	.11	-.06	.11	.03	.11					
7. Proper Condom Use Self-Efficacy	.00	.00	.06	.02	.07	.63**				
8. Relationship Commitment & Compromise	.10	-.13	-.04	-.09	.20**	.24**	.22**			
9. Relationship Dominance & Control	.10	.01	-.02	-.09	.22**	.14	.05	.46**		
10. Condom Use	.27**	-.28**	-.08	.17	.46**	.49**	.34**	.24*	.23*	
11. Sexual History Exploration	.02	-.06	.28**	.11	-.09	.31**	.36**	.11	-.11	.17

Notes: *$p < .05$, **$p < .01$.

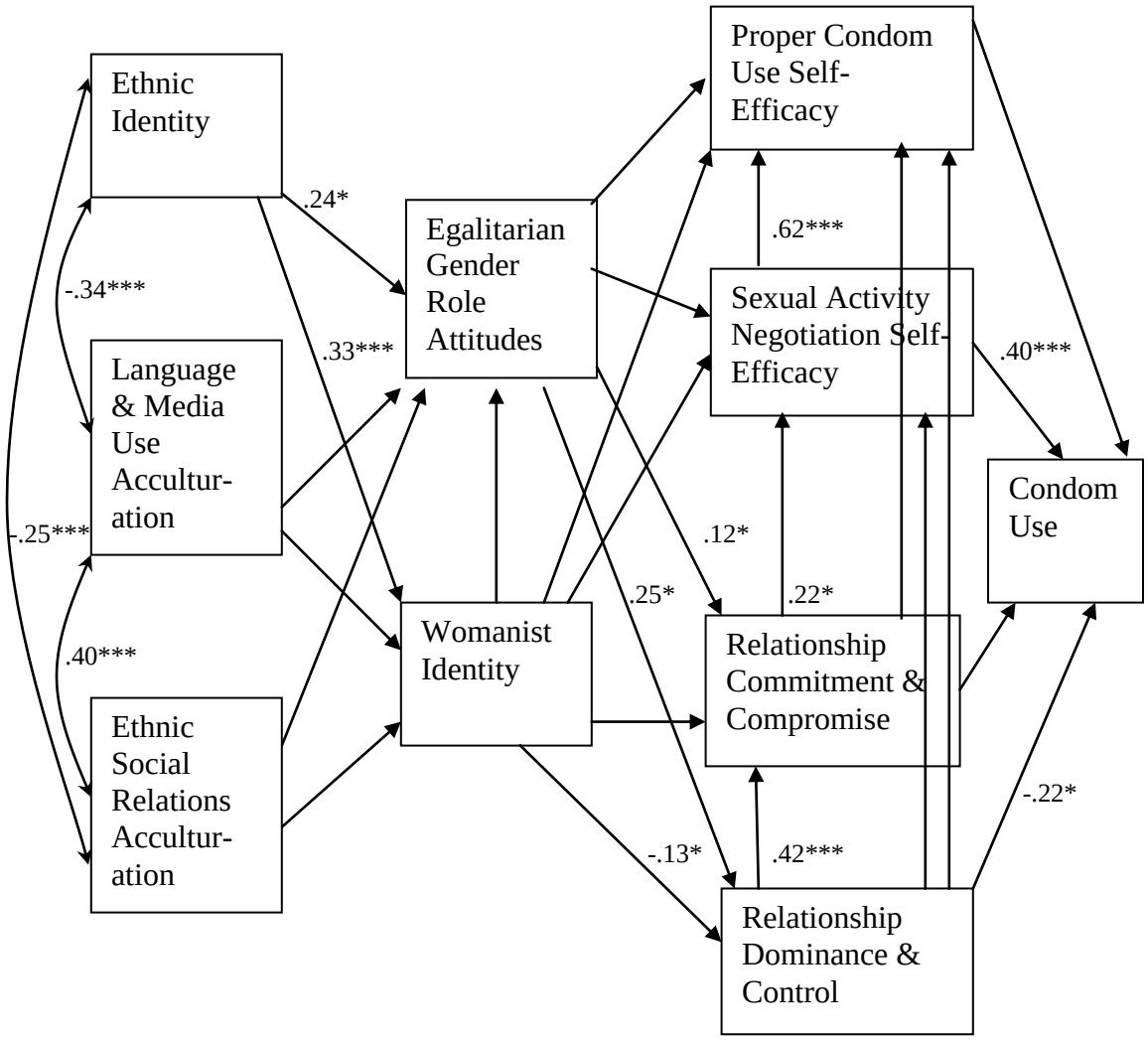

Figure 2. The Hypothesized Path Model Predicting Condom Use
Note: Significant standardized path coefficients are displayed. *p < 0.05, **p < 0.01, *** p < 0.001. Nonsignificant coefficients are omitted.

Hypothesized Path Model Predicting Sexual History Exploration

Next I tested the same model with sexual history exploration as the outcome variable. Figure 3 shows the second hypothesized model, the *Hypothesized Path Model Predicting Sexual History Exploration*. This hypothesized model resulted in the following indices of fit: a non-significant chi-square, $\chi^2(17, N = 210) = 26.36$, $p = .07$,

CFI = 0.95, and RMSEA = 0.05. All indices suggest a good fit of the model to the data. Table 14 shows the parameter estimates, including the unstandardized and standardized estimates, standard errors, and z-test values for the *Hypothesized Path Model Predicting Sexual History Exploration*. Significant path coefficients are indicated in Figure 3 by asterisks.

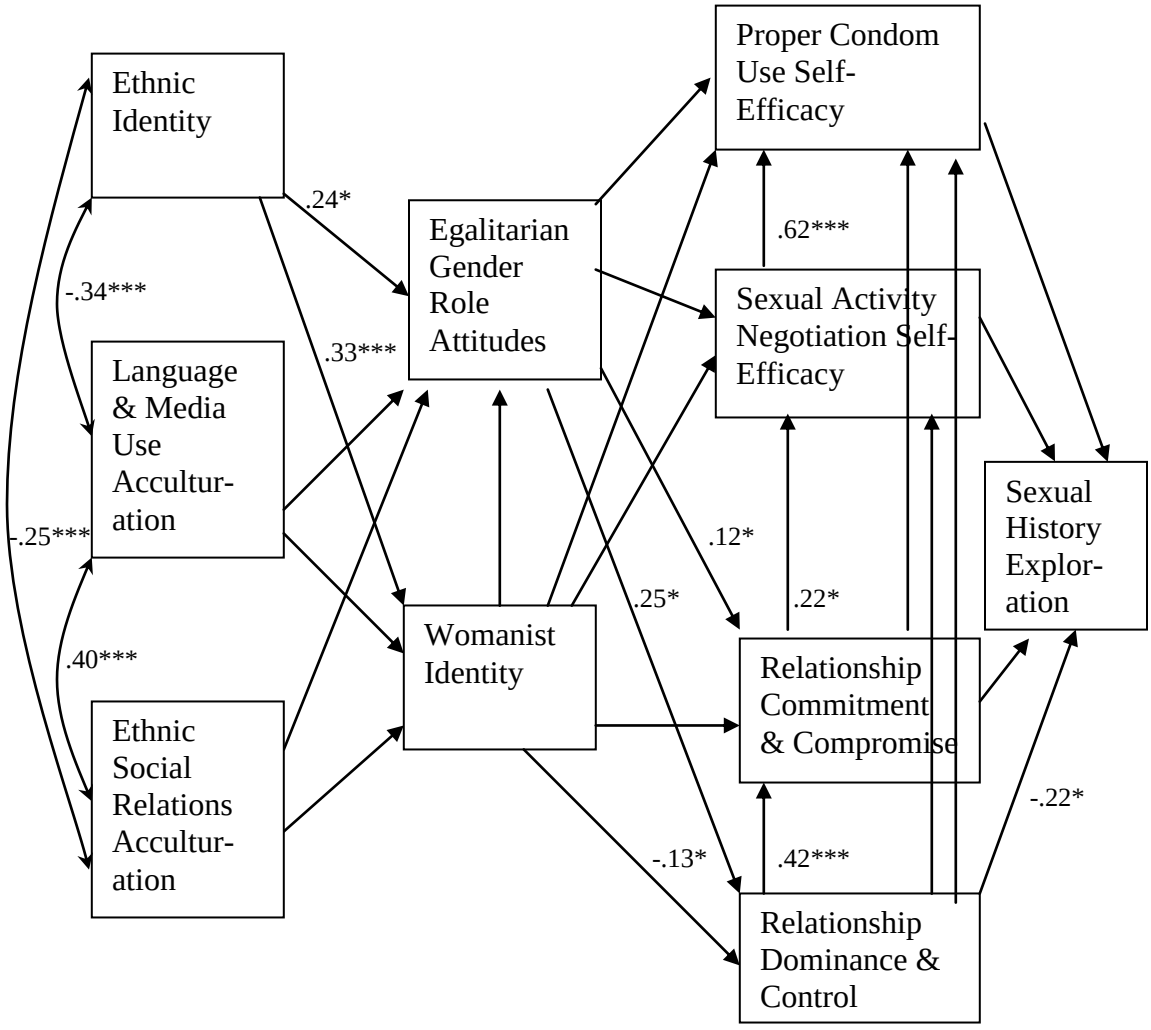

Figure 3. The Hypothesized Path Model Predicting Sexual History Exploration
Note: Significant standardized path coefficients are displayed. *p < 0.05, **p < 0.01, *** p < 0.001. Nonsignificant coefficients are omitted.

