

**Nativity Status and Risky Sexual Behaviors among Hispanic
Young Adults**

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CONTEXT: Although literature suggests a disadvantaged sexual health status among Hispanics, little is known about nativity status differences in behaviors that place young people at highest risk for sexual and reproductive health problems.

METHODS: Data from a two-wave community sample conducted in the Miami-Dade region of South Florida were analyzed to examine risky sexual behaviors among Hispanic men and women aged 18-23. Associations between nativity status and risky sexual behaviors were assessed separately by gender using both chi-square tests and ANCOVA procedures.

RESULTS: Most young Hispanic adults have had some form of sexual experience. However, risky sexual behavior is conditioned by both nativity status and gender. While immigrant women, regardless of age at immigration, appear to be protected by their foreign-birth, immigrant men are no less likely than native-born men to engage in risky sexual behavior. When controlling for socioeconomic status, ethnicity, and age, we find that immigrant men who arrived in the U.S. before age six are at a significantly *increased* risk for engaging in unsafe sexual practices compared to their native-born and later-arriving immigrant peers.

CONCLUSIONS: Given the diversity of nativity status backgrounds found among Hispanics living in the U.S., it is important that research examine measures of both foreign-birth status and age at immigration. A better understanding of their joint association with sexual activity, as well as the conditioning effects of gender, could help professionals to develop more effective education and prevention programs for young people who are at risk for engaging in potentially dangerous sexual behavior.

Hispanics currently make up the largest racial/ethnic minority group in the U.S., with approximately 42.7 million individuals, or over 14 percent of the total population, reporting a Hispanic ethnicity (U.S. Census Bureau 2006). It has been estimated that at least 40 percent of the Hispanic population are foreign-born (Schmidley 2000) and over 56 percent are under the age of 30 (U.S. Census Bureau 2004). Immigrant school-aged children are now the fastest growing segment of our nation's child population (Schmidley, 2000) and immigrants, particularly those of Hispanic descent, make up a substantial portion of U.S. residents in their early adult years (U.S. Census Bureau 2003). As such, it has become increasingly vital that we understand the adaptation of young Hispanic immigrants and the implications that adaptation holds for their physical and emotional well-being. Young immigrants' social and economic achievement and, ultimately, our nation's future is related to the ability of these individuals to grow into and maintain themselves as healthy, productive members of society.

One important component of positive long-term outcomes is the protection of sexual and reproductive health during the adolescent and early adult years. Although the onset of sexual activity is often viewed as a defining moment in the personal lives of individuals undergoing the transition to adulthood, the onset of sexual activity also carries with it serious potential consequences for health and well-being. The Hispanic population as a whole is disadvantaged in terms of sexual health status, experiencing higher rates of sexually transmitted infections, higher incidence of cervical cancers, and higher rates of AIDS-defining conditions at time of HIV diagnosis than non-Hispanic whites (CDC 2004). A lack of sexual and reproductive health knowledge, in conjunction with early sexual debut and engagement in risky sexual behaviors may expose both U.S.-born and immigrant youth alike to these types of negative physical health outcomes, as well as to emotional and mental health problems. Recent research suggests,

however, that the risk of experiencing negative sex-related outcomes may vary by nativity status (Aneshensel et al. 1990; Harris 1999; Upchurch et al. 2001).

To date, most studies focusing on sexual activity among Hispanics living in the U.S. has focused on nativity differences, particularly with respect to varying levels of acculturation in age at sexual initiation (Gilliam et al. 2007; Kaplan, Erickson, and Juarez-Reyes 2002), ever having had intercourse (Adam et al. 2005; Guilamo-Ramos et al. 2005; Upchurch et al. 2001), contraceptive use (Romo et al. 2004), and childbearing (Glick et al. 2006). In general, this research suggests that less acculturated immigrants are less likely than their more acculturated peers to engage in these types of activities. The studies have only scratched the surface, however, in terms of addressing the issue of nativity differences in the kinds of sexual behaviors that lead to the highest levels of risk for negative physical and emotional outcomes. For example, we know of few studies of Hispanics that have explored nativity differences in type of sexual encounter (e.g. vaginal, oral, anal sex), number of sexual partners (either recent or cumulative), or the use of alcohol and drugs during sexual encounters.

The literature also has not yet adequately explored how age at immigration and gender may condition the relationship between nativity status and sexual risk-taking behavior. Moreover, research on the sexual behavior and sexual health outcomes of adult Hispanics has tended to focus on adults as a whole, without distinguishing variations in adult life-stages or between those who grew up in the U.S. and those who were raised elsewhere. As a result, the importance of nativity, life stage, time spent in the U.S., and childhood socializing contexts have not been effectively disentangled. Finally, the vast majority of research on Hispanics' sexual behavior has focused on individuals of Mexican and/or Puerto Rican background, with very little attention paid to Hispanics who hail from Cuba, Nicaragua, or other Latin American countries.

In order to address these gaps in the literature, we use data from the Miami-Dade area of South Florida to focus on the risky sexual behaviors of Hispanic residents, most of whom are of Cuban or Nicaraguan origin, between the ages of 18 and 23. The research questions we address include: (1) Is nativity status associated with risky sexual behavior among Hispanic youth during the early adult period?; (2) Is the relationship between nativity and risky sexual behavior conditioned by age at immigration and gender?; and (3) To what extent can the relationship between nativity and risky sexual behavior be explained by differences in age, ethnicity, and socioeconomic status?

