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Abstract

Objective. Examine the longitudinal association of generational status (first = child and parent born outside the U.S.; second = child born in the U.S., parent born outside the U.S.; third = child and parent born in the U.S.) and parent and peer social factors considered in 5th grade with subsequent oral, vaginal, and anal intercourse initiation by 7th and 10th grade among Latino/a youth.

Methods. Using data from Latino/a participants ($N = 1,790$) in the *Healthy Passages*TM study, we measured generational status (first = 18.4%, second = 57.3%, third-generation = 24.3%) and parental (i.e., monitoring, involvement, nurturance) and peer (i.e., friendship quality, social interaction, peer norms) influences in 5th grade and oral, vaginal, and anal intercourse initiation by 7th and 10th (retention = 89%) grade.

Results. Among girls, parental monitoring, social interaction, friendship quality, and peer norms predicted sexual initiation. Among boys, parental involvement, social interaction, and peer norms predicted sexual initiation ($ps < .05$). When ≥ 1 friend was perceived to have initiated sexual intercourse, third-generation Latinas were more than twice as likely as first- and second-generation Latinas ($ps < .05$) to initiate vaginal intercourse by 10th grade and almost five times as likely as first-generation Latinas to initiate oral intercourse by 7th grade.

Conclusions. Among Latina youth, generational status play a role in social influences on vaginal and oral intercourse initiation. Moreover, Latinas and Latinos differ in which social influences predict sexual intercourse initiation. Preventive efforts for Latino/a youth may need to differ by gender and generational status.

Generational status and social factors predicting
initiation of partnered sexual activity among Latino/a youth

Because Latino/a adolescents' birth rates are the highest of any major racial/ethnic group in the U.S. (Martin et al., 2015) and their STI prevalence is more than twice that of Whites (CDC, 2014), their sexual risk behaviors have been deemed a major public health concern (Biggs, Brindis, Ralph, & Santelli, 2010). Specifically, early vaginal initiation is associated with engaging in other sexual risk behaviors (O'Donnell, O'Donnell, & Stueve, 2001). Indeed, sexual initiation by age 17 years has been found to be higher among Latino/a adolescents than White Non-Latino/a adolescents (Cavazos-Rehg et al., 2009). Moreover, adolescent virgins have also been found to have diverse sexual experiences including engaging in oral intercourse (i.e., fellatio and cunnilingus; Schuster, Bell, & Kanouse, 1996). In fact, initiation of oral intercourse increases the likelihood of subsequent vaginal intercourse initiation (Song & Halpern-Felsher, 2011). This developmental trend by ethnicity is compounded by an effect of acculturation as evidence suggests increased sexual risk for Latino/a youth across family migration history, defined as generational status (Afable-Munsuz & Brindis, 2006; Guilamo-Ramos et al., 2005).

Specifically, generational status (first = both child and parent were born outside the U.S.; second = child was born in the U.S. but parent was born outside the U.S.; third = both child and parent were born in the U.S.) is highly related to acculturation. First generation individuals are more likely than subsequent generations to retain practices and values of the original culture whereas later generation individuals are more acculturated on average (Cuellar, Nyberg, & Maldonado, 1997; Perez & Padilla, 2000). For example, third-generation individuals are more likely to use or prefer English as their primary language, are more likely to demonstrate a reduction in ethnic orientation, and have increased behavioral changes in line with the host

culture (Arcia et al., 2001; Portes & Schauffler, 1994). Yet, research examining sexual behaviors among Latino/a youth has often omitted generational status. Therefore, little is known about how generational status may moderate other influences on Latino/a youths' sexual behaviors.

The Immigrant Paradox and Sexual Initiation

Paradoxically, newly immigrated individuals tend to have an initial health advantage, despite having a predominantly lower socioeconomic status that is usually associated with poorer health outcomes (Franzini, Ribble, & Keddie, 2001). Then, as children in immigrant families acculturate to the U.S., their developmental and health outcomes appear to become less favorable, a phenomenon termed the *immigrant paradox* (García Coll & Marks, 2012). This pattern is especially salient for health risk behaviors among less acculturated generations. Specifically, first-generation Latino/as, who themselves migrated to the U.S., have been found less likely to engage in sexual risk behaviors than those born here (Guarini et al., 2011). Despite its documented association with various health outcomes, generational status has rarely been examined in studies of adolescent oral, vaginal, and anal intercourse initiation, nor have studies examined processes that may explain why generation status might exert an influence on sexual initiation. Specifically, acculturation may moderate salient parental and peer influences on sexual intercourse initiation in Latino/a youth, but we are not aware of any research on this topic.

Parental Influences on Sexual Initiation

Parents can influence their adolescent's behaviors through various processes including parental monitoring, which is accurately knowing an adolescent's whereabouts and activities outside the home; parental involvement, which is described as the participation of parents in children's activities; and parental nurturance, often referred to as parental warmth or parent-child connectedness, which consists of a willingness to engage and be emotionally open with,

supportive of, and loving with the child (Lezin et al., 2004). In fact, when adolescents experience low levels of positive parental behaviors such as parental monitoring, involvement, and nurturance, they are more likely to engage in various health risk behaviors including sexual risk (e.g., Roche et al., 2005; Sieverding et al., 2005; Yugo & Davidson, 2007). Low parental monitoring has been associated with oral and vaginal intercourse initiation (Bersamin et al., 2008; Huang, Murphy, & Hser, 2011). Alternatively, high parental monitoring is associated with over a year delay in sex initiation. Yet, levels of parental monitoring differ by gender and race/ethnicity (Huang, Murphy, & Hser, 2011). Parental involvement has similarly been associated with a lower likelihood of sex initiation (Roche et al., 2005). However, parental involvement does not appear to play as pivotal a role among Latino/a youth (Pearson, Muller, & Frisco, 2006). Although some studies have supported a protective effect of parental nurturance on sexual outcomes (Miller, 2002; Resnick et al., 1997), others have not confirmed this relationship (Somers & Paulson, 2000). Parenting practices, such as warmth and monitoring, among Latino/as change with each successive generation in the U.S. (Driscoll, Russell, & Crockett, 2007). Yet, the interaction between parenting practices and generational status has not been examined with regard to sexual behaviors.

