This is to certify that the
thesis entitled

LEARNING FROM MEXICAN AMERICAN YOUNG WOMEN: UNDERSTANDING PERCEPTION AND MANAGEMENT OF HIV RISK

presented by

Mercedes M. Morales

has been accepted towards fulfillment
of the requirements for the

Master of Arts	degree in	Department of Psychology

Deborah Salem
Major Professor's Signature

12/15/06
Date

MSU is an Affirmative Action/Equal Opportunity Institution

LEARNING FROM MEXICAN AMERICAN YOUNG WOMEN: UNDERSTANDING PERCEPTION AND MANAGEMENT OF HIV RISK

By

Mercedes M. Morales

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for degree of

MASTERS IN ARTS

Department of Psychology

2006

ABSTRACT

LEARNING FROM MEXICAN AMERICAN YOUNG WOMEN: UNDERSTANDING PERCEPTION AND MANAGEMENT OF HIV RISK

By

Mercedes M. Morales

This study explored the perception and management of HIV risk in an understudied group: Mexican American college women from traditional Mexican families. Given that sexual expression is very closely related to culture, (Handelsman, Cabral, & Weisfeld, 1987), the study sought to understand the parental and cultural messages that the young women received in relation to relationships, sexuality, and sexual protective behaviors. It also explored the relationship between these messages and their protective behavior around HIV/AIDS.

Ten semi-structured in-depth interviews were conducted with college women ages 18-23, who had been in a relationship within the past 6 months. They were recruited from a special program for Latinos/as in a Midwestern university. Interviews were audio-recorded, transcribed verbatim and analyzed cross-case and within-case.

Participants varied in their level of HIV-related risk, however, most did not perceive themselves to be at risk for HIV. In relation to familial messages about sexuality, all participants reported having received very traditional cultural messages about sex and relationships from their parents while growing up (e.g. don't have sex until marriage,). Interestingly, some also received specific protective messages, primarily from a female family member (e.g, use condoms). Those young women who described most effectively protecting themselves from HIV had both traditional and protective messages from their families.

TABLE OF CONTENTS

LIST OF TABLES

LITERATURE REVIEW

Introduction

As the acquired immunodeficiency syndrome epidemic enters its third decade it continues to affect millions. Approximately 40 million people are currently living with HIV or AIDS (World Health Organization, 2004). In 2003 alone, it is estimated that 5 million people were infected with the virus (CDC, 2004). In the United States, 886,575 people had been diagnosed with AIDS through 2002 (CDC, 2004) and it is estimated that 281,931 individuals are currently living with HIV/AIDS.

In the United States, Hispanics are disproportionately affected. Hispanics accounted for 19% of the total number of new U.S. AIDS cases (including residents of Puerto Rico) reported in 2000, despite the fact that the group made up only 13% of the population at that time (CDC, 2004). The AIDS incidence rate per 100,000 population among Hispanics (in the year 2000) was 3 times the rate for Whites (22.5) (CDC, 2004). Latina women are at very high risk, accounting for approximately 20% of the reported cases among women (CDC, 2002). While Latinos (Latino men) make up 6% of AIDS cases due to heterosexual contact in the United States, Latinas (Latina women) make up 47% of the AIDS cases in this exposure category. Latinas have the highest rate of heterosexual exposure (47%), when compared to African American (39%) and White (40%) women (CDC, 2002).

Prevention Offers Hope

As of today, despite tireless work from the medical community, no cure has been found for acquired immunodeficiency syndrome. A vaccine is yet to be discovered. Thus, in light of the fact that Latina women are being infected and affected by this terminal illness every day, we need to turn to the one area where we can hope to find the answer. This is the area of prevention. HIV is not airborne or in our water supply. This illness *is* a preventable disease and prevention, at the moment, constitutes the only way of reducing the number of people being infected and affected by this illness. What constitutes effective prevention is different for different groups and there is undoubtedly a necessity to develop, implement, and evaluate population specific preventive interventions for HIV infection (Hobfoll, 1998; Lauby, Smith, & Stark, 2000; & O'Leary, 2000).

As is apparent from the literature on HIV preventive interventions directed at women, the development of population specific interventions is talked about more often than it is carried out. The prevention of HIV/AIDS is inherently difficult due to the sensitive areas that it concerns, especially when dealing with sexual transmission. Achieving change in sexual practices of individuals is an innately difficult task. Not only is sex considered a private matter, there are other obstacles such as power imbalances (O'Leary, 2000), racial and cultural issues (Tross, 2001), and concerns about trust (Bird, Harvey, Beckman, & Johnson, 2001) that need to be taken into account. These and other challenges abound in the relatively young field of HIV prevention.

As one reviews the literature it becomes apparent that the way HIV prevention has been conducted and the way its many challenges have been managed (by scientists,

social scientists, and interventionists) has evolved quite a bit in the past two decades. Understanding this progression is crucial to beginning to understand how to best move forward.

History of Preventive Interventions

Prevention of HIV/AIDS has taken many forms in the past. HIV prevention interventions have been implemented, in their majority, through government funded projects (Fisher and Fisher, 2001). Often, neither behavior scientists nor well-tested theories of behavior change have been incorporated into the intervention design process (Fisher and Fisher, 2001). In fact, for a long time most interventions focused only on providing information about HIV; a type of effort that empirical data has shown to be notoriously ineffective in promoting safe sex behaviors (Fisher & Fisher, 2001; O'Leary, 2000; & Wulfert and Wan, 1993). Over time, preventive interventions took on a new face with the development of theory-driven, individualistic approaches.

The behavior that most individualistic interventions aimed at women (including Latinas) have tried to change has been the consistent use of the male condom. The condoms' high level of effectiveness in reducing the transmission of HIV (Van Devanter, González, & Merzel, 2002) and low cost have made consistent condom use the goal of choice of most individual-level change interventions. Furthermore, when we take into consideration that, since the 1990's, the most frequent mode of transmission for women has been heterosexual contact, it becomes clear why this strategy has been adopted. These approaches that seek individual level change in people's HIV risk behaviors (namely condom use in this case) emphasize changing characteristics of the individual believed to be associated with safe sex behaviors. Some characteristics typically focused

on include self-efficacy, motivation, risk perception, skill building, and intentions. A brief discussion on some of the most popular individualistic models and some of the theories that they are based on is provided below.

Traditional Individual-Level Change Approaches to HIV Prevention

Perhaps one of the most used models in the design and implementation of HIV interventions has been one based on Albert Bandura's theory of social cognition (Bandura, 2000). According to Bandura, the biggest problem with respect to behavior change is not instructing people in what they need to do, it is imparting to them the social and self-regulatory skills and the self-beliefs necessary to practice safe behaviors. According to this approach, an effective behavior change intervention must involve four components. One of these is self efficacy (i.e., the sense that one can control his or her motivation and environment, especially his or her behavior). The other 3 components are: 1) an informational component to increase awareness and knowledge of health risks and to convince people that they have the ability to change behavior; 2) a component about outcome expectations to develop the self-regulatory and risk reduction skills needed to translate risk knowledge into goals around and plans of preventive behavior; and 3) a component that develops or changes social supports for the individual who is making the change, in order facilitate the change process and promote maintenance (Bandura, 2004). Social cognitive theory has been used to design and implement small-group or workshop programs that provide participants with risk reduction information, use exercises to encourage change, plan and problem solve behavior change, teach behavior and self management risk reduction skills, and reinforce clients' behavior change efforts (Kelly, Somlai, & DiFranceisco, 2000).

Another individualistic model that is often found in the literature of HIV prevention interventions is the Transtheoretical Model of Behavior (Prochaska & Velicer, 1997). The Transtheoretical Model of Behavior describes behavior change as a process of movement through a series of stages. These stages are: precontemplation, contemplation, preparation, action, and maintenance. According to the model, interventions need to be adjusted to the person's readiness to change. Doing this makes it more likely that the intervention will be effective (Cabral, Galavotti, & Gargiullo, 1996).

Different factors are important at different levels. For example, in the first stages (precontemplation and contemplation) cognitive and emotional factors are the most important. Given that people are not thinking or just beginning to think about changing their behavior, elements such as awareness of risky behavior and understanding pros and cons are crucial at this point. Action and maintenance are important in later stages. Support for behavior change becomes important even later to prevent relapse (Cabral, Galavotti, Garguillo & Paul, 1996).

A third model that has been widely used in the design and implementation of prevention interventions is the Information-Motivation-Behavioral Skills Model. This model integrates some formerly isolated constructs (information, motivation, and behavior) that have to do with HIV prevention interventions (Fisher & Fisher, 2001). The model assumes that there are several determinants of HIV preventive behavior. If individuals are well informed, motivated to act, and possess the behavioral skills to act effectively, they will be likely to initiate and maintain patterns of HIV preventive behavior. Thus, interventions that utilize this model will attempt to inform, motivate, and provide skill building activities to participants.

Other widely used theoretical approaches to individual level change in HIV risk behavior include the following: (1) the Health Belief Model, which asserts that people will engage in preventive behavior if they feel susceptible to a health condition, believe the condition is characterized by level of severity, and feel that the costs of engaging in the preventive behavior are outweighed by the benefits (Hochbaum, 1958), (2) the AIDS Risk Reduction Model, which assumes that change is a process that individuals must go through and that different factors effect movement through different states in the process (Catania, Cotes, & Kegeles, 1994), (3) the Theory of Reasoned Action, which asserts that an individual's HIV preventive behavior is a function of his or her intention to perform a given preventive act (Azjen & Fishbein, 1980), and (4) the Theory of Planned Behavior, which is an extension of the previous model that adds the construct of perceived behavioral control (Azjen, 1991).

Limitations of Individual-Level Change Models

Although some of the interventions that have been developed based on individual level change models have produced desired results with some populations (CDC, 1999), the fact that these approaches focus primarily on individual level change, presents some limitations. The individualistic approach of these models focuses on behavioral change and often does not take social, cultural, or community elements into account. Emphasizing behavioral change alone can result in ignoring the overall ecological system people live in (Hobfoll, 1998,). When only the individual is targeted and expected to be able to change those behaviors that put her at risk, one assumes that this is something completely within her range of control. This approach often does not consider the fact that individuals are never isolated in making those decisions that relate to sexual risk.

There are issues relating to power and cultural norms that come into play in the context that these behaviors take place in (Amaro & Raj, 2000; & O'Leary, 2000). In fact, recent research on the sexual risk of minority populations in the United States has found increasing evidence that sexual risk is embedded in gender and cultural contexts (Amaro, 2003). Hortencia Amaro speaks of the influence of gender on sexual decision making:

> "Norms about sexual behavior are culturally prescribed and differ for men and women across cultures- what is acceptable for men vs. women regarding initiation of sex and when and with whom to have sex etc. The ability to negotiate successfully is related to the power and resources that each individual has. The unequal status of men and women typically means that women have less power to negotiate. Safer sex is two different things for women and men..." (p. 30).

Amaro's comments point to a need to achieve a clearer understanding of the cultural and gender issues that go into women's perception of risk, power, and safe sex negotiation.

Wingood and DiClemente are among the few researchers that have begun to take on this task (1998). In their work, on barriers to condom use among African American women, they argue that the prevention literature has been limited by focusing mainly on psychological models to explain behavior (Wingood & DiClemente, 2000). Instead, they advocate for the importance of reaching an understanding of the cultural, relationship, and gender-specific factors that influence the sexual decision-making process.

Wingood and DiClemente (2000) utilize the Theory of Gender and Power as a framework to talk in a more holistic manner about issues related to sexual risk, such as partner-related factors and gender issues (Wingood and DiClemente, 1998). This theory

describes three major (overlapping but distinct) components in the relationships between men and women. The three structures are the division of labor, structure of power, and structure of cathexis. The first of these, division of labor, is described by the authors as an allocation of particular types of work based on an individual's sex. According to Wingood and DiClemente this might manifest itself in areas such as the segregation of unpaid work and inequalities in wages and educational attainment between men and women. Women are at a power disadvantage in relationships given that there is an economic disparity between men and women which favors men. The sexual division of power has to do with issues of control and authority within the relationship. Women's ability to impose and define a situation or assert hegemony (which might be reflected in a difficulty negotiating safer sex) is an example where this might manifest itself (Wingood and DiClemente, 1998). Finally, the third component is the structure of cathexis. This component speaks to social norms. It includes what a culture dictates men and women should and shouldn't do within a sexual relationship. Values (such as the importance of motherhood, the belief that you are "loose" if you carry condoms, and the belief that using condoms reflects a lack of trust) manifest themselves in this structure. The utilization of frameworks such as this one, that allow us to begin viewing a more complete picture of risk behaviors within a cultural context, is crucial to overcoming some of the limitations of individual level change models. They add to our ability to facilitate preventive behaviors. Unfortunately, work such as this is not the norm. More often we see the implementation of "cookie-cutter" interventions which inevitably means that efforts will often be less appropriate and less effective.

Over the past several years the need for a broader perspective that starts by understanding the sexual risk context of a group, has been noted by numerous social scientists. A call for the comprehension of these elements has emerged from the prevention literature given the increasing realization that often sexual behavior appears to be a lot more related to factors that have to do with a person's surroundings than with specific cognitive and behavioral factors of the individual (Hobfoll, 1998). In fact, wide agreement can be found in the prevention literature about the necessity to "tailor" programs to specific populations. A tailoring approach, of course, assumes that studying and understanding the at-risk group is the crucial first step toward effective intervention. It is very common to read in this literature about the importance of "tailoring" programs to fit the needs of different groups (O'Leary & Wingood, 2000; & Lauby, Smith, & Stark., 2000). Lauby et al. (2000) argue: "To be successful... interventions need to address social, economic, and cultural issues that affect the target population's access to information and its ability to focus on health-related behaviors" (p. 221). Reppucci et al.(1999) explain: " Programs designed to alleviate large scale problems must become multilevel in nature, e.g. focusing on individuals, families, community setting and societal norms" (p. 441). These are just a few of the authors who argue how important it is to understand cultural context and world view when attempting to carry out an intervention. Some authors go as far as telling us that consistently individualistic approaches that aim at providing generic interventions are "destined for failure" (Reppucci et al. 1999) and that an ecological perspective is the crucial next step toward finding interventions that work.

With such wide agreement for the need of a more ecologically focused efforts it is surprising and disappointing that prevention efforts aimed at different risk groups, including Hispanic women, continue to utilize in their majority generic individualistic approaches that often don't reflect understanding of those things outside of the person that might be affecting her or his behavior.

Hearing Women's Voices

It is crucial that we begin to understand those ecological variables that come into play when it comes to the sexual risk (Castaneda, 2000). One of the ways we can begin achieving this is by hearing the voices of those we are hoping to understand and aid. Comprehending women's experiences, hearing their points of reference and what their world means to them in their own voices is a crucial first step to the development of effective prevention efforts. This process of understanding people's realities and risks from their perspectives, as opposed to those established by social science or the dominant culture, is a necessary process. This is evident in a piece of research by VanOss Marín, Tschann and Gómez (1998). They conducted an intervention aimed at Hispanic adults that had the objective of increasing condom use. The research focused on self-efficacy as a marker for Hispanic individuals' sense of empowerment over their bodies and social interactions. Lower self-efficacy for condom use characterized those individuals who reported finding it more difficult to discuss condoms and control their sexual impulses. However, as Hobfoll (1998) points out in his discussion of this study, self-efficacy is a decidedly Northern European and European American ideal. In fact, within the Latino culture not only is self-efficacy not a value, being controlled by one's passions and not to control those passions is thought of as healthy behavior. This individualistic construct,

which is very prominent in the HIV prevention literature, changes meanings in many ways when working with Latino populations. Hobfoll (1998) explains, "to be in control over condom use implies then to be more Anglo and less Latino unless some personal cultural rapprochement is found between these two conflicting needs to be healthy and to be passionate" (p. 135) This work illuminates the point that issues central HIV prevention, such as empowerment, differ across cultures. Thus, attempting to understand those factors that effect people's perception of risk and desire and ability to change from their own point of view becomes the challenging, but key, task in the development of effective prevention efforts (Hobfoll, 1998).

Although not widely used, there are some exceptions to the rule of generic implementation of individual-level change models. In the following section, prevention efforts are described that take on the challenge of working with participants to let solutions emerge through achieving a deeper understanding of Hispanic women's perception of risk and collecting their ideas as to how to best cope with risk.

Research Focused on Understanding Women's Risk

One excellent example of an intervention rising out of a community through the researchers' efforts to achieve a deeper understanding of women's perception of risk is an intervention that arose out of a failed attempt at health promotion with Latinas (O'Leary, 2000). This intervention, based on the theory of social cognition, focused on providing information and skill building around HIV preventive behaviors. The seven session intervention was conducted over the course of several weeks with 46 Latina women. No differences were found between the control group and the group that received the intervention (Suarez-Al-Adam, Rafaelli, & O'Leary, 2000).

Data collection efforts were undertaken to try to discover why the intervention had not been effective. Individual interviews were conducted with the goal of exploring the possible effects of partner abuse on women's ability to respond to the intervention. Data was collected quantitatively, as well as qualitatively, on machismo (i.e., hypermasculinity), condom conversations with partners, and instances of sexual abuse. Subsequently, focus groups were conducted. The major finding of the data collection was that women reported being motivated by the initial intervention, but that their male partners "won't listen to us" (Suarez-Al-Adam & O'Leary, 2000).

Focus group discussions brought up the issue of extramarital sex among the women's partners. They agreed that if men used condoms with secondary partners, disease would be prevented. Thus, from these discussions with the women an innovative intervention emerged. The informal intervention used take-home videos to be watched with their partners. Also, women would request the utilization of condoms, by their partners, with secondary partners. Only 48% of the women were certain that they could request that their partners use condoms with them, whereas 70% of the women were certain they could request that they use condoms with other partners. Meetings of the focus groups would continue to be held to report feedback and to develop social networks between the women through sharing their experiences (O'Leary, 2000).

All participants, except one, reported positive reactions from their partners after seeing the video together. Researchers also found that 70% of women reported some level of confidence, "perceived efficacy to persuade", that after speaking with them their partners would use condoms with other partners.

Another excellent example of an approach that took the perspectives of its participants into consideration is an HIV prevention effort currently underway for inner-city women at high risk for HIV heterosexual transmission (Tross, 2000). The piece of research reviewed constitutes a team's first phase in the development of a preventive intervention program for at risk women in New York City. The author, as a member of a team of HIV and substance abuse researchers in New York City, joined the CDC's network of AIDS Community Demonstration Projects. Efforts were concentrated on outreaching, observing, and interviewing inner-city women. The goal of this data collection was to develop a program for and with them. Before taking on that task, the researchers characterized salient features of their lives that directly influenced their HIV preventive behavior. Among these were: HIV transmission and prevention awareness, life experience with HIV, perceived risk, HIV sexual risk behavior, perceived barriers to HIV safer sexual behavior, and substance abuse. They also identified which messages and methods of HIV prevention intervention would be most likely to appeal to them (Tross, 2000).

Individual interviews, focus groups, and ethnographically informed street observation was utilized to collect data. Important data was gathered as to normative values, relationship contexts, and daily pressures in participants' own terms. They found that these women tended to be Latinas, mothers, and in unstable relationships. Their partners were likely to be involved in drug use and they were likely to have a history of alcohol and drug use. Experience with people with HIV was very common, but a sense of personal risk was rare. Experience with condoms or other safe sex was also rare. It was also found that women felt that the male norm of "machismo" was constraining, and

that they experienced intense fears of relationship conflict, abandonment, or even violence (Tross, 2000).

Unfortunately, the process toward building these sort of interventions is a lengthy one, Tross has been working on this effort with this community since the early 1990's. Consequently, we yet do not have an intervention with outcomes to assess the effects of this approach. However this, and other work such as this provide the building blocks to begin understanding what types of factors, relating to women's experiences around cultural norms and gender issues, come into play in Latina women's perception of risk and safe sex negotiation and behaviors .

Several other studies found in the literature have begun to take on the task of shedding some light on these factors from a cultural and gender focused perspective. Villarruel (1998) conducted focus group interviews with Puerto Rican and Mexican-American adolescents and their mothers. Villarruel chose to study both mothers and daughters, because parental communication is one of the ways that cultural attitudes, including those associated with sexual behaviors, are passed on. The goal of the research was to describe the influence of familialism (i.e. valuing of family), gender-role expectations, and religion on the sexual attitudes, beliefs and norms of young Latina women. Villarruel chose this focus because these factors have been linked to sexual behaviors and attitudes toward sex. For example, familialism has been linked to decreased influence by peers on risk taking behaviors (Padilla & Baird, 1991). Religiosity (e.g., religious practice and belief, church attendance, and valuing religion) has been associated with less permissive attitudes about sex and limited sexual experience (Durant, Pendegrast, & Seymore, 1990.). Other gender role components that

have been associated with sexual behaviors and attitudes include the cultural imperative to be a mother and the value of machismo, which includes power to decide sexual and contraceptive behavior (Villarruel, 1998). Adhering to the belief of the importance of motherhood has been associated with positive views of pregnancy and childbearing and low contraceptive use (Smith & Weinman, 1995), while adherence to machismo has been associated with unprotected behavior (Padilla & Baird, 1991).

Villarruel (1998) asked the young women to speak about the messages relating to sex and expected sexual attitudes and conduct that they received from their families, teachers, church etc. The interviews were analyzed utilizing thematic content analysis. She found that both daughters and mothers talked about valuing virginity. This was linked to self-respect, but not religiosity. Religion, in fact, was not found to be associated to sexual behaviors. Villarruel (1998) reports that virginity and high self-respect were often viewed as things that made them different from their non-Latina peers. The protection of their future and their desire to achieve their dreams as reasons to delay sexual activity were two themes that emerged from the interviews. From the parents' interviews, it emerged that mothers showed concern for STDs and HIV, but were far more concerned about unintended pregnancy. Something else that emerged from parents was the pattern of "protecting their children". Many had rules about boys and would give advice about avoiding being alone with them. Villarruel (1998) reports that many Latina adolescents interpreted the protective behavior of their parents as a sign that their parents cared for them. These young women also recognized that rules of their families, the strictness with which they were being raised, and the obligations to their family, as different from that experienced by their Anglo peers (Villarruel, 1998).

