was that they or their partner would become pregnant in the next year if they did not use birth control. Response options were on a five-point scale ranging from “extremely unlikely” to “extremely likely.” Because more than 60% of respondents answered “extremely likely,” we constructed a dichotomous measure that compared those who answered “extremely likely” with all others.

Partner-specific relationship commitment was assessed with items adapted from the commitment component of the Investment Model Scale.50–51 Respondents were asked, with respect to their relationship with their primary partner, how much they agreed with each of nine statements: for example, “I want our relationship to last a very long time” and “I feel very attached to our relationship—very strongly linked to my partner.” Items were rated on a nine-point scale ranging from “do not agree at all” to “agree completely” (Cronbach’s alpha, 0.92). Responses were averaged; higher scores indicated greater commitment.

Partner-specific sexual decision making was measured with six items adapted from the PARTNERS Project.52 Participants were asked, with regard to their relationship with their primary partner, how much they take part in decisions in their primary relationship during the past three months. On average, participants’ partners reported having more than one sexual partner outside the United States, primarily in Mexico. Fifty-four percent of participants were married, and 46% were living with their partner. About two-thirds (64%) were born outside the United States, primarily in Mexico. Fifty-four percent identified as Catholic; 30% reported no religious preference. Six in 10 lacked health insurance. Fifteen percent reported having had more than one sexual partner in the previous three months. On average, participants’ household size was 3.3 persons; their median annual household income was $16,800.

Half of participants reported effective use of contraceptive methods in their primary relationship during the past three years. Effective use of contraceptives was defined as use of the pill, injectable, patch, ring, and IUD. Nonuse included inconsistent use of condoms or female methods, use of ineffective methods and nonuse.

**TABLE 2. Selected characteristics of Latino young adults, by effective contraceptive use**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All (N=450)</th>
<th>Male condom (N=68)</th>
<th>Female method (N=160)</th>
<th>No effective control (N=222)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female**</td>
<td>51.1</td>
<td>42.7</td>
<td>61.3</td>
<td>46.4</td>
</tr>
<tr>
<td>&gt;12 years of school</td>
<td>58.0</td>
<td>58.8</td>
<td>55.0</td>
<td>59.9</td>
</tr>
<tr>
<td>Married*</td>
<td>24.7</td>
<td>16.2</td>
<td>30.6</td>
<td>23.0</td>
</tr>
<tr>
<td>Cohabiting***</td>
<td>46.2</td>
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<td>60.6</td>
<td>41.4</td>
</tr>
<tr>
<td>Mean perceived barriers to birth control (range, 1–5)</td>
<td>1.8 (0.8)</td>
<td>1.7 (0.7)</td>
<td>1.9 (0.9)</td>
<td>1.8 (0.8)</td>
</tr>
<tr>
<td>Mean acculturation (range, 1–5)**</td>
<td>2.5 (0.9)</td>
<td>2.5 (0.9)</td>
<td>2.4 (0.9)</td>
<td>2.6 (0.9)</td>
</tr>
<tr>
<td>Mean machismo (range, 1–5)*</td>
<td>2.1 (0.7)</td>
<td>2.2 (0.8)</td>
<td>2.0 (0.7)</td>
<td>2.1 (0.7)</td>
</tr>
<tr>
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<td>3.9 (0.8)</td>
<td>4.1 (0.8)</td>
<td>4.0 (0.8)</td>
<td>3.8 (0.8)</td>
</tr>
<tr>
<td>High perceived vulnerability to pregnancy</td>
<td>61.3</td>
<td>67.7</td>
<td>65.6</td>
<td>56.3</td>
</tr>
<tr>
<td>Mean relationship commitment (range, 0–8)*</td>
<td>6.1 (2.1)</td>
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</table>

*Significantly different across contraceptive use categories at p<.05. **Significantly different across contraceptive use categories at p<.01. ***Significantly different across contraceptive use categories at p<.001. Notes: Data are percentages unless otherwise noted. Means are unstandardized; figures in parentheses are standard deviations. Chi-square and Spearman’s rank correlation were used to test differences by contraceptive use for categorical and interval variables, respectively. Female methods are the pill, injectable, patch, ring, and IUD. Nonuse includes inconsistent use of condoms or female methods, use of ineffective methods and nonuse.