Peer Influences on Sexual Initiation

Although peer influence is also an important factor associated with sexual behaviors, studies examining the influence of generational status on sexual behaviors often fail to take into account peer and parental influences simultaneously. Peer influence on adolescent risk-taking has largely been studied as peer norms, which encompass perceived beliefs of peers engaging in a specific behavior (Van de Bongardt et al., 2014). When adolescents perceive their peers to be

experienced in partnered sexual activity, odds of initiating oral, vaginal, and anal intercourse are greater (Donenberg et al., 2003; Prinstein, Meade, & Cohen, 2003; Sieving et al., 2006).

However, the majority of studies that have investigated the association of peer norms with sexual risk behaviors have excluded other potential peer influences. For example, friendship quality may play a role in sexual risk behaviors, as previous research has shown that adolescents with better quality peer relationships are less likely to engage in other risk behaviors such as alcohol use (Lansford et al., 2003; Mrug, Borch, & Cillessen, 2011). Moreover, social ties in neighborhoods have been shown to influence problem behaviors among adolescents (e.g., Sampson, Morenoff, & Gannon-Rowley, 2002). Therefore, there is an incentive to examine additional types of peer influences beyond peer norms on the range of sexual initiation behaviors to expand our understanding of the role of peers in sexual debut.

Current Study

Prior studies have rarely examined parental and peer influences on oral and anal intercourse initiation among Latino/a youth, having focused mostly on heterosexual vaginal intercourse. Moreover, these studies have largely employed cross-sectional designs. The current study addresses limitations of previous research by examining the longitudinal association of generational status and parent and peer factors with subsequent oral, vaginal, and anal intercourse initiation among Latino/a adolescents, regardless of the sexual partner's gender. Our aims were to test: (1) differences in sexual intercourse (oral, vaginal, and anal) initiation by 7th and 10th grade related to Latino/a youths' generational status (first-, second-, third-generation); (2) longitudinal associations of early (in 5th grade) parenting and peer influences with subsequent sexual intercourse initiation (in 7th and 10th grade), separately for Latino/a youth; specifically, we examine parental monitoring, involvement, and nurturance as potential parental influences and

friendship quality, neighborhood social interactions, and peer norms as potential peer influences; and (3) whether generational status moderates the relationship between parental and peer influences and sexual intercourse initiation among Latino/a youth.

Methods

Data come from *Healthy Passages*, a multisite, longitudinal study of health behaviors and outcomes, and associated risk and protective factors (see Windle et al., 2004; Schuster et al., 2012). The cohort was assessed across 5th (2004-2006), 7th, and 10th grades.

Participants

Sampling for the Healthy Passages study included 5th graders in regular public school classrooms in three sites (Birmingham, Alabama; Los Angeles, California; Houston, Texas). The sample was selected to represent the three largest racial/ethnic groups within the U.S. (Black, Hispanic/Latino, and non-Hispanic White). Among families who provided permission to be contacted and completed interviews in 5th grade ($N = 5147$; 2607 girls; 1813 Latino/a), 4773 (93%) and 4521 (89%) completed the 7th and 10th grade assessments, respectively.

The analysis sample consisted of youth who completed all three waves, identified as Hispanic/Latino based on parent report (supplemented with child report when parent report was missing), and could be classified as first- (18.4%), second- (57.3%), or third (24.3%) generation ($n = 1,790$). Participants not included in the analysis ($n = 23$) did not differ from the analysis sample on demographic variables. The analysis sample (50.1% girls) mean age was 11.13 ($SD = 0.59$) at 5th grade, 13.11 ($SD = 0.61$) at 7th grade, and 15.66 ($SD = 0.65$) at 10th grade. Selected sample characteristics are shown in Table 1 (see Schuster et al., 2012, for more details).

Procedures

Child participants were selected using a two-stage probability sampling procedure. Public schools within the three study site communities were randomly selected with probabilities proportionate to a weighted measure of the scarcity of a school's students relative to race/ethnicity targets to ensure adequate sample sizes of Black, Latino, and White students. All 5th grade students within selected schools were invite to participate (see Schuster et al., 2012). Institutional review boards at each study site and the Centers for Disease Control and Prevention approved the study.

