



## Original article

## “Because You’re on Birth Control, It Automatically Makes You Promiscuous or Something”: Latina Women’s Perceptions of Parental Approval to Use Reproductive Health Care

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 A B S T R A C T

**Purpose:** To explore the perceptions of Latina women and healthcare providers about the role of parents in the young women’s access to sexual and reproductive healthcare services.

**Methods:** This qualitative study drew on 11 focus groups conducted with 95 young adult Latina women (ages 18–24 years) and 3 focus groups with 24 health providers recruited from clinics and programs with large Latino client-bases. The data were analyzed using an inductive approach.

**Results:** Young adult Latinas and providers emphasized that parents play an important role in young adults’ access to sexual and reproductive health services. Some young women perceived parental support to access these services while others did not. The primary reason young adult Latinas and providers felt parents did not provide support was due to parental transmission of cultural values and beliefs, specifically: (1) a high value placed on virginity; (2) a presumption that unmarried women are not sexually active and therefore do not require sexual and reproductive health services; and (3) a belief that conversations about sex and reproductive health services encourage sexual activity and promiscuity.

**Conclusions:** Findings suggest that young adult Latinas perceive parents as playing an important role in their sexual and reproductive health seeking behaviors into adulthood. Parents appear to influence their young adult daughters by transmitting the cultural values they have on virginity and *familismo*, which stresses the importance of family, familial solidarity, and adherence to traditional gender roles within the family structure.

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 IMPLICATIONS AND  
 CONTRIBUTION

Young adult Latinas’ perceptions of their parents’ cultural beliefs may play a significant role in their sexual and reproductive health seeking behaviors. This is the first known study to examine parental influences on Latinas’ use of sexual and reproductive health services into adulthood from young women and health providers’ perspectives.

High rates of sexually transmitted diseases (STDs) and unintended pregnancy among Hispanics [1,2], coupled with low rates

of contraceptive use and consistency [3,4], suggest that those in greatest need may not be receiving sexual and reproductive health services (henceforth referred to as reproductive health services). Given that Hispanics represent the largest minority group and account for more than half of the population growth in the United States [5,6], there is a need to better understand the factors that shape their use of reproductive health services.

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There is a particular need to identify these factors among young adult Latinas.<sup>i</sup> Young adults will be a growing age group within the Latino population in the coming years [7], and young adults have high rates of STDs [1] and unintended pregnancies [2,8]. Identifying these factors can shed light on how to improve service delivery and outreach for young adult Latinas, which in turn can improve contraceptive behaviors and lower rates of STDs and unintended pregnancy among this population.

Hispanic young adults have low levels of healthcare access and utilization [9]. The extant literature also identifies factors conceptualized as hindering Latina women's access to reproductive health care, specifically language barriers and lack of health insurance, childcare, and transportation [3,10,11]. In addition, social and cultural factors appear to influence Latinas' health behaviors and use of reproductive health services [12–17]. However, the bulk of research has centered on adolescents, and has focused on cultural influences on sexual behaviors as opposed to the receipt of reproductive health care.

Although scant, the literature identifies factors in the immediate social context that shape adolescent Latinos' access to reproductive services. Parental attitudes about sexual activity and reproductive health services are associated with adolescents' health seeking behaviors and their attitudes toward receiving such services [18,19]. Research also shows that Latino parents typically do not communicate openly about sex or reproductive health with their daughters [20–22]. No known research exists on how or whether parents influence young adult Latinas' access to reproductive health care. However, the cultural value of *familismo*, which stresses the importance of family, familial solidarity, and adherence to traditional gender roles within the family [23,24], along with the importance of parental influences discussed above, suggests that parents may continue to influence Latinas' receipt of services through the transition to adulthood.

Although the emergence into adulthood is typically marked by a period of identity exploration, instability, and a focus on one's self [25], *familismo* may influence young Latinas to continue to emphasize family and familial obligations [26,27] into adulthood. Indeed, many Latinos continue living with their parents into adulthood [28]; therefore, parental influences may persist in their everyday lives. Research suggests that this is especially the case for Latina women [29]. Although the literature providing reproductive health practitioners' perspectives is limited, some practitioners agree that involving parents of young Latinas is key to effectively serving this population [30].

