

Appl Nurs Res. Author manuscript; available in PMC 2013 November 01.

Published in final edited form as:

Appl Nurs Res. 2012 November; 25(4): 231–238. doi:10.1016/j.apnr.2011.04.001.

"It's a Touchy Subject": Latino Adolescent Sexual Risk Behaviors in the School Context

Kim Larson, PhD, RN, MPH [Assistant Professor],

East Carolina University College of Nursing, 3135 Health Sciences Building, Greenville, NC 27858-4353, 252-744-6527 (W), 252-744-6387 (fax)

Margarete Sandelowski, PhD, RN, FAAN [Boshamer Distinguished Professor], and University of North Carolina at Chapel Hill School of Nursing, 919-966-4298

Chris McQuiston, PhD, RN [Associate Professor (retired)]

University of North Carolina at Chapel Hill School of Nursing, 919-932-6079

Kim Larson: larsonk@ecu.edu; Margarete Sandelowski: msandelo@unc.edu; Chris McQuiston: chris.mcquiston@earthlink.net

Abstract

Adverse sexual health outcomes remain disproportionately high for Latino adolescents. To examine sexual risk behaviors in Latino adolescents, we conducted in-depth interviews with 18 Latino parents and 13 school staff members and carried out one year of fieldwork in the school and community. "It's a touchy subject [sex] here" exemplified the reluctance of addressing sexual risk behaviors. Community and systems-level strategies are recommended.

Keywords

Latino adolescent; sexual health; culture; school context

Adolescents are among those most vulnerable to engaging in risky sexual behavior, including early age at first intercourse, multiple sexual partners, unprotected sexual intercourse, and, for girls, sex with older partners (CDC, 2009, 2010b). Too many adolescents suffer early unintended pregnancy and sexually transmitted infections as a result of these behaviors. Teen pregnancy increases a woman's risk of living in poverty and substantially reduces the likelihood of participating in the workforce and completing an education (The National Campaign to Prevent Teen Pregnancy, 2010). Long-term consequences of sexually transmitted infections include infertility, cervical cancer, and the devastating sequelae from AIDS (CDC, 2010a).

The research available indicates that sexual risk behaviors and the negative outcomes of these behaviors are more common among Latino youth than other youth groups (Alvarez et al., 2009; Villalba, 2007). According to the national Youth Risk Behavior Survey (CDC, 2010b), 49.1% of Latino youth reported having had sexual intercourse compared to 42% of White youth. In addition, more Latina girls than Black or White girls reported having had sex for the first time with an older (>4 years) male partner and having not used any method

Correspondence to: Kim Larson, larsonk@ecu.edu.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

of contraception at last intercourse (CDC, 2010a). Latina teens aged 15–19 are three times as likely to become pregnant as White teens (CDC, 2010a). Further, Latina females experience higher rates than White females of gonorrheal and chlamydial infections (CDC, 2009), which increase the chance of contracting HIV. The young adult Latino population now has the second highest rate of AIDS diagnoses of all ethnic and racial groups (CDC, 2009) and more Latino (16.8%) than White (11.4%) youth report never having been taught in school about HIV/AIDS (CDC, 2010a).

Health disparities are also apparent among the emergent Latino population in North Carolina (NC). A recent report ranks NC with the 3rd highest birth rate for Latinas ages 15–19 in the nation (Kost, Henshaw, & Carlin, 2010). The 2004–2008 pregnancy rate for Latinas ages 15–19 was 173.2/1,000, nearly three times higher than the overall teen pregnancy rate of 64.5/1,000 (North Carolina Department of Health and Human Services [NCDHHS], 2010). The 2004–2008 adult and adolescent HIV case rate for Latinos was 33.6/100,000, higher than the overall population case rate of 24.3/100,000 (NCDHHS, 2010). Finally, a larger percent of NC Latinos 18 and younger are uninsured and live in poverty compared to same age White and/or Black youth (NCDHHS, 2010). These disparities emerge at a time when Latino youth make up the largest and youngest minority group in the US (Pew Hispanic Center, 2009).

Ecodevelopmental theory (Coatsworth, Pantin, & Szapocznik, 2002) suggests that an understanding of sexual risk behaviors specific to Latino adolescents include adolescent development, cultural and gender norms, and the family. For Latinos, migration and loss of family cohesion can heighten vulnerability to sexual risk behaviors. The protective mechanisms of cultural traditions, such as *la fiesta de los quince años*, have been weakened for Latina girls in the context of migration (Larson, 2009).