Two trained interviewers completed the full assessment protocol with a child and one of his/her parents (mother, 88%; father, 6%; other, 6%) at their home or a research facility at each of the three assessments (5th, 7th, and 10th grades). The parent provided signed informed consent, and the child signed assent at each assessment. The interviews were conducted using both computer-assisted personal and audio self-interview procedures in either English or Spanish with the child and parent separated in private spaces (see Windle et al., 2004). Sensitive data, including information on sexual behaviors, were collected by audio computer assisted self interview (CASI) method. The majority of child interviews were conducted in English (82% mainly or entirely in English; 18% half or more in Spanish). Third-generation child participants were the largest group to complete the interview mainly or entirely in English (99%), followed by second- (85%), and first- (51%) generation

Measures

Oral, Vaginal, and Anal Sexual Initiation. Vaginal and anal intercourse initiation were each assessed by one dichotomized item at 7th and 10th grade (*Have you had vaginal intercourse? By this we mean when a boy puts his penis inside a girl's vagina; Have you had anal sex? By anal sex we mean when a boy puts his penis in his partner's anus or butt*), responding "Yes" or "No". Oral intercourse (i.e., fellatio and cunnilingus) initiation was assessed by two

dichotomized items at 7th and 10th grade (*Have you put your mouth on a boy's or girl's private parts, that is, penis or vagina?*; *Has a boy or girl put his or her mouth on your private parts, that is, penis/vagina?*), responding "Yes" or "No". Initially missing data due to refusal to respond (as allowed due to the informed consent/assent procedures; 7th grade = 7.9%; 10th grade = 11.6%) were re-coded based on responses at either assessment regarding other sexual behaviors, such as age of sex initiation, number of sexual partners in prior year, and use of contraception at time of sexual intercourse initiation.

Parental Influences. Parental monitoring, involvement, and mother's and father's nurturance were assessed at 5th grade with items based on Jacobson and Crockett (2000) and additional items developed for this study. Parental monitoring was measured with five items assessing if the child reported that their parent(s) know their friends (e.g., *How many of your friends do your parents know?*) and activities during free-time (*How often do your parents know what you are doing during your free time like after school, at nights, on weekends?*), and the amount of time they are left without supervision (*When you get home from school, how long are you usually home alone?*). Four items were responded on 4-point scales and one on a 7-point scale. When summed across these inventory items (range = 5–23, $\alpha = .50$), low scores indicated low perceived parental monitoring.

Parental involvement was assessed using 12 items with 3- to 5-point response scales asking parents how they spend time with the child in various activities, such as talking and having a meal together (e.g., *During the past week, how many times did you and your child spend some time alone together talking?*; *During the past week, how many times did you and your child do fun things together?*). Items were adapted from Add Health (Sieving et al., 2001), LA FANS (Sastry et al., 2006), and Cohen, Richardson, and LaBree (1994) with additional items

developed for this study. Summed across these inventory items (range = 18-53, $\alpha = .53$), low scores indicated low parental involvement.

Parental nurturance was measured with seven questions posed to the child separately for mothers and fathers. Items taken from the Barnes Parental Nurturance Scale (Barnes & Windle, 1987) addressed how often each parent gave them affection (e.g., *How often does your mother give you a hug or kiss?*) and guidance (e.g., *How often do you discuss personal problems with your mother?*), and how well they know each parent's expectations (e.g., *How often do you know what your mother expects of you?*). Responses were on a 4-point Likert-type scale, and when summed across these scale items (range = 7–28) separately for mother and father ($\alpha = .74$ and .81, respectively), low scores indicated low nurturance.

Peer Influences. Friendship quality, neighborhood social interaction, and peer norms represented peer influences. Friendship quality was assessed among child participants in 5th grade with 12 items adapted after the Friendship Quality Scale (Bukowski, Hoza, & Boivin, 1994) with additional items created for this study, where they were asked to indicate if various statements regarding their best friend were accurate (e.g., *Do you think {best friend} likes you as much as you like him/her?*; *{best friend} is nice and helpful to other kids*), responding "Yes" or "No". Summed across these 12 scale items (range = 0 – 30, $\alpha = .82$), responses were dichotomized into high and low friendship quality. Given the distribution of responses, scores in the lower half quartile (< 20) were coded as "low friendship quality".

Neighborhood social interaction was assessed in 5th grade using two items ($\alpha = .63$) adapted from LA FANS (Sastry et al. 2003). Child participants were asked to indicate whether they had any acquaintances within their neighborhood (e.g., *How many of the kids in your neighborhood do you know?*). Given the distribution of responses, they were dichotomized to

indicate low (= 0) neighborhood social interaction if the child indicated having no acquaintances and high neighborhood social interaction if they indicated having any acquaintances (= 1).

Peer norms for sexual initiation were assessed at both 7th and 10th grade in the same time frame as initiation of sexual intercourse with a single item (i.e., *How many of your friends have had vaginal intercourse? Remember, vaginal intercourse refers to when a boy puts his penis inside a girl's vagina. If you are not sure, give us your best guess*). Responses were dichotomized to represent whether the adolescent reported at least one friend he/she believed to have initiated vaginal intercourse (0 = no friends perceived as having initiated intercourse; 1 = at least 1 friend perceived as having initiated intercourse).

Generational Status. The parent was asked to indicate whether she/he and her/his child were born inside or outside the U.S. Using the common classification scheme of Coll and Marks (2012), if both the child and the parent were born outside the U.S., the child was classified as first-generation. If the child was born in the U.S. but the parent was born outside the U.S., the child was classified as second-generation. If both the child and the parent were born inside the U.S., the child was classified as third-generation.

Covariates. Highest level of parental education attained (7 categories) and the reported total household income (9 categories) were separate indicators of SES. Parent's report of parent composition in the household was coded as dichotomous categories of "two-parent household," and "other." The latter category included those who reported only one biological or adoptive parent (i.e., single-parent) or not living with either a biological or adopted parent. Biological and adoptive parents were coded as parent while all other types of adults reported to live in the home (e.g., grandparent, aunt, partner, etc.) were coded as non-parents. Child's age in years at time of

interview for 7th and 10th grade assessment, respectively, was entered as a covariate when examining initiation of sexual intercourse by that grade.