BACKGROUND

The sociocultural contexts in which Hispanic youth are raised in the U.S. are generally shaped by both Hispanic cultural values as well as by mainstream American culture (Upchurch et al 2001; Sabogal et al. 1995). Traditional assimilation theory asserts that the immigration process is associated with a host of social and economic disadvantages, which gradually disappear over time and across generation as the foreign-born acculturate and adopt the language, behaviors and values of their new country (Warner and Srole 1945). While this understanding of assimilation appeared to explain the trajectories of socioeconomic mobility found among immigrants in the early 1900s, it has become less helpful in explaining the current socioeconomic outcomes of immigrants. Furthermore, growing evidence suggests that acculturation to American standards of behavior and diet may lead to declining physical and emotional health among the foreign-born and their offspring (Guendalman and Abrams 1995; Vega et al 1998). The health of foreign-born Hispanics may, in a sense, be “protected” by the fact that the cultures of their native countries tend to allow for less family disruption, less

permissive parenting styles, and less experimentation with sexual activity and substance use (especially among the young and among women).

Of particular interest to this work is the issue of sexual behavior. Sexual behavior is related to both short- and long-term health outcomes, as it may be associated with pregnancy, sexually transmitted infections, HIV/AIDS, and socio-emotional problems. The literature to date, however, remains inconclusive as to the influence that nativity status and acculturation may have on Hispanic men and women's sexual and reproductive behavior (Romo et al. 2004). In general, past research on acculturation and sexual behavior among Hispanics has found that sexual risk-taking intensifies with greater acculturation to American society. Yet, evidence suggests that this linear relationship does not apply to all sexual behaviors or sex-related outcomes (Afaible-Munsuz and Brindis 2006).

Overall acculturation has been linked to a greater number of lifetime sexual partners and higher rates of non-coital sexual behaviors, like oral sex (Sabogal 1995). Nonetheless, it has also been found to increase social support and contraceptive use among the sexually active (Aneshensel et al. 1990; Martin et al. 1993; Sabogal 1995; Romo et al. 2004; Ungar and Molina 2000). For example, in a community-based study of teenagers in Los Angeles, Aneshensel et al. (1990) discovered that foreign-born Mexican youth were less likely to initiate sexual intercourse than their native-born Mexican-origin and non-Hispanic white peers. However, as a result of less habitual contraceptive use and lower abortion service utilization, those foreign-born young women who did indicate being sexually active were more likely to become pregnant and have a live birth than were non-Hispanic whites. Moreover, at least one study has found a curvilinear relationship between acculturation and risky sexual behavior among suicidal adolescent girls,

where moderate levels of acculturation are associated with the highest levels of sexual activity (Fraser et al. 1998).

In general, research suggests that sexually-active Hispanic women (grouped together without regard to differences in adult life-stage) who subscribe to more traditional values are at a greater health risk because of lower levels of knowledge about sexually transmitted diseases, especially HIV, and uninformed views about condoms (Martin et al. 1993; Faulkner 2003). Hence, the research to date suggests that the influence of acculturation is inconsistent and may be associated with both riskier and safer sexual practices, depending upon the particular behavior or health outcome being examined. It remains unclear, however, whether differences in behavior and sex-related health outcomes are consistent among individuals across the age spectrum or if they are unique to certain age-groups (i.e. adolescents, young adults, older adults). Also unclear is the extent to which the interaction between country of birth and age at immigration is important to our understanding of the risk factors for engagement in risky sexual behaviors.

We also believe that it is important to better clarify the importance of gender as a moderating influence on the relationship between acculturation and sexual behavior. Hispanic foreign-born youth often must balance conforming to traditional cultural values and gender expectations while also integrating the cultural tenets of the U.S. The sexual norms associated with traditional Hispanic culture frequently draw on ideologies of marianismo, machismo, and familialism (Hodges et al. 1992; Quiñones and Resnick, 1996). These ideologies have prescriptive gender norms that emphasize family obligation and cohesiveness, elements characteristic of Hispanic social relationships. The cultural expectations relating to the role of women, marianismo, generally stress traditional female roles of caregiving, virginity, and respect for family and men, norms which may protect Hispanic women from engaging in risky sexual

behaviors. The male norm of machismo, conversely, is associated with chief decision-making authority regarding sexual and contraceptive behavior and has been implicated in Hispanic males' elevated levels of unprotected sexual activity and having multiple sexual partners (Beck and Bergman 1993; Hodges et al. 1992). In the process of acculturation, however, these gendered norms are likely to attenuate, resulting in eventual convergence in sexual behavior among immigrant and native-born Hispanics.

Studies have shown that the Hispanic population of the U.S. is at higher than average risk for many serious physical health problems directly associated with engagement in sexual activity (CDC 2004). Yet, researchers still do not have a clear understanding of how acculturation to American culture influences the kinds of behaviors that place young people at the greatest risk for these problems. To address this issue we focus our study on young people in one of the most quickly growing segments of the Hispanic population, those in the very early years of adulthood, examining nativity differences in the likelihood of engaging in risky sexual behaviors. The analyses examine the importance of both country of birth and age at immigration to the United States and investigate whether the association between nativity status and risky sexual behaviors is similar for Hispanic males and females. Unlike most previous work in this area, which utilize samples that consist largely of Hispanics from Mexican and/or Puerto-Rican backgrounds, our sample hails largely from Cuban and Nicaraguan origin. In order to better control for the confounding influences of nativity status and childhood socializing contexts, our sample is also limited to include only never-married young adults who were raised and educated in the U.S. throughout their entire adolescence (since at least the 6th/7th grade).