Overall, Villarruel (1998) found that the link between cultural values, specifically familialism and gender roles, and norms and expressions of sexual behavior was supported in this study. She concludes that health care professionals can utilize information learned about cultural norms to promote the delaying of sexual activity in Latina adolescents. Specifically, Villarruel (1998) suggests that health care professionals such as nurses can support protective behaviors of family members, while assisting adolescents to develop skills necessary to support safer sex behaviors. She also suggests framing information about birth control, including condom use, within the context of protecting one's family and utilizing the rite of passage of the "Quinceanera" as a way to promote delay of sexual activity (Villarruel, 1998).

A second study that sheds some light on the experiences and understandings of sexuality that young Latina women have was conducted by Faulkner (2003). In this study 31 Latina women participated in in-depth interviews. She utilized grounded theory analysis to explore these young women's definitions of sex and sexual relationships. The purpose of the research was to improve the understanding of young adult Latinas' sexuality by exploring the meanings that they attribute to sex, safer sex, and their ideal relationships. Women defined sex as various things. These included sex as virtually anything (i.e., vaginal intercourse, oral sex, massaging, handholding, kissing, flirting, and caressing constituted sexual activity for about one third of the participants), as well as making distinctions between sex and making love. Safer sex was conceptualized by the women as "smart sex". This meant that pregnancy and disease were being prevented and that their emotional well-being was being protected by choosing trustworthy partners. Only one woman (an AIDS educator) viewed erotic potential in the use of barrier

methods (i.e., condoms, dental dams etc.). However, other women did express their view that barrier protection was a way that partners show care and respect for one another. Most of them possessed a good idea as to how to properly protect themselves against disease and pregnancy.

Ideal relationships were conceptualized by women as reciprocal, monogamous, and both physically and emotionally safe. They talked about ideal sexual relationships as ones arising from relationships that were "going somewhere" (Faulkner, 2003).

Several things emerged on the women's attitudes and perceptions about men. Faulkner (2003) explains that traditional attitudes construed men as "players". Like in Villarruel's (1998) study, women reported being warned by family, as well as male friends and older women, about avoiding these kinds of men. Some of the participants expressed a preference in dating Latino men, while others expressed a preference in dating non-Latino men. Those that preferred dating non-Latinos explained that Latinos "had no clue" about women and considered them "not to have sexuality".

Faulkner (2003) also found that the participants' viewed men's sexuality as uncontrollable, leading them to devise plans for avoiding "players" and avoiding being a "flirt girl" because of the desire to be seen as moral and culturally competent. Faulker explains that Latinas made sense of their sexuality by either rejecting, accepting, or altering messages they received about sexuality. Those who rejected messages (Faulkner calls them less traditional) thought that women's roles encompassed more than motherhood and relational partner. They tended to express beliefs in women's rights to sexual experience. They also tended to express anger at sexism, lack of sexuality information, being labeled a certain kind of sexual person (e.g. lesbians or feminists), and

being called derogatory names. Those women that altered messages to fit with their own emerging beliefs about appropriate sexual behavior tended to adopt some parts of the messages and discard others. For example, some women made distinctions between sex for society (i.e., intercourse) and sex for church (i.e., any sexual activity). One woman explained that although having sex with her partner was wrong according to the church, she felt it was okay because they loved each other. Those women that fell into the third group accepted the messages. They avoided sexual activity and attempted to stay in control of their partners' and their own sexual desires. These women, who endorsed traditional values tended to assume that men orchestrated sex, led the way in sexual activities, and were supposed to teach their partners once they got married. They also expressed valuing "saving yourself" until marriage as honorable.

Faulkner (2003) also found that participants sorted women into two classes: Bad women or "flirt girls" and "good girls'. The first of these, "flirt girls", talk about sex and recognize sexual desire, while the second of these, "good girls", do not discuss sexual issues. It is crucial to note that these beliefs may constitute a barrier in the promotion of HIV preventive behaviors. It is difficult to "empower" young women to protect themselves if they feel that even talking about sex will result in negative labeling.

Faulkner explains that while all women wanted equal relationships, they talked about the difficulty of negotiating sexuality because of identity issues. Although women were clear about what constituted safer behavior; they were not as confident about how to always accomplish it. In fact, the women's knowledge about safer sex contrasted with actual practice. They reported different reasons for not utilizing condoms. These included her or her partner's attitudes toward condoms (e.g., feeling embarrassed at

buying them, feeling a reduction in closeness between herself and her partner, a partner's negative views toward them), the use of other forms of contraception, wanting to be "spontaneous", trusting a partner, and knowing a partner's sexual history (sometimes this included getting tested for sexually transmitted diseases and HIV). Gender role expectations could also be seen as providing difficulty in the practice of safe sex when one takes into consideration that individuals who hold traditional gender role expectations will be likely to think that women who talk about sex, act like they enjoy sex, and initiate condom use are promiscuous or "flirt girls" (Faulkner, 2003).

It is important to note that women who adhere to traditional gender norms, those that alter them, and those that do not adhere would be likely to respond differently to preventive interventions because they have processed the cultural messages they have received differently. This points to the importance of comprehending specific groups of young women's understanding of cultural messages around gender and sexuality in the design and implementation of preventive interventions. It becomes clear that the same interventions would not apply to all young Hispanic women. What cultural messages they have received and whether those have been accepted, rejected, or altered would need to be taken into account to produce effective interventions.

These studies provide some of the building blocks needed to begin untangling and understanding how certain groups of Hispanic women view themselves and their sexual relationships in relation to the gender and culture-related messages that they have received across their lifetimes. These researchers have begun the important task of distilling those contextual issues that come into play in the complex dynamics of perception of risk, sexual risk behaviors, and safe sex negotiation. These include

familism, motherhood as a value, respect for family and self, protection of children, and traditional gender role expectations (Faulkner, 2003; O'Leary, 2000; Villarruel, 1998).

Specifically, Villarruel (1998) tells us about these values within the context of young Latina women who have not yet become sexually active. She puts forth the first steps of incorporating cultural beliefs around gender into an intervention with this population through the suggestion of having health care professionals advocate the (traditional Latino) value of virginity. This abstinence based approach is one way that sexually transmitted diseases such as HIV (as well as unintended pregnancy) could be prevented in a population of young Hispanic women who have not chosen to become sexually active. It is also important to consider that although this could prove to be an effective approach for a subset of the population, other women will enter sexual relationships. Faulkner (2003) talked to some women who had were in sexual relationships; she begins setting the ground for understanding how those women that she spoke to perceive sex in relation to cultural norms and gender.

The work of these researchers has been groundbreaking in its ability to begin approaching the problem of HIV prevention in subsections of Hispanic populations through achieving a deeper understanding of different groups and those cultural norms that affect risk perception and risk taking behaviors. Villarruel (1998) and Faulkner (2003) have touched on some of the Hispanic cultural values that permeate young women's risk taking behaviors. The following section provides a brief overview of some of these and other cultural values that have been identified in the literature.

Hispanic Cultural Values

There are several values attached to Latino culture that have been identified in the literature as important in relation to many behaviors, including sexual risk taking behaviors. These include: marianismo and machismo (Denner & Dunbar, 2004; Gil & Vasquez, 1996; & Villarruel, 1998), familismo (Marín & Marín, 1991; Rafaelli & Ontai, 2004; Villarruel, 1998), and simpatía (Castaneda, 2000; Marín & Marín, 1991).

Marianismo and machismo are traditional gender roles associated with Latino culture. Gil and Vasquez (1996) describe marianismo and machismo as prescribing appropriate traditional gender roles of feminine and masculine behavior, including sexual behavior. Marianismo includes the valuing of modesty, faithfulness, and virginity as feminine ideals. Machismo, on the other hand dictates that men should be strong, in control, and providers for their families (Marín & Marín, 1991). In relation to sexual behaviors, it involves being in charge of sexual activity, having multiple sex partners, and not communicating about sex with women (Marín, Gómez & Hearst, 1993). We would expect these values to be important in connection to sexual risk taking, given that they speak to the attitudes and behaviors that are expected of Hispanic women and men in sexual situations.

Familism is another value that has been identified as important in relation to sexual behavior (Villarruel, 1998; Padilla & Baird, 1991). This value involves individuals' strong identification with and attachment to nuclear and extended families, and strong feelings of loyalty, reciprocity, and solidarity among members of the same family (Marín & Marín, 1991). Villarruel (1998) found that patterns of familism (i.e., respect for self and family, protection of self, child, and family) served as mediators of

stressors for young women who were experiencing pressure to have sex. This value has been found to be important in relation to other behaviors as well. For example, Marín, Marín, Pérez-Stable, Otero-Sabogal, & Sabogal (1990) found that family-related reasons for smoking cessation (e.g., bad example on children and family's health) were far more important for Hispanic than non-Hispanic White smokers. It is important to note that this emphasis on the importance of family might make a difference in how young women act in relation to HIV risk taking behaviors, given that one would expect that the values held by ones' family would weigh heavily on how she acted in relation to sexual risk taking behaviors. For example, a young woman who grew up in a family that held virginity as an important value, might be more likely to delay sexual activity.

Simpatía is a Hispanic cultural script that emphasizes the need for behaviors that promote smooth and pleasant social relationships (Marín & Marín, 1991). Simpatía includes a tendency to show conformity and empathy for feelings of other people and to behave with dignity and respect toward others (Marín & Marín, 1991). Marín and Marín (1991) explain that simpatía may be in play in that Latinos are more likely to give socially desirable responses as research participants. When it comes to sexual behaviors, reluctance to discuss HIV reduction behaviors with partners may be experienced, given that cultural prescriptions to maintain harmonious relations may weigh heavily if it is believed that discussion will result in conflict (Castaneda, 2000).

Finally, some researchers have hypothesized a link between religious beliefs and sexual behaviors (Fierros-González & Brown, 2002; Scott, Shifman, Orr, Owen, & Fawcett, 1988; Urrea-Rodríguez, 1998; & Villarruel, 1998). Research has shown mixed results in relation to this link. Although some findings point to a relationship between

religiosity (e.g., religious practice and belief and church attendance) and sexuality (e.g., less permissive attitudes about sex and limited sexual experience) (Scott et al., 1988), other research has found these to not be related. For example, in qualitative interviews with young Latina women, Villarruel (1998) found that religion did not appear to have an influence on decisions about sexual behavior. Fierros-González and Brown (2002) had similar findings. In their study of Mexican American college students, those who considered themselves highly religious were still practicing risky behaviors. Religion seemed to have no association with practice of risky sex..

Understanding cultural values in relation to sexuality is important because these may serve as barriers, as well as facilitators, to preventive behaviors. For example, traditional gender norms around sexuality may make Latinas reluctant to engage in risk reduction behaviors with a partner, however values around protecting one another and protecting family may facilitate them (Castaneda, 2000; & Villarruel, 1998).

It is crucial to point out that although many of the people of Latino/a origin in the United States share some common values, subgroups are quite different from one another. There is no such thing as one homogeneous group of Hispanics (Marín & Marín, 1991). Although we speak of Hispanic and Latino values, it is important to point out that the people of Latino/a origin who live in the United States will often differ dramatically from one another. Issues such as the person's country of origin, level of acculturation and how long they have been in the United States all play a part in how a person identifies themselves, as well as what values and perceptions they hold (including those related to culture, gender and sexuality). This does not mean that cultural values are

not important in relation to sexual behaviors, simply that we must be aware of exactly what group we are trying to understand.

Latina/o Parents and Communication about Sexuality

When we speak about the importance of cultural messages, in regards to sexuality that young Latinas receive, we must also speak about parents. Parents are some of the most important conveyers of cultural norms to their children. Sexual expression is very closely related to culture, in particular to what is considered proper, and parents' attitudes and experiences have a significant influence on the transmission of prescribed cultural norms. (Handelsman, Cabral, & Weisfeld, 1987). Given this, the next section reviews the literature on how Latina/o parents handle communication about sexuality with their children. Unfortunately, there is a relative dearth of literature on this topic. Seven articles found did describe sexuality communication between parents and youth of Latina/o descent.

Overall, studies that explored the content of the discussions that occur between Latina/o parents and youth found that while Latino/a parents do sometimes communicate with their daughters about sexuality they were often vague in their communication and are more likely to talk about relationships, give warnings, and convey values than to talk specifically about sexual behavior (Marín & Gómez, 1997; O'Sullivan, Meyer-Balhburg, & Watkins, 2001; & Rafaelli & Green, 2003). For example, Marín and Gómez (1997) found that discussions about sex sometimes are often vague, giving messages such as "Be Careful".They suggest that parents may be reluctant to talk to their girls about sex because of the emphasis on their innocence.

Interestingly, Rafaelli & Green (2003) found that daughters reported higher levels of communication than sons (mostly from their mothers), despite traditional cultural reticence regarding female sexuality in Hispanic cultures. However, relationships and values were more frequently discussed than protection and facts. O'Sullivan et al. (2001) found that those Latina mothers who talked to their daughters about sexuality "emphasized extreme, detrimental aspects of sexual and romantic involvement with boys and men, including pain, shame, and humiliation" (p. 281). They concluded that while African American mothers aimed to prevent STDs and pregnancy, Latina mothers aimed to prevent the formation of relationships at all.

When Latina/o parents' conversations turned to more specific topics, they tended to emphasize biological aspects of sexuality, instead of protective behaviors (Rafaelli & Ontai, 2001). Rafaelli and Ontai (2001) found that communication was limited to biological topics and warnings of the dangers of sexual activity. In 22 qualitative in-depth interviews with Hispanic young women, about the role of cultural beliefs and values in sexual socialization, they found that only six had discussed physical development and eight intercourse and pregnancy.

The findings of these studies suggest that it may be the case that Hispanic culture does not necessarily dictate that young women can't be talked to about sex, just that the communications should be vague, and concentrated on relationships, values, warnings about sex, and biology instead of discussion of protective behaviors. Some authors propose that this lack of communication about protection, coupled with many rules and restrictions about dating and sex put Latinas at risk for sexually transmitted diseases due to the lack of agency that results (Rafaelli & Green, 2003; & O'Sullivan et al., 2001) .

In one study participants reported that their mothers' reticence about stepping past the realm of reproduction and hygiene when talking about sexuality resulted in their turning to others for information about sexual matters (e.g., aunts, sisters, friends of the family or other friends' mothers). In some instances mothers willingly let others answer these questions (O'Sullivan, 2001)

A few studies went a step further and explored whether communication about sexuality had any effect on the onset of sexual activity of young Latina women. Both studies findings suggest that it does. Pick & Andrade (1995) in a survey of 1,257 adolescent girls of Mexican descent found that the girls with the lowest probability of having begun sexual relations by 16-19 were those who had spoken frequently with their mothers about sex. Unfortunately, the study did not examine the content of the conversations between the mothers and daughters.

Romo, Lefkowitz, Signamn and Au (2002) did explore the content of communications and, like Rafaeli and Green (2003), found that the Latina mothers talked about beliefs and values and gave cautionary advice about sex and relationships. This was related to adolescents' abstaining from or delaying sexual involvement. This was consistent with what Liebowitz, Castellano, and Cuellar's (1999) finding that for Mexican American adolescents the strongest predictor of sexual onset was the child's perception of parent-child congruity of sexual values.

These findings point to the fact that parental communication about values related to abstinence can delay sexual activity. However, not all young women will remain abstinent until marriage. In fact the CDC (2004) estimates that about half of Latina young women are sexually active by the time they're in high school. Two studies

provide some insight as to how sexual communication with parents might be related to sexual risk behaviors in young women who are sexually active.

The Family and Adolescent Risk and Communication Study (FARCS) which surveyed 907 Latina/o and African American participants (41% of which were sexually active), explored the interactions between parental communication and peer communication in these African American and Latina/o teens (Whitaker & Miller, 2000). They found that the relationship between perceived peer norms and sexual behavior was stronger among teens who had not discussed sex with a parent than among teens who had. The same held true for condom use. They found that when parent teen discussions of specific sexual topics "were associated with less risky sexual behavior, less conformity to peer norms, and a greater belief that parents provide the most useful information about sex" (p. 266).

Whitaker, Miller, David, and Levin (1999) found that parent-teenager discussions about sexuality and sexual risk were related to the teens talking to their sexual partners about sex and using condoms. However, whether this relationship was present or not had to do with what parents said as well as how they said it. Skilled, comfortable, and open parents were best able to provide messages that lead to protective behaviors.

The findings from these two studies suggest that specific messages about protection from well-informed sources may be related to safer sexual behaviors in young women. This may be true because parent-teen discussions about specific sexual issues provide information, reinforce parent values, and buffer teens from pressure (Whitaker & Miller, 2000).

Overall, these articles on parental communication about sexuality highlight several important points. First of all, it has been found that some Latino/a parents are indeed reluctant to talk to their children about sexuality, and that this could be related to cultural norms relating to sexual silence (Marín & Marín, 1991; & Diaz, 1998). Those parents who do talk to their children about sexuality are often vague and prefer providing information about values and relationships instead of specific sexual topics and protection (Marín & Gómez, 1997; & Rafaelli & Green, 2003). This communication about values and relationships seem to be related to later onset of sexual activity in young Latinas. Also, those girls who were talking to their partners about sexuality and protecting themselves were those who had received clear and specific information on sexuality from parents or other adults who were willing and able to provide it (Whitaker et al, 1999, & Whitaker & Miller, 2000). Therefore, it appears that in relation to preventive interventions, it's important that young women who decide to become sexually active have an adult in their lives that can be supportive and provide protective messages.

Unfortunately, the literature is limited. The number of studies is quite small and most lack depth in the description of parent-child communication about sexuality. Only three of the studies found, two of which belonged to the same research initiative, described the content of parent-child communications about sexuality and how that related to sexual behaviors

In addition, some of these studies did not concentrate on a specific group. Instead, they used general categories such as "Hispanics" or "Latinos" to describe their samples. This may not be appropriate given that, as mentioned above, there is great

diversity between different groups of Latina/os. Similarly, some researchers grouped entirely different groups such as Puerto Ricans with other Latina/os (who live in the United States) or Hispanics with African Americans. Given that on some occasions results were not described by group, it is impossible to determine what trends occur in each and what role culture plays, if any. The exploration of how parent-child communication plays out in specific subgroups is crucial to the construction of effective preventive interventions.

Finally, within this literature, there seems to be the assumption that young women who are Latina will either adhere to their parents values and beliefs about not having sex before marriage and benefit from that (Pick & Andrade, 1995; Rafaelli & Ontai, 2000) or will not adhere and be more at risk because of it (Rafaelli & Green, 2003; Romo et al., 2002). The literature would benefit from studies that look at those young women who grew up with traditional messages about sexuality, chose to have sex before marriage and are currently protecting themselves from HIV and STDs. Considering the large number of Latinas that are sexually active by the time they reach high school, it is important to understand who is protecting themselves and what factors had to do with that.

Learning from One Group

Hispanics in the United States make up 13.3 % of the population (Ramírez & Cruz, 2003), making up the largest minority group in the United States; with Mexican Americans constituting the largest group (66.9 % of the total Hispanic population, Ramírez & Cruz, 2003). They are disproportionately affected by HIV (CDC, 2004).

Within the Hispanic population, a group of importance when it comes to the study of HIV preventive behaviors is college students. Currently, people under the age of 22

are at highest risk of contracting HIV; therefore, most college students are in the age range most at risk for HIV infection (Prince & Bernard, 1998). College is considered a period of increased sexual experimentation for many college students (Fielstein, Fielstein & Hazelwood, 1992), especially for those who are living away from home for the first time (Fierros-González & Brown, 2002). Furthermore, the sexual activity of many students is characterized by short-term monogamous relationships or multiple partners and inconsistent use of condoms (Critelli & Suire, 1998; & Reinisch, Sanders, & Liemba-Davis, 1993). The study of effective preventive strategies for this population is especially important given that university settings may be more accessible than others for interventions, thus allowing prevention efforts to reach this at risk group.

Considering the heightened risk of Hispanics in the United States, the fact that Mexican Americans constitute the largest group of Hispanics in the United States, and that college students are clearly at risk for HIV infection, Mexican American college students emerges as an important group of study in relation to HIV risk. The importance of this group is highlighted by the inconsistent condom use that has been reported in studies within this population. In one study, 66.5% of Mexican American college students surveyed responded that they had engaged in risky sexual practices without using a condom (Fierros-González & Brown, 2002). A study with unmarried young Mexican American women, only 19% reported always utilizing condoms during vaginal intercourse (Urrea-Rodríguez, 1998).

Few studies have looked at sexual risk in single Latina women (Urrea-Rodríguez, 1998). Entering a university setting may present a vulnerable time, in terms of sexually risky behaviors, for Latina young women that are, for the first time, stepping out of the

protective environment of their family life. This may be an especially risky time for Latinas who are finding that they must make sense of a mainstream Anglo and traditional Latino/a messages regarding appropriate sexual behavior that are often contradictory (Faulkner, 2003). Given that for those who choose to engage in sexual relationships, condom use is the most effective way to prevent way HIV transmission, it is imperative to understand what factors influence young Mexican American women's ability to negotiate it's use (Urrea-Rodríguez, 1998).