Adolescent sexual development takes shape in many sociocultural contexts and the school is paramount among them. Hemingway (2008) described school as a place where sexuality was "vigilantly policed" (p. 256) and as "a sexualized place" (p. 257) that offered space for negotiating romantic relationships. Hyams (2000) reported that school policies, such as student behavior guidelines and dress code, promoted a sense of female victimization, loss of control, and powerlessness. Finally, Teitler and Weiss (2000) examined students' perceptions of the school environment and found that school norms had an influence on youths' sexual behavior, specifically the more permissive the school environment the earlier youth initiate sexual intercourse.

North Carolina was one of the first states to mandate a state-wide abstinence-until-marriage curriculum, prohibiting instruction about contraceptives or prophylactics (Ito et al., 2006). As a result, NC parents bear the weight of teaching these topics to their adolescents. Communication challenges particularly among Latino parents and their teen-age children with regard to sexual health have been noted (e.g., Guilamo-Ramos, Bouris, Jaccard, Lesesne, & Ballan, 2009; Meneses, Orrell-Valente, Guendelman, Oman, & Irwin, 2006). Whitmire and Buescher (2004) found that NC Latino adolescents talked less with their parents about sex than their White or African American counterparts. Wilson, Dalberth, Koo, and Gard (2010) reported that many Latino parents in NC knew their children were exposed to negative sexual influences but did not feel prepared to talk with their children about sex. Cultural beliefs and values are likely to influence communication about sexual issues between Latino teens and their parents.

The CDC has recently emphasized the urgent need to identify community- and societal-level factors that place Latinos at disproportionate risk for teen pregnancy and sexually transmitted infections (Alvarez et al., 2009). Derived from ecodevelopmental theory, the

aims of this study were to (a) describe how the physical and social environment of the school contributed to promoting or preventing sexually risky behaviors and (b) compare parents' and school staff members' understandings of these behaviors in Latino adolescents.

METHODS

The analysis featured here was drawn from data generated in an ethnographic study conducted between 2004 and 2005 in NC. Ethnography, characterized by prolonged contact with participants in a naturalistic setting, provides an opportunity to develop in-depth understanding of cultural beliefs, practices, and the meaning given to everyday occurrences (Weisner, 1996). Approved by a university institutional review board, this study involved field observations in the school and community, interviews with school staff members, Latino parents and their adolescents, and the review of school- and community-related documents. A previous paper published from this study was focused on the influence of cultural and gender norms on sexual risk behaviors as understood by Latino adolescents and parents (Larson, 2009).

Setting & Sample

The School—The setting for this study was a public school in rural eastern NC that serves students in grades 6 through 12. In the mid-1990s, enrollment increased by 16% largely as a result of an influx of Latino students (North Carolina Department of Public Instruction, 2008). At the time of this study, the student enrollment was 999; 67% White, 20% Latino, and 13% African American. As a result of changing demographics, the school was awarded a \$50,000 grant to offer English as a Second Language (ESL) classes, and the principal began sending school personnel to cultural diversity training. This school was also an important social institution for Latino families as it provided temporary housing for the community during two hurricanes that were recent at the time of the study. In addition, the teen pregnancy rate for Latina adolescents in this county was among the highest in the state (Adolescent Pregnancy Prevention Campaign of North Carolina, 2008). For these reasons, this school offered a useful setting to examine Latino adolescent sexual risk behaviors.

School staff—A total of 13 school personnel participated in the study (see Table 1). The school principal identified these staff members as having close contact with Latino students. They were approached individually in the school setting, informed of the project, and all agreed to participate.

Parents—A total of 18 parents participated in the study (see Table 2). To arrive at the parent sample, first the school personnel described previously identified a total of 25 students in the 7th, 8th, and 9th grades using specific criteria for sampling variation. This purposive sample of adolescents varied in age, gender, country of origin, primary language, length of US residence, and family structure. The parents of the identified students were then contacted first by letter and then by telephone or home visit to explain the purpose of the study and invite their participation. The parents of 15 adolescents participated in the study; the parents of 10 adolescents were unable to participate due to work constraints or other obligations. A \$40 gift card was given for their participation.

Data Collection

Formal interviews—School personnel and one or both parents participated in one indepth interview. Interviews lasted on average one hour and were audio-taped. The interview guide used with school personnel was designed to elicit their perceptions of sexual risk behaviors among Latino adolescents, opportunities and constraints Latino students

encountered in school, and quality and context of communication with Latino parents. School personnel were interviewed during a free period in a private room at the school.