**TABLE 1. Percentage distribution of Latino young adults participating in a health study in rural Oregon, by effective contraceptive use, according to gender, 2006**

<table>
<thead>
<tr>
<th>Method</th>
<th>All (N=450)</th>
<th>Male (N=230)</th>
<th>Female (N=220)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom</td>
<td>15.1</td>
<td>12.6</td>
<td>17.7</td>
</tr>
<tr>
<td>Female method**</td>
<td>35.6</td>
<td>42.6</td>
<td>28.2</td>
</tr>
<tr>
<td>No effective control</td>
<td>49.3</td>
<td>44.8</td>
<td>54.1</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
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**Notes:** *Significantly different by gender at p<.01. Notes: Female methods are the pill, injectable, patch, ring and IUD. No effective use includes inconsistent use of condoms or female methods, use of ineffective methods and nonuse.
was that they or their partner would become pregnant in the next year if they did not use birth control. Response options were on a five-point scale ranging from "extremely unlikely" to "extremely likely." Because more than 60% of respondents answered "extremely likely," we constructed a dichotomous measure that compared those who answered "extremely likely" with all others.

Partner-specific relationship commitment was assessed with items adapted from the commitment component of the Investment Model Scale.52-53 Respondents were asked, with respect to their relationship with their primary partner, how much they agreed with each of nine statements: for example, "I want our relationship to last a very long time" and "I feel very attached to our relationship—very strongly linked to my partner." Items were rated on a nine-point scale ranging from "not at all" to "a great deal" (Cronbach's alpha, 0.92). Responses were averaged; higher scores indicated greater commitment.

Partner-specific sexual decision making was measured with six items adapted from the PARTNERS Project.52 Participants were asked, with regard to their relationship with their primary partner, how much they take part in deciding whether to get pregnant, to use something to prevent pregnancy, to use a condom, to protect themselves against STDs and to have sex, and what kinds of sexual activities they engage in. Response items were on a five-point scale ranging from "not at all" to "a great deal" (Cronbach's alpha, 0.81). Responses were averaged; higher scores indicated greater participation in sexual decision making.

Finally, partner involvement in birth control was measured with items adapted from a previous study.53 Respondents reported their agreement with six statements that gauged their partners' support of and involvement in using birth control, such as "My partner participates in our efforts to prevent pregnancy by helping me use my method" and "My partner participates in our efforts to prevent pregnancy by helping me pay for services" (Cronbach's alpha, 0.74). The response options were on a five-point Likert-type scale that ranged from "do not agree at all" to "completely agree"; higher scores indicated greater partner involvement.

### Data Analysis
For our analyses, we excluded 17 respondents who did not have a current sexual partner and six who reported that they or their partner had been sterilized. In addition, 26 respondents who reported using male condoms along with a female method were excluded, because the group was too small to analyze separately, leaving a total of 450 participants (230 women and 220 men) in our final analytic sample.

We used chi-square tests to assess significant differences in effective contraceptive use by gender. Descriptive statistics were generated for all variables of interest, first for the total sample, and then by contraceptive use category. Bivariate associations between the independent variables and contraceptive use were examined using chi-square and Spearman's rank coefficient; demographic measures that were significant in the bivariate analyses (p<.05) or judged to be possible confounders were included as controls in the multivariate analyses and are shown in the tables. Multivariate associations were assessed in multinomial logistic regression analysis. All analyses were conducted using Stata version 10.

### Results
Overall, 58% of participants had completed 12 or more years of school; the average age was 21 years. Twenty-five percent of participants were married, and 46% were living with their partner. About two-thirds (64%) were born outside the United States, primarily in Mexico. Fifty-four percent identified as Catholic; 30% reported no religious preference. Six in 10 lacked health insurance. Fifteen percent reported having had more than one sexual partner in the previous three months. On average, participants' household size was 3.3 persons; their median annual household income was $16,800.

Half of participants reported effective use of contraceptives in their primary relationship during the past three

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months (Table 1). Fifteen percent consistently used male condoms, and 36% a female method. A greater proportion of women than of men reported relying on a female method (43% vs. 28%); the proportions reporting male condom use and no effective use did not differ by gender.

A smaller proportion of male condom users than of female method users or those not using an effective method were married (16% vs. 31% and 23%, respectively) or cohabiting (28% vs. 61% and 41%, respectively; Table 2). In general, participants perceived low barriers to birth control (mean, 1.8 on a five-point scale); the mean did not differ across groups. The two cultural variables—acculturation and machismo—were associated with contraceptive method use: Those not using an effective method had the highest mean acculturation score (2.6), whereas female method users expressed the weakest support for traditional machismo attitudes (2.0).

The average partner-specific birth control self-efficacy score was 3.9 out of 5.0, which indicated participants’ overall high confidence in their ability to use birth control with their primary partner; however, condom users and female method users had higher self-efficacy than did those not using an effective method (4.1 and 4.0 vs. 3.8). Sixty-one percent of participants thought that it was extremely likely that they or their partner would get pregnant in the next year without using birth control.