There were twelve significant parameter estimates in the Full Model with Sexual Exploration Outcome. First, the negative correlations between ethnic identity with language and media use acculturation and ethnic identity with ethnic social relations acculturation indicated that women with higher ethnic identity were more likely to be less acculturated. The two acculturation variables—language and media use acculturation with ethnic social relations—were positively correlated. Ethnic identity was associated with gender role attitudes and womanist identity. In particular, women with higher ethnic identity were more likely to have egalitarian gender role attitudes and higher womanist beliefs. The acculturation variables did not explain any variance in womanist identity. Both egalitarian gender role attitudes and womanist identity were associated with relationship dominance and control, whereas only the gender role attitudes variable was associated with relationship commitment and compromise. Only sexual activity negotiation self-efficacy contributed to the variance in condom use self-efficacy, with a coefficient of .62. Relationship commitment and compromise was associated with sexual activity negotiation self-efficacy, such that the more commitment to and compromise in the relationship the women reported experiencing from their partners, the higher women's self-efficacy in negotiating sexual activity. Relationship dominance and control contributed to the variance in relationship commitment and compromise, with a path coefficient of .42. The negative association of womanist identity to relationship dominance and control indicates that those endorsing greater womanist beliefs experienced more dominance and control by their partners in their relationship. The negative path coefficient between relationship dominance and control to sexual history

exploration indicates that those experiencing more domination and control from their relationship partner were more likely to explore their partner's sexual history.

Table 14

Parameter Estimates for the Hypothesized Path Model Predicting Sexual History Exploration

	Unstandardized Estimates	SE	Standardized Estimate	z-test	p-value
Structural paths					
Gender Role Attitudes ON Ethnic Identity	.24	.10	.24	2.44*	0.02
Gender Role Attitudes ON Language & Media Use Acculturation	.00	.10	.00	.02	.98
Gender Role Attitudes ON Ethnic Social Relations Acculturation	-.08	.09	-.07	-.89	.37
Gender Role Attitudes ON Womanist Identity	.08	.08	.08	1.01	.31
Womanist Identity ON Ethnic Identity	.33	.08	.33	4.18***	< .001
Womanist Identity ON Language & Media Use Acculturation	-.06	.08	-.06	-.76	.45
Womanist Identity ON Ethnic Social Relations Acculturation	-.05	.08	-.05	-.73	.47
Proper Condom Use Self-Efficacy ON Gender Role Attitudes	.01	.06	.01	.09	.93

Table 14 (continued)

	Unstandardized Estimates	SE	Standardized Estimate	z-test	p-value
Structural paths					
Proper Condom Use Self-Efficacy ON Womanist Identity	.00	.06	.00	.06	.95
Proper Condom Use Self-Efficacy ON Sexual Activity Negotiation Self-Efficacy	.62	.05	.62	12.83***	< .001
Proper Condom Use Self-Efficacy ON Relationship Commitment & Compromise	.12	.09	.12	1.41	.16
Proper Condom Use Self-Efficacy ON Relationship Dominance & Control	-.10	.09	-.09	-1.08	.28
Sexual Activity Negotiation Self-Efficacy ON Gender Role Attitudes	.05	.08	.05	.64	.52
Sexual Activity Negotiation Self-Efficacy ON Womanist Identity	.05	.06	.05	.75	.45
Sexual Activity Negotiation Self-Efficacy ON Relationship Commitment & Compromise	.23	.09	.22	2.45*	.01
Sexual Activity Negotiation Self-Efficacy ON Relationship Dominance & Control	.04	.09	.04	.42	.68

Table 14 (continued)

	Unstandardized Estimates	SE	Standardized Estimate	z-test	p-value
Relationship Commitment & Compromise ON Gender Role Attitudes	.11	.05	.12	2.16*	.03
Relationship Commitment & Compromise ON Womanist Identity	-.07	.05	-.07	-1.24	.22
Relationship Commitment & Compromise ON Relationship Dominance & Control	.43	.09	.42	4.91***	< .001
Relationship Dominance & Control ON Gender Role Attitudes	.23	.09	.25	2.55*	.01
Relationship Dominance & Control ON Womanist Identity	-.13	.06	-.13	-2.06*	.04
Sexual History Exploration ON Proper Condom Use Self-Efficacy	.22	.11	.23	1.90	.06
Sexual History Exploration ON Sexual Activity Negotiation Self-Efficacy	.15	.10	.16	1.45	.15
Sexual History Exploration ON Relationship Commitment & Compromise	.12	.11	.11	1.08	.28
Sexual History Exploration ON Relationship Dominance & Control	-.23	.11	-.22	-2.15*	.03

Table 14 (continued)

	Unstandardized Estimates	SE	Standardized Estimate	z-test	p-value
Correlations					
Ethnic Identity WITH Language & Media Use Acculturation	-.30	.07	-.34	-4.46***	< .001
Ethnic Identity WITH Ethnic Social Relations Acculturation	-.22	.06	-.25	-3.60***	< .001
Language & Media Use Acculturation WITH Ethnic Social Relations Acculturation	.34	.05	.40	6.45***	< .001

Notes: *p < 0.05, **p < 0.01, *** p < 0.001. SE = Standard Error

The squared multiple correlation coefficients (R^2) indicated that the model accounted for 9% of the variance in gender role attitudes, 14% of the variance in womanist identity, 41% of the variance in proper condom use self-efficacy, 6% of the variance in sexual activity negotiation self-efficacy, 22% of the variance in relationship commitment and compromise, 7% of the variance in relationship dominance and control, and 16% of the variance in sexual history exploration. Inspection of the modification indices indicated that there were no path modifications that might improve the fit of the model that were conceptually or theoretically justifiable.

Summary

Two path analysis models were analyzed. After conducting EFAs, it appeared that the outcome variable of safe sex practices was better understood as two distinct variables, and these two variables were not strongly related to each other. The model predicting

condom use did not provide a good fit to the data. The model predicting sexual history exploration did provide a good fit to the data. In that model, participants with stronger ethnic identity were also more likely to have higher womanist identity and more egalitarian gender role attitudes. Acculturation was not associated with egalitarian gender role attitudes or womanist identity after controlling for ethnic identity. Latinas with more egalitarian gender role attitudes were higher in relationship power; those with stronger womanist identity experienced more relationship dominance and control by their partners, but womanist identity was unrelated to relationship commitment and compromise. Latinas who experienced more relationship dominance and control by their partners also experience their partners as less committed and less compromising in the relationship. Those who experienced more relationship dominance and control by their partners were more likely to engage in sexual history exploration.

CHAPTER IV

DISCUSSION

The organization of this chapter is as follows. First, I provide an overview of the study and findings. Next, I discuss the findings in the context of the current literature on Latinas' safe sex practices. Then, I describe limitations of the study. I follow with strengths, implications, and recommendations for future research and practice. Finally, I end with conclusions.

Summary of Study

The purpose of this study was to test a model of sociocultural, interpersonal, and intrapersonal variables that may influence Latinas' safe sex practices. Many preventive efforts largely have focused on imparting education to young women without incorporation of sociocultural considerations (Amaro, 1995). Practicing safe sex may require a Latina to behave in ways that are socially and culturally incongruent, particularly young Latina women who identify with traditional Latino gender role perspectives. Therefore, I included ethnic identity, acculturation, womanist identity, and gender role attitudes in this study to better understand the role that these sociocultural characteristics may play in Latinas' safe sex practices.

Interpersonal dynamics are relevant to safe sex prevention programming because negotiating and practicing safe sex involves the interaction between at least two individuals. Because heterosexual contact is the leading route for STI transmission, and increases the risk of unwanted pregnancy, I also included relationship power dynamics between men and women in this study. Finally, sexual self-efficacy is considered in this

study as prior research findings have supported the positive relationship between self-efficacy and the safe sex behavioral outcome (Bandura, 1994; Gómez & Marín, 1996).

The initial hypothesized model included seven latent constructs: ethnic identity, acculturation, womanist identity, gender role attitudes, relationship power, sexual self-efficacy, and safe sex practices. After exploratory factor analyses (EFAs) on each measure associated with these latent constructs, three additional variables were added to the model to attend to factor structures that were not unidimensional in the present sample.

I tested two path models, one with condom use as the outcome and the other with sexual history exploration as the outcome. Path analysis results indicated that the model of *Sexual History Exploration* provided a good fit to the data, whereas the model of *Condom Use* did not. I first discuss the model that provided a good fit. Then, I discuss the model that did not fit.

Study Findings

Sexual History Exploration Outcome

Taken as a whole, the *Sexual History Exploration* model suggests that cultural-based identity (ethnic identity and womanist identity) are related to each other, womanist identity is related to relationship power, and relationship power is related to the outcome of sexual history exploration. It also demonstrates that relationship dominance and control has a direct effect on sexual history exploration. These results show that exploring a partner's sexual history is more likely to occur with higher levels of ethnic identity and womanist identity, more egalitarian gender role attitudes, and more experience with dominance and control in their relationship.

Consistent with previous findings, relationships among several of the sociocultural variables were confirmed. Specifically, the results show that ethnic identity was positively correlated with womanist identity and gender role attitudes. This indicates that women with stronger ethnic identity also endorsed a stronger womanist identity and more egalitarian gender role attitudes. This is consistent with previous research that has shown significant positive relationships between ethnic identity, feminist identity, and gender role attitudes (King, 2003; Yoder et al., 2007).