Of the 18 parents, 12 parents (six couples) chose to be interviewed as a couple, only the mothers of two couples were interviewed, and four single mothers were interviewed. Parents were interviewed in their homes. The interview guide used with the parents was designed to elicit their perceptions of sexual risk among adolescents and its connection to migration, culture, and gender norms (interview guides are available upon request).

Field observations—Approximately 150 hours of field observations were conducted in the school, during home visits, and upon invitation to community events, such as *la fiesta de los quince años*, the 15th birthday celebration. The first author was present 1–2 days each week in various locations within the school (i.e., hallways, cafeteria, classrooms, school entrances and exits). The focus of the school observation was to obtain insight into students' movements through and interactions with each other in the school that might have a bearing on sexual behavior. Homes visits were made to observe family dynamics and neighborhood characteristics that might have a bearing on understanding influences on sexual risk behavior.

Documents—Two school documents—the Student Behavior Guidelines in the Student Handbook, 2004–2005, and the Student Dress Code and Appearance Policy (N.C. General Statute 115C-288; 115C-307)—provided information about school regulations regarding sexual behavior. In addition, high school yearbooks were reviewed to develop a deeper understanding of the school context and the place of Latino students in it. Finally, local newspaper articles covering events at the school and in the Latino community supplemented field notes.

Data Management & Analysis

Field notes and audio-taped interviews were transcribed and converted into data files using Ethnograph v5.0 software (Seidel, 1998). Using a digital voice recorder and transcription software, the first author transcribed all interviews, translating the Spanish-language interviews directly into English. In the second round of transcript review, three Spanish speakers were consulted on unfamiliar phrases. In the third round of transcript review, a Spanish speaker checked each English-translated transcript with the Spanish audio-taped interview for accuracy of meaning. Field notes and documents were organized by participant, data source (e.g., school, home, community), and chronological acquisition.

This analysis focused on comparing parents' and school staff members' accounts of Latino adolescent sexual risk behaviors in the context of field observations and school and community documents. Thematic content analysis was used, with coding of all data largely data-derived (Crabtree & Miller, 1999). Strategies to optimize descriptive and interpretive validity (Maxwell, 1992) of findings included proofing of interview transcripts against audio-tapes, completing field notes soon after observations were conducted, and within-interview participant validation (via probing and clarifying questions) with parents and school personnel.

FINDINGS

Three major themes that represent the key findings were: Opportunities for Engaging in Sexual Risk Behaviors, Impediments to Sex Education, and Cultural Confusion Regarding Norms and Stereotypes.

Opportunities for Engaging in Sexual Risk Behaviors

The school environment provided a place for intimate physical contact with little supervision. As the bell signaled the change of classes, hundreds of students flooded the hallways. Displays of intimate behavior were masked among the crowds, making sexual encounters difficult to monitor or control. Although teachers monitored the hallways just outside their classroom door during the change of classes, other hallways in the school had long stretches with no doorways or windows and were devoid of supervision. One teacher described reprimanding Latino students found in the school "hugged up and kissing."

Also contributing to opportunities for sexual risk behaviors was having grades 6 through 12 on the same school campus. According to several teachers, 7th grade Latina girls would maneuver their way to the high school by requesting a bathroom pass and would be "caught" with older boys. One teacher explained, "I noticed that she (Latina girl in the 7th grade) liked older boys. They (teachers) told me that they would catch her in the high school hall a lot." Another teacher also noted, "they (Latina girls) usually skip class and will go to the bathroom and then they are off to the high school hall." One teacher pointed to a set of double doors at a side entrance to the school as a location where a Latino couple would regularly kiss. This teacher placed these problems in the context of the school structure as follows:

Well, she was in the 8th grade and he was in the 10th grade and they liked to kiss before going to every class. See, that's the problem with having a middle school and high school together. They would stand in front of those double doors [points] where we couldn't see them and they would kiss. And there was a suspension over that, because they were warned two times. But as far as once she was suspended and he was suspended, we didn't have a problem anymore.

School personnel reported a busy daily schedule that, in addition to teaching, included cafeteria duty, coaching, committee work, conferences, and advising. During the second month in the study, a metal detector was installed in a hallway after a girl brought a box cutter to school and critically injured a classmate's eye. On another day, a fight between two boys caused a serious head injury, and emergency medical technicians transported one of the boys to the hospital. During the year of the study, drugs were confiscated from student lockers and cars; buses and cars were broken into; the principal's office was vandalized; and a student was found with an unloaded handgun. As a result, sexual behaviors receded into the background of a school environment in which other behaviors warranted greater attention.