Statistical Analysis

Analyses were performed using the complex sampling module of SPSS v.23 to account for the complex survey design, including the effects of design, non-response, and attrition weights, clustering of youth within schools in each area, and stratification by site (see Schuster et al., 2012). Chi-square analysis was used to examine differences in sexual intercourse initiation across demographic and peer influence variables at 7th and 10th grade. Differences in means for the parental influence variables between gender and those who had vs. had not initiated sexual intercourse in 7th and 10th grade were analyzed with t-tests. Binary logistic regressions were used to predict oral, vaginal, and anal intercourse initiation at 7th and 10th grade from parental and peer influences and generational status, controlling for all covariates (parental education, household income, parent composition, and child's age at respective grade). Additionally, when generational status was significant, interaction terms were added to test for effect modification of generational status in the significant association of parental and peer influences on sexual intercourse initiation. Analyses were conducted separately for males and females given marked differences in prevalence of sexual intercourse initiation.

Results

Descriptive statistics for parental and peer influence variables are presented in Table 1.

Initiation of Oral, Vaginal, and Anal Intercourse

Prevalence of oral, vaginal, and anal intercourse initiation by 7th and 10th grade among the overall sample and subgroups is displayed in Table 2. By 7th grade 15% (oral = 14%; vaginal = 4%; anal = 6%) and by 10th grade 33% (oral = 26%; vaginal = 26%; anal = 10%) overall had

initiated some type of sexual intercourse. Latinos (boys) reported a significantly higher prevalence of all types of sexual intercourse initiation than Latinas (girls) by 7th (oral $\chi^2 = 0.20$; vaginal $\chi^2 = 0.14$; anal $\chi^2 = 0.16$, $ps < .001$) and 10th grade (oral $\chi^2 = 0.17$; vaginal $\chi^2 = 0.11$; anal $\chi^2 = 0.12$, $ps < .001$, see Table 2).

Among Latinas, there were significant mean differences in parental monitoring between vaginal intercourse initiators ($M = 18.24$, S.E. = 0.74) and non-initiators ($M = 19.83$, S.E. = 0.07; $t(77) = -2.60$, $p < .05$) as well as between oral intercourse initiators ($M = 19.24$, S.E. = 0.28) and non-initiators ($M = 19.86$, S.E. = 0.07; $t(77) = 2.37$, $p < .05$) by 7th grade. Among Latinos, there were mean differences in parental involvement by 7th grade between vaginal intercourse initiators ($M = 39.96$, S.E. = 0.51) and non-initiators ($M = 42.12$, S.E. = 0.13; $t(74) = 4.09$, $p < .001$), anal intercourse initiators ($M = 40.47$, S.E. = 0.44) and non-initiators ($M = 42.14$, S.E. = 0.13; $t(74) = 3.64$, $p < .001$), and by 10th grade between oral intercourse initiators ($M = 41.47$, S.E. = 0.24) and non-initiators ($M = 42.25$, S.E. = 0.15; $t(74) = 2.75$, $p < .01$). Also, Latinas had significantly higher levels of parental monitoring ($M = 19.85$, S.E. = 0.08; $t(1788) = 5.80$, $p < .001$), parental involvement ($M = 42.31$, S.E. = 0.14; $t(1788) = 2.10$, $p < .05$), and mother's nurturance ($M = 21.83$, S.E. = 0.14; $t(1788) = 6.95$, $p < .001$) in comparison to Latinos (parental monitoring $M = 19.21$, S.E. = 0.08; parental involvement $M = 41.90$, S.E. = 0.14; mother's nurturance $M = 20.47$, S.E. = 0.14).

Prediction of Sexual Intercourse Initiation for Latinas (Girls)

The contribution of parental and peer influences and generational status to sexual intercourse initiation from fitted logistic regressions is shown in Table 3. Parental monitoring was the only significant parent predictor among Latinas, but only for 7th grade vaginal intercourse initiation. By 10th grade, the prediction of parental monitoring was non-significant.

Among peer influences, neighborhood social interaction was a significant predictor of 7th and 10th grade oral intercourse initiation. Friendship quality was a significant predictor of 7th and 10th grade vaginal intercourse initiation. Peer norms also significantly predicted oral and anal intercourse initiation at both 7th and 10th grade as well as vaginal intercourse initiation by 10th grade. Generational status was a significant predictor of oral intercourse initiation by 7th grade and vaginal intercourse initiation by 10th grade among Latinas, with third-generation more than twice as likely to initiate oral and vaginal intercourse as first- and second-generation Latinas.

Prediction of Sexual Intercourse Initiation for Latinos (Boys)

Parental involvement was the only significant parental influence predicting initiation of oral intercourse by 10th grade, vaginal intercourse by 10th grade, and anal intercourse initiation by both 7th and 10th grade among Latinos (see Table 3). Among peer influences, neighborhood social interaction was a significant predictor of oral and vaginal intercourse initiation by 7th and 10th grade. Peer norms also significantly predicted oral and anal intercourse initiation by both 7th and 10th grade as well as vaginal intercourse initiation by 10th grade. Generational status was not a significant predictor of sexual intercourse initiation at 7th or 10th grade.

