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**ACCULTURATION AND RISKY HEALTH BEHAVIORS IN IMMIGRANT
ADOLESCENT GIRLS FROM THE FORMER SOVIET UNION**

by

Ida Jeltova

**A dissertation submitted to the Graduate Faculty in Educational Psychology in partial
fulfillment for the degree of Doctor of Philosophy, City University of New York**

2002

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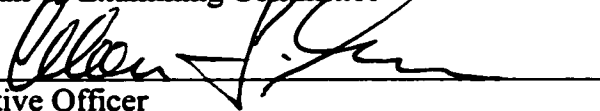
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EXECUTIVE SUMMARY**Acculturation and Risky Health Behaviors in Immigrant
Adolescent Girls from the Former Soviet Union**

This study examined acculturation processes among adolescent girls who are recent immigrants from the former Soviet Union (FSU) and how acculturation affects their practices of risky health behavior. Since risky health behaviors often co-occur, this study examined the triad of risky sexual behavior, smoking, and alcohol consumption. The behavior of interest, risky sexual behavior, was defined as behaviors that lead to increased risk for unplanned pregnancy or HIV infection. The study adopted a social ecological perspective (Bronfenbrenner, 1977; Revenson, 1990) to understand how families and peers play a pivotal role in these processes, and looks at the perceived “fit” or match between the family and peer environment (French, Rodgers & Cobb, 1974) as one of the predictors of risky behavior.

The principal aims of this dissertation were:

1) To examine the degree to which acculturation is associated with risky health behavior, specifically the impact of American and Russian acculturation on risky health behaviors.

2) To examine the relative influences of peers and family in shaping both acculturation and risky health behavior practices among immigrant teenage girls from the FSU. Specifically, the study tested the hypothesis that the discrepancy between levels of acculturation between self and parent and between peer and parent will be a better predictor of risky health behaviors, than the acculturation level of self, parents, and peers alone (Table 2 & 3).

One hundred and three immigrant adolescent girls from the FSU completed a survey that measured their levels of acculturation to American and Russian culture, their attitudes toward women, and their risky health behaviors and acculturation levels and attitudes toward women in their parents and peers as they perceived them.

Acculturation measures were based on the assumptions that (a) acculturation to American and Russian cultures can be occurring independently and be strong for both cultures (i.e., acculturation can be orthogonal), and (b) acculturation unfolds along multiple dimensions and at least language, identity, and behavior need to be measured separately to make an adequate assessment. Respondents provided ratings for their own levels of acculturation and that in their parent and peer. These ratings were used to compute the discrepancies in levels of acculturation between an individual girl and her parent, and between her peers and her parents. Poisson regression analyses were conducted to test the hypotheses.

The study provides a multidimensional picture of the relations between the process of acculturation and risky health behaviors among immigrant adolescent girls from the Former Soviet Union resettled in Brooklyn, New York. The study revealed that the present sample of immigrant adolescent girls from the Former Soviet Union had higher levels of Russian acculturation than American acculturation. The prevalence of risky sexual behavior was lower than in their American peers, whereas the prevalence of smoking and alcohol use was comparable to that in their American peers (CDC, 1999). The results suggested that, for these immigrant girls, American acculturation is strongly associated with higher incidence of risky health behaviors, particularly risky sexual behavior. At the same time, the girls' high level of

acculturation to Russian culture was found to be a protective factor. Those who were highly acculturated to Russian culture, tended to display lower levels of risky health behaviors.

The ecological context for acculturation and risky health behaviors was evaluated by examining relative contributions of peer and parent, school and community. Parental and peer overall levels of acculturation were found to be significantly related to the teenager's risky health behaviors. Overall level of American acculturation was found to be positively related to risky health behaviors, and overall level of Russian acculturation was negatively related to risky health behaviors. The discrepancy terms between parental and adolescent levels of acculturation to American and Russian culture were predictive of risky health behaviors. That is girls who had higher levels of American acculturation and lower levels of Russian acculturation than their parents, were found to engage in more risky behaviors. The discrepancy terms between peer and parent levels of acculturation were not significantly related to risky health behaviors. Thus, the hypothesis that the discrepancy values would be more predictive than overall levels of acculturation was not supported.

Level of parental acculturation was more important than that in peers. This finding is in agreement with emerging research results on the relationship between acculturation and risky health behaviors in youth (Dailard, 2001). In this sample parental acculturation to Russian culture was significantly related to lower incidence of risky health behaviors, and a higher level of parental acculturation to American culture was associated with higher incidence of risky health behaviors.

The study also pursued several research questions pertaining to acculturation process. The key questions were whether acculturation is a multidimensional and orthogonal process for this group of immigrant teenagers. One way of testing this was to examine how American language, identity, and behavior and Russian language, identity, and behavior changed with length of residence in the United States and how much these dimensions overlapped. The results strongly suggest that Russian identity acculturation has the most distinct trajectory from that of behavior and language acculturation. It is possible to be highly involved in American culture on the behavioral level while retaining strong identification with Russian culture. Orthogonality of the natal and host cultures assumes a possibility of maintaining and developing high levels of acculturation to both cultures along all the dimensions (i.e., language, identity, behavior). It allows for multiple scenarios of biculturalism, for example high degree of behavioral and language involvement in both cultures and, at the same time, a high degree of identification with the natal culture. The alternative frequently used classification of acculturation scenarios includes four possibilities: (1) Integration (biculturalism or high degree of association with natal and host culture); (2) Separation (traditionalism or maintenance of one's natal culture with low association with the host culture); (3) Assimilation (absorption of the host culture while having low association with the natal culture); and (4) Marginalization (low association with natal and host culture) (Berry, J.W., Kim, U., Power, S., Young, M., & Bujaki, M. 1989).

The extrapolation of the results of this study suggest that at least for recently immigrated teenage girls, as their length of residence in the US increases assimilation

becomes the most likely scenario. American language, identity and behavior acculturation increased over time, Russian language and behavior decreased over time. Also, the Russian and American acculturation measures were negatively correlated with each other making it difficult to for a person to combine high levels of acculturation to both cultures. Assimilation may be developmentally determined and be specific to recent immigrant teenagers. This finding is particularly important because this sample had equal opportunities for being involved in both natal and host cultures. The study took place in Brooklyn, NYC, the heart of the Russian immigrant community.

The study highlights the need for preliminary analysis of the relevant cultures in acculturation research. Acculturation attitudes and practices in this study were viewed as attributes that individuals may possess to different degrees. These attributes are not mutually exclusive unless they are in direct conflict. The domains of gender roles and group orientation were identified initially as the points of greatest discrepancy between American and Russian culture. American culture here was viewed as a Western or non-traditional culture, and Russian culture as a more traditional culture. It is possible that these differences were responsible for the negative correlation between the American and Russian acculturation scales.

Although a few studies have examined acculturation and risky health behavior (i.e., sexual behavior) among American adolescents, this was the first study to examine these processes among recent immigrants from the FSU. In past research, the degree to which young women initiate negotiation about safe sex depends on social status, immediate social group norms, and cultural expectations. Moreover, the

role of culture has not been investigated extensively in HIV prevention research, particularly among women (Amaro, 1995). The results of this dissertation may help formulate culturally sensitive prevention/intervention programs for immigrants from the FSU.

In general, the study challenges the notion that biculturalism is always advantageous as had been assumed by many (e.g., Berry, 1989; Eyou, Adiar, & Dixon, 2000). It appears that the context and the nature of relationships between the natal and host cultures (e.g., conflict or convergence) determine which acculturation strategy is optimal. It is possible that in the context of career development low degree of acculturation to American culture and traditional attitudes toward women may hinder a girl's progress but be protective in the context of risky health behaviors. The results are in agreement with the emerging research on the role of culture and gender in health related behaviors. A number of studies had found that traditionalism or a high degree of acculturation to one's natal culture combined with a lower degree of acculturation to American culture in immigrant women from traditional cultures serves as a protective factor in the domain of risky health behaviors (e.g., traditionalism and lower smoking behavior in Korean women). On the other hand, traditionalism (or Separation) in immigrant men often leads to increased incidence of risky health behaviors (e.g., Korean men) (Soo-Kyung, Sobal, & Frongillo, 2000).

While this study provided insight into the ways in which acculturation impacts on risky health behaviors in immigrant adolescent girls from the FSU, the study is cross-sectional in nature and used only one cultural group. The former precludes drawing any causal statements from the results, and the latter limits the

external validity of the results. Although the study might have illuminated certain pathways that may be common for various cultural groups, the results cannot be readily generalized to other ethnic and cultural groups.

CHAPTER ONE

REVIEW OF THE LITERATURE

Adolescent Health Risk Behavior: Risky sexual behavior

Should have waited
Should have cared
If only I refused to dare

Look what happened, this awful fate
Now I know it is far too late
To even try to go to school
Now I am stumped as a mule
I want to get back my youthful life
But no boy would want me for a wife!!!

Should have waited
Should have cared
If only I refused to dare

By Erica Wilson (11/2000)

The prevalence of risk taking behavior, including risky sexual behavior, among adolescents is of great concern. Nearly twenty five percent of all new HIV infections, new infections with other sexually transmitted diseases (STD), and almost one million pregnancies occur among American teenagers (CDC, 2001). Although 18% of US adolescents become sexually active before age 15 and 66% by age 20, only 33% of sexually active adolescents report using contraceptives (Stevens-Simon & McAnarney, 1996).

The ramifications of adolescents having children are very serious on both individual and societal levels, and have consequences for every area of functioning: social, economic, educational and health. Simply put, "Women who become parents as teenagers are at greater risk of social and economic disadvantage throughout their lives than those who delay childbearing until their twenties. They are less likely to complete their education, to be employed, to earn high wages, and to be happily

married, and they are more likely to have larger families and to receive welfare" (Hayes, 1987). Women who have children as teenagers complete one year less schooling and earn less than their peers. Moreover, children of teenage mothers tend to have a higher incidence of medical and social problems. Besides the low birth weight that is common in teenage pregnancies, children are at greater risk for sudden infant death syndrome, behavioral problems, and repeating grades in school (Stevens-Simon & McAnarney, 1996).

In the past eight years (from 1993 to 2001) there had been an encouraging downward trend in the numbers of teenagers engaging in sexual intercourse, accompanied by a significant increase in the number of adolescents using condoms when having sex. However, although the rate of use of contraception has increased, it has increased at a slower rate than the percentage of teenagers engaging in sexual intercourse (Stevens-Simon & McAnarney, 1996). Nationwide, the rates of sexually transmitted diseases such as gonorrhea decreased significantly, by 35% in males and 11% in females. However, even though there is a decrease in having multiple sexual partners among males (by 25% in last six years), there is no significant decrease among females. Also, despite these significant decreases, the proportion of young people engaging in risky sexual behavior is still high - 49.9% (CDC, 2001).

Risky health behaviors are usually established during adolescence, persist into adulthood and co-occur (CDC, 2001). The research also indicates that these risky behaviors can be discouraged or even prevented early by health interventions. For example, the decrease in sexual risk behaviors among teenagers during 1991-1997 co-occurred with an increase in the percentage of high school students who received

HIV/AIDS education in school. Specifically, there was a decrease in reports of ever having sexual intercourse and having had four or more sexual partners and a simultaneous increase in reported condom use among sexually active students (CDC, 1999).

This dissertation has its focus on risky sexual behaviors that may result in unwanted pregnancy and/or STD, as well as HIV/AIDS. Risky sexual behavior is defined in many ways: early sexual activity (before 15), multiple sexual partners (four or more), unprotected sex, and unintended pregnancy. The incidence of these behaviors is increasing among young women and places them at great risk for STD and HIV/AIDS. Among multiple factors that play into young women's decision to engage in risky sexual behaviors are developmental characteristics of adolescence as well as such cultural phenomena as gender roles.

Although there are multiple ways of preventing pregnancy, condom use remains the single most effective barrier method of STD and HIV/AIDS prevention. Multiple internal (intrapersonal) and external (ecological) factors play roles in adolescents' practicing safe sex and using condoms (Figure 1). Among the intrapersonal factors are: (a) cognitive maturity; and (b) belief system, such as adolescent egocentrism (Evans, Gilpin, & Farkas, 1995; Gerrad, Gibbons, Benthin & Hessling, 1996; Greene, 2000; Pinkerton & Abramson, 1992; Stevens-Simon & McAnarney, 1996), (c) emotional reactions (Levinson, 1986); and (d) sexual self-efficacy (Colon, Wiatrek, & Evans, 2000; Cooper, Agocha, & Powers, 1999). In addition the anatomy of the female body renders women more vulnerable to contracting HIV than men during an unprotected sexual intercourse (Shumaker,

Schron, Ockene, & McBee, 1996). External or ecological factors include such factors as: (a) the peer group (Gibbons & Gerrard, 1998; Morris, & Ford, 1998; Patterson, 1989); (b) the school environment (Fine, 1992; Lee, Croninger, Linn, & Chen, 1996; McLellan, Rissel, & Donnelly, 1999); (c) family characteristics (Epstein, Dusenbury, & Botvin, 1994; Rossow & Rise, 1994); and (d) cultural background (Amaro, 1995; Ickovics, Thayaparan, & Ethier, 2001; Cochran & Mays, 1988; Stevens-Simon & McAnarney, 1996).

Intrapersonal factors.

Cognitive and Affective Factors

In general, adolescents tend to be unrealistic in their prioritization of health behaviors; that is, the value placed on particular health behaviors is not congruent with objective health risks (Weinstein, 1984). Evans, Gilpin, and Farkas (1995) found that weight control was of greater importance than eating healthy or avoiding drunk driving among a sample of high school adolescents. Greene et al. (2000) found that adolescent egocentrism - errors in judgment that result from a sense of one's invulnerability - was positively related to risk behaviors such as unprotected sex. In that study, even though the adolescents were well informed about the risks associated with certain behaviors, they did not see the relevance of these messages (e.g., "It is not going to happen to me").

Often young people do not see themselves as the type who gets a sexually transmitted disease or HIV/AIDS, nor do they perceive their partner as such a type. Many adolescents tend to believe that they are luckier than others. The consequence of this belief is that each episode of sexual intercourse that does not result in an STD,

HIV infection or unwanted pregnancy reinforces this sense of invulnerability. The fact that each sexual encounter is an independent event and that HIV has a long latency period is blocked from consciousness because it creates cognitive dissonance with the "adolescent egocentrism" (Pinkerton & Abramson, 1992). In addition to personal experience, beliefs about invulnerability also may be reinforced when peers do not experience negative consequences as a result of risky sexual behaviors.

