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Influences of Peer Pressure and Relationship Knowledge on Sexual Behaviors of Hispanic/ Latino Youth

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MHA, Bellevue University, 2009

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Dissertation Submitted in Partial Fulfillment

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Abstract

Numerous studies have shown a rising HIV/AIDS epidemic among U.S. Hispanics/Latinos. Risky sexual behavior, alcohol, drug abuse, and sociodemographics contribute to Hispanics/Latinos' elevated risk for contracting HIV and other STDs. There is a need for additional research to understand the combination of factors associated with HIV and other STD infection among Hispanic/Latino youth. Based on social cognitive theory, this study examined the influences of peer pressure and relationship knowledge on risky sexual behavior among Hispanic/Latino young adults as measured by the Peer Pressure Inventory (PPI), the Teenage Research Unlimited Survey (TRU), and the Youth Risk Behavior Survey (YRBS). A group of 18-to-24 year olds (n = 173) from the 6 wards of Harris County, Houston, Texas completed the PPI, TRU and YRBS via paper questionnaires. Logistic regression determined a marginally significant association between relationship knowledge and number of lifetime sex partners. The remaining logistic regressions indicated no significant relationships between the variables of peer pressure, relationship knowledge, and risky sexual behavior. Descriptive statistics revealed that a large proportion of participants were engaging in several risky behaviors, including sex without condoms, sex while using alcohol or drugs, and sex with multiple partners. The results of this study also confirmed that Hispanics/Latinos aged 18-24 years are at risk for HIV and other STDs. Implications for positive social change include evidence to inform peer- and community-driven prevention programs targeting Hispanic/Latino young adults living and working in Harris County, Houston, Texas as a means to reduce transmission of STDs and HIV/AIDS in the Hispanic population.

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Chapter 1: Introduction to the Study

Introduction

It is imperative that U.S. governments at the city, state, and national level develop additional programs for STDs, unplanned pregnancies and HIV/AIDS. One-half of all new Human Immunodeficiency Virus (HIV) infections and cases of Acquired Immunodeficiency Syndrome (AIDS) occur in young people under age 25 (Morris et al., 2003). In Harris County, Houston, Texas, the reported Hispanic/Latino rates of infection with HIV/AIDS made up of approximately 16% of the total HIV/AIDS cases reported over a 3-year period (Kendrick, 2002). The demographic group in this area that is hardest-hit by this epidemic consists of Hispanics/Latinos 18 to 24 years of age that are living and working in Harris County, Houston, Texas.

It is important to understand the foundation of risky sexual behaviors in order to understand the ramifications of the HIV/AIDS epidemic. One outcome of Hispanic/Latinos risky sexual behaviors such as early onset of sexual activity, not using contraceptives and condoms, is the "highest unplanned pregnancy rate/birthrates among all ethnic groups in the United States" (Deardorff, Tschann, Flores, & Ozer, 2010, p. 1). Deardorff et al (2010) study went on to state that "young Latinos of both genders are also disproportionately affected by STD and HIV" (p. 1). Several studies have suggested that the rise in STD transmission is the result of a change in social norms that are now giving way to an early start in risky sexual activity (Caron, 2002; Morris, 2003). Liberal attitudes toward sexual behavior, lack of relationship knowledge, and increased peer pressure are factors that contribute to risky sexual behavior (Morris, 2003).

Sexual behavior risk factors include high-risk sexual contact such as unprotected sex with multiple partners or unprotected sex with persons known to have or be at a high risk for HIV infection (CDC, 2009). People may be unaware of their partner's sexual risk factors or have incorrectly assessed these risks (CDC, 2009). Due to changes in sexual attitudes and values over the last five to six decades there has been an increase in riskier sexual behavior among U.S. youth (Caron, 2002). The increasing number of new HIV/AIDS infections nationally can be traced to the U.S. sexual revolution (Caron, 2002; Morris, 2003).

Numerous studies have identified factors that are related to risky sexual behavior, which can ultimately lead to higher rates of HIV/AIDS. Two studies in particular stand out as they are related to the purpose of this dissertation. A study by Giordano (2003) concluded that romantic and peer relationships can result in risky sexual behaviors (p. 272). DiClemente, Salazar, Crosby, and, Rosenthal's (2005) study on sexually transmitted infection (STI) among adolescents found that risky sexual behaviors can be attributed to socio-ecological factors. These socio-ecological dynamics included "cultural influences, family influences, and societal and peer influences" (p. 1). It is unclear how these socio-ecological factors influence risky sexual behaviors among certain racial/ethnic groups.

My research was designed to pinpoint the factors that put young Hispanics/Latinos at risk for STD and HIV infection. There is a strong need to find practical and viable prevention ideas in the microcosm of Harris County, Houston, the focus of this study, where the HIV/AIDS epidemic plagues both African-Americans and

Hispanic/Latinos in ever-increasing numbers (Kendrick, 2002). My research specifically evaluated the influence of peer pressure and relationship knowledge on sexual behavior.

Background of the Study

Centers for Disease Control and Prevention (2012) stated that one-half of all new infections with the HIV and cases of AIDS in the United States occur in young people aged 15-24 (p. 1). Evidence shows that the overall spread of HIV/AIDS has been declining, but there has not been a similar reduction in newly diagnosed HIV cases among youth (CDC, 2012). In addition, a panel of researchers recommended that the CDC "create a sense of urgency in combating the HIV/AIDS epidemic in the Hispanic/Latino community" (Alvarez et al., 2009, p. 2). This recommendation was based on talks with key stakeholders to evaluate the data on HIV related behavioral research and prevention efforts and to define gaps in existing HIV programs (Alvarez et al., 2009). These findings point to the need for greater prevention and education efforts to help curb the spread of HIV/AIDS among the nation's youth (CDC, 2012).

The new HIV/AIDS infection rate increased 21% in the United States between the years 2000 to 2003 and affects African American and Hispanic/Latinos youth at disproportionately high rates (Rangel et al, 2006). HIV affects African American and Hispanics/Latinos in very large numbers; both populations have elevated HIV infection risks (CDC, 2013). It is crucial to examine some of the possible behavioral factors, such as the influences of peer pressure and relationship knowledge, on sexual behaviors of Hispanic/Latino youth.

At the time of this study, there were no detailed research studies on the influence of peer pressure and relationship knowledge on sexual behavior among Hispanic/Latino

youth in Harris Country, Houston, Texas. This suggested that there is a gap in understanding of how relationship knowledge and peer pressure may contribute to risky sexual behavior that leads young Hispanics/Latinos to potentially contract a communicable disease such as HIV. This study's examination of these possible behavioral factors was therefore designed to generate a better understanding of how this disease is spread in this population. The group that would be targeted for peer-pressure prevention education in Harris County would be youth aged 15 to 24. Ultimately, the research from this study was designed to add to a body of knowledge used in producing community education and prevention programs that saves youth from contracting HIV/AIDS and other communicable diseases. This study was important because little was known about the effects of peer pressure and relationship knowledge on Hispanic/Latino young adults' sexual behavior and attitudes. Also the study findings were intended for further use in developing prevention and education programs aimed at reducing STDs, HIV/AIDS, and unwanted pregnancies among Hispanics/Latinos.

Problem Statement

This study was designed to address the problem of unknown reasons for the increase of STDs, HIV/AIDS, and unplanned pregnancy in the Hispanic/Latino population aged 18 to 24 in Harris Counties, Houston, Texas. Nationally, the CDC (2013) stated that "despite making up only 17% of the U.S. population, Hispanics/Latinos accounted for 23% of new HIV infections in 2013, a rate that is three times that of whites" (p.1). According to the Texas Department of Health Services (TDHS, 2013), Hispanics/Latinos living in the state have a rate of HIV that is close to African Americans. The growth rate of new HIV cases in Texas is "35% for Hispanics/Latinos

and 39% for African American" (p. 9). The report correspondingly revealed that "998 Hispanic/Latino males were diagnosed with HIV infection and at the same time 891 African American males were diagnosed with HIV" (p. 9). Houston, Texas overall has the highest rate of new HIV and AIDS cases than any other city in Texas; Harris County, Houston Texas has the majority of HIV/AIDS infections and the Hispanic/Latinos living in Harris County are at the epicenter of the HIV/AIDS epidemic (TDHS, 2013). In just one year Harris County's rate of HIV in the Hispanic/Latino population increased from "387 new cases in 2011 to 474 new cases in 2012. Houston HIV Prevention Community Planning Group [HHPCPG; 2012] stated that the rates of AIDS cases increased in this population from 234 cases in 2011 to 267 in 2012" (HHPCPG, 2012, p. 28–29). The Ryan White Planning Council Houston (RWPCH) Area Integrated Epidemiologic Profile HIV/AIDS Prevention and Care Services Plan (2013) stated that since "2009, the syphilis rate among 15 to 24 year olds in Houston/Harris County has been on the increased, whereas older age groups have seen declines" (RWPCH, 2013, p. 51). Hispanics/Latino rates of pregnancy is associated with risky sexual behaviors as stated by Tortolero, Hernandez, Cuccaro, Peskin, Markham, and Shegog (2010) study on Latino "teen pregnancy rate in Texas is 88 per 1000 vs. 70 per 1000 in the U.S." (Tortolero et al., 2010). Additionally Hispanics/Latinos were diagnosed with HIV at a rate of 19% in the United States (CDC, 2010).

Purpose of the Study

The purpose of this quantitative study was to examine the relationships between peer pressure and relationship knowledge (independent variables) and risky sexual behavior (dependent variable) in the Hispanic/Latino population aged 18 to 24 in Harris

County, Houston, Texas. Earlier findings from Hollander (2010) and the CDC (2010) indicated that Hispanics/Latinos are at greater risk for contracting HIV, and that the risk factors to this disease need to be addressed in greater depth. The Hispanic/Latino population is large in Harris County, Texas, making it an ideal location to examine several factors that could be unique to this cultural and ethnic group.

Research Questions and Hypotheses

This study was guided by three research questions. The first two replicated questions asked in similar studies, so as to verify the association between peer pressure and risky sexual behavior and the relationship between knowledge and risky sexual behavior, within the study population of Hispanics/Latinos in Harris County, Texas. The third question was designed to determine the extent to which the two independent variables (peer pressure and relationship knowledge) interact with each other and/or predict the dependent variable (risky sexual behavior).

Research Question 1: Is peer pressure associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

H_o1: There is no statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

H_a1: There is a statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Research Question 2: Is relationship knowledge associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

H_o2: There is no statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

H_a2: There is a statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Research Question 3: Do peer pressure and relationship knowledge predict risky sexual behaviors among Hispanics/Latinos aged 18-24 in Harris County, Texas?

H_o3: Peer pressure and relationship knowledge do not predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

H_a3: Peer pressure and relationship knowledge do predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Theoretical Framework

To better understand how peer pressure, relationship knowledge, and risky sexual behaviors are connected, this study used social cognitive theory (SCT). SCT posits that behaviors are influenced by cognitive and environmental factors (Bandura, 1996). Bandura (1996) described a central tenet of SCT, asserting that "people's behaviors are not definitely determined by internal forces, or external stimulus. The behavior, environmental events, and cognitive and other personal forces are crucial factors that can explain human functioning" (p. 31). Bandura (1996) proposed that the development of individual psychological behavior can be attributed to many environmental factors, with the immediate surroundings, family, friends, and family socioeconomic status directly

affecting a child's growth. This is evident when children emulate their parents and playmates and model their own actions after those people (Bandura, 1996).

There have been significant changes in the family structure of U.S. Hispanics/Latinos over the last forty years. Perreira, Chapman, and Stein (2006) focused on the relationship between family factors and adaptive culture. This blending into the U.S. society has developed conflicts between Hispanic/Latino parents and their children (p. 3). Walcott et al. (2010) wrote that Hispanic/Latinos have been having the same types of peer pressure problems that effect family cultural as that of the African American when it comes to socialization in society (p. 1). However, there is a big contrast between the two demographics due to the fast rising incidence of "Hispanic/Latino young adult pregnancies 42 births per 1,000 to African American 39 births per 1,000" (Wiltz, 2015), STDs, and HIV/AIDS. This is cause for great alarm among the Hispanic/Latino's living and working in Harris County, Houston Texas.

These changes in peer pressure, risky sexual behavior and relationship knowledge have become evident in Hispanic/Latino families who strive to become Americanized yet still hold on to their traditional values. In their journey through adolescence and into adulthood new forms of outside partnership, namely peers, come into being and can be seen as a developmental surrogate. These peers or surrogates can sometimes fill the widening developmental gap that can occur when parents must work long hours to take care of their families in the United States. Wright (1999) wrote that family movements into the U.S. and ethnic group membership are key factors in powerful outside peer influences on their children (p. 17). There is some learning and socialization confusion on the part of Hispanic/Latino children who transition into U.S. school systems and the

American way of life. Peer pressure becomes the child's new surrogate partners, which in turn assists in the social and mental development of acceptable and nonacceptable behaviors within this new social system.

Cognitive understanding begins to take shape in these young minds when children copy what they see before their minds fully understand the reason why particular actions are relevant. It is the beginning of critical thinking that then applies to an action at its earliest stages of a child's cognitive behavior (Bandura, 1996). Foster (2006) wrote that Bandura's cognitive theory was an example of "how learning occurred through condition or a system of reinforcement or punishment" (p. 1). The understanding of *potential modeling* (Foster, 2006, p.1), became an interpretation of Bandura's analysis of behavioral outcomes from the collaboration of a person's "thought with inner qualities, self-beliefs, and environmental cues" (Foster, 2006, p.1). Peer pressure is one of the processes included in SCT and several studies have used this theoretical framework to ground the research. In addition, Brendgen, Wanner, and Vitaro (2007) predicted that the problems that stemmed from outside peer pressure and others became the scientific bases for how these factors affect human sexual behavior. Brendgen, Wanner and Vitaro asserted that outside influences are problematic in human psychological growth.

Nature of the Study

This quantitative, cross-sectional study utilized the Peer Pressure Inventory (PPI), Teenage Research Unlimited (TRU) Survey, and Youth Risk Behavior Surveillance System Survey (YRBSS) to determine the relationship between peer pressure, relationship knowledge, and risky sexual behaviors among young Hispanics/Latinos. Survey data was gathered from Hispanic/Latino young adults who lived and worked in

Harris County, Houston, Texas and was administered at 6 campuses of the Houston Community College located throughout Harris County. Written informed consent was completed prior to participants responding to surveys. Data analysis determined the statistical relationship between relationship knowledge and peer pressure on sexual behavior. Logistic regression was used to study the effect of independent variables on the dependent variable, which included a mix of categorical and continuous variables. Logistic regression analysis was also used because of its ability to assess the unique effects of each independent variable (predictor) on one dependent variable (the outcome), to study the overall effect of some or all of the variables acting together.

Definitions

Acquired immunodeficiency syndrome (AIDS): A communicable disease first identified in 1981; it is caused by the human immunodeficiency virus (HIV) (Kline & Huff, 2007, p. 302).

Human immunodeficiency virus (HIV): A virus that causes acquired immunodeficiency syndrome (AIDS). This virus is primarily transmitted through sexual contact, blood products, and the breast milk of infected individuals (Kline & Huff, 2007, p. 302).

Peer pressure: The pressure that you feel to behave in a certain way because your friends or people in your group expect it (Cambridge, 2014, p.1). Independent variable in this study.

Relationship knowledge: The organization and understanding of social life around interactions with others with whom one has an ongoing association, each of whom may

also have interactions and ongoing associations with each other (Reis, Collins, & Bescheid, 2000, p. 855). Independent variable in this study.

Risky sexual behavior: Number of sexual partners and inconsistent use or nonuse of condoms (Deardorff et al., 2010, p. 29). Also includes alcohol or drug use during sex. Dependent variable in this study.

Sexually transmitted diseases (STDs): STDs are generally acquired by sexual contact. The organisms that caused sexually transmitted diseases may pass from person to person from sexual contact and other bodily fluids (Mayo Clinic, 2016, p. 1).

Assumptions

For the purposes of this study, I assumed the following:

1. The participants responded truthfully to the survey questions.
2. The participants understood all survey questions.
3. The sample was representative of Hispanic/Latino young adults in Harris County.

Scope and Delimitations

This study surveyed Hispanic/Latino young adults from the six wards of Harris County, Houston, Texas who attended the six Houston Community College campuses. It did not include Hispanics/Latinos who lived outside of Harris County, were not in school, or attended other colleges/universities. The study examined peer pressure, relationship knowledge and sexual behaviors; however, it did not cover religious beliefs, socioeconomic status, sexuality, or cultures (e.g., machismo).

Limitations

Several limitations are inherent to the nature of this study. Despite the use of a random sample, the findings may only be representative of Hispanics/Latinos aged 18-24 who attend community college in Harris County. Katzer (1998) wrote that "all relationships are not causal relationship; just because one variable is related to another does not mean that it caused the other" (Katzer et al., 1998, p. 125). Because a cross-sectional study only captures information at one point in time, causation cannot be inferred from the study data. The YRBS collected self-reported information on sexual behaviors; self-reported data may not be as accurate as direct measures of sexual health, including positive test for STDs and HIV, although self-reported behaviors have been shown to be quite reliable. Aschengrau and Seage (2008) stated that problems in self-reported behaviors can be attributed to the "level of accuracy of the information provided by the group or individual and this can lead to recall bias. Recall bias occurs when differences in reported accuracy result from subjects' failure to reported information rather than a tendency to fabricate information" (p. 271). The survey method of information collected can become an issue if the collected method is not standardized throughout the data collection period (Creswell, 2009, p. 166).