Moderation by Generational Status

Generational status, when found to be a significant predictor, was examined as a moderator of the association between parental and peer influences and sexual initiation by adding, as a last step to regressions, interaction terms for statistically significant predictors. Among Latinas, there was no statistically significant interaction between friendship quality and generational status for vaginal intercourse initiation. However, 10th grade peer norms interacted significantly with generational status in predicting vaginal intercourse initiation by 10th grade for Latinas. Specifically, third-generation Latinas were more than three times as likely as first-

generation (OR = 3.50, [CI(1.96, 6.25)], $p < .001$) and more than twice as likely as second-generation (OR = 2.54, [CI(1.54, 4.21)], $p = .001$) Latinas to initiate vaginal intercourse when at least one friend was perceived to have initiated vaginal intercourse. Generational status also moderated the influence of neighborhood social interaction and 7th grade peer norms on oral intercourse initiation by 7th grade among Latinas. Specifically, third-generation Latinas were almost five times as likely as first-generation (OR = 4.96, [CI(1.56, 15.79)], $p < .01$) Latinas to initiate oral intercourse when at least one friend was perceived to have initiated sexual intercourse. Moreover, third-generation Latinas were over four times as likely as first-generation (OR = 4.32, [CI(1.06, 17.63)], $p < .05$) Latinas to initiate oral intercourse by 7th grade when they had a higher number of neighborhood acquaintances.

Discussion

We found that the role of generational status and parental and peer influences among Latino/a youth in sexual intercourse initiation differed by gender, timing (7th vs. 10th grade) of sexual initiation, as well as type of sexual intercourse (oral, vaginal, anal). Specifically, parental monitoring predicted girls' vaginal intercourse initiation by 7th grade and parental involvement predicted boys' oral intercourse initiation by 10th grade, vaginal intercourse initiation by 7th grade, and anal intercourse initiation by both 7th and 10th grade. Additionally, girls and boys shared similar peer influences of neighborhood social interaction predicting oral intercourse initiation by 7th and 10th grade, as well as peer norms in predicting oral and anal intercourse initiation by 7th and 10th grade and vaginal intercourse initiation by 10th grade. Generational status was a significant predictor of oral intercourse initiation by 7th grade and vaginal intercourse initiation by 10th grade, but only for girls. Finally, we found that the influence of peer norms and neighborhood social interaction on 7th grade oral intercourse initiation and the influence of peer

norms on 10th grade vaginal intercourse initiation were moderated by generational status among Latina girls. That is, although peer norms and neighborhood social interaction were significant predictors across all generational status groups, the association between peer norms and oral and vaginal intercourse initiation as well as the association between neighborhood social interaction and oral intercourse initiation was stronger among third-generation Latinas compared to those from first- and second-generation status.

Parental Influences

Whereas Latino boys were influenced by parental involvement, Latina girls were influenced by parental monitoring, which may be indicative of differences in the parenting practices employed or the manner in which youth perceive the parenting directed at them. Indeed, gender differences in parental practices may be more noticeable in Latino families than in non-Latino families (Raffaelli & Ontai, 2004). For example, we found that Latina girls had significantly higher parental monitoring than Latino boys. Girls often experience a greater degree of parental monitoring and a lower degree of permissiveness compared to males in Latino families, who are granted greater independence and social freedom while simultaneously instilling a sense of responsibility and accountability even in the absence of strict monitoring (Voisine et al., 2008). Alternatively, we found that parental involvement was more salient in predicting partnered sexual activity initiation among boys. This supports previous evidence that parental monitoring, as a form of control and supervision of activities, is relatively unrelated to negative behaviors for Latino boys, whereas parental involvement, in which parents takes an active role in the adolescent's activities and provide support in addition to communication of life issues, may allow parents to monitor boys more effectively (Smith & Krohn, 1995).

Peer Influences

Peer influences on sexual intercourse initiation were examined beyond the well-established predictor of perceived peer norms. Notably, we found that there are additional aspects of peer socialization, such as friendship quality and neighborhood social interaction, that appear important for sexual intercourse initiation. Although girls and boys shared similar peer influences across types of sexual initiation and timing, we found one gender difference. Specifically, among girls, friendship quality predicted vaginal intercourse initiation, whereas among boys, neighborhood social interaction predicted vaginal intercourse initiation at both 7th and 10th grades. While girls appear more influenced by their perception of potentially deeper friendships, the context and opportunity of social interactions in the neighborhood seem to be more influential for boys' vaginal intercourse initiation. These findings also support previous findings on gender differences in influences of neighborhood dimensions on sexual behaviors (Cubbin et al., 2005). However, our findings appear more nuanced where specifically neighborhood acquaintances predict vaginal intercourse initiation among Latino boys. Neighborhood acquaintances may represent more opportunities to initiate vaginal intercourse among boys. Alternatively, friendship quality may influence vaginal intercourse initiation among girls through its association with self-esteem (Thomas & Daubman, 2001), which in turn is associated with sexual risk behaviors (Rosenthal, Moore, & Flynn, 1991).

Immigrant Paradox

Support for the immigrant paradox in sexual risk behaviors among Latino/as has been reported previously (Guarini et al., 2011; Guarini et al., 2015), but we are not aware of associations being reported specifically for oral, vaginal, and anal intercourse initiation. Our results demonstrate differences in sexual initiation when comparing first- and second-generation to third-generation Latina youth. As these youth become more acculturated, they are more likely

to initiate sexual behaviors, including a higher likelihood of initiating oral intercourse by 7th grade and vaginal intercourse by 10th grade. More acculturated families are less likely to hold onto traditional Latino cultural values (Chun & Akutsu, 2003; Lorenzo-Blanco et al., 2013). This relative loss of cultural values may result in a weakening of traditional parenting practices among Latino families and further increase the likelihood that adolescents engage in health risk behaviors (Lorenzo-Blanco et al., 2013; Marsiglia et al., 2014), including early sexual initiation.