Both acculturation variables, language and media use and ethnic social relations, were significantly and negatively correlated with ethnic identity in the model, indicating that Latinas with stronger ethnic identity were less acculturated. This result is consistent with the zero-order correlations among ethnic identity and the acculturation variables. These findings are consistent with literature that highlights the complex nature of ethnic identity and acculturation (Phinney, 2003; Sam, 2006; Zane & Mak, 2003). Researchers have emphasized the multidimensionality of ethnic identity and acculturation in the U.S., noting that people of color can have varying degrees of identification both with their ethnic origin *and*, potentially, with dominant American culture (Berry, 2003; Chun, Balls Organista, & Marin, 2003; Phinney, 2003). The measure of acculturation used in this study addresses two aspects of acculturation—language use and preference, and social relationships. The participants in this study seem to represent the multidimensionality of acculturation in that they have higher levels and a narrower range of acculturation associated with language use and preference (M = 3.83, SD = .67) relative to acculturation via ethnic social relations (M = 3.05, SD = 1.15). This suggests that while participants tended to have slightly lower use of and preference for Spanish, their social

relationship preferences tended to be primarily with other Latinos. The seemingly contradictory results suggest that the current sample reflect the multidimensional nature of their cultural identity.

Furthermore, the test of the model indicated that acculturation did not have a direct effect on gender role attitudes or womanist identity. Language and social preferences for Latino culture were not associated with egalitarian gender roles, or with the degree to which the Latina participants endorsed having a womanist identity. Moreover, the zero-order correlation results indicate that the language and media use acculturation variable was not significantly correlated with gender role attitudes. Use of Spanish or English in media use was not associated with the egalitarian gender roles. These results were not expected, as previous studies have shown relationships between acculturation, feminist identity, and gender-based attitudes (Kaplan et al., 2002). It is possible that the difference in findings is associated with measurement. Kaplan et al. (2002), for example, used measures other than the SAS, used to measure acculturation, and the AWS, used to assess gender role attitudes. It is also possible that these measures were not effective in assessing these constructs in the present sample. Different factor structures were found in this sample than in previous research.

Kaplan et al. (2002) concluded that gender role attitudes reflect a dimension of acculturation separate from linguistic preference. Considering the complex, multidimensional nature of acculturation (Phinney, 2003), it is possible that gender role attitudes and womanist identity represent dimensions of acculturation that are not related to the dimensions captured by the language and media use and ethnic social relations subscales in the acculturation measure used in this study, the SAS.

Acculturation has been associated with safe sex practices in prior research studies (Guilamo-Ramos et al., 2005; Kaplan et al., 2002; Nyamathi et al., 1993). In this sample, the language and media use acculturation variable was significantly correlated with condom use, whereas the ethnic social relations acculturation variable was not (see Table 13). However, ethnic social relations acculturation was significantly correlated with sexual history exploration, suggesting that different dimensions of acculturation may be related to different types of safe sex practices. Kaplan et al. (2002) emphasized the contradictory impact that higher levels of acculturation might have on sexual behavior for adolescent Latinas, such that the more acculturated a Latina girl is the likelier she is to engage in risky sexual behavior, but the more likely she is to have accurate knowledge about STIs.

The gender role attitudes variable had a significant and positive direct effect on both relationship power variables, consistent with the zero-order correlations between these variables. This shows that egalitarian gender role attitudes are associated with a sense of balanced power in heterosexual relationships. No studies to date have investigated or reported on the relationship between gender role attitudes and relationship power, although researchers have highlighted the impact that traditional gender role attitudes can have on expectations in a sexual relationship (Newcomb et al., 1998). For example, appearing to be knowledgeable about safe sex can lead to perceptions of promiscuity, and may be contrary to traditional views of gender-appropriate behaviors. This current finding suggests that egalitarian gender role attitudes may lead to egalitarian or shared power in the relationship. It is equally possible that having or not having shared power in a relationship influences gender role attitudes. For example, an individual

might rationalize that the lesser power she has in a relationship by increasing her affinity for traditional gender roles, thereby avoiding the need to revise or confront in her relationship. Thus, the direction of influence cannot be inferred from the present study.

There are no published studies that consider the relationship of womanist identity with safe sex practices. I hypothesized that there would be a significant relationship between womanist identity and safe sex practices based on the notion that feminist ideals would promote safe sex decisions (Schick et al., 2008; Yoder et al., 2007). This relationship was hypothesized to have an effect on the safe sex outcomes, after accounting for relationship power and self-efficacy. Results indicated that womanist identity was only significantly and negatively related to relationship dominance and control, but not to relationship commitment and compromise or to either self-efficacy variable. The differing result between womanist identity and each of the relationship power variables, specifically, may be due to the notion that relationship power is a complex construct to measure. Relationship power is dependent on context (Bowleg et al., 2000). The two factors constituting relationship power may vary as a function of context. Relationship commitment and compromise was the factor that included items associated with an imbalance in commitment to and compromise in the relationship. Items in this factor asked participants whether they feel that their partner "gets his way" or "does what he wants." The relationship dynamics impacting this aspect of relationship power may be due to many other factors, such as the stage of the relationship. It may also be that the cultural context influences expectations about the optimal balance of power in heterosexual relationships. For example, Latinas who are in culturally traditional relationships may expect that their partner's preferences will come first, and

may not view that as a lack of commitment or compromise. The relationship dominance and control variable contains items most related to an imbalance in power that can potentially and more readily stand out as abuse and/or sexism. Fundamentally, a womanist perspective involves feminist ideals related to women of color (Moradi, 2005). Thus, women with higher levels of womanist identity may be more likely to be aware or critically conscious of imbalanced power in their relationships related to control. In other words, women with a stronger womanist identity may have higher expectations in relationships and may be more attuned to dominant or controlling dynamics in their relationships, and therefore evaluate a relationship as less balanced than might a woman with lower womanist identity. Relationship commitment and compromise, on the other hand, may be an aspect of relationship power that is potentially less related to partner behaviors that reflect sexist ideals or an abusive relationship and therefore not related to womanist identity. The relationship commitment and compromise variable may be more related to relationship context, including length/seriousness of the relationship or cultural influence on relationship expectations.

Relationship dominance and control had a significant direct effect on the outcome variable, sexual history exploration, consistent with the zero-order correlation finding. This suggests that relationship power dynamics are related to sexual history exploration. The more women experience dominance and control in their relationship, the more likely they are to explore their partner's history. These findings are not consistent with previous studies that have found significant relationships between relationship power and safe sex discussion (i.e., negotiating condom use, discussing safe sex in general; Bryan et al., 1997; Soet et al., 1998). The current finding shows that interpersonal variables, with

indirect effects of sociocultural-based variables, influence one aspect of safe sex discussion—sexual history exploration, but in a counterintuitive direction. These findings suggest that experiencing more dominance and control is associated with a greater likelihood of exploring a partner's sexual history. Perhaps, noting the power imbalance increases feelings of mistrust, anxiety, or concern about sexual health, prompting women to ask their partners about their history. It might also fit that a partner's dominant and controlling behavior (i.e., wanting to know where his partner is, control her dress, etc.) may increase his own questioning of her sexual history, thereby initiating sexual history exploration dialogues. If the male partner is initiating these conversations, and not the women, this might explain why self-efficacy was not related to the sexual history outcome behavior. Conversely, more balanced power in the relationship may decrease a woman's perceived need for such an exploration. For example, women who are in monogamous, committed relationships have lower perceived risk for STIs (Bowleg et al., 2000).

The sexual self-efficacy variable was represented by a 2-factor structure: self-efficacy for sexual activity negotiation and self-efficacy for proper condom use. As such, both were represented as distinct variables that could potentially contribute to the behavioral outcome of safe sex practice. Sexual activity negotiation self-efficacy had a direct effect on condom use self-efficacy. The self-efficacy variables were not significantly directly related to gender role attitudes or womanist identity. Further, relationship commitment and compromise had a direct effect on sexual activity negotiation self-efficacy, but not on condom use self-efficacy; the relationship dominance and control variable did not have a direct effect on either self-efficacy variable. Finally,

the sexual self-efficacy variables were also not significantly directly related to the outcome, sexual history exploration. This is not consistent with the zero-order correlation between both self-efficacy variables and sexual history exploration, which revealed significant though small relationships. The findings associated with the sexual self-efficacy variable are inconsistent with a plethora of studies that have found significant relationships among relationship power, self-efficacy, and safe sex practices (e.g., Bandura, 1994; Denner & Coyle, 2007; Farmer & Meston, 2006; Gómez & Marín, 1996; Soet et al., 1998). One study of married women and women in committed relationships did not find a relationship between self-efficacy and safe sex practices potentially because their perceived risk for acquiring an STI was low (Bowleg et al., 2000). This may be a contributing factor to the non-significant relationship between both sexual self-efficacy variables and sexual history exploration in this study, as the majority of the participants reported being in a relationship. Although the participants' level of commitment (e.g., monogamy, exclusivity) was not necessarily assessed, the majority of the sample reported being in relationships. Further, the relationship commitment and compromise variable (which assesses how committed and willing to compromise an individual experiences her partner to be) was significantly related to sexual activity negotiation self-efficacy. This relationship suggests that the more the individual feels that compromise and commitment is present in her relationships, the more she feels self-efficacious to negotiate sexual activity with her partner. As such, a potential explanation for the current finding between self-efficacy and sexual history exploration may be similar to that of Bowleg et al. (2000), in that women may perceive low risk for STIs in their committed relationships.