Still, teachers did notice these behaviors and their consequences. Their accounts of Latinas at sexual risk included girls living with boyfriends, girls who were pregnant, and girls who already had children. One of the teachers described an incident in which two Latino couples were discovered engaging in sexual intercourse in a car in the school parking lot. As she recalled: "They were probably suspended, that would be my guess. It's a touchy subject [sex] here and I think people [school personnel] stray away from that subject, which is unfortunate."

School suspension was problematic for Latino parents. One of the mothers whose daughter was suspended for displaying intimate behavior at school described her concern:

I told her, 'I am giving you permission to have a boyfriend, your boyfriend can come here (house) while I am at home. If I am here he can come see you, but if I'm not here, no.' But when I went to work, these problems began. I came home early from work and the door was locked and I said, 'What's going on?' and when I came into the house I saw his wallet and a marijuana cigarette. Then I left very mad

and as I left I saw him jump out of the bedroom window! She had her boyfriend inside her bedroom. Another time, the same thing happened.

Impediments to Sex Education

School personnel were aware of sexual risk behaviors but they did not have sufficient resources, preparation, or authority to address adolescent sexual health concerns. One teacher noted, "as a government employee, I am not encouraged to talk to students about anything other than abstinence." School personnel were both reluctant to enter into conversations with adolescents about their sexual health and cautious about their role in the school system. A guidance counselor described her reluctance in this way:

I had one teacher come to me and say that a [Latino] student told her about a sexual experience she had over the weekend. And the concern is - what do I do with this information? I said, 'Nip that conversation in the bud immediately,' if you don't, that is not, you know, lalalalala (puts hands over ears) that's not appropriate.

The gesture of covering her ears embodied the dilemma school staff had in talking about adolescent sexuality. Parents joined staff members in their reluctance and embarrassment to discuss teen sex. One mother reported:

She asks me questions and although I am embarrassed, I try. I try to explain what I can. You have to be careful if you are with a boy. Don't be playing around with him, because there are risks. If he grabs you and you are in his arms there are risks that you could become pregnant.

Parents considered the school an authority not only in academic subjects but also in adolescent sexual health, which included monitoring and controlling sexual behaviors at school. However, teachers routinely deferred those discussions to parents. One teacher explained:

I think that a Hispanic woman could possibly talk to a Hispanic child in a way that they would be more receptive. I mean, I have a good relationship with my Hispanic students and can talk with them very easily, but as far as really connecting, sometimes I wonder if I do because there is that cultural barrier. They realize I'm not from their world.

When asked about frequency of communication with Latino parents, teachers reported infrequent communication due to language and work-related barriers. The majority of the parents reported communication was limited by a lack of transportation and translation services.

Cultural Confusion Regarding Norms and Stereotypes

According to the Student Behavior Guidelines, displays of affection, with the exception of holding hands, were strictly prohibited. The dress code policy was equally restrictive. The policy prohibited skirts three inches above the knee; dresses or tops exposing the shoulders, midriff, or armpits; and any exposure of breasts, bras, or cleavage (N.C. GS 115C-288; 115C-307). There was no mention of male body parts in the policy.

School personnel noted that some 14 and 15 year-old Latina girls were in middle school as a result of late arrival to the US and limited English proficiency. These girls were more physically mature and exhibited an interest in boys compared to the traditional 11 and 12-year old students. One teacher noted this ambiguous position:

They tend to be older than the other middle school girls. They tend to be closer to 14 and getting near their "coming out" time. I end up with teen-age girls in the middle school that we can hardly keep off the high school hallway.

In the words of another teacher:

Latina girls are much more sensual than the mainstream girls are. I have more 7th and 8th grade girls who will dress more provocatively, shirts cut lower. But one of the things that make it difficult is, I think, that it's part of the culture. What can you say when their mom comes in dressed just like that?

The perceived provocative nature of Latina girls' behavior and dress was seen as a part of the culture. Teachers struggled with either enforcing school regulations (dress code) or advocating for greater cultural sensitivity. Yet, teachers were unsure about their understanding of Latino culture and therefore confused between cultural norms and stereotypes. One teacher noted:

I have to say 'OK chill off a little bit, back up' to quite a few Latino students. You see that in all students, but I see it a little more with the Latinos. And it's probably a cultural thing. We just say, 'Hey save that, do it at your house, if your parents allow it, go home.'

