Published in final edited form as:

Soc Sci Med. 2017 May ; 180: 85–93. doi:10.1016/j.socscimed.2017.03.011.

The socio-political context of migration and reproductive health disparities: The case of early sexual initiation among Mexican-origin immigrant young women

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Abstract

Prior research often explains the lower risk of early sexual initiation among foreign-born Mexican-origin young women by a patriarchal and sexually conservative “traditional Latino culture.” This definition overlooks structural factors such as exploitation of migrant workers, and conflates gender inequality and sexual expectations. I use an intersectional framework and the theory of gender and power to explore how gender inequality and sexual expectations are both influenced by structural factors and affect reproductive health outcomes. I integrate data from qualitative interviews with 21 first and second generation Mexican-origin women in 2013–2014 with data from discrete time hazard models with 798 Mexican-origin young women in the National Longitudinal Study of Adolescent to Adult Health. Qualitative results demonstrate that gender inequality and sexual expectations in Mexican-origin immigrant households are associated with structural factors. Gender inequality occurs more often in households with family instability, greater poverty, and among parents who migrated independently. Qualitative data also demonstrate that parental gendered expectations are sometimes at odds to what parents are actually doing in the household. Finally, contrary to assumptions that a patriarchal “traditional Latino culture” protects against early sexual initiation, qualitative and multivariate quantitative data suggest that household gender inequality increases risk of early sexual initiation. These findings challenge the utility of a culturalist approach that views culture as determining behavior to explain health disparities among immigrants and demonstrate the need to incorporate an intersectional framework that includes structural factors. This approach may reduce stereotypes and identify meaningful interventions to reduce reproductive health disparities.

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Data source: This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (<http://www.cpc.unc.edu/addhealth>). No direct support was received from grant P01-HD31921 for this analysis. Note: Use of this acknowledgment requires no further permission from the persons named.

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Keywords

USA; adolescents; reproductive health; Mexican-origin immigrants; gender; sexual initiation

INTRODUCTION

Public health and medical research often theorize that a “traditional Latino culture” explains distinct reproductive health outcomes among Latina and Mexican-origin adolescents in the U.S., such as later ages at sexual initiation among the foreign-born (e.g. Driscoll et al., 2001; Guarini et al., 2011; Killoren and Deutsch, 2013; Lee and Hahm, 2009; Russell and Lee, 2004). This culturalist approach, that culture determines behavior, inadvertently perpetuates the stereotyping of Latino families as patriarchal, pronatalist, and sexually conservative by describing a “traditional Latino culture,” without attention to structural factors, such as restricted access to economic resources and employment exploitation, within the socio-political context of migration. In this paper, instead of a culturalist approach, I build upon the work of social scientists (García, 2012; González-López, 2005; Hirsch, 2003) who consider culture and structure as intertwined and mutually reinforcing to examine reproductive health. I use an intersectional framework with an innovative mixed methods approach integrating qualitative data from 21 in-depth interviews with first and second generation Mexican-origin women with quantitative data from Mexican-origin women in the National Longitudinal Study of Adolescent to Adult Health (Add Health) to address two research aims: (1) to explore how migration patterns, family stability, and socioeconomic status (SES) are associated with gender inequality and sexual expectations within Mexican-origin immigrant families, and (2) to then examine how these factors influence reproductive health behaviors of Mexican-origin young women.

Background**Reproductive health literature**

First and second generation adolescents have later ages at sexual initiation (Guarini et al., 2011; McDonald et al., 2009), but are less likely to use contraception than third (U.S.-born to U.S.-born parents) generation adolescents (McDonald et al., 2009). Investigations into the risk of adolescent birth remain inconsistent; some studies have found no difference (McDonald et al., 2009), others found U.S.-born Latinas have the highest risk (Minnis and Padian, 2001), and another found foreign-born Latinas have the highest risk (Manlove et al., 2013). Reproductive health outcomes also differ by country of origin. Sixty-four percent of the Latino population in the U.S. are of Mexican-origin and although there is cultural and economic variation within the Mexican-origin population, they are more economically disadvantaged than many other Latino groups and they bear the brunt anti-immigrant policies (Golash-Boza and Hondagneu-Sotelo, 2013; Stepler and Brown, 2016). Moreover, Mexican-origin adolescents have a higher birth rate than Puerto Rican and Cuban adolescents (McDonald et al., 2009).

There are two problematic ways the public health literature examines reproductive health outcomes among Latina and Mexican-origin adolescents. First, most studies continue to use

a culturalist framework, often a “traditional Latino culture,” to explain health disparities. Authors reviewing the immigrant health literature warn that this framework takes an individual perspective and simplifies complex processes such as gender and family dynamics and “... such studies ultimately revert back to an apolitical and ahistorical understanding of differences between populations that eschews social inequalities and social determinants of health” (Castañeda et al., 2015, p. 380). Quantitative studies rarely investigate cultural processes and instead rely on immigrant generation and language as proxies for cultural differences (e.g. Guarini et al., 2011; Killoren and Deutsch, 2013; Lee and Hahm, 2009). Moreover, the complex intersection of cultural, historical, social, and political processes cannot be captured by controlling for SES in quantitative models and some qualitative research has acknowledged but not thoroughly examined the association between SES and culture (e.g., Hyams, 2000; Romo, et al., 2010; Talashek et al., 2004). Immigrant health disparities research may benefit by transitioning from a culturalist approach to one that addresses structural factors.