Our results also suggest that the immigrant paradox within sexual behaviors is in line with the trajectory of sexual initiation (Song & Halpern-Felsher, 2011). Specifically, among Latinas oral intercourse initiation at 7th grade appears to be a gateway for vaginal intercourse at 10th grade especially in light of the influence of peer norms. The temporal order of sexual initiation under the influence of peer norms is greater among Latinas of third-generation in comparison to those of first- and second-generation. Therefore, communication regarding sexual behaviors among Latina girls should address the importance of oral intercourse initiation under perceptions of peer initiation as a gateway to vaginal intercourse with consideration to acculturation differences across generational status.

Limitations

Foremost, the observational design makes it impossible to prove causation. Also, several measures were adapted and have not been formally validated. In fact, the differential importance of these constructs for girls versus boys may be related to a lack of precision in the assessment of parental monitoring and involvement due to the relatively low internal consistency reliability for these measures. Peer norms were based on reports regarding friends rather than peers within the same age group as used in previous studies. Sexual intercourse initiation by 7th grade or 10th grade did not capture exact age of sexual debut. Due to the low prevalence of any sexual

initiation among Latinas by 7th grade and anal intercourse at any time for either gender, non-significant findings should be interpreted with caution due to low power. It is unknown whether reports of peer norms might reference one's sexual partner among perceived initiators. It should also be noted that migration information for generational status was only captured from the responding parent. Whereas parental and youth gender may interact in relation to youth's partnered sexual initiation across generational status, with only 6% of parents in this study being male, power was not sufficient to support such analysis. Moreover, assessing parental influences only at 5th grade does not account for normative changes that may occur in parenting practices across development from childhood into adolescence.

Future Research

Initiation of sexual intercourse is not in and of itself a sexual risk behavior because the risk for negative outcomes occur only when combined with other behaviors. Sexual intercourse without a condom or while drinking alcohol are examples of sexual risk behaviors, which should be considered in future research. Additionally, future research should examine sexual initiation differences by sexual orientation identity (Mustanski et al., 2014), attractions, and behaviors, which may be relevant for better targeted sexual health education and sexual risk prevention efforts (Prado et al., 2006). Moreover, research should examine why recent generations are different from prior generations and what acculturation processes influence engagement in sexual behaviors in Latino/a youth. For example, Latino gender roles, such as *machismo* and *marianismo*, may be at play in different parenting practices between boys and girls and may be further compounded by acculturation (Allen et al., 2008; Marsiglia et al., 2014).

Implications

This study is, to our knowledge, the first to examine the longitudinal association of generational status and parent and peer factors with subsequent oral, vaginal, and anal intercourse initiation focused on Latino/a adolescents. Once replicated, these findings may guide interventions for sexual risk reduction among Latino/a youth. Parental interventions that promote successful communication and support effective parental practices should be an important component of such interventions. Positive parental efforts should be encouraged during early- to mid-adolescence to mitigate youth engaging in sexual risk behaviors (Huang, Murphy, & Hser, 2011). However, acculturation of Latino/a youth to U.S. norms, which are wide ranging and vary geographically, often leads to a reduction in traditional values such as *familismo* (Chun & Akutsu, 2003), which may operate as a protective mechanism for Latino youth (Marsiglia et al., 2014). Therefore, prevention efforts among Latino/as that include parental monitoring and involvement could be achieved by promoting maintenance of traditional cultural norms related to sexual activity and relationships (Pantin et al., 2004; Sutton et al., 2014).

As one powerful source of influence, peers can have a positive or negative influence on sexual behaviors among adolescents. Programs focused on delaying adolescent sexual initiation and reducing sexual risk should address norms for sexual behavior among adolescents' close friends as well as the potential protection afforded by positive peer relationships. This aim might be achieved in part through peer education, which can develop positive, and often more accurate, group norms, which may in turn promote healthier decisions about sex (Sriranganathan et al., 2010). Moreover, the influence of neighborhood social interaction may emphasize a need for community-level interventions that focus more generally on delaying sexual initiation among Latino/a youth, which has the potential to reduce such negative outcomes as unintended teen pregnancies as well as STIs.

Adolescents' perceptions of sexual activities can also impact their engagement in sexual behaviors. Specifically, adolescents often perceive non-vaginal intercourse such as oral intercourse to not count as sexual initiation, believing that such activities allow retention of virginity (Bersamin et al., 2007). Such perceptions may discount the risks that oral and anal intercourse may carry in spreading STIs. Subsequently, adolescents' sex education should specify different sexual activities, so that they can be aware of the disease risks of non-vaginal intercourse.