Teenagers often know about contraceptives and have access to them, but do not take advantage of them (Gerrad, Gibbons, Benthin & Hessling, 1996; Stevens-Simon & McAnarney, 1996). "I just never got around to it," was the most common answer among young females when asked "Why did you delay seeking contraception?" in a study by Zabin and Clark (1991). Adolescent girls tend to avoid making conscious decisions about their sexual life. They state that "it just happens when I get carried away" (Levinson, 1986).

These findings support the notion about adolescent risky behavior that impulses may take precedence over the conscious decision-making when the environment is conducive. It also highlights the ambivalence many young people experience about engaging in sexual relationships, an ambivalence portrayed in cultural norms and the media. American society discourages sexual intercourse in adolescence; at the same time, sex and drinking are part of the transition to adulthood. Levinson (1986) proposes that because many young people feel guilty about violating official norms, they deny their knowledge of contraception and do not utilize it (i.e., "I know how to prevent contracting a STD but by planning my sexual behavior I am planning to violate the rules").

Female teenagers, in particular, engage in unprotected sexual intercourse because they are not making conscious decisions about their sexual and contraceptive behavior, or because they want to become pregnant. Whereas "not being conscious" about one's sexual behavior contributes to both pregnancy and STD, "wanting to" is unique to pregnancy. Therefore, interventions should target adolescents' attitudes and beliefs as well as their behavior. For example, adolescent females need to recognize that they can become pregnant and that they do not want this to happen in order to begin planning their contraceptive behavior (Stevens-Simon & McAnarney, 1996). They also need to believe that they can control their own contraceptive practices and successfully negotiate sexual practices with their partners. In other words, they need to have strong sexual self-efficacy beliefs.

Self-efficacy.

Self-efficacy has consistently been found to be an important predictor of adolescent health behavior. It has been defined as one's belief in her capabilities to organize and execute actions necessary to manage particular situations (Schunk, 1995). Such judgements typically apply to situations that may include novel, unpredictable, or stressful elements. Among sources of self-efficacy are (a) direct experiences (mastery); (b) vicarious experiences (e.g., observing others and comparing oneself to others); (c) social persuasion (e.g., parental feedback); (d) emotional states and physiological states (Schunk, 1995).

Colon, Wiatrek, and Evans (2000) surveyed 249 males, aged 14 to 19, regarding their HIV knowledge, perceived certainty of condom use, present and past use of condoms, and intention to use condoms in the next six months. The authors

found that sexual self-efficacy predicted perceived certainty of condom use and intention to use condoms in the future. Cooper, Agocha, and Powers (1999) found that self-efficacy to use condoms was significantly positively related to condom use among young adults and adolescents who were motivated to prevent pregnancy, but was unrelated to condom use among those motivated to prevent sexually transmitted diseases. Perhaps young people perceive pregnancy as a more likely and/or less desirable event than contracting a sexually transmitted disease.

Condom use is a male-controlled method of contraception. It also happens to be one of the most reliable and accessible methods of protection. Yet, women represent 75% of all individuals with AIDS who are exposed to the virus through heterosexual contact (CDC, 2001). Thus sexual self-efficacy may be even more significant predictor of engagement in risky sexual behaviors for girls. In particular, girls need to believe and exercise control over sexual intercourse in order to practice safe sex consistently.

In the discussion of sexual self-efficacy among young women, the component of direct experience in the context of heterosexual relationships will be addressed first. The other aspects of sexual self-efficacy (vicarious experiences, social persuasion, and emotional states) will be addressed in later sections.

Women's choices of contraception are often constrained by the context of unequal power distribution in heterosexual relationships and heterosexual intercourse is the primary mode of infection for women across all cultures (Ickovics et. al., 2001). Research with adult women indicates that women in a subordinate power position within sexual relationships are less likely to negotiate the use of condoms effectively

(e.g., Amaro, 1995). Many women depend on their male partners financially and this economic dependence further contributes to unequal power distribution. This, in combination with traditional cultural expectations of female subordination in sexual relationships, facilitates the spread of HIV (Amaro, 1995; Ickovics et al., 2001). The unequal power distribution and negative experiences in schools may have an even stronger negative impact on sexual self-efficacy in minority and immigrant students as their overall socio-economic status tends to be lower as well (Amaro, 1995; Cochran & Mays, 1988; Shumaker et al., 1996).

Because of the developmental factors (discussed earlier sexual experimentation coupled with a sense of invulnerability) adolescent females may be even more vulnerable to HIV /AIDS epidemics (Ickovics et al., 2001). The dynamics of young women's relationships with their male partners have great impact on their risky sexual behaviors. The less powerful they are, the less likely they are to advocate for themselves and successfully negotiate use of condoms, and the more likely they are to engage in unprotected sex (Amaro, 1995; Cochran & Mays, 1988; Ickovics et al. 2001).

Sexual coercion plays a significant role in adolescent women's sexual behavior. Incidents of rape, sexual assault, childhood sexual abuse, and emotional coercion place young women at increased risk for negative health outcomes (e.g., substance use, unhealthy weight control behavior, sexual risk behaviors, unwanted pregnancy and suicidality). Twenty five percent of female college students nationwide reported having been forced to have sexual intercourse, most often during adolescence (Brener, McMahon, & Warren, 1999). Approximately one in five female

adolescents (20.2% in 1997 and 18% in 1999) reported being physically and/or sexually abused by a dating partner (Silverman, Raj, Mucci, & Hathway, 2001). Furthermore, in a 1996 survey, 83% of female and 60% of male secondary school students reported receiving unwanted sexual attention (e.g., touching) in schools (AAUW, 1999).

External Factors

Role of peers.

Among adolescents, the culture of the peer group is the context within which the norms and attitudes towards sex and contraceptive use develop. Sexual behavior is often reactive in nature and is socially bound for adolescents (Gibbons & Gerrard, 1998). Once a peer group is formed, exposure to certain attitudes and practices increases and so does peer pressure to accept those attitudes and practices (Patterson, 1989). Thus, the full circle is made: one's attitudes draw her to a particular clique, and the practices of the clique reinforce her beliefs. In an alternative scenario, a girl adopts a set of attitudes to be accepted into a clique and acceptance to the clique serves as a reinforcer for the adopted attitudes and practices.

According to a report released by the American Association of University Women Educational Foundation (1998), the pressure to have sexual intercourse starts early, at about 12 years of age. The pressure to have sex comes from boys, other girls, friends, and media. African-American and Hispanic girls cite accidental pregnancy as an issue in their lives more than White and Asian-American girls do and become concerned about it at an earlier age. Despite the reported concerns about sex, few girls revealed concerns about birth control, AIDS, or STDs (AAUW, 1999). This

is in concert with an overall trend among young people to underestimate their vulnerability to contracting a STD or becoming pregnant (Shumaker, Schron, Ockene, & McBee, 1996).

Morris and Ford (1998) investigated the relationship between adolescents' perceptions of their friends' condom use and the decision to use condoms among a sample of African American youth. Teenagers who perceived their peers as using condoms used condoms more consistently than teenagers who did not. Girls were even less likely to use condoms if they perceived their friends were *not* using them. This provides further support for Gibbons and Gerrard's (1997) point that social context plays an important role in adolescent health behavior.

Role of Schools.

Schools also play a role in adolescent health behavior. The American Association of University Women (2001) conducted a national survey regarding school climate and aggression, titled Hostile Hallways. Eight in ten students (81%) experience some form of sexual harassment during their school lives with girls experiencing it more often than boys. Voices of a Generation, another survey conducted by AAUW (1999) revealed that girls perceive schools' sex education programs as intrusive and controlling (see also Fine, 1992). The programs focus on pregnancy prevention, but girls expressed a desire to have forums with boys where they learn better negotiation skills. Whereas some young women clearly expressed feeling responsible for containing male aggressive behavior (including sexual aggression), some adolescent girls commented that schools should recognize the

seriousness of girls' problems, teach boys how to be responsible, and teach adults how to handle gender bias and enforce sexual harassment policies.

Fine (1992) conducted a series of interviews with adolescent women in a New York City public high school. She found that sex education socialized young women into victims, as discussions focused on the dangers and not the pleasures of sexual relationships. With these programs young women did not have a chance to discover their sexual identities or to feel empowered. Rather, they were victimized by being taught that they are at risk when they are sexually active.

Overall, girls call for adults to help them become strong, assertive and educated young women. Teachers are not the only adults in the young girls' lives. Parental participation in teenagers' knowledge and skill acquisition is crucial, especially when it comes to sexuality.

Family.

Despite the apparent importance of family influence on adolescent sexual behavior, empirical studies are scant and the data are limited. Findings from the Add Health Survey: Teens and Sexual Activity (Dailard, 2001) suggested that teens, who had positive relationships with their parents were far more likely to delay sexual activity and to use contraception when they did become sexually active and were less likely to become pregnant.

Fisher and Feldman (1998) found that risky health behavior was greater in adolescents coming from emotionally strained families as compared to adolescents coming from balanced and traditional families. Immigrant families are under a lot of stress especially at the time of resettlement (the first 5-7 years). The family system

may be greatly affected by this stress and consequently affect risk behavior in youth even more.

The rate of concordance between parent and child risky health behaviors are high (i.e., smoking and alcohol consumption). Furthermore, as the children grow older the impact of parental health behaviors on that in their children does not decrease (Rossow, 1994). Considering this impact and given the higher prevalence of risky health behaviors in adults from immigrant and/or minority groups, the recently immigrated adolescents seem particularly vulnerable. In fact, Blake et al. (2001) found that during their first six years of residence in the US, immigrant adolescents displayed lower levels of smoking and alcohol use than their non-immigrant peers, but experienced greater peer pressure to engage in these behaviors and received little support from their parents. The generation differences between adolescent children and parents in immigrant families may be more profound than in non-immigrant families and have greater ramifications.

Felix-Ortiz, Fernandez, and Newcomb (1998) investigated the role of intergenerational discrepancy in acculturation and its impact on drug use among Latina adolescents. They found that intergenerational discrepancy was associated with increased drug use and that family support did not moderate this relationship. Intergenerational discrepancies are present in every family, but they may be particularly disruptive for immigrant teenagers. Prior studies indicated that immigrant teenagers often become “parentified” or take on a role of a care-provider as the role reversal occurs when the parents are less competent in the new culture than their

teenage children. The term “cultural brokers” has been used to describe the roles that adolescent children play in immigrant families (Tyler et al., 1994).

Socio-cultural context and ethnicity.

Teenage sexuality and pregnancy have different meanings in various cultural and socioeconomic groups. In certain African American and Hispanic communities adolescent childbearing is more acceptable. Having a child is viewed as a meaningful passage into a different life stage. In some cultures, teenage girls feel a need to become pregnant to deter concerns about their fertility. Having a child is sometimes one of the ways of self-actualizing as well as finding someone who loves you unconditionally (Stevens-Simon & McAnarney, 1996).

As many risky sexual behaviors are interrelated, prevention programs usually target multiple behaviors. For example, for HIV/AIDS prevention programs to be effective they also have to address issues of preventing pregnancy and other sexually transmitted diseases among adolescents (CDC, 2001).

Teenage pregnancy prevention programs have been transformed from the lecture format of sex education classes in the 1960s and 1970s to open discussions and decision-making practice sessions in 1990s (Stevens-Simon & McAnarney, 1996). Historically, effective pregnancy prevention for teenagers have produced the following changes: the knowledge and belief that pregnancy prevention is possible; desire to postpone child bearing; positive sexual self-efficacy; and access to affordable contraceptive agents. Effective prevention programs address the teenager's knowledge base and belief's system about sexual relationships and sexual self-efficacy, include the teenager's social environment (parents, peers) and take cultural

variables into consideration. Most of the effective prevention programs rely on utilizing cultural practices of the group that they are developed for (Hines & Caetano, 1998; Stevens-Simon & McAnarney, 1996). For example, one study of Hispanic adolescents found that condom use was associated with machismo practices such as protecting a woman by using condoms. Intervention programs then used messages directed to men emphasizing the protection of women through the use of condoms (Mikawa, Morones, Gomez, Case, Olsen, & Gonzales-Huss, 1992). These programs matched the group's cultural beliefs and therefore were effective creating desirable behavior.

When studying sexual behavior of adolescents of any cultural group, it is also important to consider the relative social and economic standing of the group. Sexual behaviors develop in social, economic and even political contexts and cannot be separated from them. Gender roles, as well as attitudes toward sexuality, influence sexual behavior in youth. One outcome of gender differences is women being traditionally socialized into using verbal persuasion when negotiating (Maccoby, 1988). This places them at a disadvantage when they need to negotiate condom use, given the prevalence of sexual and physical abuse in heterosexual relationships (Amaro, 1995; Cochran & Mays, 1988). Another important implication of gender roles is women's great need to relate and nurture (Miller, 1986 cited in Amaro, 1995). Negotiating may produce internal as well external conflict as giving is the expected behavior. When applied to sexual behavior, this may result in women giving their own interests secondary priority and placing a greater emphasis on giving and satisfying their partners (Amaro, 1995). Moreover, research indicates that gender

roles vary across cultures and gender roles acculturation is often associated with different changes in sexual behavior (most of the research concerns Latino and African Americans) (Cochran & Mays, 1988).

Although there is substantial research base on the relationships between culture and sexually risky behavior among ethnic minority women, particularly Latina and African American women (e.g., Ebin, Sneed, Morisky, Rotheram-Borus, Magnusson, & Malotte; 2001; Hines & Caetano, 1998; VanOss, Tschann, Gomez, & Kegeles, 1993), there is a lack of data on immigrant adolescent girls of European descent. Immigrant adolescents are influenced by at least two cultures, their natal culture and that of the host society. The next section will discuss the phenomenon of acculturation as it applies specifically to immigrant teenagers from the FSU.