In summary, the *Sexual History Exploration* model suggests that cultural-based identity variables were related to each other, with ethnic identity having an effect on womanist identity; additionally, womanist identity had a direct effect on relationship power, and relationship dominance and control had a direct effect on sexual history exploration. Further, relationship commitment and compromise had a significant direct effect on sexual activity negotiation self-efficacy, indicating that the more commitment and compromise that is experienced in the relationship the more self-efficacious women feel to negotiate sexual activity. These results show that exploring a partner's sexual history was more likely to occur with higher senses of ethnic identity and womanist identity, more egalitarian gender role attitudes, and higher levels of partner dominance and control in the relationship.

The model accounted for 16% of the variance in sexual history exploration. Although the variance explained was low, this is still informative of the factors that contribute to sexual history exploration. Other factors that may contribute to the sexual history exploration outcome that were not accounted for by the model or assessed in the present study include perception of partner's attitudes towards safe sex, low perceived risk of STIs, and type of sexual relationship (e.g., monogamous, steady, or casual).

Condom Use Outcome

The model predicting condom use as an outcome variable did not provide an adequate fit to the data. This result partially is consistent with prior research findings that acculturation and self-efficacy were not significant predictors of condom use practices (Bowleg et al., 2000; Crosby et al., 2003; Kaplan et al., 2002); however, many other research studies have supported the positive relationship between variables such as

acculturation, sexual power, and self-efficacy and the outcome of condom use (e.g., Farmer & Meston, 2006; Gómez & Marín, 1996; Lindberg, 2000; Rotheram-Borus, et al., 1995, Soet et al., 1998). The current study predictor variables do not appear to contribute to the actual enactment of condom use, suggesting that (a) the women in this study are not using condoms (18% women answered "never" to the SSBQ item stating "I use a condom when I have sex"; 17% reported they use condoms less than half the time, 21% reported more than half the time, and 26% reported always using condoms; the other 17% were missing data as they either reported N/A or skipped the item) and/or (b) other factors may be contributing to actual condom use practices.

Because actual condom use is the most basic and common prevention strategy, it is important to consider what factors might better explain condom use that were not represented in this model. For example, education and employment status may indirectly impact the relationship that acculturation levels have on sexual behaviors (Newcomb et al., 1998). Other researchers have found that partner attitudes and anticipated partner reaction to condom use were more powerful predictors of condom use than was self-efficacy (Denner & Coyle, 2007; Soet et al., 1998), further emphasizing the significant role interpersonal dynamics have in female partners' ability to negotiate condom use.

Seal and Palmer-Seal's 1996 study of college dating couples found that an increase in safe sex discussion is related to a decrease in actual condom use, and explained this by highlighting the high rates of reported perceived invulnerability to STIs in their sample. Many participants in their sample reported knowing their partner's history and being in trusting, exclusive relationships as reasons for low perceived risk to acquiring an STI. The authors emphasized the contextual complexity of condom use

behavior, noting that relationship factors and attitudes as well as beliefs about the partner (e.g., limited sexual experience, lack of planning during spontaneous sexual interactions, assuming monogamy, etc.) can impact condom use. As discussed earlier, the level of commitment of the relationship (i.e., exclusive, monogamous) may also explain condom use. Some studies have shown that people in steady or committed relationships, report minimal intentions to use condoms *and* actual condom use is low (Denner & Coyle, 2007; Marín et al., 1993). The model fit may be improved by accounting for these unspecified parameters.

Lastly, sexual history exploration was not significantly correlated with the other outcome variable of actual condom use. This current finding suggests that actual condom use behaviors are not related to behaviors associated with exploring a partner's sexual history. Potentially, the participants in the sample have prioritized these activities differently. For example, ensuring actual condom use during sexual activity may take precedence to having any discussion about sexual histories. Or, if discussion does occur, condom use may be perceived as less necessary. Nonetheless, it is notable that these two variables did not correlate with each other, even negatively. For example, one study of college student dating couples found that an increase in safe sex discussion was related to a decrease in condom use (Seal & Palmer-Seal, 1996).

Limitations

There are several limitations to the present study. I begin by discussing sampling issues, and threats to internal and external validity. Then, I elaborate on measurement limitations and threats to construct validity.

The sample in the present study consisted of young adult Latina females. Due to the mode of data collection and language in which the survey was offered, the opportunity to participate in the study was limited to Latinas who spoke English, and who had access to computers and the Internet. For instance, participants in this sample may have greater access to information about resources for support (e.g., university/college resources, online web resources, Planned Parenthood agencies) given the many forums on which I advertised my study (e.g., Planned Parenthood Facebook page, Latina interest pages, Latino student groups). The majority of Latina participants in this sample was moderately acculturated college students, and all voluntarily opted to take a survey about personal topics related to sexual activity. Furthermore, about half the sample of participants reported being in a relationship. Potentially, a sample of participants who are not in committed relationships (i.e., excluding women in committed relationships) may have yielded a better model fit.

This study offers insight into how moderately acculturated, college-educated young adult Latinas identify culturally, how self-efficacious they feel about managing sexual interactions, their sense of relationship power, and the influence these variables have on their safe sex practices. The results should not be generalized beyond young adult Latinas with these characteristics. For example, lower-income, less educated, less acculturated Latinas tend to report lower levels of self-efficacy and relationship power (Gómez & Marín, 1996), and are at higher risk for STIs (CDC, 2007; 2009a; 2009b) than their White counterparts. A subgroup of Latina women who are at even higher risk for unwanted pregnancies and STIs are teenage girls (ages 15-19). These findings cannot be

generalized to teenage Latinas or to young adult Latinas who are less acculturated and are not in college/university.

It is also important to acknowledge that sexual minority populations are often left out of scientific research. The categorical nature of quantitative research often perpetuates heteronormative values. In my study, the phrasing of the recruitment materials and questions did not assume heterosexuality. Rather, I looked to measure sexual practices of women who have engaged in sexual activity with a man in the last 2 years, regardless of their sexual identity, preference, and orientation. While this research study assumes heterosexual norms to the extent that I am considering the risks involved in heterosexual sexual activity, it is important to acknowledge that sexuality and sexual identity more appropriately fit on a continuum than as a dichotomous concept.

Because the survey included many questions regarding sexuality, sexual activity, pregnancy outcomes, and potential STI diagnoses, several considerations were made to address response biases, including social desirability bias. For example, efforts to reduce the impact of social desirability bias included creating an anonymous survey online in which the researcher would have no in-person contact with participants; reminding and ensuring participants of confidentiality periodically throughout the survey; and offering the link to the raffle sign-up emphasizing its separation from the survey webpage. In spite of these efforts, the potential for a socially desirable response bias still exists. Some items carry the potential for participants to underreport their socially "undesirable" behaviors, such as minimal to no condom use, number of aborted pregnancies, or STI diagnoses. Other items carry the potential for participants to either over- or underreport based on the participants' values about such behaviors. Examples of these items include

assessment of their confidence/self-efficacy in sexual negotiations and condom use skills, their experience with certain types of sexual activity, or actual condom use practices. Other items that may have been impacted by social desirability bias include religiosity, mother-daughter communication, and gender role attitudes. It is possible that in spite of efforts to reduce the potential effects, that the results were influenced by social desirability.

In addition, test order bias was addressed by rearranging measures in random orders every 75-100 participants. Consideration was given that beginning with sexually-related questions could feel off-putting or too invasive too soon into the survey. Further, placing questions related to womanist identity, gender role attitudes, and relationship prior to and subsequent to questions about sexual activity, pregnancy/STIs, sexual self-efficacy, and safe sex practices could influence how participants responded to these measures. I controlled for this by creating 3 random test orders, and introduced a new order after every 75-125 participants completed (or participated in) the survey. Results of the MANOVA with test order as the independent variable suggested that the primary study variables did not differ as a function of test order.

One threat to external validity is the participant attrition rate; those who completed the survey may be systematically different from those who did not complete the full survey. The online survey took participants 15-30 minutes to complete. While 301 women began the survey, 46 participants dropped out at some point in the study before providing age or race/ethnicity data, making them ineligible for participation, and an additional 16 participants dropped out after providing this information. As such, 62 participants (21%) did not complete the survey for many potential reasons, including

fatigue, boredom, lack of privacy at some point in their participation, interruption or distraction from the survey, and/or the content of the survey was triggering in some way to the participant.

There were a number of limitations associated with measurement. First, most of the measures had not been validated on samples of Latina women. All of the measures produced a factor structure different from the ones reported by the authors. Because researchers often fail to examine the factor structure of their measures based on their samples, or fail to report it when they do, it may be that factor structures similar to those I found in this sample of young adult Latinas have been found in other samples, but were not reported. The differing factor structures that emerged for all the measures raises some question about construct validity of the measures and impact the meaning of the findings in this study.

A second limitation has to do with the measure of acculturation. Because the two acculturation variables were not directly related to gender role attitudes or womanist identity after controlling for ethnic identity, I suspect that this measure reflected a more limited notion of acculturation that did not capture the breadth or multidimensionality of cultural identification that has been discussed in the literature related to acculturation (for more information on biculturalism, see Berry, 2003). Zane and Mak (2003) highlight that the majority of acculturation measures have focused on language preference while other aspects of acculturation, such as cultural values, have been given less attention in these measures. The factors of the SAS in the present sample included language and media use, which included items asking about preference in speaking, thinking, writing, and in media use; and ethnic social relations, which included items asking about preference in

social relationships. It did not assess other aspects of acculturation, such as adherence to traditional norms associated with family values and gender roles. The SAS may not fully assess the complex and dynamic elements of acculturation, such that women can be acculturated in some aspects of their lives (e.g., media interests, language use in some settings, gender role attitudes), but be less acculturated in other aspects of their lives (e.g., language use in some settings, ethnic relationships).

