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Effects of Sexual Expectancies on Early Sexualized Behavior Among Urban Minority Youth

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Abstract

This study examines the effects of different types of sexual expectancies on early sexual behavior among racial/ethnic minority young adolescents. African American and Latino participants between 11 and 13 years old were recruited through schools and community-based agencies in the South Bronx, New York ($N = 223$). Multiple logistic regression analyses were used to predict early sexual behavior outcomes, which include engagement in sexual possibility situations, kissing, and sexual touching. The moderating effect of gender was examined using multiplicative interaction terms. Higher expectations categorized as *personal/parental* and *romantic/peer* expectancies related to the negative consequences of sexual intercourse decreased the odds of engagement in early sexual behavior; whereas higher *academic/career* and *sexual health* expectancies did not. Gender moderated the relationships between personal/parental expectancies and engagement in sexual possibility situations and romantic/peer expectancies and kissing. Social workers formulating sexual health promotion and HIV prevention programs for racial/ethnic minority young adolescents should focus on personal/parental and romantic/peer expectancies in favor of negative expectancies regarding academic/career achievement, pregnancy, and HIV. Social work interventions to delay sexual debut should include a family-based component and should be sensitive to gender differences in sexual expectancies.

Keywords

Adolescent Behavior; Sexual Behavior; Outcome Expectancies; Minority Health

According to the most recent Youth Risk Behavior Surveillance data, 46% of high school students have had sexual intercourse, with 14% of these students engaging in sexual intercourse with multiple partners during their lifetime and nearly 6% having had intercourse before the age of 13 (Centers for Disease Control and Prevention [CDC], 2010). Social work research has suggested that early sexual behaviors, including heavy kissing and sexual groping, may set the stage for increasing sexualized activities that can lead to penetrative sex (Smith, 1997). Early sexual debut is linked to subsequent risk behavior, such as increased numbers of sexual partners and sexual intercourse under the influence of alcohol (Sandfort, Orr, Hirsch, & Santelli, 2008). The risk of unintended pregnancies and sexually transmitted infections (STIs) is higher among those with an early sexual debut (Kaestle, Halpern, Miller, & Ford, 2005).

Racial/ethnic minority youth are at particularly high risk for STI and HIV infection due, in part, to earlier initiation of sexual intercourse and increased number of sexual partners (Villarruel, Jemmott, & Jemmott, 2006; O'Donnell, O'Donnell, & Stueve, 2001). Research examining racial/ethnic differences in sexual debut indicated the probability of sexual debut before the age of 17 years was greatest for African Americans (74% females; 82% males) and Latinos (59% females; 69% males; Cavazos-Rehg et al., 2009). Moreover, the prevalence rate of HIV and other STIs has substantially increased among Latinos and African Americans in recent years and pregnancy and STIs are also leading causes of morbidity and mortality among youth in the United States (CDC, 2010).

Adolescent sexual behavior must be considered within a developmental framework that is sensitive to the normative aspects of early sexual exploration. Adolescence is a time of increasing self-discovery, which is largely a function of the physical and cognitive changes related to sexual development happening at that time (Erikson, 1963). Although curiosity and exploration are a normal part of early adolescence, sexual behaviors may place adolescents at risk for a range of negative health consequences (Feldman & Middleman, 2002). Therefore, researchers have been especially interested in the cognitive processes of adolescents related to sexual decision making (O'Sullivan & Brooks-Gunn, 2004; Ott & Pfeiffer, 2009). For example, social work research has demonstrated that both higher levels of sexual knowledge and lower levels of prejudice against individuals with HIV are associated with abstinence (Davis, Sloan, MacMaster, & Kilbourne, 2007). Another cognitive process that has been given some attention in the literature on adolescent sexual development is expectancies related to sexual behavior.

Sexual Expectancies and Sexual Behavior

In social cognitive theory (Bandura, 1986), an individual who expects the outcome of a behavior to be positive is more likely to engage in and master that behavior than a person who holds negative expectations about that behavior. The extant literature has suggested adolescents are driven by their perceptions of the positive benefits associated with behavior, rather than knowledge of the costs behavior (Nicoletti & Taussig, 2006). Outcome expectancy models have been used to assess a vast array of risky behaviors including smoking (Anderson, Pollack, & Wetter, 2002), drinking (Fromme & D'Amico, 2000), and sex (Bersamin, Walker, Fisher, & Grube, 2006; Guilamo-Ramos et al., 2007). With some exceptions (Bersamin et al., 2006), the research on expectancies and sexual behavior has shown adolescents' positive expectancies are more predictive of both behavioral intentions

and actual sexual behavior than negative expectancies. This result holds true for racial/ethnic minority youth (Guilamo-Ramos et al., 2007; Parsons, Halkitis, Bimbi, & Borkowski, 2000), highlighting the importance of measuring the perceived positive outcomes of sexual behavior (e.g., popularity with friends, feeling more grown up) as well as the negative outcomes associated with sexual behavior (e.g., pregnancy, STIs).