Second, the definition of a “traditional Latino culture,” used in most studies, conflates gender inequality and sexual expectations by defining it as both patriarchal, women deferring decision-making to men, and sexually conservative, encouraging female virginity. This is despite the anthropologic approach of analyzing gender and sexuality as “separate systems which are interwoven at many points” (Vance, 1991, p. 876). Although qualitative studies often provide a more in-depth analysis of cultural processes and Latina reproductive health, most do not analyze gender inequality and sexual expectations separately (e.g. Gilliam, 2007; Talashek et al., 2004).

Theoretical framework

Public health’s use of a culturalist approach separates cognitive aspects of culture, i.e., expectations and norms, from structure and examines them as a “force” on health behavior. Schneider and Schneider (1996) warn in their book on fertility decline in rural Sicily that this approach stigmatizes reproductive health behaviors among vulnerable populations. And Janes (2005) cautions epidemiological researchers against the use of culture as an independent variable to explain health outcomes because, in contrast to a culturalist approach, many social scientists view culture and structure as intertwined and mutually reinforcing. Indeed, Browner (2000, p. 774) explains that structural factors, such as access to resources, influence individual behavior both directly and through cultural expectations that “exist within specific contexts that are both social and historical.” I also consider cultural and structure to be mutually reinforcing. However, it is analytically useful to look at how the cognitive aspects of culture, in this case parental expectations of gender and sexuality, are influenced by structural factors that oppress immigrants, in order to more accurately examine reproductive health of Mexican-origin young women.

A mixed methods approach informed by an intersectional framework is an ideal way to study health disparities among marginalized groups like immigrant young women, yet it is rarely used to study Latina adolescent reproductive health. Collins (1993, p. 26) asserts that social inequality be analyzed through the intersection of race, class, and gender as “distinctive yet interlocking structures of oppression.” And the theory of gender and power

was developed by Connell (1987) to organize and explain structures that produce gendered inequalities. Social scientists have used this theory within an intersectional framework to analyze sexual expectations and gender inequality between men and women (García, 2012; González-López, 2004; Hirsch, 2003). Structures producing inequality among gender non-conforming individuals are important but beyond the scope of this paper. This theory examines gender inequality and its intersection with social inequality through three main structures: (1) the sexual division of labor, economic differences in the workplace and home; (2) the sexual division of power, relationship and institutional differences in power; and (3) cathexis or affective attachments, often considered social and cultural expectations and norms (Wingood and DiClemente, 2000).

Similar to many anthropologists, I examine gender and sexuality separately though connected. Sexuality and the interpretation of sexual acts, are influenced by gender inequality, in addition to other structural factors (Hirsch, 2003; Vance, 1991). I examine parental expectations of adolescent sexuality, a cognitive aspect of culture, in addition to adolescent sexual behavior. Thus, I use the concept of cathexis to analyze parental expectations of both gender inequality and sexuality.

The theory of gender and power must be situated within the socio-political context of migration to capture “structures of oppression” specific to immigrant families, in which both first and second generation adolescents are raised. These structures, produced by the political economy of immigration, impact individuals as social determinants of health. For example, while I do not directly analyze U.S. immigration policy, its impact is visible through the motivators and patterns of migration, as well as family stability and social disadvantage of immigrant families in the U.S., including restricted access to economic resources and employment exploitation. Hondagneu-Sotelo (1994) classifies three types of migration patterns: family stage, when married couples migrate in stages; family unit, when a family migrates together at the same time; and independent, when a single person migrates. These patterns are informed by family stability, SES, and gender inequality in Mexico and then inform these very same aspects once families are in the U.S.

Migration, SES, and gender—Public health studies often assume that Mexico to U.S. migration is a move from a traditional culture of gender inequality to a modern culture of gender equality. Yet this assumption does not consider the complexity of gender inequality in either context or the impact of structural factors (Hirsch and Wardlow, 2006). For example, migration to the U.S. may increase equality in the gendered division of labor and power, changing patriarchal cultural expectations, or cathexis, through greater opportunities for women to work outside the home (Hirsch, 2003; Hondagneu-Sotelo, 1994). Yet migrant men (and women) may redefine cultural expectations as more patriarchal in the U.S. by reinforcing male dominance in the home to compensate for exploitive migrant labor (Boehm, 2008). Thus, structural factors within the context of migration impact family SES as well as the reshaping of cultural expectations of gender.

The gendered division of labor in the home varies by social class and may reproduce cultural expectations that influence adolescent behavior. A strict division of labor burdening women and girls may reinforce gender inequality; and even if not intended, may devalue the

importance of girls' education and independence (Ayala, 2006). Alternately, when there is greater gender equality in the home, daughters may delay sexual initiation and childbearing in order to attain academic success and economic independence (Manlove et al., 2013). If the gendered division of power in the household is unequal, young women may be less likely to advocate for power in their own relationships, potentially increasing risk of sexually transmitted infections and unintended pregnancy (Wingood and DiClemente, 2000). Moreover, extreme gender inequality manifested through intimate partner violence (IPV) has a profoundly negative impact on children; exposure to parental IPV is associated with increased risky sexual behaviors and pregnancy in adolescence (Hillis et al., 2004). Thus, young women who grow up in homes with extreme gender inequality may have increased risky sexual behavior.

Migration, SES, and sexuality—Cultural expectations of sexuality (i.e. cathexis) are also influenced by structural factors. Parrado and Flippen (2010) found that migrant women held more gender equal attitudes about sexuality (e.g., equal responsibility for pregnancy) than women in Mexico, while migrant men held less gender equal attitudes about sexuality than men in Mexico. Sexual attitudes also differed by migration patterns (e.g., family stage with men migrating before their wives). Thus, parental expectations of sexuality are complex and reshaped through structure, such as economic opportunities for women, and should not be reduced to simple dichotomies of sexuality such as conservative/liberal or virgin/whore (González-López, 2004).