Significance

The positive social change implication of this study is to explain the relevant effects of peer pressure and relationship knowledge in Latino/Hispanic young adults' sexual behavior modifications. As a result of this study, local community stakeholders, schools, religious communities and government entities may be able to implement prevention education programs that are directly aimed at the risky sexual behaviors of

this population. Also this study supports the development of a prevention campaign through the use of printed material, radio advertisement, internet and Facebook to help increase awareness of risky sexual behaviors.

The possibility exists that these types of programs will increase the awareness of the effects of STDS, HIV/AIDS and early, unplanned pregnancy among young adults. This research may also lead to a better understanding of peer pressure and relationship knowledge as it relates to risky sexual behaviors among young adults. Also, the research examined factors that contribute to Hispanic/Latino young adults engaging in risky sexual activity. In addition, study findings could potentially lead to behavior changes that would slow or stop the increasing incidence of STDs and HIV/AIDS in socioeconomically depressed communities.

The implication of this quantitative study is to explore and develop possible solutions to combat peer pressure as it relates to sexual behavior amongst young Hispanic/Latino adults. With the ever-changing social landscape within these demographics, young adult males and females have a need to become socially active and receive acceptance from their peer groups. The sexual behaviors and attitudes of this age group are beginning to blossom and the information they receive from peers, family and friends tends to hold a great deal of weight in the decisions they make daily. This particular group has a multitude of physical and mental factors that contribute to their attitudes and understanding of sexual behavior. The central phenomenon of this study involves sexual behavior that is influenced by outside forces (peer pressure and relationship knowledge) that in turn can lead to HIV, STDs and/or unplanned pregnancy.

Summary

Chapter 1 provided a summary of the substantial importance of the effects of peer pressure and relationship knowledge on the sexual behaviors of Hispanics/Latinos. CDC research has shown that early, clear parent-child communication regarding values and expectations about sex is an important step in helping adolescents and young adults delay sexual initiation and make responsible decisions about sexual behaviors later in life. Parents are in a unique position to engage their children in conversations about HIV/AIDS, STDs, and teen unplanned pregnancy prevention because the conversations can be ongoing and timely (CDC, 2008).

Behavioral interventions will continue to play a strong and necessary role in the prevention of STDs; HIV/AIDS; and early, unplanned pregnancy. As new generations of U.S. Hispanics/Latinos become sexually active and consider drug use and other high-risk behaviors, it is imperative that they have access to scientifically accurate and correct public health information that encourages risk reduction (CDC, 2008). Schools can also be important partners for reaching youth before high-risk behaviors are established, as evidenced by the YRBS finding that 88% of high school students in the United States reported having been taught about AIDS or HIV infection in school (CDC, 2008). Overall, a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church and community programs, is necessary to reduce the incidence of STDs, HIV/AIDS, and unplanned pregnancy in young people (CDC, 2008).

The SCT was described to support this study. Chapter 2 is a review of literature regarding the in-depth framework of the study's theory and supporting content research.

Chapter 2 also presents clarification and identification of peer pressure, relationship knowledge and sexual behaviors of Hispanic/Latinos.

Chapter 2: Literature Review

Introduction

This literature review presents relevant literature regarding the connection between peer pressure, relationship knowledge, and risky sexual behavior among Hispanic/Latino young adults. Walcott, Meyers, and Landau (2007) reported that African Americans experience the same types of problems with peer pressure as Hispanics/Latinos; however, there is a significant contrast between the two populations due to the fast rising incidence of Hispanic/Latino young adult pregnancies, STDs, and HIV/AIDS (Walcott et al., 2007). CDC 2005 stated that "acculturation (such as generational status, language and Hispanic/Latino sexual behavior (such as contraceptive use and becoming a teen parent) have been attributed to the acclimation of this population into the US culture" (CDC, 2007). "Acculturation has also been associated with the increase of HIV risk behaviors among Hispanic/Latino men and woman" (CDC, 2005).

An insufficient amount of research on Hispanic/Latino young adults has been undertaken with a synergistic method to reduce HIV/AIDS infection among this population. DiClements, Salazar, and Crosby (2007) stated that numerous factors related to HIV and STD infections among young adults have been studied using an ecological approach. Fernández-Santos, Figueroa-Cosme, Christine, Maysonet, Mayor-Becerra, and Hunter-Mellado (2011) found "most adolescents have some information about HIV/AIDS, then still engage in risky sexual behavior" (p. 1). This suggests that further research is needed to better understand the factors that influence decision-making and sexual behaviors among youth.

Bandura revealed possible explanations for why individuals make the decisions that are crucial to their sexual behavior. Bandura's (1977) SCT relates to these issues as it illuminates the external and internal influences (such as environment, friends, schoolmates, relatives, teachers, and family) that have great bearing on the perceptions and subsequent behaviors of Hispanic/Latino young adults. I used SCT in this dissertation to examine peer pressure, relationship knowledge, and risky sexual behaviors. The lack of available research regarding the relationship among these three factors offered an opportunity for a new dialogue in this area of public health prevention.

Literature Search Strategy

An investigation of the available literature related to relationship knowledge, peer pressure, and sexual behavior among Hispanics/Latinos was conducted using CINAHL, MEDLINE, CINAHL Plus, Google Scholar, Thoreau-Search, and the Walden University library database. The keywords used for searching articles included combinations of the words *Hispanic and Latino peer pressure, Hispanic and Latino risky sexual behavior, relationship knowledge, parent relationships, machismo, young adults sex, HIV/AIDs, STDs, sex attitudes, AIDs prevention, sexual knowledge in schools, married young adults, and young families*. More than 165 articles from the years 2000 to 2015 were obtained in both digital and print form, and 83 were used for the formulation of this dissertation. The literature included in this chapter was the most relevant to the main variables in this study and to its theoretical framework.

Social Cognitive Theory

Bandura (1996) proposed that the development of individual psychological behavior can be attributed to many environmental factors. According to Bandura, the

immediate surroundings, family, friends, and the family's socioeconomic status directly affect a child's growth. An example of this affect is that children emulate their parents and playmates, modeling their own actions after these people. Adolescent and young adult continually emulate their peers as they grow older. Cognitive understanding begins to take shape in these young minds when children copy what they see before their minds fully understand the reason why particular actions are relevant. It is the beginning of critical thinking that then applies to an action at its earliest stages of a child's cognitive behavior (Bandura, 1996).

Bandura's research includes a specific exploration of peer pressure. In 1975, Bandura conducted an experiment using peer pressure as a motivator to get students to complete simple tasks, making sure that the student groups overheard conversations between lab assistants who called some of the student's *animals* and other students *nice*. The studies showed that students were more likely to increase the "level of electrical shock to the other student if they heard themselves called animals" (Dittmann, 2004, p. 68). This experiment provided evidence for the importance of peer pressure in decision making. Peer pressure is one of the processes included in SCT and several studies have used this theoretical framework to ground the research.

Several researchers have specifically investigated per pressure and sexual behaviors. Deardorff, Tschann, Flores, and Ozer (2010) linked their observations of risky sexual behavior in Hispanic/Latino adolescents to explanations for their social, peer, and behavioral problems. Deardorff et al (2010) argued that the influences of family, friends, and relatives on Hispanic/Latino participation in school and social activities can result in healthy or unhealthy sexual. Walcott, Meyers, and Landau (2007) showed that outside

influences (i.e., peer pressure) can shape the social behavior of an individual. Walcott et al. (2007) concluded that peer pressure is a cause of adolescent commencing sexual activities if their friends are sexually active (p. 42). These authors used data-driven research to explore the correlation between Hispanic/Latino peer influences and adolescent psychological growth related to relationship knowledge to determine the underlying causality for research participants' risky behaviors.

Brendgen, Wanner, and Vitaro (2007) conducted critical research using the tenants of the behavior theory as it relates to the risk associated with outside influences on the mental and cognitive growth of adolescents. Based on my study these outside influences have extreme effects on the adolescent growth of both girls and boys in their early developmental stages of self-esteem, socialization, and group participation. Brendgen et al. (2007) stated that peer pressure, sexual behavior, teaching influences, and self-esteem indicators are possible link to early social and sexual development. These key indicators surrounding the participant's introduction into relationships can have long-lasting effects in the development of adolescents and young adults' understanding of their placed in social participation within their peer groups. Brendgen et al. (2007) explained this need to belong as a "specific phenomenon of peer rejection that has been shown to predict, not only peer behavior, but also low self-esteem and that sexual activity may serve as a coping mechanism" (p. 1). Brendgen et al. (2007) concluded that the participants outside developmental actions (peer pressure) and group dynamics contributed to their self-esteem which can in turn lead to unhealthy choices in sexual behaviors.

Brendgen et al. (2007) further argued that the problems that stem from outside peer pressure become the foundation on how these factors affect human sexual behaviors. Research from Brendgen study used these factors of outside influences as being problematic in human psychological growth and was explained as a specific phenomenon. This particular phenomenon essentially comes from the theory of how peer rejection can be a vital factor in the development of social norms. This coincides with the SCT theory, which included the interactions between cognitive factors, behavioral factors and environmental factors that are at the bases of this study. Brendgen (2007) went on to explain how developmental growth could be viewed as links in predicting psychological outcomes such as sexual activity and coping mechanisms. Brendgen (2007) study supported the SCT framework and the hypothesis that this paper is based on (Brendgen et al., 2007).

According to Fisher and Fisher (2000), Bandura predictors demonstrated "respect to behavior change is not instructing people and what they need to do (e.g., to used condoms or to clean needles), it's imparting to them social /self-regulatory skills and the self-beliefs necessary to practice safer behaviors" (Fisher & Fisher, 2000, p. 23-26). The following studies will further explain the connection between the social cognitive theory and a change in sexual behaviors.

Jemmott, Jemmott, Spears, Hewitt, and Cruz-Collins (1992) examined condom use intentions. The participants "received the social cognitive intervention designed to increased perceived self-efficacy and favorable outcome about the self-indulgent consequences of using condoms" (p. 1). The social cognitive study used observation, modeling, and incentive such as "films and small-group exercises to change the behaviors

19 sexually active black adolescent women" (p. 1), ideas about the use of condoms for protection from contracting the AIDS virus.

Martino, Collins, Kanous, Elliott, and Berry (2005) used the social cognitive process in their study to explain "the association between exposures to televised sexual content and initiation of intercourse among an ethnically diverse national sample of 1,292 adolescents" (p. 1). The social learning factor for the participants came in the form of sexual content that was shown on the television. Investigators postulated that the participants would then observe and model what was seen in the form of the sexual content that was televised (Martino et al., 2005, p. 1). Martino et al. (2005) stated that "a model in which the relationship between exposure to TV's sexual content and intercourse initiation is mediated by safe-sex self-efficacy among African Americans and Whites but not among Hispanics" (p. 1).

One prospective study conducted by Jemmott, Jemmott, Braverman, and Fong (2005), which exemplified Miller and Bandura's social cognitive theory, used "participants who were 219 sexually experienced females, 12 to 19 years of age, recruited from an inner-city adolescent medicine clinic in Philadelphia, PA, and randomly assigned to the control group of an HIV-risk reduction intervention study" (p. 1). Fisher and Fisher (2000) found that this type of "social learning was strengthened if the observed identified with the models" (pp. 23-26), which in this study were the mothers of the participants. According to Miller (1941) and Bandura (1977) "this meant that children were more likely to repeat behaviors they had seen other children their age do, although they might model adults as well" (Fisher, 2000, p. 24). The study conclusion "supported the notion

that mothers who communicate with their daughters about sex can affect their daughters' sexual behaviors in positive ways" (Hutchinson et al., 2003, p. 1).

Risky Sexual Behavior

Risky sexual behavior has been a major contributor to the alarming increase in STDs, pregnancies, and HIV/AIDS within the Hispanic/Latino population in the United States and Puerto Rico. In 2010 the HIV "infection rate among Hispanic/Latino men was almost three times that of white men. Hispanic/Latino women experienced an HIV infection rate more than four times that of white women in the United States" (CDC, 2012, p. 3). The presence of certain STDs can considerably increase one's chances of contracting HIV infection. A person who has both HIV infection and certain STDs has a greater chance of spreading HIV infection to others (CDC, 2008). The statistics of adolescent unplanned pregnancy have been growing in the Hispanic/Latino female populations that live in Harris County. The Texas Department of State Health Services (TDSHS) report indicates that in "Harris County in 2005, 68% of the births to teen mother's ages 10 to 17 years of age and younger were to Hispanic mothers. According to the CDC (2010) the Hispanic/Latino risk factors for HIV infection can be attributed to the country of origin (p. 1). In Puerto Rico, the transmission of HIV can be attributed to the sharing of needles during drug use. The principal reason for the transmission of HIV in Latino men who are born in Central or South America, Cuba, Mexico, and the United States can be attributed to men who have sexual intimacy with other men (Fernandez-Esquer et al., 2010). Unknowingly, Hispanic/Latina women are being infected by their male partners who have the "highest rates of unprotected male-to-male sexual contact" (CDC, 2010, p. 1). The Houston Area Ryan White Planning Council (2013) reported "in

2011, there were 410 new Hispanic/Latino cases diagnosed with HIV in Houston/Harris County... This brings the percentage of this population to 31% of all new HIV diagnoses in that year" (p. 82). There has been a steady rise in the number of Hispanics/Latinos becoming infected in Houston (Houston Area Ryan White Planning Council, 2013).

Weiss and Tillman's (2009) research on risky sexual behavior among Hispanic young adults in South Florida clarified the correlation between peer pressure and sexual behavior. The authors explained how the stage of the individual entering the United States and the age of the individual entering into the U.S. education system had an enormous effect on the socialization of this demographic. Weiss and Tillman (2009) postulated that peer pressure was a major factor in Hispanic-to-American cultural assimilation before the age of 6. If Hispanic youth arrived in the United States during their sixth year or older, there was a tendency for them to hold onto their native culture and ideology, which in turn decreased the effects of peer pressure in their new surroundings. According to Weiss and Tillman (2009) Hispanic youth who immigrated after the age of six is associated with positive socialization (p. 2), in the United States.

Larson, Sandelowski, and McQuiston (2012) study conducted in North Carolina found there were problems with escalating risky sexual behaviors among the school-age Latino/Hispanic population. Latino/Hispanic parents in the study were unwilling or unable to get involved in their children's sex education. Researchers interviewed staff, parents, and students to gain insight into the reasons behind the escalation in risky behavior among Latino/Hispanic adolescents within the school setting (Grades 6-12). There were many unhealthy influences within this particular school that added to the sexual behavior problems. Culturally, it was not frowned upon when older boys in the

higher grades were involved socially with younger girls in Grades 7 or 8. According to Larson et al. (2012), these types of situations could lead to increased promiscuity among the adolescent Latinos/Hispanics (p. 12).

Larson et al. (2012) similarly established that dress codes were strictly enforced but students were able to pass through the halls to their next classes in unsupervised areas because of the structure of the school and the limited staff. These secluded areas allowed repeated contact between male and female students. Adding to the problem was the abstinence-only education law in North Carolina that made it illegal to teach sex education and prevention in the public school system. The researchers concluded that their study findings pointed directly to three courses of action to counteract the problem:

(a) initiation of a much-needed sex education and prevention program;
(b) development of a culturally sensitive dialogue with Hispanic/Latino families to alleviate confusion regarding risky sexual behavior within this demographic; and
(c) reduction of opportunities for heavy petting and sexual contact.

The experience of Hispanic/Latino adolescents who are born in the United States or Mexico supported the hypothesis that families play a significant role in these adolescents' sexual behavior development (Larson et al., 2012).

Peer Pressure

Oswalt (2010) pointed out that there is a connection between teens/adolescents emotional and social maturity levels. As teens and adolescents maturity increased over time their relationships with their peers evolves into a greater need to become accepted. This behavior emotionally exposes them and necessitates a greater trust among peers.

This recognition by peer groups is so strong that teens/adolescents undergo behavior transformation. The transformation can lead to modification of "speech, dress, behavior, choices and activities" (p. 1), which results in an emulation of their peers. Emulation of peers can be a strong influence in their social and mental development of standards for acceptable and unacceptable sexual behaviors (Oswalt, 2010, p. 1).

Santor, Messervedy, and Kusmakar (2000) asserted that "belonging to a group requires conformity to group interests and desires, which may not be strictly a matter of individual preference" (p. 164). Mimicking behavioral and sexual activities can then be seen as a "demonstration of commitment and loyalty to other group members" (p. 164). According to the authors, their study showed how "constructs such as popularity and conformity are related to peer pressure . . . [and these] constructs are linked to risky behavior" (p. 166). Another purpose of their study was to contribute to the methodological development of the field. To that aim, Santor et al. (2000) chose to "develop and validate shorter measures of peer pressure by using a 10 item survey for measurement of adolescents' responses to peer pressure and conformity" (p. 166). Their subjects consisted of "forty adolescent boys and 105 adolescent girls aged 15 to 18" (p. 168). The participants were each paid a $5 incentive.