Research on sexual expectancies among adolescents has also focused on gender differences in sexual expectancies. An early study, which sought to compare costs and benefits of sexual intercourse among sexually active and sexually non-active students in Grades 7 to 12 in a rural setting, found that female students perceived greater costs and fewer benefits associated with sexual behavior than their male counterparts (Small, Silverberg, & Kerns, 1993). More recent studies have also demonstrated gender differences in sexual expectancies between males and females in urban settings. For example, a study of perceived consequences of engaging in oral and vaginal sex among public high school students in California found that males were more likely to report positive consequences of sexual intercourse (e.g., feeling good about themselves, experiencing popularity) than females, who were more likely to report negative consequences (e.g., feeling badly about themselves, feeling used) than males (Brady & Halpern-Felsher, 2007). Another study of middle-school youth in New York City showed that, on a range of sexual expectancy items (both positive and negative), male students had higher mean scores than their female counterparts in the direction favoring increased sexual behavior for boys (Guilamo-Ramos et al., 2007).

In general, studies that seek to link outcome expectancies to sexual behavior have focused on advanced sexual behaviors, such as oral, vaginal, and anal sex (Bersamin et al., 2006; Brady & Halpern-Felsher, 2007). However, research has demonstrated the need for attention to early adolescent sexuality (Couchenour & Chrisman, 1996; Schaalma, Abraham, Gillmore, & Kok, 2004), including sexual-possibility situations, which give adolescents the opportunity to engage in sexual behaviors (Paikoff, 1995; Buhi & Goodson, 2007). Researchers have demonstrated that young people become curious about their sexual identity before 13 years of age (Couchenour & Chrisman, 1996). This early curiosity and age-appropriate experimentation are normative; however, if experimentation elevates to risky sexual behaviors, young people may be exposed to potentially negative outcomes. Consequently, researchers have advocated for early, developmentally appropriate interventions to prevent sexual risk behaviors (Bersamin et al., 2006; Kirby, Laris, & Roller, 2007). To aid in the development of such intervention programs, research on early adolescent sexual behavior must be prioritized. In the United States, many adolescents begin learning about sexuality and sexual behavior during their middle school years (Seidman & French, 1997). Although outcome expectancies are an important factor associated with sexual behavior, little research exists linking sexual outcome expectancies to early sexual behaviors, particularly among racial/ethnic minority youth.

The present study sought to answer the following research questions: (a) Do higher expectancies regarding the potential negative consequences of sexual intercourse decrease the odds of engaging in early sexual behaviors among urban racial/ethnic minority youth? (b) Do the odds of engaging in early sexual behaviors associated with sexual expectancies differ by gender among urban racial/ethnic minority youth?

Method

Participants and Procedures

The respondents for the present study were recruited as part of a federally funded study designed to train urban parents to deliver an empirically based HIV prevention program.

African American and Latino youth between the ages of 11 and 13 years were recruited from five schools in the South Bronx, New York City through parent-teacher conference nights, parent association meetings, and stations set up before and after school. During the summer months when many schools were closed, recruitment expanded to local churches and recreation centers. Trained coordinators first consented parents and then obtained assent from youth. This study was approved by the Institutional Review Board at Mount Sinai School of Medicine to safeguard the rights of human participants.

Self-administered questionnaires were given to all participants. In total, 267 sixth and seventh graders completed the baseline assessment. The present analysis includes 223 of those young people who provided complete data on age, gender, and race/ethnicity variables. Baseline assessment data were used for the present project because those data represented early adolescents' expectancies about sex before engagement in the multi-series sexual risk prevention intervention program. Of the final analytic sample, ($N = 223$), 55% of respondents were female ($n = 123$). The majority of respondents (64%) were of Latino ethnicity ($n = 142$) and the mean age for all participants was 12 years ($SD = 0.73$).

