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Parental Gender Expectations by Socioeconomic Status and Nativity: Implications for Contraceptive Use

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Abstract

Parental gender expectations, which may be egalitarian or not, may vary by nativity and socioeconomic status. Parental gender expectations provide a model for children's gender role attitudes and could also have effects on reproductive health over the life course, including women's contraceptive choices. Yet, parental gender expectations are not often studied quantitatively. Using the National Longitudinal Study of Adolescent to Adult Health, we examine how parental gender expectations in the United States vary by immigrant generation and socioeconomic status, whether parental gender expectations in adolescence are associated with young women's contraceptive use, and if nativity moderates that relationship. Results show that parental gender expectations vary significantly by immigrant generation and parental socioeconomic status. Both first and second generation women are significantly less likely to have lived in households with equal gender expectations compared to the third generation. Higher socioeconomic status is associated with equal gender expectations. Among participants from households with equal gender expectations, the second generation is more likely than the third generation is to use a male-controlled contraceptive method versus no method. Using a nationally representative sample, our study demonstrates that parental gender expectations vary by nativity and by the socioeconomic context of the family in which they are embedded as well as have a unique effect on the contraceptive behavior of second generation women.

Keywords

gender equality; parental expectations; gender expectations; socioeconomic status; immigration; contraceptive use

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Compliance with Ethical Standards

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The decrease in the unintended pregnancy rate in the United States between 2008 and 2011 has been attributed to increased use of highly effective methods of contraception, yet income and racial/ethnic disparities remain (Finer & Zolna, 2016). Unintended pregnancies are disproportionately distributed among young, minority, and low-income women (Gipson, Koenig, & Hindin, 2008). Immigrants are often minorities and many are low-income (Finer & Zolna, 2014), and both immigrants and adolescents are less likely to use contraception, even when they do not wish to become pregnant (Brown & Patten, 2014). A growing percentage of young adult women are first or second generation immigrants because 26% of the U.S. population is foreign-born (first generation) or children of foreign-born parents (second generation) (Foster et al., 2004; McDonald, Manlove, & Ikramullah, 2009). Given the long-term implications of unintended pregnancy for physical and psychological well-being, it is important to examine contextual factors that can promote contraceptive use for both immigrant and non-immigrant young adults.

Gender expectations in the household are an important aspect of gender socialization for young men and women (Cohn, 2015). An extensive body of literature suggests that parents play a key role in gender socialization and youths' perceptions of gender roles (Fennell, 2011; Guzmán & Dello Stritto, 2012; Lucke, 1998; Shearer, Hosterman, Gillen, & Lefkowitz, 2005; Shtarkshall, Santelli, & Hirsch, 2007). Unequal parental gender expectations during adolescence may be relevant for sexual behavior during early adulthood because men and women often have different roles in intimate and sexual relationships, including responsibility for contraception (Crouter, Whiteman, McHale, & Osgood, 2007; Jan & Janssens, 1998; Marks, Bun, & McHale, 2009; Tenenbaum & Leaper, 2002). Family attitudes toward gender roles are associated with subsequent attitudes and behaviors, such as later gender egalitarianism, work hours, earnings, and higher fertility (Fennell, 2011). However, few studies consider how gender expectations early in life are related to sexual and reproductive health behavior in adulthood (Corrigall & Konrad, 2007).

To date there are no known studies that consider nativity and gender expectations when examining the influence of early family context on adults' sexual and contraceptive behaviors. The present study addresses this gap using the National Longitudinal Study of Adolescent to Adult Health (Add Health) Wave I (1994 and 95) and Wave IV (2007 and 2008) first to examine how parental gendered expectations vary by nativity and parental socioeconomic status and then to test the association between gendered expectations in adolescence and contraceptive behavior in adulthood.

Parental Gender Expectations

Expectations about appropriate gender role characteristics and sexual behavior have evolved vastly over the last several decades in the United States. Tightly constrained and prescribed gender roles have given way to a wide variation in gender expectations. Gender expectations refer to men and women's views concerning appropriate roles and behaviors for the genders in work and family domains. The gender expectations of family members—mothers, fathers, sisters, and brothers—are typically studied in adults and children separately, or within single parent-child dyads. This approach limits our understanding of the way in which family members' gender perceptions can affect other family members over time by failing to

capture the family's gender context. Our study captures some of the family's gender context by considering how parental gender expectations can affect children's outcomes when they are young adults.

A socialization perspective highlights parents' roles as instructors, reinforcers, and models of children's gender role attitudes (Shearer et al., 2005). Specifically, parents directly communicate their gender expectations by providing instruction, guidance, and training to their children. They also reinforce gender-typed behaviors by encouraging their children's involvement in gender-stereotyped activities. Gender socialization messages are also indirectly transmitted through parents' modeling of gender-typed behaviors. For example, children learn that women and men act differently when they observe that mothers spend more time on caregiving and fathers, on leisure activities with their children (Marks et al., 2009). Theorists have proposed that during adolescence there is an intensification of gender socialization (Corrigan & Konrad, 2007).

Some research highlights how boys' and girls' differential socialization may lead them to espouse different sexual values (Arnett, 2000). Men who internalize unequal gender expectations may feel pressure to embody stereotypical masculine ideals of sexuality, and women may leave important sexual decisions to their partners (Fagot, Rodgers, & Leinbach, 2000). Intimate partner violence (IPV) is a form of extreme household gender inequality and has lasting consequences for children, extending into future emotional and psychological problems, teen pregnancy, and risky behaviors in adulthood such as drug and alcohol use (Lucke, 1998). Thus, young women who grow up in homes with more unequal gender expectations and extreme gender inequality may engage in increased risky sexual behavior, such as non-contraceptive use.

A gender schema perspective emphasizes the importance of cognitive processes in gender development (Dube, Anda, Felitti, Edwards, & Williamson, 2002; Hillis et al., 2004; Whitfield, Anda, Dube, & Felitti, 2003). Across childhood and adolescence, youth build schemas about gender-appropriate roles and behaviors, with parents acting as key socializing agents (Marks et al., 2009). However, with this perspective, youth act as producers of their own development (Martin, Ruble, & Szkrybalo, 2002). Research on sexual self-schemas, or individuals' cognitive representations about sexual aspects of the self has shown that men's and women's sexual self-schemas reflect the internalization of social norms about gender-appropriate sexual behavior (Martin et al., 2002). Gender roles may influence sexual behavior at different levels—gender roles can influence sexual behavior in a relationship by defining how men and women interact and how sexual behavior is negotiated and enacted, including contraceptive use decisions (Fennell, 2011). Indeed, one study finds that more “traditional” marital and family role attitudes that espouse gender inequality are a barrier to condom use for women, although masculine ideology and condom use are not associated (Lucke, 1998).