Clear parental expectations that discourage sex during adolescence have been associated with later ages of sexual initiation (Deptula et al., 2010). Immigrant families in the U.S., from Mexico and across the globe, often have more supervision and stricter dating rules for daughters than sons (Ayala, 2006; Foner, 2009), potentially reducing the risk of early sexual initiation. And less educated immigrant parents, often from rural areas of Mexico, may hold more conservative sexual values emphasizing the importance of virginity than more educated immigrant parents (González-López, 2004; Romo et al., 2010).

In sum, gender inequality and sexual expectations within Mexican-origin immigrant families can be considered cognitive aspects of culture shaped by migration patterns and economic disadvantage in the U.S. Using the theory of gender and power with attention to the socio-political context of migration, I challenge the accuracy and utility of using a “traditional Latino culture” to explain reproductive health disparities among immigrant young women. Moving beyond a culturalist approach allows me to: (1) to explore how migration patterns, family stability, and SES are associated with gender inequality and sexual expectations within Mexican-origin immigrant families, and (2) to then examine how these factors influence reproductive health behaviors of Mexican-origin young women.

DATA AND METHOD

I used an iterative process integrating qualitative life history interviews with Add Health data to “explicate some of the ways that structural and cultural factors can act together to influence” reproductive health of Mexican-origin young women (Browner, 2000, p. 775). In order to draw inferences between samples, qualitative participants were in the same birth

cohort as Add Health participants. The study was approved by the Colorado Multiple Institutional Review Board.

Qualitative data

Between March 2013 and April 2014, I conducted semi-structured life history interviews with 11 first generation (born in Mexico) and 10 second generation (born in the U.S. to a Mexican-born parent) women in the Denver Metropolitan area. Inclusion criteria included: age 27–41, female gender, migrated to the U.S. from Mexico prior to age 18 (one participant migrated just after turning 19) or born in the U.S. with at least one parent born in Mexico. All first generation women spent the majority of their time in the U.S. in Metro Denver and all but one second generation woman, who grew up in New Mexico, spent all or much of their childhoods in Metro Denver. There are many long standing Latino communities in Metro Denver and between 1980 and 2014, the Latino share of the population grew from 19% to 31% (Pew Research Center, 2016).

Women were sampled purposively through active (sign-up sheets women at community events) and passive recruitment (key informant and participant referrals) at community organizations in Metro Denver. After obtaining informed consent, I conducted each semi-structured life interview, lasting one to two hours, in the language of the participant's choice. Interview topics included migration experiences, childhood and family relationships, education, intimate relationships, and family planning. All women were compensated for their time.

Qualitative Analysis—A bilingual, bicultural research assistant transcribed interviews in the language in which they were conducted and translated the five Spanish interviews into English for subcoding. I conducted a theory guided content analysis using a five step process that included reading, coding, displaying, reducing, and interpreting (Strauss and Corbin, 1990; Ulin, 2002). As part of this process, I listened to each interview in its original language, edited transcriptions in English and Spanish, discussed linguistic and cultural nuances with the research assistant, analyzed all quotes used to form arguments in their original language, and recorded the process of data analysis, including my own thoughts and biases. I used Atlas-ti for organization and transparency and multiple transcripts were coded by two researchers for inter-rater reliability. Pseudonyms are used for this paper.

Drawing on Connell's (1987) theory of gender and power, I analyzed migration experiences, the gendered division of labor and power (what people are actually doing), and cathexis (parental expectations about gender and sexuality) within participants' childhood families. Consistent with previous research, there was substantial variation in the gendered division of labor and power across families (Gutmann, 1996; Hirsch, 2003). To simplify analysis, I classified the gendered division of labor and power along a spectrum with three points: (1) women and men moving back and forth between working outside the home and performing housework and sharing decision-making power equally; (2) women mainly being relegated to the home, although they may work outside the home while men occasionally help with housework, and women and men compromise on decisions with men having the final say (or believing they have the final say); and (3) households with extreme gender inequality, where

men do not allow women to work outside the home, never contribute to household tasks, or exert their dominance through violence. Variation in the SES of participants' childhood families ranged between very poor and working class as measured by parents' highest level of education, occupation, and descriptions given by participants such as, "we didn't have enough food to eat." Family SES changed over time but I analyzed SES during the participants' early adolescence, when Add Health participants were surveyed at Wave I.

Data were displayed and interpreted using tables organized by immigrant generation, sexual initiation before or after age 17 (sample mean), adolescent birth, the gendered division of labor, power, and cathexis, migration patterns, and family SES. I analyzed how concepts interacted in addition to bivariate relationships. Finally, I verified my results with multiple community organizations staffed by and serving Mexican-origin immigrant families.

Quantitative Data

I tested key qualitative findings using quantitative data from all four waves (1994–2008) of Add Health. This is a nationally representative sample of 20,475 adolescents who were in 7–12th grade in 1994–1995 (Wave I). The participants were interviewed again in 1996 (Wave II), 2001–2002 (Wave III), and 2007–2008 (Wave IV). Mexican-origin participants were not oversampled because the proportion fell similarly to the U.S. school-based population (Harris et al., 2009). After sample exclusions (see appendix), the final sample size was 798 first, second, and third "plus" generation Mexican-origin female participants.