Learning from Mexican American Youth

There are only a few studies that shed some light on some of the factors that influence the sexual risk and condom use of young Mexican American men and women. In relation to sexual risk behaviors, research has demonstrated that condom use is related to relationship characteristics. As would be expected, individuals in monogamous relationships or who are married are less likely to use condoms than those involved in casual relationships (Fierros-Gonzalez, 2002; Castaneda, 2000). A higher level of commitment has also been associated with a lower level of condom use (Castaneda, 2000). In other words, if you feel that you are in a committed and monogamous relationship, you are less likely to utilize condoms. HIV-related communication also seems to be related to condom use. In one study it was the strongest correlate of condom use with a partner in the last three months. In the same study, a high association was found between intimacy and HIV-related communication (Castaneda, 2000).

In terms of perception of sexual risk, one study found that higher levels of relationship commitment were related to lower levels of perception of risk (Castaneda, 2000). In other words, the more committed individuals felt to their relationships, the less

likely they were to perceive sexual risk. This can probably be attributed to higher levels of perceived monogamy in more committed relationships.

While researchers are beginning to examine the characteristics of relationships that are related to safe sex behaviors, there has been almost no research on predictors of risk behavior. Castaneda (2000) did explore the role of acculturation in protective behaviors. She found that low acculturated Mexican American women and men viewed female condom introducers (i.e., women who introduce the use of a condom) as significantly more promiscuous than male condom introducers. This supports the view that there is a double stanndard regarding communication about condom use, where women are not supposed to bring up condoms (Castaneda, 2000; & Marín & Marín, 1991).

Building on What We Know

The work of these researchers allows us to begin understanding some of the factors that may be at play in sexual risk behaviors. Some of the aspects that emerge from the literature are related to more general interpersonal issues, such as relationship status. Others are related to culture,, such as "sexual silence" for women around condoms (Diaz, 1998). These researchers have taken on the important task of beginning to study these elements that are related to sexual risk. There is still a lot to be done however, in order to construct effective interventions for different groups of Latina women. Although these four studies give us an idea of where to start, there's still a need to build a deeper understanding of those issues that are related to sexual risk for different groups.

An important group to focus on is Mexican American college women, these young women are in a complex cultural environment where they receive messages that are often in conflict with one another. The literature reviewed above tells us that individual level factors (such as perception of risk), interpersonal factors (such as risk behavior), and contextual factors (such as culture) matter in understanding sexual risk. Therefore, in order to build effective interventions for this group it is crucial that we understand more about their perceptions HIV risk, their how they protect themselves, and what cultural and familial messages they are receiving about sexuality.

Research Questions

The study addressed the following research questions in order to further our understanding of this group of Mexican American college women's perception of risk and protection from HIV.

1. What are the cultural messages, in relation to sex, that they have received growing up?
2. What do they do to protect themselves from HIV?
3. How do these Mexican American College women perceive their risk of HIV infection?
    1a. Do they view themselves to be at risk?
    1b. Do they know about safe sex and prevention?
4. How are these messages that they received from their families in relation to sexuality, related to their sexual risk behavior?

METHODS

Study Design and Use of Qualitative Methods

These research questions were explored through qualitative methodology. Inductive qualitative research methods are useful in the exploration of questions that seek to uncover insider views, perceptions, and beliefs around a process or experience (Denzin & Lincoln, 1994). Given this study's goal of exploring these in relation to perception of sexual risk and management of risk, this method was well suited to meet the goals. The approach that was utilized to get at these was in depth interviewing. This approach was ideal for these purposes because it seeks to understand the meaning of people's personal experiences (Rubin & Rubin, 2005). Individual interviews were utilized given that they are particularly useful for understanding individuals' perspectives and gathering their stories (Patton, 2001).

Setting Description

The setting of this study was a state University in the Mid-west. In this Univesity, about 54% of the population is made up of women and 46% men. Out of the total population, about 2.8% is Chicano/Other Hispanic (about 1,250 persons).

There are more than 500 registered student organizations including honoraries, professional organizations, fraternities and sororities, racial/ethnic groups etc. About 15 are specifically devoted to Latino/a and Chicano/a people and issues. All participants for this study were recruited from a program designed to assist the children of migrant workers to get into and succeed at college. This site was chosen for recruitment for two main reasons. First of all, this provided a site where all young women were first generation migrants to the United States and therefore more likely to self-identify as

Mexican, Mexican-American, or Chicana/Xicana . Secondly, the program administration and staff expressed the importance of conducting such a study with their students.

Sample

A total of 12 female students of Mexican American descent, first generation, and currently enrolled in the University participated in the study. They were eligible to participate if they had been involved in a sexual relationship in the past 6 months, had been in college for at least a semester, were between the ages of 18 and 23, and self identified as Mexican or Mexican American. Out of the 12 interviews conducted, 10 were used for analyses. Two were eliminated due to recordings that were too poor to be transcribed.

Procedures

Recruitment

Possible participants were contacted in several ways. First of all, personal contact was made by the investigator at an organization meeting. On this occasion, the researcher explained the purpose and content of the interview and invited the 11 potential participants present to take part in it. A total of 4 participants were recruited at this meeting.

Second, study flyers (describing the study and selection criteria) were distributed to potential participants by program staff by hand and email. A contact number and email was provided on the fliers so that potential participants could contact the investigator if they were interested in participating. Only one participant was recruited through hand delivered flyers. Finally, a snowball recruitment technique was utilized,

whenever a participant would leave the interview she would be asked if she knew of any other potential participants that could be interested. If so, she was asked to share the study's flier with them. A total of 5 participants were recruited in this manner.

When potential participants contacted the researcher, she explained the purpose of the study and told them that it involved participation in a 90 minute recorded interview. If interested, they were screened for eligibility (e.g., age, ethnicity, student status, etc.). Once the screening took place, if they were eligible and willing to participate, a meeting time for the interview was set up. (A total of three persons contacted the investigator, but upon screening, were not eligible to participate.)

Follow up reminder messages were sent one week prior to the interview and a confirmatory call or email message was placed the day before each interview took place. All of the interviews were conducted in the investigator's private office.

On two occasions potential participants were scheduled for interviews, confirmed that they would be available during the reminder phone call but did not show up at the scheduled time.

It's important to note that, it is not possible to determine the proportion of potentially eligible women who could have participated in the study. There is no way of knowing how many women who heard about the study met the eligibility criteria. The decision was made to stop interviewing because saturation was reached with regard to the women's traditional cultural upbringing and the sexual messages they received. In addition, a range of possible sexual protective behavior was represented, ranging from no condom use to consistent condom use.

Semi-Structured In Depth Interviews

When participants arrived for their interviews I (the interviewer) had a recorder and an interview protocol ready. The participant was given a brief explanation as to what to expect and told that she could choose to discontinue her participation in the study at any time. She was also assured of the complete confidentiality of the interview and asked if she could be audio-taped.

Once permission was granted, a consent form was signed by the participant and the interview began. Interviews ranged in length from 36 minutes to 2 hours and 12 minutes. As is common practice in research on HIV prevention, each participant was paid for her participation in the interview. An amount of $15 was deemed appropriate as an incentive but not so much that it would be coercive, as outlined in section 8.06 of the APA Ethical Principles of Psychologists Code of Conduct (2003).

The interviews conducted were semi-structured in nature. Their purpose was to uncover women's perceptions, beliefs and experiences in relation to HIV risk, risk management, and cultural messages around gender roles and sex. The interview protocol consisted of four main sections. These were 1) Demographics and Background, 2) The participant's perception of risk and safe sex, 3) Management of risk (i.e., negotiating safe sex and barriers to safe sex), and 4) Cultural messages around sex and the processing and management of these. Participants who described their sexual relationships to have taken place with one main partner within the last 6 months and participants who had sexual encounters but did not identify one main partner were asked different sets of questions. This was important given that perception of risk, risk management, and safe sex negotiation can differ significantly if a participant is referring

to a main partner or not. The investigator utilized the set of questions that referred to main partners if the participant identified a partner that she has or had sex with, or had been with for over a four week period, and with whom she had a monogamous relationship. Otherwise, the investigator utilized the second set of questions.

After interviews were conducted, they were transcribed verbatim. These transcriptions were then checked for accuracy by reviewing them against the original tapes. All identifying information was removed from the transcript during this process to ensure confidentiality.

Finally, the electronic documents containing the transcripts were imported into qualitative analysis software to aid in the analysis of the data. Specifically, the qualitative analysis software ATLASti 4.2 was utilized in the organization and coding of the transcripts.

Interpretation and Analysis Methods

The goal of the analysis of the data was to achieve a deeper understanding of these young women's perception of risk, risk management, and processing of cultural messages received. In order to address these distinct research questions, two methods of analysis were utilized, cross case analysis and within case analysis.

Cross-Case Analysis

A cross-case analysis strategy was used to explore themes that came up across individual cases. In other words, answers from different people to common questions or different perspectives on a particular issue were grouped and analyzed. (Patton, 2002). This process helped me, in collaboration with the chair of this study, determine what common themes emerged in relation to the research questions. This process included

several steps. First, I read all of the transcribed and cleaned interviews and coded data by the research question that it corresponded to. Thematic content analysis followed. Recurring regularities in the data were looked for to reveal patterns that could be sorted into categories (Patton, 2001). The criteria of internal homogeneity and external heterogeneity were used to judge if the categories were meaningful. Specifically, emergent themes were identified through a comparative method (Lincoln and Guba, 1985). This involved grouping units of information that were similar in content. To ensure thoroughness of the process an iterative approach of moving back and forth between the transcripts and the coding framework was used. This process resulted in forming an initial list of codes as the investigator read through the interviews. Throughout, the investigator was in very close communication with the chair of this research. Codes and descriptions were reviewed and discussed at each phase of the coding process to be sure that there was agreement on definitions and examples of each code. .Codes were changed and revised several times (see Appendix D). After all interviews were read and coded the first time, the coding framework that resulted was revised and all of the interviews were recoded utilizing the resulting framework. This data analysis strategy was utilized to address all questions.

Within-Case Analysis

In addition to cross-case analysis, a within-case analysis was conducted for all research questions. This helped illustrate how each individual's experiences with cultural messages received influenced management of sexual risk. This process included several steps. First, the themes that were identified throughout the cross-case analysis were organized and inserted into tables that allowed an examination of which themes came up

in each individual's story. These summary tables addressed the following themes: traditional messages received by the young women about sexuality (see Table 1), protective messages received by the young women about sexuality (see Table 1), and sexual risk (see Table 2). Then, a within-case table was created that broke the participants up by risk group. It also included what familial messages in relation to sexuality each participant had received (see Table 3). By organizing the data in this way, patterns within the stories were identified. The chair of this study and I worked closely together to identify themes and patterns across the stories that addressed cultural messages and their relation to protective sexual behaviors. In the following paragraphs I will be discussing which patterns emerged.

RESULTS

In order to begin building a knowledge base that would allow the construction of culturally appropriate sexual risk interventions, it was important to explore some of the potential links between culture and sexual behavior. A first step was to explore and describe these young women's cultural background. This will be described in the following section. Then, the messages that the participants received from their families in relation to sex and relationships are described. This will be followed by a description and discussion of their relationships, communication about sexuality in those relationships, HIV knowledge, sexual risk behaviors, and perception of risk. Finally a within case analysis will be used to explore how these aspects are related.

Background and Culture of Study Participants

All of the participants came from migrant farm-working families. While they reported having been born in a variety of places (Texas=4, Mexico=3, Michigan=2, and Florida=1) all reported migrating from Texas or Florida to Michigan each year for their parents (and in some cases themselves) to work in the fields.

Throughout this migration process, all participants described having grown up immersed in Mexican culture, both while living in Michigan as well as Texas (or Florida). Half reported growing up in predominantly Mexican communities, 3 reported growing up in ethnically mixed communities, and 2 reported growing up in predominantly White communities. All described strong ties with their Mexican origins. In terms of self-identification a majority of participants (n=9) identified as Mexican, with four also identifying as Mexican American. One young woman, through her work as an activist within the university, had recently come to identify herself as Xicana.

All participants described growing up very immersed in Mexican culture. There were several things that they described as contributing to this immersion. These included: speaking Spanish at home when were growing up (n=10), eating Mexican foods (n=6), and practicing Mexican traditions (n=5) such as Quinceaneras (traditional coming of age party when girls turn 15), Bautismos (Christenings), and Mexican Holidays. Some also mentioned cultural norms such as machismo (n=4).

> I speak Spanish as far as before I speak English... like it is a thinking process I'll speak Spanish, but then I'll like try to convert it into English, but yeah, the food, the attitude, the machismo, the religion, I mean the celebrations. I think I was very into a Mexican family (P004, 297:308)

> We had like the bautizos [Christenings] and the Quinceaneras, and killing the cow, you know the whole pig thing, the whole roasting the pig so it was all real Mexican... I went to Church on Sunday, Mexican Church and mass was in Espanol. (P003, 145:151)

Overall, all of the young women in the sample felt that they had grown up in traditionally Mexican households.

What messages, in relation to sex, did these young women receive growing up?

As mentioned above, all of the young women in the sample felt that they had come from traditional Mexican families. Therefore, it was not surprising to find out that all of the participants received traditional Mexican messages from their parents as well as other family members in relation to sex and relationships. Throughout the analysis process, a cultural or familial message was considered "traditional" if it reflected the traditional Mexican values described in the literature. These included marianismo, which includes valuing virginity and the importance of not having sex before marriage (Marin & Marin, 1991); machismo, which dictates that women should be submissive and men dominant; and familismo, which is described as a strong identification with and

attachment to nuclear and extended families, and strong feelings of loyalty, reciprocity, and solidarity among members of the same family (Marín & Marín, 1991). Some examples of specific messages, in relation to sex and relationships, that reflected these traditional values included *don't have sex until marriage* and *you can't go out with boys*.

However, these traditional messages were not the complete story, in addition to these, many of the young women (n = 7) also reported receiving non-traditional protective messages in relation to sex from at least one member of her family (e.g., protect yourself and use condoms). In addition, some of the young women (n=6) reported that someone in their family was open to talking to her about sexuality. Finally, some (n=4) of the participants received the message that it was okay to break with traditional gender norms such as the need to marry if they got pregnant.

Traditional Messages

All of the participants in the sample described having received at least one of a set of traditional messages from their families in relation to sex and relationships. While some only received one such message, others received as many as six different types (see Table 1). These included a) *We don't talk about sex*, b)*Don't have sex til' marriage* c) *You can't go out with boys*, d) *It's desirable to be a virgin*, and e) *You become a woman at 15*.

We don't talk about sex (n=4)

Several participants described *We don't talk about sex messages*. Given that parents strongly disapproved of sexual activity in their daughters, even talking about it was out of the question.

I: Were issues of sexuality ever talked about in your home at all?
P: Oh Lord Jesus, no! Um, if you would have sex and then they would have found

> out like you had to marry him...That was a given...No, I could never tell my mom, I'm having sex. [laughter] Or what if I want to have sex like, you know, not even to my sisters... My mom thinks that I don't, you know... 'no I raised her with some like good advice like, you know, I don't think she'll be doing something like that.' (P010, 1238:1262)

> In my family you don't really talk about that kind of stuff, you don't. Like you can't just go and tell your mom you know and ask her the questions about protection. She'll be like well why do you want to know about that you know? Even dating, dating is just, they're all like you're not gonna date until you're this age... (P002, 365:370)

Some of the young women that I talked to related this sexual silence directly to their culture and one expressed a desire to change this with her children.

> I: Do you feel like women your age then are vulnerable to, to HIV?
> P: Yeah, I think mostly in Mexican American because they're not really open to those kinds of subjects, you don't talk... with your mom... about that.
> I: You don't do that?
> P: No, it's a lack of respect. (P002, 434:443)

> I just felt like our culture is so tabooed... around wanting to talk about sex and like I said earlier we just need to talk about it. When I have children I'm gonna like try to be different, the way my mom taught me. I'm gonna try to like be different or whatever but that's about it. I don't think it should be tabooed or girls shouldn't have satisfaction. They don't know. Girls should only have one partner and stuff like that, they shouldn't go out and explore. (P003, 1005:1014)

The following quote from one participant succinctly expresses why she feels sex is not talked about in her home. Basically, if you are not supposed to be having sex then there should be no need to talk about it.

> I: You were mentioning that what you learned from your family made you feel... shyer about bringing that stuff [sexuality] up. What specifically that you learned from your parents do you think made it harder?
> P: I think that you're not supposed to talk about it, that you're not... even supposed to be asking those questions... It's something that you're not supposed to know about until you're married. (P 002, 730:736)

Don't have sex before marriage (n=9)

Almost all of the participants described having received the message *Don't have sex before marriage* from their parents as they were growing up. While in some

instances young women were told that they should not engage in any sexual interactions with boys, in others, parents specified that behaviors such as kissing and holding hands were allowed.

> Like with my dad, I couldn't have a boyfriend... I couldn't bring a man home so that was out of the question but my mom was more like, 'Don't have sex'. You can kiss or hold hands or whatever but you cannot have sex and she's really strict... (P003, 935:942)

> ...well, my mom has always been like, don't have sex until you get married. I never really talked to my dad about what he thinks [giggles] but my mom's always been that kind of person, (P 006, 809:816)

Overall, this was one of the most prevalent and salient messages received by this group of young women.

Most of the participants who received the *Don't have sex* message when they were growing up, also described being told that they could not got out with boys.

Can't go out with boys (n=7)

Many participants described being told that they were not allowed to go out with boys as they were growing up. While some were allowed to begin dating at 15 (the traditional coming of age time), this was not the case for all.

> I: Were there like any ages that you could start doing stuff at or not really?
> P: Well, you, it's actually considered that once you turn 15 that okay, you're becoming a woman therefore you can start having male friends at least... but whenever I would tell my mom oh you know I have a guy friend [she would say] "who is he?, why do you have a guy friend you shouldn't", they still have that attitude so but I guess in my family they're just extra strict... (P005, 298:308)

> It is weird like you can see my sister which is 14, you remember that was just starting like joking around oh she has got a boyfriend or oh he has got a girlfriend. My dad will be like yeah, that's my boy or whatever, 'but how many girlfriends you got?' Or whatever and like making fun... But whenever it comes to my sister he just looks at her saying, oh *you* can't have a boyfriend. (P009, 805:815)

On some occasions, participants described this *You can't go out with boys* message as being one of the many things that they were restricted from doing by their parents.

> It's disappointing... I wanted to hang out with my friends as well...um going to the movies, there was no going to the movies with girlfriends or just going shopping, hang out with the friends and no boy phone calls, no dating... stuff like that. (P 005, 282:296)

> P: ...I started wanting to do things outside of high school with friends and she [my mom] didn't understand that and they [my parents] were very like close-minded about certain subjects.
> I: Like what?
> P: Like the fact of going out with boys... a group of boys and girls and they didn't really understand ... why... why can't you... go with the girls and guys can't pick you up and stuff like that. (P003, 431:445)

This traditional message reinforced the idea that young men should not be around young women, given that this could lead to sexual activity.

Don't bring boyfriends home(n=7)

Don't bring boyfriends home was another message that most of the women had received growing up. Through this message, their parents were communicating that, given that they did not approve of going out with boys, if they were going to have boyfriends, they did not want the young women to bring them home. The only time when parents expressed an interest in meeting their daughter's boyfriends was if they planned to get married.

> I: ...when you were growing up, how did your parents feel about... your relationships with boys?
> P: [laughs]... they knew about my boyfriend, my first boyfriend in high school. I never brought him home 'cause... if you bring your man home, you are going to marry him. That's the way it is set... the rules. So... I'm not going to marry him... so ... I'm not going to bring you home... my dad would just say, you are going out tonight and I don't want to hear anything about your novio [boyfriend]or whatever... So I was like, yes dad I'm not going to go out with him, I'm just going to go out with my friends... But, he knew... (P010, 1204:1219)

> Rarely some parents did let their boyfriends come over and see the girls but it wasn't a lot....I think it's basically like that, like you don't want to introduce your man until you get engaged. He comes into the family... Having too many men, it's seen as being wrong, bringing too many men in the house like the main worry, que van a decir los vecinos [What are the neighbors going to say?]. He ... and then you bring another one next week and stuff like that. (P003, 975:983)

Desirable to be a virgin(n=4)

A cultural message in relation to sex that is often cited in the literature on Mexican and Mexican American populations is valuing virginity. In fact, marianismo, which includes the valuing of modesty and faithfulness as feminine ideals, also puts a great value on virginity (Marín and Marín, 1991). Several participants described having received this message from their parents. Most described how they had decided to reject this *valuing virginity* message.

> I: And what kinds of things did you learn about how, about how women should act in relationships?
> P: Oh my God, I don't think I've learned anything, like I've seen it but I don't take it in. My mom, like I said she lost her virginity to my dad and she was like 27 so she's all into like give yourself to one man and that man only you know?
> I: So it sounds like you feel like those things that you learned didn't really impact how you decided to be?
> P: Not at all. I embrace like the whole music and the foods but a lot of the old ways of thinking, the traditional ways, I don't believe in that at all. It's like I go back and it's like with my cousins. They were asking if I had a pad. I'm like, I don't use them, I haven't used them since I can't remember, I use tampons right. And my aunt was like, "You're not using that!" She was telling my cousin that she's not using that. "Are you crazy! Blah, blah, blah." Like they think, they really think that you can lose your virginity with... I don't know what they think you know, you're having satisfaction from wearing a tampon? [laughing] I don't know what they think. But it was crazy because they just thought I was too wild like I'm using a tampon, Oh my God! You know. So it's just little things like that they kinda made me like, Oh my God, are you serious!? They're really taboo about stuff like that. They need to be educated. (P003, 1016:1033)

> I really don't agree... you should not have anything in your vagina until you're married. That includes sex, check-ups, pap smears, um tampons, I don't think that means that you lose your virginity. I think... when you make issues like that..

taboo... you're like eliminating a topic... to communicate to your children about and when you don't have communication then it just causes a lot of problems, or... it can cause a lot of problems so I think that's... one major thing that I don't agree with. (P005, 787:795)

You become a woman at 15 (n=4)

Another traditional message that was received by some of these young women was *You become a woman at 15*. This highlights the Mexican upbringing that these young women received. In Mexican culture, 15 is the traditional age at which a girl "turns into" a young woman. At this time, she is often allowed to begin wearing make-up and talking to young men. This does not mean that they can have sex at this time. Turning 15 is often marked by a large coming of age birthday party called a Quinceanera.