Measures

Sexual Expectancies—The study questionnaire included 14 items that measured expectancies about engaging in sexual intercourse. These expectancy items were based on early social cognitive HIV intervention research conducted with Black adolescent females in urban settings (Jemmott, Jemmott, Spears, Hewitt, & Cruz-Collins, 1992). In this research, outcome expectancies focused on condom use were developed, which grouped expectancies into categories associated with pleasure ($\alpha = 0.79-0.82$) and prevention ($\alpha = 0.56-0.94$). For the present research, these items were reviewed by parents, adolescents, and Community Collaborative Board members from the neighborhoods in which our study was conducted. Supplementary qualitative interviews with young people and their parents solicited both positive and negative outcomes that might result from engaging in sexual intercourse. These self-reported items asked respondents to rate their agreement level to a series of sexual expectancy statements using a 5-point scale (1 = *disagree strongly*, 2 = *disagree*, 3 = *in the middle*, 4 = *agree*, and 5 = *agree strongly*).

Exploratory factor analysis using principal component analysis with varimax rotation was conducted on the 14 outcome expectancy items (Table 1). We created scale scores by taking the means of each of these expectancy factors. In creating scales, all sexual expectancy items were recoded so that higher scores indicated expectations of greater negative consequences resulting from sexual behavior. Cronbach's alpha for the overall scale was 0.75, indicating acceptable internal consistency. The first factor included seven items describing expectancies related to personal feelings about virginity and perceived parental reactions to sexual intercourse; this factor was therefore labeled *personal/parental expectancies* ($\alpha=0.81$). Three items loaded on to Factor 2; these items were related to consequences of sexual intercourse on romantic relationships and social status with peers. This factor was labeled *romantic/peer expectancies* ($\alpha=0.76$). Two items loaded on Factor 3; these items were related to negative consequences to individuals' academic attainment (e.g., graduating from high school) and career plans. This factor was named *academic/career* ($\alpha=0.84$). The factor analysis was repeated within gender to ensure a stable factor structure across the sample. Two of the items had a factor loading above 0.4 on more than one item in the factor analysis when stratified by gender: "I am likely to get pregnant (get a girl pregnancy) if I have sex" and "I am likely to get AIDS if I have sex." As a result, these items were treated as individual variables in subsequent analyses. None of the factors was significantly intercorrelated with any other factor at the 0.05 alpha level, indicating that these factors represented unique constructs.

Sexual Behaviors—In addition to early adolescents' sexual expectancies, we assessed three types of sexual behaviors as primary outcomes: (a) sexual-possibility situations, (b) kissing in a romantic or sexy way, and (c) sexual touching. We decided to keep these outcomes separate (rather than combining them into a composite index) because we wanted to understand the effects of specific sexual expectancies on each early sexual behavior. In addition, other types of advanced sexual behaviors were assessed through questions regarding giving or receiving oral sex and engaging in sexual intercourse. Participants were given descriptions of each of these sexual behaviors and were then asked if they had engaged in each of these behaviors. Each of these items was scored dichotomously (*No* = 0, *Yes* = 1).

Sexual possibility situations: Experiencing a situation with sexual possibility was assessed using seven questions about having ever spent time with other young people without parental supervision under various circumstances (e.g., “Are you ever together with boys and girls, without any grown-ups, inside a private place?” “Are you ever together with boys and girls, without any grown-ups in the evening?”). Dichotomous responses to these questions were then compiled in a single, dichotomously scored item representing whether the young person had ever experienced a sexual-possibility situation (*No* = 0, *Yes* = 1).

Kissing in a romantic or sexy way: This construct was assessed through two gender-specific questions (“Have you ever kissed a girl in a romantic or sexy way?” and “Have you ever kissed a boy in a romantic or sexy way?”), which were combined into one dichotomously scored item reflecting the behavior (*No* = 0, *Yes* = 1).

Sexual touching: Touching was assessed through four dichotomously scored items reflecting varying degrees of gender-specific touching or having been touched sexually (e.g., “Have you ever touched a boy's private parts?” “Has a girl ever touched or rubbed your private parts under your clothes?”). These items were then compiled into one dichotomously scored item reflecting having ever engaged in any type of sexual touching (*No* = 0, *Yes* = 1).