I chose sexual initiation as a quantitative outcome because it is the sexual behavior most widely studied and most often explained in the literature by a "traditional Latino culture." In Waves I and II, the participant was asked, "In what month and year did you have sexual intercourse for the very first time?" and in Waves III and IV the respondent was asked, "How old were you the first time you had vaginal intercourse?"

Key independent variables included parental gendered expectations and conservative sexual expectations (Wave I). I operationalized parents' equal gender expectations with a categorical variable from the parent survey. Equal gender expectations were coded "yes" if the parent answered the same characteristic for two separate questions, "What is the most important thing for a boy [girl] to learn?" (to be well-behaved, popular, think for her/his self, work hard, help others). The variable was coded as "no" if the parent answered different characteristics for boys and girls or answered one but did not answer the other. The variable was coded as "missing" if the parent did not answer the question or if the parent survey was missing. Only one parent filled out the parent survey and 95% of the time it was the participant's mother. I operationalized conservative sexual expectations using two variables for mothers' and fathers' disapproval of sex from the participant survey. Each was a continuous variable coded from a Likert scale of "How would she/he feel about your having sexual intercourse with someone who was special to you and whom you knew well, like a steady boyfriend/girlfriend?" (1=strongly approve to 5=strongly disapprove). I took the mean of mothers' and fathers' disapproval of sex to create one variable for parental disapproval of sex.

I included SES and family structure as covariates. I took the maximum number of years of mothers' and fathers' education for a parental education variable. I operationalized family structure as the presence of two resident parents versus all other family structures. Variables used in the descriptive analysis include, age at migration (continuous), family income taken from the parent survey, adjusted for inflation and family size (continuous), experienced an adolescent birth (dichotomous), and participant's highest level of education (categorical).

Quantitative Analysis

I calculated descriptive means and proportions of demographic variables. I modelled age at sexual initiation using complementary log-log discrete time hazard models using a person-year dataset. Participants were censored at the month and year they experienced the event or the age of their last interview (Singer and Willett, 2003). I right censored all participants at age 20 because they are no longer at risk for an adolescent birth.

I used 50 multiple imputed data sets created by chained equations to address missing data (Little and Rubin, 2002). A sensitivity analyses showed no substantial differences in models using an imputed parental gendered expectation variable and the variable that included a missing category (not shown). The models presented include the parental gendered expectation variable with the missing category. I used survey weights and Taylor-series expansion to obtain robust standard errors, given the complex sampling frame of Add Health (Korn and Graubard, 2011). Analyses were performed using Stata 14.

RESULTS

Sample demographics

Among Add Health participants, mean age at migration for first generation participants is 8 (Table 1). The second generation is most likely to live with two parents and SES improves with each subsequent generation. The third generation is most likely to have equal gender parental expectations. However, second generation parents are most disapproving of their daughters having sex, followed by third and then first generation parents. Mean age of sexual initiation is earliest for the third generation.

Among qualitative participants, first generation participants have a mean age of migration of 12. Second generation participants more often live with two parents than the first. Mean age of sexual initiation is similar for first and second generation adolescents.

Qualitative and quantitative multivariate results

Structure and gender—Qualitative data demonstrate associations between independent migration, family instability, and gender inequality (Table 2). Households with family and economic instability appear to maintain unequal gendered divisions of labor and power. Five out of seven parents in extremely gendered households migrated independently and over half of the participants' interpreted their parents migration as a struggle, making dangerous migration attempts such as swimming across the river while pregnant and settling without access to resources like food subsidies. Independent migration appears to be particularly difficult for women. Mothers of participants who migrated as single women, either divorced

or never married, *se juntaron* [common-law married or cohabitated] with men out of economic necessity after arriving in the U.S., leading to consecutive unhealthy relationships with partners and family instability. These mothers worked outside the home (often unskilled labor) in order to make ends meet, even after *se juntaron* with a man, also working in unskilled labor. Exploitation in the migrant labor force is common for men and women in the U.S. and may increase gender inequality in the home (Boehm, 2008). Indeed, a greater proportion of extremely gendered households were described by participants as very poor and parents more often worked in unskilled jobs than moderately gendered households where the majority of mothers stayed at home and fathers worked in a skilled or professional job (Table 2).

After in-depth analysis of each interview and analysis across interviews, Jocelyn's story exemplifies this pattern in the data and best conveys how migration, SES, and gender interact. Jocelyn's mother migrated at age 16 to live with her sister who was already in the U.S., in order to support her mother and siblings in Mexico. Their relationship became rocky so she and her new partner *se juntaron*. Most of Jocelyn's childhood was spent with her stepfather, her mother's third common-law partner. They were poor and sometimes struggled to have food to eat. Jocelyn's stepfather, who worked as a janitor, was an alcoholic and violent toward her mother. Although he eventually stopped drinking and being violent, he continued to make all household decisions and refused to help inside the home, reinforcing gender inequality. Jocelyn's mother's independent migration started a trajectory of unstable relationships yet her very decision to migrate and her subsequent common-law marriages were rooted in economic necessity. Poverty in Mexico motivated independent migration that resulted in economic dependence upon men, and family poverty, related to restricted access to public resources and employment exploitation, shaped gender inequality.