METHODS

Data

This study uses data taken from a large-scale two-wave community study conducted in the Miami-Dade region of South Florida. The first wave of data collection, conducted between 1998 and 2000, included approximately 1,800 young adults between the ages of 18 and 23 (93 percent were between ages 19 and 21 years of age) all of whom have lived in South Florida since sixth or seventh grade. The study sample consists of approximately 25 percent Cuban-origin respondents, 25 percent “other Hispanics” (who are largely of Nicaraguan background), 25 percent African Americans and 25 percent non-Hispanic White respondents. This sample distribution roughly corresponded to the racial/ethnic distribution of young people in the Miami-Dade area, and additional analysis has suggested that the sample is reasonably representative of the population from which it was drawn (Turner et al., 2006). The second wave of data collection, conducted approximately two years later, included interview follow-ups with just over 1,200 respondents who had completed wave one interviews. A more detailed description of the sample and the study field procedures have been outlined in previous works (Turner and Avison 2003, Turner et al. 2004). We utilize data from participants in Wave 1 who have self-identified as Hispanic (n=709) and who have never been married. We apply the appropriate weights to all analyses to adjust for the use of this Hispanic sub-sample.

This dataset is highly appropriate for the purposes of this paper for two reasons. First, the data includes detailed information about substance use and abuse in addition to information on a wide variety of sexual behaviors. This aids in a comprehensive assessment of the types of risky sexual behaviors occurring during the early adult years. Second, the study population is exceptionally ethnically diverse and contains a high proportion of foreign-born individuals,

allowing for a close examination of ethnic and nativity variations in sexual-risk taking among Hispanic young adult men and women.

Measures

Risky Sexual Behavior - We explore several dependent measures in this study and they are broken down by whether particular sexual experiences had occurred within the respondent's "lifetime/ever" or "in the last 12 months". The lifetime/ever measures include indicators of whether or not the respondent reported ever having engaged in any kind of sexual activity and the total number of partners with whom the respondent reports having had sexual relations (of any kind). Any Sexual Activity is a simple dichotomous variable (1=any sexual experience; 0=no sexual experience). Total Number of Sexual Partners is measured both continuously and with a series of four dummy variables (no sexual partners, one sexual partner, two sexual partners, and three or more sexual partners). In regards to sexual behavior that had occurred in the 12 months prior to time surveyed, we examine both type of sexual activity and number of recent sexual partners. Type of Sexual Activity was measured with three dummy variables indicating respondents' engagement in any vaginal sex, any anal sex and any oral sex (1= yes, 0=no). Similar to our measures of total number of sexual partners, Number of Recent Sexual Partners was measured both continuously and with a series of four dummy variables (no sexual partners, one sexual partner, two sexual partners, and three or more sexual partners).

For those young adults who have experienced sexual activity with at least one partner, we assess a variety of sexual risk behaviors. First, we examine the use of alcohol in conjunction with sexual activity. Respondents were asked the following question to assess the extent to which they or their partners generally use alcohol during sex: "In the last 12 months, how often

did you or your partner drink alcohol before or during sex?” (original responses ranging from 1 “always” to 5 “never”). Responses were reverse coded and combined to form an index that ranges from 1 to 5, with a higher number indicating greater frequency of alcohol use before or during a sexual encounter. We also examine the use of drugs in combination with sexual activity, drawing information from answers to the following question: “In the last 12 months, how often did you or your partner use any drugs to get high or intoxicated before or during sex?” (original responses ranging from 1 to 5). Again, these measures were reverse coded and combined into an index that ranges from 1 to 5, with a higher number indicating greater frequency of drug use in conjunction with sexual activity. In addition to these measures of substance use, which are drawn from questions that ask respondents to think back over their behavior during the past year, we examine alcohol use and drug use during the last sexual encounter. This recent alcohol and drug use during a sexual encounter is measured with two separate dummy variables (1=yes, 0=no). Finally, for respondents with previous sexual experience, we examine condom usage, including whether they report having used condoms during every sexual encounter that occurred within the last 12 months (1=yes, 0=no) and whether they used condoms during their last sexual encounter (1=yes, 0=no).

Nativity Status – This study uses a complex measure of nativity status as a proxy for level of acculturation to the United States context. Respondents are classified according to their country of birth and, for those young adults who were born outside of the U.S., the age at which the individuals immigrated to this country. Respondents are classified as either: native-born; foreign-born, immigrated before age six; and foreign-born, immigrated at age six or older.

Socio-demographic Characteristics - Gender is measured by the respondents’ self-identification as either “male” or “female” (male=1; female=0). Age is measured in years.

Ethnicity is measured by the respondents' self-reported ethnic group identification. Respondents are categorized as either: Cuban, Nicaraguan, or "other" Hispanic. Given that the respondents are still transitioning into adulthood, we assess parental socioeconomic status (SES) during the respondents' childhood using a composite score that considers parents' occupational level (Hollingshead 1957), educational attainment, and household income. Scores on these three status dimensions were standardized, summed and divided by the number of dimensions for which the respondent was willing and able to provide information.

Analytic Procedures

We employ both chi-square tests and one-way analysis of covariance procedures (ANCOVA) to assess mean differences on summary scores of risky sexual behaviors between respondents of different nativity status groups. We initially examine nativity differences in sexual behavior among our full sample of young adults (n=709), as well as among a sub-sample including only respondents who report having engaged in sexual activity (n=597). We then examine whether or not the observed relationships remain constant in the presence of controls for age, socioeconomic status, and ethnicity. Next, we explore how the relationship between risky sexual behavior and nativity status may be conditioned by gender. Results from these analyses are presented below.

RESULTS

The analytic sample includes 709 young Hispanic adults. Of these respondents, 401 (56.56 percent) were U.S.-born, 148 (20.87 percent) were foreign-born and had immigrated

before the age of six, and 160 (22.57 percent) were foreign-born and had immigrated at age six or older. The average respondent was approximately 20 years of age (see Table 1).

<<TABLE 1 ABOUT HERE>>

Table 1 presents the demographic characteristics of the respondents under investigation. Over half of the sample is male (54.1 percent), with more males than females appearing in each of the nativity status groups. We also find that foreign-born individuals are significantly older, more likely to be of Nicaraguan heritage (as opposed to Cuban heritage) and of lower socioeconomic status than their native-born counterparts. Among the foreign-born, those individuals who arrived at age six or later are generally older and more likely to be of Nicaraguan background than are those who arrived in the U.S. before age six.