The EFAs conducted on the AWS, the SPRS-M, and the SSBQ, required subsequent decisions about factor structures that must be addressed as limitations. The AWS and SPRS-M required the removal of items and the elimination of factors. The scoring issue with the SSBQ also limited the interpretability of this measure.

The AWS is the most widely used scale to assess gender role attitudes. It was developed in 1978, and the original wording of the items may be antiquated, difficult to understand, and no longer relevant to this generation. I addressed this issue by rewording items as was modified in McWhirter, et al. (1998). The AWS had a factor structure that suggested there may have been a methodological issue with the ways in which the participants responded to the items based on the item wording; the structure was divided into traditional-worded items and egalitarian-worded items. The study may be strengthened with a more updated measure of gender role attitudes.

The SRPS was selected due to its emphasis on issues related to control in relationships, decision-making influence, and ability to influence sexual activity. The authors reported validation of a modified scale, the SRPS-M, which included the removal of items related to condom use negotiation (if condom use was being assessed elsewhere; Pulerwitz et al., 2000). Thus, the modified version was used in the interest of shortening

full survey length and maximizing participant retention in my study. However, the measure had a number of issues that emerged from the EFAs which impacted the full utilization of this measure in the path model. First, this measure had two subscales, each using a differing response option range. Thus, two separate EFAs were conducted, one on each subscale. The second subscale had to be entirely eliminated because the EFA yielded weak item communalities and items with weak pattern coefficients across all items. The remaining subscale required removal of weak items and the third factor, with only two items with strong factor coefficients, was eliminated from the path model. More validation of the modified measure, SRPS-M, clearly is needed.

Elimination of several items was required to strengthen the structure of the SSBQ. In addition, the majority of the participants endorsed the N/A response option on at least one item in the measure. The N/A responses were treated as missing data, using FIML, to arrive at the best representation of these items. One limitation to this approach is that it assumes N/A responses are equivalent to missing data, when they are in fact responses; but, the responses were difficult to interpret. As such, FIML was the best way to arrive at the most accurate estimation of what this data would have been had a N/A response not been an option. This issue limits the interpretability of the outcome variable, as it is difficult to know why participants chose the N/A option and how this may or may not reflect their safe sex practices.

The *Condom Use Outcome* model did not provide a good fit to the data. The various measurement issues may have impacted the results. Specifically, the SSBQ measurement of condom use was limited due the aforementioned issues related the N/A response option and subsequent missing data. In addition, statistical power was limited.

While the sample size was adequate for the original hypothesized model, the revisions of the model based on the EFAs increased the number of parameters, thus reducing statistical power. A larger sample size would have provided greater statistical power to detect potential significance in the *Condom Use Outcome* model.

Finally, proper model specification may be a limitation in this study. Although one of the models provided a good fit to the data, it explained a low percentage of variance (the *Sexual History Exploration* model accounted for 16% of the variance in sexual history exploration). As discussed earlier, use of validated measures or different measures for the primary study variables may be warranted in future research. Recommendations for including other variables in the models, such as religiosity, are discussed below.

Strengths and Implications

This study has a number of strengths. First, I collected original data using social media networks to expand recruitment. This allowed me to recruit young adult Latinas from across the country who did not need to be associated with a college or university in order to participant, which broadened my sample to Latinas not enrolled in college or who had completed their college degree and were, thus, not in school.

Second, I collected rich descriptive data about participants to enhance understanding of the women represented in my sample. This included assessing religiosity, elements of mother-daughter communication, perception of peer condom use, current sexual activity, and history of pregnancy and STIs.

Many researchers do not do enough to validate their measures, and most of the measures used in this study were not validated on Latina samples. Thus, construct

validity of the measures has not been established in Latina samples. In this study I examined the factor structure of each measure in the model. This allowed me to arrive at a factor structure that was representative of the relationship among items in each measure for my sample.

Although the *Condom Use Outcome* model did not provide a good fit to the data, the *Sexual History Exploration Outcome* did. Sexual history exploration is an important aspect of safe sex practices. Safe sex discussion is linked with condom use (Edgar, 1992), but college students rarely discuss safe sex with potential partners or explore partner's sexual history (Chervin & Martinez, 1987). Further, Cline, Johnson, and Freeman (1992) found that when safe sex discussion did occur between partners, it was more often about general AIDS-related topics as opposed to issues related to participants' specific sexual interactions. Researchers have emphasized the utility that sexual communication, including sexual history exploration, can have in promoting condom use (Catania, Binson, Dolcini, Moskowitz, & van der Straten, 2001; Cleary, Barhman, MacCormack, & Herold, 2002).

This study integrated sociocultural variables in the investigation of what factors contribute to safe sex practices for Latinas. Many researchers have identified the lack of consideration of sociocultural context in safe sex research (Amaro, 1995). This study contributes to the scholarship by demonstrating the contributions of sociocultural variables to safe sex outcomes. This study supports that sexual history exploration is a safe sex practice that is associated with cultural identity and relationship power dynamics. This information can help inform prevention intervention work via socioculturally-framed, feminist-based interventions. Existing intervention programming

may be enhanced by adapting culturally-focused approaches to these efforts (Amaro, 1995; Bernal et al., 2009). Enhancing womanist identity may be an empowering prevention approach because womanism takes ethnocultural values into account. However, the results in this study show that an increase in womanist identity is related to a experiencing more dominance and control by their partner. Nonetheless, the more Latinas experience of dominance and control, the more likely they were to explore their partner's sexual history. Incorporating education about womanism, sexism, and gender equality could serve as an important element in promoting awareness of relationship power, thereby increasing critical consciousness of imbalanced power, and increasing one aspect of safe sex practices—sexual history exploration—for Latina women. Further, exploring partner history could help inform their decision-making processes on whether to engage in a sexual encounter with their potential partner and what precautions they may wish to take (Catania et al., 2001; Cleary et al., 2002; Seal & Palmer-Seal, 1996). These possibilities warrant further research, because results of the present study reflect correlations rather than causal relationships.

No published studies address ethnic identity (as opposed to an ethnicity label) or womanist identity in relation to safe sex practices. Further, few studies have investigated Latina women's feminist perspectives in general (e.g., Hurtado, 2003; Pesquera & Segura, 1996). This study assessed Latina women's ethnic identity and womanist identity and their potential relationships in predicting safe sex practices. A positive relationship was found between ethnic identity and egalitarian gender role attitudes, and between ethnic identity and womanist identity, emphasizing that women who have higher levels of ethnic identity will have more egalitarian views on gender and feminist

perspectives related to women of color. A negative relationship was found between womanist identity and relationship dominance and control. This relationship suggests that feminist values are related to greater experiences of partner dominance and control in their romantic relationships. It is possible that womanist identity reflects a woman's consciousness of relationship power dynamics in the context of her gender and culture, thus having the awareness to note the imbalances present in her relationship. Womanism is an underrepresented variable in literature about Latinas, and to date there have been no published studies that have considered its relationship to safe sex outcomes. This study showed that ethnic identity and womanist identity are associated with safe sex practices.

Recommendations for Future Research

This study included detailed descriptive information about the sample. Future research studies should also provide rich descriptions to help identify sample differences that go beyond ethnic group identification. Moreover, it is recommended that other factors be investigated to further illuminate predictors of safe sex practices. These factors are discussed below.

Several factors were not considered in the current path model that may provide further explanation of the outcome variables, including religiosity, education level, perception of peers' condom usage, mother-daughter communication, perceived vulnerability to pregnancy/STIs, and perception of partners' attitudes about gender roles and safe sex practices. There were a few reasons that precluded the inclusion of some of these variables. First, the sample size did not allow for enough power to include these variables in my models, or to compare models between sub sample groups. Second, more robust measures of religiosity, perception of peers' condom use, and mother-

daughter communication would be necessary in order to have valid measurement of these variables. In my study, these variables were treated as descriptors to enrich understanding of the sample. Many of these variables were represented by a single item or by just a few items. Future studies could include valid and reliable measures of these variables and incorporate them into the model to account for the role they may play in impacting Latinas' safe sex practices. In addition, the models may have provided a better fit to the data in a sample restricted to Latinas *not* in committed relationships. It is recommended to replicate the study using Latinas who identify as single, casually dating, and/or not in a committed relationship.

Finally, more undue pressure has been put on women in bearing the responsibility of safe sex (Amaro, 1988; Soet et al., 1999). It is important to acknowledge that safe sex cannot occur without the participation of the partner. Some studies have revealed that women's perception of their male partner's attitudes about and potential reactions to safe sex impacted their own safe sex practices (Denner & Coyle, 2007; Soet et al., 1998). This study focused solely on women's gender role attitudes and sense of relationship power in relation to their partners; however, it did not explore their perceptions of their partners' attitudes. Furthermore, I did not investigate the actual male partners' role in this dynamic. Some studies have noted that men experience low levels of self-efficacy in negotiating condom use and discussing safe sex, often relying on non-verbal cues and communication to negotiate sexual activity (Noland, 2008; Seal & Palmer-Seal, 1996). Noland (2008) interviewed Latino men and found that her male participants reported low levels of communication about sex, which the men attributed to the rigidity of gender roles. Future studies should include male samples, and assess their levels of feminism,

gender role attitudes, and relationship power. Heterosexual safe sex practices are equally women's and men's responsibility, and it would be helpful to understand both sides of the dynamics in couples that lead them to practicing or not practicing safer sex practices.