Santor et al. (2000) obtained parental consent for the underage students to participate. The researchers identified four groups of dependent variables which consisted of "peer pressure, popularity, peer conformity and in general conformity with such items as well-being measures, including measures of self-esteem and dysphoria, risky behavior and substance abused, negative and positive ideas towards sex and school performance" (p. 169). Limitations of their study included the researchers' directly expressed concerns

about the data, which were retrieved through adolescent self-report. This was a major concern for the researchers because outcomes of self-report can call into questioned the validity of any research study. Fernandez-Esquer, Diamond, and Atkinson (2010) and Afable-Munsuz and Brindis (2006) supported the assumption that "acculturation" (Munsuz & Brindis, p. 1) into societal norms increased the likelihood of risky behaviors. Conformity and peer pressure are directly linked to the undercurrent of this study, which proposes that these constructs are at the heart of how Latinos/Hispanics see their peer relationships, which in turn is directly related to risky sexual behavior (Brindis, 2006, p. 164). Both Deardorff et al. (2010) and Santor et al. (2000) found that similarities of culture and sexual desires can lead to negative sexual behavior.

According to Deardorff et al. (2010) and Howell, Sipan, Blumberg, Atkins, Hofstetter, and Kreitner (1994), the observation of risky sexual behavior among Hispanic/Latino adolescents provided an explanation for the origin of social, peer, and behavior problems. Howell's study stated that the influences of family, friends, and relatives on Hispanic/Latino participation in school and social activities could govern the outcome of healthy versus unhealthy sexual choices (Howell et al., 1994, p. 24). Research reinforced the importance of culture and the integral role it played in the self-perceptions of Hispanic/Latino females and males and their sexual values and risky sexual behavior. Howell's study "sampled over 839 sexually active Latinos aged 16-22 from San Francisco" (Howell et al., p. 1). Research results proved a close look at the details of how female virginity, number of sexual partners, and male and female sexual needs could contribute to risky sexual behavior. One limitation of the research was a failure to consider the various backgrounds within the Hispanic/Latino culture (e.g., Mexican,

Salvadoran, and Nicaraguan), which could have influenced study outcomes because of possible differences in family views and peer pressure.

Similarly, the research by Walcott et al. (2007) showed that the inclusion of outside influences (peer pressure) can shape the social behavior of individuals. According to Walcott et al. (2007), "peer pressure is cited as a cause of adolescents being prone to initiate sexual activities if their friends are sexually active" (p. 42). Walcott et al. (2007) examined the relationships between adolescent "negative outcomes associated with sexual behavior, intercourse at an early age, having many sex partners and peer pressure" as they sought to learn how to implement relevant programs (p. 1). The authors asserted that "peer pressure, risky sexual behavior, and knowledge of relationships influence adolescent sexual risk behavior" (p. 1). These findings supported the need for this study. Walcott et al. (2007) addressed the problems related to adolescent sexual behavior and the issue of how to develop the best prevention and education programs to decrease the rising number of minority adolescents becoming infected with STDs and HIV/AIDS.

White, Gallup, and Gallup (2010) focused on a different aspect of the connection between peer pressure and risky sexual behavior that involved "indirect and direct aggression" (p. 60). These authors pointed out that victimization together with aggression could become the tools used to enact peer pressure. "Adolescents who are actively involved in aggressive interaction would more likely be involved in sexual behavior than those who avoid these negative interactions" (White et al., 2010, p. 61). Together, victimization and aggression made up the outside influences that led to a change in normal adolescent sexual behavior. The researchers concluded that outside influences, specifically peer pressure, contributed to an increased in sexual promiscuity among this

group, which could lead to negative health outcomes including unplanned pregnancy, STDs, and HIV/AIDs. Aggression, like peer pressure in this context, acted as a negative conduct motivator that could lead to unhealthy sexual behavior in adolescents (White et al., 2010). The authors "hypothesize that trust behavior was associated with lower levels of peer victimization during adolescence for both males and females. Their study included a total of 84 students (44 female, 42 male) from ages (18 to 28)" who were given a survey to "measured peer aggression and victimization" (White et al., 2010, p. 62).

Lahey, Van Hulle, D'Onofrio, Rodgers, and Waldman (2008) conducted a study that emphasized how parental influence and relationship knowledge were directly related to a child's overall behavior. Their study findings showed that when parents had an ongoing close relationship with their children, the children were willing to share information about their peers, their friends, and their whereabouts. Children who had less supervision did not disclose who they spent time with and, due to a lack of consequences, did not feel a need to tell the truth. Close relationships within the family unit were crucial for children's well-being and gave them a sense of identity that helped them faced the outside world (Lahey et al., 2008). The study also showed that socioeconomic issues and poverty could exacerbate the problems related to relationship knowledge being communicated between adult family members and their children. Those types of problems led to an increase in delinquency, which led to peer pressure, skipping school, risky sexual behavior, and alcohol and drug abused at early ages. There was a correlation between the type of information disclosed from children to parents and living in high-risk communities (Lahey et al., 2008).

Research completed by Killoren, Updegraff, Christopher, and Umaña-Taylor (2011) and De La Vega (1990) examined whether sexual behavior was affected by location of birth (Mexico versus the United States) and by family intervention. The results of their qualitative research showed that intimate relationships within Mexican families acted as a deterrent in the lives of their adolescent children while attending schools in the United States. De La Vega (1990) explained that there is no "adequate sex education in the U.S." (p. 1), for Hispanic/Latino populations. The effects of peer pressure and outside influences were less evident within the lives of the children who lived in Mexico for an extended period of time before coming to the United States, enabling this group of adolescents to have a healthier lifestyle. This was not true for the Mexican-American children born and raised in the United States who had to deal with the addition of outside influences such as peers, friends, and others who were native to this country. With the positive influences from mothers and fathers, adolescents were more apt to have opened discussions about their feelings concerning social-behavioral intentions. The research by Killoren et al. (20011) supported the findings of previous researchers such as Lahey et al. (2008), which indicated that the effect of parental involvement or any positive interaction could counteract the effects of unhealthy outside peer pressure and sexual relationships.

Relationship Knowledge

Relationship knowledge is important in this study because relationships are formed on the basis of knowledge an individual received from friends, parents, family members, peers, and social norms. Like peer pressure, relationship knowledge is linked to internal and external influences that play a major role in a child's psychological growth

and social well-being. With supportive external/internal influences and good role models, individuals begin to set their paths using the knowledge they gained through exposure to positive relationships. In contrast, individuals may have negative influences and little or no parental guidance—leading to a lack of relationship knowledge. Parental supervision is at the heart of how relationships are viewed and developed by adolescents. Researchers have explored and have found intricacies of relationship knowledge and how valuable parental influence can be in choosing a healthy sexual lifestyle.

Walcott et al. (2007) findings on peer influences also noted the importance of relationship knowledge within a peer social context. Erdley and Asher (1999) defined the correlation of peer pressure and social relationship knowledge as a combination of "goals as a crucial component for motivating children's behavior" (p. 156). Walcott et al. (2007) findings were consistent with the earlier findings of Erdley and Asher (1999). The authors linked children's failures in social situations to how they used these failures to view themselves in respect to understanding how relationship knowledge helped or hurt them in assimilating into their social structure. "Relationship-maintenance goals for social failure situations were found to be positively associated with peer-assessed pro-social behavior in everyday life and negatively correlated with peer-assessed aggressive behavior" (Erdley & Asher, 1999, p. 161). In principle, relationship knowledge and peer pressure played an enormous part in the initiation of social situations and self-awareness.

Espinoza and Juvonen's (2011) groundbreaking study examined the problems associated with Latinos' "heightened sensitivity" (p. 1) within the socialization context of assimilating into elementary and middle schools in the United States. Their research defined the behavior norms within the social context of Latinos as related to the effects of

peer pressure as they transitioned into U.S. schools. Espinoza and Juvonen (2011) further explained how "perceived social climate" (p. 1) could effectively change an individual's relationships in regard to "school social climate, behavior norms among peers and student's school conduct" (p. 1). Their study findings established an association between what happened in school classrooms and how new Latino students' perceptions were governed by the actions of existing Latino students. Behavior norms were directly related to peer pressure, which in turn reflected the school social climate (Espinoza & Juvonen, 2011). Espinoza and Juvonen (2011) examined the "mechanism by which school social climate perceptions predict school conduct, and found that among Latino students, a positive school climate is associated with perceptions of a peer culture where rule breaking is not perceived as a normative among peers" (p. 8). Their findings supported earlier research in establishing the significant influence of peer pressure on social norms and cognitive behavior (Espinoza & Juvenon, 2011).

Unchurch, Aneshensel, Mudgal, and McNeely (2001) studied the socialization among Mexican Americans living in Los Angeles and observed a trend toward having sexual relations early in adolescence. One reason for the early sexual contact was related to the socialization of Mexican-American families in the American culture (Upchurch et al., 2001). The researchers identified certain attributes that pointed directly to the effects of the two-parent family on children. As children continued to imitate American values in their sexual behavior, disconnect between parents and children led to a tendency to select behavior that was not consistent with their Mexican-American culture. The findings from the Upchurch et al. (2001) study pointed directly to the levels of involvement of community, friends, and family as a factor in the choices made by Mexican-American

adolescents who are contemplating their first foray into appropriate or inappropriate behavior. Problems associated with the male and female gender in the Mexican-American culture also contributed to an early introduction to risky behavior. Upchurch et al. (2001) found a cross section of beliefs that reflected differences between the influences of the mother and the father on the behavior growth of their children. Their research revealed positive and negative interventions related to the parental modeling of adolescent relationship behavior within the context of the influences of outside peer pressure. Upchurch et al. (2001) redefined parental practices, suggesting that parental influences should be seen as more than just adversarial relationships between parents and peer pressure. The researchers observed "the beginnings of infants and toddlers imprinting parental behavior that led to the seeds of modeling that blossom into the later behavior of early adolescence and adulthood" (p. 1158).

Additionally, research by Brown and Bakken (2011) found that how male adolescents viewed their father's relationship with the family unit had a profound effect on the male youth. The authors concluded that having a father who exhibited hostility and controlled to a strong possibility that the child would model this same behavior later in life. Brown and Bakken (2011) observed that duplications of unhealthy behavior actions could affect peer attachments. The authors noted the negative and positive connotations of studies that tended to be one-sided in their examination of the effects of parental relationships and peer pressure. Brown and Bakken stated that new or adapted variables that allow investigators to balance out both negative and positive findings in this area of research should be considered. Brown and Bakken's (2011) findings supported the foundation of this dissertation study to examine the relationship between children and

their parents, family, and peers and its influence on the children's psychological growth. This dissertation research examined three key components that have not been explored in any research to date: relationship knowledge, sexual behavior, and peer pressure. Examining these components in conjunction with each other is crucial to gaining a better understanding of positive and negative influences on the sexual health of Hispanic/Latino adolescents.

According to Hollander (2010), the HIV incidence among Latinos/Hispanics was 1.2% higher than it was for Whites, who had a 0.8% positive detection of HIV (p. 214). These data were collected from Latinos/Hispanics and Whites who presented themselves at CDC-funded clinics for HIV testing. Cultural factors such as machismo (a phenomenon displayed by Hispanic/Latino males who take a dominant role in all decisions) contributed to misinformation that might have increased risky sexual behavior in the Hispanic/Latino communities (Jimenez, Seal, & Garcia, 2009). Jimenez et al. (2009) found that "machismo and power imbalance," can hurt the development of relationships and of "shared responsibility for a safe environment" (p. 1). In the Hispanic/Latino population, the stigma of not being a "man" can lead a male who has been labeled homosexual or bisexual to delay seeking STD and HIV testing (Jimenez et al., 2009, p. 2). Kihlstrom and Harackiewicz (1990) wrote that the machismo phenomenon is inherent in the lives of Hispanic/Latino male's behavioral growth. This behavioral factor can be related to Bandura's "portrayals of the relations between personal and environmental factors in the determination of behavior" (Kihlstorm et al., 1990, p. 87). The machismo behavior under the social cognitive theory would be seen as a "model" of how young Hispanic/Latino male children observed and imitate the actions

of older men. In the Hispanic/Latino community these men perceive themselves as being the only person who makes all the decisions in the relationship. This type of behavior would come under the umbrella of peer pressure. This peer pressure behavior exerts an ideology over Hispanic/Latino male individuals to take unhealthy sexual chances. The behavior exhibited in the above paragraph is part of the negative sexual behaviors that are being presented in this study.

Davison, Updegraff, and McHale (2011) surmised in there study that "from a social learning perspective, youth who learn positive, effective ways of socially interacting in the context of their parental relationships may generalize these skills and knowledge to relationship with peer" (p. 2). According to Davison et al., "youth who learn negative, ineffective social interaction strategies with parents may generalize these poor skills to peer relationship, which would indicate matching association such that problematic interactions are apparent in relationship with parents and peers" (p.2). This failure of response in the development of appropriate relationship knowledge/skills would cause the youth to have detached relationships, "(i.e., low acceptance and closeness) with parents and peers" (Davison et al., 2011, p. 2).

Literature Relating to Differing Methodologies

This segment reviews previous research that discussed methods related to this study. The majority of studies used a cross-sectional design, which was the method used in this study. A review of the literature examined methods used by other researchers who conducted separate studies on sexual behaviors, peer pressure, relationship knowledge as each related to HIV/AIDS. In Unger's (2000) study, the "construct of peer pressure was examined as part of a qualitative study of determinants of mental health for 41 high-risk

adolescents" (p. 170). The population consisted of "two groups from a small urban center in southwestern Ontario, Canada" (p. 171). There were two interviews per participant that included "opened-ended questions and they lasted one to one-and-a-half hours" (p. 171). Unger (2000) defined peer pressure as "pressure from peers to do something or to keep from doing something else, no matter if you personally want to or not" (p. 170). The study examined how adolescents viewed their individual power and understanding, and how they experienced their feelings and psychological change within themselves. Unger's (2000) research provided insight into how peer pressure affected these particular adolescents (p. 171).

Unger (2000) furthermore defined the stages of the development of self-direction in which adolescents believed they could exercise and understand who they were and what type of alternatives they could choose. The adolescents' new understanding was influenced by outside entities such as friends, family members, and peers. Adolescents in these peer group studies typically transitioned through many stages of internal and external development. Unger's (2000) study identified experiences that contributed to the self-projection of these adolescents and the treatment they received. In addition, the study identified how acceptance and self-assurance played roles in determining how the adolescents saw themselves within their world. Unger (2000) conducted a qualitative study that gathered data through one-on-one interviews with the participants. The study participants were interviewed twice to confirm the validity of the data obtained during the first and second interview (Unger, 2000, p. 177).

The goal of Wisnieski and Matzo's (2013) quantitative research study was to identify the different levels of peer pressure effects on individuals in the following age

groups: 10 to 14, 11 to 13, 14 to 16, 15 to 17, and 18 to 21. According to Wisnieski and Matzo (2013), "peer groups can encourage or reinforce adolescents' decisions about whether to engage in sexual activity" (p. 69), and at this stage parents can intervene with questions about the sexual activities of friends and peers. The researcher contended there needed to be some preventative parental or educational involvement to help adolescents make healthier decisions about sexual behavior and relationships. In a social context, there was a tendency for adolescents to feel they must conform in order to belong within their social group, and this is how peer pressure gained its foothold on the adolescent thought process. The effects of negative peer behavior were so strong that Wisnieski and Matzo (2013) reported "female adolescents engaged in sexual activity to be accepted by their peers and to avoid the label of being outdated. Other factors that contributed to adolescent peer pressure problems included risky sexual behavior, use of drugs and alcohol, and sensation seeking" (p. 68). Findings from the research studies conducted by Unger (2000) and Wisnieski and Matzo (2013) supported the need for this dissertation research to examine correlations between peer pressure, relationship knowledge, and sexual behavior among Latino/Hispanic adolescents. These studies showed that peer pressure and other factors are defined aspects in the determination of adolescent sexual behaviors. The studies lend evidence for the research content of this dissertation.

Summary

The SCT provided a foundation for identifying and understanding the three major components of this literature review: peer pressure, relationship knowledge, and risky sexual behavior. If there is early intervention related to these three factors, there is a greater likelihood that the individual will avoid outcomes like HIV/AIDS, STDs, and

unplanned pregnancy. This dissertation examined the combined effects of peer pressure and relationship knowledge on the sexual behavior of Hispanics/Latinos. There is an increasingly high incidence of STDs and HIV/AIDS among Hispanic/Latino families who live and worked in Harris County, Houston, Texas. In order to suggest steps to reverse this trend, this study assessed whether there are correlations between peer pressure, relationship knowledge, and risky sexual behavior.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine the relationships between peer pressure and relationship knowledge to risky sexual behavior in the Hispanic/Latino population ages 18 to 24 in Harris County, Houston, Texas. This chapter contains an explanation of the research design, study sample, survey tools, data analysis, and ethical considerations that was used to fulfill this aim. Harris County Houston, Texas, reported that in 2011 Hispanic/Latinos roughly made up 31% of all new HIV diagnoses in that year. 23% of Hispanic/Latinos are living with HIV in Harris County, Houston, Texas (p. 82). The Houston Area HIV/AIDS Prevention Community Planning Group (2013) wrote that the hardest hit with this epidemic included Hispanics/Latinos 18 to 24 years of age that are living and working in Harris County, Houston, Texas (p. 82). In 2010, Hispanic/Latino men accounted for "87% (8,500) of all estimated new HIV infections among Hispanics/Latinos in the US. 2010, Hispanic woman/Latinas accounted for 14% (1,400)" of the estimated new infections among all Hispanic/Latinos in the US (CDC, 2010).