<<TABLE 2 ABOUT HERE>>

The findings presented in the top panel of Table 2 provide information on the behavior of our full sample of young adults, regardless of whether or not they report having engaged in sexual activity prior to the time of the survey. The bottom panel of Table 2 presents information on the recent sexual behavior (within the last 12 months) of young adults who report having engaged in some form of sexual activity prior to the time of the survey. Overall, these findings indicate that engagement in sexual activity, particularly vaginal and oral sex, are normative experiences among young Hispanic adults (84 percent report prior sexual activity) and the average Hispanic youth has had over four sexual partners by the time he or she has reached early adulthood. Moreover, while the median respondent indicates having had one sexual partner during the course of the last 12 months, over 30 percent of the sample indicates having had two or more sexual partners during that relatively short period of time (the mean is 1.63 partners).

Among those who report having had prior sexual experience, only 7 percent indicate that they had abstained from sexual activity during the past year and a full 38 percent indicate having had multiple partners within the past 12 months. The vast majority of these young people have recently engaged in both vaginal (88 percent) and oral (81 percent) sex, and a substantial percentage has recently engaged in anal sex (16 percent; see Tables 3 and 4 to note significant gender differences in this activity). Furthermore, a substantial percentage of sexually-experienced Hispanic youth report the use of drugs or alcohol during their most recent sexual encounter (15 percent) and the majority of sexually-experienced young people indicate that they did not use a condom during their most recent encounter (54 percent). An overwhelming 92 percent of Hispanic young adults disclose that they have not always used a condom while engaged in sexual activity. Thus, the majority of youth in this sample are engaged in sexual activity that may be placing them at risk for serious negative health-related outcomes.

Yet, Table 2 also indicates that there are some significant nativity differences in the propensity to engage in risky sexual behavior and that the association between nativity status and sexual activity is conditioned by age at immigration. Chi-square tests reveal that the sexual behavior of foreign-born Hispanics who immigrated to the U.S. before age six does not differ significantly from that of their native-born peers. We do find, however, that respondents in the later-arriving immigrant group are significantly less likely than their peers in the native-born group to report having engaged in oral sex ($p < .001$) during the last 12 months (54 percent versus 72 percent, respectively). Moreover, the later-arriving immigrants are significantly less likely than their earlier-arriving immigrant peers to have experienced any sexual activity ($p < .05$) during their lifetime (77 percent versus 87 percent) and to have engaged in oral sex ($p < .01$) during the last 12 months (54 percent versus 72 percent). In addition to being less likely to engage in oral

sex, later-arriving immigrants who are sexually experienced are also significantly more likely than their native-born peers to indicate that they have *always* used a condom during sexual activity ($p < .05$; 14 percent versus 6 percent).

In sum, we see high levels of potentially risky sexual activity among young Hispanic adults. While analyses indicate no significant nativity differences in terms of recent engagement in vaginal sex or anal sex, number of sexual partners, or use of alcohol or drugs in conjunction with sexual activity, Hispanics who immigrated to the U.S. at age six or older are less likely to engage in sexual activity than their early-arriving immigrant peers, are less likely to engage in oral sex than all other Hispanic youth, and are more likely to consistently use condoms during sexual activity than are the native-born. Results of ANCOVA tests (shown in the final column of the table) indicate that these significant nativity differences in behavior, with the exception of regular condom usage, are maintained in the face of controls for ethnicity, socioeconomic status, and age. Even once these background characteristics are held constant, however, the sexual behavior of young Hispanics who immigrated to the U.S. at a very early age does not significantly differ from that of young Hispanics who were born in this country.

As has been suggested by prior research, our results also confirm that nativity differences in sexual behavior are conditioned by gender. Findings are presented separately for young women and young men in Tables 3 and 4. Similar to our findings for the full sample, chi-square tests show no significant differences in sexual behavior between native-born women and early-arriving foreign-born women. We also find no significant differences in behavior between the two foreign-born groups of women. Significant differences are evident, though, between the native-born women and later-arriving foreign-born women.

<<TABLE 3 ABOUT HERE>>

In general, young women who immigrated to the U.S. at the age of six or older are less likely to participate in some kinds of risky sexual behavior than their native-born peers. Although these foreign-born women are just as likely as native-born women to have lost their virginity and report a similar number of recent sexual partners (within the last 12 months), they report significantly fewer sexual partners ($p < .01$) over the course of their lifetime (1.99 versus 3.73) and are significantly less likely than the native-born to report engaging in oral sex ($p < .01$) during the last 12 months (49 percent versus 72 percent). In addition to being significantly less likely to report recent oral sex ($p < .01$) than their native-born peers, sexually-experienced later-arriving immigrants also report significantly less frequent use of drugs in conjunction with sexual activity ($p < .05$) than do their native-born counterparts.

Results of ANCOVA tests (shown in the final column of the table) indicate that the significantly different behaviors of native-born women and later-arriving immigrant women are not the result of group differences in socioeconomic status, ethnicity, and age. In fact, after controlling for these background characteristics the negative association between later-arriving immigrant status and both the number of lifetime sexual partners and the use of drugs in conjunction with sexual activity appears to become even stronger. Immigrants who arrived in the U.S. at age six or later also remain significantly less likely than native-born women to indicate engaging in oral sex ($p < .01$) during the last twelve months, net of these controls.