Conclusion

This study introduced important elements to be considered in prevention efforts. This study contributed to a greater understanding of the factors associated with the safe sex practices of young adult Latina women, specifically, those associated with discussing a partner's sexual history. Findings suggest directions for future research aimed at identifying ways to enhance Latinas safe sex practices. Understanding an individual's cultural identity via ethnic and womanist identity, as well as considering sociocultural (e.g., gender role attitudes) and interpersonal (e.g., relationship power) factors, can inform prevention efforts that will contribute to safe sex behavioral outcomes. Exploring a potential partner's history is an important aspect of safe sex practices that can have major implications for healthy sexual decision-making.

APPENDIX A

RECRUITMENT MATERIALS

Email to listserv leaders

Dear [ ],

My name is Marina Valdez. I am a graduate student in Counseling Psychology at the University of Oregon. I am currently recruiting participants for my dissertation study about identity and sexual behaviors. There is little research specific to Latina/Hispanic women and I hope to contribute research and knowledge that will improve the prevention of sexually-transmitted diseases and unwanted pregnancies for young adult Latina/Hispanic women.

My study consists of an online questionnaire that should take participants approximately 30 minutes to complete. The questionnaire is on surveymonkey.com. Participants have the option of entering a raffle at the end of the survey for 1 of 10 $25 gift cards to a store of their choice. Participants will be informed that participation is completely voluntary and their results will be confidential.

Any sexually active Latina/Hispanic woman between the ages of 18-25 is eligible to participate in the study. If you choose to help me recruit for this study, please send the attached email to potential participants via your listserv.

If you have any questions concerning this research study, please do not hesitate to contact either me, Marina Valdez, mvaldez1@uoregon.edu or my faculty advisor, Ellen McWhirter, Ph.D. at ellenmcw@uoregon.edu. This study has been reviewed and approved by the University of Oregon Office for Protection of Human Subjects. For more information about the rights of research participants, you may email the office at human_subjects@orc.uoregon.edu.

Thank you very much for your help,

Sincerely,

Marina Valdez
Doctoral Candidate
Counseling Psychology Program
University of Oregon

Email to Potential Participants (to be used for listservs and social networking websites)

Hello,

My name is Marina Valdez. I am a graduate student in Counseling Psychology at the University of Oregon. I am writing to invite you to participate in my graduate research study interested in learning about the way young Latina/Hispanic women feel and think about their identities and sexual relationships. If you are a sexually active, Latina/Hispanic woman between the ages of 18-25, you are eligible to participate and contribute to research about Latina/Hispanic women.

If you decide to participate in this study, you will complete a brief online questionnaire. This questionnaire takes approximately 30 minutes to complete. The questionnaire is on surveymonkey.com and your answers will be anonymous and kept confidential. At the end of the survey, you have the option to enter a raffle to win one of ten $25 gift card to the store of your choice (among a list of stores provided). In order to enter the raffle, you will have to provide your contact information, but it will be kept separate from your survey and will only be used to mail a gift card to you if you win the raffle. Your contact information will then be erased after the raffle.

Participation in the study is completely voluntary. If you are interested in participating in the study or obtaining more information, please go to the following web address:

http://www.surveymonkey.com/[survey_title]

You may also forward this email to other sexually active Latina/Hispanic women between the ages of 18-25.

If you have any questions concerning this research study, please do not hesitate to contact either me, Marina Valdez, mvaldez1@uoregon.edu or Ellen McWhirter, Ph.D. at ellenmcw@uoregon.edu. This study has been reviewed and approved by the University of Oregon Office for Protection of Human Subjects. For more information about your rights as a research participant, you may email the office at human_subjects@orc.uoregon.edu.

Thank you very much.

Sincerely,

Marina Valdez
Doctoral Candidate
Counseling Psychology Program
University of Oregon

End of the survey message to participant

Thank you very much for your participation!!
As a thank you, I would like to invite you to submit your name to a raffle drawing for a $25 gift card to a store of your choice (among the list of stores available). Participation in the raffle drawing is optional.

Before signing up for the raffle drawing, I would like to kindly request that you forward the link to this survey to other Latina/Hispanic women between the ages of 18-25 years old who you know and believe would be interested in the study.

Here is the link to the survey: http://www.surveymonkey.com/[survey_title]

Please copy this link and forward it via email to your friends, family members, co-workers, and other individuals you know who fit the description and would be interested in participating.
Thank You!!

Please click on the NEXT button to submit your name and information for the drawing.
***PLEASE NOTE: your name and information will not be linked to your responses on the survey. Your responses on the survey are assigned a random ID number and once you click on NEXT you will have officially exited the study.
***Your responses will in NO WAY be connected to the information you provide me for the raffle drawing.

Recruitment Flyer

- **This study is aiming to help improve the prevention of HIV/STIs and unwanted pregnancy for young adult Latina/Hispanic women.**
- **Participate in research that can help promote understanding of how Latina/Hispanic women feel and think about their identities and their romantic relationships.**
- **At the end of the survey, you can enter a drawing for a chance to win one of ten $25 gift cards to a store of your choice.**
- **Your responses will be anonymous.**

Marina Valdez, M.S.
University of Oregon doctoral student
mvaldez1@uoregon.edu

http://www.surveymonkey.com/s/9DFZ9Z5

This study is approved by the University of Oregon CPHS Institutional Review Board.

tear-off tabs:

http://www.surveymonkey.com/s/9DFZ9Z5

APPENDIX B

CONSENT FORM & INSTRUMENTS

Welcome Page on Survey Monkey

Hello!

You are invited to participate in a research study conducted by Marina Valdez, a doctoral student in Counseling Psychology at the University of Oregon. I hope to learn about how young adult Latina/Hispanic women think and feel about their identities and sexual relationships. This is my dissertation study.

Please note that you MUST identify as a Latina or Hispanic female, between the ages of 18-25, who has been or is currently sexually active with a male partner(s) within the last two years.

IF YOU ARE NOT BETWEEN AGES 18-25, PLEASE DO NOT TAKE THIS SURVEY

If you decide to participate, you will complete an online survey, which should take about 15-20 minutes.

Upon completion of the survey and as a thank you for your participation, I am offering you the option of entering a drawing for a $25 gift card.

Consent Page

• Your participation is voluntary. You can choose to participate in this study or not. You are also free to stop your participation in the survey at any time. However, discontinuing participation will exclude you from participating in the drawing for a $25 gift card for completion of the survey.

• Some of the questions I will ask are of a personal nature. You do not have to answer any questions that make you uncomfortable.

• The survey should take approximately 15-20 minutes.

• After completing the survey you will have the option of entering a drawing for one of ten $25 gift cards to a store of your choice (iTunes, Target, Forever 21, DSW Shoes, Macy's, or Starbucks). To enter the drawing, you will provide your contact information so that you can be mailed the gift card (if you win the drawing).

• There are no specific direct benefits to you as a participant, other than the opportunity to win a $25 gift card. However, you may enjoy knowing that you will be contributing to knowledge that can help improve programs that aim to prevent unwanted pregnancies and

the transmission of sexually-transmitted diseases for young adult Latina women.

• The answers you provide on the survey are confidential. Your survey will be given a code number and will be kept on a secure, password protected computer server.

• If you choose to enter the drawing to win a gift card, your name and address will be provided on a separate page and will not be connected to your survey.

If you have any questions, please feel free to contact Marina Valdez, mvaldez1@uoregon.edu, or my faculty advisor, Dr. Ellen McWhirter, 541-346-2443, ellenmcw@uoregon.edu. If you have questions regarding your rights as a research subject, contact the Office for Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510. This Office oversees the review of the research to protect your rights and is not involved with this study.

You may print this page to retain for your records.

If you agree to participate in the research survey, please click the button that says "I agree." If you do not want to participate in the study, you may exit from the survey at this time.

Clicking "I agree" indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you were informed that you could print a copy of this form, and that you are not waiving any legal claims, rights or remedies.

___I agree
___No thanks

Eligibility Determination

This research study is about Latina/Hispanic women and their sexual experiences with male partners. I want to learn more about how young Latina/Hispanic women think and feel about themselves and their sexual experiences.

Remember that privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. This is sensitive information and your effort and contribution is appreciated.

For the purposes of this study, I define **sexual activity** to include "hook-ups", one-night stands, and/or longer-term sexual relationships. **Sexual activity** includes oral, vaginal, or anal sex.

For the following two questions, please click on response that best fits your experience.

Are you currently sexually active with a **male partner** (this includes hook-ups, one-night stands, or relationships in which you engaged in oral, vaginal, and/or anal sex)??
____Yes ____No

Have you been sexually active with a **male partner** anytime within the last 2 years (this includes hook-ups, one-night stands, or relationships in which you engaged in oral, vaginal, and/or anal sex)?
____Yes ____No

Demographic Questionnaire

Instructions: Please complete the following questions by providing an answer in the text box or clicking on the response option that most accurately captures your experience.