Research Design and Rationale

This study consisted of an examination of a specific community and social problem using a quantitative, cross-sectional design. This research design facilitates a description of a configuration of connection between variables (Frankfort-Nachmias, 2009), and was appropriate to the study goals of testing connections between different independent and dependent variables. Quantitative studies have a structure that enables a researcher to use a scientific theory to develop a hypothesis that is tested by survey data

analysis (Frankfort-Nachmias, 2009), which aligned with my desired data collection method. The survey design gathers information from populations that have been identified for the purposes of the research.

There are several survey designs that meet the needs of quantitative research studies (Creswell, 2009). McKenzie, Neiger, and Thackeray (2009) maintained that "single-step and/or cross-sectional surveys are a means of gathering primary data in which the data collected or gathers the data from the individuals or groups with a single contact—thus, the term single step" (p. 83). The research goal, by definition, was to answer the research questions that guided this dissertation. A quantitative research design was the appropriate method for doing so. In addition, "ordinal level of measurement" (Creswell, 2009, p. 143) offers the best analytical tools needed to express empirical data to substantiate the study's validity. Ordinal level exhibits a "relationship between classifiable information" (p. 143). Issel (2009) asserted that the most "common ordinal variables are generated from a Likert-type scale, such as good, fair, and poor" (p. 362).

A correlation method was most suited for this quantitative cross-sectional study. Correlation uses the information between two variables or multiple variables to produce data to supported research findings. Green and Salkind (2011) noted that "each individual or case must have scores on two quantitative variables" (p. 257). A correlation method was the method of choice for this quantitative study on the influences of peer pressure on the sexual behaviors of Hispanic/Latino young adults. Finally, multiple linear regression was used to determine whether the independent variables predict the dependent variable.

Methodology

Population

The study participants were Hispanic/Latino young adults ages 18 to 24 who live and worked in the six wards in Harris County, Houston, Texas. According to the U.S. Department of Commerce (2013) Census Bureau there were "1,671, 540, Hispanic/Latino residents living in Harris County, Houston, TX. This is 40.8% of the total Harris County population" (USDC, 2013). Of the total Hispanic/Latino population of "1,671,540 there are approximately 196,296 Hispanic/Latino between the ages of 18 to 24" (USDC, 2013). There is a total of "104,517 Hispanic/Latino males ages 18 to 24 and 91,779 Hispanic/Latino females ages 18 to 24 who live in Harris County, Houston, TX" (USDC, 2013). Questionnaires were given in English and participants were selected for the following reasons:

1. They were an accessible demographic population.
2. They were of an age to provided informed consent.
3. They represented a demographic with the experience of both positive and negative life events.
4. Their age and educational background should have enabled them to understand the questionnaires.
5. They represented a population with the ethnic background needed for this research study.

Sampling

Creswell (2009) defined the guidelines for a quantitative study using identification of a population sample. Without sampling and segmentation, which are part of the basic framework of a quantitative study, the study's reliability and validity would be compromised. Segmentation methods were used to extract the Hispanic/Latino 18-24-year-old population out of the total Hispanic group number. According to McKenzie et al. (2009), "segmentation is a way to divide the priority population into smaller, more homogeneous or similar groups. Segmentation is important because it helps you narrow in focus your marketing strategies and develop the right product" (p. 290). To further narrow this study, the population of Hispanic/Latino 18-24-year-olds was geographically segmented (based on Houston's designation of wards). Geographical segmentation was the method of choice to support the cluster sampling method for gathering data in this quantitative study.

McKenzie, Neiger, and Thackeray (2009) stated that a "researcher must divide population clusters, usually by more geographical boundaries" (p. 173). Nachmias (2009) maintained that "cluster sampling involves first selecting larger groupings, called clusters, and then selecting the sampling units from the clusters" (p. 173). Houston, Texas has 6 wards (or clusters) within its boundaries. The geographical wards were the basis for the cluster sampling method used for this quantitative study. This type of sampling is most consistent with privacy laws that protect individuals' personal information such as their names and other identification. To determine the necessary sample size, the total population of Hispanic/Latinos living and working in Houston was extracted and distributed among the six wards to determine the number of participants needed to satisfy

an estimated 10% distribution of the population of 18-to-24-year-olds (USDC, 2013). The margin of error was 5% with a confidence level of 80% using the population size of 196,296. The response distribution was 50% with a recommended sample size of *n=173* (Raosoft, 2004). I used *n=173* as the total for all wards combined then divided that number by the six wards, the number of participants was about *n=28* per ward to satisfy the probability sample (USDC, 2013). For this dissertation the above distribution was used to satisfy the minimum recommended size for this study.

Procedures for Recruitment and Data Collection

The survey participant population of Hispanics/Latinos ages 18 to 24 came from the 6 Houston Community College (HCC) community partner locations. HCC has locations in each of the six wards of Harris County, Houston. As the survey interviewer I went out on the campus recruiting students for the study. People were approached by the survey interviewer with a flyer to guide them to a private office and determine if the individual qualified to become a participant in the study. As the survey interviewer, I used the screening instrument to accept 173 participants into the study who agreed to participate and were eligible. A random number generator was used to keep the participant survey information confidential. Once an individual met the minimum requirements to become a participant, he or she was given a random number and advised of the rights to confidentiality before signing the study consent form. The campus library or an office was used to sign the informed consent and complete the survey. The last phase involved the participant filling out a self-administered paper and pencil survey instrument. Upon completion, the participant received a $5 gift card as compensation. Each filled-out survey was inserted into a sealable envelope and kept on the researcher

until the data was inputted into the computer system for analysis. When all the data were compiled the paper surveys and jump drive with the study data were stored in a locked cabinet.

Instrumentation

The goal of this research study was to analyze the variables of peer pressure and relationship knowledge and their correlation with risky sexual behaviors among young Hispanics/Latinos. This quantitative research study used three survey instruments in English to measure each variable. The three survey tools that were distributed to the study population were (a) the Peer Pressure Inventory (PPI); (b) the Youth Risk Behavior Survey (YRBS), which measures risky sexual behaviors and (c) the TRU Relationship Survey which measures perceptions of relationships knowledge.

Peer Pressure Inventory

Santor, Messervy, and Kusmakar (2000) and Brown, Clasen, and Eicher (1986) conducted research using an instrument developed by Brown et al. for the measurement of peer pressure. The PPI "was designed to assess the perception of peer pressure in a number of domains, including peer social activities, misconduct, conformity to peer norms, involvement in school, and involvement with family" (Santor et al., 2000, p. 164). "Peer pressure in this study was defined explicitly as when people your own age encourage you to do something or to keep from doing something else, no matter if you want to or not" (Santor et al., 2000, p. 164). The PPI survey used standard methods such as a Likert-type scale. In the survey, "young people are required to assess 53 items on a 7-point scale indicating whether they feel pressure toward or away from activities (e.g., "be social" versus "not be social") and to what degree" (Santor et al., 2000, p. 173). The

PPI survey takes about 20 to 30 minutes to complete. Brown (1986) wrote that "research has shown that the PPI scale is valid, reliable, and internally consistent and that high scores on the scale are related to involvement in peer activities, antisocial activities, and misconduct" (p. 173). Also in "assessment of the PPI instrument's validity, provided these scale scores were compared among respondents identified by peers as member of the three major peer groups: jocks, druggies, and loners. Theoretically, "peer pressure is a means of enforcing peer group norms" (Brown, 1986, p. 3). Brown (1986) quantified that "peer group differences in perceived peer pressure should reflect normative distinctions among the groups. Group difference corresponded to stereotypic difference in peer group norms and supported the validity of the PPI" (p. 3).

Youth Risk Behavior Survey

The 2013 Youth Risk Behavior Surveillance System (YRBSS) was used in this study to measure risky sexual behaviors. The YRBSS "questionnaire included four items that assess demographic information; 20 items related to unintentional injuries and violence; 11, tobacco used; 18 alcohol and other drug use; seven, sexual behavior; 16 body weight and dietary behaviors; seven, physical activity; and four, other health related topic" (CDC, 2013). To answer the research questions, I used YRBSS sections that detail demographic information, behaviors, and sexual behaviors associated with the sexually transmitting of HIV and other sexually transmitted diseases. Using the 2013 YRBSS the participants answered questions 1-5 from the demographic section, 21- 23 from the violence-related behaviors section, and questions 59 - 65 from the sexual behavior section. The questionnaire is self-administered and the participants recorded their responses on an answer sheet. Answering the 10 questions on the questionnaire took

about 15 minutes to complete and tabulate a score from each of the sections (CDC, 2013. CDC "has been committed to ensuring that the data are the highest quality. The original questionnaire was field tested. CDC also conducted two test-retest reliability and validity studies on the 1999 and 2000 versions of the questionnaires," that reported accurate and sound data (CDC, 2013). The CDC gave out surveys on two occasions, "14 days apart. Approximately three fourths of the questions were rated as having a substantial or higher reliability (kappa=61%-100%), and no statistically significant differences were observed between the prevalence estimates for the first and second times that the questionnaire was administered" (CDC, 2013). CDC Youth Risk Behavior Surveillance System (2013) wrote that "during the preceding 20 years, analysis and interpretation of YRBSS data have been instrumental in planning, implementation, and evaluation of public health and school-based policies and practices" (CDC, 2013, p. 44). Schad, Szwedo, Antonishak, Hare and Allen (2008) wrote that "study results provided additional evidence for the increasingly accepted notion that adolescent relationships deserve to be taken seriously by both the larger research community and by health-care professionals" (p. 15).

Teenage Research Unlimited Survey

TRU Survey measured perceptions of relationship knowledge. Glauber (2008) used TRU Research Company to compile data for a Tween Relationship Study. "The study researched how sex and significant levels of abusive behavior is considered a part of tween dating relationships" (p.1). Glauber was contacted for the use of the survey tool and permission was given to use the questionnaires for this study. Glauber (2008) stated that they used the TRU tool to "survey three groups with a 15-minute online instrument administered to each of them: 1,043 adolescents (ages 11-14), 523 parents, and 626

teenagers (ages 15-18). The sample sizes for these three group yield margins of error of +3.0, +4.1 and +3.9 (respectively) percentage points at a 95% confidence level" (Glauber, 2008, p. 3). The TRU survey was modified to fit the specifications needed to analyze data received from the questions that are related to relationship knowledge. Modification of TRU Relationship Survey consisted of 3 deleted questions that were not applicable to relationship knowledge.

Operationalization of Variables

The relationship of the independent variables (peer pressure and relationship knowledge) to the dependent variable (sexual behaviors) set the parameters in the type of questions that were asked of the participants. The scaling method that was best suited for a social behavior research project such as this one was the "Likert Scales [method which is] designed to measured attitudes" (Aschengrau, 2008, p. 422), of the participants involved in the study.

Peer Pressure. The independent variable, peer pressure, was measured by questions from the PPI. PPI questions directly "drew on three sets of scale scores: willingness to conform to peers (conformity dispositions), perceived peer pressures, and self-reported behavior" (Brown et al., 1986, p. 522). PPI has "pairs of statements describing peer pressure—which is when your friends encourage you to do something or to not do something else" (p. 1). The values are scored using a scale for each questioned that ranges from -3 to 3 or 3 to -3 depending on the questioned. All questions come under this heading "How strong is the pressure from your friends to… and the other end of the heading is "Or to"(Brown, 1986, p. 1). The participants selected from a range of questions that generate a response regarding what level of pressure the participants are

feeling from their friends. For example one of the questioned asked; “Be part of any “crowd” at school that you want to and on the other end the questioned states “Try to get into certain “crowds” and not others.” The selections for this question were, 3 a lot, 2 somewhat, 1 little, NA no pressure, -1 little, -2 somewhat, and -3 a lot. “Each item was scored from -3 to +3, with the (No Pressure) option scored as zero. Subscale scores were derived by taking the mean of item scores (Brown, 1996, p. 3).

Relationship Knowledge. The independent variable, relationship knowledge, was measured by questions from the TRU Survey. TRU survey questions directly drew on scale scores to questions such as: “Have you ever been in a boyfriend/girlfriend relationship?”, “Have you ever had a partner in a dating or serious relationship?” When scoring the survey, 1 was yes, 2 was no and 3 was don’t know.

Sexual Behavior. The YRBSS was used to measured sexual behaviors. Table 1 summarizes details about the survey questions that were drawn from the YRBSS to make up the variable of sexual behaviors. CDC (2013) stated that the “national YRBS sample is designed to produce estimates that are accurate within $\pm$ 5% at a 95% confidence level. Sexual risk behaviors involve intercourse, STDs, HIV/AIDS and unplanned pregnancy” (p. 1).

Table 1

Sexual Behavior Variables as Measured by YRBSS Survey Questions

Variable	Question #	Definition	Scoring	Type of Variable
Ever had sex	Q59. Ever had sexual intercourse	Sexual intercourse	Numerator: Students who answered A for Q60 Denominator: Students who answered A or B for Q60 Summary text: Percentage of students who ever had sexual intercourse QN variable label: Had sex ever	Categorical
Age first had sexual intercourse	Q60. Percentage of students who had sexual intercourse for the first time before age 13 years A. have never had sexual intercourse B. 11 years old or younger C. 12 years old D. 13 years old E. 14 years old	Percent of students who had sexual intercourse for the first time before age 13 years.	Numerator: Students who answered B or C for Q60 Denominator: Students who answered A, B, C, D, E, F, G, or H for Q60 Summary text: Percentage of students who had sexual intercourse for the first time before age 13 years	Ordinal

	F. 15 years old G. 16 years old H. 17 years old or older			
How many sex partners	Q61. During your life, with how many people have you had sexual intercourse? A. I have never had sexual intercourse B. 1 person C. 2 people D. 3 people E. 4 people F. 5 people G. 6 or more people	Lifetime, number of sexual partners.	QN61: Numerator: Students who answered E, F, or G for Q61 Denominator: Students who answered A, B, C, D, E, F, or G for Q62 Summary text: Percentage of students who had sexual intercourse with four or more people during their life QN variable label: Had sex with 4+ people in life	Ordinal
Sexual partners in last 3 months	Q62 During the past 3 months, with how many people did you have sexual intercourse? A. I have never had sexual intercourse	Percentage of students who had sexual intercourse with one or more people during the past three months.	Numerator: Students who answered C, D, E, F, G, or H for Q62 Denominator: Students who answered A, B, C, D, E, F, G, or H for Q62 Summary text: Percentage of students who had	Ordinal

	B. I have had sexual intercourse, but not during the past 3 months C. 1 person D. 2 people E. 3 people F. 4 people G. 5 people H. 6 or more people		sexual intercourse with one or more people during the past three months QN variable label: Had sex with 1+ people 3 months	
Drug use and sexual intercourse	Q63. Did you drink alcohol or used drugs before you had sexual intercourse the last time? A. I have never had sexual intercourse B. Yes C. No	Use alcohol or drugs before sexual intercourse the last time.	Yes=1 No=0 Numerator: Students who answered B for Q63 Denominator: Students who answered C, D, E, F, G, or H for Q62 and answered B or C for Q64	Categorical
Condom use	Q64. The last time you had sexual intercourse; did you or your	Condom use during the last sexual intercourse.	Numerator: Students who answered B for Q64 Denominator: Students who answered C, D, E, F, G, or H for Q63 and	

	partner used a condom? A. I have never had sexual intercourse B. Yes C. No		answered B or C for Q65 Summary text: Among students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse QN variable label: Of current sex, used	
Use of contraception method	Q65. The last time you had sexual intercourse, what one method did you or your partner used to prevent unplanned pregnancy? (Select only one response.) A. I have never had sexual intercourse B. No method was used to prevent unplanned pregnancy C. Birth control pills D. Condoms	Method used to prevent unplanned pregnancy during the last sexual intercourse.	Numerator: Students who answered C for Q65 Denominator: Students who answered C, D, E, F, G, or H for Q63 and answered B, C, D, E, F, G, or H for Q65 Summary text: Among students who had sexual intercourse during the past three months, the percentage who used birth control pills to prevent unplanned pregnancy before last sexual intercourse	Ordinal

	E. An IUD (such as Mirena or ParaGard) or implanted (such as Implannon or Nexplannon)
	F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
	G. Withdrawal or some other method
	H. Not sure

Data Analysis

SPSS was used for data analysis. The data was entered into the system and checked for inconsistencies by manually reviewing for missing and invalid values. Descriptive statistics were run to determine the overall rates of independent and dependent variables according to demographic characteristics (to describe the sample population). Research question 1 involved a continuous independent variable (peer pressure). Research question 2 also involved a continuous independent variable (relationship knowledge). Both questions involved a mix of continuous (number of lifetime sex partners) and dichotomous dependent variables (condom use and alcohol/drug use). Research question 3 involved how peer pressure and relationship

knowledge predict risky sexual behaviors (dependent variable). Initially, linear and logistic regression analyses were proposed to answer the following research questions:

Research Question 1. Is peer pressure associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho1. There is no statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha1. There is a statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Research Question 2. Is relationship knowledge associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho2. There is no statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha2. There is a statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Research Question 3. Do peer pressure and relationship knowledge predict risky sexual behaviors among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho3. Peer pressure and relationship knowledge do not predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha1. Peer pressure and relationship knowledge do predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

All three research questions were answered through regression analyses that included each independent variable (peer pressure and relationship knowledge) as well as the interaction term and the dependent variable (risky sexual behavior). The output of these analyses gave the main effect of peer pressure (RQ1), the main effect of relationship knowledge (RQ2), and the combined effect of both variables (RQ3) on three measures of risky sexual behavior: condom use last time had sex, alcohol or drugs use last time had sex, and number of lifetime sexual partners. Logistic regression was proposed to test dichotomous dependent variables, condom use and alcohol/drug use, while linear regression was appropriate for the continuous dependent variable, number of lifetime sexual partners. However, some of the assumptions for linear regression were not met. In Chapter 4 I will describe why number of lifetime sexual partners was changed from continuous to dichotomous variable, resulting in all research questions being answered by logistic regression analysis.