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Table 1. Descriptive characteristics for the overall sample in 5th grade ($N = 1,790$) and by gender and generational status

	Overall	Latinas (girls)			Latinos (boys)		
		1 st Gen.	2 nd Gen.	3 rd Gen.	1 st Gen.	2 nd Gen.	3 rd Gen.
^aParental influences							
Monitoring, <i>M (SD)</i>	19.21 (2.35)	19.69 (2.36)	19.77 (2.31)	20.16 (2.10)	19.08 (2.38)	19.20 (2.39)	19.33 (2.60)
Involvement, <i>M (SD)</i>	41.90 (4.24)	42.70 (4.03)	42.38 (4.31)	41.90 (3.86)	41.23 (4.69)	42.09 (4.24)	41.91 (4.00)
Mother nurturance, <i>M (SD)</i>	21.08 (4.19)	21.48 (4.05)	21.65 (4.38)	22.35 (3.93)	19.51 (4.39)	20.49 (3.99)	20.85 (3.92)
Father nurturance, <i>M (SD)</i>	19.26 (4.88)	19.04 (4.90)	18.94 (4.98)	19.57 (4.70)	18.82 (5.23)	19.49 (4.77)	19.74 (4.78)
Peer influences							
^b Low Friendship quality, %	78.7	83.4	77.2	64.1	80.4	84.0	77.6
^c Low Neighborhood social interaction, %	46.9	59.6	42.8	47.1	50.2	43.2	54.5
^d Peer norms of sexual initiation							
7 th Grade, %	18.2	15.5	15.9	20.1	23.5	18.2	25.0
10 th Grade, %	79.0	77.8	76.6	83.5	83.3	77.6	82.2
Parent education level							
Some high school or less, %	57.9	72.3	66.4	24.0	65.9	66.8	23.3
High school diploma/GED, %	18.9	9.32	19.0	29.7	19.4	15.3	26.22
Some college, %	16.3	14.5	10.6	31.8	8.7	12.8	34.5
College degree or more, %	6.9	4.0	3.9	14.5	6.0	5.1	16.0
Household income, per year, Mdn, \$	<25K	<25K	<25K	25K–35K	<25K	<25K	25K–35K
Two- Parent household, %	51.3	54.0	54.9	33.7	58.0	56.4	36.5

Note: Gen., generational status; k, thousand; yr, year.

^aRanges: Monitoring = 1-4; Involvement = 1-6; Mother & Father nurturance = 7-28.

^bLow ≤ Score of 19 or below.

^cLow = No neighborhood acquaintances.

^dPeer norms of sexual initiation indicate the percentage who reported at least 1 friend to have initiated intercourse at the respective time point.

Table 2. Prevalence of oral, vaginal, and anal intercourse initiation by 7th and 10th Grade by demographic and peer variables.

	Latinas (girls) (%)		Latinos (boys) (%)	
	7 th Grade	10 th Grade	7 th grade	10 th Grade
Overall sexual initiation	8.6	27.1	22.2	39.3
Oral	7.2	19.3	20.9	34.4
Vaginal	1.2	21.5	6.6	31.3
Anal	2.3	6.1	9.8	13.4
Generational status	$\chi^2 (2) = 0.13 (p=.000)$	$\chi^2 (2) = 0.10 (p=.005)$	$\chi^2 (2) = 0.56 (p=.17)$	$\chi^2 (2) = 0.04 (p=.48)$
First	3.2 ^a	23.2 ^a	22.1	36.3
Second	8.4 ^b	25.4 ^a	20.8	39.1
Third	14.1 ^c	34.9 ^b	26.7	41.9
Parent education level	$\chi^2 (3) = 0.04 (p=.63)$	$\chi^2 (3) = 0.04 (p=.58)$	$\chi^2 (3) = 0.09 (p=.04)$	$\chi^2 (3) = 0.08 (p=.07)$
Some high school or less	9.1	26.4	22.9	41.1
High school diploma/GED	6.8	25.3	27.2	41.7
Some college	9.9	30.8	17.7	35.3
College degree or more	7.0	29.6	14.1	28.2
Parent composition	$\chi^2 (1) = -0.08 (p=.006)$	$\chi^2 (1) = -0.09 (p=.002)$	$\chi^2 (1) = -0.09 (p=.002)$	$\chi^2 (1) = -0.15 (p=.000)$
Two-parent house	6.3 ^a	23.1 ^a	18.5 ^a	32.3 ^a
Other	10.9 ^b	30.0 ^b	26.3 ^b	47.0 ^b
^dFriendship quality	$\chi^2 (1) = 0.04 (p=.22)$	$\chi^2 (1) = 0.08 (p=.006)$	$\chi^2 (1) = 0.01 (p=.83)$	$\chi^2 (1) = 0.01 (p=.85)$
Low	8.1	25.1 ^a	22.1	39.3
High	10.4	35.5 ^b	22.8	38.6
^eNeighborhood social interaction	$\chi^2 (1) = 0.08 (p=.006)$	$\chi^2 (1) = 0.08 (p=.008)$	$\chi^2 (1) = 0.10 (p=.001)$	$\chi^2 (1) = 0.08 (p=.005)$
Low	6.2 ^a	23.4 ^a	18.1 ^a	34.9 ^a
High	10.8 ^b	30.4 ^b	26.0 ^b	43.1 ^b
^fPeer norms of sexual initiation	$\chi^2 (1) = 0.24 (p=.000)$	$\chi^2 (1) = 0.23 (p=.000)$	$\chi^2 (1) = 0.37 (p=.000)$	$\chi^2 (1) = 0.28 (p=.000)$
None	5.6 ^a	7.7 ^a	14.5 ^a	12.2 ^a
1 or more	23.7 ^b	32.5 ^b	52.4 ^b	46.2 ^b

Note: Prevalences reported for demographic and peer variables represent overall (combined oral, vaginal, and anal) intercourse initiation as weighted percentages.

Bold indicate significant at $p < .05$

^{a,b,c} A different superscript letter denotes categories within a set whose prevalence of sexual initiators differ significantly.

^dLow ≤ 19 ; High ≥ 20 on friendship quality.

^eLow = No neighborhood acquaintances; High = At least 1 neighborhood acquaintance.