Development of Cultural Identity

This study views acculturation as a multidimensional context-dependent process that involves adaptation to a new culture, including acceptance of values (*identity acculturation*) and engagement in certain cultural practices (*behavioral acculturation*). Although definitions of acculturation vary, in this study it is viewed as a dialectic, involving both adapting to the "new" culture (*acculturation*) and retaining meaningful parts of the "old" culture (*enculturation*), what some have called biculturalism (LaFramboise, 1995) or an orthogonal model of acculturation (Birman & Tyler, 1994) (Figure 2).

Furthermore, an individual's level of acculturation is influenced by the levels of acculturation among her family and peers; they provide the immediate context for values and practices to be adopted or discarded. Acculturation is expected to vary

from one domain of everyday functioning to another; for example, one may be extremely acculturated in terms of dress, but not in terms of food. The domains of gender roles and group orientation are the points of greatest discrepancy between American and Russian cultures. These and other probable areas of conflict between the two cultures are discussed in the next section.

Acculturation.

Before initiating the discussion of the current state of affairs in acculturation research, key terms and concepts need to be defined. *Culture* can be defined as values, beliefs, language, and practices passed from one generation to another in any social group (Helms, 1984). *Ethnicity* refers to specific cultural patterns of a group defined by a specific geographic region of the world (Helms, 1984). From the definitions of these two phenomena it appears that they overlap at the observable behavioral level in cultural practices displayed by the group. Both phenomena are social in nature. Individuals develop ethnic and cultural identity by learning the practices and acquiring the values and beliefs of the culture. However, most modern societies are heterogeneous societies. At some point, members of one culture become exposed to other cultures and need to adapt to living in a culturally diverse society.

The term *majority group* is typically used to designate a group that is a statistical majority or alternately, that holds an unequal share of economic, political and social power (Helms, 1984). White Non-Hispanic Americans are currently the majority group in the United States. *Minority group* can be defined as a statistical minority, or an economically, socially, and politically subordinate group (Helms, 1984). *Immigrants* are persons who have left their native country and moved to a new

country because of economic, political or family reasons for example, family reunification. *Natal culture*, or culture of origin, refers to the individual's native culture, the one he/she was born into. *Host culture* refers to the culture of the society that individuals are living in once they have emigrated. Therefore, members of a minority group possess their natal culture but at some point, become exposed to the majority culture. Majority group members, as well, are exposed to different cultures (e.g., minority and immigrant groups) and develop ways of coping with diversity. Similarly, members of an immigrant group carry their natal culture and also are exposed to a host culture.

It is important to distinguish between *enculturation* or the processes of acquiring values, beliefs, and practices of one's own culture, and *acculturation*, acquiring those of the host culture (Gonzales, Knight, Birman & Sirolli, in press). This distinction is critical when investigating acculturation strategies among adolescents, as adolescents are in the process of developing their natal cultural identity at the moment of immigration.

Much research has focused on deficits and viewed migration as a stressful process, which often leads to negative consequences, for example, the loss community support. In fact, in several studies and across several cultures, immigrant youths who reported a high degree of acculturative stress had higher rates of behavior problems, symptoms of depression, and suicidal ideation (Hovey & King, 1997; Rasmussen, Negy, Carlson, & Burns, 1997 cited in Gonzales et al., in press).

Despite the notion of immigratory stress, large numbers of immigrants adapt well, succeed in school and work place, suffer no negative mental health outcomes,

and even improve their status upon immigration (Bernal, 1996 in Gonzales et al., in press). However, researchers are beginning to address positive aspects of acculturation, enculturation, and immigration (for example, see *Journal of Social Issues*, 2001). Immigrants' own ethnic culture can provide them with strong protective factors on community and personal levels. These factors may provide valuable information for prevention and intervention efforts for this (Gonzales, Knight, Birman & Sirolli, in press).

Historically research on immigration and acculturation has suggested that assimilation of the values, beliefs, and practices of the host culture is the optimal scenario for immigrant and minority groups (Stonequist, 1937). In contrast, more recent research identifies integration of the host and natal cultures as the most adaptive scenario of acculturation (e.g., Berry, 1989).

Often biculturalism is conceptualized as a linear process in which an increase in one culture accompanies a decrease in another. Individuals may be acculturated to only one, neither, or both cultures. This approach has been actively developed by Berry and his colleagues. Under this model four modes of acculturation or acculturation strategies can be described: Assimilation, Integration, Separation and Marginalization (Berry, 1980; Szapocznik, Kurtinez, & Fernandez, 1980).

Assimilation implies that the individual or the group is merged into the majority or host culture. This is a "melting pot" recipe for immigrant adjustment. In Integration, the immigrant preserves some elements of the natal culture and adopts some elements from the host culture. Contrast this acculturation strategy to Separation, when one's natal culture becomes dominant, and there is no or very little positive connection with

the majority culture or host culture. Marginalization occurs when one loses touch with both the natal culture and host culture.

The work of Birman and her associates supports a non-linear view of biculturalism. From this point of view, biculturalism means that individuals acculturate to the host culture and to the natal culture independently (Birman, 1994; LaFromboise, Coleman, & Gerton, 1993; Phinney & Devich-Navarro, 1997): an increase in one culture does not have to be correlated with a decrease in another culture (i.e., a non-linear relationship or orthogonal relationship, Birman & Tyler, 1994). According to this orthogonal model, individuals acculturate to both new and old cultures. This can occur through three alternate mechanisms: divergence, convergence, and conflict. In the case of convergence, acculturation to one culture increases in parallel with acculturation to another culture. This is the most likely mechanism when the two cultures are compatible in cultural beliefs, values, and practices and this may be the case for immigrants from Western countries to the US. Divergence implies independent development of competence in one culture from development of competence in the other and without conflict between the two. Finally, conflict occurs when the values and practices of one culture are incompatible with values and practices of the other (Birman & Tyler, 1994).

The degree to which the host and natal cultures are integrated depends on many factors: the immigrant group's status in the native country (privileged majority) and in the new country (e.g., a discriminated against minority); the type of acculturation (e.g., identity acculturation vs. behavioral acculturation), and ascribed individual (e.g., gender) and group characteristics (e.g., culture).

Ogbu (1978, 1991) distinguished between "caste-like" minorities - those who through slavery, conquest, or colonization, have been involuntarily incorporated into a society - and immigrants. In his view, immigrants may be more willing to accept and display the values, beliefs, and practices of the majority as they perceive them to be a powerful vehicle for economic and political advancement. In contrast, caste-like minority group members may feel oppositional towards the values, beliefs, and practices of the majority group.

Ease of integration of one's natal culture with the host culture also depends on how compatible the two cultures are. Sternberg (1997) introduced the notion of a *closed system* when describing the American way of selecting individuals who gain access to opportunities such as higher education and employment. A narrow band of abilities are accepted as signs of high intelligence and provide to access to resources and ultimately, to success. For example, only those individuals who score high on standardized tests may be admitted into Ivy League schools. This closed system is self-perpetuating and difficult to change.

The notion of a closed system can be expanded and applied to acculturation. The majority culture has certain values and beliefs, and displays particular practices that are ingrained in the system. Individuals who are willing to accept the majority group's culture gain access to resources and strive to maintain the system to guarantee their own security.

Thus the processes of selection, acceptance and/or rejection into majority culture are based on the degree to which a newcomer possesses the majority culture's values, beliefs, and practices. Out of these three, the only observable component is

cultural practices. Therefore, it is possible to "get your foot in the door" without adapting to host culture completely and still succeed; that is, it is possible to partially adopt the practices of the host culture or to look like you are adopting the host culture's values and beliefs without actually adapting them. It also becomes important to understand and respond to the culture of the settings and apply appropriate values, beliefs, and practices (LaFroimboise, Coleman, & Gerzon, 1993). For example, a Chinese-American might maintain eye contact during an interview with an American firm but look down when discussing the interview with his/her parents. In both cases, he/she is being respectful. In fact, recent models of biculturalism distinguish between identity acculturation and behavioral acculturation (Birman, 1994).

Birman (1994) proposed an expanded model of biculturalism in which she added behavioral and identity dimensions to Berry's four acculturation scenarios: assimilation, integration, separation, and marginalization. Theoretically, although a total of sixteen different combinations of identity and behavior acculturation are possible four types are more likely to be observed: blended biculturalism, integrated biculturalism, instrumental biculturalism, and identity exploration.

Blended biculturalism is seen in individuals who are high on both the behavioral and identity dimensions of acculturation in both cultures. This style of acculturation may be impossible to achieve when identification with the mainstream culture is difficult as a result of adverse experiences such as racism (Rumbaut, 1998). Instrumentally bicultural individuals are involved in practices of both cultures, but their cultural identity is not determined. They may not identify with either culture.

In contrast Integrated biculturalism is seen in individuals who are highly involved in practices of both cultures but identify with their natal culture. The process of identity exploration can often be observed in immigrant and minority adolescents who grew up in the majority culture and therefore are highly behaviorally involved in it but who are looking to identify with the culture of origin. These individuals may be searching to re-connect with their roots because of the negative experiences with the mainstream culture (e.g., African Americans).

The type of acculturation that individuals display is to a large extent dependent on the context within which the two cultures meet. A contextual model of acculturation (Birman & Tyler, 1994) emphasizes the importance of coping and adaptation across cultural contexts, which themselves vary in their demands. From this point of view, it is important to understand the relationship between acculturative strategy and outcomes as they vary across situations. Certain acculturative strategies may be adaptive in one context and not in others.

Birman (1998) tested her contextual model of biculturalism with immigrant Latino adolescents. She found that the degree of acculturation predicted the degree of perceived competence with American peers, and that the degree of enculturation predicted perceived competence with Latino peers. Perceived family competence was related to American acculturation. Many of these teenagers functioned as "culture" brokers in their families. Most of the parents in this study were of lower educational level or occupational status in the host country. The more acculturated the teenagers were, the more efficient and competent they were in helping their parents navigate in the new country (e.g., making and keeping appointments). In the context of serving

one's family, biculturalism or integration of natal and host was not advantageous. Bringing host culture into the context of family functioning was advantageous for these teenagers.

In summary, the process of acculturation appears to occur along at least two dimensions, identity and behavior, and across multiple contexts. Biculturalism is only one of the many possible outcomes of acculturation. Although biculturalism is being touted as the optimal outcome, there is no uniform definition of biculturalism, nor is there empirical evidence that biculturalism is always advantageous or even possible.

Theories of biculturalism may be more limited when applied to immigrant groups who come from heterogeneous societies that are already "bicultural". This is the case for Jewish refugees from the Former Soviet Union (FSU). At least three cultures are involved in this group's acculturation process: Russian mainstream culture ("Soviet"), Jewish culture, and American mainstream culture. Russian mainstream and American mainstream cultures, at a minimum differ on a number of key issues (Bronfenbrenner, 1970; Horowitz & Kraus, 1984; Kaslow, 2001), as do mainstream American and Jewish cultures.

The research findings pinpoint the significance of comparing the natal and host cultures to identify potential areas of congruence, discrepancy, and conflict, as well as other contextual factors unique to a particular immigrant group (e.g., a history of resettlement). Such an analysis will allow for a more precise measurement of acculturation experiences within a particular group.

The next section provides information on the acculturation experiences of immigrants from the FSU, including their history of resettlement. It also compares

mainstream Russian and American culture to identify potential areas of conflict. As the focus of this dissertation is on how acculturation affects risky sexual behaviors in adolescent girls who immigrated from the FSU, this comparative analysis is conducted with an emphasis on gender roles, attitudes toward sexuality, and the role family and peers.

Russian and American Cultures

From 1917 until 1989 the Former Soviet Union (FSU) was a state of totalitarian regime. The country's social, political and economic systems were very different from Western countries and fostered a sense of entitlement and dependence in its citizens. Education, medicine and housing were provided by the state and, officially, everyone had equal access to resources. In return, every member was expected to contribute to the FSU's prosperity according to his/her capacities and gain according to his/her needs. At different times in the history of the USSR, individual citizens and groups of citizens were officially denied access to the resources because they were found to betray the USSR (e.g., Stalin's repression from 1937-1952). Individuals were rarely allowed to leave the country; instead any "traitor" was executed or sent to the "Gulag." The country had minimal contact with the Western world and the first wave of massive immigration during the Soviet era occurred in 1974.

This wave of immigration was distinctly different from prior waves (Goldstein, 1984; Howells, 1986). The immigrants referred to themselves as *Homo Sovieticus*, "sovki", thus reflecting the legacy of the totalitarian Soviet regime. The term was first coined by a Russian dissident, Zinovyiev (Goldstein, 1984). He used it

to describe the values of people growing up under the Soviet regime. One of the salient characteristics of the regime was the eradication of any signs of individuality in its members. The society suppressed not only left-“minded” but also left-handed persons so that there were no differences. Everybody was expected to have the same set of values, beliefs, and morals. Religion was prohibited and religious persons were persecuted, independent of their affiliation.

“Russian” was synonymous with “Soviet” and ethnic Russians were the privileged majority in all the 15 republics. Yet, they could not practice religion either. Most ethnic groups were stripped of their national identity. The nationality was the basis for differentiating citizens. Being non-Russian was associated with experiencing certain disadvantages in getting education, advancing in career, and even traveling abroad. Being Jewish was a double burden. If natives of the 15 republics could at least count on being given a chance to excel as to maintain the facade of Soviet internationalism of the Union utopia (e.g., unspoken quotas in University admission offices), Jews were precluded from entering certain institutions and occupations altogether (e.g., Law). This situation was recognized by Western countries but denied by the FSU. Many Jewish families who applied for exit visas from the USSR in 1974 gave their reason for immigration as moving to Israel, the historical motherland, and not political oppression.

The most recent wave of immigration from the FSU began in 1989-90. From the late 1980s through late 1990s, annual arrivals of Soviet Jewish refugees in the U.S. reached 50,000 (NYANA, 2000), not a great number when compared to other groups, but large enough to form large ethnic communities in New York City.

There are significant differences between these immigrants and the previous wave in 1974. These immigrants left the Former Soviet Union and not the USSR; they had witnessed the collapse of the "Empire." Most went directly to the USA, whereas the 1970s immigrants often spent months in transition camps before they were given or denied entry visas. Most importantly, members of this last wave of immigrants arrived in the USA as political refugees and received financial support from the state for a 2-3 year period of resettlement. Even though Jewish refugees constitute the majority of recent immigrants from the FSU, growing numbers of individuals arrive to the USA through the Green Card lottery or as "Outstanding Abilities" visa recipients. For the purposes of this paper, immigrants from the FSU will be referred to as Russian immigrants or refugees.