Age: _____

Race/Ethnicity:

_____
(please specify how you identify ethnically/culturally, e.g., Latina, Mexican American, Puerto Riqueña)

Education:
(please check highest level of education received)

_____ 8th grade
_____ some high school
_____ graduated high school
_____ received GED; high school equivalency
_____ some vocational training
_____ certificate/degree from vocational college
_____ some college/university
_____ Associate's degree
_____ Bachelor's degree
_____ some graduate school
_____ Master's degree
_____ working on doctorate degree

Religiosity:
1. Do you have religious or spiritual beliefs? _____Yes _____No

2. How would you describe your religious or spiritual orientation?

____ Protestant
____ Catholic
____ Christian
____ Jehovah's Witness
____ Other organized religion
____ Personal spiritual (unorganized)

____ Muslim
____ Jewish
____ Mormon
____ Eastern (Buddhist or Hindu)
____ Atheist
____ Agnostic
____ N/A

3. How important are these beliefs in your life?
____ Very important
____ Important
____ Somewhat important
____ Slightly important
____ Not at all important
____ N/A

4. In general, how often do you practice your religion or spirituality? For example, attending services, individual prayers, meditation, inspirational reading, or Bible study?
____ Daily
____ Several times a week
____ Weekly
____ Less than weekly
____ Holidays
____ Not at all

Dating and Sexual Behavior:
This next section asks questions about sexual behavior. Remember that privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. This is sensitive and personal information and your effort and contribution is appreciated.

My sexual orientation is:
___ Heterosexual (straight)
___ Bisexual
___ Gay
___ Lesbian
___ Queer
___ Other (please describe) _____

Relationship Status:
Currently, I am:
(please check all that apply)

_____Single and NOT dating anyone
_____Single and dating one person
_____Single and dating more than one person
_____In a relationship (6 months or less)
_____In a relationship (long-term; 6 months or more)

_____Cohabitating with my partner/boyfriend
_____Married
_____Separated
_____Divorced
_____Widowed
_____Other (please specify)_____

The following page asks questions about your sexual activity.

Remember that privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. This is sensitive and personal information and your effort and contribution is appreciated.

As you answer the following questions, consider your sexual activity over the last 2 years (24 months).

Sexual Activity:
I have vaginal intercourse:

___Currently not having sex (but I have had sex before)
___Currently having sex occasionally
___Currently having sex regularly

I have oral sex:

___Currently not having sex (but I have had sex before)
___Currently having sex occasionally
___Currently having sex regularly

I have anal sex:

___Currently not having sex (but I have had sex before)
___Currently having sex occasionally
___Currently having sex regularly

Pregnancy history:
Have you ever been pregnant? No Yes
(If "No," skip to next section)

How many times have you been pregnant? _____

How did the first pregnancy turn out?

____ Miscarriage	____ Birth: both kept child
____ Abortion	____ Birth: grandparents kept child
____ Adoption	____ Currently pregnant
____ Birth: mother kept child	____ Other (specify): _____

____ Birth: father kept child

How did the second pregnancy turn out?

____ Not applicable
____ Miscarriage
____ Abortion
____ Adoption
____ Birth: mother kept child
____ Birth: father kept child
____ Birth: both kept child
____ Birth: grandparents kept child
____ Currently pregnant
____ Other (specify): _____

How did the third pregnancy turn out?

____ Not applicable
____ Miscarriage
____ Abortion
____ Adoption
____ Birth: mother kept child
____ Birth: father kept child
____ Birth: both kept child
____ Birth: grandparents kept child
____ Currently pregnant
____ Other (specify): _____

How did the forth pregnancy turn out?

____ Not applicable
____ Miscarriage
____ Abortion
____ Adoption
____ Birth: mother kept child
____ Birth: father kept child
____ Birth: both kept child
____ Birth: grandparents kept child
____ Currently pregnant
____ Other (specify): _____

STI History:

Have you ever gone to see a doctor or nurse because you thought you might have a sexually transmitted disease or HIV?

____ No
____ Yes

Have you ever had a sexually transmitted infection?

____ No
____ Not sure
____ Yes

If yes, which of the following infections have you had? *(please mark all that apply)*

____ AIDS/HIV
____ Chlamydia
____ Gonorrhea
____ Hepatitis
____ HPV/Genital warts
____ Syphilis
____ Pelvic inflammatory disease
____ Trichomoniasis

____ Herpes ____ Pubic lice/crabs
____ Scabies

Peers and Mothers:
How many of your girlfriends use a condom when they have sex?
____ (1) none of my friends
____ (2) few of my friends
____ (3) some of my friends
____ (4) most of my friends
____ (5) all of my friends

How would your mother feel about your having sex at this time in your life?
____ (1) strongly disapprove
____ (2) disapprove
____ (3) neutral (neither approve or disapprove)
____ (4) approve
____ (5) strongly approve

How would your mother feel about your using contraception at this time in your life?
____ (1) strongly disapprove
____ (2) disapprove
____ (3) neutral (neither approve or disapprove)
____ (4) approve
____ (5) strongly approve

How much have you and your mother talked about sex?
____ (1) not at all
____ (2) a little bit
____ (3) sometimes
____ (4) many times
____ (5) a great deal/regularly

How much have you and your mother talked about contraception?
____ (1) not at all
____ (2) a little bit
____ (3) sometimes
____ (4) many times
____ (5) a great deal/regularly

How much have you and your mother talked about the risk of pregnancy/STDs?
____ (1) not at all
____ (2) a little bit
____ (3) sometimes
____ (4) many times
____ (5) a great deal/regularly

Encouraging statement (1)
Thank you for your effort in answering the questions!
You are almost done. There are three more pages to go! The questions on the following pages ask about your sexual activity.

Remember that privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. This is sensitive and personal information and your effort and contribution are appreciated.

As you answer the following questions, consider your sexual activity over the last 2 years (24 months).

Encouraging statement (2)
Thank you for your effort in answering the questions!
You are almost done. There are three more pages to go! The questions on the following pages are related to your cultural background and thoughts on social issues.

Remember that privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. This is sensitive and personal information and your effort and contribution are appreciated.

Multigroup Ethnic Identity Measure—Revised (MEIM—R)
(Phinney & Ong, 2007)

Using the scale below, show how much you agree or disagree with each statement by clicking on the number that corresponds to your answer. Please choose the answer that best fits YOU.

(1)	**(2)**	**(3)**	**(4)**	**(5)**
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

2. I have a strong sense of belonging to my own ethnic group.

3. I understand pretty well what my ethnic group membership means to me.

4. I have often done things that will help me understand my ethnic background better.

5. I have often talked to other people in order to learn more about my ethnic group.

6. I feel a strong attachment towards my own ethnic group.

My Ethnicity:
(please mark all that apply)

_____Hispanic
_____Latina
_____Chicana
_____Mexican American
_____Puerto Rican
_____Cuban American
_____Spanish/Spanish American
_____Central American (please specify which country/ies)_____
_____South American (please specify which country/ies) _____
_____Other (please specify)_____

Parent Information:

My mother was born in
_____
(please specify country and/or city and state)

My mother's ethnicity is:
(please mark all that apply)

_____Hispanic

_____Latina
_____Chicana
_____Mexican American
_____Puerto Rican
_____Cuban American
_____Spanish/Spanish American
_____Central American (please specify which country/ies)_____
_____South American (please specify which country/ies) _____
_____Other (please specify)_____

My father was born in
_____
(please specify country and/or city and state)

My father's ethnicity is:
(please mark all that apply)

_____Hispanic
_____Latino
_____Chicano
_____Mexican American
_____Puerto Rican
_____Cuban American
_____Spanish/Spanish American
_____Central American (please specify which country/ies)_____
_____South American (please specify which country/ies) _____
_____Other (please specify)_____

The Short Acculturation Scale
(Marin et al., 1987)

Please select the answer that **BEST** fits you.

1. In general, what language(s) do you read and speak?
   - A. Only Spanish
   - B. Spanish better than English
   - C. Both equally
   - D. English better than Spanish
   - E. Only English
   - F. Other _____

2. What was the language(s) you used as a child?
   - A. Only Spanish
   - B. More Spanish than English
   - C. Both equally
   - D. More English than Spanish
   - E. Only English
   - F. Other _____

3. What language(s) do you usually speak at home?
   - A. Only Spanish
   - B. More Spanish than English
   - C. Both equally
   - D. More English than Spanish
   - E. Only English
   - F. Other _____

4. In which language(s) do you usually think?
   - A. Only Spanish
   - B. More Spanish than English
   - C. Both equally
   - D. More English than Spanish
   - E. Only English
   - F. Other _____

5. What language(s) do you usually speak with your friends?
   - A. Only Spanish
   - B. More Spanish than English
   - C. Both equally
   - D. More English than Spanish

E. Only English
F. Other _____

6. In what language(s) are the T.V. programs you usually watch?
   A. Only Spanish
   B. More Spanish than English
   C. Both equally
   D. More English than Spanish
   E. Only English

7. In what language(s) are the radio programs you usually listen to?

   A. Only Spanish
   B. More Spanish than English
   C. Both equally
   D. More English than Spanish
   E. Only English

8. In general, in what language(s) are the movies, T.V., and radio programs you prefer to watch and listen to?

   A. Only Spanish
   B. More Spanish than English
   C. Both equally
   D. More English than Spanish
   E. Only English
   F. Other _____

9. Your close friends are:

   A. All Latinos/Hispanics
   B. More Latinos/Hispanics than Anglos (Whites)
   C. About half and half
   D. More Anglos (Whites) than Latinos/Hispanics
   E. All Anglos (Whites)
   F. Other _____

10. You prefer going to social gatherings/parties where the people are:

   A. All Latinos/Hispanics
   B. More Latinos/Hispanics than Anglos (Whites)
   C. About half and half
   D. More Anglos (Whites) than Latinos/Hispanics
   E. All Anglos (Whites)
   F. Other _____

11. The people you visit or who visit you are:

    A. All Latinos/Hispanics
    B. More Latinos/Hispanics than Anglos (Whites)
    C. About half and half
    D. More Anglos (Whites) than Latinos/Hispanics
    E. All Anglos (Whites)
    F. Other _____

12. If you could choose your (future) children's friends, you would want them to be:
    A. All Latinos/Hispanics
    B. More Latinos/Hispanics than Anglos (Whites)
    C. About half and half
    D. More Anglos (Whites) than Latinos/Hispanics
    E. All Anglos (Whites)
    F. Other _____

Womanist Consciousness Scale
(King & Fujino, 1994)

The following questions ask your opinion about social issues related to gender. Using the scale below, show how much you agree or disagree with each statement by clicking on the number that corresponds to your answer. A variety of opinions are expressed in the statements below, some of which may be very different from your own and others which may be very similar to yours. Remember to answer according to your own beliefs and opinions.