^fNone = no friends reported to have initiated sexual intercourse at the respective time point.

Table 3. Logistic regressions (OR and CI) predicting oral, vaginal, and anal intercourse initiation by 7th and 10th grade among Latino/as

	Latinas (girls)		Latinos (boys)	
	7 th Grade	10 th Grade	7 th Grade	10 th Grade
Oral Intercourse Initiation = DV				
<i>Parental influences</i>				
Monitoring	0.61 (.37–1.02)	0.79 (.56–1.12)	1.07 (.81–1.42)	1.15 (.86–1.55)
Involvement	1.03 (.65–1.62)	0.94 (.70–1.27)	0.97 (.75–1.26)	0.78 (.62–.97)*
Mother's nurturance	1.03 (.96–1.11)	1.01 (.95–1.06)	1.02 (.95–1.11)	1.02 (.95–1.08)
Father's nurturance	0.94 (.87–1.01)	0.99 (.95–1.03)	1.01 (.97–1.06)	1.00 (.96–1.04)
<i>Peer influences</i>				
Friendship quality=High ^a	0.99 (.51–1.92)	0.75 (.48–1.15)	0.81 (.47–1.42)	0.77 (.49–1.22)
Neighborhood social=High ^b	0.54 (.29–.99)*	0.62 (.44–.88)**	0.62 (.44–.86)**	0.71 (.50–.99)*
Peer norms=None ^c	0.19 (.10–.39)***	0.25 (.14–.46)***	0.17 (.11–.26)***	0.11 (.06–.21)***
<i>Generational Status</i>				
1 st vs. 3 rd ^a	5.03 (1.63–15.57)**	1.49 (.81–2.77)	1.24 (.76–2.01)	1.32 (.77–2.27)
2 nd vs. 3 rd ^a	2.09 (1.01–4.31)*	1.27 (.84–1.98)	1.33 (.80–2.22)	1.08 (.66–1.75)
Vaginal Intercourse Initiation = DV				
<i>Parental influences</i>				
Monitoring	0.20 (.05–.74)*	1.04 (.76–1.44)	1.04 (.60–1.80)	1.13 (.83–1.53)
Involvement	0.48 (.18–1.28)	0.96 (.73–1.26)	0.50 (.29–.85)**	0.98 (.77–1.24)
Mother's nurturance	0.96 (.79–1.16)	1.02 (.97–1.08)	0.99 (.93–1.06)	1.01 (.95–1.07)
Father's nurturance	0.92 (.79–1.08)	1.00 (.96–1.05)	0.97 (.90–1.05)	1.02 (.97–1.07)
<i>Peer influences</i>				
Friendship quality=High ^a	0.16 (.06–.44)***	0.55 (.32–.94)*	1.88 (.71–4.46)	1.08 (.65–1.80)
Neighborhood social=High ^b	1.38 (.62–3.09)	0.83 (.61–1.12)	0.41 (.21–.82)**	0.66 (.47–.93)*
Peer norms=None ^c	0.92 (.15–5.79)	0.08 (.03–.23)***	0.32 (.08–1.20)	0.11 (.05–.24)***
<i>Generational Status</i>				
1 st vs. 3 rd ^a	1.76 (.21–14.90)	2.83 (1.76–4.55)***	1.07 (.33–3.49)	1.35 (.80–2.28)
2 nd vs. 3 rd ^a	1.36 (.40–4.59)	2.23 (1.42–3.52)***	1.48 (.60–3.68)	1.31 (.90–1.91)
Anal Intercourse Initiation = DV				
<i>Parental influences</i>				
Monitoring	1.55 (.75–3.23)	1.45 (.70–3.00)	1.00 (.69–1.45)	1.20 (.80–1.81)
Involvement	1.03 (.65–1.62)	1.59 (.99–2.55)	0.64 (.43–.97)*	0.70 (.51–.97)*
Mother's nurturance	1.04 (.91–1.19)	1.00 (.93–1.07)	1.03 (.95–1.12)	0.97 (.90–1.05)
Father's nurturance	0.97 (.87–1.07)	1.04 (.95–1.14)	0.98 (.91–1.05)	1.01 (.96–1.07)
<i>Peer influences</i>				
Friendship quality=High ^a	0.67 (.22–2.04)	0.81 (.38–1.71)	1.36 (.62–2.98)	1.15 (.64–2.05)
Neighborhood social=High ^b	0.60 (.24–1.50)	0.64 (.39–1.07)	0.67 (.37–1.21)	0.96 (.66–1.38)
Peer norms=None ^c	0.29 (.11–.72)**	0.25 (.09–.68)**	0.16 (.09–.28)***	0.28 (.13–.60)***

Generational Status

1 st vs. 3 rd ^a	9.32 (.88–98.23)	1.80 (.61–5.26)	1.74 (.65–4.69)	1.74 (.85–3.55)
2 nd vs. 3 rd ^a	1.72 (.60–4.87)	1.48 (.73–3.00)	1.37 (.67–2.82)	1.48 (.83–2.64)

Note: All models controlled for: child age in years at respective grade, parent composition, parent education, and household income.

OR = Odds Ratio. CI = 95% Confidence Interval.

^aReference group: High ≥ 20 on friendship quality.

^bReference group: High = At least 1 neighborhood acquaintance.

^cPeer norms of sexual intercourse initiation: None = no friends were reported by the adolescent to have initiated sexual intercourse at the respective time point.

* $p < .05$, ** $p < .01$, *** $p < .001$