Some teachers were convinced by Latina girls that their parents found older boyfriends acceptable partners. When male teachers expressed concerns about young Latina girls dating older boys, one of the female teachers explained: "I tell them (the male teachers), that is none of our business if mommy and daddy are telling them that they can date them." Still, another female teacher noted: "Their (Latina girls') priority is just turning 16 so they can quit (school). I think they're still in the mode of what the Hispanic culture has taught them. That the woman stays home and takes care of the house and children."

Yet, parents expressed an opposite viewpoint. More than one mother who had married young remarked of her teen-age daughter: "I don't want what happened to me to happen to her." Several parents expressed their concern about sexual risk behaviors in the school context. One mother responded: "This is happening in the school. There are young girls that are with boys that are 18 and 19 years old. The girls are 14 years old. This scares me for my daughter." Another mother explained: "For this reason, in the village like ours (Mexico), parents don't like their daughters to go to school." One of the fathers expressed his disappointment with the lack of supervision at the school. He described the following incident involving his daughter: "There was a dance at the school. Some boys came from another school and they waited outside in their car for them (girls). She (his daughter) left the dance with these boys. The vigilance at the school wasn't very good."

DISCUSSION

Although limited by the exclusive focus on Latino adolescent sexual risk behaviors as opposed to those of other racial/ethnic groups, the findings of this study offer insight into how the school context may contribute to sexual risk behaviors in a group with disproportionate rates of early pregnancy and sexually transmitted infections. Another limitation was that the sample of adolescents had twice as many girls as boys. For this reason we have less information about parents' understanding of sexual risk among boys. Even so, school personnel who had equal contact with both Latino boys and girls, also focused on sexual risk among Latina girls. We believe this heightened awareness of sexual risk for Latina girls reinforces the extreme vulnerability of immigrant women and girls identified by other investigators (Sternberg & Barry, 2011). Still, these findings contribute to the understanding of immigrant Latino families living outside the southwestern US (Viruell-Fuentes & Schultz, 2009).

Although this school was an important social institution for Latino families and attempts were made by the school administration to broaden cultural understanding through diversity

training, "blind spots and biases" were apparent (Doane, Browne, Reimer, MacLeod, & McLellan, 2009, p. 102). Cultural stereotypes and (mis) understandings by school personnel left them questioning whether any action was warranted at all and if so, whose obligation it was to inform, monitor, and control sexually risky behaviors. School personnel were often too busy to notice these behaviors or reluctant to respond when they did. The blurry line between cultural norms and stereotypes led some school staff to see a kind of sexual mystique around the behaviors and appearance of Latina girls. These staff depended on adolescents to interpret cultural norms and practices and admitted to limitations in their own cultural understanding. Stereotypes offer a superficial understanding of adolescent behavior in the absence of specific knowledge (Cook, Cusack, & Dickens, 2010). Moreover, these findings may explain in part the apparent lack of responsiveness other investigators (Garcia & Duckett, 2009; Villalba, 2007) have found in the public school to the health needs of Latino adolescents.

Parents expected schools to provide information on sexual health because, in Mexico, sex education has been taught in the schools since the 1960s (Hirsch, 2003). Yet abstinence-only education has been school policy in NC for more than a decade (Ito et al., 2006). The national abstinence-only regulations, local school policies and school structure combined with a limited understanding of immigrant Latino family beliefs and values may have facilitated risky sexual behaviors among Latino youth.

IMPLICATIONS FOR NURSING RESEARCH AND PRACTICE

This study provides an emic perspective of the sociocultural context of the school in shaping adolescent sexual behavior and sheds light on several areas for future nursing research and practice. Harmful and misleading stereotypes can be eliminated when community members contribute local knowledge to the research process. Interventions using community-based participatory research (CBPR) methods with Latino adolescents and parents are critically needed (Minkler & Wallerstein, 2008). The CDC and the U.S. Department of Health and Human Services Office of Adolescent Health have recently called for the replication of evidence-based sexual risk reduction programs (CDC, 2008). One of these programs, *¡Cuidate!* uses cultural beliefs and practices to frame abstinence and condom use as culturally acceptable ways of taking care of oneself and one's partner, family, and community. Key to the success of these programs is the active participation of the Latino community (Villarruel, Gal, Eakin, Wilkes, & Herbst, 2010).