Threats to Validity

Creswell (2009) maintained that an "experimental researcher needs to identify potential threats to the internal validity of their experiments and design them so that these threats will not likely rise or are minimized" (p. 162). The CDC (2013) determined that although the YRBSS relies on self-reported behaviors, the validity of self-report of each type of behavior are affected equally. Other threats to validity can be attributed to educational background and language of origin within the Latino/Hispanic population. These factors can alter the participant's understanding of the questionnaires intention. YRBSS questionnaire has been used for over a decade and has produced good sound data to reported risky sexual behavior and other health related problems. The PPI has been in

used since 1985. Brown (1986) wrote that to "assess instrument's validity, scores were compared among respondents identified by peers as members of three major adolescent peer groups: jocks, druggies, and loners. Group differences corresponded to stereotypic differences in peer group norms and supported the validity of the PPI" (p. 523). Finally, the TRU survey was only used one time in the field and was never tested for reliability or validity. There were few choices for a survey on relationship knowledge, so it is unclear whether the TRU survey appropriately measured this construct.

Ethical Concerns

The purpose of the study was to examine the relationship between peer pressure and relationship knowledge to risky sexual behavior in the Hispanic/Latino population ages 18 to 24. Before proceeding into data collection, I obtained approval from Walden University's Institutional Review Board (01-09-15-0121419). The participants were asked to complete three types of questionnaires the Peer Pressure Inventory (PPI), Teenage Research Unlimited (TRU) survey, and the Youth Risk Behavior (YRBSS) survey. All participants who were selected for the study were advised of the study purpose, guidelines and expectations. Prior to survey the participants signed a consent form that explained in detail confidentiality rules in respect to this research and the individual. Each participant was treated fairly and equitably regardless of race, gender and or national origin.

The primary selected population for this study was Hispanics/Latino students ages 18 to 24 who attended the Houston Community College system. The participants were given autonomy to answer questions in an uninterrupted and private manner in a placed that is conducive to the completion of the survey instrument, which was a library or

office on a Houston Community College campus. The collection of research data adhered to privacy and confidentiality mandates that state that only I had access to such information. Materials, questionnaires and any other related materials that are connected to this study will be kept in a secure locked cabinet in my possession for at least 5 years.

Summary

In summary, a cross-sectional survey design was used to examine the relationship between peer pressure and relationship knowledge to risky sexual behavior in the Hispanic/Latino population ages 18 to 24. A cluster sample of Hispanic/Latino young adults in Harris County completed the PPI, TRU and YRBSS questionnaires to answer the three research questions. Data analysis was performed using logistic regression. This research can be instrumental in the development of education programs related to STDs and HIV/AIDS in this population.

Chapter 4: Results

Introduction

This chapter presents the results obtained from the primary data analysis of relationship knowledge, peer pressure, and sexual behavior among students of Hispanic/Latino descent. The aim of this chapter is to demonstrate the relationships between variables that can lead to risky sexual behavior in this particular population. A representative sample of students aged 18 to 24 was recruited at each of the six campuses in the Houston city area. Participants responded to three surveys regarding sexual behavior, relationship knowledge, and peer pressure.

A description of how data were selected and recorded for subsequent data analysis is included in this chapter. The SPSS Logistic Regression tool was used to evaluate the variables of peer pressure and relationship knowledge and how they were related to risky sexual behavior. The data analysis offered central tendency measures, frequency distribution, and percentages to describe each variable used for the purpose of this study. Each survey question is presented in alignment with its respective statistical test result. This chapter concludes with a summary of data results and a transition to Chapter 5 discusson.

Study Population

A total of 173 participants completed all sections of the study questionnaire. The mean age of participants was 21.47 (± 2.09 *SD*) years. Two-thirds of the participants were female (116, 67.1%), and the majority were in their freshman (60, 34.7%) or sophomore (78, 45.1%) year of college. Among the participants, 79% (*n* = 136) reported ever having sex. The mean age for first time having sex was 15.63 ± 1.5 years. Most of

the participants who reported ever having sex did not used alcohol or drugs the last time they had sex (112, 79.4%); however, only 54% used a condom (n = 75). About half of the study population reported 0-3 lifetime sex partners (71, 51.4%). The mean score for the Total Peer Pressure scale was 2.68 ± 2.62 out of a possible score of 10. This indicated that the majority of participants had experienced a low to moderate level of peer pressure. The mean score for the Total Relationship Knowledge scale was 42.23 ± 7.0 out of a possible score of 50. This indicated that most participants reported high levels of relationship knowledge. Table 2 provided a summary of the descriptive statistics for the study population.

Table 2

Descriptive Statistics for the Study Population (N = 173)

Variable	*n*	%
Gender	173	
Female	116	67.1
Male	57	32.9
Year in college	173	
Freshman	60	34.7
Sophomore	78	45.1
Junior	26	15.0
Senior	9	5.2
Ever had sex	172	
No	36	20.9
Yes	136	79.1
Alcohol or drugs used last time had sex	141	
No	112	79.4
Yes	29	29.6
Condom use last time had sex	138	
No	63	45.7
Yes	75	54.3
Number of lifetime sex partners	138	
Low (0-3)	71	51.4
High (4+)	67	48.6

Variable	*Mean*	*SD*
Age	21.47	2.09
Age first time having sex	15.63	1.5
Total peer pressure score	2.68	2.62
Total relationship knowledge score	42.23	7.0

Note. Total frequency may differ based on Missing or Not Sure responses.

Research Results

Three dependent variables were examined as potential indicators of risky sexual behavior in this study: *condom use last time had sex*, *alcohol or drugs use last time had sex*, and *number of lifetime sexual partners*. Logistic regression was used to see if the independent variables (peer pressure and relationship knowledge) predicted the dichotomous dependent variables (condom use and alcohol/drug use). Linear regression was proposed to see if peer pressure and relationship knowledge predicted number of lifetime sexual partners. Three assumptions of linear regression were met: continuous dependent variable, linear relationship between the variables, and independence of observations, in accordance with Freedman (2009). However, two assumptions were violated (homoscedasticity and approximate normal distribution of the residual errors of the regression line), so linear regression analyses could not be performed.

Because of the violated assumptions, I converted the number of lifetime sexual partners into a dichotomous variable (0-3 partners = low, 4+ partners = high). Assumptions for logistic regression were checked and met: dichotomous dependent variable, at least one categorical or continuous independent variable, independence of

observations, and linear relationship between continuous independent variables and the logit transformation of the dependent variable (Laerd, 2016). Ultimately, analyses for each research question proceeded with logistic regression for all three dependent variables.

Research Question 1. Is peer pressure associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho1. There is no statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha1. There is a statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Logistic regression was performed to determine whether peer pressure was associated with condom use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (1) = .583, p = .445 (see Table 3). The model only explained 0.6% (Nagelkerke R^2) of the variance in condom use the last time participants had sex (see Table 4).

Table 3

*Omnibus Tested of Model Coefficients for Peer Pressure and Condom Use (*N *=173)*

		Chi-square	*df*	Sig.
Step 1	Step	0.583	1	0.445
	Block	0.583	1	0.445
	Model	0.583	1	0.445

Table 4

*Model Summary for Peer Pressure and Condom Use (*N = *173)*

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	189.681[a]	0.004	0.006

[a] Estimation terminated at iteration number 3 because parameter estimate less than .001.

Table 5

*Variables in the Equation for Peer Pressure and Condom Use (*N = *173)*

	B	*SE*	Wald	*df*	Sig	Exp (B)	95% CI for EXP (B)	
							Lower	Upper
Step 1[a]	TOTPEER	0.046	0.06	0.576	1	0.448	1.047	0.93 1.178
	Constant	0.052	0.234	0.05	1	0.824	1.054	

Note. CI = confidence interval

[a] Variable(s) entered on step 1:
TOTPEER.

Logistic regression was performed to determine whether peer pressure was associated with alcohol or drug use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (1) = .288, p = .592 (see Table 6). The model explained 0.3% (Nagelkerke R^2) of the variance in alcohol or drug use the last time participants had sex (see Table 7).

Table 6
Omnibus Tested of Model Coefficients for Peer Pressure and Alcohol or Drug Use (*N* =173)

		Chi-square	*df*	Sig.
Step 1	Step	0.288	1	0.592
	Block	0.288	1	0.592
	Model	0.288	1	0.592

Table 7
Model Summary for Peer Pressure and Alcohol or Drug Use (*N* =173)

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	143.016[a]	0.002	0.003

[a] Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Table 8
Variables in the Equation for Peer Pressure and Alcohol or Drug Use (*N* = 173)

		B	*SE*	Wald	*df*	Sig	Exp (B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTPEER	0.038	0.071	0.294	1	0.588	1.039	0.905	1.193
	Constant	1.458	0.292	25.981	1	0	0.233		

[a] Variable(s) entered on step 1: TOTPEER.

Logistic regression was performed to determine whether peer pressure was associated with number of lifetime sexual partners (0-3 partners = low; 4+ partners = high). The logistic regression model was not statistically significant, X^2 (1) = 3.337, p = .068 (see Table 9). The model explained 3.2% (Nagelkerke R^2) of the variance in number of lifetime partners (see Table 10).

Table 9
Omnibus Tested of Model Coefficients for Peer Pressure and Number of Lifetime Sex Partners (*N* =173)

		Chi-square	*df*	Sig.
Step 1	Step	3.337	1	0.068
	Block	3.337	1	0.068
	Model	3.337	1	0.068

Table 10
Model Summary for Peer Pressure and Number of Lifetime Sex Partners (*N* =173)

Step	2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square

1	187.856[a]	0.024	0.032

[a] Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Table 11
Variables in the Equation for Peer Pressure and Number of Lifetime Sex Partners (*N* =173)

		B	*SE*	Wald	*df*	Sig	Exp (B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTPEER	0.111	0.062	3.178	1	0.75	0.895	0.792	1.011
	Constant	0.236	0.236	1.005	1	0.316	1.267		

[a] Variable(s) entered on step 1: TOTPEER.

Based on results from the three logistic regressions tested, the null hypothesis for research question 1 was maintained. This means that there was no statistically significant association between peer pressure and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Research Question 2. Is relationship knowledge associated with risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho2. There is no statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha2. There is a statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Logistic regression was performed to determine whether relationship knowledge was associated with condom use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (1) = .195, p = .659 (see Table 12). The model only explained 0.2% (Nagelkerke R^2) of the variance in condom use the last time participants had sex (see Table 13).

Table 12

Omnibus Tested of Model Coefficients for Relationship Knowledge and Condom Use (*N* =173)

		Chi-square	*df*	Sig.
Step 1	Step	0.195	1	0.659
	Block	0.195	1	0.659
	Model	0.195	1	0.659

Table 13

Model Summary for Relationship Knowledge and Condom Use
(*N* =173)

Step	2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	190.069[a]	0.001	0.002

[a] Estimation terminated at iteration number 3 because parameter estimates changed by less than .001.

Table 14

Variables in the Equation for Relationship Knowledge and Condom Use (*N* =173)

		B	*SE*	Wald	*df*	Sig	Exp (B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTREL	0.012	0.027	0.194	1	0.659	1.012	0.96	1.066
	Constant	0.327	1.15	0.081	1	0.721	0.721		

[a] Variable(s) entered on step 1: TOTREL

Logistic regression was performed to determine whether relationship knowledge was associated with alcohol or drug use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (1) = .275, p = .600 (see Table 15). The model explained 0.3% (Nagelkerke R^2) of the variance in alcohol or drug use the last time participants had sex (see Table 16).

Table15

Omnibus Tested of Model Coefficients for Peer Relationship Knowledge and Alcohol or Drug Use (*N*=173)

		Chi-square	*df*	Sig.
Step 1	Step	0.275	1	0.6
	Block	0.275	1	0.6
	Model	0.275	1	0.6

Table 16

Model Summary for Relationship Knowledge and Alcohol or Drug Use (*N* =173)

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	143.029[a]	0.002	0.003

[a] Estimation terminated at iteration number 3 because parameter estimates changed by less than .001.

Table 17

Variables in the Equation for Relationship Knowledge and Alcohol or Drug Use (*N* =173)

Step		B	*SE*	Wald	df	Sig	Exp (B)	95% CI for EXP (B)	
								Lower	Upper
1[a]	TOTREL	0.016	0.31	0.264	1	0.608	1.016	0.955	1.081
	Constant	2.039	1.363	2238	1	0.135	0.13		

[a] Variable(s) entered on step 1:TOTREL

Logistic regression was performed to determine whether relationship knowledge was associated with number of lifetime sex partners. The logistic regression model was not statistically significant, or may be considered marginally significant, X^2 (1) = 3.720, *p* = .054 (see Table 18). The model explained 3.3% (Nagelkerke R^2) of the variance in number of lifetime sex partners (see Table 19).

Table 18

Omnibus Tested of Model Coefficients for Relationship Knowledge and Number of Lifetime Sex Partners (*N* =173)

	Chi-square	df	Sig.

Step 1	Step	3.72	1	0.054
	Block	3.72	1	0.054
	Model	3.72	1	0.054

Table 19

Model Summary for Relationship Knowledge and Number of Lifetime Sex Partners (*N* =173)

Step	2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	172.762[a]	0.021	0.033

[a] Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Based on the results from the three logistic regression tests, the null hypothesis for research question 2 was maintained. This means that there was no statistically significant association between relationship knowledge and risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Table 20

Variables in the Equation for Relationship Knowledge and Number of Lifetime Sex Partners (*N* = 173)

		B	*SE*	Wald	df	Sig	Exp(B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTREL	0.049	0.025	3.827	1	0.05	1.051	1	1.104
	Constant	0.729	1.055	0.478	1	0.49	0.482		

[a] Variable(s) entered on step 1: TOTREL

Research Question 3. Do peer pressure and relationship knowledge predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas?

Ho3. Peer pressure and relationship knowledge do not predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Ha3. Peer pressure and relationship knowledge do predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Logistic regression was performed to determine whether peer pressure and relationship knowledge were associated with condom use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (2) = .770, p = .680 (see Table 21). The model only explained 0.7% (Nagelkerke R^2) of the variance in condom use the last time participants had sex (see Table 22).

Table 21
Omnibus Tested of Model Coefficients for Peer Pressure, Relationship Knowledge, and Condom Use (*N* =173)

		Chi square	df	Sig.
Step 1	Step	0.77	2	0.68
	Block	0.77	2	0.68
	Model	0.77	2	0.68

Table 22
Model Summary for Peer Pressure, Relationship Knowledge, and Condom (*N* =173)

Step	2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	189,494[a]	0.006	0.007

[a] Estimation terminated at iteration number 3 because parameter estimates changed by less than .001.

Table 23
Variables in the Equation for Peer Pressure, Relationship Knowledge, and Condom Use (*N* =173)

		B	*SE*	Wald	*df*	Sig	Exp(B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTREL	0.012	0.027	0.187	1	0.665	1.012	0.96	1.066
	TOTPEER	0.045	0.06	0.569	1	0.451	1.046	0.93	1.178
	Constant	-0.44	1.162	0.143	1	0.705	0.644		

[a] Variable(s) entered on step 1:
TOTREL

Logistic regression was performed to determine whether peer pressure and relationship knowledge were associated with alcohol or drug use the last time participants had sex. The logistic regression model was not statistically significant, X^2 (2) = .560, p = .756 (see Table 24). The model explained 0.6% (Nagelkerke R^2) of the variance in alcohol or drug use the last time participants had sex (see Table 25).

Table 24

Omnibus Tested of Model Coefficients for Peer Pressure, Relationship Knowledge, and Alcohol or Drug Use (*N* =173)

		Chi-square	*df*	Sig.
Step 1	Step	0.56	2	0.756
	Block	0.56	2	0.756
	Model	0.56	2	0.756

Table 25

Model Summary for Peer Pressure, Relationship Knowledge, and Alcohol or Drug Use (*N* =173)

Step	2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1[a]	142.743 a	0.004	0.006

[a] Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Table 26

Variables in the Equation for Peer Pressure, Relationship Knowledge, and Alcohol or Drug Use (*N* =173)

		B	*SE*	Wald	*df*	Sig	Exp(B)	95% CI for EXP (B)	
								Lower	Upper
Step 1[a]	TOTREL	0.016	0.031	0.262	1	0.609	1.016	956	1.081
	TOTPEER	0.038	0.071	0.291	1	0.589	1.038	0.905	1.193
	Constant	-2.141	1.374	2.429	1	0.119	0/117		

[a] Variable(s) entered on step 1: TOTREL

Logistic regression was performed to determine whether peer pressure and relationship knowledge were associated with number of lifetime sexual partners (0-3 partners = low, 4+ partners = high). The logistic regression model was not statistically significant, X^2 (2) = 3.724, p = .155 (see Table 27). The model explained 3.3% (Nagelkerke R^2) of the variance in number of lifetime partners (see Table 28).