Moreover, once analyses control for socio-demographic background factors, we find that sexually-experienced early-arriving immigrant women are significantly less likely than their sexually-experienced native-born peers to have engaged in either vaginal sex ($p < .05$) or oral sex ($p < .05$) during the past 12 months. Thus, foreign-birth, regardless of age at immigration, appears to be “protective” for women in terms of their engagement in sexual activity. For the early-

arrivers, this “protective” effect appears to be suppressed by the group’s lower than average socioeconomic status, older age, and greater ethnic diversity (this group includes a higher percentage of respondents from Cuban backgrounds than the other foreign-born group), all factors that are associated with greater involvement in sexual activity. Interestingly, despite nativity differences in the propensity to engage in some particularly risky sexual behaviors, such as consuming drugs and/or alcohol during a sexual encounter, we see no evidence of significant differences in condom usage among this sample of Hispanic women.

Table 4 demonstrates that there are also some significant nativity differences in both recent and lifetime measures of risky sexual behaviors among Hispanic young men. Overall, we see no significant differences between the behaviors of early-arriving immigrant men and their native-born counterparts. However, we find that later-arriving immigrant men are significantly less likely than their early-arriving immigrant peers to report any lifetime sexual activity ($p < .05$), as well as any vaginal sex ($p < .01$) during the last 12 months. Furthermore, later-arriving immigrants are significantly less likely than all other Hispanic men to report having engaged in oral sex during the last 12 months. Unlike our results for the women, we see no evidence of nativity differences in the likelihood of using (or frequency of using) drugs and/or alcohol in conjunction with sexual activity. Moreover, results show no nativity differences in the likelihood of using condoms.

<<TABLE 4 ABOUT HERE>>

In the multivariate analyses, the “immigrant advantage” associated with the later-arriving group of foreign-born men seems to disappear. The ANCOVA test results show that when controls for socioeconomic status, ethnicity, and age are introduced, the most recently arriving men are no longer significantly less likely than their peers to engage in risky sexual behaviors,

albeit with one exception; they remain significantly less likely than early-arriving immigrants to report having engaged in oral sex during the last 12 months ($p < .01$). In particular, these analyses suggest that ethnic background is an important part of the explanation for the later-arrivers lower levels of engagement in sexual activity. This group includes a much higher proportion of respondents with a Nicaraguan background than do the other groups, and young men of this ethnic background appear to be less likely to engage in the behaviors that we are studying here than are other Hispanic men in the sample.

Unexpectedly, we also discover that the addition of socio-demographic controls to our models reveals a *positive* association between early-arriving foreign-born status and engagement in several sexual behaviors. For example, the early-arrivers are now significantly more likely than native-born men to report recent vaginal sex ($p < .05$) and oral sex ($p < .05$). They are also significantly more likely to have engaged in recent anal sex activity ($p < .01$) than U.S.-born men (25 percent versus 14 percent, respectively). In general, once socio-demographic background characteristics are taken into account, foreign-born status does little to “protect” Hispanic men from engagement in risky sexual behavior. In fact, those who immigrate to the U.S. while very young appear to be at a significantly greater risk for involvement in risky sexual behavior than their native-born male peers of similar socio-demographic backgrounds.

DISCUSSION

The results indicate that by their late teens and early twenties, the vast majority of Hispanic men and women in our large-scale community-based Miami-Dade sample have engaged in some form of sexual activity over their youthful lifetime, suggesting that engagement in sexual activity is a culturally normative experience, at least among recent cohorts. Despite its

apparent normalcy within this community (and the larger young adult population in the U.S.), high levels of sexual engagement may have detrimental health and well-being implications for these young adults. Negative physical and mental health outcomes are of particular concern here, given that the majority of this population reports inconsistent use of condoms and a non-trivial percentage of them report the use of drugs and/or alcohol in conjunction with recent sexual activity. We find, however, that the propensity to engage in risky sexual behaviors is contingent on both level of acculturation to the U.S. context, as measured by nativity status (i.e. place of birth and age at immigration), and gender.

Among this sample, which is predominantly of Cuban and Nicaraguan descent, foreign-birth is generally associated with lower levels of engagement in a variety of risky sexual behaviors. By early adulthood, most young women in our study, regardless of nativity status, have had some sexual experience. Yet, compared to their U.S.-born peers of similar socio-demographic backgrounds, early-arriving immigrant women are less likely to have engaged in recent vaginal and oral sex and later-arriving immigrant women have had fewer sexual partners, are less likely to have engaged in recent oral sex and report less frequent use of drugs in conjunction with sexual activity. Thus, on the whole, foreign-born women appear to engage in fewer of the behaviors that place young people at an elevated risk for contracting sexually transmitted infections and HIV/AIDS, as well as for unintended pregnancy and substance abuse problems. These findings are generally supportive of earlier work that has shown a positive association between acculturation and engagement in sexual behavior (Sabogal et al. 1995), and indicate that the “protective” effect of foreign-birth for young Hispanic women is quite enduring. These young women have all lived in the U.S. throughout their entire adolescence, and many of

them for as long as they can remember, yet nativity differences in sexual behavior remain visible even as they are entering their early adult years.

This “protective” effect of foreign-birth is not as evident among the young Hispanic men in our sample. We do find that later-arriving immigrant men are less likely than their native-born counterparts to be sexually experienced and to have engaged in sexual contact during the past year. However, these findings appear to be explained by nativity differences in socio-demographic characteristics, particularly ethnic background. Controlling for basic background characteristics, we find that foreign-born status is not associated with lowered engagement in sexual activity or risky sex-related behaviors, such as the use of drugs and/or alcohol in conjunction with sex. In fact, young men who immigrate to the U.S. while very young (before the age of six) appear to be *more* likely to have engaged in vaginal, oral, and anal sex than their native-born male peers. Given that an overwhelming 92 percent of sexually-experienced early-arriving men indicate that they do not always use a condom during sex and 46 percent of them report failing to have done so during their last sexual encounter, early arriving immigrant men, as a result, may face unique health risks as compared to their peers. Overall, these findings suggest that, for young men (but not young women), there may be a modest curvilinear relationship between acculturation to the U.S. context and risky sexual behavior during early adulthood, corroborating past research (Fraser et al. 1998).