P: ...we all have .... Quinceanera when we turn 15. Like a traditional sweet 16. Like, we become ladies.
I: Did you have one?
P: Yes. We all had one.
I: All your sisters?
P: ...All four of us had a, Quinceanera....Quinceanera is like the big wedding without the groom. It is a kind of girl party. ..our dresses Quinceanera dresses are big and puffy and you get the whole thing... the band, you get the big ballroom, you get the ornaments, everybody and it's a big thing, to us back home, it's a very big thing... It is just celebrating that they are a lady... leaving the childhood and becoming a woman type of thing. (P008, 408:432)

I: Another thing that you mentioned briefly was the culture and the machismo, and can you tell me a little bit more about that?
P: Yeah. Well... I didn't live with my real dad, I lived with my step-dad... he plays the machismo as the dad...you know, you can't wear makeup, you can't wear lipstick until you are 15, until you have... cumples los 15, la Quinceanera [you turn 15, your "Quinceanera"] But I didn't have a Quiceanera I still follow to the 15 years... until I was 15 and then you could... use the makeup, plug out your eyebrows, te razuras [you shave] you know... the whole girly stuff. And... you can't go out until... you are 15. Never bring a boyfriend to the house... that whole stereotype, that machismo. (P004, 333:344)

Protective Messages in Relation to Sex: Recognizing the Possibility of Sexual Activity

For some of the participants the traditional messages, in relation to sex, that they received did not represent the whole story. Although they were being told that they should not be talking about sex, going out with boys, or having sex, on some occasions there was either an explicit or implicit recognition on part of parents or other family members (usually aunts or older sisters) that this would not always be the path that the young women would choose. Specifically, out of the young women who received these protective messages, one young woman spoke about receiving them from her parents while the others (n=6) received them from another female family member. This subgroup of the sample received specific *protective messages* in relation to sex from their relatives. The messages included under this category are those that urge them to protect themselves if they choose to have sex and let them know that they have someone to talk to about sex (see Table 1). Below are some examples of how the participants described these messages. It's important to note that although we make a distinction between traditional messages and protective messages, that it is likely that some of the traditional messages relayed by family members are meant to be protective as well.

Protect yourself sexually (n=5)

Some of the young women in the sample reported receiving *protect yourself* messages. These messages encouraged them to protect themselves sexually. They ranged from more general to more specific. Below are some examples of young women who were told *protect yourself.*

> my dad has always said no te, no te dejes que te pendejeen no seas pendeja mija, no seas pendeja [don't let them fool you, don't be a fool daughter, don't be a fool] basically what he said and... my mom basically tells me... if you feel that's right do

what you do... but if you think you're gonna be... doing sex whatever... [she] just tells me use protection, be careful, I mean we know you're smart enough and you know what you're doing so it's, I'm just telling you just use protection y ta bueno [and that'll be good] (P001, 1011:1020)

I: ...how are your... ideas around sexuality and relationships different from your parents, if at all?
P: Um well, my mom has always been like, don't have sex until you get married. I never really talked to my dad about what he thinks [giggles] but my mom's always been that kind of person, and then after a while like after me talking to her and stuff, "I think I do want to have sex before I get married," well now it's just mostly, "be safe when you do have sex." She's like, "well I guess if you can't wait until you're married, just be safe, be smart about it, that's what she tells me now." (P006, 809:816)

Implicit in some of these messages is the idea that these parents would have strongly preferred that their daughters remain virgins until marriage. However, when the possibility that this may not be the case was presented, they were willing to provide protective messages in conjunction with the traditional ones.

On some occasions, *protect yourself* messages were even more specific and direct such as *Use a Condom* and *There's always birth control pills.*

I: ...do you feel like since you didn't talk about it then that made it harder or easier to protect yourself? How do you think... that affected?
P: I think it was easier to protect myself 'cause I got put all these things in my brain. Use a condom, you know my aunts were always telling me and stuff like that...(003, 754:760)

I: What type of things did your mom tell you?
P: ...She is a very blunt person and you could be watching TV and you know, sex thing comes up and I wasn't covered from not seeing it. I was able to see it... a lot of sexual scenes that came on TV or like movies and we could talk 'bout like having sex, I guess amongst ourselves in the family. [My parents said], so cuidate [take care of yourself] take care of yourself if you ever have sex, you know. You use protection... there is always birth control pills... there is so many things you can use for sex and don't use... bad judgment and...and believe that, whatever the guy tells you it is okay and it is not... protect yourself... (P004, 717:730)

You can talk to me about sex(n=6)

Although some of the young women interviewed felt that they had received the family message *Talking about sex is not acceptable*, six of them also felt like at least one family member (usually an older female) was open to talking to them about sex. In some instances, they spoke about how that made it easier for them to protect themselves.

> I: Do you think of those things that you learned made it easier, harder to protect yourself in your sexual relationship?
> P: I think a lot easier, 'cause like I know what I want and then they've talked to me like the sex talk, the period talk, the whole birth control talk, the whole getting pregnant, so like it makes it easier for me knowing what is acceptable in my household and what's acceptable for me and what they've taught me. (P004, 1189:1196)

In some cases, the young women who were being told that they could not talk about sex in their households (by their parents) described how they found confidants in other older female family members such as sisters and aunts.

> I: was ever a time when you kind of wanted to talk about protection but weren't able to?
> P: Yeah... I wasn't really, really asking about it you know. I was just under a lot of stuff and mostly just asked my friends about protection and stuff or ask sometimes you know my sisters about that since they're, they're really open to anything that I would want to talk about...Um, mostly it was just what I would see in observations and my sisters talk about their relationships, mostly we wouldn't really talk about, about relationships you know with your parents or, or anybody else. It was mostly people that I trusted or that we were together, we were close... mostly my sisters...
> I: And what kinds of things would you talk about?
> P: About, we'd talk about sex, we would talk about... we would just talk about ways that he [your boyfriend] should treat you, you know. If anybody was having a problem we'd talk about it you know. Oh don't let him do that to you, this and that. (P006, 628:639)

> , I didn't really talk to my mom about it [sex]. I talked more to my aunts, um, like I told you my mom is not very old. One of my aunts is like 30, um, one of my aunts is like 33, so they are more in closer to age to me... I grew up around them... so my youngest aunt was the one that... she would just be like, don't be having sex right away and blah, blah, blah and you know, you don't need to be... flashy and letting boys know that, you are easy or whatever. (P008, 942:951)

Through these alternative messages, these young women felt that they had a family member that was understanding of their situation and wanted to offer advice.

Breaking with traditional gender norms and Personal Choice (n=4)

Although these young women were receiving traditional messages in relation to gender roles and sexuality, some also talked about how they felt that their families, either directly or indirectly, communicated that it was okay to break with traditional gender norms and behaviors. Breaking with these would not necessarily mean the complete withdrawal of family support. Below are two examples from young women that described how they felt their families communicated that it was okay for women to work outside the home.

> I think even though my parents were very old fashioned, they've always believed that the woman can do it, like we don't have to stay home and cook and clean and you know, now we are expected to do that, yes. But, we are also like to where we can work. (P008, 1802:1804)

Below, this participant explains how seeing her mom work outside the home made her realize that "women can do something", they don't need to stay home.

> [Before] mostly that my mom would just stay home and we would also help out my dad, we come work in the fields here in Michigan but mostly we would go back home in Texas to just stay home, my daddy would go out to work. But ever sense that happened [mom started working outside the home] you know the roles kind of changed a little bit. You know, not a little bit, totally, totally different, they totally changed and they're different now. Yeah now that that happened I was see that and know it's not just, the man could go out of work you know. Also, the woman can also do something you know. (002, 669:675)

Traditionally, if a young woman gets pregnant out of wedlock, it is required that she marry the father of the child. Some of these young women described how their mothers told them that they did not necessarily need to get married if this happened.

> I've even been telling her recently um: don't expect me to get married because, 'cause I remember I told her ma' I think I'm gonna get pregnant and she's like estas

> mensa o que? [are you acting dumb or what?] and then she was like, well at least if you really wanna do it... when you finish your [University] and then if you want to get pregnant and not get married it's okay (P001, 977:996)

> ...me and my mom pretty much think the same way. 'Cause one of her friend's daughters went to school with me. They married her to this guy 'cause she had gotten pregnant. And I remember at the wedding me and my mom were talking and I told her, like ma if I ever get pregnant are you going to make me marry him? She said no. Not unless you want to, because they were forcing her to marry. And like, okay, ... because I wouldn't want you to marry me with someone just because I did whatever it was that I did, you know. If that's not who I want to be with, then yes I probably did a mistake, you know, whatever, but I don't feel I have to spend with the rest of my life with him because I did that one mistake. So, we kind of agree on that. (P008, 1823:1837)

Similarly, one participant described how her parents, although they adhere to "machismo", would not want her to stay in a bad relationship. Although it goes against traditional norms, it would be okay for her to get a divorce if he "did not value her". Her parents also encourage her to study so that she is able to support herself if she leaves her husband.

> I think they all believe in the whole machismo of the men in the house. Like the men work and the female stays at home. Like they've always told me... go to college, finish your college education and do whatever you want to do so one day you'll get married... if your husband doesn't value... hits you or etc., well you can always leave him and always depend on you have a college education. But they've never told me, if you are married by charge, you have to stay with them no matter what... (P004, 1085:1091)

Through these messages, these older women seem to be communicating that traditions can be broken. Although they clearly adhere to traditional values and norms, more importance is being put on the personal happiness of the young woman than on adhering to the traditional norm.

Relationship Landscape

The types of sexual partners the participants had had in the pat 6 months fit into one of the following categories: long-term partner (including ex-boyfriend and current

boyfriend), casual partner, and one night stand. As mentioned before, a partner was considered to be long-term if they had been dating exclusively for over a four week period (although all participants who described being in long term relationships, had been with their partners for at least 3 months). Casual partners, was defined as having sex with a partner that they are not dating exclusively, or for fewer than 4 weeks. One night stand was defined as a one-time sexual encounter with someone they had just met.

Half (n=5) of the participants had had two or more sexual partners. Out of those, 2 talked about an ex-boyfriend and a current boyfriend and 3 talked about current or ex-boyfriend and a casual partner. Out of the other 5 girls who had 1 sexual partner within the past 6 months, 4 talked about their current boyfriend and one talked about a casual dating relationship. Therefore, most of the descriptions provided were of long term relationships. These ranged from six months to three years.

Sexual Communication

All participants reported that they had at some point communicated with their partners about sexual topics. The content and quality of these interactions varied however. Specifically, three types of communications seemed to emerge. These included conversations about sexual history, conversations meant to lead to protective behaviors, and conversations about general sexual topics.

Sexual History

Some of the participants described asking about their partners' sexual past as a way to assess potential risk.

> P: It was just like probably like within the first week of having those long talks, it came about. Because I wanted to know... how many people he's been with made me know what type of person he was as well...Gave me a little insight of his personal, what he believed if you are the mad sex alcoholic or if he actually cared.

I: ...can you tell me a little bit more about that? Like what types of things did he say and what conclusions did you get from that?
P: Well, he had told me that he had only been with one other person. So him losing his virginity at an older age was a shocker and was but then after him talking and what he wanted and how he grew up in his household also like made me believe that... he did do that at an older age... (P006, 805:821)

I: So did you ever talk about issues like related to intimacy or anything like that with him?
P: Um, yeah, yeah. We would talk about you know... I would ask him stuff about sex and all that stuff.
I: Is there any example that you can think of or any time that?
P: I would ask him like how long ago he had lost his virginity and if he still hadn't you know... if he could count how many girls he had been with, how many. I would tell him, come on be honest... (P002, 313:325)

Prelude to Protective Behaviors

Some participants described having conversations with their partners about sexuality that were meant to lead to protective behaviors. The following two quotes illustrate how two participants talked with their partners about going to get tested for STD's.

I: Yeah, how about STDs? Is that something that crosses your mind at all?
P: Yeah, that's something, and I've talked to him about that just because I know that like he has slept with more people than I have so... I asked him to go get checked and I've gotten checked just because so we've both done that.
I: So... you've both gotten checked?
P: Yeah, yeah.
I: ...the decision to use protection does that have to do at all with STDs also or is it mostly pregnancy?
P: Yeah, it's mostly pregnancy... (P006, 537:545)

I: ...can you tell me about how you think or talk about... protection if it ever comes up?
P: Uh-huh... we talked about that like right away, 'cause I mean that's really important to me, you know, like there is a lot of like dirty people out there, you know...you have to really be careful. So, we talked about it and then like um, we went to go get checked and all that kind of stuff and so like then I was on birth control... (P007, 601:615)

Several participants described feeling that they did not need to talk about protection with their sexual partners because they were not going to have sex unless a condom was used; safe sex was assumed.

I: ...did you mostly have safe sex or was it mixed or
P: Yes. No, we had no mix. [laughter] No, it was safe sex. But I guess I had in my mind that if this person didn't want to have sex, that I was not going to have sex.
I: Oh really?
P: Yeah, so I knew what, but I knew how I wanted it too like safe sex ....
I: And how do you think he knew that?
P: I guess that I mentioned that I didn't want to have a family like anytime soon. I was very scared, not scared but like consciously reading about, you know, diseases and getting updated that I probably gave him the character of... safe sex, I don't know. I'm just assuming here, I don't know.
I: But you didn't have to bring it up, it just kind of then happened then that way?
P: Yeah, then I was so informed that I just assumed he was informed of it too.
I: I see.
P: So, it was like at that moment that if it was not going to be safe, it was not going to happen, period.
I: Okay.
P: I mean there was no discussion about that. (P004, 849:878)

General Sexual Topics

Another theme that emerged was that participants felt very comfortable talking with their long-term partners about general sexual topics. In the following quotes, several participants describe how talking about sexuality is not a source of discomfort in their relationships.

I:...you were saying, how comfortable is it to like bring up anything [relating to sex]
P: It's comfortable, like he is really open to anything and it is just like I can talk to him about like [if I] feel uncomfortable or like whatever.
I: ...are there any things that you wish you could talk about in relation to sexuality that you can't?
P: With him?
I: Uh-uh.
P: I think we can talk about anything we want, I know that for sure. So that is just how close I feel to him and like how comfortable I feel with him. (P011, 634:647)

I: And then in terms of like STDs, did that ever concern you at all?
P: No.

I: Okay. And what was it that made you feel safe?
P:: Um, I guess he was just, I knew he was being honest like that. Or I don't know, like we would just, I don't know we were just really open like we still are. You know, we don't have shame to talk about our history or whatever, you know... (P010, 1017:1034)

It's important to note that, for the most part, participants were not having "negotiation conversations" as was expected.

HIV Knowledge: Do they know about safe sex and prevention in relation to HIV?

In relation to HIV, I was interested in finding out how much the participants knew about transmission, detection, and prevention given that this could play a role in their sexual risk perception and behaviors. Most relayed only correct knowledge about how HIV was transmitted and how it could be prevented. However, some misconceptions did emerge as well. Three participants mentioned one incorrect piece of knowledge about HIV. Below are some quotes that illustrate the correct and incorrect knowledge that these young women had about the detection, transmission, and prevention.

Correct Knowledge

Participants were aware that HIV was transmitted through bodily fluids like blood and semen. They mentioned that you could get HIV from blood transfusions (in the past), sharing needles, and unprotected sex (or if a condom broke). In addition, most also had correct knowledge about prevention methods. Abstinence, condoms, testing, and avoiding contact with used needles were mentioned.

I: what do you know about how people like get it and how to prevent it [HIV]?
P: How to prevent it, well number 1 abstinence and 2 using protection, like condoms, female condoms... that's the only way I know of, of how to prevent it. Um, how people get it? Through... obviously sex but I think blood transfusions, probably not anymore but back then yeah, and... sharing needles, unprotected sex. (P005, 559:570)

I: what are some of the things that you've learned about that?
P: Like ways to prevent it?
I: Yeah.
P: Like condoms, don't have sex at all. Um, know who you are having sex with. Go get checked... like through blood, bodily fluids and like semen, blood... you can still get HIV with condoms like if it breaks or whatever and stuff comes out. But...you don't get HIV from kissing. (P007, 714:726)

Some participants mentioned the sources of their HIV knowledge. Below, one participant mentions how she learned new information about HIV from the Latino/a students program she was in, another describes how her sister, who worked in a prevention program, taught her about HIV.

I: ...in terms of preventing it, what are some things that you've heard about that? About ways to prevent it.
P: Well I had the whole idea that you could transmit it through saliva. And which I came to find out it wasn't.... [the program] gives you a health class...But, you know, through like blood transfusion as well and people get cut you have open wounds...
I: And what are some good ways to not get it? That maybe they taught you at [the program] or that you heard somewhere else?
P: Um, I don't use needles that other people have been using. You know, there is safer ways to have sex. And use like a condom at all times...(P004, 981:988)

Well, it's just like you know blood and stuff like that and of course like sex, just things like that. My sister used to talk to me about that all the time, she used to be in a program where they would go around and talk to the teenagers about um sexual diseases and drugs and stuff like that... (P006, 551:559)

In addition, half of the participants were aware that minorities and specifically Latina/o groups were at higher risk than others. They offered several explanations as to why this might be the case including lack of prevention education in low-income communities, lack of awareness of medical services (such as testing and free condoms), and the cultural reticence toward visiting physicians.

I: ..how about... ethnicity, do you feel that any particular group is more at risk or?
P: I think minorities are more at risk just because usually because in Pontiac like it's a low income city so I think whenever you have not enough money towards education... and programs like to teach you know,about stuff like that you have people who are less knowledged, knowledgeable about issues like that and also like if

there's money for health care then they can't really afford to you know go to the Clinic and get checked and stuff... so I think that's why minorities are more at risk. (P005, 572:580)

I: ...you were mentioning that... that people are getting infected... do you feel like people your age are at risk?
P: Yeah. Definitely, especially... Latinos because a lot of people don't go to the doctor and they are scared of the doctor... many of our people are uneducated and don't know that there is like prevention methods. They don't know that there is places that will help them, that will test for free... and I think that's one of the reasons that... our population has been increasing in the number of...HIV cases um so much, because people just aren't aware of what's out there and even the help that they can get and... you can go get free condoms anywhere, you know. You just have to go ask. But people don't know that... that is something that we as a community need to go back and... work within our... respective communities and make sure that people know that there is... resources available for them. (P007, 739:754)

Incorrect Knowledge

Although most had a good handle on HIV transmission and prevention, several participants did display some incorrect knowledge in relation to HIV. Specifically, each one of these participants mentioned one incorrect piece of knowledge about the virus. All of the misconceptions were in relation to detection and transmission of HIV.

For example, one participant was under the wrong impression HIV could not be detected in someone's blood test for 10 years after they got infected, when in fact it can be detected within two to three weeks of infection.

I: ...have you ever personally felt at risk?
P: Anybody to me who has unprotected sex has been at risk so I've had unprotected sex other than with my current boyfriend now so you know, well he did get checked out, but I was told... you gotta wait ten years like to take into account the past 10 years or whatever and um so I plan on doing it again.
I: A test? You got tested?
P: He got tested.
I: Oh he got tested?
P: I've done it when I was in high school but I wasn't even sexually active at that time, I think I was, I forgot. But it was a long time ago and I had it done then and I think I should have it done again but I want to wait some years before I take it. (P005, 582:596)

This misconception may put her at higher risk. As seen above, she decided to not get tested because she believed that it will take years before the virus can be detected.

Unlike the misconception above, the next two are less likely to interfere with protective behaviors. These young women were under the impression that HIV is more transmissible than it actually is. For example, one participant believed that donating blood could put her at risk while another believed that gloves were needed for casual contact with a person who has HIV.

> P: It is a fast growing in the Latino population, HIV...It is like developing. It is number one within like Latinas I think, right isn't it?
> I: Uh-huh.
> P: I don't know if those are Latino men as well, but I'm not sure. But, yeah, like sometimes you can get scared of just donating blood or being with one person, so I have that in my mind all the time. (P004, 930:944)

> I: What are some of the things that you've heard about how not to get HIV?
> P: I don't know, just, I mean like condoms of course but then like whenever you're with a person that has that you wear gloves stuff like that... (P006, 560:565)

Despite these misconceptions, most of the young women that I talked to understood what HIV transmission, detection, and prevention consisted of.

Sexual Risk Behaviors and HIV Protection: What do they do to protect themselves from HIV?

In terms of sexual risk in relation to HIV, the young women fit along a continuum of sexual risk behaviors. While some described protecting themselves very effectively against HIV, others were not (see Table 2). Participants described safe sex behaviors that we categorized as either low risk or moderate risk. These categoriesare based on scientific knowledge of HIV transmission and modes of protection. HIV can be transmitted through bodily fluids, with unprotected sexual activity with male partners being the most common mode of transmission amongst Latinas (CDC, 2004). Therefore,

moderate risk was defined as engaging in protected sex with casual partners and unprotected sex only with monogamous, long-term partners, but without testing for HIV. Low risk was defined as engaging in protected sex with all partners or engaging in unprotected sex only with monogamous partners with testing for HIV.

In addition, there were two participants who were engaging in a higher level of risk, unprotected sex with non-monogamous partners. Given that there were only two cases of this sort, these don't constitute adequate representation for an "at risk" group. However, several things were learned from these discrepant cases and these are described at the end of the following section.