It bears repeating that no known studies have examined whether young adult Latinas perceive their parents to influence their use of reproductive health services. Additionally, none have simultaneously elicited the perspectives of Latina young adult women and the healthcare providers who serve them. Using qualitative data from focus groups conducted in three cities, we explored the perceptions of Latina women (ages 18–24 years) and healthcare providers on the role parents play in young adult Latinas' access to reproductive health services.

## Methods

### Sample

This study drew on data from 14 focus groups, conducted with 119 Latina women and 24 health care providers in three cities across the United States (in the mid-Atlantic, Southwest, and West Coast), each with high concentrations of Latinos. Two of the three cities ranked among the top 10 U.S. cities in terms of size and concentration of Hispanic populations; roughly 10% of the third city's residents were Hispanic.

Of the 14 focus groups, 11 were conducted with young adult Latinas ( $n = 95$ ); six in English and five in Spanish. The women were recruited through clinics (11%) and programs (7%), Web site ads (38%), flyers (24%), and through other means (20%). A screener interview was used to establish eligibility, which included: (1) being aged 18 to 24 years<sup>ii</sup>; (2) self-identifying as Latina; and (3) not planning a pregnancy in the upcoming year.

As Table 1 shows, the majority (77%) of women were 21 years or older. Roughly two thirds (65%) were bilingual, 28% spoke Spanish-only, and six percent spoke English-only. Most women were low-income, with three quarters reporting a family income of less than \$35,000. More than half were never married, and about one third had a high school diploma or less. Although most women had received reproductive health services in the past, in particular pap smears (71%) and pregnancy testing (70%), just slightly over half had received STD testing (55%) or birth control (56%). A small number of women had received prenatal care (36%). Approximately half were foreign-born, of which approximately one quarter had been in the United States for 10 years or less. Reflecting the population make-up of the sampled cities, the majority of participants (53%) were of Mexican origin. The remainder were from Central America (El Salvador or Guatemala) or South America (Bolivia, Ecuador, Peru, or Chile).

The remaining three focus groups (one per city) were conducted with 24 health providers recruited from clinics and programs with large Latino client-bases. Providers included nurses, doctors, case workers, clinic or program directors, front-line staff, community liaisons, and advocates. Half of providers had five or more years of experience in clinic or program settings. No program had more than one staff member in a group.

### Data collection

The behavioral model of health service use guided the development of the semi-structured focus group protocols, which included open-ended questions and targeted probes.<sup>iii</sup> This approach allowed for an examination of multidimensional influences on reproductive health seeking behaviors, from the women and providers' perspectives, at the individual, family, partner, and community levels [31,32]. For example, a section in the protocol included questions to gauge women and providers' perceptions about why Latina young women may access, or not, reproductive health services, while another section examined participants' perceptions about the accessibility of these services in the community.

<sup>i</sup> In Federal data sources, this minority population is typically referred to as Hispanic; unless describing such Federal data, this paper uses the term Latina to describe women from this ethnic background.

<sup>ii</sup> Although we focused recruitment on 18–24-year-olds, we learned during the focus groups that some women were 25 or 26 years old.

<sup>iii</sup> A list of questions is available upon request.

**Table 1**  
Demographic characteristics for the young adult Latina sample

Characteristic	Percent
Age	
18–20 years	23
21–24 years	51
25–26 years	26
Place of birth	
U.S.-born	48
Years in the United States, if foreign-born	
0–3 years	5
5–7 years	11
8–10 years	9
More than 10 years	75
Language spoken at home	
English-only	6
Spanish-only	28
Bilingual (English & Spanish)	65
Family income	
Less than 35K	76
36–55K	14
More than 55K	11
Education	
High school or less	31
Some college or technical degree	55
Bachelor degree or higher	15
Relationship status	
Single, never married	55
Married	16
Cohabiting	23
Other	6
Type of services received	
Pap smear	71
Birth control	56
Pregnancy test	70
STD testing	55
Prenatal care	36

Focus groups lasted 2 to 3 hours and were audio-recorded. Groups were conducted at accessible locations, and women and providers received a \$50 and \$250 cash incentive, respectively, for participating. Demographic information was also collected through a brief questionnaire. Institutional Review Board (IRB) approval was obtained for all study procedures and materials.