Table 27

Omnibus Tested of Model Coefficients for Peer Pressure, Relationship Knowledge, and Number of Lifetime Sex Partners (N =173)

		Chi-square	*df*	Sig.
Step 1	Step	3.724	2	0.155
	Block	3.724	2	0.155
	Model	3.724	2	0.155

Table 28

Model Summary for Peer Pressure, Relationship Knowledge, and Number of Lifetime Sex Partners (N =173)

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1[a]	172.759a	0.021	0.033

[a] Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Table 29

*Variables in the Equation for Peer Pressure, Relationship Knowledge, and Number of Lifetime Sex Partners (*N *=173)*

		B	*SE*	Wald	*df*	Sig	Exp (B)
Step 1[a]	TOTREL	0.004	0.068	0.068	1	0.954	1.004
	TOTPEER	0.049	0.025	3.83	1	0.05	1.051
	Constant	0.741	1.076	0.474	1	0.491	0.477

[a] Variable(s) entered on step 1: TOTREL

Based on results from the three logistic regression tests, the null hypothesis for research question 3 was maintained. This means that peer pressure and relationship knowledge did not predict risky sexual behavior among Hispanics/Latinos aged 18-24 in Harris County, Texas.

Summary

The survey participant population of Hispanics/Latinos aged 18 to 24 came from the six HCC community partner locations. Participants (*n*=173) completed three survey instruments that measured peer pressure, relationship knowledge, and risky sexual behaviors. Descriptive statistics were run to determine the overall rates of independent

and dependent variables according to demographic characteristics (to describe the sample population). SPSS and logistic regression was used to answer all three research questions of the study. Table 30 summarizes results from these analyses.

Table 30

Summary of Statistical Analysis Results

Research Question	Result	Decision Related to Null Hypothesis
1a. Is peer pressure associated with condom use the last time participants had sex?	X^2 (1) = .583, p = .445 (see Table 3)	Null maintained
1b. Is peer pressure associated with alcohol or drug use the last time participants had sex?	X^2 (1) = .288, p = .592 (see Table 6)	Null maintained
1c. Is peer pressure associated with number of lifetime sexual partners (0-3 partners = low; 4+ partners = high)?	X^2 (1) = 3.337, p = .068 (see Table 9)	Null maintained
2a. Is relationship knowledge associated with condom use the last time participants had sex?	X^2 (1) = .195, p = .659 (see Table 12)	Null maintained
2b. Is relationship knowledge associated with alcohol or drug use the last time participants had sex?	X^2 (1) = .275, p = .600 (see Table 15)	Null maintained
2c. Is relationship knowledge associated with number of lifetime sexual partners (0-3 partners = low; 4+ partners = high)?	X^2 (1) = 3.720, p = .054 (see Table 18)	Null maintained (although some evidence for marginal significance)
3a. Do peer pressure and relationship knowledge predict condom use the last time participants had sex?	X^2 (2) = .770, p = .680 (see Table 21)	Null maintained
3b. Do peer pressure and relationship knowledge predict alcohol or drug use the last time participants had sex?	X^2 (2) = .560, p = .756 (see Table 24)	Null maintained
3c. Do peer pressure and relationship knowledge predict number of lifetime sexual partners (0-3 partners = low; 4+ partners = high)?	X^2 (2) = 3.724, p = .155 (see Table 27)	Null maintained

Therefore, only one of the nine logistic regression tests was marginally significant, indicating a possible association between relationship knowledge and number of lifetime sex partners. Chapter 5 discusses conclusions, interpretation of results, and recommendations based on these study findings.

Chapter 5: Discussion, Conclusions, and Recommendations

This quantitative study consisted of a geographical segmentation-based study of 173 Hispanics/Latinos who lived, worked, and attended schools in the 6 wards of Houston Texas. Questionnaires were given to all participants who met the predetermined study requirements which included participants of $n = 28$ per each ward to satisfy the probability sample. The goal of the dissertation was to analyze the variables of peer pressure and relationship knowledge and their correlation with risky sexual behavior among young Hispanics/Latinos. The theoretical foundation for this dissertation was based on Bandura's social cognitive theory (SCT), which proposes that the development of individual psychological behavior can be attributed to internal and external environmental factors such as the emulation of good and bad behaviors in and outside of the home environment.

Interpretation of Results

The literature review supported a connection between peer pressure, relationship knowledge, and risky sexual behavior among Hispanic/Latino young adults. Lee, Donian and Paz (2009) pointed out the effects of their prevention program on risky sexual behaviors of Mexican Americans indicated that the program increased "knowledge of how peer pressure and negotiation skills can improved safer sexual behavior" (p. 1). The prevention program combined the knowledge of peer pressure and negotiation skills to support a positive outcome in Mexican American risky sexual behaviors. Killoren and Deutsch (2013) examined family relationships and risky sexual behaviors among Latino youth. Killoren (2013) concluded that "cultural-ecological, symbolic interaction, and gender socialization perspectives where connected to associations with mother and

fathers acculturation/parenting skills" (p. 1). Killoren's study supported the SCT theory which stated that internal and external factors such as parental involvement can be a major factor in reducing sexual risk for Latino adolescents. While these previous studies indicated that peer pressure and relationship knowledge had some influence on risky sexual behavior among Hispanic/Latino youth, the findings from the current study did not concur.

The data analysis for this dissertation showed that the association between peer pressure and risky sexual behavior (RQ1) as well as relationship knowledge and risky sexual behavior (RQ2) were not statistically significant. The logistic regression model to determine whether relationship knowledge was associated with number of lifetime sex partners is considered marginally significant (p = .054, Table 18); however, the model only explained 3.3% of the variance in number of sex partners (Table 19), so these findings suggest there are other variables that better predict risky sexual behavior among Hispanic/Latino youth, and/or that better instrumentation is needed to measure complex constructs like peer pressure and relationship knowledge.

Even though the null hypothesis was maintained for all three research questions, some of the findings from univariate analysis indicate considerable numbers of Hispanic/Latino young adults in Houston are engaging in risky sexual behaviors that put them at risk for HIV and STD infection. Kaestle et al. (2005) reported that "the odds of having an STI for an 18-year-old who first had intercourse at age 13 were more than twice those of an 18-year-old who first had intercourse at age 17 (prevalence odds ratio = 2.25, 95% CI; 1.43, 3.59)" (p. 1). In a separate study by Santelli, Kaiser, Hirsch, Radosh, Simkin and Middlestadt 2004) concluded that "psychosocial factors (e.g., peer,

relationships, family make-up, and gender) and particularly norms about having sex exert influence on the initiation of sexual intercourse" (p. 1). Their baseline study reported that 13% of the girls and 39% of the boys reported already having initiated sexual intercourse during their seventh and eighth grades. The study also pointed out that the risky behavior increased in the eighth grade. Findings from this study indicate that most Latinos/Hispanics in Houston are initiating sex around age 15 (average age = 15.63 ± 1.5), which is slightly older than the Santelli et al. (2004), and corresponding to approximately tenth grade. Nonetheless, some of the Hispanics/Latinos from this study are exhibiting at least one risky sexual behavior, which parallels evidence from studies that have shown early age is an indicator of risky sexual behavior (Kaestle et al., 2004; Santelli et al., 2004).

Santelli et al. (2004) noted that multiple sex partners and the failure to use contraceptive methods are other critical risk factors for pregnancy and STDs. Only 54% of this study population used a condom (n=75) and 48.6% (n=67) had more than 4 lifetime sexual partners, which further indicates that a large proportion of this study population exhibit risky sexual behaviors. While none of the three research questions in this study were statistically significant, one logistic regression test that examined the association between relationship knowledge and number of lifetime sex partners might be considered marginally significant (with a p-value slightly greater than .05) (Table 18). This finding and the descriptive statistics from this study point to the need for further examination of the factors that contribute to risky sexual behaviors among Latino/Hispanic youth in Houston, Texas.

This study used social cognitive theory (SCT; Bandura, 1977) as a means to understand the relationship between peer pressure, relationship knowledge and risky sexual behavior. The variables measured in this study lined up well with the three main aspects of SCT: relationship knowledge is a cognitive factor, peer pressure aligns with both cognitive and environmental factors, and risky sexual behavior constitutes the behavioral factor of interest. This confirms that SCT provided a clear framework for the research questions and variables involved in this study. However, since none of the findings were statistically significant, there must be other factors that were not measured that can better explain risky sexual behavior of Hispanic/Latino youth.

Limitations of the Study

In retrospect, the execution of this study, environmental setting, and selection of participants were all potential limitations of this research and may have affected its validity. Creswell (2009) stated that "participants can be selected who have characteristics that predispose them to have certain outcomes" (p. 163). Hispanic/Latino students who attended the local colleges were the only participants who were recruited for this study sample. All of the participants were randomly selected within the community college system. The community college was a closed environment and a threat to external validity because 100% of the sampled participants attended these institutions.

Statistical sampling criteria were used to determine the study population. In taking a sample of the Hispanic/Latino population, there was an increased possibility that selection bias could occur. Simply stated, "selection bias [can] result when the selection of the subjects into a study leads to a result that is different from what you would have

gotten if you had enrolled the entire target population" (Boston University, 2015). It can be concluded that selection bias occurred in this study, as indicated by Creswell's (2009) statement that "because of the characteristics of the setting of participants in an experiment/survey a researcher cannot generalize to individuals in other settings" (p. 165). The sampling method should have included other venues in the geographical sampling area apart from HCC.

One of the underlying assumptions in this study was that the participants would answer the study questions truthfully. There is always the possibly that the environment in which the participants were completing the surveys may not have been conducive for answering the questionnaire. According to Wargo (2015), in the identification of limitations, "there may be unknown conditions or factors at the facility where the participants reside, worked, or study that could bias the response of the participants" (p. 1), and the current research data supported this assumption.

Aschengrau and Seage (2008) stated that "recall bias occurs when there is a differential level of accuracy in the information provided by compared groups" (p. 271). There is an inherent bias that can occur in collected primary data, particularly related to personal information and risky behaviors. The accuracy of the data may have been affected by recall bias because several questions asked participants to reported behaviors that happened in the past. Some participants may not have answered questions that made them uncomfortable, resulting in a reported bias that Porta (2002) described as "selective revealing or suppression of information (e.g., about past medical history, smoking, and sexual experience)" (p. 1). Due to these types of responses, there is a high probability of receiving incomplete questionnaires that in turn gave inaccurate information. Delgado-

Rodriguez and Llorca (2004) explained that with reporting bias, participants can "collaborate with researchers and give answers in the direction they perceive are of interest" (p. 1). During data collection questionnaires were fully completed before providing participants with their compensation. Even with compensation and adequate time to complete questionnaires it was likely that this study was affected by incomplete data. Delgado-Rodriguez and Llorca (2004) further asserted that "underreporting bias is also common with socially undesirable behaviors, such as alcohol consumption (p. 1)," or in the case of reported sexual behaviors. It is highly probable that participants in this study underreported their alcohol/drug consumption, condom use, or number of sex partners. This may have been a possible reason why results of the study were not statistically significant.

The survey instruments used in this study to measure peer pressure and risky sexual behavior were pre-validated scales. However, the survey instrument for relationship knowledge did not have validated outcomes. The relationship knowledge survey did have some shortcomings in the way the survey questions were constructed, which may have led to misperception or invalid answers. Two of the survey instruments collected the same personal information; since inconsistencies were shown in the data collected, there is evidence of poor data quality. Further attention to detail should have occurred during the data collection process.

Recommendations

Based on these limitations, there should be extended research on risky sexual behavior among Hispanics/Latinos living in Houston. Furthermore, researchers should analyze factors not considered in this study, such as self-efficacy, outcome expectations, and

social modeling, to see if they explain risky sexual behaviors. Icek Ajzen's theory of planned behavior would also support the explanation of risky sexual behaviors under the guidelines of this dissertation. Ajzen (1991) stated that intentions to perform behaviors of different kinds can be predicted with high accuracy from attitudes toward the behavior, subjective norms, and perceived behavioral control; and these intentions, together with perceptions of behavioral control, account for considerable variance in actual behavior. (p. 1) Implementing a larger geographic sampling of the Hispanic/Latino youth can be used to obtain better statistical probability and external validity within this population. Communities can be invited to become partners in community-based participatory research for health outcomes. This would involve community and university engagement in the process through a "series of meetings using experiential learning methods such as nominal group process and force field analysis" (Becker et al., 2005). A nominal group process uses a method of collecting information by asking people to respond to questions asked by a moderator, and then asking contributors to rank the ideas or suggestions of all group members. Force field analysis is a decision-making tool that helps a group come up with a conclusion by analyzing the forces for and against a change, such as a social situation. Minkler and Wallerstein (2008) asserted that "several benefits were associated with involving all partners in the process of interpreting survey findings" (p. 289). "Stakeholder partnership will guarantee feedback into the translation of strategies to single out issues raised in the survey" (p. 289). One way to guarantee feedback and maybe elimination of bias is by using web-based online surveys that give the researcher the opportunity to enhance research data collection and data analysis.

Trochim (2002) examined the importance of using cross-sectional vs longitudinal studies when deciding the best approach for a research design (p. 25). This study would have benefited from a longitudinal design that used repeated measurement over a longer period of time, however additional researchers and funding would be needed. Qualitative approach using an ethnographic research design would have garnered crucial additional research data. Using this method of research would have given a "general sense of the information and to reflect on its overall meaning (Creswell, 2009, p. 185)," of risky sexual behaviors among Hispanics/Latinos reflected in this study examined who, what, where and when of risky sexual behavior among this population. Since the findings of this study were not statistically significant, other research designs could be used to determine additional factors that might be related to risky sexual behavior among Hispanic/Latino youth.

Implications

Even though this study did not show a relationship between knowledge, peer pressure, and risky sexual behaviors, findings did indicate that Hispanic/Latino youth living in Houston exhibit several risky sexual behaviors that should be addressed. The potential impact of positive social change lies in the hands of the Houston Hispanic/Latino stakeholders (individual, families, organizations, and the community) to enact community programs to stop the epidemic of STDs and HIV/AIDS. Blumenthal and DiClements (2004) concluded that "community-based research is a scientific inquiry involving human subjects that should take place in the community that is outside the laboratory, hospital and clinic setting. This research guides public health/community

workers to engage in improving the health of the population within the community" (p. 3), and can be accomplished by instituting research-based positive behavior programs. These programs can rely on results from studies like this one, benchmark programs, and peer-reviewed literature. Public health practitioners could then use “prevention programs for adolescents that have peer educators to deliver risk reduction information” (Ebreo, Feist-Price, Siewe and Zimmerman, 2002, p.1), with a system in the classroom to get programs up to speed for these organizations. Train the peer program used trained public health instructors to teach selected peer individuals to convey the prevention education material to an audience of similar race/ethnicity and socioeconomic status.

Community programs can also be developed for and executed by community organizations with an emphasis on longevity. The programs should be continually monitored and evaluated for effectiveness, consistency, and improvement. One of the most important factors that can assist in the success of community programs is the support of individual families living and working in the six wards of Harris County, Houston, Texas.

While the three research questions in this study were not statistically significant, descriptive statistics showed that participants exhibited multiple risky sexual behaviors: almost half of the sample did not used a condom the last time they had sex, 30% used alcohol or drugs the last time they had sex, and about half have had sex with 4 or more persons. One interventions can be taken from the July 2009, HIV/AIDS Houston Hip-hop show. These sessions provided “real talk” with anatomical props and free condoms — both the male and female types — that many participants wouldn’t get anywhere else. For the third year, the lure of free hip-hop concert tickets attracted thousands to mass

HIV testing. The event targeted African American and Hispanic/Latino youth, hit hard by the nation's HIV/AIDS crisis and who account for 65 percent of the new HIV cases among Harris County residents ages 13 to 24 (George, 2009). Over four days in July of 2009, 3,266 people were screened. Eighteen had preliminary positive HIV tested, and 42 tested positive for syphilis — a new screening in 2009. Those with syphilis were treated at the event (George, 2009). Modeling after this type of community- and peer-based event, future prevention efforts should target the risky behaviors noted in this study to impact the disproportionate number of "Hispanic/Latinos who account for 21% of all new HIV infections in the United States" (CDC, 2015).

Conclusion

Chapter 1 elaborated on the relevance of peer pressure and relationship knowledge on the sexual behaviors of Hispanics/Latinos. "Multiple studies have established that the HIV/AIDS epidemic disproportionately impacts Hispanic/Latino youth (p. 1)" (CDC, 2015). The risks of getting infected with STDs and HIV/AIDS have been increasing in Harris County, showing the need for study in this area.