Stretching beyond limitations of quantitative data, qualitative data show that the gendered division of labor and power captures only part of gender inequality in households because for some participants, gendered parental expectations were sometimes at odds to what was actually occurring in households. Indeed, immigrant parents may reinforce gender inequality that they themselves are unable to maintain due to socioeconomic changes with migration. First generation Juana and Eva and second generation Alicia parents' clung to the notion of mother as caretaker and homemaker, yet their mothers worked outside the home, either because their husbands' migrated to the U.S. to work, they were single mothers, or they could not survive on their partners' wages in the U.S. Additionally, second generation Teresa, learned from her mother that women must be subservient to men and that marriage and motherhood were her primary goals. Teresa challenged the expectation to cater to her brother,

She [my mother] was like, "You're a woman and he's a man," and I was like, "We're still equal though." She had that so engrained in her mind that men were superior and I told her, "No, we're still equal..." I told her, "No, I'm not going to do it." She would tell me, "Your husband's not going to appreciate it," and I'd tell her, "Well I won't get married."

Despite gendered expectations, when Teresa's father could no longer work outside the home due to chronic illness, her mother became the breadwinner and he cared for the home. She described,

When he [my father] became sick and she had to work, he did everything at home like she would do when he was at work. I think the roles completely changed and it didn't make a difference on his manhood, as you would think being Hispanic and our culture the way, "Oh if you're a man and you help your wife then you're less of a man." He didn't take it that way. He was just like, "This is my wife and I love her and I'm going to do anything for her and my kids."

Teresa equated her father's older age at migration with difficulty finding work in the U.S. and his illness while acknowledging how her father pushed back on cultural expectations of masculinity. Although migration increased equality in the gendered division of labor in their household, it did not make her mother's expectations more gender equal. In contrast, families like first generation Isabel's, and second generation Carla's, Cristina and Arely's, provided more moderately gendered discourses, strongly encouraging their daughters to attend college and be economically independent, even when their mothers mainly stayed at home to care for children. Relatively wealthier families have the option of a stay-at-home mother while promoting economic independence in their daughters. Conversely, poorer families may reinforce gender inequality through expectations and the gendered division of power, but are unable to maintain a gendered division of labor due to economic necessity. Perhaps mothers' messages in both situations reflect a desire for gender respectability and relationship power, whether it's gaining respect and power as a good wife and mother for those who are exploited in low-wage labor or gaining respect and power as a working woman in the U.S. for those who stay at home to raise their children.

Structure and sexuality—Among qualitative participants, parental expectations regarding sexuality are shaped by migration, family stability, and SES. Although almost all participants knew their parents wanted them to delay sex until marriage and few women received any sexual knowledge from parents, contrary to stereotypes, only two women recalled their parents wanted them to remain virgins because of religious values. Women growing up in households with more family instability and gender inequality recalled that instead of directly communicating the importance of delaying sex, their parents made them feel that "sex is bad," with little explanation about sex or why it was bad or told them not to get pregnant, using colloquialisms (Table 2). First generation Eva's single mother, who had multiple marriages in the U.S. out of economic necessity and worked long hours relying on Eva to care for the family, told her daughter, "*No me vayas a llegar panzona* [don't get knocked up]." Interestingly, Eva's mother did not talk to her younger sisters about pregnancy nor did she make them attend religious "sex ed" classes, as she had Eva. When asked why, Eva explained, "I feel like my mom got tired. There is no other explanation... we went through poverty growing up. Moving to the U.S. and not knowing the language and not having money..." Eva directly links structural factors, her mother's independent migration, working long hours for low wages, and language barriers to her mother's sexual expectations.

In contrast, women growing up in households with greater family stability and gender equality recalled conversations with parents regarding sex, including encouraging them to take care of themselves, *cuídate*, and to respect themselves, *respétate*. Second generation Arely's parents migrated with documents, her father was a skilled locksmith, and her mother stayed at home. She recalled her father telling her before her first date, "*Ten cuidado hija. Nada más es puppy love. [Be careful, my daughter. It's nothing more than puppy love.]*" There is an inherent understanding of parental care in these messages that is not present in "sex is bad."

Parents' sexual expectations embodied gender inequality in another way. Messages such as "don't let them [men] touch you" reinforces young women's vulnerability and a lack of sexual agency (García, 2012). This type of ambiguous message sometimes occurred even within messages of caring. Teresa recalled,

She [mother] would say, "*No dejes que te manocén, tu aceptan de como tú eres, y si te van amar, te van amar sin que tú les dando nada. Tú eres mujer y te tienes que respetar.*" [Don't let them grope you, they accept you for who you are and if they are going to love you, they are going to love you without you giving them anything. You are a woman and you need to respect yourself.]

Like Carla's brothers saying, "We know what they want," and Juana's brother telling her, "Men are like dogs. Don't let them come over and touch you," these messages contribute to the notion that women need to be protected from men but are responsible for men's behavior (Hirsch, 2003). Sexual expectations and gender inequality are distinct phenomena; nevertheless, sexual expectations are influenced by gender inequality.

Gender inequality, sexual expectations, and reproductive health—

Deconstructing a "traditional Latino culture," broad patterns in the qualitative data suggest that gender inequality and conservative sexual expectations impact reproductive health behaviors differently. Gender inequality is associated with early sexual initiation and adolescent birth while conservative sexual expectations conveyed with care are associated with later sexual initiation and adolescent birth. The women who grew up in households with more extreme gender inequality initiated sex about a year earlier than participants from moderately gendered households (16.4 and 17.9, respectively) (Table 2). Moreover, five of the eight women from households with extreme gender inequality experienced an adolescent birth compared to four of 13 women from moderately gendered households, suggesting that gender inequality increases risk of adolescent birth as well as sexual initiation.