Low Risk Group

Several of the young women fit into the low risk group. These young women described protecting themselves with condoms and/or monogamy and HIV testing. Most of the participants in this group described always using condoms with their current sexual partners. Below are some quotes from those young women that described that they would not have sex unless their sexual partner had a condom.

> I: ...did you mostly have safe sex or was it mixed or...?
> P: Yes. No, we had no mix. [laughter]. No, it was safe sex. But I guess I had in my mind that if this person didn't want to have safe sex, that I was not going to have sex... so I knew what I wanted, but I knew how I wanted it; to be like safe sex (P004, 849:878)

> Well it was like a person I knew and we were just at a party and then we just laughed and we were just hanging out and it just came up and then it was like, you know, they are like oh, well I don't have one [a condom] and I'm like, oh um neither do I, so it just, yeah, it just didn't happen... It wasn't a very difficult decision, I was just like, no. You know, there is so much risk. (P007, 774:800)

One participant described protecting herself through monogamy and HIV testing. However, this was only the case with her current monogamous partner. In the past, she

had used condoms with casual partners and described how she refused to have sex with a casual partner one time because he didn't have a condom. In relation to her current relationship, she described how they had used condoms in the beginning, however, as they "got more serious" and the relationship became monogamous, they got tested for HIV and moved into only using birth control to prevent pregnancy. In this case HIV and STDs were not seen as an issue to be concerned about because she and her partner had been tested and she felt they were in a monogamous relationship.

Moderate Risk Group

Some participants fell into a "Moderate Risk Group". These participants were protecting themselves from STDs and HIV with monogamy (but without HIV testing) with their long-term partners, and condoms with their casual partners (if they had them). While they were using some level of protection, the fact that they were having unprotected sex with people they didn't know to be HIV negative may have put them at risk.

Participants described how they had used condoms with their current long-term partners at first and were now in monogamous relationships where their main concern was pregnancy.

> I take birth control. I've been taking it for like about a year... And um, that's about it. We used to like use condoms before, but I'm taking birth control and I don't know, that's about it...I'm not, I don't even want the risk of getting pregnant 'cause I'm not even ready to be a mom. (P009, 587:607)

> P: ...I am on birth control....we are not ready to have a kid.
> I: So, and was that a decision that you made or that you made together?
> P: Well, oh I made that one quick. I was like... I know you are going to be like the only one... so I was like, I'm not going to, you know, take that risk. So he was like, oh yeah, you know, go to a doctor or let's go check ourselves...
> I: And before then... had you been using some other type of protection?

P: ...Oh, well yeah. (P010, 939:971)

Most of the participants in this group said that they had always used condoms with their casual partners, or at the beginning of their long-term relationships. One participant described only using condoms intermittently at the beginning of her current long-term relationship because she believed the relationship was monogamous.

Sexual Risk Perception: How do these Mexican American College women perceive their risk of HIV infection? Do they view themselves to be at risk?

Although some of the these young women were protecting themselves more effectively and more often than others, all but one reported not feeling at risk for HIV. They offered several explanations for why this was the case. Some of the explanations referred to actual protective behaviors, these included: *I've protected myself, I've been tested for HIV/My partner has been tested for HIV.* Others were based on judgments about the number or quality of partners they or their partners had been with: *My partner has only been with one person, I have not had many partners,* and *I've been smart about who I sleep with.*

All of the participants in the low risk group felt they were not at risk for HIV. Given that those participants protected themselves with condoms or monogamy and HIV testing it can be assumed that, for the most part, their perception that they were not at risk was accurate. Specifically, three of the participants from this group said that they felt they were not at risk because they had protected themselves from HIV through the use of protection and/or testing.

I: And did you personally feel like you were at risk for HIV at any time or?
P: Hmm? Really, not really.
I: ...what were the things that made you feel safe?
P: I would just have to say the fact that we would use protection...
I: ...was that like most of the time, or some of the time, or all of the time?

P: All of the time. (P002, 445:455)

I: Have you ever felt like maybe you were at risk for HIV or not personally...?
P: Um, no, well no I mean even with my last boyfriends like I've always been like, you know, go get checked, do whatever, you know, like and just always using condoms and stuff...
I: So it sounds like the reason why you haven't felt at risk is because you've been doing certain things to make sure that you are not, like getting tested and so I'm right, okay?
P: Yeah. (P007, 760:769)

The last participant in this low risk group, who was protecting herself by using condoms every time that she had sex, also mentioned the fact that her partner's sexual history contributed to her low sense of risk because he had only been with one other person.

I: Okay, I just wanted to make sure so, you were explaining that mostly you didn't feel so much at risk for HIV as much as pregnancy and other stuff. Is that right?
P: Yeah. I don't know, I guess I had that consciously like, I don't know.
I: What do you think made you feel that you were not at risk?
P: ... I guess the fact that he was with one other person, but I mean that was not an excuse. Wasn't as much terrifying of someone else, if he had told me he'd been with... 40 you know. But then one person can always change, transmit it. (P004, 997:1007)

In the moderate risk group, none of the participants felt that they were at risk for HIV either. Like the low risk group, three of the participants in this group mentioned not feeling at risk because they protected themselves from HIV. Given that these young women reported protecting themselves with condoms (with casual partners and at the beginning of relationships) and monogamy but were not aware of their own or their partners' HIV status, it can be assumed that they may not have been in as low a risk at they believed. In the following example, this young woman explains that she believes she's protected herself when she's had intercourse, and therefore has not felt at risk.

I: ...And have you ever personally felt like you were at risk at all?

P: No.
I: What kinds of things have made you feel safe?
P: I don't know, the fact that I've always like protected myself [through condoms at the beginning of relationships and monogamy once relationships were established] when I have been sexually, like in intercourse...(P009, 742:753)

Other reasons offered by these participants were less based on their assessment of efficacy of their protective behaviors, instead they were more based on their judgment of the degree of risk (e.g., number of partners, likelihood of infection or the quality of their partners as people). These included *I've been smart about who I sleep with* and *HIV is the extreme.*

I: ...since you got to college was there ever a time that you felt you were exposed to HIV and didn't protect yourself, and if so what do you think like prevented that?
P: No, I've never felt like I've been exposed to HIV just because my, the partners that I've chose to be with I just, I considered them smart and intelligent... they're not one of those people to have sex with just anybody and everybody so in that sense I didn't consider them... possible candidates or nothing like that... I don't think I've been exposed to HIV.
(P005, 620:627)

I: ...were you also worried about HIV or was it mostly STDs?
P: No, HIV no.
I: What made you not worry about HIV
do you think?
P: I just feel like it's like to the extreme, HIV, you would really need to be with someone that... [did not finish this thought] (P003, 672:691)

It is important to point out that despite the fact that participants had accurate knowledge of how HIV is transmitted and how to protect oneself, they did not feel like they were themselves at risk, despite of their risky behaviors.

Although most of the young women that I talked to specifically said that they did not feel at risk for HIV there was more concern about other STDs and pregnancy. Most described being concerned about STDs. Within this group, several felt at risk because they had engaged in risky behavior while the rest described that they either perceived risk

and therefore protected themselves or protected themselves and therefore did not perceive risk.

In the following quotes one participant (who expressed not feeling at risk for HIV) described her concern that she might have contracted an STD from a one-time partner while another describes how she was more concerned about STDs than HIV.

> I: Were you worried about STD's or HIV or anything like that?
> P: I was worried about STDs. I was because it was like this guy I barely met and I'm like, I don't know? (P001, 832:848)

> I: Uh-huh. So did that ever cross your mind [HIV]...?
> P: I think it was mostly other things. It fell under like the STDs for me, like I felt like it was something I was going to get. It fell under that. Well I guess you could say it was a priority. (P004, 946:956)

Similar to the descriptions of HIV protection, those participants that described protecting themselves from STDs, defined "protection" in different ways. These included using condoms, testing, and monogamy.

> I: ...with the partners that you've had more recently, have you ever been concerned about STDs with them at all?
> P: Not really.
> I: And what has made you feel safe?
> P: I think it is because I just, I mean at least we are using something [condom]...(P008, 1559:1568)

> I: ...how about STDs? Is that something that crosses your mind at all?
> P: Yeah, that's something, and I've talked to him about that just because I know that like he has slept with more people than I have so I told him like, I asked him to go get checked and I've gotten checked just because so we've both done that (P006, 537:545)

> Well one thing I really like about having a boyfriend is that I can do whatever I want with him sexually and not have to worry about STDs considering you know if he's not messing around, which I feel like he isn't. (P005, 435:449)

In relation to pregnancy, most participants reported feeling concerned about it. Similar to STDs, several felt at risk because they had engaged in risky behavior while the

rest described that they either perceived risk and therefore protected themselves or protected themselves and therefore did not perceive risk.

> Ay, a lot of girls in my family... my sister, didn't get any help, with teen pregnancy you know and becoming mothers at a very, very young age you know and I didn't want that to happen to me and the way to avoid it was protection you know and that's why I thought that it was important. 'Cause I didn't, I didn't really want no kids, I don't want no kids. (P002, 380:400)

> I: Did you ever get concerned that you'd become pregnant or anything?
> P: Yes. [laughs] ...Yes I did, I was like, oh my gosh, we didn't use a condom, you know, like what if like you know something happened or whatever... but actually it was always right around before my period...when we wouldn't use any type of protection. So, I'd be like, okay I'm going to give it like two weeks or something... and like oh wow I get my period. So I was like well I did get my period... I was a little bit concerned sometimes, but you know, but no I did not get pregnant. (P001, 990:1009)

Familial Messages and Sexual Risk

As mentioned above, all of the young women in the sample had received traditional messages in relation to sex (such as *Don't have sex before you are married* and *You can't go out with boys*).

In addition, some had also received specific protective messages in relation to sex. Interestingly, the participants who belonged in the moderate risk group had only received the traditional messages, while the participants who belonged in the low risk group had all received the traditional messages and the protective messages (see Table 3).

Discrepant Cases

It's important to point out that, as mentioned above, there were two cases in the sample that did not fit into either the Low Risk Group or the Moderate Risk Group. There were several things that distinguished them from the rest of the sample. First of all, these two participants described a higher level of sexual risk behaviors than the other

young women in the sample. Specifically, they both described having unprotected sex with their partners and being long-term relationships with men who, at the time, were involved with other women. In relation to casual partners, one described using condoms whenever she would have sex with someone. The other, who had had two sexual partners (her boyfriend and a one night stand) described not using condoms with either one.

Secondly, in relation to familial messages about sex and relationships, these two participants had received fewer traditional messages than the rest of the participants. Like, the low risk group, they had also received some protective messages.

Finally, both participants described extenuating circumstances that could have contributed to their sexual risk. One of them did not care if she got pregnant, and therefore was not protecting herself. The other young woman was a survivor of sexual assault, which could have compromised her ability to protect herself.

In relation to perception of risk, one of the young women felt that she was not at risk for HIV while the other did. While one felt like she had not been at risk because she'd only had unprotected sex with two people, the other felt that she had been at risk because she had unprotected sex with a boyfriend who had cheated on her. However, this second participant described how she could not talk to her boyfriend about this because he might think she had been with other people.

I: So and in terms of HIV, is that something then that has ever worried you?
P: It has, but I've never talked about it with, I go with my boyfriend, I've never talked about it with him. I don't know, we just, the conversation just never has really come up.
I: Okay and why do you think that is?
P: I think I'm scared.
I: Really, what are you scared of?

P: I don't know, I think I'm just scared of him thinking that either I've been with other people, well I have, but that's not the point, or if him thinking that I'm saying that he has something or yeah...There was this one time when um, I had boughten different underwear and didn't know I was allergic to that type of material, I got a really irritated, really itchy and I didn't want to tell him... At the beginning I didn't know what it was and I'm like oh my God what am I going to tell him, what am I going to do? ... I still didn't tell him...(P008, 1570:1603)

Authenticating Data

As a qualitative study, trustworthiness takes the place of validity in ensuring good quality of the data (Guba & Lincoln, 1989). According to Guba and Lincoln (1989), credibility, transferability, and confirmability are all included in ensuring trustworthiness of the data. Credibility was ensured in three ways. The first two involved review of the coding and theme analysis by independent, outside reviewers. This was accomplished: (1) through engaging in debriefing with the chair of this research and (2) through the coding of a portion of data by a second coder. This included extended discussions of findings, conclusions and tentative analyses. The second coder independently coded portions of data. Then, the independent coder and I carefully reviewed the coding of these portions, discussed differences, and achieved consensus.

Negative case analysis or revising working hypotheses in the light of hindsight, with an eye toward developing and refining a given hypothesis (or set of them) until it accounts for all known cases (Guba and Lincoln, 1989) was also utilized to ensure credibility. Throughout the negative case analysis process, the two discrepant cases described above jumped out as contradicting my working hypothesis. Unlike other participants who received protective messages from their family members, these young women were engaging in unprotected sexual contact with their partners. As mentioned

above, a closer study of their stories revealed confounding factors that may have played into this decision making.

Third, in order to assure that conclusions were consistent with participants understandings, member checks were conducted. This process is, according to Guba and Lincoln (1989), the single most crucial technique for establishing credibility. It includes taking findings back to respondents and verifying that they are accurate thus ensuring that their constructed reality has been captured throughout the analysis and interpretation process. Specifically, at the end of each interview, the participants were asked if they could be contacted in the future to verify findings with them. All said they could be contacted for this purpose. Individual meetings were set up with a subsample to conduct the member checks. Specifically, one participant belonging to the Low Risk Group and one participant belonging to the Moderate Risk group met with the investigator to verify the findings. An outline summary of the results corresponding to each of the participants groups was provided to each participant. Then, I talked with the participant in about the results and asked if this spoke to her personal experience. In both cases, participants felt like the results found in the study accurately reflected her experience.

Trustworthiness is also ensured through transferability, which usually takes the place of generalizability. It was ensured by providing in depth descriptions of the time, place, context and culture of salient findings (Guba & Lincoln, 1989). Confirmability, which concerns tracing data back to its original sources, was ensured by keeping a detailed record of all data collection and analysis decisions made .

DISCUSSION

The stories of the young women in the *Learning from Mexican American Young Women Project* open a small window through which we can begin to unfold how they understand cultural messages about sex, their own sexuality, their sexual risk, and their HIV protective behaviors. Many of the participants expressed their desire to help others by talking about their experiences and it is my hope that this analysis does their stories justice and adds to the knowledge base that will lead to effective interventions for these populations.

The participants in this study were all sexually active college women from traditional Mexican backgrounds who were attending a predominantly white university. Although this group represents a specific sub-sample of Mexican American women, it was an excellent place to start building an understanding of how cultural messages are related to sexual behaviors for young Latinas. First of all, they are a group who is likely to be faced with decisions about engaging in sexual risk behaviors (Fielstein, Feilstein, & Hazelwood, 1992). These college students were experiencing an important transition. They had moved out of their parents' home and into a new environment where they were less likely to receive traditional Latino cultural messages about sexuality and more likely to be exposed to peer and mainstream messages and pressures to engage in sexual activity. Second, they are a group who is likely to be accessible for and open to intervention. Their willingness to participate in the study demonstrated that they were open to discussion about their sexual relationships. In addition, college students are a relatively easy-to-reach population who are often in a period of increased sexual

experimentation (Fielstein, Fielstein & Hazelwood, 1992). Finally, issues related to perception of sexual risk, sexual risk behaviors, and protective behaviors are understudied in Latino populations. Mexican American college women represent an important subpopulation.

Cultural and Familial Messages in Relation to Sexual Risk

Given that family is an important conveyer of culture and that sexual expression is very closely related to culture, (Handelman, Cabral, & Weisfeld, 1987) this study explored the familial messages that participants received in relation to sexuality. All participants reported receiving at least one type of parental message that reflected the traditional Mexican values in relation to sexuality described in the literature. The messages included *We don't talk about sex*, *Don't have sex (before marriage)*, and *You can't go out with boys.*. These findings were consistent with other studies which have also found that specifics about sexuality are seldom talked about in traditional Mexican homes and that often parental messages aim to restrict contact with boys in order to prevent sexual behaviors. (Marín & Gómez, 1997; O'Sullivan et al. 2001; & Rafaelli & Green, 2003). Other studies, which have looked at parent-child communication about sexuality have found that Latino/a parents will sometimes focus on relaying warnings and values, instead of specific messages about sexuality (O'Sullivan et al., 2001; Rafaelli & Green, 2003; Rafaelli & Ontai, 2001; & Romo et al., 2002). This was also reflected in the study findings, with the relaying of messages such as *It's desirable to be a virgin* and *Don't have sex until marriage.*

These traditional messages about sexuality, however, did not represent the entire story. Some of the participants also received protective messages from family members

as well. These included *Protect yourself sexually* and *You can talk to me about sex.* Unlike most other studies about sex communication in Latino/a families, this study looked at family communication in an open-ended manner, which lead to the participants talking about other providers of protective sexual messages. Specifically, the study found that some participants were receiving protective messages from other female family members (although one participant described a *Protect yourself* sexually message from her parents). In other cases other female family members, such as aunts and sisters, were the ones conveying the protective messages. This finding was consistent with O'Sullivan et al., (2001) finding that young Latina women sometimes turned to close family members other than their mothers for information about sexuality when it was not provided by their mothers. O'Sullivan et al. (2001) also found that the girl's mothers were aware of and comfortable with this arrangement.

To date, most of the literature on parent-child communication about sexuality between in Latino families only goes as far as asking if communication takes place at all and has not explored the content. This work went a step further by exploring the topics of conversation between the young women and their family members. This brought to light that the less traditional protective messages are occurring within traditional families. What seems to be communicated in some families is: *We want you to not have sex, but if you choose to, don't make a consequence out of it.* This acceptance of the possibility of sexual activity and desire that they be efficacious (if they do choose to have sex) is new to the literature of communication in Latino/a families and should be explored further.

Predictors of Sexual Risk Behavior

Despite similarities in the young women's traditional backgrounds and the traditional messages that they received about sexuality, they did vary along other dimensions. For example, they were engaging in different levels of sexual risk. Participants that belonged in the "low risk" group were protecting themselves with condoms and/or monogamy and HIV testing while those that belonged in the "moderate risk" group were protecting themselves with monogamy (without HIV testing) with their long-term partners, and condoms with their casual partners.

There was much less variation, in the level of HIV knowledge that these women had than there was in their risk behavior. Most had a clear idea of what prevention and transmission entailed. However, despite similar levels of HIV knowledge, there seemed to be little or no connection between level of HIV knowledge and level of HIV risk the participant was undertaking. This finding is also echoed in the HIV literature. Level of knowledge (by itself) tends to not be related to perception of HIV risk or protective behavior (Fisher & Fisher, 2001; O'Leary, 2000; & Wulfert & Wan, 1993). This is why information-only interventions have been notoriously ineffective and why social scientists have moved toward the study of other contextual variables, like culture, in order to understand what other factors may be at play.

It is important to point out, however, that in this study there was one individual-level factor that can perhaps help explain the discrepancy between HIV knowledge and HIV risk. This factor was perception of risk. Despite a range of sexual risk behaviors, most participants did not feel at risk for HIV. All participants but one reported feeling like they were *not* at risk for HIV infection. Therefore, it is not surprising that many were

not using barrier methods to protect themselves from it. In fact, even those who were protecting themselves effectively from HIV (the low risk group), were not doing so with the express purpose of avoiding the virus. Instead, condoms were being used with the purpose of avoiding STDs and/or pregnancy, which they did feel at risk for.

This leads to the question: What can this lack of perception of risk be attributed to? When we look at the interviews through this lens it would seem that they felt that they had "done enough" to protect themselves. Out of those that had casual partners, most protected themselves with condoms with casual partners.

Although they knew the facts about HIV transmission, it appears that in some cases they were not translating this knowledge into accurate risk perception. Some of the young women talked about how they wouldn't sleep with "just anyone". Some also mentioned that at the beginning of the sexual relationships they had asked their partners questions about their sexual histories in order to assess their level of risk. It would seem that after these assessments of the person the young women felt that they were not putting themselves at risk for HIV. In other words, it would seem that they had found a way to understand their risk that was not necessarily accurate, based on their initial judgment of the person, rather than on an ongoing assessment of their exposure to potentially risky behavior.

Of course, it is impossible to know if in reality they were experiencing cognitive dissonance about their situations. Although they understood their risk, they may not have felt empowered to utilize condoms with longer-term partners and, therefore, resorted to this kind of "justification" of the risky behaviors. They may have felt that they could not bring up condoms due to issues of trust. Bringing up the use of condoms in relationships

that should be monogamous implies that they either don't trust their partner or that they've been doing something they shouldn't have. This undermines the monogamous relationship and contradicts how they've been taught to behave. Interestingly, in these cases this might mean that longer-term relationships may put young women more at risk instead of less. This is very concerning given that most women who become infected with HIV, are infected by their primary partners (boyfriends and husbands) (O'Leary, 2001).

Most notably, the young women who engaged in more protective behaviors, had received both traditional and protective messages from a family member. It is possible that this combination of traditional and protective messages contributed to these participants' ability to protect themselves. It may be the case that when family members are up front about their values, but also provide specific advice about protection, that these messages are more likely to have an effect on young women's protective behavior. One reason why this may be the case is that this recognition of the existence of restrictive values around sexuality may open a dialogue between family-members about sex. This, in itself, may make young women more likely to feel comfortable talking about sexual topics and this could, in turn, be related to protective behaviors. In addition, the relaying of protective messages on top of that may let the young women know that, beyond the importance of traditional values, their health and future should not be compromised if they decide to have sex. In other words, these specific messages may be protective because they relay specific information about sexual protection, despite the recognition that this behavior would go against cultural values around sexuality.