Scores for relationship commitment and sexual decision making were high overall (6.1 out of 8.0, and 4.2 out of 5.0 respectively), but varied by contraceptive use. Both measures were lowest among those not using an effective method (5.9 and 4.1, respectively); however, commitment was highest among female method users (6.4), whereas decision making was highest among condom users (4.5). Partner involvement in birth control was also fairly high overall (3.9 out of 5.0), but did not vary by group.

In multivariate analysis (Table 3), only two individual or cultural variables were related to contraceptive use. Being married or cohabiting was associated with participants’ having a lower likelihood of condom use than of no effective use and female method use (risk ratios, 0.3 and 0.2, respectively), and a higher likelihood of female method use than of no effective use (2.0). In addition, the more acculturated participants were, the less likely they were to use a female method rather than any ineffective method (0.7).

Among the partner-specific and relationship variables, birth control self-efficacy was positively associated with the likelihood of female method use, rather than no effective use (risk ratio, 1.7). In contrast, the greater participants’ involvement in sexual decision making, the more likely they were to use condoms rather than no effective method or a female method (2.2 and 1.9, respectively). However, partner involvement in birth control was negatively associated with participants’ likelihood of using a female method rather than any ineffective method (0.6), but positively associated with their use of male condoms rather than female methods (1.8).

| TABLE 3. Risk ratios (and 95% confidence intervals) from multinomial regression analysis assessing associations between effective contraceptive use and selected characteristics of Latino young adults |
|-----------------|-----------------|-----------------|
| Characteristic  | Male condom vs. | Female method vs. | Male condom vs. |
|                 | no effective    | no effective    | female method  |
| Female          | 1.2 (0.6-2.6)   | 0.9 (0.5-1.6)   | 1.3 (0.6-2.6)  |
| >12 years of school | 0.9 (0.4-1.7)   | 0.8 (0.5-1.3)   | 1.1 (0.5-2.3)  |
| Married/cohabiting | 0.3 (0.2-0.7)** | 2.0 (1.1-3.4)** | 0.2 (0.1-0.4)** |
| Perceived barriers to birth control | 1.0 (0.7-1.5)** | 1.2 (0.9-1.5)   | 0.8 (0.6-1.3)  |
| Acculturation | 0.8 (0.5-1.2)   | 0.7 (0.5-0.9)*  | 1.1 (0.7-1.7)  |
| Machismo         | 1.1 (0.7-1.7)   | 0.8 (0.5-1.1)   | 1.4 (0.9-2.4)  |
| Contraceptive use self-efficacy | 1.2 (0.8-2.0)   | 1.7 (1.2-2.5)** | 0.7 (0.4-1.2)  |
| High perceived vulnerability to pregnancy | 1.4 (0.7-2.7)   | 1.2 (0.7-1.8)   | 1.2 (0.6-2.5)  |
| Relationship commitment | 1.1 (0.9-1.3)   | 1.1 (0.9-1.2)   | 1.0 (0.8-1.2)  |
| Sexual decision making | 2.2 (1.3-3.7)** | 1.2 (0.8-1.6)   | 1.9 (1.1-3.2)* |
| Partner involvement in birth control | 1.1 (0.7-1.7)   | 0.6 (0.4-0.9)** | 1.8 (1.1-2.9)* |

*p<.05. **p<.01. ***p<.001. Notes: Female methods are the pill, injectable, patch, ring and IUD. No effective use includes inconsistent use of condoms or female methods, use of ineffective methods and nonuse.

**DISCUSSION**

In this study of Latino young adults living in rural areas, the proportion practicing contraception effectively was low, a finding that is consistent with previous studies of Latinos. 10-11,34 Although participants were in sexual relationships and none were seeking to become pregnant in the next year, only half were using an effective method. The gap between pregnancy intentions and contraceptive behavior in this population is not well understood and requires further research.

This study extends previous research by focusing on the interpersonal context of contraceptive use. Other studies have identified marital status and cohabitation status as predictors of contraceptive use, and our findings confirm previous results. 10,12,24 Individuals in relationships may transition from condoms to hormonal and long-acting methods of contraception over time as sexual frequency increases and the perception of vulnerability to STDs decreases. 35 Relationship variables other than marital and cohabitation status also distinguished effective contraceptive users from others. Participants with greater confidence in using birth control were more likely to use a female method rather than no method, while those with greater involvement in sexual decision making were more likely to use male condoms rather than no method or a female method. Under Gutierrez, Oh and Gilmore’s framework, self-efficacy and sexual decision making both measure perceived power. Self-efficacy can be considered an aspect of individual power, and decision making, an aspect of interpersonal power. The female methods used by members of our sample do not necessarily require joint decision making, and thus, it makes sense that individual power would be particularly salient. In contrast, condom use requires the participation of both partners in the sexual encounter. 42 Our results add to the literature linking participation in sexual decision making to condom use for disease protection, 23-24,37-39 and suggest that greater participation in sexual decision making is associated with...