Of the six women who initiated sex before the age of 17, all of them experienced family instability and four had a mother who migrated independently, the fifth migrated independently herself at age 14, highlighting the relationship between migration, family stability, and sexual initiation. Unlike gender inequality, conservative sexual expectations are associated with later ages of sexual initiation. Qualitative data also suggest that parental expectations discouraging sexual intercourse through caring messages, such as *cuídate*, are associated with delayed sexual initiation and childbearing. Of the 15 women who delayed sex until age 17 or later, eight received caring messages discouraging sex. In contrast, none of the six women who initiated sex prior to age 17 received caring messages. Only one of

the eight participants who received caring messages discouraging sex experienced an adolescent birth compared to seven of the eight participants who received less caring sexual messages.

Quantitative data support these qualitative patterns. Table 3 presents hazard ratios of sexual initiation by immigrant generation and parental gendered and sexual expectations among Add Health participants. After controlling for immigrant generation, SES, and family structure, compared to participants with equal parental gender expectations, growing up in a household with unequal parental gender expectations is associated with a 45% increase in the hazard of sexual initiation ($p=0.06$) (Model 1). After controlling for immigrant generation, SES, and family structure, each unit of increase in parents' disapproval of sex decreases the hazard of sexual initiation by 18% ($p<0.05$) (Model 2). The magnitude of both equal parental gender expectations and parental disapproval of sex remain similar when they are both in the model suggesting that they independently reduce the hazard of sexual initiation (Model 3).

Second generation Jocelyn's and Teresa's experiences illustrate both qualitative patterns and quantitative findings. Jocelyn's mother migrated independently and Jocelyn experienced long-term family instability and poverty, gender inequality, and was told by her mother, "don't get pregnant" without a message of caring. Jocelyn initiated sex at age 14 and was pregnant at 15. In contrast, Teresa's father migrated just a few months before her mother (family stage migration) and Teresa was raised with two biological parents. Although her mother's messages promoted gender inequality, the gendered division of labor and power in the household were quite equal. Teresa received sexual expectations conveyed with caring, initiated sex at age 20, and delayed her first pregnancy until 24. Thus, migration patterns, family stability and SES, are intertwined with gender inequality, sexuality, and reproductive health behaviors.

DISCUSSION

Integrating qualitative and quantitative data and deconstructing a "traditional Latino culture," findings demonstrate that structural factors associated with migration, e.g., migration patterns and access to resources, shape gender inequality and sexual expectations within immigrant families and suggest that gender inequality and sexual expectations have distinct influences on the reproductive health of Mexican-origin young women. These findings advance prior research that relies on the assumption that a "traditional Latino culture" explains a large part of reproductive health disparities among Mexican-origin young women. I do not argue that "culture" is irrelevant but that incorporating an intersectional framework that includes gender, race/ethnicity, immigration status, social class, and age requires that we examine structural influences on cultural expectations when analyzing adolescent reproductive health behaviors.

Results suggest that gender inequality varied substantially in the childhood households of qualitative participants and contrary to assumptions, many households were moderately—not extremely gendered. Moreover, gender inequality in households is shaped by parents' migration patterns. Aligned with my findings, Hondagneu-Sotelo (1994) described how

single Mexican immigrant women often left difficult group living situations in the U.S. to cohabitate with a partner and Parrado and Flippen (2010) found that gendered attitudes regarding sexuality differed by migration patterns. Consistent with prior research, qualitative data also show that some migrant fathers may reinforce gender inequality in the home to compensate for employment exploitation, suggesting that gender inequality in the household may be derived in part from subordination of masculinity through structural inequality, rather than a “traditional Latino culture” untouched by structure (Boehm, 2008; Gutmann, 1996; Hirsch, 2003; Hondagneu-Sotelo, 1994). Although some cultures promote male dominance regardless of social circumstances, gender inequality may be amplified with poverty, particularly when men struggle to economically provide for families (Bartlett et al., 2013; Gutmann, 1996; Hirsch, 2003; Hondagneu-Sotelo, 1994). Thus, studies that attempt to explain reproductive health behavior among immigrant young women with a “traditional Latino culture” alone and do not address parents’ migration patterns or economic disadvantage of immigrant families are simplifying a complex process and shifting focus from larger social and economic inequality in the U.S. and Mexico to individual behavior (Castañeda et al., 2015; Schneider and Schneider, 1996).

In-depth interviews indicate that parental gendered expectations are sometimes at odds to what family members are actually doing in households. Similarly, Parreñas (2005) found that when mothers migrated and became the breadwinners in Filipino families, household gender norms were not reshaped to encourage gender equality; fathers and children reinforced norms of mothers as primary care takers and fathers as bread winners. And gender roles in Mexican women’s ideal marriages were often different from their actual marriages (Hirsch, 2003). Survey research often assumes that participants’ beliefs about gender and sexuality are consistent with what is actually occurring in the household, painting a one-sided picture of immigrant families. In addition to addressing some limitations of survey research, this study also advances research on gender and migration by directly examining reproductive health outcomes among immigrant adolescents.

Supporting prior research (Deptula et al., 2010), quantitative data show that parents’ disapproval of sex is associated with a decreased risk of early sexual initiation. Providing nuance, qualitative data show that parents’ conservative sexual expectations, conveyed through care and concern, appear to be more protective against early sexual initiation than negative messages like “sex is bad.” However, it seems parents in households with family stability and gender equality more often discourage sex with care and parents in households with family instability and gender inequality more often use negative messages. These messages are part of a sexual discourse that may reinforce gender inequality through women’s vulnerability and lack of sexual agency (García, 2012; Hirsch, 2003). Further research is needed to explore how parental messages of sexuality are related to SES and gender inequality in families. Perhaps low-income parents are not trying to reinforce gender inequality and women’s vulnerability but rather they condense their values and expectations into concise negative messages such as “sex is bad” to utilize the limited time they have with their children.