The finding that specific messages about sexuality can be protective is consistent with what was found in the Family and Adolescent Risk and Communication Study (FARCS) (Whitaker & Miller, 2000; & Whitaker et al., 1999). Whitaker and Miller (2000) and Whitaker et al. (1999) found that parental discussions about specific sexual topics were associated with less risky sexual behavior. This was the only study found that explored both the content of the conversations between the parents and adolescents and how these may influence sexual risk in Latino/a teens. However, it is important to point out that the participants in this study were not all Latinas. All data was analyzed in aggregate despite the fact that some participants were Hispanic and others African American. Given this, it becomes impossible to tease out what messages occurred in what populations. Furthermore, interview data was collected from teens in Alabama, New York and Puerto Rico, which differ greatly along many dimensions (i.e. language and culture). The cultural diversity of the group makes it difficult to make any conclusions about cultural influences. This is unfortunate given that we would expect these to be very important, as illustrated in O'Sullivan et al. (2001). In a study with 72 African American and Latina mother-daughter dyads they found that while African American mothers aimed to prevent STDs and pregnancy, Latina mothers aimed to prevent the formation of relationships.

To date, researchers have not explored the relationship between the cultural messages that are being relayed to young Latinas about sexuality and their protective sexual behaviors from a cultural perspective. The current study adds to the literature by identifying cultural messages that are being related to these young women in relation to sexuality, within this particular group. Furthermore, we are able to begin to form an

understanding of how this might be related to their ability to protect themselves. In addition this study looked at these topics in a slightly older population than has been studied in the past, that may be at more risk. Finally, as mentioned above, other studies have been limited to communication from mothers and fathers. My findings suggest that other family members may in fact be very involved in relaying protective messages and that these messages may be important for effective prevention. The topic of how these familial messages may help prevent risk behaviors should be further explored. It is possible that discussions about sexuality lead to young women feeling comfortable with sexuality in general (instead of guilty) and in "negotiating" safe sex with their partners.

Limitations

It is important to note that who these young women are could be related to how they perceive and manage their sexual risk. There are some ways in which they may have been different from other girls that also grew up with traditional upbringings. First of all, they had chosen to move away from home to go to college. Some of them even mentioned resistance from their parents to doing this, with one participant having to "run away from home" in order to go to school. Furthermore, they were sexually active and willing to talk with an investigator about their sexual relationships and protective behaviors. These two things may have played into their perception of risk and sexual risk behaviors. For example, moving away from home, especially against their parents' wishes demonstrates a level of independence that could also be related to their sexual agency within their relationships and sexual encounters. In addition, their willingness to talk openly about their sexuality could be related to their ability to negotiate risk. A

young woman who felt sexually silenced might not feel comfortable in this situation and may have chosen not to participate.

The findings of this study are not expected to generalize to all Mexican American women, or even Mexican American college women. However, as is often the case with qualitative work, this was not the purpose of this work. Instead, I sought to explore what familial and cultural messages were being received by these young women in relation to sexuality and how they related, if at all, to sexual risk. Through this process the study achieved its goal of building a deeper understanding of these mechanisms in this subpopulation. Exploration of the generalizability of these findings to other subgroups is an important next steps.

Implications, Future Studies and Interventions

Scholars have long recognized the importance of culture in sexual risk and, therefore, the importance of tailoring interventions to specific cultural groups (O'Leary & Wingood, 2000; Lauby, & Smith, & Stark, 2000). Unfortunately, very little work has explored whether culture actually does play a role and if so through what mechanisms. The influence of familial communication about sexuality on sexual risk is also a very understudied in these populations. This study represents a small step toward a deeper understanding of some of these contextual variables that seem to be at play in the sexual risk behavior of young Latinas and, ultimately, the creation of tailored interventions for Latino/a subgroups.

Past studies on Latino/a populations have found that parental messages that relay traditional cultural values can delay the onset of sexual activity (Rafaelli & Green, 2003; & Liebowitz et al., 1999). Thus, researchers have suggested the use of these messages

by interventionists to prevent young people from engaging in sexual activity at all (Villarruel, 1998). However, the CDC (2002) estimates that up to 44% of young Latina women become sexually active before the age 18. Therefore, other types of intervention efforts need to be taking place as well, for those young women who do become sexually active.

Given that the current state of the literature suggests that messages received from family members (value-oriented, traditional and protective) matter in the prevention of sexual risk behaviors, further research should explore the mechanisms through which familial messages about sexuality are processed by young Latinas and how this translates into decreased sexual risk behaviors. Finding out why these messages matter, what elements of the messages are essential to them being preventive, and through what mechanisms they are perceived, understood, and assimilated by young women are important next steps. Furthermore, it is important to study what elements a relationship must have in order for these preventive messages to be effective. This information will lead to an understanding of who could be an effective interventionist.

Given that family influence seems to be important in these matters, this may mean programming targeted at encouraging parents and/or other people in these women's lives (aunts or older sisters for example) who are open to the topics of sexuality to be informed, supportive, and effective providers of information about sexual protection.

Clearly, some families may be resistant to this. Many parents may feel that talking to their daughters about sexuality encourages the onset of sexual activity. However, longitudinal research suggests that exposure to knowledge about sexuality does not increase onset of sexual activity (Guttmacher, 1994). Exposing parents and others to

this kind of information may be the first step in making them effective interventionists. Furthermore, increasing general awareness of rates of sexual activity, STD's, and HIV may make parents and other family members less reticent to talking teens about sexual topics. If parents are informed about the effectiveness of mixed messages that relay *Don't have sex, but if you do protect yourself,* they may be more likely to use them.

Given that not all families may be open to these kinds of intervention, other adults that may take the place of parental figures could be trained to provide these kinds of accurate and supportive messages. For example, in the case of the subpopulation in this study, all of the young women were involved in a college advancement program where other young women (who are Latina graduate students) become their mentors. They build very strong bonds with these women and often come to them for advice and help. In their case, this close mentor-student relationship may be a good point of intervention.

Finally, the findings of this study have implications for how to work with young Latinas. As mentioned before, it is concerning that most did not perceive HIV risk despite the fact that they were being well-informed about what constitutes risk were and engaging in some level of risk. They felt like they had "done enough" by assessing the character and past behaviors of their partners, asking about their sexual history, or only having unprotected sex with a few individuals. This suggests that interventionists should focus on debunking the notions that "safe sex" can be judged, based on personality characteristics. Emphasis should be placed on the fact that, regardless how good a person is, you can't know their status unless they've been tested. Also, these young women described that once they were in a long-term relationship, they stopped assessing their sexual risk. There should be an emphasis on assessing risky behavior as a non-

static factor that may change over time. Making ongoing assessments of risk within relationships in a way that doesn't compromise trust is, of course, an important topic that should be explored further. In addition, researchers and interventionists need to think about framing the use of condoms within the context of monogamy.

In summary, this study illuminated several important points. First of all, young Mexican American women are receiving traditional messages about sexuality from their families, but some are also receiving protective messages. Secondly, these messages don't always come for parents. Finally, traditional as well as well as protective messages may play an important role in the protective behaviors of these young women. This work will hopefully become one more piece of the HIV prevention puzzle. It illuminates some new ways of thinking about this subgroup and new paths to explore. It is my hope to have done these young women's stories justice and our obligation as researchers to continue to build on this knowledge in search for solutions that will work in HIV prevention.

APPENDICES

APPENDIX A

Interview protocol

Learning from Latinas Study

INTERVIEW PROTOCOL

Introduction: Hi, I'm Mercedes. Thank you for your interest in the "Learning from Latinas Study". As you know, the focus of this study is to understand more about how Mexican American women think about intimate relationships, how to protect themselves from HIV, and how their cultural upbringing might influence this.

I know that talking about personal topics such as intimate/romantic relationships can sometimes be a little uncomfortable. I just want to remind you that everything you say will be confidential and if there's anything that you feel uncomfortable talking about let me know to move on to the next question.

Do you have any questions for me before we begin?

Interview Questions	Area or Research Question Addressed	Topic
First I'm going to ask you some general questions about yourself and later on we'll be talking about relationships. How old are you? _____ How long have you been at MSU? _____on Where were you born? _____ *If not in US*, how old were you when you came to the United States? Where were your parents born? *If not in US*, how old were they when they came to the United States? What ethnicity or group do you feel you most closely identify with? *Utilize the term that they identify throughout this interview.*		**DEMOGRAPHICS**

I'd like to hear a little bit about how your childhood was like with regard to how immersed you were in *Latino* culture. Can you tell me about that? What language did your family speak at home when you were growing up? Can you tell me about that? What was that like for you? What types of movies did you watch? What types of books did you read at home? What types of foods did you eat in your home? Where did you grow up? Are all the people in your family of *Latino/a* descent? Tell me about your neighborhood. Were there many other *Latino* families in the neighborhood you grew up in? Was it a predominantly *Latino* neighborhood? How so? How about your school? Were your friends mostly *Latino/as* in school? Overall, would you say you grew up in a predominantly *Latino/a* household? Can you give me an example of how that was true?	**Family and Upbringing**	BACKGROUND

Tell me about your family Who lived in your home when you were growing up? Do you have any siblings? Did you spend a lot of time with extended family members? How close was your family growing up? Tell me about your relationship with your family now that you're in college. Where do you live now? With your family? How often do you talk on the phone? Email? Visit?	**Relationship with Family**	

Decision Rules: 1. If participant identifies one or several primary partners use set of questions #1 for each primary partner. 2. If participant identifies 1 or more sexual partners and no primary partner, use set of questions #2. 3. If participant identifies a primary partner as well as non-primary partners, begin by asking about non primary partners and then the primary partner.

One thing I'm trying to learn more about in this study is how college women make decisions, about intimate relationships how they protect themselves from HIV. So, now I'd like to talk to you about your romantic or sexual relationships and how you think about this. (Like I mentioned during the screening, by sexual relationships I mean relationships in which you've had sexual intercourse or oral sex with a male partner.) However, before I ask you more specific questions about relationships though, it's important for me to understand what kinds of relationships you've been involved with. So, let me start by finding out more about who you've been involved with in the past 6 months. Thinking back about the last six months (that would be since _____). How many men have you been in romantic relationships with? _____ How many men have you been in sexual relationships with? _____ ***If one,*** Can you tell me about it? How'd you meet? Are you still seeing him? What was that relationship like? How long were you seeing that person? How often did you see them? What types of things did you do together? How long did that/those relationship(s) last? Were they/was it a casual relationship or more serious? Were you only seeing each other or also other people?		**Relationship Landscape**

If more than one, Can you tell me about the most important? (IF NONE IS MOST IMPORTANT SKIP TO) *Repeat set of questions for each sexual partner.* How'd you meet? Are you still seeing him? What was that relationship like? How long were you seeing that person? How often did you see them? What types of things did you do together? How long did that/those relationship(s) last? Were they/was it a casual relationship or more serious? Were you only seeing each other or also other people? How about *(other partner mentioned)* that? How'd you meet? Are you still seeing him? What was that relationship like? How long were you seeing that person? How often did you see them? What types of things did you do together? How long did that/those relationship(s) last? Were they/was it a casual relationship or more serious? Were you only seeing each other or also other people? ***If none is more important,*** Can you tell me about the most recent? *Repeat set of questions for each sexual partner.* How'd you meet? Are you still seeing him? What was that relationship like? How long were you seeing that person? How often did you see them? What types of things did you do together? How long did that/those relationship(s) last? Were they/was it a casual relationship or more serious? Were you only seeing each other or also other people?		

One of things I'm interested in learning about is how young women handle sexual risk. Do/Did you have a sexual relationship with ___? Can you tell me about it? I'm interested in what you did about protection. Can you tell me a little bit about that?	One of things I'm interested in learning about is how young women handle sexual risk. Do/Did you have a sexual relationship with ___? Can you tell me about it? I'm interested in what you did about protection. Can you tell me a little bit about that?	3. What does it mean for them to negotiate safe sex? (cc) 3a. What barriers to safe sex negotiation do they experience? (cc)	**Management of Risk**

I'm interested in learning more about any concerns that you may have that are related to being sexually active. What are some of the concerns that you may have had during your relationship with *primary partner #1*? • Are you concerned about becoming pregnant? o *If yes,* what do you do to address these concerns? o *If no,* why are you not concerned? Tell me about that.	I'm interested in learning more about any concerns that you may have that are related to being sexually active. What are some of the concerns that you may have had? • Are you concerned about becoming pregnant? o *If yes,* what do you do to address these concerns? o *If no,* why are you not concerned? Tell me about that. • Are you concerned about STD's? o *If yes,* What are your concerns? • What do you do to address these concerns? o *If no,* why are you not		**Health Concerns**

• Are you concerned about STD's?
  ○ *If yes,* What are your concerns?
  • What do you do to address these concerns?
  ○ *If no,* why are you not concerned? Tell me about that.
	concerned? Tell me about that.		

If has not mentioned HIV, I'm wondering about how you think about HIV/AIDS. Some people find the difference between those a bit confusing. So, HIV is when you get the virus that causes AIDS. AIDS is when you're already sick with the disease. I'd like to start by getting an idea about your understanding of HIV risks. • How do people get HIV? • Do you know what the most common modes of transmission are for heterosexual women? • Do you feel like Latinas are more or less at risk than other women? Why? • What are some of the	*If has not mentioned HIV,* I'm wondering about how you think about HIV/AIDS. Some people find the difference between those a bit confusing. So, HIV is when you get the virus that causes AIDS. AIDS is when you're already sick with the disease. I'd like to start by getting an idea about your understanding of HIV risks. • How do people get HIV? • Do you know what the most common modes of transmission are for heterosexual women? • Do you feel like Latinas are more or less at risk than other women? Why? • What are some of the effective ways that you've heard about to prevent it? Can you think of an example?	1b. Do they know about safe sex and prevention? (cc)	**HIV Knowledge**

effective ways that you've heard about to prevent it? Can you think of an example?			

• Do you feel that women your age are at risk for HIV?
  o Can you tell me why? Why not?
 	
• **Do you personally feel like you're at risk for contracting HIV in your relationship with ___?**
 	
If no:
 	
What makes you feel that you are not at risk? What are the things that make you feel safe?
Have you felt that you were in the past?
 	
If yes:
• How do you handle that?
• Do you take precautions?
• What do you do to protect yourself? Anything else?
	• Do you feel that women your age are at risk for HIV?
	  o Can you tell me why? Why not?
	
	• **Do you personally feel like you're at risk for contracting HIV?**
	
	If no:
	
	What makes you feel that you are not at risk? What are the things that make you feel safe?
	Have you felt that you were in the past?
	
	If yes:
	• How do you handle that?
	• Do you take precautions?
	• What do you do to protect yourself? Anything else?
		1. How do Mexican American College women perceive their risk of HIV infection? (cc)
		1a. Do they view themselves to be at risk? (cc)
			Perception of Risk

If uses condoms Can you tell me about a time recently that you used condoms to protect yourself? • Can you tell me about it? • Whose idea was it?	*If uses condoms* Can you tell me about a time recently that you used condoms to protect yourself? • Can you tell me about it? • Whose idea was it?	2. What do they do to protect themselves from HIV? (cc) negotiating safe sex	**Protective Behaviors/Coping with Risk**

• How did you bring it up? *If feels her partner is " safe"* • How can you tell that *primary partner #1* is safe? • Can you tell me about a time recently that you felt confident having sex with *primary partner #1* because you felt they were safe? • Has there been a time when you felt that you were "at risk" or exposed to HIV in your sexual relationship with your *primary partner #1*? o What made you feel that way? o What happened? What did you do? Can you tell me about that. o Can you think of a time when you found it difficult to do what you needed to do to protect yourself? o Can you tell me about that? o What happened? o What influenced whether you had safe sex? • Can you give me an example	• How did you bring it up? *If chooses partners that "are safe"* • How can you tell that a person is safe? • Can you tell me about a time recently that you felt confident having sex with *a sexual partner* because you felt they were safe? • Has there been a time when you felt that you were "at risk" or exposed to HIV in a sexual relationship? o What made you feel that way? o What happened? What did you do? Can you tell me about that. o Can you think of a time when you found it difficult to do what you needed to do to protect yourself? o Can you tell me about that? o What happened? o What influenced whether you had safe sex? • Can you give me an example that you didn't think it was a good idea to have sex and you did?/didn't? o Can you tell me about that? o What happened? o What influenced whether you had safe sex? *If hasn't mentioned condoms,* some women feel that condoms are a good way to protect		

of a time that you didn't think it was a good idea to have sex and you did?/didn't? ○ Can you tell me about that? ○ What happened? ○ What influenced whether you had safe sex? *If hasn't mentioned condoms,* some women feel that condoms are a good way to protect themselves against HIV • Do you ever use condoms with *primary partner #1* to protect yourself from HIV? • Why? Why not? • How do you feel about using them? • How *does primary partner #1* feel about condoms? • Can you think of a time you wanted to use condoms?	themselves against HIV • Do you ever use condoms with your sexual partners to protect yourself from HIV? • Why? Why not? • How do you feel about using them? • How do your sexual partners feel about condoms? *Ask about each one individually.* • Can you think of a time you wanted to use condoms?		

Another thing I'm trying to learn is how young women handle communication about intimate topics. So I'd like to find out a little bit about how it is in your relationship/case? Do you talk about issues related to intimacy and sex? How is it in your relationship with *primary partner #1*? • Do you talk about issues related to sex?	Another thing I'm trying to learn is how young women handle communication about intimate topics. So I'd like to find out a little bit about how it is in your relationship/case? Do you talk about issues related to intimacy and sex? . How is it in your case? • Do you talk about issues related to sex with your sexual partners?

If do talk, o Can you tell your partner you want to have sex or don't want to have sex? o Can you tell me more about that? o Can you tell me about a time when you discussed safe sex with your partner? • Who brought it up? • How did that play itself out? o Did you feel comfortable talking about sex? • Protection? • Why? • Did things turn out as you hoped? o Do you ever talk about protection from HIV? Tell me about that. ***If don't talk,*** Can you tell me about a time when you wanted to talk about these things but couldn't? o What made it difficult? • Are there things you wish you could talk about that you feel you cannot? o Why do you feel that is?	***If do talk,*** o Can you tell him you want to have sex or don't want to have sex? o Can you tell me more about that? o Can you tell me about a time when you discussed safe sex with your a *sexual partner*? • Who brought it up? • How did that play itself out? o Did you feel comfortable talking about sex? • Protection? • Why? • Did things turn out as you hoped? o Do you ever talk about protection from HIV? Tell me about that. ***If don't talk,*** Can you tell me about a time when you wanted to talk about these things but couldn't? o What made it difficult? • Are there things you wish you could talk about that you feel you cannot? o Why do you feel that is?

(Resumes the Format of 1 set of questions here)

Now, I'm going to ask you about when you were growing up and things you may have learned about relationships and sexuality growing up.
 	
• What were your parents expectations about how you should behave? Did they tell you that directly? How did you know? (WORDING)
  o Tell me about a time when your parents told you about how to be a young woman.
  o What kinds of rules did your parents have in your home about (Probe around: Boys? Curfews?)
  • *If has male siblings*, were the rules the same for you as for your brother(s)?
 	
• What did you learn about relationships when you were growing up?
• What were the expectations in your family for how relationships between men and women should be like?
  o Do you feel you developed certain ideas about how men should act?
  • About how women should act?
  • How did you find out?
  • Can you think of a specific time when a family member talked to you about how you should act around boys your age? Who talked to you? What did they tell you?
 	
  • How did your parents feel about your relationships with boys?
  • Did you agree?
  • How do you think you're similar/not similar to your parents with regard to your approach to relationships?
 	
  o **How did growing up with those messages influence how you handle your romantic relationships now, if at all?**
  • **Can you tell me an example?**
	4. What are the cultural messages, in relation to sex, that they have received growing up? (cc)	**Cultural messages around sex; processing and management of these**

• Do you think the values you learned from your family made it easier/harder to protect yourself from HIV? Please explain.
  o Can you give me an example when the values you learned from your family made it easier/harder to protect yourself from HIV?
 	
• Do you feel that the messages you got growing up are different messages from those that girls who are not Latinas heard growing up?
  o *If yes,* how are they different?
	4a. Do they perceive themselves as coming from a different set of sexual values than the mainstream culture? (cc)	

• How has it been since you got to college? Have your ideas changed about some of these things? How?
  o Outside of your family?
  o Has what you learned from your family impacted how you've handled relationships as a college student.?
  • In what ways?
	4b. How do these come into conflict with the messages received from the mainstream culture? (cc)	

• Is there anything else that I should know to help me understand how your background and culture have influenced your view of sexual relationships or HIV?	5. How do these messages facilitate or create challenges for them in managing sexual relationships? (wc)	

• Are you currently using any of the following forms of birth control? (refer to list) _____ • Have you ever been pregnant? • Have you ever been tested for the AIDS virus? • Did the test show that you were positive? • Have you ever been tested for STDs • Did any of the tests show that you were infected with an STD?		**DEMOGRAPHICS**

Well, those are all of the questions I have for you. I just have a short set of questions for you to fill out for me and then we'll be all set. Is there anything you want to ask me?

Ethnic Identity

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

1. I am happy that I am a member of the ethnic group I belong to.
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, in terms of how to relate to my own and other groups.
4. I have a lot of pride in my ethnic group and its accomplishments.
5. I participate in cultural practices of my own group by eating the foods, listening to the music and following the customs.
6. I feel good about my cultural or ethnic background.

Thanks for Coming
May I contact you in the future to share and verify results?

If yes: What's the best way to contact you?

APPENDIX B

Flyers

Flyer/Email

LEARNING FROM LATINAS STUDY

The "Learning from Latinas" study would like to invite young women of Mexican decent to participate in a one time interview.

Who: Women ages 18-22 of Mexican American decent who study at MSU.

Purpose: Explore topics of relationships, culture, and sexual health.