We find that most Hispanic young adults in our sample report inconsistent condom use, which places them at risk for negative health-related outcomes when they engage in sexual activity. Yet, we do not find evidence of nativity *differences* in condom use among either the female or male samples. This is in striking contrast to the findings of previous studies on the topic (e.g. Aneshensel et al. 1990). We speculate that our results may differ from those of

previous studies for a couple of reasons. First, our sample is composed only of very young adults (ages 18-23 years), who may have had more exposure to messages about contraception and safe sex throughout their lives than have either older or younger cohorts of Hispanic men and women. Second, the respondents in our sample have all been living in the U.S. for a minimum of 7 years and were all educated in the U.S. school system throughout the entirety of their adolescence (middle school and high school), the period during which young people are most likely to receive formal and informal education about reproduction and contraception. Through school curriculum and interaction with peers, the native-born and foreign-born likely have had similar exposure to information (and mis-information) about condoms and how to obtain and use them. As a result, among individuals who live in the U.S. throughout their adolescence, immigrants and non-immigrants appear to be similar in their proclivity to use condoms when they become sexually active. Thus, the “effects” of foreign-birth may be more significant and enduring when it comes to influencing young peoples’ decisions about whether or not to engage in various forms of sexual activity than in influencing their decisions about how to protect themselves once they have already decided to do so.

A particular strength of this study is that the analyses are a very conservative test of the assimilation process and our understanding of the role of acculturation. We are unable to explicitly assess the countries-of-origin of our respondents’ parents because of data limitations. However, given that the data were drawn from the Miami-Dade County area of South Florida, an area of the country in which the vast majority of Hispanic residents remain intimately tied to the immigration process, we can presume with relative confidence that our native-born Hispanic respondents consist largely of individuals who are the children of immigrants (i.e. second-generation immigrants). As a result, any statistically significant differences in the behaviors of

native-born and foreign-born individuals are essentially differences between the behaviors of second-generation and first-generation immigrants. This conservative test makes our findings of nativity differences in sexual behavior findings especially robust and striking.

We must acknowledge, however, that this is a community-based sample, rather than a nationally representative sample. As such, we cannot make claims of generalizability to populations outside of the Hispanic community in South Florida. Certainly the results of this study suggest the need for future research on the national level. In addition to expanding this research to the national level, future work should further examine the underlying mechanisms driving the “protective” effect of foreign-birth for young Hispanic women and the greater risk-taking behavior of early-arriving immigrant men.

As the Hispanic population of the U.S. continues to grow and to become more diverse in terms of nativity-status, the need to better understand the relationship between nativity status and behaviors that have health-related consequences will become increasingly important. In particular, given the explosive growth of the immigrant child population, public health and medical professionals need to better understand the long-term outcomes of foreign-born individuals who are raised and educated in the U.S., and the complex ways that age at immigration, gender, and ethnicity interact with nativity status to influence individuals’ behaviors and health-related beliefs. By doing so, these professionals will undoubtedly be aided in their efforts to devise useful and effective education and prevention-related health campaigns, especially in areas of the country with large Hispanic and foreign-born populations.

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Table 1. Weighted Percentages; Hispanic Young Adults Ages 18-23 Years by Nativity Status Groups

	Overall	Native	Foreign-Born/ Before Age 6	Foreign-Born/ Age 6+	Chi-square test P
Sex (male=1)	55.40	54.15	52.56	55.38	NS
Age					0.001
18-19 yrs	29.76	33.40	26.32	23.65	
20 yrs	46.21	47.85	54.83	33.85	
21-23 yrs	24.03	18.75	18.85	42.50	
Ethnicity					0.001
Cuban	46.22	60.90	37.71	16.51	
Nicaraguan	17.59	2.03	26.27	49.41	
Other Hisp	36.19	37.07	36.03	34.08	
Socioeconomic Status (quintiles)					0.001
lowest	14.90	12.97	11.22	23.33	
low	18.60	14.52	25.66	22.42	
middle	20.70	20.66	17.91	23.46	
high	21.93	22.21	27.86	15.61	
highest	23.87	29.65	17.35	15.18	
Total N	709	401	148	160	
<i>Note: NS= Chi-square test not significant</i>					

Table 2. Weighted Means and Standard Deviations, Risky Sexual Behaviors Among Young Hispanic Adults, by Nativity Status Groups