Highly educated, with over 70% of adults arriving with at least a college education (Chiswick, 1993; NYANA, 2000; Simon & Simon, 1982; Vinokurov et. al, 2000), and well trained in highly skilled occupations, this emigration has distinguished itself in many ways. Anecdotally, despite the relatively small numbers, former Soviets represent a disproportionate number of university mathematicians and physicists in universities, computer programmers working in high tech corporations, high schools valedictorians, and orchestra musicians (Birman, in press).

Russian refugees carry the legacy of the Soviet totalitarian regime: strong interdependence among family members, a strong group orientation (e.g., "my friends are my life"); and negative attitudes towards individualism and assertiveness (Halberstadt, 1996; Kaslow, 2001). In the attempt to be protective, families adopt parenting practices that are intrusive and controlling (Halberstadt, 1996). These

cultural practices are in opposition to American mainstream cultural practices.

Gender roles: part of acculturation process

In particular, these practices may interact with gender roles. Russian culture is a more traditional culture with male-dominant and female-submissive roles and interactions. Cultural attitudes and beliefs about gender roles and sexuality among Russian immigrants are very different from those of the American mainstream culture (Halbertsadt, 1996).

Russian teenagers become sexually active later than their Western peers (18.3 years in Russia vs. 15.8 years in the USA, Donovex Global Survey, 1997), although the rate of teenage pregnancy is higher. Typically women give birth and get married earlier in Russia (the average age for women is 21.7 and 24.2 for men). Fertility rates are highest among 20 to 24 year olds, followed by 15 to 19 year-olds and 25 to 29 year-old who have the same fertility rates (Stetsenko, 2000). By 18 (the legal age in Russia) many young people have graduated from high school, committed to an occupation, and completed a year of specialized training. When individuals want to change their occupation they have to apply and take entrance examinations again. Therefore, the same years that are late teenage years in the USA (17-18 years) are, developmentally, the years of young adulthood in Russia.

Adolescent girls in contemporary Russia face a major conflict of interest: individual achievement vs. family and children (Kotovskaya & Shalygina, 1996 cited in Stetsenko, 2000). Despite all the opportunities that women had in Russian society after 1917, the ideology of male superiority has never been challenged (Gray, 1994; Murcott & Feltham, 1996 cited in Stetsenko, 2000). Studies have demonstrated that

Russian adolescent girls assign a greater value to family than their male peers. In Western cultures no such sex difference have been found (Stetsenko,2000). Stetsenko (2000) proposes that these trends may be due to a recent collapse of the "old system" which supported gender equality.

Adult Russian refugee women experience significantly greater degrees of alienation and split in their identity (i.e., Russian vs. American) than do men because of the differences between the American and Russian cultures (Birman & Tyler, 1994). It is hard for many Russian women to integrate even partially the American way of being a woman, because they perceive it as masculine and unacceptable. Men, in contrast, finally find a chance to compete and strive for a better life, inclinations that were punished and suppressed in Soviet Society. In the USA, men can finally become the true leaders in their families, which is compatible with both Russian and American cultures. Women, however, are in conflict since it is nearly impossible to reconcile the polarized standards for femininity in Russian and American cultures. If women attempt to "Americanize", they fall under double pressure: their own old internal standards and their husbands' resistance. Thus gender roles is an area of conflict between American and Russian cultures.

In summary, Russian and American mainstream cultures are very different along a number of variables: interpersonal relationships, gender roles, and people-state relationships. Russian culture can be described as a more traditional and group-oriented culture. Also, Russian immigrants have the legacy of a totalitarian regime, which hinders their development of trust towards the US government. In my pilot work I found that when asked about their ethnic identity, most young Russian adults

preferred to identify themselves as different from White Non-Hispanic/Caucasian, using the labels of Russian or Russian American). Yet Russian immigrants are not distinguished from Non-Hispanic Whites in research or census statistics.

Research Aims and Hypotheses

Identity formation and individuation are the hallmark developmental tasks of the teenage years in Western cultures. In the process of individuation, young persons explore and develop their attitudes, beliefs and practices distinct from their parents. This period is marked with increased tension and disagreements between parents and their children (Laursen & Collins, 1994). Interestingly, Western research is concerned with such conflicts between *parents* and adolescents. Non-Western or traditional cultures, however, are likely to experience this conflict between *family* and adolescents. Individuation in those cultures may follow a different trajectory from that in Western cultures. If an immigrant adolescent girl begins following the Western type of individuation as a result of strong association (on behavioral and identity levels) with American peers, the gap (in behavior and identity) between her and her parents may have more disruptive consequences than it does for non-immigrant adolescents.

Sexual experimentation, smoking and drinking alcohol are a part of the transition to adulthood in American mainstream culture. Risky health behavior (especially risky sexual behavior) among adolescent females, particularly among minority and immigrant groups, is a growing concern. Traditional cultures tend to protect and restrict adolescent women in this exploration. Values and practices about sexuality and gender roles is one area of conflict between Russian and American

cultures. With families preserving Russian values and practices, and American peers (or highly Americanized Russian peers) carrying American values and practices, the acculturative gap between peers and families may be a critical predictor of risky health behavior. Russian culture can be described as more traditional in the domain of sex roles, particularly in attitudes toward women. The "old-fashioned sexism" or explicit sexism can be applied to traditional attitudes toward women. Western cultures' attitudes toward women on the other hand can be identified as "modern sexist" attitudes, more subtle but still discriminatory attitudes.

Immigrant teenagers from cultures that are more traditional, group oriented and interdependent, such as Russian culture, are more likely to experience additional stress due to acculturation when forming their identities in Western society. The stress here may not necessarily lead only to negative consequences such as lowered life satisfaction rather, the identity formation process may provide them with new opportunities and lead to positive consequences as they may rely on resources provided by both natal and host cultures.

This study adopts an orthogonal conceptualization of acculturation (Birman & Tyler, 1994). Acculturation was measured independently on the levels of behavior and identity for each culture involved and perceived acculturation in each area was measured separately across three ecological contexts: self, peer and family.

The main questions of this study concerned how global level of acculturation to American culture impacts risky health behaviors among immigrant adolescent females from the FSU. The study tested the assumption that acculturation in the domain of gender roles is more influential than overall acculturation on risky health

behavior. The study assessed the acculturation gaps between adolescents and their parents, and between their parents and peers to examine the relative influences of peers and family in forming acculturation practices. Finally, the study tested a model of person-environment fit that predicted that the discrepancies between the adolescent girls' acculturation level and that of her family and between her family and peers would influence risky health behavior more strongly than the absolute level of the predictors. That is, it is the misfit or discrepancy of acculturation values and practices that would most strongly affect risky health behavior.

Research Question

The study will investigate the roles that perceived acculturation of peers and parents play in the acculturation process of immigrant adolescent girls from the FSU. To explore this question, standard multiple regression analyses will be conducted with parental and peers' acculturation level as predicting variables and girls' American and Russian acculturation levels as outcome variables.

Hypotheses

The proposed research tested the model depicted in Fig. 1, including a number of principal hypotheses. The overarching hypotheses to be tested include (a) the relationship between acculturation and risky health behavior and (b) the relationship of acculturation gaps between peers and family to risky health behavior.

Relationship of global levels of acculturation and sex role attitudes to risky health behaviors.

Hypothesis 1. American Acculturation will be positively related to risky health behaviors and Russian Acculturation will be negatively related to the risky health behaviors.

Hypothesis 2a. Non-traditional sex role attitudes will be positively related to risky health behaviors.

Hypothesis 2b. Sex role attitudes will be more important than global levels of acculturation when predicting risky health behaviors.

Hypothesis 3. The degree of discrepancy between self-perceived global level of acculturation to American and Russian culture and the degree of non-traditionalism in sex role attitudes will be positively related to risky health behaviors.

Relationship of perceived generational discrepancies to risky health behaviors.

Hypothesis 4. The degree of discrepancy in levels of acculturation to American culture, Russian culture and levels of non-traditionalism in sex roles between girls and their parents will be related to the risky health behaviors. Specifically, a greater discrepancy will be related to greater degree of engagement in risky health behaviors.

Hypothesis 5. The degree of discrepancy between parental and peer's levels of acculturation to American culture, Russian culture and levels of non-traditionalism in sex roles will be related to the risky health behaviors. Specifically, a greater discrepancy will be related to greater degree of engagement in risky health behaviors.

Hypothesis 6. The degree of perceived discrepancy in American and Russian global levels of acculturation between girls and parents, and between peers and

parents will have a stronger relationship with risky health behaviors, than will the individual global acculturation level scores for self, parent, and peer.

CHAPTER TWO

METHODS

Participants

One hundred and three immigrant adolescent girls from the Former Soviet Union participated in this study. A power analysis (Cohen, 1994) indicated that 97 girls would be needed to achieve sufficient power (.80) for medium effect size with $p < .05$. In order to take part in this study girls had to be 13-18 years of age, and have immigrated when they were 5 or older, be single, and be literate in either English and/or Russian languages.

One hundred and nine adolescent girls took part in the present study, but only 103 surveys were used for data analyses. Three surveys were excluded because the participants were 19 years of age, two surveys were excluded because the participants were born in the United States, and one survey was excluded because the participant was born in Israel and then immigrated at the age of 12 to the United States.

Table 4 provides information about participants' age, place of origin, parental educational level, and parental employment status. This information was collected through the Demographic questionnaire in the survey (Appendix G)

As can be seen from Table 4 the average age of the participants was 16.2 (ranging from 13.20 to 18.68) with 4.2 years of average residence in the United States (ranging from .1 to 10.8). The vast majority of the respondents came to the United States from the Russian Federation (65.04%).

On average the mothers of the respondents in this sample completed at least 10 years of school and 2 years of technical school. The fathers completed at least 8

years of school and 2 years of technical school. The Soviet educational system used to allow for a number of educational tracks: 8 years of school and 2 years of technical school, 8 years of school and 4 years of technical school which is equivalent to 10 years of school and 2 years of technical school, 10 years of school and 5 years of institute (or university), 10 years of school and 6 years of Medical School. A total of 43 (41.7%) mothers and 38 (36.8%) fathers held a university degree. For 86 participants (83%) both parents were employed. For 15 girls (14.5%) only one parent was employed, and for one participant (.97%) both parents were not employed. They had been in the country for 1 month and 3 days.

All participants resided in Brooklyn, New York City. Participants were asked to report their home zip codes to determine the section of Brooklyn in which they live. According to this information, 4 participants live in Bensonhurst, 19 in Kings Bay, 46 in Brighton Beach, and 34 in Sheepshead Bay. All of these areas have high percentages of immigrants from the former Soviet Union, mostly from the Russian Federation, Ukraine, and Belarus.

Settings and Procedures

Five agencies were contacted: The Kings Bay YWHA, Shorefront YWHA, Community House of Bensonhurst, the Jewish Board of Family and Children's Services (JBFCS) and the two public high schools within the Board of Education of the City of New York (BOE). Thus, the settings fell into two types: (a) community based youth programs for immigrants from the Former Soviet Union, and (b) public high schools. Recruitment and administration procedures were basically the same across all the settings. The two types of settings are described below followed by the

description of recruitment and administration procedures.

Community based programs for immigrant children and youth from the FSU.

The Kings Bay, Shorefront Y, and Community House of Bensonhurst provide after-school and recreational programs for youth aged 6 -18. The centers are located in the areas with high density of immigrants from the FSU. Shorefront Y is located in Brighton Beach, Kings Bay Y is located north west of Brighton Beach and Community House of Bensonhurst is located north east of Brighton Beach. Teenagers come to these centers to play pool or ping-pong, learn to swim, and to get help with homework. The centers also house many organized after school activities such as Russian Ballet of Brighton Beach at the Shore Front Y, or Russian Jewish Theater at Kings Bay Y. Each center serves about 300 young immigrants and their families.

The Jewish Board of Family and Children's Services (JBFCS) public high school based programs.

JBFCS has a number of programs for immigrant youth from the Former Soviet Union (FSU), such as The Russian Adolescent Project (RAP). This project works with immigrant families from the Former Soviet and is serving over 300 immigrant teenagers at this time. Among many services, The Russian Adolescent Project provides psycho-educational services to immigrant teenagers from the former Soviet Union. The agency has programs based in the New York City Public High Schools. One example is the transition groups for recent immigrant teenagers to ease their adjustment to the American educational system.

This study took place in two high schools that cooperate with JBFCS. Both

high schools were located in Brooklyn, NY. These schools will be referred to as West and East High Schools.

The principal investigator obtained permission from the Board of Education of the City of New York and the JBFCs RAP program to conduct the study in these settings. Then, the investigator contacted the individual high schools, gained their cooperation and made specific arrangements for data collection.

Recruitment Procedure.

Recruitment procedures were basically the same across all the settings except for minor differences, which are described at the end of this section.

The investigator met with the head administrator of each setting to discuss the nature of the study one month prior to the study. Upon obtaining administrative support and approval, the PI met with the staff members responsible for programs for immigrant youth (e.g., teen director at the community based programs and JBFCs social worker at the high school based programs). The PI provided these professionals with the recruitment flyers to be distributed to potential participants (see Appendix A). Flyers also were posted in hallways.

The PI was present in each community center twice a week (once a week during after school hours and on Sunday) and twice a week during school hours at each high school. During those hours the PI was available to answer questions about the study, to give parental consents to interested individuals, and to administer surveys. Those girls interested in participating in the study were asked to contact the PI, who gave them letters of parental consent to take home. The girls were asked to discuss their participation with their parents, obtain written parental permission, and

bring the signed consent forms back to the PI.

The participant's consent was obtained only after she brought in the signed parental consent form. Once the participant's and their parent's consent was obtained, the questionnaire was administered. The administration took place in an office designated by the setting for the investigator to use to meet with the volunteers.

Across all the settings the PI was provided with the office space that allowed for small group (up to eight individuals) and individual administration. The vast majority of surveys were administered in small groups (n=98). In total, 58 surveys were administered in the public schools setting and 51 in the community centers (see Table 5). The data collection was completed in thirteen days over the course of four weeks.