Covariates—Demographic information was gathered through a series of individual questions on age, race/ethnicity, religious affiliation, and birthplace. Two measures were used to assess knowledge and beliefs of participants: (a) sexual health knowledge, and (b) prejudice toward individuals with HIV. Sexual health knowledge was represented by the sum of correct answers to a series of 20 questions about pregnancy and HIV (e.g., “A girl can get pregnant by sleeping in the same bed with a boy,” “You can look at a person and tell if they are infected with HIV”). Prejudice toward individuals with HIV was measured by the sum of three items reflecting an individual's feelings about people infected with HIV/AIDS (e.g., “A child with AIDS should have the right to go to my school”).

Data Analysis

The Statistical Package for the Social Sciences version 15 (SPSS, 2007) was used to conduct all analyses for the present study. Once expectancy factors were established, factor-specific scales were created by computing the mean of all items that loaded on the given factor. Standardized scale scores were entered simultaneously into multiple logistic regression models predicting each of the outcome variables. Covariates were introduced to adjust for gender, race/ethnicity, age, and sexual knowledge and beliefs. Interaction terms between standardized scale scores and gender were created and tested individually in each of the models. To create interaction terms, each factor was multiplied by the dichotomously scored gender item. These interaction terms were entered into the multiple logistic regression models. Our a priori alpha was 0.05, but we chose to retain theoretically important effects

where $p < 0.10$. These interactions were then graphed by gender group to illustrate differential gender effects.

Results

About half of all respondents (54%) reported that they had experienced a sexual-possibility situation. Statistically significant differences in having kissed in a romantic or sexy way were observed between male and female respondents, with 56% of males reporting having kissed in a romantic or sexy way compared with 34% of females ($\chi^2(1) = 10.07, p < 0.05$), which was a statistically significant gender difference. Statistically significant differences were also found by gender regarding all types of sexual touching, with males scoring consistently higher on all four individual touching items. Approximately, 37% of males reported any type of sexual touching compared with 10% of females ($\chi^2(1) = 20.86, p < 0.05$). Low base rates of oral sex and sexual intercourse were present in the study sample and precluded further analysis. See Table 2 for descriptive statistics.

Regression Analysis

Multivariate logistic regression analysis was used to determine whether the sexual expectancy factors were related to early sexualized behaviors. All three factors were entered into the logistic regression models simultaneously with the two items describing pregnancy and HIV/AIDS expectancies. The overall model predicting engagement in sexual-possibility situations was significant ($\chi^2(6) = 45.225, p < 0.001$) and showed good fit (Hosmer and Lemeshow $\chi^2(8) = 5.889, ns$). The model predicted 25% of the variance in sexual possibility situations. Higher scores on the personal/parental factor and the romantic/peer factor both decreased the odds of engaging in sexual possibility situations (personal/parental, OR = 0.410, $p < 0.001$; romantic/peer, OR = 0.687, $p < 0.05$). Females were no more likely to engage in sexual possibility situations than males; however, the main effect of the personal/parental factor was qualified by a nearly significant two-way interaction with gender (OR = 1.466, $p = 0.05$), such that the protective effect of personal/parental expectancies was more pronounced for males than for females. Logistic regression results for the sexual possibility situation outcome are presented in Table 3; the interaction effect is depicted in Figure 1.

The overall model predicting kissing was significant ($\chi^2(5) = 43.422, p < 0.001$) and showed good fit (Hosmer and Lemeshow $\chi^2(8) = 11.413, ns$). The model predicted 26% of the variance in kissing. Higher scores on the personal/parental expectancies decreased the odds of kissing (OR = 0.378, $p < 0.001$). Although romantic/peer expectancies did not significantly increase or decrease the odds of kissing, a significant interaction between gender and romantic/peer expectancies was present (OR = 0.915, $p < 0.05$). For males, as expectancies of negative romantic/peer consequences increased, the likelihood of kissing increased. For females, as negative romantic/peer expectancies increased, the likelihood of kissing decreased. In this model, race/ethnicity was nearly significant, with African American respondents slightly less likely to engage in kissing than their Latino counterparts (OR = 0.696, $p = 0.054$). Logistic regression results for the kissing outcome are presented in Table 4; the interaction effect is depicted in Figure 2.