Chapter 2 revealed the theoretical framework on which this dissertation was based. According to SCT, children emulate their parents and playmates and they model actions of those people (Bandura, 1996). Therefore, the concepts of peer pressure and relationship knowledge (that might be relayed from parents or peers) could be important factors related to sexual behavior. The literature review revealed that these concepts had never been studied in relation to each other.

Chapter 3 described the research methodology used to examine the relationship between peer pressure, relationship knowledge, and risky sexual behavior in the

Hispanic/Latino population aged 18 to 24 in Houston, Texas. A quantitative, cross-sectional study was implemented across various HCC campuses. A total of 173 participants fully completed the survey instrument, and data were analyzed using logistic regression.

Chapter 4 reported results of the three research questions, all of which were statistically nonsignificant. Nonetheless, descriptive statistics revealed that a large proportion of participants were engaging in several risky behaviors, including sex without condoms, sex while using alcohol or drugs, and a high number of sex partners.

The discussion in Chapter 5 revealed that there were multiple weaknesses to the study that could account for lack of statistical significance. Even so, this study did indicate that Hispanic/Latino youth in Houston, Texas, were engaging in sexual behaviors that put them at risk for HIV and STDs. The implications for social change include evidence to inform peer- and community-driven prevention programs aimed at increasing accessibility to condoms, increasing awareness regarding sex while under the influence of alcohol and drugs, and improving knowledge about risks associated with multiple sex partners. Ultimately, the results of this study indicate that Hispanics/Latinos aged 18-24 years in Harris County, Houston, Texas are indeed at risk for HIV and STDs, so further attention should be paid to this unique population.

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Appendix A: Consent Form

CONSENT FORM

You are invited to take part in a research study of The Influences of Peer Pressure on the Sexual Behaviors and Understanding of HIV/AIDS. The researcher is inviting Hispanic/Latino Young People who meets the inclusion criteria to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by Richard Velez, who is a doctoral student at Walden University.

Background Information:
The purpose of this study is to examine the relationships between peer pressure and relationship knowledge and risky sexual behavior in the Hispanic/Latino population ages 18 to 24 in Harris County, Houston, Texas.

Procedures:
If you agree to be in this study, you was ask to:

- Each participant will fill out the peer pressure inventory which will take approximately 30 minutes to complete.
- Each participant will fill out the youth risk behavior surveillance system which takes approximately 20 minutes to complete.
- Each participant will fill out the TRU survey which takes approximately 10 to 15 minutes to complete.

Here are some sample questions:
Sample of a peer pressure inventory questioned: "How strong is the pressure from your friends to…" Sample of a youth risk behavior surveillance system questioned: "At what age did you first have sexual intercourse?"
Sample of a TRU questioned: "Have you ever been in a boyfriend/girlfriend relationship?"

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Houston Community College will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this study would not pose risk to your safety or wellbeing. There is an opportunity to use this study for new information that could assist in the implementation

of an HIV/AIDS education and prevention program directed at Hispanic/Latino young adults living and working in Harris County, Houston, Texas.

Compensation: You will receive a $5 gift card as compensation for your time to complete the survey.

Privacy:
Any information you provided was kept anonymous. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reported. Data was kept secure by keeping all materials in a locked cabinet in the possession of Mr. Velez. Data was kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You may asked any questions you have now. Or if you have questions later, you may contact the researcher via my email: XXXXXX or cell phone: XXXXXXX If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is 01-09-15-0121419 and it expires on 1/8/2016

Insert the phrase that matches the format of the study:
Please keep this consent form for your recorded.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, returning a completed survey, "I consent", I understand that I am agreeing to the terms described above.

Only included the signature section below if using paper consent forms.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____

Appendix B: Study Brochure

Appendix C: Youth Risk Behavior Survey (YRBBS)

2013 State and Local

Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give was used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answered you give was kept private. No one will know what you write. Answered the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answered the questions will not affect your grade in this class. If you are not comfortable answering a questioned, just leave it blank.

The questions that asked about your background was used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every questioned. Fill in the ovals completely. When you are finished, follow the instructed ions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

* Used a #2 pencil only.

* Make dark marks.

* Fill in a response like this: A B C D

* If you change your answered, erase your old answered completely.

1. How old are you?

A. 12 years old or younger

B. 13 years old

C. 14 years old

D. 15 years old

E. 16 years old

F. 17 years old

G. 18 years old or older

2. What is your sex?

A. Female

B. Male

3. In what grade are you?

A. 9th grade

B. 10th grade

C. 11th grade

D. 12th grade

E. Ungraded or other grade

4. Are you Hispanic or Latino?

A. Yes

B. No

5. What is your race? (Select one or more responses.)

A. American Indian or Alaska Native

B. Asian

C. Black or African American

D. Native Hawaiian or Other Pacific Islander

E. White

The next 7 questions asked about sexual behavior.

59. Have you ever had sexual intercourse?

A. Yes

B. No

60. How old were you when you had sexual intercourse for the first time?

A. I have never had sexual intercourse

B. 11 years old or younger

C. 12 years old

D. 13 years old

E. 14 years old

F. 15 years old

G. 16 years old

H. 17 years old or older

61. During your life, with how many people have you had sexual intercourse?

A. I have never had sexual intercourse

B. 1 person

C. 2 people

D. 3 people

E. 4 people

F. 5 people

G. 6 or more people

62. During the past 3 months, with how many people did you have sexual intercourse?

A. I have never had sexual intercourse

B. I have had sexual intercourse, but not during the past 3 months

C. 1 person

D. 2 people

E. 3 people

F. 4 people

G. 5 people

H. 6 or more people

63. Did you drink alcohol or used drugs before you had sexual intercourse the last time?

A. I have never had sexual intercourse

B. Yes

C. No

64. The last time you had sexual intercourse, did you or your partner used a condom?

A. I have never had sexual intercourse

B. Yes

C. No

65. The last time you had sexual intercourse, what one method did you or your partner used to prevent unplanned pregnancy? (Select only one response.)

A. I have never had sexual intercourse

B. No method was used to prevent unplanned pregnancy

C. Birth control pills

D. Condoms

E. An IUD (such as Mirena or ParaGard) or implanted (such as Implannedon or Nexplannon)

F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)

G. Withdrawal or some other method

H. Not sure

This is the end of the survey. Thank you very much for your help.

2013 standard YRBS

Appendix D: Peer Pressure Inventory

Peer Pressure Inventory

B. Bradford Brown
Univ of WI-Madison

Donna Rae Clasen
Univ of WI-Whitewater

Here are some *PAIRS of STATEMENTS* describing *PEER PRESSURE* -- which is when your friends encourage you *to do* something or to *not do* something else. For each pair, *READ* both statements and decide whether friends mostly encourage you to do the one on the *LEFT* or the one on the *RIGHT*. Then, *MARK AN "X"* in one of the boxes on the side toward the statement you choose, depending on *HOW MUCH* your friends encourage you to do that (*"A Little," "Somewhat" or "A Lot"*). If you think there's *no* pressure from friends to do *either* statement, mark the middle ("*No Pressure*") box.

Remember, mark *just ONE "X"* for *each* pair of statements.

HOW STRONG is the pressure from your FRIENDS to:	**A LOT**	**SOMEWHAT**	**A LITTLE**	**NO PRESSURE**	**A LITTLE**	**SOMEWHAT**	**A LOT**	**Or to: .....**
Study hard, do your homework, etc.	3	2	1	S-38	-1	-2	-3	NOT study or do homework
Take DIFFERENT classes than your friends take	-3	-2	-1	C-23	1	2	3	Take the SAME classes that your friends take
Smoke marijuana	3	2	1	M59	-1	-2	-3	NOT smoke marijuana
Be social, do things with other people	3	2	1	P-39	-1	-2	-3	NOT be social, do things by yourself
NOT try to be "tough," stay out of fights, etc.	-3	-2	-1	M42	1	2	3	Try to be "tough," pick fights, etc.
Be part of any "crowd" at school that you want to	-3	-2	-1		1	2	3	Try to get into certain "crowds" and not others
Try to do what your parents want you to do	3	2	1	F-52	-1	-2	-3	Go against your parents' wishes
Have a steady boyfriend or girlfriend (opposite sex)	3	2	1		-1	-2	-3	NOT just go out with one guy or girl
Drink beer or liquor	3	2	1	M65	-1	-2	-3	NOT drink beer or liquor
NOT do many things with your family	-3	-2	-1	F-41	1	2	3	DO lots of things with your family
NOT go to school dances or mixers	-3	-2	-1	P-21	1	2	3	Go to school dances or mixers
Be part of one (or more) of the "crowds" at school	3	2	1	C-35	-1	-2	-3	NOT be part of any of the "crowds" at school
NOT have a part-time job	-3	-2	-1		1	2	3	Have a part-time job
Get home by the time your parents say you should be	3	2	1	F-47	-1	-2	-3	Stay out past the curfew time your parents set

HOW STRONG is the pressure from your FRIENDS to:	**LOT**	**SOMEWHAT**	**LITTLE**	**NO PRESSURE**	**LITTLE**	**SOMEWHAT**	**LOT**	**Or to: .....**
Excel, be really good at something (sports, grades, slamming beers, whatever)	3	2	1		-1	-2	-3	NOT be better than any of your friends at something
NOT go to parties	-3	-2	-1	P-53	1	2	3	Go to parties
Take accelerated (advanced level) classes	3	2	1	S-35	-1	-2	-3	NOT take accelerated (advanced level) classes
Try NOT to be friends with the popular kids	-3	-2	-1	C-30	1	2	3	Try to be friends with the "popular" kids
Wear the SAME types of clothes your friends wear	3	2	1	C-36	-1	-2	-3	Wear styles of clothes DIFFERENT than your friends
"Make out" (kissing or petting)	3	2	1		-1	-2	-3	NOT "make out" (kissing or petting)
Smoke cigarettes	3	2	1	M59	-1	-2	-3	NOT smoke cigarettes
Try to look or act older than you are	-3	-2	-1		1	2	3	Try to look or act your own age
Finish high school	3	2	1	S-39	-1	-2	-3	Drop out of school
Be in religious activities (church, Young Life, etc.)	3	2	1		-1	-2	-3	NOT get involved with religious activities
Talk or act DIFFERENTLY than your friends do	-3	-2	-1	C-41	1	2	3	Talk or act the SAME way your friends do
Spend your free time alone or with your family	-3	-2	-1	P-34	1	2	3	Spend your free time with your friends
Get drunk or get "a buzz"	3	2	1	M71	-1	-2	-3	NOT get drunk
NOT shoplift or steal anything	-3	-2	-1	M50	1	2	3	Steal something (shoplift, raid a locker, etc.)
Not to be TOO much of a "brain"	-3	-2	-1	S-32	1	2	3	Be as smart as you can be
Go out with boys/girls (opposite sex)	3	2	1	P-52	-1	-2	-3	NOT go out with boys/ girls (opposite sex)
Be liked by teachers	3	2	1	S-46	-1	-2	-3	NOT be liked by teachers
Wear your hair (or make-up) DIFFERENT than your friends'	-3	-2	-1	C-43	1	2	3	Wear your hair (or make-up) like your friends do
Go out for a sports team	3	2	1		-1	-2	-3	NOT go out for sports
Get beer or liquor before you're 18	3	2	1	M67	-1	-2	-3	NOT get beer or liquor until you're 18

HOW STRONG is the pressure from your FRIENDS to:	**LOT**	**SOMEWHAT**	**LITTLE**	**NO PRESSURE**	**LITTLE**	**SOMEWHAT**	**LOT**	**Or to: .....**
NOT ask your friends who you should go out with	-3	-2	-1	C-17	1	2	3	Go out only with someone your friends say is okay to date
Talk back or "smart off" to adults	-3	-2	-1	F-53	1	2	3	Show respect for adults
Go to the games at school (football, basketball, etc.)	3	2	1	P-26	-1	-2	-3	NOT go to school games
NOT cut classes or skip school	3	2	1	S-44	-1	-2	-3	Cut classes or skip school
NOT go to concerts	-3	-2	-1	P-31	1	2	3	Go to concerts
Ignore what your parents tell you to do	-3	-2	-1	F-62	1	2	3	Do what your parents tell you to do
Have the SAME opinion about things as your friends do	3	2	1	C-33	-1	-2	-3	Have DIFFERENT opinions than your friends do
Try to get good grades	3	2	1	S-59	-1	-2	-3	NOT try for good grades
NOT "trash" things or vandalize property	-3	-2	-1	M51	1	2	3	"Trash" or vandalize things (write on walls, break windows, etc.)
Try to be thin	3	2	1		-1	-2	-3	Try to be fat
NOT let your parents know where you go, what you do	-3	-2	-1	F-50	1	2	3	Tell your parents where you go and what you do
Listen to the music, groups your friends think are good	3	2	1	C-36	-1	-2	-3	Listen to music and groups that no one else likes
NOT go "all the way" (not have sexual intercourse)	-3	-2	-1	M52	1	2	3	Have sexual intercourse (go "all the way")
Get along well with your parents	3	2	1	F-53	-1	-2	-3	"Hassle" your parents
"Party" (be rowdy)	3	2	1	P-47 M52	-1	-2	-3	NOT "party" (not be rowdy)
Go out with friends on weekends	3	2	1	P-61	-1	-2	-3	Stay home on weekends
NOT do any hard drugs	-3	-2	-1	M55	1	2	3	Do hard drugs
Do things to impress members of the opposite sex	3	2	1	P-46	-1	-2	-3	Try NOT to impress members of the opposite sex
Give teachers a hard time	-3	-2	-1	S-42	1	2	3	Be nice to teachers

SCORING:

Each item is scored from -3 to +3, with the «No Pressure» option scored as zero. Subscale scores are derived by taking the mean of item scores.

In the 'No Pressure' box above, in place of the zero score is a letter indicating the subscale with which the item is associated, and a figure indicating the corrected item-to-scale correlation. Items with nothing in this box are not associated with any of the 5 subscales. C = peer conformity; F = family involvement; P = peer involvement; S = school involvement; M = misconduct.

Appendix E: TRU Relationship Survey Questionnaire

TRU Liz Claiborne Relationships Survey Questionnaire – TWEENS

07-201-QT

Timing

Questionnaire design	December 18–20
Questionnaire approval	December 21
Programming and survey-testing	December 26 – January 3
Field	January 4–18
Data processing and checking	January 21–25
Analysis & reported	January 28 – February 4
Final reported delivered	February 4 (by EOD)

Survey Questions
Note: press Ctrl<A> then F9 to update questioned-number fields

PARENTS: we are surveying people your child's age about preteen and teen experiences related to having a boyfriend or girlfriend (some having to do with sex). We appreciate that you may want to help answered any of his/her questions and to know what is being asked – but it is important for us to get accurate information… so if you could give your son/daughter some space to answered questions candidly, we'd appreciate it! Thank you.

1. Are you male or female? **{CHECK QUOTAS}**

Male	❑1
Female	❑2

2. What is your age? _____ **{TERM IF NOT 11-14}**

3. Are you… **{ALLOW MULTIPLE RESPONSES}**

Alaskan Native or American Islander	❑1	Hispanic / Latino	❑4
Asian or Pacific Islander	❑2	White or Caucasian	❑5
Black / African-American	❑3	Other	❑6

4. Which of the following, if any, do you have and used? *Please mark all that apply.*

Computer, in your bedroom	❑ 1	Digital camcorder (video recorder)	❑ 5
Computer, not in your bedroom	❑ 2	Phone in your bedroom (not cellphone)	❑ 6
Cellphone	❑ 3	MP3 player	❑ 7
Digital camera	❑ 4	None of these	❑ 8

5. Do you have a profile on a social-networking site like Myspace, Facebook, etc.?

Yes, I currently have a profile	❑1
I don't have a profile, but I check out other people's profiles	❑2
No, I don't have a profile	❑3

6. Thinking about people your age, would you say each of the following is part of a boyfriend/girlfriend relationship?

		YES	NO	DON'T KNOW
A	Sitting next to each other at school	❑1	❑2	❑3
B	Admitting that he/she likes the other person	❑1	❑2	❑3
C	Going out together in a group of friends	❑1	❑2	❑3
D	Going out together just the two of you	❑1	❑2	❑3
E	Hanging out together at home with other family members	❑1	❑2	❑3
F	Hanging out together at home alone	❑1	❑2	❑3
G	Calling or texting each other regularly	❑1	❑2	❑3
H	Calling each other boyfriend and girlfriend	❑1	❑2	❑3
I	"Going out" with each other	❑1	❑2	❑3
J	Flirting with each other	❑1	❑2	❑3
K	Holding hands	❑1	❑2	❑3
L	Putting an arm around each other	❑1	❑2	❑3
M	Kissing	❑1	❑2	❑3
N	Making out	❑1	❑2	❑3
O	Touching and "feeling up"	❑1	❑2	❑3
P	Having oral sex	❑1	❑2	❑3
Q	Having sex (going all the way)	❑1	❑2	❑3

7. Thinking about people your age, would you say each of the following describes "hooking up?"

		YES	NO	DON'T KNOW
A	Having a boyfriend/girlfriend	❑1	❑2	❑3
B	Flirting with each other	❑1	❑2	❑3
C	Holding hands	❑1	❑2	❑3
D	Putting an arm around each other	❑1	❑2	❑3
E	Kissing	❑1	❑2	❑3
F	Making out	❑1	❑2	❑3
G	Touching and "feeling up"	❑1	❑2	❑3
H	Having oral sex	❑1	❑2	❑3
I	Having sex (going all the way)	❑1	❑2	❑3

8. At what age would you say people usually begin a boyfriend/girlfriend relationship? _____ **[RANGE: 6-29]**

9. At what age would you say people usually begin "hooking up"? _____ **[RANGE: 6-29]**

10. Do you know anyone among your friends and people <u>your age</u> who have done any of the following with a boyfriend/girlfriend or with someone he/she has hooked up with?