The difference in recruitment procedures between high school and community centers was that the PI spoke with the principal of cooperating schools a few days before the study as compared to one month in community centers. Also, a significantly smaller number of participants was recruited from the Jewish Community House of Bensonhurst, than from other community programs because the center had many field trips (e.g., assisting day care teachers in taking young children to the Zoo) and field assignments (e.g., Passover outreach) at the time of the study.

Administration of Measures.

The same procedure was followed with all the participants independent of the type of the setting (e.g., JBFCS or Shorefront Y Program) and administration (i.e., group or individual administration). Administration of the survey occurred in a private office at each site. First, the PI asked each participant to choose the language in which she would like to communicate during the administration and in which she

would like to take the questionnaire (i.e., English or Russian). Upon choosing the language of administration, the PI read the instructions on page two of the questionnaire out loud and pointed participant's attention to the definitions of *parent* and *friend*. All participants of this study filled out the 13-page questionnaires. The total time of administration did not exceed 35 minutes.

The investigator remained with the participants throughout the administration and was able to clarify any questions that the participants had. The participants were provided with large white envelopes to deposit completed questionnaire to ensure their confidence. Upon completing the questionnaires the participants were reimbursed \$10 for their time.

Table 5 summarizes the response rate across the settings. The number of volunteers exceeded the number of participants needed for this study. Several individuals made copies of the parental consent forms and thus the total number of parental consent forms given out to interested individuals is not precise. Only one interested participant did not get her parents' consent. One parent contacted the PI to inquire about the study. This mother was concerned that her daughter was a very good student and did not exhibit any risky health behaviors and thus "may be of little interest to the PI." Another parent came to talk to the PI to inquire if any educational services will be provided as a part of this research. This mother was provided with the list of resources that provided educational services to teenagers and their parents about sex and drug related issues.

The participants did not differ in terms of their age, length of residence in the US, and parental education across the settings.

Measures

The constructs of interest in this study were: acculturation, sex role attitudes and risky health behaviors (Fig. 1). Level of acculturation can be thought of as a general level of acculturation to American and Russian culture. Because Russian and American culture have different views on sex roles, sex role attitudes were conceptualized in this study as representing an independent aspect of acculturation. Furthermore, the study looked at the perceived discrepancies in acculturation levels and sex roles attitudes between the eco-systems of self, parent and peer. Table 1 classifies the measures used in this study according to the constructs they measured.

Translations

The *Attitudes Toward Women Scale for Adolescents* (Galambos et. al, 1985), *Risky Health Behavior Scale* (CDC, 1999), *Demographic Characteristics Scale* (Jeltova, 2002), as well as the consent forms and flyers were written by the PI first in English and then translated into Russian. Three bilingual mental health professionals assisted: the first person read the Russian version and translated it into English. The second person read the English version and translated it back into Russian. The discrepancies resulting from these cross translations were removed and the materials were given to a third person, who read both versions and commented on any discrepancies.

Measures

Acculturation measure.

This study used the Language, Identity, and Behavior Acculturation Scale (LIB; Birman, 1997) to measure global level of acculturation to both American and

Russian cultures. The LIB consisted of 51 items (50 closed-ended rating items and one open-ended question) and assessed acculturation along three dimensions: language (9 items), identity (7 items), and behavior (9 items). In this study, the open-ended question “how would you describe our ethnic/cultural identity” was split into two questions so that the participants could reflect if they felt their cultural identity (e.g., Russian) was different from their ethnic identity (e.g., Jewish). This change brought the total number of items up to 52 and the number of items for identity acculturation up to 8. The vast majority of the respondents described their cultural identity as Russian (n=92), and their ethnic identity as either Jewish (n=46) or Russian (n=22). Many respondents felt that they were asked the same question twice.

As the items were identical for American and Russian culture (26 for American and 26 for Russian culture), LIB assessed one’s acculturation to both cultures without making them mutually exclusive.

Language acculturation. The Language Acculturation subscale consisted of nine parallel items for English and Russian language. Participants rated their ability to speak and understand English and Russian at home, over the phone, with strangers, and in other situations, using a 4-point Likert scale (*not at all to very well, like a native*).

Identity acculturation. The Identity Acculturation subscale of the LIB consisted of seven closed-ended items for each culture and two open-ended items (16 items). Respondents rated the extent to which they “consider” themselves Russian and American (e.g., “I think of myself as being American”), “feel part” of Russian and American culture and the extent to which they feel positive about their affiliation

(e.g., “I feel that I am part of Russian culture”), “feel proud of being Russian and American.” The rating format was a 4-point Likert scale ranging from *not at all* to *very much*.

Behavioral acculturation. Nine parallel items asked about engagement in the cultural practices of American and Russian cultures. Items posed questions such as “How much do you speak English/Russian?” and “How many of your friends are Russian/American?” Items were rated on a 4-point Likert scale ranging from *not at all* to *very much*.

The LIB yielded indexes of global acculturation to American and Russian cultures as well as subscale scores. This study used the overall indexes of acculturation to Russian (RAI) and American culture (AAI) which were obtained by summing up the ratings across all the items and dividing it by the number of items within the index. Prior studies with immigrant adolescents from the FSU yielded reliability coefficients of .89-.90 for the AAI, and .94 for the RAI (Vinokurov et. al, inpress; Birman, Trickett, & Vinokurov, 2000). In the present study, the alpha reliability coefficient for American Acculturation Index was .95 and for Russian Acculturation index it was .93.

In order to assess environmental context for acculturation, respondents were asked to rate one of their parents and one of their friends acculturation level as they perceive them. Respondents were asked to select as a target the parent or guardian and the friend “who has most influence on you.” Thus, participants completed the LIB three times. First, regarding their own acculturation, second, regarding the acculturation of one of their parents, and finally regarding the acculturation of a

friend.

Dimensionality of acculturation.

Prior to testing the relationship between the acculturation and risky health behaviors, the assumption that acculturation is a multidimensional process and therefore has empirically distinct dimensions (i.e., language, identity, and behavior) was tested. To investigate this question simple correlations were computed between Russian language, identity, and behavior, and then American language, identity, and behavior (Table 10). The information about American and Russian acculturation was obtained by using the Language, Identity and Behavior scale (Birman, 1997) (Appendix G).

The correlations between Russian language, behavior, and identity dimensions ranged from .21 to .62, accounting for 4 % to 38 % of the shared variance. The correlation between American language, identity, and behavior ranged from .57 to .70, accounting for 32 % to 49 % of the shared variance. These findings suggest that the dimensions of acculturation (particularly American Acculturation) overlap. The overlap is the greatest for the dimensions of language and behavior for both cultures, American and Russian. Russian identity appears to be the most independent dimension as it was only weakly correlated with Russian behavior (.32) and Russian language (.21). American identity, on the other hand, is highly correlated with American behavior (.70) and moderately correlated with American language (.57). The correlation between language and identity were the lowest for both cultures.

These results suggested that only Russian identity acculturation was independent from other dimensions. Therefore, the decision to use overall indices of

acculturation level to American and Russian as opposed to using scores for each dimension was justified.

Orthogonality of acculturation.

To test the assumption that acculturation and enculturation were orthogonal, six dimensions of acculturation (e.g., Russian and American) were correlated. Table 10 shows the correlation coefficients between 3 dimensions of Russian acculturation and 3 dimensions of American acculturation. All the dimensions of American acculturation were negatively correlated with Russian Language and Behavior. Correlations ranged from -.42 to -.50. Russian Identity was not significantly correlated with any of the dimensions of American acculturation. These negative correlations were particularly strong for American behavior.

Therefore, these results suggest that with the exception of Russian identity, acculturation and enculturation are not entirely orthogonal. The shared variance (from 17% to 25%) suggests that these processes are only relatively independent. Therefore, when testing hypothesis 1 validation of the obtained results was needed.

Sex role attitudes.

The Attitudes Toward Women Scale for Adolescents (AWS-A) (Galambos, Petersen, Richards, & Gitelson, 1985) was used to measure sex role attitudes. The AWS-A was based on the short version of the Spence-Helmreich Attitudes Toward Women Scale (AWS; Spence, Helmreich, & Stapp, 1973). Respondents rate the degree to which they agree or disagree with 12 statements on a four-point (*strongly agree - strongly disagree*) scale. Higher scores reflect less traditional or more egalitarian attitudes toward women. Participants rated their own attitudes toward

women as well as those of the parent and peer (i.e., the scale was repeated three times).

In this study the internal consistency for the self-ratings was somewhat low, .68. In a study of American adolescents (Galambos et al., 1985) the AWS-A was found to have fairly high internal consistency (an alpha of .78 for boys and .72 for girls), as well as test-retest reliability (stability coefficients ranged from .57 to .73 for boys and from .46 to .62 for girls).

Attitudes toward women as a part of the acculturation process.

The presumption that attitudes toward women in adolescents (AWS-A) are closely related to acculturation and may even be representative of the gender roles domain of acculturation was tested by computing correlations between Russian culture and AWS-A were computed (Table 11). Russian culture is a more traditional culture and American culture is a more egalitarian culture in the gender roles domain. Therefore, the American culture should be related to more egalitarian attitudes toward women, and Russian culture should be related to more traditional attitudes toward women. The results revealed that the degree of American acculturation is in fact positively related to the strength of egalitarian attitudes toward women ($r = .21, p < .01$). Multiple standard regression controlling for age revealed no significant multiple correlation between the American and Russian acculturation and Attitudes Toward Women in Adolescents.

Risky health behaviors.

Nineteen items from the Youth Risk Behavior Surveillance Schedule (CDC, 1999) were used to measure smoking, alcohol use, and risky sexual behavior. This

survey is administered by the CDC nationwide every two years. Respondents were presented with three sets of multiple-choice items. The first set of 4 items concerned smoking (e.g., "Have you ever tried cigarette smoking, even one or two puffs?"), the second set of five items dealt with alcohol consumption, and the third set consisted of 10 items concerned sexual behavior (e.g., "Have you ever had a sexual encounter?"). At the beginning of each section, the participants were asked if they had *ever* engaged in the behavior. If participants reported never having engaged in a behavior, they are directed to skip the corresponding items and proceed to the next set of items.

The options for each stem question were arranged in the order of increasing risk. The exceptions were items asking about the age of initiation of a behavior and about the method of pregnancy prevention used. The former (e.g., "How old were you when you had sexual intercourse for the first time?") is scored in reverse order (the greater the age of onset, the lower the score). On the latter item the "*no method*", "*withdrawal*" option or self-reported practices analogous to '*no method*' (e.g., having intercourse in upright position) were scored as 1. The total score for risky health behaviors was obtained by summing all the scores across the three subsets of items (smoking, alcohol use and sexual behavior). The score for each risk behavior was obtained by summing the items within each subset. A higher score indicates a higher degree of involvement in risky health behavior.

As only a portion of the YRBSS was used, the likelihood of a response set was decreased. In this study Cronbach's alpha for the entire scale of Risky Health Behavior was .87. The correlations between Smoking, Alcohol Consumption and Sexual Behavior subscales ranged from .402 between Sexual behavior and Smoking

($p < .01$) and .437 between Sexual Behavior and Alcohol Consumption ($p < .01$) to .583 between Alcohol Consumption and Smoking ($p < .01$). The Risky Health Behaviors scale score was highly correlated with, Smoking ($r = .807$, $p < .01$), Alcohol Use ($r = .833$), and Sexual Behavior ($r = .776$, $p < .01$).

Demographic Characteristics

The demographic questions included: age; length of residence in the US; parental education and occupation; cultural make up of the attended school, zip code and number of hours they spent per week participating in organized after-school activities.

Data Analysis Plan

This study used Poisson regression to test the effects of acculturation on risky health behaviors. The typical regression involves the assumption that the dependent variable can be measured on a continuous scale (e.g., height can be measured in meters). It is also assumed that the random errors of measurement of the dependent variable are independent normally distributed variables with identical variances. The goal of multiple regression analysis is then to examine whether the dependent variable is influenced by the independent variables of interest.

Problems arise when investigators are examining the occurrence of rare events, such as the number of automobile accidents occurring at a certain location per year (Kleinbaum, Kupper, Muller, & Nizam, 1998). These rare events are discrete data and often are not distributed normally but rather have a Poisson distribution like data in this study (see Fig. 3). One of the unique features of this distribution is that its variance is equal to its mean. Poisson (or Discrete) regression analysis is a regression

method that is frequently used for dependent variables that describe rare events, counts and/or proportions. Poisson regression is recommended for use when the dependent variable is count data and independent variable(s) are continuous variables (McCullagh & Nelder, 1983).

In this study the dependent variable, risky health behaviors (rhb), was count data (a rare event) which was estimated with continuous independent variables. The tests for normality, scatter plots of the residuals in relation to predictors clearly demonstrated a Poisson distribution. Even transformation of the data (log and square root) did not approximate the usual assumption of identical variance to make linear regression analysis appropriate for these transformed data (see Fig. 4). Consequently, Poisson regression analysis was used to test each of the hypotheses.

On a more general level, regression analysis is about modeling the mean of the dependent variable of interest as a function of certain predictor variables (independent variables). The form of likelihood function that is used to estimate the regression coefficient set (Beta coefficients) is determined by the assumptions made about the distribution of that variable of interest (dependent variable).

Thus, the conceptual difference between Poisson regression and standard multiple regression is that Poisson regression involves Poisson distribution whereas the multiple regression involves dependent variables with normal distribution. In each instance, however, the goal of the analysis is to find the model (a regression equation) that will accurately describe the estimated dependent variable as a function of a set of independent variables (predictors) (Kleinbaum et al., 1998).

Poisson regression is one of the General Linear Models procedures and it

uses quantity D (beta estimated) as a measure of fit. Deviance can be thought of as a measure of residual variation (or deviation) from the fitted model. The smaller the value of deviance, the better the model fits the data. It is analogous to residual error in linear regression. Deviance is best used to compare various models. It can be used to construct a stepwise analysis of deviance tables similar to the stepwise analysis of the variance table displayed in linear regression (Table 22).

Individual Poisson regression analyses were conducted with respect to risky health behaviors as a constellation and risky sexual behavior. Unless specified, the reported results are the same for risky health behaviors (RHB) and risky sexual behavior.

All the Poisson regression analyses were conducted controlling for age as it was hypothesized to be a significant developmental factor and was significantly related to risky health behavior ($r=.274, p<.01$).