Gender Expectations in Immigrant Families

A significant limitation of research on gender role attitudes and gender expectations is the lack of attention to differences among immigrant families and racial and ethnic minorities

(Shearer et al., 2005). To date, a small body of qualitative research and limited quantitative work has examined how immigrant families “translate” culturally based beliefs about gender into specific parenting practices (Vasquez, 2011). Immigration scholars have argued that research often focuses on cultural differences in parenting styles and neglects social and economic disadvantage (e.g. lack of access to resources, discrimination, family separation), which directly influence parenting practices and gender beliefs among immigrant parents (Deutsch & Crockett, 2016; Dreby & Stutz, 2012; Tyrell, Wheeler, Gonzales, Dumka, & Millsap, 2016). Specifically, gender equality and sexuality, including parental gender expectations, are not solely culturally-based and instead depend upon culture and structural factors like socioeconomic status, geographic location, and time (Castañeda et al., 2015). For example, gender inequality is positively associated with poverty, particularly when men feel exploited in low-wage jobs or cannot find work, regardless of immigration status (Boehm, 2008; González-López, 2004; Gutmann, 1996; Hirsch, 2015).

Gender equality may also change with the process of immigration. South to North migration among Mexican-origin immigrants may improve gender equality in families through women’s work outside the home (Bartlett, Shafer, & Seipel, 2013; Boehm, 2008; Hirsch, 2003). Yet migration may also perpetuate gender inequality as men who are exploited in the migrant workforce reinforce their dominance in the home (Hirsch et al., 2007; Hondagneu-Sotelo, 1994). Thus, examining the association between parents’ gender expectations and their socioeconomic status within immigrant families is important for acknowledging the structural barriers that immigrant families face (Boehm, 2008).

As the U.S. population becomes increasingly heterogeneous, research on the gender context of diverse immigrant families is needed to inform theory, research, and practice. Diversity within immigrant populations makes it unwise to generalize broadly about group beliefs and practices, but there are aspects of the immigration integration and socialization experiences that are relevant for all immigrants. During the transition to adulthood, U.S.-born adolescents struggle between an “adult world” and “adolescent world.” First and second generation adolescents have the additional burden of being caught between their U.S. community and their parents’ country of origin (Abraído-Lanza, Armbrister, Flórez, & Aguirre, 2006; Castañeda et al., 2015; Hunt, Schneider, & Comer, 2004). Immigrant families experience increased distress from both the challenges of adjusting to a new cultural environment and from a sense of familial disconnection as a result of different experiences of incorporation, particularly for foreign-born parents and native-born children (i.e., the second generation) (Foner, 2009). Although there is vast heterogeneity among immigrant populations, similar pathways between difficult relationships with parents and problem behaviors have been found for immigrant adolescents, regardless of country of origin (Dinh, 2006).

Boys and girls are socialized differently in native U.S. families, and several scholars have recognized that gender differences in migrant families may be particularly pronounced in regard to expectations of male and female behavior, as well as their sexuality (Fuligni, 1998). Qualitative work shows that in some Latino and Asian families, there is differential treatment of girls and boys, enforcement of stereotypically feminine behavior among daughters, and curtailment of girls’ activities outside the home (Killoren & Deutsch, 2014).

Indeed, migrant families often have more supervision and stricter dating rules for daughters than for sons (Dasgupta, 1998; Dion & Dion, 2001; Raffaelli & Ontai, 2004; Talbani & Hasanali, 2000), yet few studies have quantitatively examined household gender equality across immigrant generations. This gendered isolation can lead to greater stress and behavioral problems among immigrant young women (Ayala, 2006; Foner, 2009; Gallegos-Castillo, 2006). Both first and second-generation immigrant women have reported more intergenerational conflict in topics of dating and sexual behavior than U.S.-born women do (Dion & Dion, 2001; Talbani & Hasanali, 2000). Beliefs about gender equality also influence sexual beliefs and behaviors of immigrant adults. For example, immigrant men were more likely than were men in Mexico to believe it is women's responsibility to prevent pregnancy (Chung, 2001). Thus, it follows to assume that behavioral responses to unequal gender expectations in adolescence could continue into adulthood, translating into risky behaviors and less protective contraceptive choices.

Gender Expectations and Contraceptive Choices

In adulthood, women's contraceptive choices can demonstrate a form of internalized gendered decision-making. On one hand, women who were raised in households with less egalitarian norms and attitudes may be less likely to rely on condoms or withdrawal or other male-controlled methods. This is likely for several reasons. First, barrier methods require negotiation, which is more difficult in relationships with inequality (Parrado & Flippen, 2010). Second, women may be concerned their partner would think they have a disease or are cheating (Woolf & Maisto, 2008), and some women may also believe that it is a woman's responsibility to prevent pregnancy (Parrado & Flippen, 2010). Finally, women can use a female-controlled method, like oral contraceptive pills, without their partner knowing (Fennell, 2011; Parrado & Flippen, 2010).

Conversely, women who do not have equal status with their partners are less likely to use effective, female-controlled forms of contraception like oral contraceptive pills (Fennell, 2011). Women from less egalitarian households may be more likely to use male-controlled methods for several reasons. First, gender inequality is associated with lower socioeconomic status (Dereuddre, Van de Velde, & Bracke, 2016), and barrier methods or male-controlled methods are less expensive and do not require a prescription (Bartlett et al., 2013). Second, women from gender unequal household may have never had discussions about contraception with their parents, and as a result, these women have less knowledge regarding other methods (Trussell & Wynn, 2008). Finally, these women may opt for less effective methods because they are concerned with preventing sexually transmitted infections, do not view motherhood as a barrier, and may be ambivalent about having an unintended pregnancy. More research is needed on gender expectations and inequality and contraceptive choices.

The Present Study

There is a paucity of longitudinal studies on the contraceptive behaviors of immigrant adults, particularly on the long-reaching role of parental gender expectations during adolescence. However, even less is known about variation in gender expectations between immigrant and non-immigrant families (Elliott, 2010; McKee, 2006) or how the socioeconomic context

facing immigrant families is associated with gender expectations (Vasquez, 2011). Thus, prior to examining the association between parental gender expectations and young adult contraceptive use, we fill an important gap in the literature by first describing how parental gender expectations vary among both immigrant and non-immigrant families and by socioeconomic status. This approach allows us to gain a greater understanding of parental gender expectations before examining their association with contraceptive use by focusing on the following research questions: How do parental gender expectations vary by immigrant generation and parental socioeconomic status?, How are parental gender expectations associated with young adult contraceptive choices?, and Does the relationship between gender expectations and contraceptive use vary by immigrant generation?