		YES	NO	DON'T KNOW
A	Sitting next to each other at school	❑1	❑2	❑3
B	Admitted ting that he/she likes the other person	❑1	❑2	❑3
C	Going out together in a group of friends	❑1	❑2	❑3
D	Going out together alone	❑1	❑2	❑3
E	Hanging out together at home with other family members	❑1	❑2	❑3
F	Hanging out together at home alone	❑1	❑2	❑3
G	Calling or texting each other regularly	❑1	❑2	❑3
H	Calling each other boyfriend and girlfriend	❑1	❑2	❑3
I	"Going out" with each other	❑1	❑2	❑3
J	Flirting with each other	❑1	❑2	❑3
K	Holding hands	❑1	❑2	❑3
L	Putting an arm around each other	❑1	❑2	❑3
M	Kissing	❑1	❑2	❑3
N	Making out	❑1	❑2	❑3
O	Touching and "feeling up"	❑1	❑2	❑3
P	Having oral sex	❑1	❑2	❑3
Q	Having sex (going all the way)	❑1	❑2	❑3

11. Do you know anyone among your friends and people <u>your age</u> who…?

		YES	NO	DECLINE TO ANSWERED
A	Has been told how to dress by a boyfriend/girlfriend or by someone he/she has hooked up with	❑1	❑2	❑3
B	Has had a boyfriend/girlfriend threaten to spread rumors about him or her if he/she didn't do what the other person wanted	❑1	❑2	❑3
C	Has been called names or put down by a boyfriend/girlfriend or by someone he/she has hooked up with	❑1	❑2	❑3
D	Has been pressured by a boyfriend/girlfriend (or someone he/she has hooked up with) to do things he/she didn't want to do	❑1	❑2	❑3
E	Has been hurt (hit, slapped, choked, punched, kicked) by an angry boyfriend/girlfriend or by someone he/she has hooked up with	❑1	❑2	❑3
F	Has been put down (like being called stupid, worthless, or ugly, etc.) by a boyfriend/girlfriend or by someone he/she has hooked up with	❑1	❑2	❑3
G	Has had a boyfriend/girlfriend (or someone he/she has hooked up with) threaten to hurt someone if they were to break up	❑1	❑2	❑3
H	Has been pressured into having oral sex when he/she didn't want to	❑1	❑2	❑3
I	Has been pressured into having sex (going all the way) when he/she didn't want to	❑1	❑2	❑3

12. Do you know anyone among your friends and people your age who have ever had a boyfriend/girlfriend or someone he/she has hooked up with…?

		YES	NO	DECLINE TO ANSWERED
A	Call their cell phone **to check up on them** (find out where they are, what they're doing, who they're with) 10 or more times per day	❑1	❑2	❑3
B	Texted them **to check up on them** (find out where they are, what they're doing, who they're with) more than 20 times per day	❑1	❑2	❑3
C	Call or text message them **to check up on them** (find out where they are, what they're doing, who they're with) between midnight and 5:00 AM	❑1	❑2	❑3
D	**Call them names, put them down, or say really mean things to them** using a cell phone, email, IM, text message, web chat, blog or a social-networking site (MySpace, Facebook, etc.)	❑1	❑2	❑3
E	**Spread rumors** about them using a cell phone, email, IM, text message, web chat, blog or a social-networking website (Myspace, Facebook, etc.)	❑1	❑2	❑3
F	**Threaten to share** private or embarrassing pictures or videos of them	❑1	❑2	❑3
G	**Share** private or embarrassing pictures of them	❑1	❑2	❑3
H	**Share** private or embarrassing videos of them	❑1	❑2	❑3
I	Used a cell phone, email, text message, chat, etc. to **threaten to hurt them**	❑1	❑2	❑3
J	Make them **afraid to not respond** to a cell phone call, email, IM, text, etc., because of what he/she might do to them	❑1	❑2	❑3

13. How much do you agree or disagree with each of the following statements?

	{RANDOMIZE}	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree	Don't Know
A	If a boyfriend/girlfriend calls you many times every day it means he/she really loves you	❑1	❑2	❑3	❑4	❑5	❑6
B	It's good for a boyfriend/girlfriend to call many times every day if he/she really loves you	❑1	❑2	❑3	❑4	❑5	❑6
C	It's cool if a boyfriend/girlfriend takes charge (decides when to see each other, what to do, and where to go)	❑1	❑2	❑3	❑4	❑5	❑6
D	For people my age, sex is expected if you're in a boyfriend/girlfriend relationship	❑1	❑2	❑3	❑4	❑5	❑6
E	Having a boyfriend/girlfriend is so important to me that I would stay with the person even if I did not like how he/she treated me	❑1	❑2	❑3	❑4	❑5	❑6
F	I feel pressure to have a boyfriend/girlfriend	❑1	❑2	❑3	❑4	❑5	❑6
G	It's okay for a boyfriend/girlfriend to be really jealous at times	❑1	❑2	❑3	❑4	❑5	❑6
H	Sometimes I think I would do anything to keep a boyfriend/girlfriend	❑1	❑2	❑3	❑4	❑5	❑6
I	It's okay for someone to hit their boyfriend/ girlfriend if they really do something wrong or embarrassing	❑1	❑2	❑3	❑4	❑5	❑6
J	Using words to hurt a boyfriend/girlfriend (like calling them names, putting them down, or saying really mean things) is a serious problem for people my age	❑1	❑2	❑3	❑4	❑5	❑6
K	Physically hurting (hitting, slapping, choking, punching kicking) a boyfriend/girlfriend is a serious problem for people my age	❑1	❑2	❑3	❑4	❑5	❑6
L	I know the warning signs of a bad or hurtful boyfriend/girlfriend relationship	❑1	❑2	❑3	❑4	❑5	❑6
M	I would know what to do if a friend came to me and told me he/she was being hurt by a boyfriend/girlfriend	❑1	❑2	❑3	❑4	❑5	❑6

14. Have you ever been in a boyfriend/girlfriend relationship?

Yes, currently in a boyfriend/girlfriend relationship	❑1
Yes, was in a boyfriend/girlfriend relationship before, but am not in one now	❑2
No, never been in a boyfriend/girlfriend relationship	❑3

15. Have you ever been in a boyfriend/girlfriend relationship <u>with someone you first met online</u>?

Yes, currently in a boyfriend/girlfriend relationship with someone I first met online	❑1
Yes, was in a boyfriend/girlfriend relationship with someone I first met online, but am not in one now	❑2
No, never been in a boyfriend/girlfriend relationship with someone I first met online	❑3

16. Have you ever hooked up with someone?

Yes	❑1
No	❑2

17. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** Thinking about your boyfriend/girlfriend relationship(s) or hooking up partner(s), have you ever taken part in any of the following with them?

		YES	NO	DECLINE TO ANSWERED
A	Sitting next to each other at school	❑1	❑2	❑3
B	Admitting that you like him/her or he/she likes you	❑1	❑2	❑3
C	Going out together in a group of friends	❑1	❑2	❑3
D	Going out together just the two of you	❑1	❑2	❑3
E	Hanging out together at home with other family members	❑1	❑2	❑3
F	Hanging out together at home alone	❑1	❑2	❑3
G	Calling or texting each other regularly	❑1	❑2	❑3
H	Calling each other boyfriend/girlfriend	❑1	❑2	❑3
I	"Going out" with each other	❑1	❑2	❑3
J	Flirting with each other	❑1	❑2	❑3
K	Holding hands	❑1	❑2	❑3
L	Putting an arm around each other	❑1	❑2	❑3
M	Kissing	❑1	❑2	❑3
N	Making out	❑1	❑2	❑3
O	Going further than kissing and making out	❑1	❑2	❑3

18. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** In your boyfriend/girlfriend relationship(s) or hooking up experiences, have you ever…?

		YES	NO	DECLINE TO ANSWERED
A	Tried hard to get him/her to do something you knew was wrong	❑1	❑2	❑3
B	Done something that you didn't want to do in order to please him/her because he/she really loves you	❑1	❑2	❑3
C	Had him/her act really jealous, asking where you are all the time	❑1	❑2	❑3
D	Been concerned about your safety (being hurt physically) because of him/her	❑1	❑2	❑3
E	Felt nervous about doing something that he/she doesn't like	❑1	❑2	❑3
F	Felt like he/she made you feel bad or embarrassed about yourself	❑1	❑2	❑3

19. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** In your boyfriend/girlfriend relationship(s) or hooking up experiences, has your boyfriend/girlfriend or hooking up partner…?

		YES	NO	DECLINE TO ANSWERED
A	Wanted to know where you were all the time	❑1	❑2	❑3
B	Tried to tell you what to do a lot	❑1	❑2	❑3
C	Wanted to know who you were with all the time	❑1	❑2	❑3
D	Tried to prevent you from spending time with family or friends	❑1	❑2	❑3
E	Asking you to only spend time with him/her	❑1	❑2	❑3
F	Tried to tell you how to dress	❑1	❑2	❑3
G	Threatened to spread rumors about you if you didn't do what he/she wanted	❑1	❑2	❑3
H	Called you names or put you down	❑1	❑2	❑3
I	Pressured you to do things you didn't want to do	❑1	❑2	❑3
J	Hurt you (hit, slap, choke, punch, kick) because he/she was angry	❑1	❑2	❑3
K	Hurt you with words (like call you stupid, worthless, ugly, etc.)	❑1	❑2	❑3
L	Threatened to hurt you or himself/herself if you were to break up	❑1	❑2	❑3
M	Threatened to kill you or himself/herself if you were to break up	❑1	❑2	❑3
N	Pressured you into having oral sex when you didn't want to	❑1	❑2	❑3
O	Pressured you into having sex (going all the way) when you didn't want to	❑1	❑2	❑3

20. **{ASKED IF PRESSURED TO HAVE SEX OR ORAL SEX (1 AT Q.19}** What were you afraid would happen if you didn't give into the pressure to have oral sex or sex (going all the way)? *Please mark all that apply.*

He/She would get upset and yell at me	❑1
He/She would break up with me	❑2
He/She would hurt me (hit, slap, choke, punch, kick)	❑3
He/She would think less of me	❑4
I would end up regretting it later	❑5
Others would think less of me	❑6
Others would gossip or spread rumors about me	❑7
Something else	❑8
Nothing	❑9

21. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** Have you ever had a boyfriend/girlfriend or hooking up partner…?

		YES	NO	DECLINE TO ANSWERED
A	Call your cell phone **to check up on you** (find out where you are, what you're doing, who you're with) 10 or more times per day	❑1	❑2	❑3
B	Text message you **to check up on you** (find out where you are, what you're doing, who you're with) 20 or more times per day	❑1	❑2	❑3
C	Call or text message you **to check up on you** (find out where you are, what you're doing, who you're with) between midnight and 5:00 AM	❑1	❑2	❑3
D	**Call you names, put you down, or say really mean things to you** using a cell phone, email, IM, text message, web chat, blog or a social-networking website (Myspace, Facebook, etc.)	❑1	❑2	❑3
E	**Spread rumors about you** using a cell phone, email, IM, text message, web chat, blog or a social-networking website (Myspace, Facebook, etc.)	❑1	❑2	❑3
F	**Threaten to share** private or embarrassing pictures or videos of you	❑1	❑2	❑3
G	**Share** private or embarrassing pictures of you	❑1	❑2	❑3
H	**Share** private or embarrassing videos of you	❑1	❑2	❑3
I	Used a cell phone, email, text message, chat, etc. to **threaten to hurt you**	❑1	❑2	❑3
J	Make you afraid **not to respond** to a cell phone call, email, IM, text, etc., because of what he/she might do to you	❑1	❑2	❑3

22. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** How much do your parents know about your boyfriend/girlfriend relationships or hooking up experiences?

Everything	❑1
A lot	❑2
Some	❑3
Not very much	❑4
Nothing	❑5
Decline to answered	❑6

23. **{ASKED IF EVER BEEN IN RELATIONSHIP OR HOOKED UP (1 OR 2 AT EITHER Q.14 or Q.15) OR 1 AT Q.16}** Who would you say you talked to about your boyfriend/girlfriend relationships or hooking up experiences? *Please mark all that apply.*

Mom	❑1
Dad	❑2
Brothers/ sisters	❑3
Other family members	❑4
Other adults that I trust	❑5
Friends	❑6
Someone else	❑7
Don't talked about it with anyone	❑8

24. Were your parents with you when you filled out this survey?

Yes, for all of it	❑1
Yes, for part of it	❑2
No	❑3

{SCREEN BREAK}

25. What state do you live in?

Alabama	❑1	Illinois	❑1	Montana	❑2	Rhode Island	❑4
Alaska	❑2	Indiana	❑1	Nebraska	❑2	South Carolina	❑4
Arizona	❑3	Iowa	❑1	Nevada	❑2	South Dakota	❑4
Arkansas	❑4	Kansas	❑1	New Hampshire	❑3	Tennessee	❑4
California	❑5	Kentucky	❑1	New Jersey	❑3	Texas	❑4
Colorado	❑6	Louisiana	❑1	New Mexico	❑3	Utah	❑4
Connecticut	❑7	Maine	❑2	New York	❑3	Vermont	❑4
Delaware	❑8	Maryland	❑2	North	❑3	Virginia	❑4
District of	❑9	Massachuset	❑2	North Dakota	❑3	Washington	❑4
Florida	❑1	Michigan	❑2	Ohio	❑3	West Virginia	❑4
Georgia	❑1	Minnesota	❑2	Oklahoma	❑3	Wisconsin	❑5
Hawaii	❑1	Mississippi	❑2	Oregon	❑3	Wyoming	❑5
Idaho	❑1	Missouri	❑2	Pennsylvania	❑3		

26. What is your zip code at home? __ __ __ __ __

27. Which of the following best describes where you live?

Urban, city environment	❑1
Suburban or town/village environment near a city	❑2
Rural or small town environment	❑3

INCLUDED ON THANK YOU PAGE:

If you need help with any of the issues discussed in this survey, go to* www.loveisrespect.org*, or call (866) 331-9474.

Appendix F: Permission to use The Peer Pressure Inventory (PPI)

B. Brad Brown XXXXXX Richard, You are welcome to use the PPI in your research. Details on items, format, and scoring are available from our Peer Relations Study Group website: https://website.education.wisc.edu/prsg/?page
To
Richard Velez
11/03/14 at 11:21 AM
Richard,

You are welcome to use the PPI in your research. Details on items, format, and scoring are available from our Peer Relations Study Group website:

XXX//XXXXXXXXXXXXXXXXXXX/XXXX

Sincerely,
Brad Brown

On 11/2/2014 10:12 PM, Richard Velez wrote:
Show original message
Dr. Brown,

My name is Richard Velez and I'm a Walden University PhD. Public Health Community Education Candidate. I'm writing to you to get your permission to use the "Peer Pressure Inventory" for my dissertation. My proposal "Influences of Peer Pressure and Relationship Knowledge on Sexual behaviors of Hispanic/Latino Youth" has been approved by Walden University. My IRB application is in its review stage and the PPI is part of my research tools. I live and work in Houston, Texas. I teach global health and health leadership classes at Hartman MS Magnet School of Health and Medical Science. Thank you for your support.

Richard Velez
Lead Magnet Teacher
XXXXXXXXX
XXXXXXXXX
XXXXXXXXX

--
* *
B. Bradford Brown, Ph.D. (XXXXXXXXXX)
Professor
Human Development Area
Department of Educational Psychology
XXXXXXXXXX XXXXXXXX
Phone: XXXXXXXX / FAX: XXXXXXXX
* *

Appendix G: Permission to use The TRU Relationship Survey Questionnaire

kate.hunteXXXXXXXX Hi Richard, you have sign off to use our survey instrument developed by TRU. Best, Kate KATE HUNTE // SENIOR ACCOUNT EXECUTIVE T XXXXXXXXXXXXXXXXXXXX, NEW YORK, NY
To
XXXXXXXXXXXX
11/04/14 at 2:55 PM

Hi Richard, you have sign off to use our survey instrument developed by TRU.

Best,

Kate

KATE HUNTE // SENIOR ACCOUNT EXECUTIVE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXFinnPartners

FINN PARTNERS // Learn more at xxxxxxxxxxxxxxx
PR News Agency of the Year / Holmes Report Best Agency to Work For

Appendix H: Permission to use The Youth Risk Behavior Survey (YRBBS)

Conducting Your Own YRBS

Do I need permission to use YRBSS questionnaires for my study/area/district/school? Is there a cost?

The YRBSS questionnaires are in the public domain and no permission is required to use them. You may download the questionnaires at no charge. See YRBSS Questionnaires(https://www.cdc.gov/healthyyouth/data/yrbs/questionnaires.htm) for the most recent YRBSS questionnaires.