Finally, the overall model predicting sexual touching was significant ($\chi^2(3) = 37.554, p < 0.001$) and showed good fit (Hosmer and Lemeshow $\chi^2(8) = 11.998, ns$). The model predicted 26% of the variance in sexual touching. Both personal/parental expectancies (OR = 0.463, $p < 0.001$) and romantic/peer expectancies (OR = 0.617, $p < 0.001$) significantly decreased the odds of sexual touching. As personal/parental expectancies and romantic/peer expectancies increased, the likelihood of engaging in sexual touching decreased. There were no statistically significant interaction effects between gender and either personal/parental expectancies or romantic/peer expectancies; however, there was a statistically significant

main effect of gender on sexual touching. The odds of female participants engaging in sexual touching were 40% lower than the odds of male participants engaging in sexual touching.

Discussion

The present study sought to understand the association between sexual expectancies and sexual behaviors that may set the stage for advanced sexual risk taking among urban racial/ethnic minority youth. Although sexual exploration is normative among youth, it is often predictive of early sexual debut and more advanced sexual risk behavior (Sandfort et al., 2008). Isolating key expectancy factors associated with sexual behaviors is important because it can inform targeted and developmentally appropriate intervention programs. The three factors that emerged represent constructs that are often the focus of intervention programs to delay or reduce sexual behaviors among adolescents: personal/parental expectancies, romantic/peer expectancies, and academic/career expectancies. To highlight the importance of each of these factors, the discussion is divided accordingly.

Personal/Parental Expectancies

Higher personal/parental expectancies were associated with decreased odds of all three early sexual behavior outcomes. The participants in the present research were between 11 and 13 years of age, a time when early adolescents are actively undergoing identity exploration and development (Erikson, 1963; Moore & Rosenthal, 2006; Newman & Newman, 2009), including sexual identity development and related behavior. However, even though early adolescents are grappling with personal expectancies related to sexual debut and behavior, they remain emotionally connected to their parents and family systems (Lieberman, Gray, Wier, Fiorentino, & Maloney, 2000), and may also possess clear parental expectancies for sexual behavior that overlap with their own personal expectancies. In addition, a vast literature exists on parental factors that influence sexual behavior, including communication (Huebner & Howell, 2003; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Whitaker & Miller, 2000) and monitoring and supervision (Borawski, Ievers-Landis, Lovegreen, & Trapl, 2003; DiClemente et al., 2001). Our findings indicate the salience of personal/parental expectancies in predicting engagement in sexual-possibility situations, kissing, and sexual touching for racial/ethnic minority adolescents.

Findings from the current study reinforce the active role that parents must take in shaping early adolescent sexual expectancies to delay and reduce sexual behavior. Some research has identified the prevalence of authoritative parenting styles in underserved and marginalized communities where parents may be overprotective and intensely monitor youth (Finkelstein, Donnenberg, & Martinovich, 2001). The importance of parental expectancies in predicting early sexualized behaviors may be a function of both normative developmental processes and cultural standards of the communities studied. Further research should be conducted to elucidate these differences, especially with regard to gender given the interaction effect detected in the relationship between personal/parental expectancies and sexual possibility situations.

Romantic/Peer Expectancies

Higher romantic/peer expectancies (reverse coded) also decreased the odds of engagement in all three sexualized behavior outcomes. The importance of peer influence has been documented in the extant literature (Stanton et al., 2002) and is developmentally appropriate for the youth in our study. Early adolescence is a time during which young people are transitioning from a social world centered on family to a broader social sphere that encompasses peers. Our findings are consistent with recent research linking peer influence

to a range of adolescent risk behaviors, including cigarette smoking (Hoffman, Monge, Chou, & Valente, 2007), alcohol use (Nash, McQueen, & Bray, 2005) and sexual behavior (Prinstein, Meade, & Cohen, 2003). For the kissing outcome, there was a full cross-over interaction by gender: As romantic/peer expectancies increased, the odds of kissing decreased for girls but increased for boys. This result may be indicative of differences in social pressures for girls and boys during this developmental stage. For girls, social sanction, including loss of popularity, may be a powerful deterrent to engaging in sexualized behavior. For boys, behaving contrary to peer expectations may be associated with perceptions of rebellion and masculinity. This notion has yet to be explored in the literature and warrants further exploration on the effect of gender differences on romantic/peer expectancies on early sexualized behavior.