Based on these research questions, we propose four hypotheses. Women from immigrant families are more likely to have unequal parental gender expectations than are women from native U.S. families (Hypothesis 1). First and second generation women are part of immigrant families because they are both raised by immigrant parents, whereas third and higher generation are non-immigrant women in non-immigrant families. Families of higher socioeconomic status will have more equal parental gender expectations (Hypothesis 2). Participants from households with equal expectations will more easily negotiate contraceptive use in adulthood (Hypothesis 3). These participants will be more likely to use female- and male-controlled contraceptive methods (verses no method). Gender equal homes may support gender equality in relationships and better contraception negotiating skills. Immigrant generation will moderate the relationship between parental gender expectations and contraceptive use (Hypothesis 4). The impact of gender expectations on contraceptive use will differ by immigrant generation with unequal gender expectations having a greater impact on first and second generation immigrants than on third generation women.

Method

Data

We used data from Wave I (1994 and 1995) and Wave IV (2007 and 2008) of the National Longitudinal Study of Adolescent to Adult Health (Add Health) (Harris et al., 2009). The dataset is ideal for this analysis because it follows individuals from adolescence through the transition to adulthood, has a sizeable sample of individuals of varying nativity status, and includes detailed information about relationships with parents and sexual behavior. In 1994 and 1995, Wave I, the nationally representative probability sample included 20,475 adolescents who were in 7–12th grade. One resident parent was also selected for an interview and approximately, 95% of the parent interviews completed were with biological mothers in the home. Wave IV interviews were conducted in 2008 when participants were between 24 and 32 years-old. Of the Wave I participants, 92.5% were located and 80.3% completed Wave IV interviews ($n = 16,441$). The reasons for non-response were split almost equally between respondents who were not located and those who declined to participate in the Wave IV interview. More sensitive questionnaire sections were self-administered using CASI technology (computer-assisted self-interview).

The analysis is limited to sexually active females at Wave IV, with complete data on parental characteristics, nativity, and contraceptive method choice ($n = 6,041$). We restrict the sample

to female participants because of the lower accuracy of contraceptive use and pregnancy and birth history among males (Castañeda et al., 2015) and because the links for gender expectations and sexual behavior are different for men and women (Manlove, Ryan, & Franzetta, 2004; Schoen, Landale, & Daniels, 2007). Of the 7,868 female respondents, we excluded 507 participants who had not had sexual intercourse (vagina-penis) by Wave IV or who were missing on ever having sexual intercourse. Of these 7,361, we exclude participants who were missing on contraceptive method choice at Wave IV ($n = 676$). Due to an Add Health programming error if a respondent answered “don’t know” or refused to answer any of the questions on use of each contraceptive method, the respondent was skipped out of the remaining contraceptive method questions and will appear as missing. The Add Health team acknowledges this error, and there is no means of correcting for it (Shearer et al., 2005). Similar to other studies that use Add Health data, we use listwise deletion to address missing data because all remaining covariates were missing less than 5% of data. We exclude participants who are missing on nativity ($n = 84$) and all remaining covariates ($n = 560$). Across all sample characteristics, there are not statistically significant differences in characteristics between participants included in the sample ($n = 6,041$) and those excluded ($n = 1,827$). The final sample of 6,041 U.S. female participants includes 1168 immigrant (first and second generation) women and 4873 non-immigrant (third generation) women.

Participants

Table 1 shows the weighted demographic and family characteristics for all participants, that is, sexually active women by Wave IV. The table shows that only 368 women are in the first generation, 4% of the weighted sample. The vast majority, 85.6% of the weighted sample, are third generation or higher. At Wave I, the average age of the respondents is 16 years. Race/ethnicity varies by nativity: 75.9% of the non-immigrant sample is Non-Hispanic White compared to 25.4% of respondents in immigrant families. Approximately, 50% of the sample of first and second generation women is Hispanic. Forty percent of first and second generation women have more than a high school education compared to 34% of non-immigrant third generation women. A majority of women are married or have been cohabiting with their partner for at least one year. Thirty-seven percent of non-immigrant women have had an STI in their lifetime compared to 27.8% of women from immigrant families. By Wave IV, 53% of first and second generation women and 58.7% of third generation women have had their first birth.

Over half of all women lived with two biological parents throughout all their developmental years. Thirty-seven percent of immigrant mothers have less than a high school diploma compared to only 12.6% of non-immigrant women’s mothers. Twenty-eight percent of immigrant women and 31.8% of non-immigrant women did not have a father in the household while growing up, and only 6% of present fathers were not working at Wave I. In contrast, among resident mothers, 32.9% of immigrant women’s mothers and 24.8% of non-immigrant women’s mothers were not working outside the home at Wave I. In sum, respondents from immigrant families are of lower socioeconomic status than respondents from non-immigrant families.

Dependent Variable

The outcome was a categorical variable coded as use of a female-controlled method of contraception (2 = “IUD, implant, pills, patch, ring, injection, tubal ligation”), use of a barrier or male-controlled method (1 = “male condoms, withdrawal, natural family planning, spermicide, vasectomy”), and no method use (0 = “no method”) in the last 12 months. Highly effective methods of contraception included sterilization, IUDs, implants, and other hormonal methods (i.e. injection, contraceptive pill, patch, or ring) and less effective methods (LEM) to be withdrawal, condoms, natural family planning, and spermicide. When respondents indicated multiple forms of contraception, they were coded as using their most effective method (Harris et al., 2009). Sensitivity analyses that considered withdrawal and natural family planning as no method produced the same results.

Independent Variables

Key independent variables include immigrant generation and parents’ gendered expectations, both measured at Wave I. Similar to one previous study (Dehlendorf et al., 2014), we operationalized parents’ *gender expectations* with a categorical variable (equal, unequal, or missing) created from the parent survey, coded “equal” 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). A majority of parents believe both boys and girls should prioritize being well behaved or thinking for themselves (see Table 1). The variable was coded as “unequal” if the parent answered different characteristics for boys and girls or answered one but did not answer the other. Those missing on this variable (roughly 13% of the sample) were included in the variable in a category for missing. This allowed us to examine differences between those participants with missing data on this question and those whose parent completed the parent survey (see online supplement, Table 1s). This measure is based on the assumption that if parents believe that the most important thing their child should learn is different for boys and girls, then these parents will likely treat their sons and daughters differently (Coleman-Minahan, 2017). *Immigrant generation* was coded categorically as first generation (foreign-born to foreign-born parents), second generation (U.S.-born to at least one foreign-born parent), and third or higher generation (U.S.-born to U.S.-born parents) (Raffaelli & Ontai, 2004).