In practice, we recommend teen-parent initiatives, which focus on developmental, gender and cultural issues, and engage the Latino community in decision-making regarding adolescent reproductive health. For example, the 15th birthday celebration, la fiesta de los quince años, is considered a control mechanism of early sexual activity that may be weakened by immigration and separation of family and community networks (Larson, 2009). Early preparation (age 11 or 12 years) for this cultural rite of passage may be an appropriate starting point for initiating sexual health dialogue between adolescents, parents, and health care professionals. Legislation in North Carolina now mandates comprehensive sexual health education in all public schools beginning in the 7th grade (The Healthy Youth Act of 2009). This legislation also calls for the active involvement of parents and guardians in the implementation of sexual health programs. Wegmann and Bowen (2010) noted that all families do not have the same advantages in the school setting and recommend the following actions to insure successful school-family partnerships including (a) personally reaching out to immigrant families and providing school information in the preferred parent language, (b) knowing the neighborhoods where students live to improve cross-cultural understanding, (c) providing an identity-safe environment where differences are recognized, accepted, and respected, and (d) creating mechanisms for shared decision-making on family-school

matters by holding meetings in families' own neighborhoods or communities. These initiatives honor the central role of the family in the Latino culture while building community capacity.

At the community level, the Center for International Understanding in North Carolina offers training to teams of health, education, and business leaders to establish community action plans that integrate the immigrant Latino population. This community strategy should be expanded to include Latino parents who might share the nuances of immigrant life. Language barriers and access to care continue to be major challenges for the immigrant Latino population and community action plans should address those issues in relation to adolescent sexual health.

After a decade of abstinence-only education in the public schools, teachers can benefit from the guidance of leaders in teen health, such as the Adolescent Pregnancy Prevention Campaign of North Carolina. The Healthy Youth Act of 2009 should have gone into effect in the fall of 2010 but teachers were unprepared in this content and were given a grace period to receive essential training. Legislative mandates must go into effect so that adolescents can benefit from a full range of sexual health information. A systems-level approach aimed at Latino community engagement and school policy that adopts a culturally designed evidence-based sexual risk reduction program has the potential to address one of the nation's goals of eliminating sexual health disparities experienced by Latino adolescents.

Acknowledgments

This research was supported by the National Institute of Nursing Research and the National Center on Minority Health and Health Disparities (5P20NR08369, 2004–2005). We thank the families and school personnel for their participation in this study.

References

- Adolescent Pregnancy Prevention Campaign of North Carolina. North Carolina Reported Hispanic Teen Pregnancies, Ages 15–19. 2008. Retrieved from http://www.appcnc.org/images/2008_pregnancies_Hispanic.pdf
- Alvarez ME, Jakhmola P, Painter TM, Taillepierre JD, Romaguera RA, Herbst JH, et al. Summary of comments and recommendations from the CDC consultation on the HIV/AIDS epidemic and prevention in the Hispanic/Latino community. AIDS Education and Prevention. 2009; 21(Supplement B):7–18. [PubMed: 19824831]
- Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2009. Atlanta: U.S: Department of Health and Human Services; 2010; 2010a.
- Centers for Disease Control and Prevention. Youth risk behavior surveillance United States, 2009. Surveillance Summaries. 2010b MMWR 2010; 59 (No. SS-5).
- Centers for Disease Control and Prevention. Sexual and reproductive health of persons ages 10–24 years United States, 2002–2007. Surveillance Summaries. 2009 MMWR 2009; 58 (No. SS-6).
- Centers for Disease Control and Prevention. 2008 Compendium of evidence-based HIV prevention intervention. 2008. Retrieved from http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm
- Coatsworth JD, Pantin H, Szapocznik J. Familias unidas: A family-centered ecodevelopmental intervention to reduce risk for problem behavior among Hispanic adolescents. Clinical Child and Family Psychology Review. 2002; 5:113–133. [PubMed: 12093012]
- Cook RJ, Cusack S, Dickens BM. Unethical female stereotyping in reproductive health. International Journal of Gynecology and Obstetrics. 2010; 109:255–258. [PubMed: 20206355]
- Crabtree, BF.; Miller, WL., editors. Doing qualitative research. 2nd ed. Thousand Oaks, CA: Sage; 1999.

Doane GH, Browne AJ, Reimer J, MacLeod M, McLellan E. Enacting nursing obligations: Public health nurses' theorizing in practice. Research and Theory for Nursing Practice: An International Journal. 2009; 23(2):88–106.