If you're interested in participating in this study, you will be asked to:

- Meet one time for a 90 minute interview
- Provide information about your background, relationships, and sexual decision-making.

All information will be kept private

If you are interested please call 517-214-6819 or reach investigator by email at morale33@msu.edu to schedule an interview

Flyer/Email

LEARNING FROM LATINAS STUDY

- Are you a woman of Mexican decent?
- Are you between the ages of 18-23?
- Are you or have you been dating or in a relationship with a man within the past 6 months?

If you are, here is an opportunity to earn $15 and contribute to our understanding of women, relationships and sexual health behaviors.

Participants are needed for a study on culture and sexual relationships.

If you're interested in participating in this study, you will be asked to:

- Meet one time for a 90 minute interview
- Provide information about your background, relationships, and sexual decision-making.

All information will be kept private

If you are interested please call 517-214-6819 or reach investigator by email at morale33@msu.edu to schedule an interview.

APPENDIX C

Consent Form

LEARNING FROM MEXICAN AMERICAN YOUNG WOMEN: ASSESSING PERCEPTION AND MANAGEMENT OF HIV RISK
CONSENT FORM

Purpose of the Study: You have been invited to participate in a study designed to learn about how young women understand and cope with sexual risk in their relationships.

Procedures: If you decide to participate in this study you will be asked to participate in an interview that will last approximately 90 minutes. The interview will be audio taped. You will be asked about your background, culture, relationships, sexual relationships and management of sexual risk.

Compensation: You will be given $15 in cash at the completion of the interview.

Benefits: This study will increase our understanding of health practices of Latina women, help identify sexual risk management behaviors and possibly assist in the development of interventions to decrease the number of new HIV infections in this population. By participating you will be contributing to the understanding of women, relationships and healthy behaviors.

Risks: Known risks of this study are minimal. It is possible that you might feel a little uncomfortable discussing sex or other related subjects. If this happens, you or the interviewer may stop the interview at any time.

Confidentiality: All responses will be kept strictly confidential. Only members of the research team will have access to the data. Information obtained from you will not be shared with other family members or participants. Interview data, in the form of tapes and transcripts, will not have your name on them. They will be identified only with a numeric code. The master list of codes and the consent forms will be stored in a separate locked cabinet from the tapes and transcripts. Audiotapes and the master list will only be used by the research team and will be destroyed when the research study has ended. If findings are published, you will not be identified in any way. Your privacy will be protected to the maximum extent allowable by law.

Withdrawal: You do not have to take part in this study if you don't want to. If you don't want to answer any of the questions, you don't have to. If you want to stop the interview, all you have to say is "I want to stop." You may withdraw from the study at any time. There are no penalties to you if you choose not to participate in this study or if you choose to withdraw or discontinue your participation.

If you have any questions about this study, please contact the investigator, Mercedes M. Morales by phone: (517) 214-6819, by email: morale33@msu.edu or by regular mail at: Psychology Department, East Lansing, MI 48824. You may also contact the Principal Investigator on this project, Dr. Deborah Salem, by phone (517) 432-3672, by email: salem@msu.edu or by regular mail at: 127 Psychology Building, East Lansing, MI 48824.

If you would like to receive a copy of the results of the study, please contact Mercedes M. Morales and she will send you a summary of the results when the study is completed.

If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish, Peter Vasilenko, PhD, Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, email: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

CONSENT

By signing this consent form I am indicating my voluntary agreement to participate in this study. I wish to receive a signed copy of this consent form.

_____ _____

Printed name of participant Signature of participant

_____

Date Signature of principal investigator

By signing below I am indicating my voluntary agreement to have my interview audio taped.

_____ _____

Printed name of participant Signature of participant

APPENDIX D

Coding Frameworks

DEVELOPING CODING SCHEME FOR BACKGROUND, CULTURAL AND FAMILIAL MESSAGES
07-27-05, Version III

(DOCUMENT NOTES: This document should reflect the codes that emerged from transcripts 001 and 005 after coding for cultural and family messages re: sex.)

A. BACKGROUND
B. QUESTIONS:

B1. What type of cultural upbringing did you have with regard to Mexican culture?

B2. What is the family culture?

B3. What are the messages that you have received growing up?

First Level Codes-Open Coding

BACKGROUND:

Parents migrants
Raised between Texas and Michigan

Ethnicity/Identification
- Mexican American Identified
- Hispanic Identified
- Latino/a identified(NOTE: neutral connotation)
- Not identified as Hispanic (NOTE: negative connotation)
- Ethnic identity shifts by context

Grew up with
- Nuclear family
- Extended family
- Stepfather

Neighborhood
- Predominantly Mexican
- Mixed

School
- Predominantly Mexican
- Mixed

Home
- Texas=Home
- Home=family
- Home=same house every year

Social Circle

All Mexican/Mexican American friends
Mexican American boyfriends
Everyone is Mexican in Texas

FAMILY:

Relationship with Family
Close to family
Close to parents
Close to father/father figure
Close to mother
Close to siblings
Improving relationship with parents

Communication with Parents
Open Communication
Re: boys
Re: sex

Description of Father/Father Figure:

Traditional but not machista
Machista
Authoritarian
Dad sets and enforces curfews
Dad knows everything she does in Texas
Dad's authority respected

Parental Messages/Views

Parents desire for daughter to stay close to home
Parents understand "things are changing"

Expectations
Different expectations for girls and boys/men and women in relationships
Girls expected to bring only their future husband home
Boys can bring whoever they want home
Man works
Woman stays home
Divorce is okay

Re: sex (Note: some are implicit)
Don't sleep around

Don't have sex until married
Don't have sex until in a long-term relationship
Don't have sex early

Re: responsibilities
Do good in school
Do chores
Go to church

Different treatment for boys and girls

Different standards for material things for boys and girls
Girls need to work hard for their material things
Curfews/Going out

Father's Messages

Re: daughter's behavior in relation to her "Mexicanidad" – perceived incongruence
"Mexican girls don't act like that"

Re: Relationships
Parents should only meet future husband/don't bring boyfriend home

Re: Gender
Women should be in the kitchen
Sisters don't order brothers around

Re: Sex
"Don't get pregnant"

"Don't grow up"

Mother messages

Re: Relationships
Okay to get pregnant if not married if she's done with school
Should marry a Mexican
College education is backup to marriage (supported by husband)

Re: Sex
Protect Yourself

Protect yourself no matter what boys say
You know what you're doing
Be careful
Don't get pregnant
Use birth control

Other Family Messages

Pressure to get married from extended family members

Reactions to Family Views

Defiant
Confrontational
Disagreement
Assimilation
Negotiating
Coming up with personal views
"They are closed minded"
Open communication around sexual topics as protective factor

PARTICIPANT VIEWS

Participant ideas re: sex and relationships

Desire to remain single for now
Desire to get pregnant before married
Does not want her own family now

In relation to her parents

Does not want to let father down
Getting pregnant=letting father down
What parents don't know can't hurt them

CULTURE

Immersion in Mexican Culture:

Language

Spanish spoken at home
English spoken at home
"Spanglish" spoken
No formal education in Spanish

Media
    Media in Spanish
        Soap operas in Spanish
        Magazines in Spanish
        Newspapers in Spanish
        Movies in Spanish
    Media in English
        English TV

Food
    Mexican food
Religious Affiliation
    Catholic Church

Mexican Traditions
    "posadas"
    Three Kings Day

Miscellaneous
    Positive cross-cultural experiences
    Desire for independence
    Without open parental communication people replicate parents views.
    Life around family

Demographic Information
    Age
    Year in College

CODING SCHEME FOR BACKGROUND, CULTURAL AND FAMILIAL MESSAGES
9-13-05, Version XII

A. BACKGROUND
B. QUESTIONS:

B1. What type of cultural upbringing did you have with regard to Mexican culture?

B2. What is the family culture?

B3. What are the messages that you have received growing up?

CODES

Background
- Born in
  - California
  - Mexico
  - Texas
- Ethnicity/Identification
  - Hispanic Identified
  - Mexican American Identified
  - Mexican Identified
  - Not identified as Hispanic
- Grew up with
  - extended family
  - nuclear family
  - stepdad
- Home
  - Texas=Home
  - Home=Family
  - Home=Same house every year
- Neighborhood
  - mixed
  - predominantly Mexican
- Parents migrants
- Raised between TX/CA and MI
- School
  - Mixed
    - segregated
  - predominantly Mexican

Culture

- Immersion in Mexican Culture
  - Language
    - English spoken at home
    - Spanglish spoken at home
    - Spanish spoken at home
  - Media in Spanish
  - Mexican food
  - Music in Spanish
  - Religious Affiliation-Catholic
  - Traditional Ways
  - Traditions

Family

- Description
  - Family
    - Parents Machista
    - Father Figure
      - He sets rules
      - Machista
      - Traditional but not Machista
      - Traditional/Strict
      - Violent
- Messages
  - Aunts told her "protect yourself"
  - Women stay home
  - Re: sex-Don't talk about it
- Relationship with Family
  - Close to
    - brother
    - family
    - father
    - mother
    - sister
  - Improving Relationship with
    - Mother
    - Parents
  - Not close to
    - family
    - father
    - mother
    - parents
    - sister

Openess with Female Relatives
Mom knew about boyf. but not dad
My mom was always like on my side.
Talks openly with mother about sex
Talks openly with sisters about sex
Strained relationship with
Parents
Sister

Friends

Ethnicity
Mixed
Predominantly Mexican

General Cultural Messages

Mexican American women don't talk about sex
Only spoke when spoken to out & don't ask why of respect
Respect for Tradition

Interesting Quote

Miscellaneous

Negative multiracial experience-there was a lot of racism like when I was younger
Positive multi-racial experience

Parent Messages/Views

Re: friends and going out-not allowed
Expectations
have respect for your family,
Re: boys
Don't bring boyfriend home"
Can't go out with boys
Re: Gender Roles
more lenient with male sibilings
women don't need to stay at home
Re: maturity-you become a woman at 15
Re: relationships
marry after done with school
take on domestic role in mar.
Re: sex
Don't get pregnant

Don't have sex early/before marriage
Don't sleep around
What they can't see won't hurt them
Father's Messages

re: daughter's behavior in relation to her "Mexicanidad"-perceived incongruence
re: relationships
be married before living together
re: sex
"Don't let them fool you"
Modeling
Dad
okay for men to cheat/be with lots of women
Mom
Give yourself to one man
Mother messages
re: relationships
divorce is okay
college is backup to marriage
it should be equal
man should be a gentleman
woman should respect herself & make herself respected
re: sex
it's bad
Use birth control
Don't get pregnant
don't have sex til' marriage
Don't need to marry if pregnant
Girls should not have satisfaction
Okay to get pregnant if done with school
Protect yourself
We don't talk about it
parents held traditional gender roles although mother worked
Re: relationships
Ideal partner
career oriented
family oriented
inspires "confianza"
Mexican man

Participant Disagreement with Parental Messages
General
My parents and I are from dif. worlds
Specific
desire to get pregnant before married

don't want to marry a Mexican
Need for young people to break tradition and talk about sex
Traditional views
Desire for Independence

Participant views re: sex and rel-Parents
Don't want to let parents down by getting pregnant

ATLAS File Description:

|HU: Learning from Latinas Project-072905

File: [C:\Documents and Settings\Meche\My Documents\Thesis Stuff\DATA\ATLAS HUs\Learning from Latinas Project-081805]
Edited by: Super
Date/Time: 08/22/05 05:45:20 PM

CODING SCHEME FOR BACKGROUND, CULTURE, & CULTURAL AND FAMILIAL MESSAGES

11-21-05, Version IVX

BACKGROUND AND CULTURE:

Background
- Born in California
- Born in Mexico
- Born in Texas

Ethnicity/Identification
- Hispanic Identified
- Mexican American Identified
- Mexican Identified
- Not identified as Hispanic
- Xicana Identified

Grew up with
- extended family
- mom and aunts
- nuclear family
- stepdad

Home
- Texas=Home
- Home=Family
- Home=Same house every year

Multiracial Experience
- Negative-
  - there was a lot of racism like when I was younger
- Positive-

Neighborhood
- Close knit
- mixed
- predominantly Mexican
- predominantly White

Parents migrants

Raised between TX/CA and MI

School
- Mixed

CAMP
segregated
Political Activism
predominantly Mexican

Culture
Immersion in Mexican Culture
General Cultural Messages
Culture is so tabooed about around wanting to talk about sex
Only spoke when spoken to out & don't ask why of respect
Respect for Tradition

Language
English spoken at home
Spanglish spoken at home
Spanish spoken at home

Media in Spanish
Mexican food
Music in Spanish
Religious Affiliation-Catholic
Traditional Ways
Family oriented
Latino parents not open minded re: sex
Mexican parents don't want daughters to be independent
Traditions

Family
Description
Mother-would take care of family and work
Parents
Machista
Old Fashioned/Traditional
Father/Father Figure
Protective
He sets rules
Machista
Traditional but not Machista
Traditional/Strict
Violent
Relationship with Family
Close to brother
Close to family
Family very important in any decisions she makes
Close to father

Close to grandmother
Close to mother
Close to sister

Improving Relationship with Brother
Improving Relationship with Mother
Improving Relationship with Parents

my parents were never there

Need to respect elders

Not close to family
Not close to father
Not Close to mother
Not close to parents
Not Close to sister

Strained relationship with Parents
Strained relationship with sister

Friends-Ethnicity
Mixed
Predominantly Mexican

PARENTAL/FAMILY AND CULTURAL MESSAGES

***Note:** 1) Reflects table with data, dated 112005. 2) Codes that were exactly the same (example: "Don't talk about it) are collapsed.

***Legend:** *italics* = code
Bold = meta-code/family
BOLD, UNDERLINED AND ALL CAPS = Themes

I. Young women should follow traditional gender roles in relation to sex and relationships (MESSAGE I):

RULES and NORMS:

- **Girls should not have or want to have sex**
  - Don't talk about it- it's bad
    - *Don't talk about it (2)*
    - *it's bad*
    - *Girls should not have satisfaction*
    - *culture is so tabooed about around wanting to talk about sex*

- don't have sex til' marriage (2)
  - *don't have sex til' marriage*
  - *Desirable to be a virgin*
  - *be married before living together*

- **Can't go out with boys (NOTE: in some cases they specify that this is the message until the age of 15)**
  - *Can't go out with boys*
  - *friends and going out-not allowed*

- **You become a woman at 15 (Quinceanera)**
  - *you become a woman at 15*
  - *can have boyfriend at 15*
  - *you can wear makeup at 15*

IN RELATIONSHIPS:

- **Value traditional relationship/marriage**
  - *Women stay home*
  - *take on domestic role in mar.*
  - *relationships-monogamous*
  - *yourself to one man*
  - *don't believe in divorce*

  - *Don't go out or you'll lose your man (CODED AS "showed her how to keep her man")*

- **Your Relationship with your Partner should be equal and respectful**

  - *cheating should not be accepted*
  - *it should be equal*
  - *man should be a gentleman*
  - *woman should respect herself & make herself respected*

- **Find Partner that follows traditional values**
  - *career oriented*
  - *family oriented*
  - *inspires "confianza"*
  - *Mexican man*

- **HOW YOUNG MEN SHOULD BEHAVE:**

Men should have more freedom than women

- *More lenient with male siblings*
- *Can bring girlfriends home*
- *men should have more freedom*
- *more lenient with male siblings*
- *okay for men to cheat/be with lots of women*
- *girls have more to loose than guys.*

II. But if you do not follow these traditional gender roles, Be careful (MESSAGE 2)

- **Protect Yourself –Sexually-Don't get pregnant**
  - *Don't get pregnant (2)*
  - *Use birth control/Protect yourself (2)*
  - *Don't sleep around*

- **Protect Yourself-Emotionally/In the Eyes of Others (?)**
  - *Don't sleep around*

  - "Don't let them fool you"/Be Careful
    - *Be careful*
    - *"Don't let them fool you"*
    - *sex-it's all boys want*

III. I don't want to hear about it. (MESSAGE 3)

- ***What they can't see won't hurt them.***

- "Don't bring boyfriend home"-unless you're marrying him/Don't want to hear about them (boys)
  - *Don't bring boyfriend home*
  - *Don't want to hear about them*

IV. You can tell *me* about it. (MESSAGE 4)

- **Openness with female relatives about sex and relationships.**
  - *Mom knew about boyf. but not dad*
  - *My mom was always like on my side.*

  - *Talks openly with aunts about sex*
  - *Talks openly with mother about sex*
  - *Talks openly with sisters about sex/relationships*
  - *Don't be having sex right away*

  - *Don't let boys think you're easy/appearance*

- **It's okay to break with traditional gender norms and rules**

    - *Don't need to marry if pregnant*
    - *okay go get pregnant if done with school*
    - *divorce is okay*

    - *women don't need to stay at home*
    - *parents held traditional gender roles although mother worked*

OTHER CODES IN SUMMARY TABLE:

- **School, Relationships, and Sex**

    - *School important-in relation to sex*

    - Valuing Education and Traditional Values-Marriage
        - *marry after done with school*
        - *college is back up to marriage*

- **Respect**
    - *Only spoke when spoken to out & don't ask why of respect*
    - *have respect for your family,*
    - *Respect for Tradition*

- **Independence**

    - *Background will not necessarily influence your decisions in relationships*
    - *Desire for Independence*
    - *I just learned a lot of it by myself*

OTHER CODES:

- **Participant views/Disagreements**

    - Participant views re: sex and relationships
        - Don't want to let parents down by getting pregnant
        - Don't want to let parents down by telling them she's living with boyf.

    - Participant Disagreement with Parental Messages
        - My parents and I are from dif. worlds
        - Desire to get pregnant before married

    - Desire to have sex before marriage
    - Desire to have sex before marriage, cautious because of par. mess.
    - Don't want to marry a Mexican
    - Is living with boyfriend
    - Need for young people to break tradition and talk about sex
    - (My parents have) Traditional views
    - Should be equal treatment between genders
    - Desire for Independence

- Miscellaneous-
    - Negative sexual experience
    - Had a Mexican dad, so horrible and um,
    - Religion important to me
    - Interesting Quote

CODING SCHEME FOR SEXUAL COMMUNICATION, HIV KNOWLEDGE, PERCEPTION OF RISK, AND SEX BEHAVIORS
Version III

NOTE: Numbers correspond to ATLAS Ti codes.

Sexual Communication:

- **Talked**
  - 0a1. asked partner about sexual history
  - 0a1a. asked partner about sexual history/assessed if he cared
  - 0a2. asked partner about STDs
  - 0a3. talked about HIV risk
  - 0a4. talked about pregnancy
  - 0a5. talked about sex
  - 0a6. talked about protection
  - 0a61. talked about protection/felt comfortable
  - 0a61. talked about protection/talking about protection got easier
- **Did NOT Talk**
  - 0b1. we did not talk about sex
  - 0b2. we did not talk about protection
    - 0b2a. Assumed it would be safe sex
    - 0b2b. we did not talk about protection unless something happened
    - 0b2c. Barrier/we didn't talk about that in my family
- **Negotiation**
  - 0c1a. No Barriers
- **Barrier**
  - 0c1b. partner did not want to use condom
  - 0c1c. spur of the moment
  - 0c2. Want a better future
  - 0c3. Power/asked him to wear a condom, I was playing with his head
  - 0c4. Asked if he had a condom

Knowledge:

- **Prevention**

- 1a1. Condoms/condoms protect
- 1a2. Condoms/prevention with condoms
- 1a3. prevention with abstinence

- **Detection and Transmission**

  - 1b1. transmission thru bodily fluids
  - 1b2. it takes 10 years before you can detect HIV
  - 1b3. incorrect know
  - 1b4. you might be at risk even if with prot
  - 1b5. HIV growing in Latino populations

- **Risk**

  - 1c1. women and men at same risk
  - 1c2. minorities are at higher risk
  - 1c3. everyone is at risk for HIV

Perception of Risk

- **General**

  - 2a1. did not feel at risk because I protected myself
  - 2a2. if it happens it happens

- **HIV**

  - 2b1. did not feel at risk for HIV
  - 2b1a. did not feel at risk for partner had not slept with many other people
  - 2b1b. did not feel at risk for have not felt exposed to HIV because I chose smart partners who don't have sex with everybody
  - 2b2. perceived risk of HIV
  - 2b2a. perceived risk for Felt less at risk for HIV than other things
  - 2b3. Thought about HIV and effects

- **STD**

  - 2c1. did not feel at risk for STDs
  - 2c1a. did not feel at risk for STDs/partner monogamous
  - 2c2. perceived risk of STD

- **Pregnancy**

  - 2d1. Pregnancy/did not perceive risk of pregnancy
  - 2d2. Pregnancy/perceived risk of pregnancy
  - 2d3. Pregnancy/Don't want to have kids now

- 2d4. Pregnancy/not afraid of getting pregnant/might not be able to
- 2d4. Pregnancy/not afraid of getting pregnant/wants to be a mother

Sexual Behaviors

- **General**
  - 3a1. casual sex
  - 3a2. sex with condom is not pleasurable
- **Protective**
  - 3b1a. Condoms/always used a condom
  - 3b1b. Condom/I would not have sex unless he had a condom
  - 3b1c. Condom/used condom with casual partner
  - 3b2. did not rush into sex
  - 3b3. don't mess around with anyone here.
  - 3b4. I don't have sex with just anybody
  - 3b5. lost virginity to long-term boyfriend
- **Not Protective**
  - 3c1a. Condoms/did not use condom
  - 3c2. don't use birth control
  - 3c3. had unprotected sex because I thought I was in love

Other:

- he's willing to comply with anything I wish
- breaking with traditional gender rules about sex
- Everyone was having sex at MSU
- Personal History/I was a virgin
- Sexual Comm/'ve become more open-minded about sex
- tries to help friends make safe sex decisions

|HU: Learning from Latinas Project-072905
File: [C:\Documents and Settings\Meche\My Documents\Thesis Stuff\DATA\ATLAS HUs\Learning from Latinas Project-111805]
Edited by: Super
Date/Time: 02/07/06 04:34:30 PM

Code-Filter: All
---!