Control Variables

Race/ethnicity was measured with a categorical variable that included non-Latino White, non-Latino Black, Latino, Asian, and Other. For those missing, the interviewer-recorded race variable was used. Because of the small American Indian sample, they were included with Other. Participants selecting more than one race were asked: “Which one category best describes your racial background” and were coded into one category based on their response.

Parental education and *employment* were taken from the Add Health parent survey. The in-home adolescent survey was used to replace missing data from the parent survey. Mother’s and father’s education were measured categorically, no resident parent, less than high school education, completed high school or 12 years of education, and greater than high school or

12 years of education. Mother's and father's employment were coded categorically as no resident parent, parent not working outside the home (Add Health does not distinguish between parents who are unemployed and parents who are not in the labor force), unskilled, and skilled/professional. We combined skilled and professional employment given the small sample sizes in the first generation. Categories were chosen based on Sachs and colleagues' (1994) definition of unskilled laborers being involved in production. Family structure was captured with a dichotomous variable for always having lived with two biological parents.

Because parents' expectations of gender are related but may work differently than parents' sexual expectations, we controlled for parents' *sexual expectations* using an ordinal 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?", rated from 1 (*strongly approve*) to 5 (*strongly disapprove*).

We created a categorical variable for the participant's highest completed level of *education* (measured at Wave IV) coded as less than high school education, completed high school or 12 years of education, and greater than high school or 12 years of education. Dichotomous variables include *religiosity* to indicate whether a respondent is religious or not and history of *STI* diagnosis to indicate if a respondent has ever been diagnosed with a sexually transmitted infection. *Relationship type* is a categorical variable coded as married, cohabiting, or not married or cohabiting to indicate a dating relationship. Continuous variables include *age*, *parity* (number of live children ever born), and *relationship characteristics* at Wave IV. *Relationship characteristics* is a 7-item continuous scale based on questions about the current or most recent sexual or romantic partner and the extent to which respondents agreed from 1 (*strongly disagree*) to 5 (*strongly agree*), to the quality of those relationships. Examples of items include "We enjoy doing ordinary things together," "I am satisfied with the way we handle our problems," and "My partner listens to me when I need someone to talk to." Principal components analysis shows that items all loaded on one factor. Therefore, item scores were averaged creating a scale such that higher scores indicate a more positive relationship dynamic ($\alpha = .88$).

Analysis

The analysis has two parts. First, in addition to examining the frequency distributions of the variables of interest for the entire sample, we also conduct bivariate analyses to test our first three hypotheses: for Hypothesis 1, we examine the association between immigrant generation and gender expectations; for Hypothesis 2, we examine the association between family SES and gender expectations; and for Hypothesis 3, we examine associations between gender expectations and contraceptive use. In the second part of the analysis, we further explore Hypothesis 3 by estimating multinomial logistic regression models, because the dependent variable is categorical, to examine the associations among parental gender expectations and contraceptive use while controlling for individual characteristics. Results are reported as relative risk ratios (RRR), which are interpreted as more risk when greater than one and less risk when less than one. Preliminary analysis indicated that mothers' education and fathers' employment were significant and should be included in the multivariate models. Thus, Model 2 adds parental socioeconomic characteristics. Finally, we

test Hypothesis 4 by adding an interaction between gender expectations and nativity. All analyses use weighted data which take into account unequal probabilities of sample selection and adjust for nonresponse. We use robust standard errors provided by Taylor-series expansion to account for Add Health's sampling frame (Myers, Gao, & Emeka, 2009). Results of the preliminary analyses of unweighted data are consistent with the findings reported. All analyses were performed using Stata 14.

Results

Parental Gender Expectations by Nativity

The first hypothesis, that more unequal parental gender expectations are found among immigrant families, is supported. Parental gender expectations vary significantly by immigrant generation ($p = .002$) (see Table 2). Among first generation immigrants, 68.2% are in households with equal gender expectations and 12.8% are in households with unequal expectations. In contrast, 78.8% of third generation participants are in households with equal expectations and only 9.2% are in households with unequal expectations. Both first generation immigrant women and second generation women who have immigrant parents are significantly less likely to have lived in households with equal gender expectations compared to third generation or those who are native born to native born parents ($p < .001$).

Parental Gender Expectations by Socioeconomic Status

The second hypothesis, that women from families of higher SES will have more equal gender expectations, is partially supported. Table 3 shows that gender expectations vary significantly by parental education and employment. Among families whose mothers who have less than a high school education, 69.5% report equal gender expectations compared to 82.4% of those with mothers who have more than a high school education. Similarly, 74.0% of families with fathers with less than a high school education report equal gender expectations compared to 82.6% of families whose fathers have more than a high school education. Among families with mothers who are working in an unskilled profession, 71.0% have equal gender expectations compared to 79.9% of families with mothers working in a skilled or professional occupation and 80.8% of families with a mother not working outside the home. Among families with a father not working, 75.8% report equal expectations compared to 77.6% and 81.1% of fathers working in unskilled and skilled/professional employment, respectively. In sum, higher SES is associated with more equal gender expectations, although there is some complexity related to mother's employment.

Gender Expectations and Contraceptive Use

Table 4 presents relative risk ratios (RRR) and standard errors from the multivariate multinomial logit models of contraceptive method choice (see online supplement Table 2s for bivariate associations between contraceptive use and gender expectations). Model 1 examines the relationship between gender expectations and contraceptive use while accounting for immigrant generation and other covariates, and Model 2 includes additional controls for parental SES (to test Hypothesis 3). Partially rejecting Hypothesis 3, Model 1 shows that there are no significant differences in women's method choice by equal and unequal parental expectations. However, there are differences in method use among those

who are missing on parental gender expectations; they are less likely to use male-controlled vs. no methods compared to women from unequal gender expectations households ($p = .037$). For immigrant generation, second generation women are 58% more likely to use male-controlled vs. no method compared to third generation ($p = .049$). Similarly, second generation women are 34% more likely to use female-controlled vs. no method compared to third generation women ($p = .043$). There are no significant differences in contraceptive method choice between first and third generation women.

The likelihood ratio test shows that Model 2 with parental SES is favored over Model 1 without a control for SES (LR $\chi^2 = 26.76$, $p = .003$). Model 2 shows similar results for gender expectations and immigrant generation. Those who are missing on gender expectations are less likely to use male-controlled vs. no methods compared to women from unequal gender expectations households ($p = .033$). Again, second generation women are more likely to use male- and female-controlled methods vs. no method compared to third generation women ($p = .043$).