CHAPTER THREE

RESULTS

Prevalence of Risky Health Behaviors

Tables 6, 7, and 8 present the results regarding prevalence of risky health behaviors in the present sample of immigrant adolescent girls from the FSU.

Table 6 presents information about participants' smoking behavior as compared to the smoking behavior in female public high school students in New York City, New York State and nationwide (CDC, 1999). This information was obtained from the respondents' replies to the four questions on smoking in the survey (Appendix G). In the present sample of 103 girls 67% reported that they having tried smoking, even a few puffs. Fifty-five percent of the respondents (57 respondents) reported that they had smoked a whole cigarette, compared to 63.5 % of girls in the New York City public school system in 1999 (YRHBSS, 1999). Thirty-three percent (n=35) of the girls in this study tried smoking between the ages of 11-14. This is comparable to 34.4% of high school girls in the schools of New York City. However, only 38 (36.9%) of the respondents in this study continued smoking after they tried and smoked a whole cigarette. Seventeen girls (16.5%) reported that they smoked more than 20 days a month (equivalent to 8.9% in NYC). These results indicate that most of those girls who tried smoking and smoked whole cigarettes more than once now smoke every day. Furthermore, most of the girls who reported smoking nearly every day began smoking between the ages of 11-14 (11 out of 17).

Table 7 presents information about alcohol consumption in the present sample as compared to New York City and New York State (CDC, 1999). This information was obtained from the respondents' replies to the five questions on

alcohol consumption (Appendix G). In the present sample of immigrant adolescent girls from the Former Soviet Union, 75 girls (72.8%) replied “yes” when they were asked whether they *have ever tried at least one drink of alcohol* (comparable to 73.9% of girls in NYC and 80.6% in NYS). Twenty-one respondents (20.4%) had their first drink at the age of 11-13 (equivalent to 16.1% in NYC). Most of the respondents (45.6%) reported that they have a drink once or twice per month (equivalent to 47.7% in NYC). Two respondents (1.9%) reported having a drink 10-19 days a month (4.3%), and 2 (1.9%) reported that they have a drink 20-29 days a month (equivalent to .8% in NYC). The majority of the girls who drink alcohol, have one drink on a typical occasion (n=37, 35.9%). Four girls (3.9%) were in each of the categories of four, five, and six drinks on a typical occasion (equivalent to 28.1% in NYC). The vast majority (n=92) wrote that they usually have wine and/or beer. Only 8 girls stated that they drink cognac and/or vodka. Three girls stated that they drink champagne. Out of the 75 girls who drink alcohol (no matter how seldom), 35 have been drunk at least once. Twenty girls (22.3%) reported getting drunk once in a few months. Seven girls (6.8%) reported getting drunk once a month. Only one participant endorsed that she become intoxicated with alcohol once in a few weeks, and another one, once a week.

Table 8 presents information about the participants' sexual behavior as compared to New York City and New York State (as per YRHBSS'99 results) (CDC, 1999). This information was obtained from the respondents' replies to nine questions in the Health Behavior Questionnaire: Sexual Behavior in the survey (Appendix G).

Seventy-four respondents (71.8%) stated that they have had a sexual encounter in their lives (e.g., kissing) and 26 girls (25.2) reported that they have had a sexual intercourse (comparable to 47% nationwide). Out of these 74 only 47 (45.6%) reported that they always feel that they have control over the sexual encounter, and 25 (24.3%) stated that they have this control most of the time. One respondent indicated that she rarely feels that she has such control, and one reported that she never has such a control. Five girls (4.9%) have had more than 4 partners (comparable to 6.6% NYC, 13.1% Nationwide), 4 (3.9%) had used alcohol or other drugs during their last intercourse (comparable to 9.5% NYC and 19.2% NYS) and 2 (1.9%) had been pregnant at least 1 time (comparable to 6.6% in NYC and 7.6% Nationwide). On average, the girls reported having their first intercourse between 16 and 17 years of age. One participant (.97%) reported having had her first intercourse before age 11 and two girls (1.9%) indicated that they had their first intercourse between 12 and 13 years of age. Out of those girls who were sexually active, 4 (7.7% of the sexually active girls) reported using no protection during their last intercourse, 3 (11.53% out of sexually active) reported using birth control pills (comparable to 19.7% NYC, 19.2% Nationwide), and 19 (73.1%) respondents reported having used condoms during their last intercourse (comparable to 53.9% in NYC, 50.7% in NYS).

Overall, the risky health behaviors were found to be moderately interrelated (Table 9). Because of the intercorrelations, a single variable, risky health behavior (RHB), was created and used for further analyses. In addition, the Sexual Behavior scale was used independently in parallel analyses as it was the primary variable of

interest. The reported results are the same for risky health behaviors as a constellation (RHB) and for risky sexual behavior unless otherwise specified.

Acculturation and enculturation

Table 15 summarizes the findings of the stepwise multiple regression analyses that were conducted with Russian and American acculturation in individual girls as dependent variables. The global levels of American and Russian acculturation in parent were entered as the first block of predictors, and global levels of American and Russian acculturation in peer entered as the second block of predictors.

American acculturation in parent and peer (as reported by the girls) explained sixty three percent of the variance in girl's American acculturation with parental and peer Russian acculturation playing a small role. The same predictors explain only fifty percent of the variance for Russian acculturation, with Russian acculturation in parent and peer as positive predictors and American acculturation in parent a negative predictor.

Hypothesis Testing

Relationship of Global Levels of Acculturation and Sex Roles Attitudes to Risky Health Behaviors

Hypothesis 1. American Acculturation will be positively related to risky health behaviors, and Russian Acculturation will be negatively related to risky health behaviors.

To test whether American acculturation and Russian acculturation are significantly related to the risky health behaviors both acculturation variables were

entered into the equation. The deviance for this last equation was then compared with the deviance of the null model (Kleinbaum et al., 1998).

The results (Table 22 Model 3) revealed that both American and Russian acculturation were significant predictors of risky health behaviors. American culture was a positive predictor, and Russian culture was a negative predictor.

The deviance value for the model with American Acculturation and Russian Acculturation controlling for age is only 751.78. This high value means that the model can be improved significantly and explains the fact that this model seems to overestimate the occurrence of risky health behaviors.

The same results were obtained for risky sexual behavior (Table 23, model 1), when it was analyzed separately as an outcome variable. American acculturation was a significant positive predictor of risky sexual behavior and Russian acculturation was a significant negative predictor of risky sexual behavior. American acculturation was a much stronger predictor than Russian acculturation.

Hypothesis 1 was fully supported meaning that levels of acculturation to American and Russian cultures are significantly related to risky health behaviors in immigrant adolescent girls from the FSU. The expectation that American acculturation will be a positive predictor and Russian acculturation will be a negative predictor was also fully supported. The higher the levels of American acculturation, the higher the level of risky health behaviors. The higher the level of Russian acculturation, the lower the risky health behaviors.

Validation of the results for hypothesis 1.

Acculturation types and risky health behaviors.

Since the assumption of acculturation to American and Russian being orthogonal was not fully supported for this sample, the sample was split into four groups using the median split procedure. The resulting division revealed that 10 participants fall within the Assimilation type (High American Acculturation, Low Russian Acculturation), 23 fall within the Separation type (Low American Acculturation, High Russian Acculturation), and 70 individuals fall into the Integration type (High American, High Russian) (classification as per Berry et al., 1994). No respondents were placed in the Marginalization type (Low American, Low Russian). The names of the groups correspond to acculturation strategies as per frequently used classification by Berry and his colleagues. Table 17 presents shows how risky health behaviors were distributed among the three types of acculturation present in the sample.

Multiple one-way ANOVAs were conducted to test whether the adolescent girls in each group differed in terms of the length of residence in the US, constellation variable (RHB), and each of the risky health behaviors (i.e., smoking, alcohol use, and sexual activities). Bonferonni post hoc analyses revealed that the groups did not differ in terms of the length of residence in the US. Assimilation was greater than Separation and Integration in terms of the overall Risky Health Behaviors (Table 18). Specifically, individuals who were more Assimilated were found to smoke more than those who were Separated or Integrated (Table 19). The individuals who used Assimilation as an acculturation strategy also engaged in sexual activities more than those who used Separation and those who used Integration (Table 21). Furthermore,

individuals who had Integration as their acculturation strategy were more likely to engage in risky sexual activities than those who had Separation as their acculturation strategy (Table 21). Also, the difference between Separation and Integration in terms of the alcohol consumption is significant at $p < .10$ level which is considered to be a clinically significant level (Table 20).

As it appears from this analysis, as the American Acculturation increases, so does the degree of engagement in risky health behaviors. When acculturation levels to both cultures are high (i.e., acculturation strategy of Integration), risky health behaviors are average (mean for Integration= 13.36, SD=9.64, mean for sample=12.6, SD=10.46) as though American and Russian cultures are balancing each other.

Therefore, the results of the analyses testing Hypothesis 1 were validated. Also, information regarding changes in risky health behavior across various acculturation strategies was obtained.

Hypothesis 2a. Non-traditional sex roles attitudes will be positively related to risky health behaviors.

Hypothesis 2b. Sex role attitudes will be more important than global levels of acculturation when predicting risky health behaviors.

Poisson regression analysis with AWS-A entered as a sole predictor was conducted to test Hypothesis 2a. The results revealed that when controlling for age AWS-A was significantly positively related to risky health behaviors in this sample (Table 22, Model 5). This means that girls who are less traditional in their attitudes toward women are more likely to exhibit risky health behaviors than girls who are more traditional.

Poisson regression analysis with American, Russian acculturation, and attitudes toward women entered in one block was conducted to test Hypothesis 2b. When AWS-A was used together with American and Russian acculturation levels, it was not a significant predictor (Table 22, Model 4). This means that when overall levels of acculturation to American and Russian culture are known, knowledge about one's Attitudes Toward Women does not add additional information about this person's risky health behaviors. The same results were established for risky sexual behavior.

These findings should be viewed with caution because the reliability of the AWS-A, a 12 item measure, was fairly low ($\alpha = .68$) in the present sample. Also, although every attempt was made to translate the AWS-A into a culturally and linguistically equivalent version, and in fact the reliability for the Russian version of AWS-A ($\alpha = .72$) was higher than the reliability for the English version, the questions that some of the respondents asked about the items illuminate potential threats to AWS-A cross-cultural validity.

Therefore, Hypothesis 2a was fully supported and Hypothesis 2b was not supported meaning that although attitudes toward women were significantly related to risky health behaviors, they were not superior to overall levels of acculturation. In fact, in the presence of knowledge of overall levels of acculturation to American and Russian culture, knowledge of attitudes toward women does not add any additional information.

Hypothesis 3. The degree of discrepancy between self-perceived global level of acculturation to American and Russian culture and the degree of non-traditional sex role attitudes will be positively related to risky health behaviors.

The analyses revealed that when AWS-A and the discrepancy between the girls' levels of acculturation to American and Russian acculturation (Table 3) are used as predictors of risky health behaviors (controlling for age), only the discrepancy variable is significantly positively related to risky health behaviors (Table 22, Model 6). The discrepancy variable was computed by subtracting the level of Russian acculturation from American acculturation. This means that when the discrepancy between levels of acculturation to American and Russian is great, with American culture being greater than Russian culture, the incidence of risky health behaviors increases as well. The type of attitudes toward women does not add any more information when this discrepancy is known.

Furthermore, comparison of the regression equation containing overall levels of acculturation to American and Russian culture and the equation containing only the discrepancy variable between them, revealed that knowing the discrepancy variable is just as good as knowing overall levels of both acculturations. The deviance value for the equation with the discrepancy variable is 753.37, $df=100$ (Table 22, Model 6). The deviance value for equation with American and Russian acculturation levels is 751.78, $df=100$ (Table 22, Model 4). The critical value of $CV(1, .05)=3.841$ is greater than the difference between the Deviances for the compared equations, $d=1.58$. Thus, there is no evidence that the equation with both levels of acculturation is superior to the equation with only the discrepancy variable.

Hypothesis 3 was partially supported. The discrepancy variable (American acculturation vs. Russian acculturation) was strongly positively related to risky health behaviors, but it was a significantly better predictor than attitudes toward women.

Relationship of Perceived Generational Discrepancies to Risky Health Behaviors

Hypothesis 4. The degree of discrepancy in levels of acculturation to American culture, Russian culture and non-traditional sex roles between girls and their parents will be related to the risky health behaviors. Specifically, a greater discrepancy will be related to greater degree of engagement in risky health behaviors.

Prior to testing this hypothesis the presence of significant discrepancies in levels of acculturation between girls and their parents was investigated. To assess the perceived acculturation gap between the teenage girls' and their parents, levels of acculturation on each dimension were compared using paired sample *t* tests. Table 16 shows the results of these analyses. Girls were found to be more Americanized along all three dimensions (i.e., Language, Identity, and Behavior), than their parents.

Hypothesis 4 testing.

Poisson regression analyses with relative discrepancy variables entered as predictors revealed that the discrepancy between girls and parents in their levels of acculturation to American culture was significantly positively related to risky health behaviors, while the discrepancy in levels of acculturation to Russian culture was negatively related to the risky health behaviors (Table 22, model 10). Girls who had higher levels of American acculturation than their parents were more likely to engage in risky health behaviors. Girls who were more acculturated to Russian culture than

their parents were less likely to engage in risky health behaviors. Also, girls who are less traditional in their attitudes toward women, than their parents are more likely to exhibit risky health behaviors.

The exploratory data analysis with absolute discrepancy values entered as predictors and risky health behavior as an outcome variable revealed that both discrepancy values were significantly related to the risky health behaviors (Table 22, model 19). The greater were the discrepancies in levels of American and Russian acculturation, the greater was the degree of involvement in risky health behaviors.

Hypothesis 4 was fully supported as the discrepancy variables were significantly related to risky health behaviors.

Hypothesis 5. The degree of discrepancy between parental and peer's levels of acculturation to American culture, Russian culture and non-traditional sex roles will be related to the risky health behaviors. Specifically, a greater discrepancy will be related to to greater degree of engagement in risky health behaviors.

The analyses revealed that the discrepancy terms for American and Russian acculturation in peer and parents were not significantly related to risky health behaviors. The Attitudes Toward Women discrepancy variable was positively significantly related to risky health behaviors (Table 22, model 11). This finding indicates that the girls whose peers are less traditional in their attitudes toward women than parents, are more likely to engage in risky health behaviors.