Finally, results challenge the validity of conceptualizing a static and simple “traditional Latino culture” to explain reproductive health behaviors. First, contrary to assumptions,

gender inequality and conservative sexual expectations do not concordantly decrease with generations in the U.S. Quantitative data show that although the third generation was most likely to hold equal parental gender expectations, it was the second generation, not the first, who had the most conservative sexual expectations. Second, qualitative and multivariate quantitative data suggest sexual expectations and gender inequality have distinct influences on reproductive health behaviors. Although conservative sexual expectations are associated with a reduced risk of sexual initiation and adolescent birth, it is gender equality, manifested through the gendered division of labor, power, and cathexis in the home, not inequality that reduces risk of sexual initiation and adolescent birth. This important finding is indirectly supported by prior research. First, unequal power between parents, specifically IPV, is associated with poorer sexual and relationship outcomes for young women (Hillis et al., 2004; Wingood and DiClemente, 2000). Second, family instability and low SES increase risk of early sexual initiation and adolescent birth (Driscoll et al., 2001; Santelli et al., 2000), and family instability and low SES are associated with gender inequality (Bartlett et al., 2013; Gutmann, 1996; Hirsch, 2003). This study is one of the first to examine comprehensive pathways between family SES, gender inequality, and adolescent reproductive health outcomes.

Based on these findings, I argue that instead of explaining gender inequality and sexual expectations in immigrant households with a “traditional Latino culture” we should use an intersectional framework that incorporates structural factors, e.g. migration patterns and economic disadvantage, perpetuated by immigration policies. Indeed, explaining reproductive health disparities as a product of culture alone is hegemonic. It allows us to overlook culpability of both anti-immigrant sentiment and contradictory immigration policies in the U.S.; including those that promote migration while simultaneously restrict immigrant families’ access to resources.

Although this study advances the literature using an innovative mixed method design, there are several limitations. I drew inferences between a nationally representative sample and a local sample. However, qualitative participants were in the same birth cohort as Add Health participants and theoretically could have participated in the survey. Although I did not interview third generation women, I included them and controlled for immigrant generation in quantitative models due to sample size limitations. The socio-political context of migration has changed since study participants were adolescents and it is increasingly difficult for undocumented immigrants to gain authorization once in the U.S. However, Add Health is the only longitudinal dataset that allows identification of the second generation and the longitudinal design of Add Health decreases recall bias. Further, interviewing young women allowed me to gather information on outcomes such as adolescent birth. A variable of one parent’s perspective on gender expectations cannot measure the complexity of household gender equality. Nevertheless, it provides an opportunity to measure this concept quantitatively. Finally, there are other factors, such as age at migration, race/ethnicity of adolescents’ first sexual partners, having one parent that is not of Mexican-origin, and perspectives of young men, that I was not able to address in this study but are potential areas for future research. Despite these limitations, this is one of the first studies to situate immigrant women’s lived experiences with family, gender inequality, and reproductive

health within the socio-political context of migration and then examine these factors in a national sample.

This study advances public health research by challenging the utility of a culturalist approach to explain health disparities among immigrants. Findings demonstrate the importance of a mixed methods approach informed by an intersectional framework. Research and public discourse that confront pathways between structural inequality, gender inequality and sexual expectations, and reproductive health behavior can allow for meaningful intervention, such as reforming immigration to support families and addressing disparities in reproductive health without reproducing harmful stereotypes.

Acknowledgments

Research funding was provided by the National Institute of Nursing Research (1F31NR013821-01A1), Sigma Theta Tau International, Alpha Kappa Chapter-at-Large, and the Department of Health and Behavioral Sciences, University of Colorado Denver. The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) funded Population Research Center, University of Texas at Austin (R24 HD42849) provided administrative support. I am grateful to the organizers and participants of the 2015 Developing the Field of Gender and Migration Conference at the University of California Irvine for their constructive feedback. I thank Sheana Bull, Patrick Krueger, Fernando Riosmena, Jean Scandlyn, and Goleen Samari for their helpful comments on earlier drafts. Finally, I thank Latino/a community organizations in Denver and the women who so openly shared their stories with me.

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Appendix

Sample size restrictions for Add Health analysis

I restricted the sample to Mexican-origin female participants with a sample weight because the qualitative participants are all female. I excluded three participants missing on ever having sexual intercourse, three who reported sexual intercourse prior to age 11, one participant missing on the presence of a parent in the home, and 14 participants who did not have a resident father or mother.

Research highlights

- Uses innovative mixed methods to examine reproductive health among Mexican immigrants
- Moves beyond a culturalist approach to explore gender inequality and sexuality
- Links structural factors, e.g. access to resources, to gender and sexual expectations
- Reveals that gender and sexual expectations influence sexual initiation differently

Table 1
Means and Proportions of Quantitative (Weighted) and Frequencies of Qualitative Samples