In Model 2, looking at significant covariates, Black women are 41% more likely to use a male-controlled method versus no method ($p = .025$) and 42% less likely to use female- vs. male-controlled methods than non-Hispanic White women are ($p < .001$). Less-educated women are less likely to use any contraceptive method, female- or male-controlled, than are more highly educated women. In contrast, women who have mothers with less than a high school education are more likely to use a female- than male-controlled method compared to those with mothers who have more than a high school education ($p = .033$).

Table 5 presents the relationship between gender expectations and contraceptive use while accounting for covariates and an interaction between gender expectations and immigrant generation (to test Hypothesis 4). Table 5 shows partial support for Hypothesis 4, which predicts that nativity will moderate the relationship between gender expectations and contraceptive method choice. The likelihood ratio test shows that the model with the interaction is favored over the complete multivariate model without the interaction (in Table 4, Model 2) (LR $\chi^2 = 14.21$, $p = .046$). Figure 1 graphs the interaction for ease of interpretation. The reference category is third generation with equal gender expectations. Among women whose parents had equal expectations, the second generation is more likely than the third is to use a female-controlled method vs. no method ($p = .043$) and to use male-controlled vs. no method ($p = .010$). Among those with equal parental expectations, first generation immigrants are less likely than third generation non-immigrants are to use female- vs. male-controlled methods ($p = .036$).

Among women from households with unequal expectations, the second generation is less likely than the third generation is to use male-controlled vs. no method ($p = .044$), and the first generation is more likely than the third generation is to use female- vs. male-controlled methods ($p = .050$). Among women from households with missing gender expectations, second generation immigrants are less likely than third generation non-immigrants are to use male-controlled vs. no method ($p < .05$), and first generation immigrants are more likely than third generation participants are to use female-controlled methods vs. no method ($p = .042$).

Discussion

Unpacking gender expectations in immigrant and non-immigrant U.S. families, our study highlights important nativity and socioeconomic variation in parental gender expectations as well as the potential for parental gender expectations to influence women's contraceptive choices into adulthood. First, we extend past research on parental gender expectations (Korn & Graubard, 2011) by focusing on differences by nativity and socioeconomic status for a longitudinal, nationally representative sample of women. Findings indicate that parental gender expectations are more unequal for first and second generation women in immigrant families compared to third generation women in non-immigrant families, and unequal gender expectations are associated with lower socioeconomic status. Second, we find that nativity does partially moderate the relationship between parental gender expectations in adolescence and contraceptive choices in adulthood because parental gender expectations operate differently for second generation women's contraceptive choices. These findings add new information on the extended reach of parental gender expectations on health behaviors for adolescents from immigrant and non-immigrant families as they move into adulthood.

Supporting our first hypothesis, we found that parental gender expectations varied significantly by immigrant generation. These patterns are important because only a small body of qualitative research and limited quantitative work has examined how immigrant families "translate" culturally-based beliefs about gender into specific parenting practices (Crouter et al., 2007; Jan & Janssens, 1998; Marks et al., 2009; Tenenbaum & Leaper, 2002). Both first and second generation women are more likely than third generation women are to grow up in families where a parent holds unequal gender expectations. This association is positively linear, as with each increase in generation the likelihood of having parents with equal gender expectations goes up. Many immigrant families migrate to the United States from less economically developed countries with greater gender inequality (Deutsch & Crockett, 2016; Tyrell et al., 2016). It would follow, then, that as immigrant families incorporate into the United States, particularly because women have more opportunities to work outside the home, gender equality in households becomes more normative. Thus, gender expectations may equalize over time, and subsequent generations would socialize toward equal gender expectations.

This association between parental gendered expectations and immigrant generation would generally be chalked up to "acculturation" in the health literature. However, our work aligns with other social science research suggesting that cultural values, particularly gender inequality, depend upon the physical and social location of immigrants (Hirsch, 2003, 2015; Hirsch et al., 2007; Hondagneu-Sotelo, 1994). Our findings provide insight into the socioeconomic variation in parental gender expectations across immigrant and non-immigrant families. Supporting our second hypothesis, results show that unequal parental gendered expectations are associated with lower family socioeconomic status. This supports prior research that shows gender inequality is associated with lower socioeconomic status (Hirsch, 1999).

There is one caveat for maternal employment as families with a mother who was not working outside the home were more likely to report equal gender expectations compared to

families with mothers working in unskilled occupations. These women could be of higher socioeconomic status, affording the opportunity to stay at home or could be trying to gain gender respectability in the home through encouraging gender equality in their children. Prior qualitative research found that mothers who stayed at home more often encouraged gender equality, including higher education for their daughters than did mothers working in an unskilled occupation who often encouraged gender inequality and female submission in their daughters (Bartlett et al., 2013; Coleman-Minahan, 2017; Gutmann, 1996; Hirsch, 1999). Demonstrating the association between parental gender expectations and family socioeconomic status is critical to ensuring that changes in cultural values and gender inequality across immigrant generations (i.e. “acculturation”) are studied within the socioeconomic context of migration to avoid “blaming the victim” and provide a more comprehensive picture of the social determinants of health (Coleman-Minahan, 2017). Our study underscores the need for future research to consider socioeconomic status instead of cultural values alone when examining gender socialization.

This is the first known study that considers gender expectations and immigrant generation as a means of examining the influence of early family context on young adults’ contraceptive behaviors. Few studies consider how gender expectations early in life are related to sexual and reproductive health behavior later in life (Abraído-Lanza et al., 2006; Castañeda et al., 2015; Hunt et al., 2004). We found no significant association between parental gender expectations and contraceptive use, contrary to our third hypothesis. However, women from households who were missing on gender expectations were less likely than women from households with unequal expectations to use a male-controlled method versus no method. This is likely because participants who were missing on this question were more likely to be older and have no resident mother (see online supplement Table 1s).

Our results also demonstrate the lasting influence that childhood family socioeconomic status has on reproductive health behaviors in young adulthood. Having a father who is not working or having a mother with less than a high school education in adolescence is negatively associated with women’s use of female-controlled methods in adulthood. This extends prior work showing lower socioeconomic status is associated with non-contraceptive use in adolescents (Shearer et al., 2005) and aligns with work from Sweden that finds mothers’ longer working hours during childhood were associated with their daughters’ using oral contraceptive pills as young adults (Costa, Jessor, Fortenberry, & Donovan, 1996; Santelli, Lowry, Brener, & Robin, 2000).