	Overall		Native-Born		Foreign-Born/		Foreign-Born/		ANCOVA
	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	P
<u>All Young Adults (N=709)</u>									
<i>Ever</i>									
Any Sexual Activity (0-1)	0.84	0.37	0.85	0.36	0.87	0.33	0.77	0.42 [^]	.05c
Total Number of Sex Partners	4.70	7.92	4.70	6.95	5.21	11.32	4.20	6.18	
0 Sex Partners (0-1)	0.18	0.38	0.16	0.37	0.16	0.37	0.24	0.43	
1 Sex Partner (0-1)	0.17	0.38	0.16	0.37	0.18	0.38	0.19	0.39	
2 Sex Partners (0-1)	0.13	0.34	0.13	0.34	0.14	0.35	0.12	0.33	
3+ Sex Partners (0-1)	0.52	0.50	0.55	0.50	0.52	0.50	0.45	0.50	
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.74	0.45	0.76	0.43	0.76	0.43	0.67	0.47	
Any Anal Sex (0-1)	0.13	0.34	0.12	0.33	0.16	0.36	0.14	0.35	
Any Oral Sex (0-1)	0.68	0.47	0.72	0.45	0.72	0.45	0.54	0.50 ^{***,^^}	.05b; .01c
Total Number of Sex Partners	1.63	2.27	1.53	1.65	1.73	2.20	1.76	3.43	
0 Sex Partners (0-1)	0.22	0.41	0.21	0.41	0.17	0.38	0.29	0.45	
1 Sex Partner (0-1)	0.46	0.50	0.46	0.50	0.53	0.50	0.43	0.50	
2 Sex Partners (0-1)	0.15	0.36	0.18	0.39	0.13	0.33	0.11	0.31	
3+ Sex Partners (0-1)	0.16	0.37	0.15	0.36	0.18	0.38	0.18	0.38	
<u>All Young Adults with Sexual Experience (N=597)</u>									
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.88	0.32	0.89	0.31	0.87	0.34	0.87	0.34	
Any Anal Sex (0-1)	0.16	0.36	0.14	0.35	0.18	0.38	0.18	0.39	
Any Oral Sex (0-1)	0.81	0.39	0.85	0.36	0.82	0.39	0.70	0.46 ^{***,^}	.05b;c
Total Number of Sexual Partners	1.94	2.35	1.8	1.64	1.98	2.25	2.30	3.77	
1 Sex Partner (0-1)	0.55	0.50	0.53	0.50	0.6	0.49	0.56	0.50	
2 Sex Partners (0-1)	0.18	0.39	0.22	0.41	0.15	0.35	0.14	0.35	
3+ Sex Partners (0-1)	0.20	0.40	0.18	0.39	0.20	0.40	0.23	0.42	
Alcohol with Sex (0-5)	1.85	0.90	1.85	0.87	1.84	0.84	1.85	1.04	
Drugs with Sex (0-5)	1.44	0.86	1.51	0.89	1.39	0.78	1.31	0.83	
Alcohol, Last Sex Event (0-1)	0.11	0.31	0.11	0.31	0.11	0.32	0.12	0.32	
Drugs, Last Sex Event (0-1)	0.07	0.25	0.08	0.26	0.05	0.22	0.06	0.24	
Alcohol/Drugs, Last Sex (0-1)	0.15	0.36	0.16	0.37	0.15	0.36	0.14	0.35	
Condoms Always (0-1)	0.08	0.28	0.06	0.24	0.09	0.29	0.14	0.35 [*]	
Condoms, Last Sex (0-1)	0.46	0.50	0.47	0.50	0.44	0.50	0.45	0.50	
Full Sample Size	709		401		148		160		
Sample Size, R's with Sexual Experience	597		343		130		124		

*p < .05; **p < .01; ***p < .001 (Chi-square test; comparison group = Native-born)

[^]p < .05; ^{^^}p < .01; ^{^^^}p < .001 (Chi-square test; comparison group = Foreign-Born/Before Age 6)

a=Native-born vs. foreign-born/before age 6 (controlling for ethnicity, SES, and age)

b=Native-born vs. foreign-born/age 6+ (controlling for ethnicity, SES, and age)

c=foreign-born/before age 6 vs. foreign-born/age 6+ (controlling for ethnicity, SES, and age)

Table 3. Weighted Means and Standard Deviations, Risky Sexual Behavior Among Young Hispanic Women, by Nativity Status Groups

	Overall		Native-Born		Foreign-Born/ Before Age 6		Foreign-Born/ Age 6+		ANCOVA
	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	P
<i>All Young Women (N=316)</i>									
<i>Ever</i>									
Any Sexual Activity (0-1)	0.81	0.39	0.84	0.37	0.82	0.39	0.75	0.44	
Total Number of Sex Partners	3.19	4.67	3.73	4.50	2.97	6.35	1.99	2.36 **	.001b
0 Sex Partners (0-1)	0.20	0.40	0.17	0.37	0.22	0.42	0.27	0.45	
1 Sex Partner (0-1)	0.23	0.42	0.21	0.41	0.25	0.44	0.27	0.44	
2 Sex Partners (0-1)	0.14	0.35	0.11	0.31	0.19	0.39	0.17	0.38	
3+ Sex Partners (0-1)	0.43	0.50	0.52	0.50	0.34	0.48	0.29	0.46	
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.72	0.45	0.76	0.43	0.67	0.47	0.67	0.47	
Any Anal Sex (0-1)	0.08	0.27	0.09	0.29	0.05	0.22	0.06	0.25	
Any Oral Sex (0-1)	0.64	0.48	0.72	0.45	0.58	0.50	0.49	0.50 **	.01b
Total Number of Sex Partners	1.21	1.40	1.28	1.32	1.12	1.44	1.12	1.57	
0 Sex Partners (0-1)	0.23	0.42	0.21	0.41	0.23	0.43	0.29	0.46	
1 Sex Partner (0-1)	0.55	0.50	0.54	0.50	0.62	0.49	0.53	0.50	
2 Sex Partners (0-1)	0.14	0.34	0.16	0.36	0.09	0.28	0.30	0.33	
3+ Sex Partners (0-1)	0.08	0.27	0.10	0.30	0.06	0.23	0.05	0.22	
<i>All Young Women with Sexual Experience (N=260)</i>									
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.89	0.31	0.91	0.28	0.82	0.38	0.90	0.31	.05a
Any Anal Sex (0-1)	0.10	0.30	0.11	0.32	0.06	0.25	0.09	0.28	
Any Oral Sex (0-1)	0.79	0.41	0.86	0.35	0.71	0.46	0.66	0.48 **	.05a,b
Total Number of Sexual Partners	1.49	1.42	1.53	1.31	1.37	1.48	1.50	1.66	
1 Sex Partner (0-1)	0.68	0.47	0.64	0.48	0.77	0.43	0.71	0.46	
2 Sex Partners (0-1)	0.16	0.37	0.19	0.39	0.11	0.31	0.17	0.38	
3+ Sex Partners (0-1)	0.10	0.30	0.12	0.32	0.07	0.26	0.07	0.26	
Alcohol with Sex (0-5)	1.83	0.85	1.89	0.82	1.80	0.89	1.70	0.88	
Drugs with Sex (0-5)	1.47	0.90	1.56	0.95	1.46	0.82	1.20	0.77 *	.01b
Alcohol, Last Sex (0-1)	0.07	0.25	0.06	0.24	0.09	0.28	0.05	0.22	
Drugs, Last Sex (0-1)	0.05	0.22	0.06	0.24	0.03	0.17	0.05	0.22	
Alcohol/Drugs, Last Sex (0-1)	0.09	0.29	0.10	0.31	0.10	0.31	0.05	0.22	
Condom Always	0.07	0.25	0.05	0.21	0.11	0.31	0.09	0.29	
Condom, Last Sex	0.37	0.48	0.41	0.49	0.31	0.47	0.29	0.46	
Full Sample Size	316		177		68		71		
Sample Size, R's with Sexual Exp	260		150		56		54		