(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

1. It's hard for me to think about ethnic issues without also considering women's issues at the same time.
2. Sexism and racism must be addressed simultaneously in order to improve the position of Latina women in society.
3. I would hesitate to join a Latina organization that refused to address women's issues.
4. Latina women's problems are often caused by both racism and sexism.
5. Latina women need to get together and work on our common problems related to race and gender oppression.
6. It is really clear to me how the combination of my gender and my ethnicity affect my life experiences.
7. I want to learn about issues affecting women of Latino descent, more than just about any other subject.
8. If the Latino community is going to be truly liberated, Latino men must address their sexism.
9. Though I want to fight for gender equality, I notice that feminists often ignore how gender issues affect Latina women.
10. I feel a special connection with other Latina women.
11. The issues of my ethnic/racial group and of women cannot be separated for me.
12. Latina women cannot separate racism and sexism in their fight for equality.
13. Even though I know Latino men have been oppressed by racism, I will not tolerate sexism from them.
14. I often think about how both race and gender jointly affect Latina women's lives.
15. Latino men should understand that women's issues are important to the Latino community.

Attitudes Toward Women Scale (AWS)
(Spence & Helmreich, 1972)

Please use the following response choices to answer how much you agree or disagree with the following statements:

(1)	**(2)**	**(3)**	**(4)**
Strongly Agree	Agree	Disagree	Strongly Disagree

1. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.
2. It is insulting to women to have the "obey" clause remain in the marriage service.
3. A woman should be as free as a man to propose marriage.
4. Women should worry less about their rights and more about becoming good wives and mothers.
5. Women earning as much as their dates should bear equally the expense when they go out together.
6. Women should assume their rightful place in business and all the professions along with men.
7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.
8. Sons in a family should be given more encouragement to go to college than daughters.
9. It is ridiculous for a woman to fix an engine and for a man to mend socks.
10. In general, the father should have greater authority than the mother in the bringing up of children.
11. The intellectual leadership of a community should be largely in the hands of men.
12. To be independent and assertive is more important for women than to behave like men think they should be.
13. There are many jobs in which men should be given preference over women in being hired or promoted.
14. Women should be given equal opportunity with men for apprenticeship in the various trades.
15. The modern girl is entitled to the same freedom from regulation and control that is given to the modern boy.

Sexual Self-Efficacy

(Dilorio et al., 1997 as cited in Soet et al., 1999)

Please use the following response choices to rate how sure you feel that you can always do the following.

(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**
Not at all sure I can do									Completely sure I can do

1. I can always say no to sex with someone who is pressuring me to have sex.
2. I can always put a condom on my partner so that it will not slip or break.
3. I can always talk to any potential partner to make him understand why we should use a condom.
4. I can always put a condom on my partner even if the room is dark.
5. I can always discuss preventing AIDS and other STDs with my sex partner.
6. I can always say no to sex without a condom, even if it is with someone new who I really want to have a relationship with.
7. I can always discuss the importance of using condoms with any sex partner.
8. I can always say no to sex with someone even if I have had sex with him before.
9. I can always use a condom without fumbling around.
10. I can always say no to sexual intercourse with someone I have just met even if I am very attracted to him.
11. I can always be the one to put the condom on even if I'm with a new sex partner.
12. I can always convince any sex partner to use a condom with me.

The Sexual Relationship Power Scale
(Pulerwitz, Gortmaker, DeJong, 2000)

Please respond to the following questions thinking about your current relationship.
If you are not in a relationship now, please respond thinking about your most recent sexual relationship.
Please respond even if you are not engaging in sexual intercourse at this time.

(1)	**(2)**	**(3)**	**(4)**
Strongly Agree	Agree	Disagree	Strongly Disagree

1. Most of the time, we do what my partner wants to do.
2. My partner won't let me wear certain things.
3. When my partner and I are together, I'm pretty quiet.
4. My partner has more say than I do about important decisions that affect us.
5. My partner tells me who I can spend time with.
6. I feel trapped or stuck in our relationship.
7. My partner does what he wants, even if I do not want him to.
8. I am more committed to our relationship than my partner is.
9. When my partner and I disagree, he gets his way most of the time.
10. My partner gets more out of our relationship than I do.
11. My partner always wants to know where I am.
12. My partner might be having sex with someone else.

Please use the following response choices for the following questions:

(1)	**(2)**	**(3)**
Your Partner	Both of You Equally	You

16. Who usually has more say about whose friends to go out with?
17. Who usually has more say about whether you have sex?
18. Who usually has more say about what you do together?
19. Who usually has more say about how often you see one another?
20. Who usually has more say about when you talk about serious things?
21. In general, who do you think has more power in your relationship?
22. Who usually has more say about what types of sexual acts you do?

Safer Sex Behavior Questionnaire (SSBQ)
(Dilorio et al., 1992 as cited in Soet et al., 1999)

As a reminder, privacy and confidentiality is taken seriously in order for you to feel comfortable answering these questions honestly. Your answers are appreciated.

Please respond to the following questions thinking about your current relationship.
If you are not in a relationship now, please respond thinking about your most recent sexual relationship.
Please respond even if you are not engaging in sexual intercourse at this time.

How often do you do the following:

(N/A)	**(1)**	**(2)**	**(3)**	**(4)**
Not Applicable	Never	Less than half the time	More than half the time	Always

1. I use a condom when I have sex.
2. I stop foreplay long enough for my partner to put on a condom.
3. I ask potential sex partners about their sexual histories.
4. I ask my potential sex partners about a history of bisexual/homesexual practices.
5. I only have sex when I know my partner's sexual history.
6. If I know a situation may lead to sex, I carry a condom with me.
7. If I disagree with what my partner tells me about safer sex practices, I state my point of view.
8. I have sex without a condom when I am swept away by the passion of the moment.
9. I ask my potential sex partners about a history of IV drug use.
10. If my partner insists on sex without a condom, I refuse to have sex.
11. It is difficult for me to discuss sexual issues with my sex partner.
12. I initiate discussion of sex with my partner.

APPENDIX C

TEST ORDER

ORDER #1 (Participants #1-77) April 29-May 10 (n = 77)

1. Hispanic/Latina Women and Relationships Consent Form
2. Welcome to Latina/Hispanic Women and Relationships Survey: Brief Explanation and Eligibility Questions
3. Demographics (Age, Education, Country of Origin, State of Residence, Religiosity)
4. Dating/Sexual Behavior (Sexual Orientation, Relationship Status)
5. Sexual Activity (Vaginal, Oral, Anal)
6. Pregnancy History
7. STI History
8. Other Relationships (Perceived peer condom use; communication with mother)
9. Cultural Background: MEIM
10. Cultural Background: SAS
11. Social Issues and Gender: WCS
12. Social Issues and Gender: AWS
13. Sexual Relationships: Encouraging statement/Reminder about confidentiality
14. Sexual Relationships: SES
15. Sexual Relationships: SRPS
16. Sexual Behavior: SSBQ
17. Thank You

ORDER #2 (Participants #77-181) May 11-June 10 (n = 94)

1. Hispanic/Latina Women and Relationships Consent Form
2. Welcome to Latina/Hispanic Women and Relationships Survey: Brief Explanation and Eligibility Questions
3. Demographics (Age, Education, Country of Origin, State of Residence, Religiosity)
4. Demographic (Sexual Orientation, Relationship Status)
5. Sexual Activity (Vaginal, Oral, Anal)
6. Sexual Behavior: SSBQ
7. Sexual Relationships: SRPS
8. Pregnancy History
9. STI History
10. Sexual Relationships: SES
11. Other Relationships
12. Cultural Background: MEIM
13. Cultural Background: Encouraging statement/Reminder about confidentiality
14. Cultural Background: SAS
15. Social Issues and Gender: WCS

16. Social Issues and Gender: AWS
17. Thank you

ORDER #3 (Participant #181-305) June 10--August 9 (n= 124)

1. Hispanic/Latina Women and Relationships Consent Form
2. Welcome to Latina/Hispanic Women and Relationships Survey: Brief Explanation and Eligibility Questions
3. Demographics (Age, Education, Country of Origin, State of Residence, Religiosity)
4. Cultural Background: MEIM
5. Social Issues and Gender: WCS
6. Dating Behavior (Sexual Orientation, Relationship Status)
7. Sexual Relationships: SRPS
8. Sexual Activity (Vaginal, Oral, Anal)
9. Sexual Behavior: SSBQ
10. Pregnancy History
11. STI History
12. Social Issues and Gender: AWS
13. Latina/Hispanic Women & Relationships: Encouraging statement/Reminder about confidentiality
14. Other Relationships
15. Cultural Background: SAS
16. Sexual Relationships: SES
17. Thank you

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