- Garcia CM, Duckett LJ. No te entiendo y tu no me entiendes: Language barriers among immigrant Latino adolescents seeking health care. Journal of Cultural Diversity. 2009; 16(3):120–126. [PubMed: 19824291]
- Guilamo-Ramos V, Bouris A, Jaccard J, Lesesne C, Ballan M. Familial and cultural influences on sexual risk behaviors among Mexican, Puerto Rican, and Dominican youth. AIDS Education and Prevention. 2009; 21(Supplement B):61–79. [PubMed: 19824835]
- Hemingway J. Taking place seriously: Spatial challenges for sex and relationship education. Sex Education. 2008; 8(3):249–261.
- Hirsch, JS. A courtship after marriage. Berkeley, CA: University of California Press; 2003.
- Hyams MS. "Pay attention in class...[and] don't get pregnant": A discourse of academic success among adolescent Latinas. Environment and Planning A. 2000; 32:635–654.
- Ito KE, Gizlice Z, Owen-O'Dowd J, Foust E, Leone PA, Miller WC. Parent opinion of sexuality education in a state with mandated abstinence education: Does policy match parental preference? Journal of Adolescent Health. 2006; 39:634–641. [PubMed: 17046498]
- Kost, K.; Henshaw, S.; Carlin, L. U.S. Teen-age Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010. 2010 Jan. Retrieved from http://www.guttmacher.org/pubs/USTPtrends.pdf
- Larson K. An ethnographic study of sexual risk among Latino adolescents in North Carolina. Hispanic Health Care International. 2009; 7(3):160–169.
- Maxwell JA. Understanding and validity in qualitative research. Harvard Educational Review. 1992; 62:279–300.
- Meneses LM, Orrell-Valente JK, Guendelman SR, Oman D, Irwin CE. Racial/ethnic differences in mother-daughter communication. Journal of Adolescent Health. 2006; 39:128–131. [PubMed: 16781975]
- Minkler, M.; Wallerstein, N. Community-based participatory research for health from process to outcome. 2nd ed.. San Francisco, CA: John Wiley & Sons; 2008.
- N. C. General Statute (GS) 115C-288; 115C-307. Student dress code and appearance. Policy code: 4305. Adopted: June 4, 2001. Retrieved from http://www.ncga.state.nc.us
- North Carolina Department of Health and Human Services (NCDHHS). Racial and Ethnic Health Disparities in North Carolina, Report Card 2010. Raleigh, NC: Office of Minority Health and Health Disparities and State Center for Health Statistics; 2010.
- North Carolina Department of Public Instruction (NCDPI). North Carolina public schools statistical profile, 2006. 2008. Retrieved from http://apps.schools.nc.gov/pls/apex/f? p=1:1:960820547437503;[rpfo;e/2.
- Pew Hispanic Center. Between two worlds: How young Latinos come of age in America. Washington, DC: Pew Research Center; 2009 Dec 11.
- Seidel, J. Ethnograph v5.0. London: Qualis Research Associates; 1998.
- The Healthy Youth Act of 2009. Session Law 2009-213, House Bill 88. General Assembly of North Carolina; 2009 Jun 25.
- The National Campaign to Prevent Teen Pregnancy. Linking teen pregnancy prevention to other critical social issues. Why-It-Matters Fact Sheet. 2010 Mar. Retrieved from http://www.TheNationalCampaign.org
- Sternberg RM, Barry C. Transnational mothers crossing the border and bringing their health care needs. Journal of Nursing Scholarship. 2011; 43(1):64–71. [PubMed: 21342426]
- Tietler JO, Weiss CC. Effects of neighborhood and school environments on transitions to first sexual intercourse. Sociology of Education. 2000 Apr.73:112–132.
- Villalba J. Health disparities among Latina/o adolescents in urban and rural schools: Educators' perspectives. Journal of Cultural Diversity. 2007; 14(4):169–175. [PubMed: 19172982]

Villarruel AM, Gal TL, Eakin BL, Wildes A, Herbst JH. From research to practice: The importance of community collaboration in the translation process. Research and Theory for Nursing Practice: An International Journal. 2010; 24(1):25–34.

- Viruell-Fuentes EA, Schulz AJ. Toward a dynamic conceptualization of social ties and context: Implications for understanding immigrant and Latino health. American Journal of Public Health. 2009; 99(12):2167–2175. [PubMed: 19833986]
- Wegmann KM, Bowen GL. Strengthening connections between schools and diverse families: A cultural capital perspective. The Prevention Researcher. 2010; 17(3):7–10.
- Weisner, TS. Why ethnography should be the most important method in the study of human development. In: Jessor, R.; Colby, A.; Shweder, RA., editors. Ethnography and human development. Chicago: University of Chicago Press; 1996. p. 305-324.
- Whitmire, JT.; Buescher, PA. Sexual activity, knowledge, and attitudes among North Carolina adolescents, 2002. Raleigh, NC: State Center for Health Statistics; 2004. SCHS Studies No. 145
- Wilson EK, Dalberth BT, Koo HP, Gard JC. Parents' perspectives on talking to preteenage children about sex. Perspectives on Sexual and Reproductive Health. 2010; 42(1):56–63. [PubMed: 20415887]