### Analysis

After each focus group, a summary was drafted and the audio recording was transcribed (and, when necessary, translated into English). Concurrent to the data collection, study staff held debriefing sessions during which preliminary themes were identified; this allowed unexpected themes to be included in subsequent focus group protocols and also shaped the development of an initial coding scheme. The initial coding scheme was subsequently updated and refined using an iterative approach of open, axial, and selective coding [33]. When data collection ended, staff engaged in a collective and individual process of open coding, an inductive approach to qualitative analyses that allowed codes or themes that were unanticipated—but critical to our analysis—to emerge. When a finding emerged, we employed axial coding to analyze interconnections between study themes to help tell the “story” [34,35]. Finally, we employed selective coding to generate core concepts or ideas about the emergent themes. Data were coded and analyzed using NVIVO 8 (QSR International Pty Ltd, Doncaster, Australia).

### Results

#### *For young adult Latinas, parents still matter when it comes to reproductive health seeking behavior*

Across the focus groups, young adult Latinas and providers perceived parents (especially mothers) as playing an important role in young women’s access to reproductive health services. Surprisingly, focus group discussions often focused on the role parents, rather than partners or peers, played in young women’s utilization of services. Both women and providers perceived parents as either supporting or discouraging young women’s access to services. The primary way in which women and providers felt parents influenced service utilization was through the transmission of parental values and attitudes about reproductive health services. These findings are described in more detail below.

*Some young women perceived parental support for their reproductive health seeking behaviors.* Although not a prevailing theme, some young Latinas and providers described parents who played a supportive role in their daughters’ use of services. For instance, some women reported that their mothers were actively involved in their access to reproductive health care. A Spanish-speaking Latina from the mid-Atlantic region described her mother as “very open about this topic,” noting that “it was her that took me to the clinic the first time to see if I was okay, how things were, if I needed [birth control] pills. It was my mom who went with me to do everything.” A few providers gave similar examples of Latino parents who helped connect their daughters to services.

Other young women described parents who, although not actively involved, still encouraged them to use services. For example, one English-speaking Latina in the West Coast region said, “[My mother] was really open because I think, like she had a child so young that she was just like, ‘I don’t want you to do this and I want you to have a life.’ So I was just totally open about everything with my mom.”

*Young women cited a few reasons for receiving support from their parents.* As seen above, some women attributed parental support to parents’ not wanting their daughters to face the challenges they had, particularly early parenthood. Some women also thought parents supported their access to services so they could pursue their goals (especially educational) before becoming a parent. Yet other young women attributed parental support to the fact that they were already mothers, believing that parents supported their decision to use family planning services until they were “ready” for more children. Key among those who perceived parental approval was a parental recognition, and perhaps even acceptance, that they were sexually active.

*Most women did not perceive parental support for their reproductive health seeking behaviors.* The prevailing theme across and within the groups was that participants did not perceive Latino parents to be supportive of their daughters seeking reproductive health services.

Women who used reproductive health services but did not perceive parental support lived in fear of parents discovering their access to services; indeed, most women in this category went to great lengths to hide their use of services. One English-speaking woman from the West Coast explained she would *not* go to the clinic closest to her house because “someone would see

me and tell my mom.” Instead, she would make up medical excuses to go to a hospital elsewhere in the city and seek services there.

Even when assured of confidentiality, young Latinas still feared that their parents would learn of their clinic visits. Explaining why many young adults provided false contact information, one English-speaking Latina in the mid-Atlantic region stated, “It’s too much risk to entrust [clinics] with [personal] information. ... You can tell me until you are blue in the face that my parents aren’t gonna know. I’m still gonna put another person’s last name [down].” Other women across the groups expressed a similar distrust that their personal information would remain confidential. Women also worried that parents would discover their use of services through a reminder message or bill from the clinic, or through the family’s doctor. Some women opted not to use their parents’ health insurance to cover reproductive health services out of fear that their parents might learn they had used these services. Others disposed of pamphlets or other clinic materials to keep parents from discovering they were accessing services. As one provider from the West Coast explained:

[Latina women] would purposely throw [informational material] away after they read it because they can’t go home with it. It can’t be found. If [the parents] find something from the clinic: “What were you doing at the clinic? Where did you get this? When did you go there? You didn’t tell me! I didn’t take you! Why are you going there?”