Our results do not mean that household gender expectations have no bearing on future contraceptive practices but rather, consistent with Shearer and colleagues (2005) there are likely complex pathways based on other factors, many that we are unable to capture. Aligned with our overall findings, Rashid & Kader (2014) found that there are complex and varied links between a multitude of gender role attitudes and contraceptive behavior later in life, largely dependent on the particular type of gender role attitudes (i.e. gender based family role attitudes, masculine ideology). Because gender role attitudes are more closely tied to prevention of the emotional barriers to condom use, like embarrassment, and not condom use self-efficacy, women from households with equal gender expectations could feel comfortable negotiating more risky expectations of sex without a condom (Shearer et al.,

2005). Our measure of gender expectations may not capture all the nuances of gender role attitudes or other factors associated with contraceptive use. Gender expectations in the household likely work through many unmeasured pathways to influence not only adolescent behavior, but also later adult behavior, including but not limited to relationships between family members, the woman's own attitudes on gender equality, access to contraception, and pregnancy intentions.

A primary contribution of our study is that we provide new information about one possible factor, immigrant generation, which affects the pathway between parental gender expectations and contraceptive use in adulthood. Expanding on research that found first and second generation Latino/a adolescents are less likely to use contraception than third generation (McDonald et al., 2009), after accounting for parental gender expectations, we found second generation women were more likely to use female- and male-controlled methods (vs. no methods) compared to women from non-immigrant families. This finding for second generation adult contraceptive use is consistent with work that finds adolescents from immigrant families are more likely to use a contraceptive method in sexual partnerships compared to the third generation (Shearer et al., 2005), as well as with research that shows second generation immigrants perform well scholastically and are less likely to participate in delinquent behavior and illicit drug use (Deutsch & Crockett, 2016). For the second generation women equal parental gender expectations are also associated with greater contraceptive use compared to third generation women (where there is no association). This finding demonstrates mixed support for a moderated relationship by immigrant generation for parental gender expectations and contraceptive use.

The general pattern shows that parental gender expectations operate differently for contraceptive use for the second generation. Among participants from households with equal gender expectations, second generation participants are more likely than the third generation to use a male-controlled method versus no method. Additionally, among second generation, those from households with missing or unequal gender expectations are less likely to use male-controlled vs. no method compared to those from equal expectations households. For the second generation, the immigration process can affect the socialization process and may create a stressful parent-adolescent relationship (Kao & Tienda, 2005; Nagasawa, Qian, & Wong, 2001). Compared to third generation youth, second generation youth may experience higher levels of strain in their relationship with parents due to dissonance between their norms and those of their parents (Foner & Dreby, 2011). Perhaps when foreign-born parents have equal gender expectations for their native-born children, the expected gap in the gender value systems between immigrant parents and children is smaller and is more protective in the long run compared to the third generation (who would be expected to have less of a gap in gender value systems to start). If we were able to measure women's gender expectations in adulthood, we would have a better understanding of the differential pathway between parental gender expectations and contraceptive choices for the second generation.

The effects of gender expectations on contraceptive use for the first generation were not the same as those observed for the second generation. There was no difference in contraceptive use between the first and third generation, but among the first generation, women from unequal expectations households were more likely than those with equal expectations to use

female- versus male-controlled methods. This is consistent with findings from past research on adolescents which shows that foreign-born adolescents engage in less sexual risk-taking than the native-born do (Foner, 2009). When given a choice between female- and male-controlled methods, foreign-born participants from gender equal households may be negotiating the use of male-controlled methods that protect against risk of sexually transmitted infections. Additionally, female-controlled methods are generally more expensive and require interaction with the U.S. healthcare system. First generation women are of lower socioeconomic status and are less likely to have health insurance than are third generation women (Deutsch & Crockett, 2016; Guarini, Marks, Patton, & García Coll, 2015; Samari & Seltzer, 2016). Perhaps first generation women from gender equal childhood homes use male-controlled methods to protect against sexually transmitted infections or because those methods are more affordable.

Limitations and Future Research Directions

The present investigation provides a first step to understanding how parental gender expectations operate across socioeconomic status and nativity and how gender expectations may influence women's reproductive health later in life. Nonetheless, there remain some issues to be addressed in future research. First, although innovative, our variable for parental gender expectations is a simple measure for the complex process of gender inequality in a household and was only answered by one resident parent, primarily mothers if there was a mother figure in the home, not both parents. Mothers may play a different role in the gender socialization of daughters (Brown & Patten, 2014), and it would be ideal to have reports of gender expectations for all parental figures in the household. Furthermore, 13% of parents did not respond to the questions regarding gender expectations. This is a limitation because women from these households are systematically different with respect to contraceptive use. However, despite this limitation, our bivariate findings between gender expectations and both immigrant generation and socioeconomic status validate the use of our parental gender expectation variable as a proxy for gender inequality at a household level.

A second limitation of our study is a lack of data on other important aspects of reproductive health decision-making, including access to and cost of medical care and pregnancy intentions, neither of which is included in Add Health. Another limitation is the lack of data on women's gender expectations. Without data on women's gender expectations in adulthood, it is difficult to identify how parental gender expectations lead them to espouse different gender and sexual values (Moen, Erickson, & Dempster-McClain, 1997).

Future research could use the same gender expectations variable and longitudinal analysis of additional outcomes. Future research may find that other behaviors in young adulthood are more sensitive to parental gender expectations, such as age at sexual initiation or educational attainment. There are many different factors involved in contraceptive decision-making and negotiating that may be related to parental gender expectations in the household that we could not measure. In order to fully understand the influence of parental gender expectations in adolescence, studies that consider additional reproductive health outcomes like family formation, fertility intentions, number of sexual partners, and risky sexual behaviors over the life course are necessary.

Practice Implications

The present results for parental gender expectations by immigrant generation and socioeconomic status suggests that practice professionals should not make assumptions about household gender contexts when working with immigrant youth. Particularly, providers working with parents and families should not just focus on parenting practices alone but also be aware of the role of socioeconomic status in shaping parenting and help families to access resources. Finally, sexual education programs should consider how parental gender expectations and socioeconomic status shape personal gender expectations, contraceptive decision-making, negotiation, and other sexual health behaviors.