	Add Health participants (1994–2008)			Qualitative Participants	
	First generation	Second generation	Third generation	First generation	Second generation
Age in 2013 **	35.5	34.9	34.4	32.9	30.7
Age at migration (mean)	8			12.2	
Lives with two parents **	73.0%	83.2%	65.3%	6	9
SOCIOECONOMICS					
Family income ***	\$16,177.30	\$29,637.90	\$37,014.64		
Parents' years of education **	9.4	10.7	13.3	8.6 β	10
GENDER & SEXUALITY					
Gender expectations *					
Parent has equal gender expectations	56.1%	59.7%	74.2%		
Parent does not have equal gender expectations	16.1%	22.4%	11.8%		
Missing gender expectations	27.8%	17.9%	14.0%		
Sexual expectations					
Parent's disapproval of participant having sex * α	4.3	4.5	4.3		
OUTCOMES					
Age at first sex (mean) *	17.9	17.8	16.4	17	17.6
Experienced a teen birth **	20.0%	18.3%	32.4%	6	3
Highest level of education (Wave IV) **					
Less than high school	41.0%	22.8%	23.2%	6	0
High school degree	50.8%	62.9%	62.0%	3	6
College or higher	8.2%	14.2%	14.8%	2	4
Number of observations	174	274	350	11	10

p<0.001,

**
p<0.01,

*
p<0.05,

^aOn a scale of 1–5, higher value is greater parental disapproval of the participant having sex

 β Two participants did not know their father's education or employment

Table 2

Household gender equality

	Immigrant generation	Sex messages	First sex	Teen birth	Type of migration	Migration struggle	Very poor	Family instability	Mother employment	Father employment
Extremely gendered households										
Juana	First	Negative	17	Yes	Family stage	No	No	Yes	Home	Unskilled
Alma	First	None	18	Yes	Family unit (Self)	(Self Yes)	(Self Yes)	No	Home	Skilled
Eva	First	Negative	16	No	Independent (mom)	Yes	Yes	Yes	Unskilled	Unskilled
Yesinia	First	None	18	No	Independent (mom)	Yes	No	Yes	Unskilled	Skilled
Jocelyn	Second	Negative	14	Yes	Independent (mom)	Yes	Yes	Yes	Unskilled	Unskilled
Alicia	Second	Negative	16	Yes	Independent (mom)	Yes	Yes	Yes	Unskilled	Unskilled
Julietta	Second	Caring	18	No	Independent (dad)	Yes	No	No	Home	Skilled
Mariela	Second	Negative	14	Yes	Family unit	No	Yes	Yes	Unskilled	Unskilled
Moderately gendered households										
Beatriz	First	None	14	Yes	Independent (mom)	Yes	Yes	Yes	Unskilled	Unsure
Maria	First	Caring	18	Yes	Family stage	No	No	No	Home	Skilled
Inez	First	Negative	15	Yes	Independent (Self)	(Self Yes)	(Self Yes)	Yes	Skilled	Unskilled
Mercedes	First	Caring	18	No	Family stage (Self)	(Self No)	(Self No)	No	Home	Skilled
Guadalupe	First	None	17	No	Family stage	No	No	Yes	Unskilled	Skilled
Isabel	First	Caring	19	No	Family stage	Yes	No	No	Unskilled	Unskilled
Catalina	First	Negative	17	Yes	Family stage (Self)	No	No	Yes	Unskilled	Unsure
Ana	Second	Caring	23	No	Family stage (mom) Independent (dad)>	No	No	No	Home	Professional
Jessica	Second	None	19	No	Family stage	Yes	Yes	No	Home	Skilled
Carla	Second	Negative	20	No	Independent (mom)	Yes	No	No	Home	Skilled
Arely	Second	Caring	17	No	Family unit	No	No	No	Home	Skilled
Cristina	Second	Caring	17	No	Family unit	No	No	No	Home	Skilled
Teresa	Second	Caring	18	No	Family stage	Yes	Yes	No	Unskilled	Home

Table 3

Hazard Ratios for Sexual Initiation, Mother's SES, Parental Gendered and Sexual Expectations among Mexican-origin Young Women Add Health (1994–2008)

	Model 1	Model 2	Model 3
First generation	0.62 [†] (0.37 – 1.03)	0.62 [†] (0.37 – 1.04)	0.62 [†] (0.37 – 1.03)
Second generation	0.72 [†] (0.51 – 1.01)	0.77 (0.54 – 1.11)	0.75 [†] (0.53 – 1.06)
Third generation	Ref.	Ref.	Ref.
Parent's gendered expectations			
Missing expectations	1.17 (0.86 – 1.59)		1.11 (0.81 – 1.52)
Unequal expectations	1.45 [†] (0.98 – 2.16)		1.45 [†] (0.97 – 2.18)
Equal expectations	Ref.	Ref.	Ref.
Parent's disapproval of participant having sex ^a		0.82 [*] (0.69 – 0.98)	0.83 [*] (0.69 – 0.99)
Parent's years of education	1.03 (0.97 – 1.08)	1.02 (0.97 – 1.07)	1.02 (0.97 – 1.08)
Two resident parents	0.59 ^{***} (0.45 – 0.78)	0.61 ^{***} (0.46 – 0.80)	0.62 ^{***} (0.46 – 0.82)
Age	26.05 ^{***} (11.37 – 59.65)	25.79 ^{***} (11.34 – 58.68)	25.78 ^{***} (11.33 – 58.71)
Age × Age	0.91 ^{***} (0.89 – 0.93)	0.91 ^{***} (0.89 – 0.93)	0.91 ^{***} (0.89 – 0.93)
Constant	0.00 ^{***} (0.00 – 0.00)	0.00 ^{***} (0.00 – 0.00)	0.00 ^{***} (0.00 – 0.00)
Number of person years	5,470	5,470	5,470

p<0.001,

**
p<0.01,

*
p<0.05,

[†]
p<0.10

^a On a scale of 1–5, higher value is greater parental disapproval of the participant having sex