Academic/Career and Sexual Health Expectancies

Other expectancy factors, including academic/career expectancies and individual sexual health expectancy items (i.e., pregnancy, HIV/AIDS) did not significantly predict the odds of engagement in early sexualized behaviors. In the present study, these factors appear to be less important for early adolescents than expectancies related to personal, parental, and peer values. Previous studies have demonstrated that expectancies related to pregnancy and sexually transmitted infections are less relevant to youth than those focused on the positive physical, social, and emotional advantages of having sex (Guilamo-Ramos et al., 2007). Our findings, coupled with this previous research, have significant implications for intervention. Social workers engaging families in discussions regarding sexual intercourse may want to focus attention on the perceived positive aspects of sex. For example, discussions regarding popularity and closeness to romantic partners may be more impactful to young adolescents than discussions related to pregnancy and academic achievement.

Limitations

A major limitation of the present study is the lack of random sampling of participants, which prevents results from being generalized beyond the sample. Youth in our study, who were recruited for a family-based intervention program, may be more attuned to family expectancies than youth who are less inclined to participate in such interventions. The present study also relies on self-reported sexual behavior, which may represent over- or under-reporting of sexual behaviors. Steps were taken to maximize truthful responding among participants, such as ensuring anonymity; however, reporting bias may still be present. In addition, the measure of sexual-possibility situations assumes that adult presence indicates less risk for young people, which is not always the case. Data were cross-sectional, thus logistic regression results should be viewed as associations rather than predictions. Longitudinal research to identify specific pathways and patterns between expectancies and sexual risk behavior is needed.

Conclusion

Despite limitations, the present study has significant implications for social work research and practice. Our findings support the provision of early sexual education that focuses on family communication between parents and children, as has been advocated by others (Guilamo-Ramos et al., 2010). Research on parental involvement in sex education has highlighted parents' uncertainty and embarrassment when it comes to communicating with their children about sex, and their need for access to support and information in school and health settings (Walker, 2001). Social workers practice in a variety of settings with families, including schools, community centers, and child welfare and mental health agencies. As a result, social workers can provide support to parents and adolescents in a variety of ways—through assessing parents' comfort and capability of addressing sexual health with their children, introducing empirical research on sexual education for adolescents to colleagues

who may teach sex education courses, and through open and supportive conversations about sex with adolescents.

When social workers communicate with adolescents directly, these conversations may be especially effective if focused on soliciting adolescents' expectancies about sex. For young racial/ethnic minority adolescents, consequences of sexual intercourse (e.g., STI/HIV transmission, pregnancy, failure to achieve academic and career goals) may be less important than perceived positive consequences of sex (e.g., popularity, closeness with a romantic partner). Although encouraging adolescents to think about the potential negative consequences of sexual intercourse is an important part of a holistic approach to sex education, it is possible that emphasis on these negative outcomes should be secondary to understanding the salience of social and emotional consequences of sex for young people.

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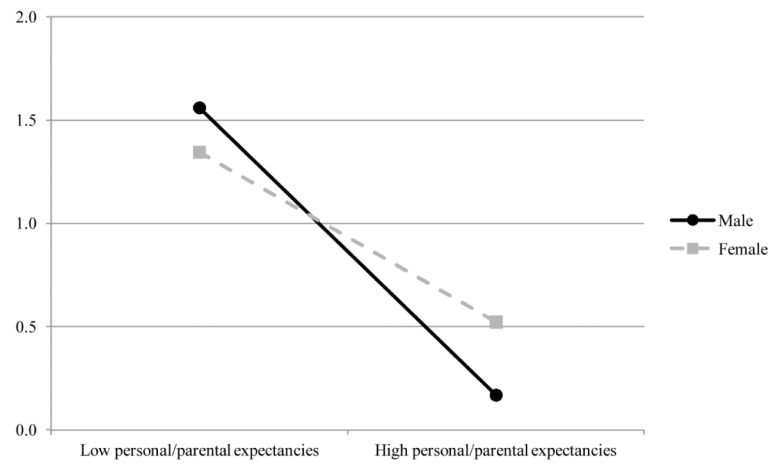


Figure 1.