Conclusions

Our study extends research on the influence of early family contexts on adult sexual and contraceptive behaviors by considering gender expectations, socioeconomic status, and nativity. The strengths of our work are its reliance on a national sample of immigrant and non-immigrant adults with representative data from parents as well as our use of longitudinal data, stringent controls, an innovative measure of parental gender expectations, and a diversity of socioeconomic measures. Extending prior research, our study demonstrates that parental gender expectations vary by nativity and the socioeconomic context of the family in which they are embedded. By examining these relationships using data with large enough samples of several generations of immigrant women, we provide robust estimates that show that for second generation women in particular, parental gender expectations are associated with more protective contraceptive behaviors in adulthood.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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(a) Female-Controlled versus No Method

(b) Male-Controlled versus No Method

(c) Female- versus Male-Controlled

Figure 1. Interaction between Gender Expectations (Unequal, Missing, or Equal) $\times$ Nativity (1st, 2nd, and 3rd generations) on contraceptive use (female controlled, male controlled, or no method). Each figure reports contraceptive use, measured as 2 = “female controlled,” 1 = “male controlled,” and 0 = “no method,” by participants’ generation and gendered expectations and comparing type of contraceptive: (a) female-controlled versus using no method, (b) male-controlled versus no method, and (c) female- versus male-controlled.

Table 1
Sample Descriptive Characteristics, National Longitudinal Study of Adolescent to Adult Health

Key Variables	Total Sample		Immigrant (First & Second Generation)		Non-immigrant (Third Generation)	
	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)
(a) Individual Characteristics						
Immigrant Generation						
1st Generation	368	4.36	368	30.2	–	–
2nd Generation	800	10.0	69.8	69.8	–	–
3rd Generation	4873	85.6	–	–	4873	100
Age (years) (W1)	6041	15.8 (0.12)	1168	15.9 (0.19)	4873	15.8 (0.12)
Race (W1) ***						
White	3369	68.7	180	25.4	3189	75.9
Black	1396	15.7	90	5.98	1278	17.4
Hispanic	895	11.1	604	47.9	291	4.9
Asian	310	3.0	259	17.0	51	0.7
Other Race	99	1.5	35	3.7	64	1.2
Religious *** (W1)	4761	77.4	958	80.9	3803	76.8
Education (W4)						
< High School	338	7.0	49	5.70	289	7.2
High School Diploma	3473	58.0	631	54.9	2842	58.5
> High School	2230	35.0	488	39.4	1742	34.3
Relationship Type *** (W4)						
Married	3361	57.0	646	55.9	2715	57.2
Cohabiting	2001	33.2	337	32.0	1664	33.4
Not Married or Cohabiting	679	9.8	185	12.1	494	9.4
Relationship Characteristics (1–5)	6110	4.1 (0.02)	1168	4.0 (0.04)	4873	4.1 (0.02)
STI *** (W4)	2173	35.3	330	27.8	1843	36.5
Live Birth *** (0/1)	3503	58.0	608	53.0	2895	58.7
(b) Parent Characteristics						
Parental Gender Expectations						

Key Variables	Total Sample		Immigrant (First & Second Generation)		Non-immigrant (Third Generation)	
	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)
Unequal	620	9.8	175	14.0	445	9.1
Equal	4601	77.6	773	70.6	3828	78.8
Well Behaved	1075	16.4	297	25.5	778	14.9
Popular	5	0.1	1	0.0	4	0.1
Think for yourself	2896	50.0	359	34.7	2537	52.5
Work Hard	299	5.4	66	6.4	233	5.2
Help Others	326	5.8	50	4.1	276	6.1
Missing	820	12.6	220	15.4	600	12.1
Parental Sexual Expectations ^{***}	6041	4.4 (0.03)	1168	4.5 (0.05)	4873	4.4 (0.03)
Two Biological Parents ^{***} (0/1)	6041	0.5 (0.01)	1168	0.5 (0.03)	4873	0.5 (0.02)
Mother's Education ^{***}						
No Mother	185	3.2	42	4.2	143	3.1
< High School	996	16.1	402	36.9	594	12.6
High School Diploma	1793	32.9	216	17.9	1577	35.4
> High School	3067	47.8	508	40.9	2559	49.0
Father's Education ^{***}						
No Father	1532	25.2	251	22.1	1281	25.7
< High School	768	12.5	311	26.9	457	10.0
High School Diploma	1359	23.7	177	15.7	1182	25.0
> High School	2382	38.6	429	35.3	1953	39.2
Mother's Employment ^{***}						
No Mother	315	5.2	64	5.6	251	5.1
Not Working	1534	26.0	363	32.9	1171	24.8
Unskilled	917	15.3	236	22.0	681	14.2
Skilled/Professional	3275	53.5	505	39.5	2770	55.9
Father's Employment ^{***}						
No Father	1921	31.2	304	27.5	1617	31.8
Not Working	385	6.0	84	6.5	301	5.9
Unskilled	1235	21.3	291	25.2	944	20.6

Key Variables	Total Sample		Immigrant (First & Second Generation)		Non-immigrant (Third Generation)	
	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)	<i>n</i>	% or <i>M</i> (<i>SE</i>)
Skilled/Professional	2500	41.6	489	40.9	2011	41.7

Note. *n* = 6041. W1 = Wave I (1994 and 1995); Wave IV (2007 and 2008)

* $p < .05$.
** $p < .01$.
*** $p < .001$, indicate significant differences by nativity.

Table 2
Gender Expectations by Immigrant Generation, National Longitudinal Study of Adolescent to Adult Health

	Unequal Expectations		Equal Expectations		Missing		<i>p^a</i>	<i>Cramer's V</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Immigrant Generation							.002	0.139
First Generation	55	12.8% _a	230	68.2% _a	83	19.0% _a		
Second Generation	118	14.3% _b	543	71.7% _b	139	14.0% _b		
Third Generation	444	9.2% _c	3828	78.8% _c	601	12.1% _{a,b}		

Note. *n* = 6041. Percentages with shared subscripts down a column are not significantly different (*p* > .05).

^a *p*-value for Chi Square test ($\chi^2 = 41.70$).

Table 3
Distribution of Gender Expectations by Parental SES, National Longitudinal Study of Adolescent to Adult Health

Gender Expectations	Education			<i>Cramer's V</i>	Employment			<i>Cramer's V</i>
	No Parent	< High School	HS Diploma	> High School	No Parent	Not Working	Unskilled	Skilled/Professional
(a) Mothers'								
Unequal Expectations	4.9% _a	16.5% _b	9.9% _c	7.9% _d	6.5% _a	11.8% _b	14.3% _c	7.9% _d
Equal Expectations	50.7% _a	69.5% _b	77.2% _c	82.4% _d	57.3% _a	80.8% _b	71.0% _c	79.9% _b
Missing	44.4% _a	14.1% _b	12.9% _c	9.7% _d	36.3% _a	7.4% _b	14.7% _c	12.1% _d
(b) Fathers'								
Unequal Expectations	11.7% _a	13.4% _b	10.6% _c	7.0% _d	11.5% _a	12.1% _b	10.1% _c	8.1% _d
Equal Expectations	72.6% _a	74.0% _a	76.8% _a	82.6% _b	73.4% _a	75.8% _b	77.6% _c	81.1% _d
Missing	15.7% _a	12.6% _b	12.6% _b	10.5% _c	14.1% _a	12.2% _a	12.4% _a	10.8% _b

Note. $n = 6041$. Percentages with shared subscripts across a row within Education and Employment are not significantly different ($p > .05$).