Hypothesis 5 was partially supported. Only discrepancy in attitudes toward women between peer and parent was predictive of risky health behaviors. The discrepancies in levels of Russian and American acculturation were not significant.

Hypothesis 5 was fully supported for risky sexual behavior (Table 23). The degree of discrepancy in levels of American acculturation between parents and peers was negatively related to risky sexual behavior. Girls whose parents were just as much acculturated to American culture as their peers, were more likely to engage in risky sexual behaviors, than girls who had parents who were less acculturated to American culture than the girls' peers. The degree of discrepancy in levels of acculturation to Russian culture was positively related to risky sexual behavior. Girls whose parents were more acculturated to Russian culture than the peers, were less likely to engage in risky sexual behaviors.

This finding should be considered with caution because the diagnostic tools for collinearity were not available to verify that these results are in the direction they should be. Also the correlations between discrepancies in American and Russian acculturation levels between peer and parent are significantly correlated (Table 13).

Hypothesis 6. The degree of perceived discrepancy in American and Russian global levels of acculturation between girls and parents, and between peers and parents will have a stronger relationship with risky health behaviors, than will the individual global acculturation level scores for self, parent, and peer.

The high degree of intercorrelation between the overall acculturation levels and discrepancy variables precluded this analysis from being conducted in its originally planned way (Tables 12 & 13). The alternative way was to average the discrepancy values and run the analysis with the averaged terms (Kleinbaum et al., 1998). This decreases the utility of the results since the original goal was to

determine which discrepancies were more significant when considered together in one equation.

Still the analysis was conducted, and results indicate that when predicting risky health behaviors, one can predict significantly better when overall levels of acculturation are used than when the discrepancy values are used. The deviance value for the equation with all the discrepancy terms entered was 798.93, $df=97$ (Table 22, model 13). The deviance value for equation with all the acculturation terms in it was 679.21, $df=95$ (Table 22, model 14). Given that the difference in degrees of freedom is only 2, the regression equation with all the acculturation terms is superior to the equation with the discrepancy terms when one is predicting risky health behaviors. In fact the CV $(2, .05)=5.991$. The CV is smaller than the actual difference between the equations $d=119$.

Therefore, hypothesis 6 was not supported. Overall levels of acculturation in the individual girl, her parent, and peer provide better prediction of this girl's risky health behaviors, than do the discrepancies between her and parent, and her peer and parent.

Exploratory Data Analyses

Relative roles of peers and parents.

To evaluate the relative contributions of the peer and parent subsystems to the incidences of RHB, Poisson regression analyses were conducted. American and Russian acculturation in parent and American acculturation in peer were significant predictors (Table 22, model 26). American acculturation in parent and peer were positive predictors of RHB, and Russian acculturation in parent was a negative

predictor. Thus, the direction of impact of the two cultures on RHB remained the same. Taken all together, overall levels of acculturation in peer and parent provide a fuller picture of risky health behaviors, than when taken separately. This supports the expectation that parent and peer are significant ecological systems.

CHAPTER FOUR

DISCUSSION

The present study has provided a multidimensional picture of the relationships between the process of acculturation and risky health behaviors in immigrant adolescent girls from the Former Soviet Union resettled in Brooklyn, New York. Overall, the study revealed that the present sample of immigrant adolescent girls from the Former Soviet Union had higher levels of Russian acculturation than American acculturation and had a low prevalence of risky health behaviors (overall and when compared to their American peers). The results suggested that American acculturation is strongly associated with a higher incidence of risky health behaviors. At the same time, high level of acculturation to Russian culture was found to be a protective factor for risky health behaviors. Those who were highly acculturated to Russian culture, tended to display lower levels of risky health behaviors. The ecological context for acculturation and risky health behaviors was evaluated by examining relative contributions of peer and parent groups. Girls' perception of parental level of acculturation was found to be significantly related to the teenager's risky health behaviors. This finding is in agreement with emerging research results on the relationship between acculturation and risky health behaviors in American youth (Dailard, 2001). For this sample of immigrant girls from the former Soviet Union, girls' perceptions of their parents' and peer's levels of acculturation to Russian culture was related to lower incidence of risky health behaviors and higher level of acculturation to American culture was associated with higher incidence of risky health behaviors.

The results of this study are in agreement with recent research on the role of culture and gender in health related behaviors. A number of studies have found that the acculturation strategy of separation (high degree of acculturation to natal culture combined with low degree of acculturation to host culture) in immigrant women from traditional cultures serves as a protective factor in the domain of risky health behaviors (e.g., separation and lower smoking behavior in Korean women). On the other hand, the acculturation strategy of separation in immigrant men often leads to increased incidence of risky health behaviors (e.g., Korean men) (Soo-Kyung, Sobal, & Frongillo, 2000). The present study also found that separation is protective for risky health behaviors thus challenging the notion that biculturalism (high degree of acculturation to host and natal culture) is always advantageous (e.g., Berry, 1999; Eyou, Adiar, & Dixon, 2000).

The discussion of the results is organized into two parts. In the first part, the findings pertaining to acculturation processes in this sample of immigrant adolescent girls from the FSU are described. The focus of the discussion is on the utility of a multidimensional orthogonal model of acculturation for Soviet immigrant teenage girls. The second part presents a discussion of the results about the relationship between processes of acculturation and prevalence of risky health behaviors. The focus is on the overall effect of American and Russian acculturation on the constellation of risky health behaviors (i.e., smoking, alcohol, sexual behavior). The relative influences of parental versus peer subsystem acculturation levels on risky health behavior are also described. It should be noted that the levels of acculturation in parents and peers are the *perceived* levels of acculturation as reported by the girls.

Also, although a term "predict" is sometimes used when describing relationships between the constructs of interest in the present discussion, it does not imply causality.

Acculturation Processes

This study provided a complex picture of acculturation processes in Immigrant Soviet teenage girls who reside in Brooklyn, New York City. The average levels of American acculturation and Russian acculturation for this sample indicate that the group was fairly acculturated to both cultures. Consequently, although Russian and American acculturation showed a strong pattern of negative correlation and the sample's overall mean of Russian acculturation was higher than the overall mean of American acculturation, still 68% of the respondents could be classified as "bicultural." These sixty eight percent reported at least average levels of acculturation to both cultures (even if the difference between acculturation levels was significant). The extrapolation of these results suggests that over time this group is most likely to employ Assimilation as an acculturation strategy. Assimilation is an acculturation strategy in which acculturation to the host culture implies the tendency to be less acculturated to the natal culture. It appears that the longer a girl lives in the US, the more acculturated she becomes to American culture and less acculturated to Russian culture. It is possible that this study took a "snapshot" of the acculturation process in recent immigrants at a point when natal culture is still strongly present and host culture is already fairly adapted. Such an extrapolation of the results of this cross-sectional study is consistent with the results of prior longitudinal studies with immigrant teenagers from the FSU (Birman & Tyler, 1997; UJA, in press) and with

existing literature on Soviet immigrants (e.g., Birman & Trickett, 2001) and adolescent immigrants in general (Rumbaut, 1998). The observed trend of acculturating to American culture rather quickly via assimilating is in concert with the view that European immigrants, particularly children and adolescents, are more likely to assimilate into the mainstream culture of the US (Rumbaut, 1994).

Preliminary analysis of American and Russian cultures revealed very few potential areas of conflict that would make adopting American culture difficult. A few areas of potential conflict included gender roles and group orientation (with Russian culture encouraging collectivism and American culture promoting individualism). These potentially conflicting standards for gender roles and group orientation, along with a number of other factors including the long history of the "Cold War" and "Iron Curtain" between the USA and the USSR, might be contributing to identity acculturation taking a different path than the language and behavior acculturation. Russian identity acculturation showed distinct pattern of development. It is possible that the girls arrive in the US with their Russian identity already developed. This finding has support in prior research with immigrant females from the FSU (Birman, 1994). Immigrant adult women from the FSU were found to experience a significant identity versus behavior acculturation split. They were highly acculturated behaviorally but felt conflicted in their sense of cultural identity, with Russian identity being higher. It appears that immigrant adolescent girls from the FSU may be coping with similar issues as the overall level of American acculturation was high considering that the average length of residence in the US was only 4.2 years.

Although the degree of acculturation in parents and peers was found to influence the acculturation levels in girls, the relationship differed across Russian and American acculturation. Acculturation levels in peer and parent were sufficient to predict American acculturation in a teenager consistent with prior research (e.g., Vinokurov et. al, 2002), but they were not as strong predictors for Russian acculturation. The latter indicates that some other variables may be related to the process of Russian acculturation but this study did not gauge them.

In summary, these findings support the expectation that Russian immigrant teenagers will easily adapt to American culture on the dimensions of language and behavior, but highlight the need for using multidimensional acculturation measures when future research focuses on second culture acquisition. Language and behavior and identity acculturation for both cultures seem to be fairly independent processes that need to be assessed separately. The differences between identity and behavior acculturation processes are clearly illustrated with Russian identity. This study is cross-sectional in nature and although it provides valuable information about the acculturation processes, only longitudinal data will provide true insight into the pathways of acculturation processes in this group. For example, longitudinal studies may investigate whether as time goes by the majority of these White immigrants will become more and more acculturated into American mainstream culture and less into Russian culture along all three dimensions or only language and behavior.

Acculturation gaps.

The conventional wisdom that over time immigrant children become more acculturated to the host culture, than their parents was supported by this study. The

intergenerational acculturation gap between parents and children was found to be significant along all three dimensions of American and Russian cultures. This finding is in agreement with common expectations and research in the field (e.g., Birman & Trickett, 2001).

The study revealed an interesting finding about common trends for parents and girls as perceived by the girls. The discrepancy between American identity and Russian identity was significant for both parents and girls in the direction of identifying more with Russian culture than with American culture. The fact that the majority of the girls were providing ratings for their mothers' levels of acculturation yields additional support to the hypothesis that women experience a greater conflict between Russian and American cultures. Identity acculturation was the only dimension along which both the girls and their parents had significant discrepancies between American and Russian acculturation. Thus, again the Russian identity has a distinct pattern of development from other dimensions of acculturation.

Although this study provides intriguing results, they should be interpreted with caution. The study relied on teenagers' reports about their parent's level of acculturation and these ratings may not be as reliable as ratings provided by the parents. It should be noted that the discrepancies in acculturation are present despite the fact that the girls were reporting on acculturative strategies of a parent that they feel has the most influence on them. Therefore, it is plausible that the respondents in the study were more likely to overrate their parent's acculturation than underrate it. Also, the discrepancies were in direction consistent with prior research that used actual parental ratings (Birman & Trickett, 2001; Phinney, 2000).

Attitudes toward women in adolescents.

The sex roles attitudes were assessed with Attitudes Toward Women Scale in Adolescents (AWS-A, Galambos et al., 1985) a 12-item inventory. There were no "ceiling" effects observed, meaning that the participants did not find any of the stated attitudes rampantly sexist to unanimously disagree with them. The level of American acculturation of the girl was also predictive of her non-traditional attitudes toward women lending additional support to the expectation that American culture promotes egalitarian gender attitudes. Therefore, it is plausible that sex role attitudes is a part of acculturation to American culture and may be representing domain specific acculturation.

Contrary to the expectations based on the preliminary analysis of the American and Russian culture, the level of acculturation to Russian culture was not related to traditional sex role attitudes and did not play any significant role in predicting them. This might be due to the measure that was used to assess the construct.

The AWS-A (Galambos et al., 1985) may not have cultural validity for use with Russian immigrant girls. Several participants commented about an item that stated " On average, girls are just as smart as boys", "What do I mark if I think that girls are smarter on average?" Their comment reflects an implicit cultural belief that women are *wiser* than men are. Girls are expected to do better in school than boys. At least they are expected to work harder and have better work ethics than boys. Therefore, a culturally valid attitude would state "On average, girls *should be smarter* than boys." This rather subtle difference was overlooked by the investigator and all

three independent experts who assisted in translating the measure. In retrospect, it would have been important to have experts with various degrees of assimilation to American culture review the measure. In this study, all the experts were highly acculturated Russian immigrants. Thus, it was easy for them not to notice certain cultural incongruities.

The reliability of AWS-A measure was fairly low. This combined with the possibility that there were participants who were not sure how to rate certain attitudes because of the cultural incompatibility, threatens the validity of the findings related to attitudes toward women in this study. The findings regarding attitudes toward women, therefore, should be viewed with caution.

Acculturation and Risky Health Behaviors in Immigrant Adolescent Girls from the Former Soviet Union

The research data available on health behaviors in Russian immigrant teenage girls are limited. The results of this study appear to be consistent with the available statistics for Russian teenage girls who reside in Russia, particularly with regard to sexual behavior (Stetsenko, 2000). The risky health behaviors of smoking, alcohol use, and sexual behavior were highly correlated with one another and tended to have the same age of onset (around 15 years of age). This is in agreement with existing data on the high degree of interrelation between risky health behaviors and the tendency for these behaviors to be stronger if they are initiated at an earlier age (e.g., Brener & Collins, 1998; CDC, 2001).

Overall this sample of immigrant adolescent girls from the FSU was found to engage in lower levels of risky sexual behaviors, when compared to American female

peers in New York City and New York State. Although the overall rates of engagement in smoking and alcohol consumption are comparable to those in American female peers, the rates of engagement in risky alcohol consumption are lower in this sample. These results are in agreement with the predictions made on the basis of preliminary analysis of the two cultures, Russian mainstream and American mainstream, prior to conducting this study.

American culture promotes adolescence as a time for experimentation and exploration for young men and women. This might inadvertently encourage risky behaviors and even create expectations that one should be engaging in various sorts of risky behaviors while young (e.g., college binge drinking; epidemic of Ecstasy, etc.). Russian culture, a more traditional culture, encourages experimentation in young men more than it does in young women. Perhaps, the more precise avenue for this discussion is comparison of more traditional culture (Russian culture) and less traditional culture (mainstream American culture).