Table 1

Profile of the School Personnel (n=13) (2004–05)

Staff member position	Time at study site	Grade Level Taught at study site	Total Years Teaching	Spanish/English Bilingual Ability
Teacher	4 years	High school	9 years	no
Guidance counselor	6 months	High school	NA	yes
Teacher	4 years	High school	4 years	no
Teacher	2 years	High school	4 years	no
Teacher	4 years	High school	4 years	yes
Teacher	5 years	Middle school	5 years	no
Teacher	2 years	High school	3 years	yes
Guidance counselor	5 years	Middle and high school	NA	no
Teacher	4 years	Middle school	24 years	no
Teacher	2 years	Middle school	4 years	no
Library Resource Assistant	4 years	Middle and high school	NA	yes
Teacher	2 years	High school	5 years	yes
Teacher	2 years	Middle school	2 years	no

NIH-PA Author Manuscript

NIH-PA Author Manuscript

Table 2

Profile of the Families (n=18 parents; 15 adolescents) (2004-05)

Parent(s) and Index Adolescent(s)	Parents Age	Marital Experience	Parity	Work Experience	Family Network	Migration Experience
Mother-father 13 yo daughter	M: 33yo F: 36yo	Married 13 years	3 children: All foreign-born	M: housewife F: farm work, construction	Extended family lives < 5 miles away	Father immigrated first; Mother & children immigrated later
Mother-father† 14 yo daughter 13 yo son	M: 32yo F: 42yo	Married 15 years	4 children: All US-bom	M: factory F: factory	Extended family lives >5 miles away; husband had been abusive	Couple immigrated separately; couple met in US and married.
Mother-father 15 yo daughter 12 yo daughter	M: 34yo F: 40yo	Married 17 years	2 children: All foreign-born	M: factory F: factory	Extended family lives <5 miles away	Father immigrated first; Mother & children immigrated later
Mother-father 13 yo daughter	M: 43yo F: 50yo	Married 17 years	3 children: All foreign-born	M: housewife F: factory	Extended family lives <5 miles away	Father immigrated first; Mother & children immigrated later
Single mother 13 yo daughter	M: 28yo	Separated 5 years	3 children: 2 foreign-born; 1 US-born	M: farm work, factory, house-cleaning	Extended family lives >5 miles away; left abusive husband	Mother & children immigrated together
Mother-father† 13 yo daughter	M: 34yo F: 35yo	Married 14 years	4 children: 3 foreign-born; 1 US-born	M: factory F: construction	Extended family lives <5 miles away	Family immigrated together
Parent(s) and Index Adolescent(s)	Parents Age	Marital Experience	Parity	Current Work Experience	Family Network	Migration Experience
Single mother 13 yo daughter	M: 47 yo	Never married	6 children: All foreign-born	M: disabled	Lives with extended family; other relatives live <5 miles away	Mother immigrated first; children immigrated later
Mother-father 13 yo daughter	M: 37yo F: 37yo	Married 17 years	3 children: 2 foreign-born; 1 US-born;	M: housewife F: welder	Extended family lives >5 miles away	Family immigrated together

Parent(s) and Index Adolescent(s)	Parents Age	Marital Experience	Parity	Work Experience	Family Network	Migration Experience
			1 infant death (1995)			
Single mother 15 yo daughter 14 yo daughter	M: 32 yo	M: 32 yo Separated 6 months	4 children: All foreign-born; 1 infant death (1987); 1 child death (1998)	M: factory	No extended family in US; left abusive husband	Family immigrated together
Mother-father 13 yo son	M: 42yo Married F: 52yo 26 years	M: 42yo Married F: 52yo 26 years	3 children: All foreign-born	M: factory F: factory	Lives with extended family	Father immigrated first; Mother & children immigrated later
Single mother 15 yo son	M: 56 yo	M: 56 yo Separated 15 years	6 children: All foreign-born	M: in home child care	Lives with extended family; other relatives live <5 miles away; left husband abusive	Father immigrated first; Mother & children immigrated later
Mother-father 15 yo son	M: 32yo Married F: 48yo 18 years	Married 18 years	4 children: 3 foreign-born; IUS-born	M: office work F: mechanic	Extended family lives >5 miles away	Father immigrated first; Mother & children immigrated later