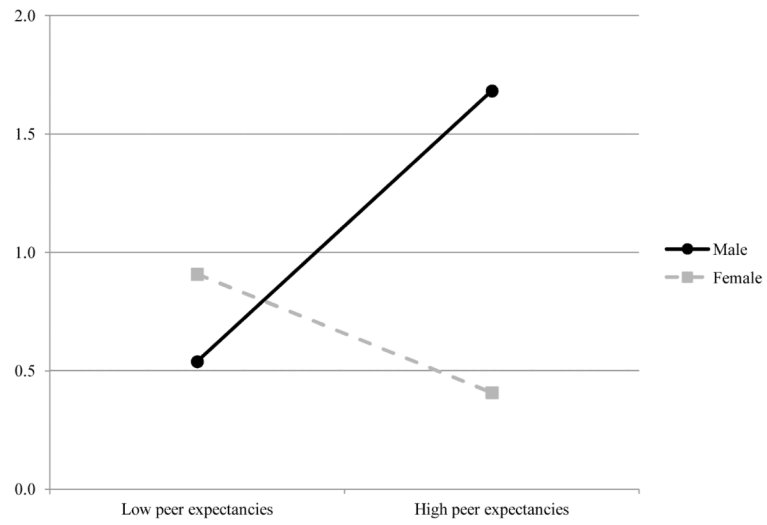


Figure 2.

Table 1
Items and Factor Loadings for Each Sexual Expectancy Factor

Factor 1: Personal/Parental Expectancies			
I am too young to have sex.	0.661	–	–
Being a virgin is a good thing.	0.806	–	–
I will be proud of myself if I remain a virgin during my teen years.	0.835	–	–
My parents will be proud of me if I remain a virgin during my teen years.	0.766	–	–
If I have sex before I am married, then my God is likely to be angry at me.	0.464	–	–
If I have sex during my teen years, then my parents will find out.	0.538	–	–
If I have sex, and my parents find out, then they will be angry with me.	0.550	–	–
Factor 2: Romantic/Peer Expectancies			
If I do not have sex with my girlfriends/boyfriend, then she/he will break up with me. (R)	–	0.730	–
If I have sex than I will be more popular with girls. (R)	–	0.851	–
If I have sex than I will be more popular with boys. (R)	–	0.861	–
Factor 3: Academic/Career Expectancies			
If I have sex during my teen years, then I am less likely to graduate from high school.	–	–	0.892
If I have sex during my teen years, then I am less likely to have the career that I am hoping for.	–	–	0.870
Eigenvalue	3.851	2.085	1.274
Alpha	0.81	0.76	0.84
% Variance explained	32.09	17.38	10.61

Note. Variables that were reverse coded are denoted with (R)

Table 2
Descriptive Statistics for Minority Youth (N = 223)

	<i>N (%) or Mean (SD)</i>		
	Males	Females	Total
Demographic variables			
Mean age (<i>SD</i>)	12.00 (0.77)	12.01 (0.70)	12.00 (0.73)
Ethnicity			
Latino	71 (74%)	86 (72%)	157 (64%)
Black	25 (26%)	34 (28%)	59 (36%)
Born in United States	85 (47%)	95 (53%)	180 (81%)
Knowledge and beliefs			
Sexual health knowledge (0 - 20)	10.62 (3.38)	11.04 (3.45)	10.86 (3.42)
HIV prejudice (3 - 12)	7.88 (2.83)	8.28 (3.00)	8.10 (2.93)
Sexual behaviors			
Ever experienced a sexual possibility situation	54 (55 %)	64 (53%)	118 (55%)
Kissed in a sexy way **	51 (56.0%)	41 (34%)	92 (44%)
Sexual touching ***	33 (37%)	12 (10%)	45 (22%)
Given oral sex	5 (5.4%)	3 (2.5%)	8 (3.8%)
Received oral sex	3 (3.3%)	2 (1.7%)	5 (2.4%)
Had sexual intercourse	8 (8%)	5 (4%)	13 (6%)

**
 $p < 0.01$

 $p < 0.001$

Table 3
Logistic Regression Analysis of Sexual Possibility Situations on Expectancy Factors

IV	95% CI			p-value
	OR	Lower	Upper	
Personal/parental factor	0.410	0.262	0.642	0.00
Romantic/peer factor	0.687	0.505	0.934	0.02
Female gender	1.278	0.913	1.790	0.15
Personal/parental*female	1.466	0.999	2.153	0.05
Sexual health knowledge	1.140	1.038	1.252	0.01
HIV prejudice	0.857	0.857	0.769	0.01

Table 4
Logistic Regression Analysis of Sexual Touching on Expectancy Factors

IV	95% CI			<i>p</i> -value
	OR	Lower	Upper	
Personal/parental Factor	0.463	0.296	0.725	0.00
Romantic/Peer Factor	0.617	0.425	0.895	0.01
Female Gender	0.600	0.400	0.901	0.01