CODING SCHEME FOR SEXUAL COMMUNICATION, HIV KNOWLEDGE, PERCEPTION OF RISK, AND SEX BEHAVIORS
Version V

NOTE: Numbers correspond to ATLAS Ti codes.

- **Sexual Communication**
  - Talked
    - 0a1. asked partner about sexual history
    - 0a1a. asked partner about sexual history/assessed if he cared
    - 0a2. asked partner about STDs
    - 0a3. talked about HIV risk
    - 0a4. talked about pregnancy
    - 0a41. talked about pregnancy/don't want to get pregnant again
    - 0a5. talked about sex
    - 0a5a. talked about sex/felt comfortable
    - 0a6. talked about protection
    - 0a61. talked about protection/felt comfortable
    - 0a61. talked about protection/talking about protection got easier
    - 0a71. Asked partner to get tested
    - 0a71. talked about need to get tested
    - 0a81. talked about STDs

  - Did Not Talk
    - 0b1. we did not talk about sex
    - 0b2. we did not talk about protection
    - 0b2a. we did not talk about protection/Assumed it would be safe sex
    - 0b2a1. we did not talk about protection/Assumed it would be safe sex/we're not ready to get pregnant
    - 0b2b. we did not talk about protection/we did not talk about protection unless something happened
    - 0b2c. we did not talk about protection/Barrier/we didn't talk about that in my family
    - 0b2d. we did not talk about protection/it never came up
    - 0b3a. we did not talk about HIV/I was scared
    - 0b3b. we did not talk about HIV

- Negotiation
  - 0c1a. No Barriers

  - 0c1b. Barrier/partner did not want to use condom
  - 0c1c. Barrier/spur of the moment
  - 0c1d. Barrier/did not have a condom
  - 0c2. Want a better future
  - 0c3. Power/asked him to wear a condom, I was playing with his head

        - 0c4. Asked if he had a condom

- **HIV Knowledge**
    - Prevention
        - 1a1. condoms protect
        - 1a2. prevention with condoms
        - 1a3. prevention with abstinence
        - 1a4. rubber gloves
        - 1a5. don't share needles

    - Detection and Transmission
        - 1b1. transmission thru bodily fluids
        - 1b2. it takes 10 years before you can detect HIV
        - 1b3. incorrect know
        - 1b4. you might be at risk even if with prot
        - 1b5. HIV growing in Latino populations
        - 1b6. you can get it using condoms

    - Risk
        - 1c1. women and men at same risk
        - 1c2. minorities are at higher risk
        - 1c3. everyone is at risk for HIV
        - 1c4. young people at higher risk
        - 1c5. all women at same risk

- **Perception of Risk**
    - General
        - 2a1. did not feel at risk because I protected myself
        - 2a2. if it happens it happens

    - HIV
        - 2b1. did not feel at risk for HIV
            - 2b1a. partner had not slept with many other people
            - 2b1b. have not felt exposed to HIV because I chose smart partners who don't have sex with everybody
            - 2b1c. only slept with one person and had him checked
            - 2b1d. protected myself
        - 2b2. perceived risk of HIV
            - 2b2a. But felt less at risk for HIV than other things
            - 2b2b.perceived risk of HIV/scared to bring it up

        - 2b3a. Thought about HIV and effects
        - 2b3b. Thought about HIV and effects/makes me nervous so I try not to think about it

- STDs
    - 2c1. did not feel at risk for STDs
        - 2c1a. partner monogamous
        - 2c1b. felt more at risk for pregnancy
        - 2c1c. was protecting myself
        - 2c1d. we were open about our past
    - 2c2. perceived risk of STD
- Pregnancy
    - 2d1. did not perceive risk of pregnancy/protecting herself
    - 2d2. perceived risk of pregnancy
    - 2d3. Don't want to have kids now
    - 2d4. not afraid of getting pregnant/might not be able to
    - 2d4. not afraid of getting pregnant/wants to be a mother
    - 2d5. mixed feelings about getting pregnant

- **Sexual Behaviors**
    - 3a1. casual sex
    - 3a2. sex with condom is not pleasurable
    - **Protective Behaviors** (Note: These are behaviors the participants considered protective.)
        - Condoms
            - 3b1a. always used a condom
            - 3b1a1. always used a broke once
            - 3b1b. I would not have sex unless he had a condom
            - 3b1c. used condom with casual partner
            - 3b1d. used condoms at first
            - 3b1e. used condoms sometimes
        - 3b2. did not rush into sex
        - 3b3. don't mess around with anyone here.
        - 3b4. I don't have sex with just anybody
        - 3b5. lost virginity to long-term boyfriend
        - 3b6. we decided to have safe sex to prev another preg
        - 3b7. Uses birth control
        - 3b8. withdrawal
        - 3b9. got tested for STDs
    - **Non-protective Behaviors**
        - 3c1a. did not use condom
        - 3c1a1. did not use were drunk
        - 3c1a2. did not use assumed I'd take care of myself
        - 3c2. don't use birth control

- 3c3. had unprotected sex because I thought I was in love

- Other
  - Have not gotten tested
  - he's willing to comply with anything I wish
  - 50-50 relationship philosophy
  - Afraid to get tested
  - Both got tested
  - breaking with traditional gender rules about sex
  - decided to start using bc instead of condoms
  - Everyone was having sex at MSU
  - I think he was trying to get me pregnant
  - Personal History/I was a virgin
  - Respect for boyfriends' family-not sleeping in the same room
  - Sexual Comm/'ve become more open-minded about sex
  - tries to help friends make safe sex decisions
  - whatever happens happens

Atlas File Info.

|HU: Learning from Latinas Project-072905
File:
[C:\DOCUME~1\Margie\Desktop\WORKIN~1\Thesis\HUs\Learning_from_Latinas_Project_040406_Working_Copy]
Edited by: Super
Date/Time: 08/27/06 05:01:59

Table 1

Familial Messages in Relation to Sexuality

		001	002	003	004	005	006	007	008	009	010
Traditional Messages	We don't talk about sex (n=4)		X	X				X			X
	Don't have sex before marriage/Don't get pregnant (n=9)		X	X	X	X	X	X	X	X	X
	Can't go out with boys (n=7)	X	X	X	X	X				X	X
	Don't bring boyfriend home (n=7)	X		X	X		X	X		X	X
	Desirable to be a virgin (n=4)			X	X	X		X			
	You become a woman at 15 (n=4)				X	X		X			X
Protective Messages	Protect Yourself Sexually (n=7)	X	X	X	X		X	X	X		
	You can talk to me about sex (n=6)	X	X		X		X	X	X		

Table 2

Sexual Risk

Sexual risk	Moderate risk Combined condom use and monogamy without HIV testing				Low risk Consistent condom use or monogamy with HIV testing			
	005	**009**	**010**	**003**	**006**	**007**	**002**	**004**
HIV/ STDs	Condoms with casual partners Monogamy with long term partner. No testing	Condoms at beginning of relationship, Monogamy with long term partner No testing	Inconsistent condoms at beginning of relationship[1] Monogamy with long term partner No testing	Condoms with casual partners Monogamy with long term partner No testing	Monogamy and testing	Monogamy and testing	Condoms	Condoms
Birth Cont.	None[2]	Birth control pills	Birth control pills	Birth control pills	Condoms, Birth control pills	Condoms, Birth control pills	Condoms	Condoms

[1] Believed partner was being monogamous.

[2] Participant believes she is infertile, therefore does not protect for pregnancy

Table 3

Familial Messages and Sexual Risk

Parental/Cultural Messages		**Moderate Risk**				**Low Risk**			
		005	**009**	**010**	**003**	**006**	**007**	**002**	**004**
Traditional Messages	We don't talk about sex (n=4)			X	X		X	X	
	Don't have sex before marriage/Don't get preg (n=9)	X	X	X	X	X	X	X	X
	Can't go out with boys (n=7)	X	X	X	X			X	X

Table 3 (cont'd)

	Don't bring boyfriend home (n=7)		X	X	X	X	X		X
	Desirable to be a virgin (n=4)	X			X		X		X
	You become a woman at 15 (n=4)	X		X			X		X
Protective Messages in Relation to Sex	Protect Yourself Sexually (n=7)				X	X	X	X	X
	You can talk to me about sex (n=6)					X	X	X	X

Table 4

Sexual Communication with Partner

TOPICS		Moderate Risk Group				Low Risk Group			
		005	**009**	**010**	**003**	**006**	**007**	**002**	**004**
TALKED ABOUT	Sex History			X	X			X	X
	General Sexual Topics	X	X	X	X		X	X	
DID NOT TALK ABOUT	Sex								
	Protection		X*		X	X*		X*	X*

* Participants described that there was no need to talk about protection. It was assumed that it would be safe sex, or none at all.

REFERENCES

Alan Guttmacher Institute (1994). *Sex and America's Teenagers*. New York: Author.

Amaro, H. (2003). Innovations in HIV Prevention with Latina and African American Women at HIV Risk. *9th Annual Summer Public Health Videoconference on Minority Research.*

Amaro, H., & Raj, A. (2000). On the margin: Power and women's HIV risk reduction strategies. *Sex Roles, 42* (7/8), 723-749.

Azjen, I., & Fishebein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, NJ: Prentice Hall.

Azjen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.

Bandura, A., (2004). Health promotion by social cognitive means. *Health Education and Behavior, 31*(2), 143-164.

Bandura, A. (2000). Social cognitive theory and exercise control of HIV infection. In R. DiClemente & R.J. Peterson, (Eds.) *Preventing AIDS: Theories and Methods of Behavioral Interventions*. New York: Plenum Press.

Bird, S.T., Harvey, S.M., Beckman, L., Johnson, C. (2001). Getting your partner to use condoms: Interviews with men and women at risk of HIV/STDs. *Journal of Sex Research, 38*(3), 233.

Cabral, R. J., Galavotti, C. g. Paul, M. (1996). Paraprofessional delivery of a theory based HIV prevention counseling intervention for women. *Public Health Reports, 111*(1).

Castaneda, D. (2000). The close relationship context and HIV/AIDS risk reduction among Mexican Americans, *Sex Roles, 7/8* (42), 551-580.

Catania, J.A., Coates,J., & Kegeles, S. (1994). A test of the AIDS risk reduction model: Psychological correlates of condom use in AMEN cohort survey. *Health Psychology, 13*(6), 548-555.

Center for Disease Control and Prevention. (2004). *Basic statistics*. Retrieved January 28, 2004 from http://www.cdc.gov/hiv/stats.htm.

Center for Disease Control and Prevention. (2004). *HIV/AIDS among Hispanics in the United States*. Retrieved January 28, 2004 from http://www.cdc.gov/hiv/pubs/facts/hispanic.htm.

Center for Disease Control and Prevention. (2004). *HIV/AIDS surveillance report, cases*

of HIV infection and AIDS in the United States 2002. Retrieved January 18, 2004 from http://www.cdc.gov/hiv/stats/hasr1402.htm.

Centers for Disease Control and Prevention. (November 1999). Prevention Research Synthesis Project. with Evidence of Prevention; *Revised., HIV/AIDS Compendium of HIV Prevention Interventions.* Atlanta, GA.

Center for Disease Control and Prevention. (2004). *Table 6. Estimated numbers of diagnoses of AIDS in adult or adolescent Hispanics, by diagnosis during 2002, exposure category, and place of birth—United States.* Retrieved January 29, 2004 from http://www.cdc.gov/hiv/stats/hasr1402/table6.htm.

Center for Disease Control. (2002). Update. Acquired Immunodeficiency Syndrome Report, United States, 2001. *Survey Report 12* (2). Retrived January 29, 2004 from http://www.cdc.gov/hiv/stats.

Critelli, J., & Suire, D. (1998). Obstacles to condom use: The combination of other forms of birth control and short-term monogamy. *Journal of American College Health, 46*, 215-219.

Denner, J., & Dunbar, N. (2004). Negotiating femininity: Power and strategies of Mexican American girls. *Sex Roles, 50* (5/6).

Denzin, N. K., Lincoln, Y. S. (1994) *Handbook of Qualitative Research.* Sage Publications. Thousand Oaks, London.

Diaz, M. R. (1998) Latino gay men and HIV: Culture, sexuality and risk behavior. New York: Routledge.

Durant, R., Pendergrast, R., & Seymore, C. (1990). Sexual behavior among Hispanic female adolescents in the United States. *Pediatrics, 85*, 1051-1058.

Ethical Principles of Psychologists and Code of Conduct (2003). American Psychological Association. Retrieved on October 4, 2004 from http://www.apa.org/ethics/code2002.html#8_06.

Faulkner, S.L. (2003). Good girl or flirt girl: Latinas definitions of sex and sexual relationships. *Hispanic Journal of Behavioral Sciences, 25* (2). 174-200.

Fielsten, E.M., Fielstein, L. L., & Hazelwood, M. G. (1992). AIDS knowledge among college freshmen students: Need for education? *Journal of Sexual Education and Therapy, 52.*

Fierros-González, & Brown, J. M. (2002). High risk behaviors in a sample of Mexican-American collage students. *Psychological Reports, 90*, 117-130.

Fisher, J. D., and Fisher, W. A. (2001). Theoretical approaches to individual-level change in HIV risk behavior. In J. L. Peterson & R. J. DiClemente (Eds.), *Handbook of HIV Prevention* (pp. 3-48). Kluwer Academic/Plenum Publishers, NY.

Gil, R. M., & Vazquez, C. I. (1996). *The maria paradox: How Latinas can merge old world traditions with new world self-esteem.* New York: Perigee.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. Newbury Park,CA: Sage.

Handelsman, C. D., Cabral, R. J., & Weisfeld, G.E. (1987). Sources of information and adolescent sexual knowledge and behavior. *Journal of Adolescent Research, 2*(4), 455-463.

Hobfoll, S. E. (1998). Ecology, community and AIDS prevention. *American Journal of Community Psychology, 26* (1), 133-144.

Hochbaum, G. M. (1958). Public participation in medical screening programs. A sociopsychological study, *Public Health Service, PHS PUB. 572.* Washington DC, US Government Printing Office, 1958.

Kelley, J. A., Somlai, A. M., & Di Franceisco, W. J.(2000). Bridging the gap between the science and service of HIV prevention: Transferring effective research-based prevention interventions to community AIDS service providers. *American Journal of Public Health, 90* (7).

Lauby, J. L., Smith, P. J., & Stark, M. (2000). A community-level HIV prevention intervention for inner-city women: Results of the women and infants demonstration projects. *American Journal of Public Health, 90* (2), 216-222.

Liebowitz, S., Castellano, D. C., Cuellar, I. (1999). Factors that predict sexual behaviors among young Mexican American adolescents: An Exploratory Study. *Hispanic Journal of Behavior Sciences, 21*(4), 470-479.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications. Beverly Hills. California.

Lincoln, Y. S. & Guba, E. G. (1989). *Fourth Generation Evaluation.* Sage Publications. Newbury Park. London.

Marín, B. & Gómez, C. A. (1997). Latino culture and sex: Implications for HIV prevention. In J. Garcia & María Cecilia Zea (Eds.), *Psychological Interventions and Research with Latino Populations* (pp. 73-93). Boston, MA: Allyn & Bacon.

Marín, B., Gómez, C. & Hearst, N. (1993). Multiple heterosexual partners and condom

use among Hispanics and non-Hispanic whites. *Family Planning Perspectives, 25,* 170-174.

Marín, G., Marín, B. V., Pérez-Stable, E. J., Sabogal, F., & Otero-Sabogal, R. (1990). Changes in information as a function of culturally appropriate smoking cessation community intervention for Hispanics. *American Journal of Community Psychology, 17.*

Marín, G., & Marín, B. V. (1991). *Research with Hispanic Populations*. Sage Publications. Newbury Park.

Marín, B. V., Tschann, M., Gómez, C. A., & Gregorich, S. (1998). Self efficacy to use condoms in unmarried Latino adults. *American Journal of Community Psychology, 26*(1), 53-71.

O'Leary, A., & Wingood, G. M. (2000). Interventions for sexually active women. . In J. L. Peterson & R. J. DiClemente (Eds.), *Handbook of HIV Prevention* (pp. 3-48). Kluwer Academic/Plenum Publishers, NY.

O'Leary, A. (2000). Women at risk for HIV from a primary partner: Balancing risk and intimacy. *Annual Review of Sex Research, 11* (2000). 191-234.

O'Sullivan, L., Meyer-Bahlburg, H. F. L., Watkins, B. X., (2001). Mother-daughter communication about sex among urban African American and Latino families. *Journal of Adolescent Research, 16* (3), 292-292.

Padilla, A., & Baird, T. (1991). Mexican American sexuality and sexual knowledge: An exploratory study. *Hispanic Journal of Behavioral Sciences, 13,* 95-104.

Patton, M. Q. (2001). *Qualitative Research and Evaluation Methods*. (3rd ed.). Sage Publications. Thousand Oaks. London.

Pick, S., & Andrade, P. (1995). Impact of family on the sex lives of adolescents. *Adolescence, 30* (119).

Prince, A., Bernard, A. L. (1998). Sexual behaviors and safe sex of college students in a commuter campus. *Journal of American College Health, 47*, 11-21.

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion, 12,* 38-48.

Rafaelli, M., & Green, S. (2003) Parent-adolescent communication about sex: Retrospective reports by Latino college students. *Journal of Marriage and Family, 65* (2). 474-481.

Rafaelli, M., & Ontai, L. L. (2004). Gender socialization in Latino/a families: Results from two retrospective studies. *Sex Roles, 50* (5/6), 287-299.

Rafaelli, M., & Ontai, L. L. (2001). She's only 16 years old and there's boys calling over to the house: an exploratory study of sexual socialization in Latino families. *Culture, Health, and Sexuality, 3* (3), 295-310.

Ramírez, R. R., & Cruz, G. P. (2003). The Hispanic population in the United States. *Population Characteristics, June 2003*, US Department of Commerce. Economics and Statistics Administration. US Census Bureau. Washington D.C.

Reinisch, J. M., Sanders, ,S. A., Hill, C. A., & Liemba-Davis, M. (1993). High-risk sexual behavior among heterosexual undergraduates at a mid-western university. *Family Planning Perspectives, 24*. 116-121.

Reppucci, N. D., Woolard, J. L. &, Fried, C. S. (1999). Social, community and preventive interventions. *Annual Review of Psychology*, 50.

Romo, L. F., Lefkowitz, E. S., Sigman, M., Au, T. K. (2002). A longitudinal study of maternal messages about dating and sexuality and their influence on Latino adolescents. *Journal of Adolescent Health, 2002*(31), 59-69.

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative Interviewing: The art of hearing data.* (2nd edition). Sage Publications.

Scott, C., Shifman, L., Orr, L., Owen, R., & Fawcett, N. (1988). Hispanic and Black American adolescents' beliefs relating to sexuality and contraception. *Adolescence, 23*. 667-687.

Smith, P. B. & Weinman, M. L. (1995). Cultural implications for public health policy for pregnant Hispanic adolescents. *Health Values, 19*(1), 3-9.

Suarez-Al-Adam, M., Raffaelli, M. & O'Leary, A. (2000). Influence of abuse and partner hypermasculinity on the sexual behavior of Latinas: Results from an HIV preventive intervention study. *AIDS Education and Prevention, 12*, 263-274.

Tross, S. (2001). Women at heterosexual risk for HIV in inner-city New York: Reaching the hard to reach. *AIDS and Behavior, 5* (2), 131-139.

Urrea-Rodríguez, C. (1998). Acculturation and Mexican culture: Implications for culturally appropriate HIV/AIDS prevention interventions. Dissertation. Michigan State University.

Van Devanter, N., González, V. & Merzel, C. (2002). Effect of an STD/HIV behavioral intervention on women's use of the female condom. *American Journal of Public Health, 92* (1), 109-115.

VanOss-Marín, B., Tschann, M. & Gómez, C. A. (1998). Self-efficacy to use condoms in unmarried Latino adults. *American Journal of Community Psychology, 26* (1).

Villarruel, A. (1998). Cultural influences on the sexual attitudes, beliefs and norms of young Latina adolescents. *Journal of the Society of Pediatric Nurses, April-June, 3.*

Whitaker, D. J., Miller, K. S., David, M., & Levin, M. L. (1999). Teenage partners' communication about sexual risk and condom use: The importance of parent-teenager discussions. *Family Planning Perspectives, 31* (3), 117-121.

Whitaker, D. J., & Miller, K. S. (2000). Parent-adolescent discussions about sex and condoms: Impact on peer influences of sexual behavior. *Journal of Adolescent Research, 15* (2), 251-273.

Wilson, B. D. M., & Miller, R. L., (2003) Examining strategies for culturally grounded HIV prevention: A review. *AIDS Education and Prevention, 15* (2).

Wingood, G. M., & DiClemente, R. J. (2000). Application of the Theory of Gender and Power to examine HIV related exposures, risk factors and effective interventions for women. *Health Education and Behavior, 27*(5).

Wingood, G. M., & DiClemente, R. J. (1998). Partner influences and gender-related factors associated with noncondom use among young adult African American women. *American Journal of Community Psychology, 26* (1).

World Health Organization (2004). *Global AIDS epidemic shows no sign of abating; highest number of HIV infections and deaths ever.* Retrieved January 19, 2004 from http://www.who.int/hiv/en/.

Wulfert, E., & Wan, C. K. (1993). Condom use: A self-efficacy model. *Health Psychology, 5*, 346-353.