Several young women also described hiding contraception from their parents. As one English-speaking West Coast Latina noted, “I had to hide my patch forever... so yeah, it’s not that easy [to access services].”

Fear of parents’ judgment persisted even when women no longer lived at home. One West Coast provider shared the story of a college-aged client who left her birth control in her dorm room when she went home for the weekend, and then took three pills upon returning. Other providers gave examples of Latino parents physically interfering with their daughters’ receipt of services. For example, a provider from the West Coast reported, “a lot of moms... see our Fam PACT card [which provides free family planning services]... [and] they throw it away. And then they throw away... birth control pills or a cream for a UTI [urinary tract infection] or whatever.”

#### *Women thought Latino parents disapproved of their daughters’ access to reproductive health services for three reasons*

Young women and providers thought parents did not approve of their daughters’ reproductive health-seeking behaviors because of cultural beliefs and values regarding sex, including: (1) a high value placed on virginity; (2) a presumption that unmarried women are not sexually active and therefore do not require reproductive health services; and (3) a belief that conversations about reproductive health encourage sexual activity and promiscuity.

*Young adult Latinas thought that Latino parents frown upon premarital sex.* Young women across the groups reported that their parents regularly stressed the importance of postponing sex until marriage. As an English-speaking woman from the mid-Atlantic region put it, “In order to be the ultimate female you have to be, you know, the little virgin.” An English-speaking West

Coast Latina echoed this sentiment, saying, “Latina moms... they tell you, ‘Don’t have sex. Wait until you’re married.’” Other young women reported that their premarital sexual activity would bring deep disappointment to their families.

*Women across the groups felt that parents think reproductive health services are just for pregnant or promiscuous women.* The cultural emphasis on virginity was underscored in the explicit and implicit messages that parents gave daughters about accessing reproductive care. One English-speaking Latina from the Southwest summed up the experiences of many by stating that parents “just don’t approve of birth control or they feel like... because you’re on birth control... [it] automatically makes you promiscuous or something.” Several women explained that parents viewed being sexually active, as well as seeking out reproductive services, as “dirty” or “shameful.” As an English-speaking mid-Atlantic Latina put it, “Hispanic mothers still feel like [getting services] is dirty. Like they want you to make sure you are clean, they don’t want you to have sex.”

*Women and providers thought that parents believe discussing sexual and reproductive health services may encourage sexual activity.* As one English-speaking West Coast Latina said, “[Parents] think that by giving you the right information for how to prevent [pregnancy], they think they are pushing you to [have sex].” Similarly, an English-speaking West Coast woman shared that her father strongly disapproved of her seeking services, warning her mother, “They are going to put bad ideas into her head! She is going to want to have sex more.” Providers’ statements echoed these young women. As one provider from the Southwest asserted, “I think a lot of families... don’t want to have these conversations because they feel like it’s permission. [Parents] feel like if they talk about their [daughters’] choices, they’re actually giving them permission to take those choices.”

*Because of generational and cultural differences, parents’ and daughters’ beliefs and experiences were not always aligned.* While parental beliefs shaped young Latinas reproductive health-seeking behaviors, this was also the case when women perceived a mismatch between their beliefs and their parents’. Women and providers highlighted that parents and daughters often differed in their beliefs about accessing services. According to both providers and women, young women still wanted to please their parents even if their attitudes and values did not align. Some young women believed they could please their parents by leading them to believe that they were still virgins, whether that was the case or not, by either not accessing services or hiding access from their parents.

A desire to please parents, as well as the reality that many young women were sexually active, made open communication about reproductive health particularly difficult. A Spanish-speaking West Coast Latina illustrated this point when she explained why she could not speak to her mom about reproductive services. “If I say something, she is going to say ‘you shouldn’t be doing that.’ So how can I talk to her? So I prefer to go to people that understand where I’m coming from, [people] that can help me.” Other women stressed how challenging it was to communicate with parents because they did not want to upset them. As a Spanish-speaking Latina from the Southwest put it:

It’s the morals that your parents have instilled in you in the past. And because of this... we don’t talk to them [about this]

because they have taught us those morals of respect. And for this you are scared, or [maybe] not scared, but you just don't want to let down your parents.