*p<.05; **p<.01; ***p<.001 (Chi-square test; comparison group = Native-born)

^p<.05; ^^p<.01; ^^p<.001 (Chi-square test; comparison group = Foreign-Born/Before Age 6)

a=Native-born vs. foreign-born/before age 6 (controlling for ethnicity, SES, and age)

b=Native-born vs. foreign-born/age 6+ (controlling for ethnicity, SES, and age)

c=foreign-born/before age 6 vs. foreign-born/age 6+ (controlling for ethnicity, SES, and age)

Table 4. Weighted Means and Standard Deviations, Risky Sexual Behavior Among Young Hispanic Men, by Nativity Status Groups

	Overall		Native-born		Foreign-Born/ Before Age 6		Foreign-Born/ Age 6+		ANCOVA P
	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	
<i>All Young Men (N=393)</i>									
<i>Ever</i>									
Any Sexual Activity (0-1)	0.86	0.35	0.86	0.35	0.93	0.27	0.79	0.41	^
Total Number of Sex Partners:	5.98	9.70	5.53	8.41	7.24	14.16	5.97	7.58	
0 Sex Partners (0-1)	0.16	0.36	0.15	0.36	0.10	0.30	0.21	0.41	
1 Sex Partner (0-1)	0.12	0.33	0.13	0.33	0.11	0.32	0.12	0.33	
2 Sex Partners (0-1)	0.12	0.33	0.15	0.36	0.10	0.30	0.08	0.27	
3+ Sex Partners (0-1)	0.60	0.49	0.58	0.50	0.69	0.47	0.58	0.50	
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.76	0.43	0.76	0.43	0.84	0.37	0.66	0.48	^^
Any Anal Sex (0-1)	0.18	0.38	0.14	0.35	0.25	0.44	0.20	0.40	
Any Oral Sex (0-1)	0.71	0.45	0.72	0.45	0.84	0.37	0.57	0.50	*,^^^
Total Number of Sex Partners:	1.98	2.76	1.75	1.85	2.29	2.67	2.28	4.35	
0 Sex Partners (0-1)	0.21	0.41	0.21	0.41	0.11	0.32	0.28	0.45	
1 Sex Partner (0-1)	0.39	0.49	0.38	0.49	0.44	0.50	0.35	0.48	
2 Sex Partners (0-1)	0.17	0.37	0.21	0.40	0.16	0.37	0.09	0.29	
3+ Sex Partners (0-1)	0.24	0.43	0.20	0.40	0.29	0.46	0.28	0.45	
<i>All Young Men with Sexual Experience (N=337)</i>									
<i>In the last 12 months</i>									
Any Vaginal Sex (0-1)	0.88	0.33	0.88	0.32	0.91	0.29	0.84	0.37	
Any Anal Sex (0-1)	0.27	0.41	0.17	0.37	0.27	0.45	0.26	0.44	
Any Oral Sex (0-1)	0.83	0.38	0.84	0.37	0.91	0.29	0.73	0.45	^
Total Number of Sexual Partners	2.31	2.85	2.03	1.85	2.48	2.62	2.91	4.72	
1 Sex Partner (0-1)	0.45	0.50	0.45	0.50	0.47	0.50	0.44	0.50	
2 Sex Partners (0-1)	0.20	0.40	0.24	0.43	0.18	0.38	0.11	0.32	
3+ Sex Partners (0-1)	0.28	0.45	0.23	0.42	0.31	0.47	0.36	0.48	
Alcohol with Sex (0-5)	1.86	0.94	1.81	0.90	1.87	0.81	1.97	1.16	
Drugs with Sex (0-5)	1.42	0.82	1.47	0.83	1.34	0.76	1.40	0.87	
Alcohol, Last Sex (0-1)	0.15	0.36	0.15	0.35	0.14	0.34	0.17	0.38	
Drugs, Last Sex (0-1)	0.08	0.27	0.09	0.28	0.07	0.25	0.07	0.26	
Alcohol/Drugs, Last Sex (0-1)	0.20	0.40	0.20	0.40	0.19	0.39	0.21	0.41	
Condom Always (0-1)	0.10	0.29	0.07	0.26	0.08	0.27	0.17	0.38	
Condom, Last Sex (0-1)	0.54	0.50	0.52	0.51	0.54	0.50	0.57	0.50	
Full Sample Size	393		224		80		89		
Sample Size, R's with Sexual Experience	337		193		74		70		

*p< .05; **p< .01; ***p< .001 (comparison group = Native-born)

^p< .05; ^^p< .01; ^^p< .001 (comparison group = Foreign-Born/Before Age 6)

a=Native-born vs. foreign-born/ before age 6 (controlling for ethnicity, SES, and age)

b=Native-born vs. foreign-born/ age 6+ (controlling for ethnicity, SES, and age)

c=foreign-born/ before age 6 vs. foreign-born/ age 6+ (controlling for ethnicity, SES, and age)