Table 4
Relative Risk Ratios and Standard Errors from Multivariate Multinomial Regression Models Predicting Contraceptive Method Choice

Key Variables	Model 1			Model 2		
	Female-controlled vs. No Method RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)	Female-Controlled vs. No Method RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)
Gender Expectations (Ref = Equal)						
Unequal	1.16	1.27	0.92	1.23	1.32	0.94
Missing	0.90	0.78 ^a	1.15	0.93	0.80 ^a	1.16
Immigrant Generation (Ref = Third Gen)						
1st Generation	1.01	1.44	0.70	1.09	1.45	0.75
2nd Generation	1.34 [*]	1.58 [*]	0.85	1.40 [*]	1.59 [*]	0.88
Age (years) (W1)	0.92 [*]	0.97	0.96	0.92 ^{**}	0.96	0.95
Race (Ref = White)						
Black	0.74 [*]	1.30	0.57 ^{***}	0.82	1.41 [*]	0.58 ^{***}
Hispanic	0.84	0.93	0.91	0.92	0.96	0.96
Asian	0.69	0.75	0.92	0.71	0.77	0.93
Other Race	0.73	0.72	1.02	0.80	0.76	1.05
Religious	1.00	1.00	1.00	0.98	0.99	0.99
Education (Ref = > High School)						
< High School	0.14 ^{***}	0.37 ^{***}	0.38 ^{***}	0.19 ^{***}	0.45 ^{**}	0.42 ^{***}
High School Diploma	0.33 ^{***}	0.54 ^{***}	0.61 ^{***}	0.38 ^{***}	0.61 ^{**}	0.62 ^{***}
Relationship Type (Ref = Married)						
Cohabiting	1.60 ^{***}	1.73 ^{***}	0.92	1.60 ^{***}	1.75 ^{***}	0.92
Not Married or Cohabiting	2.63 ^{***}	3.27 ^{***}	0.81	2.65 ^{***}	3.28 ^{***}	0.81
Relationship Characteristics Scale (1–5)	0.93	0.88	1.05	0.92	0.88	1.05
STI (0/1)	1.18	0.95	1.24 [*]	1.16	0.94	1.23 [*]
Live Birth (0/1)	1.32 [*]	1.34 [*]	0.99	1.38 [*]	1.40 [*]	0.99
Parental Sexual Expectations	0.98	0.95	1.03	0.96	0.94	1.02

Key Variables	Model 1			Model 2		
	Female-controlled vs. No Method RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)	Female-Controlled vs. No Method RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)
Mother's Education (Ref = > High School)						
< High School				0.62**	0.80	0.77*
High School Diploma				0.76*	0.73**	1.04
Father's Employment (Ref = Skilled/Professional)						
No Father				0.75*	0.77	0.97
Not Working				0.55**	0.56**	0.99
Unskilled				0.82	0.80	1.03

Note. $n = 6,041$. RRR = Relative Risk Ratios.

^a Coefficients differ significantly between missing and unequal gender expectations at $p < .05$. Likelihood Ratio Test for Model 2 ($\chi^2 = 26.76, p < .01$).

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 5
Relative Risk Ratios and Standard Errors from Multivariate Multinomial Regression Models Predicting Contraceptive Method Choice

Key Variables	Female-controlled RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)
Gender Expectations (Ref = Equal)			
Unequal	1.26	1.55 [*]	0.82
Missing	0.93	0.88	1.05
Immigrant Generation (Ref = Third Gen)			
1st Generation	0.84	1.49	0.56 [*]
2nd Generation	1.66 [*]	2.09 ^{**}	0.79
Age (years) (W1)	0.92 ^{**}	0.96	0.95
Race (Ref = White)			
Black	0.82	1.40 [*]	0.59 ^{***}
Hispanic	0.93	0.97	0.95
Asian	0.71	0.78	0.91
Other Race	0.82	0.77	1.07
Religious	0.97	0.99	0.98
Education (Ref = > High School)			
< High School	0.19 ^{***}	0.44 ^{**}	0.42 ^{***}
High School Diploma	0.38 ^{***}	0.61 ^{**}	0.63 ^{***}
Relationship Type (Ref = Married)			
Cohabiting	1.60 ^{***}	1.76 ^{***}	0.91
Not Married or Cohabiting	2.65 ^{***}	3.34 ^{***}	0.79
Relationship Characteristics Scale (1–5)	0.92	0.88	1.05
STI (0/1)	1.16	0.94	1.23 [*]
Live Birth (0/1)	1.39 [*]	1.40 [*]	0.99
Parental Sexual Expectations	0.96	0.94	1.02
Mother's Education (Ref = > High School)			
< High School	0.61 ^{**}	0.81	0.76 [*]
High School Diploma	0.76 [*]	0.73 ^{**}	1.04

Key Variables	Female-controlled vs. No Method RRR (SE)	Male-controlled vs. No Method RRR (SE)	Female- vs. Male-controlled Method RRR (SE)
Father's Employment (Ref = Skilled/Professional)			
No Father	0.75 [*] (0.10)	0.77 (0.11)	0.98 (0.11)
Not Working	0.55 ^{**} (0.10)	0.55 ^{**} (0.12)	1.00 (0.21)
Unskilled	0.82 (0.11)	0.79 (0.12)	1.04 (0.12)
Generation × Gender Expectations			
1st Generation × Unequal Expectations	1.44 (0.92)	0.49 (0.37)	2.96 [*] (1.64)
2nd Generation × Unequal Expectations	0.66 (0.33)	0.37 [*] (0.20)	1.76 (0.65)
3rd generation × Unequal Expectations	Ref.	Ref.	Ref.
1st Generation × Missing Expectations	2.84 [*] (1.60)	1.17 (0.62)	2.43 (1.26)
2nd Generation × Missing Expectations	0.54 (0.28)	0.36 [*] (0.20)	1.48 (0.59)
3rd generation × Missing Expectations	Ref.	Ref.	Ref.

Note. $n = 6,041$. RRR = Relative Risk Ratios. Likelihood Ratio Test ($\chi^2 = 14.21, p < .01$).

^{*} $p < .05$.

^{**} $p < .01$.

^{***} $p < .001$.