Providers also spoke about both generational and acculturation differences. As one provider from the West Coast put it:

The conflict that happens within the Latino community with first, second, and third generations, because mothers might have certain ideas of what access to reproductive [services] is to them. When maybe young girls who, maybe, were raised in Mexico and then they are brought here when they are teens, they have this culture clash. And it's a whole different situation than those girls who are born here in the U.S. and have all of these like traditional messages from their families.

## Discussion

This study explored the perceptions of young adult Latina women and healthcare providers regarding the role of parents in Latinas' access to reproductive health services. Although some perceived parental support to access these services, the majority did not. Despite having entered adulthood and being legally independent, young women's perceptions of parental support appeared to shape their reproductive health seeking behaviors. Those who perceived a lack of support took steps to hide their receipt of services from their parents, if they sought such services. In contrast, those who perceived support accessed services freely and without fear, and appeared to appreciate their ability to turn to their parents for advice and support.

The cultural principle of *familismo* may help explain why so many young women reported that parental values shaped their own use of reproductive health services. *Familismo* emphasizes that loyalty to family takes precedence over individual needs. As observed in the present study, *familismo* seemed to influence young adult Latinas' view of their parents as authority figures, and consequently led many to take into account parental approval in the reproductive health choices they made. Parents, regardless of where they fell in the acceptance of services, influenced how their daughters sought care. The cultural value placed on young women's virginity seemed to drive the perceived lack of parental support. Nonetheless, some women perceived parental support, and described parents who understood and accepted their sexual activity.

Although influenced by Latino culture, the lives of young Latina women in the United States are also embedded in the larger American cultural context. This larger context conflicts with the Latino culture in that it encourages individualism, is more accepting of premarital sex, and is more open to young and unmarried women using reproductive health services. For Latina women coming into their own sexual identity, these clashing cultural expectations appeared to be a source of confusion and stress and these women coped by hiding their receipt of services to avoid disappointing their parents. Although the young women in this study followed the American leniency regarding premarital sex, their parents' negative perceptions of reproductive health services shaped their reproductive health seeking behaviors. These results highlight an internal struggle that young Latina women seemed to go through when accessing reproductive health services against the will of their families.

Although this study provided some insight on how parents may influence young Latina women's access to reproductive

health services, it is important to note that this study did not directly examine parents' perspectives. It may be that the young women in our focus groups held inaccurate perceptions of parents' views. Future research directly exploring parental perspectives is needed. Another limitation to this study is that it included a relatively small, nonrandomized sample, drawn from just three cities. Given the heterogeneity among Latinos, findings in this study may not be generalizable to other Latinas in these regions, let alone to a nationally representative sample. Thus, findings in the study are exploratory and should be interpreted with caution. Nonetheless, this study is the first of its kind, and it draws attention to the role of parents and culture in the reproductive health-seeking behaviors of young adult Latina women.

Our findings also generate ideas on how to improve reproductive health service delivery for this population. A good starting point would be for providers to clearly explain privacy and confidentiality policies to Latina clients to help alleviate their fears or concerns. However, our data also suggest that effective policies may do little to alleviate the concerns of some young women. Many Latinas in our groups expressed concerns about their family members finding out about their access to reproductive health services. As a result, clinics serving young Latinas may need to consider alternative ways to follow-up with women (e.g., via personal e-mail, phone, or text) and bill for services (e.g., offering same day payments, or the option to pay later in person or electronically) in order to prevent parents from learning about service utilization. These suggestions may apply to other groups of women who perceive that their parents would not approve of their receipt of services.

Finally, our findings suggest implications for the Affordable Care Act's expansion of health coverage to young adults through the age of 26 under their parents' health insurance, as well as the coverage for preventative reproductive care and birth control [36]. Although these expansions will likely benefit many Latinas, use of these benefits for reproductive health care may be limited among those who fear parents learning of their receipt of services. Again, the extent to which this could be addressed through changes in billing and follow-up may be useful in increasing use and access among this population [37].

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