The issue of alcohol consumption is very related to the Russian culture and tradition of celebrating events with food and alcoholic drinks (Halberstadt, 1996). Even though the size of this sample is small to provide a true estimate of alcohol use in female adolescents of this immigrant group, the results indicated that their alcohol consumption is more frequent than it is in their American female peers in New York City and nationwide. Importantly, however, these participants did not engage in binge drinking as much as their American female peers and did not drink as many days a months. Culturally, alcohol consumption is a ritual that children become socialized into early in life. Drinking under adult supervision in a controlled

environment during celebrations of family's birthdays, weddings, someone's promotion or simply good luck is likely to translate into "responsible drinking." This may be different for boys and girls. Alcoholism among males has always been a great problem in Russia.

Acculturation strategies and risky health behaviors

The study revealed that American acculturation was related to increased risky health behaviors across all the subsystems of individual functioning (that is self, parent, peer subsystems) and therefore can be described as a risk factor for the present sample of immigrant teenage girls. Russian acculturation, on the other hand, was associated with a decrease in risky health behaviors and can be viewed as a protective factor for risky health behaviors across the self and parental subsystems for this sample. Of course, the acculturation strategy of an individual teenage girl was more predictive of risky health behaviors than the acculturation styles of either her peers or her parents. Age as a developmental factor was found to be an important predictor of risky health behaviors. This indicates that developmental factors, represented by age, are operating independent of one's acculturation. The older the adolescent girl, the more likely she is to engage in some risky health behaviors. The latter is an expected finding well supported by the existing research on risky health behaviors (e.g., CDC, 2001). The following discussion of the relationship between risky health behaviors and acculturation strategies implies that age is an important factor unless specified otherwise. Also, the term "risky health behaviors" (RHB) is used to represent all the risk behaviors assessed in this study. Discussion of the findings for risky sexual behavior is conducted separately when the findings were different from that for RHB.

Individual acculturation and risky health behaviors.

The study established that high levels of American acculturation in immigrant adolescent girls from the FSU are related to higher incidence of risky health behaviors, while high levels of Russian acculturation are related to lower level of engagement in risky health behaviors. These findings were cross-validated by using a more traditional classification of acculturation strategies (Berry et. al, 1998). Individuals assimilated into American culture displayed high incidence of risky health behaviors, including risky sexual behaviors. Individuals who integrated the two cultures displayed average levels of risky health behaviors. Finally, individuals who were more acculturated to their natal culture than the host culture (can also be classified as "traditional" or "separated"), exhibited low levels of risky health behaviors.

Sex role attitudes were used in this study to gauge domain specific acculturation. Consistent with the expectations based on preliminary analysis of the relevant cultures, traditional attitudes toward women were associated with lower degree of risky health behaviors. In this study, in the context of Russian culture being a protective factor and American acculturation being a risk factor, the less traditional attitudes toward women were associated with a higher degree of engagement in risky health behaviors. This finding has two implications: (a) the need to study global acculturation as well as domain specific acculturation, and (b) the significance of considering both domain of functioning and cultural context, in which the sex roles are studied. It is possible, for example, that traditional attitudes toward women (e.g., Girls should have the same freedom as boys) may hamper girl's functioning in one

domain (e.g., career). This study suggests that in the domain of risky health behaviors, including risky sexual behaviors, the non-traditional attitudes lead to more risk for Russian immigrant adolescent girls. This finding is different from what has been established for other immigrant and ethnic groups in prior research (mainly Black and Hispanic *adult* women) (Amaro, 1988). Yet, it provides further support for the notion that each ethnic and immigrant group is functioning in its own unique ecological context and although certain common paths of relationships between acculturation and psycho-social functioning can be detected, group differences exist and need to be studied when investigating one given group.

These findings should be considered with great care. It may be that the natal culture serves as a protective factor for individuals who are recent immigrants, like participants in this study, and not for individuals who have been in the country for a long time and are still highly acculturated to their natal culture at the expense of the host culture.

Perceived generational differences in acculturation strategies and risky health behaviors.

The study confirmed the expectations that a perceived generation gap in levels of acculturation may lead to increased incidence of risky health behaviors. The greater the perceived discrepancy between the teenage girls' levels of acculturation and that of her parent, the greater was the degree of involvement in risky health behaviors. This finding is consistent with prior research on drug-related behaviors in Latina adolescents (Felix-Ortiz et. al, 1998). The perceived discrepancy in degree of traditionalism in sex role attitudes among girls and their parents, and their peers and

parents was also found to be predictive of risky health behaviors. Perhaps, this is because the parent would not have as much leverage and/or interactions with the peer who does not associate with Russian culture as he/she would with a Russian peer.

The generation gap has always existed between parents and children. For immigrant families, however, these "gaps" may be more stressful and have more disruptive consequences than for non-immigrant families (Phinney et al., 2001). Although if taken alone these discrepancies are not as strong indicators of higher risky health behaviors, as the overall levels of American and Russian acculturation in the teenager, they add a significant amount of information.

Relative influence of perceived peer and parent acculturation levels on risky health behaviors in immigrant girls.

The study suggests that parents and peers play important roles in their impact on risky health behaviors in immigrant adolescent girls from the FSU. Perceived parental levels of acculturation, with American acculturation related to higher incidence and Russian acculturation to lower incidence of risky health behaviors, were found to play a greater role than perceived acculturation level in peer. This does not mean, however, that knowledge of the relationship between peer's level of acculturation and risky health behaviors does not contribute significantly to the picture. This has important implications as prior research reported that recent immigrants (those who have been residing in the US for less than 6 years) tend to experience more peer pressure to engage in risky behaviors and less parental support to resist that pressure (Blake et al., 2001). This study suggests that the mere fact of immigrant Russian parents being close to their children and their peers in

acculturation levels, is protective. Furthermore, the study suggests that parents do not have to be highly acculturated to American culture (i.e., speak the language well) to reduce the incidence of risky health behaviors in their daughters. It is rather they need to protect and share with their daughters what they already have - their native culture. The study highlights the need for involving immigrant parents and supporting them in their attempts to preserve their natal culture at least for the first years of resettlement. Community centers and school-based programs may be a great resource in providing such support.

In conclusion, the study suggests that while individual characteristics play an important role in immigrant girls' health related behaviors, they do not provide complete information unless they are considered in the multiple contexts of her day to day living. Parents and peers as well as larger subsystems, such as schools and community centers, followed by macro system's cultural characteristics, significantly contribute to individual teenage girl's psycho-social functioning, in this study represented by risky health behaviors. This conclusion is very much in agreement with the current trend in the field of psychology toward the ecological approach when investigating various aspects of psychosocial functioning in an individual or groups.

On a more philosophical note, the study underscored the protective role of natal culture in the beginning of immigration. That too much "Americanization" too soon may be detrimental, something that conventional wisdom has been touting to one generation of immigrants after another, was empirically validated.

Strengths and Limitations

While this study provided insight into the ways in which acculturation impacts on risky health behaviors in immigrant adolescent girls, the study is cross-sectional in nature and it used only one cultural group. The former precludes drawing any causal statements from the results, and the latter limits the external validity of the results. Although the study might have illuminated certain pathways that may be common for various cultural groups, the results cannot be readily generalized to other ethnic and cultural groups. Indeed, the study results stress the importance of conducting preliminary analysis of the relevant cultures in order to identify the likely areas of congruence and conflict.

This study used preliminary analysis of relevant cultures and potential areas of conflict, convergence and divergence were identified. In doing so the investigator increased the utility of the obtained results. The goal was to understand under what circumstances the individuals involved in the acculturation process encounter situations where the relevant cultures converge, diverge, and conflict. It was then important to analyze how these individuals coped with the cultural conflict. The style of acculturation can be defined then as a strategy (e.g., assimilation) for dealing with the conflict. Thus, in this study, it was concluded that for recently immigrated teenage girls from the FSU, separation was associated with lower incidence of risky health behaviors. Moreover, when separation (or traditionalism) was consistently present in the multiple ecological contexts (i.e., parent, peer, and school and community systems), the likelihood of risky health behaviors was even less. The discrepancy or discontinuity between ecological contexts led to the increased likelihood of risky health behaviors.

Most of the participants were recent immigrants from the FSU who resided in Brooklyn, New York. The unique environment of this area provides Russian immigrants with at least as many opportunities for participating in their own culture as it does for the host culture. This environment does not place artificial constraints on acculturation strategies. An individual may maintain his/her natal culture, while developing competence in the host culture.

Prior studies on acculturation and psychosocial functioning of Russian immigrants were conducted in homogeneous, predominantly White (American Jewish) areas. These studies reported a high negative correlation between American and Russian acculturation (e.g., $-.62$, $p < .001$ in Birman et al. (2001) compared to $-.46$, $p < .01$ in this study) and suggested that biculturalism was not quite possible. The prior research did not address the extent to which the participants did not endorse higher levels of Russian behavioral and language acculturation because of the limited opportunities. This study also found a strong negative correlation between the Russian and American acculturation levels in recent immigrants. In this case, the results suggest that most of the recent Russian immigrant girls assimilate American culture quickly even when they have ample opportunities to participate in Russian culture as well.

The study yielded a wealth of information about acculturation processes in individual girls and their perceptions of that in their parent and peer. Prior research had suggested that when children rate their parents acculturation, the results are different from when the parent rate their own acculturation. Yet, in this study significant discrepancies between perceived parental and self-reported adolescent

child's acculturation levels were found. Furthermore, the discrepancies were found to lead to increased likelihood of risky health behaviors. Perhaps, if the parental and peer acculturation ratings were obtained, the discrepancies would have been different. The high degree of intercorrelation among the acculturation measures for self, parent, and peer in this study might be due the fact that all the ratings were provided by the girls. The high rate of intercorrelation precluded detailed comparison of the relative roles of peer and parent acculturation in risky health behaviors in the participants. Perhaps, a random collection of independent ratings of parental and peer acculturation levels from the peer and parent directly would have helped in evaluating validity of the obtained ratings. This, however, was beyond the capabilities of the investigator. Also, it is possible that it is the discrepancy between the actual parental and peer acculturation levels and the perceived levels that is truly significant. In other words, the inaccurate perceptions may be significant predictors of disruption in functioning (i.e., risky behaviors). Self-reports are always vulnerable to subjectivity of the respondents and that was one of the limitations of this study.

This study attempted to look at the cultural values and beliefs that seemed to be most related to the behavior of interest. Attitudes toward women and their roles in society appeared to be one of the domains of acculturation. The study supported the expectation that level of American acculturation is related to non-traditional attitudes toward women and their roles in society. This validated the hypothesis that attitudes toward women could be one of the aspects of the acculturation process. The results did not support the expectation that such attitudes will be more related to risky behaviors than overall level of acculturation to Russian and American culture. It is

possible that by measuring only attitudes, the study failed to conduct a parallel measurement of overall acculturation (which was measured in terms of identity, language and behavior) and acculturation in terms of the gender roles. This would be in agreement with prior research that attitudes and beliefs do not always translate into actions. The results pertaining to attitudes toward women should be viewed with caution because of the slightly depressed internal consistency of the instrument employed to measure this construct.

This study investigated the interplay of acculturation and risky health behaviors. Three commonly co-occurring risk behaviors were assessed, alcohol use, smoking, and risky sexual behavior. This list does not include other very important risky behaviors that adolescents often engage in (e.g., drug use). Therefore, the study is limited to these three behaviors. On a more general level, the study focused on risky health behaviors, thus addressing the deficits rather than strengths. An important target for the follow-up research with this population would be the acculturation processes that contribute to health promoting behaviors.

The sample involved teenage girls who were willing to be involved in research. Participation required active parental and participant consent. It is possible that the girls who decided not to participate and/or whose parents did not allow them were different from those who did participate. This is, however, unlikely because the return rate of signed parental consent forms was very high (only one parent did not allow her daughter's participation). Also, the number of volunteers exceeded the number that was needed for the study. As long as the girls knew about the study, they wanted to participate. Yet, there is a chance that this sample's overall high levels of

acculturation to American and Russian culture are due to the fact that bicultural individuals are more open to research. The fact that the participants were paid \$10 for participation as well as that the investigator was a Russian immigrant seemed to significantly facilitate participation. Remarkably, the participants did not skip any of the items. Moreover, many of them checked their surveys before they gave them to the investigator. This was particularly outstanding considering that the participants were provided with large envelopes to deposit their surveys upon completion (to increase their confidence).

Finally, the data collected for this study were analyzed using Poisson regression analysis. Although power analysis indicated that the study had sufficient power to draw meaningful conclusions, as with any regression analysis the greater the size of the sample, the more reliable the results are. In this study the direction of the results (Russian culture being a protective factor, American culture- risk factor) were validated by running multiple one-way ANOVAs for each acculturation type.

Directions for Future Research

Risky health behaviors in immigrant youth..

The study highlighted the need for longitudinal studies of risky health behaviors in immigrant youth of various ethnic and cultural backgrounds. The participants in this study were recent immigrants from the Former Soviet Union, mostly of Eastern European descent. The result that these immigrants were less risky than their American peers are consistent with prior research with recent immigrants when most of the participants were White immigrants (Blake et al., 2001). Longitudinal studies accounting for cultural and ethnic differences among the

participant will help to distinguish changes in risky health behaviors in immigrant youth of various descents over time. Such research will help formulate better prevention and intervention efforts. For example, for this group of immigrant teenage girls from the FSU the degree of engagement in risky health behaviors was not related to the length of residence in the US but was only related to their age. It is possible that these immigrant girls exhibit a lower degree of risky health behaviors only for some time of residence in the US and the study captured their functioning at that time (up to 10 years). Longitudinal studies with larger sample sizes will confirm whether it is true and may identify the critical time or window of opportunity for preventive services.

Acculturation research: Biculturalism.

The study supported the need to use multidimensional measures of acculturation in immigrant teenagers. Consistent with prior research with immigrant youth, identity acculturation followed a different trajectory than language and behavior acculturation. The notion of biculturalism needs to be revisited and studied in relation to developmental characteristics of the immigrants.

The present sample of immigrant teenage girls showed a tendency to assimilate into American culture over time while preserving high levels of identification with their natal culture. The tendency to assimilate may be specific to adolescent culture. It is possible that recent immigrant teenagers are anxious to “fit in” in their schools and, therefore, rapidly assimilated into the culture of majority on behavioral and language levels as long as they felt it was possible to blend in.

Overall, the findings underscored the differences between behavior and identity dimensions of acculturation. In particular, the results challenge interchangeable use of acculturation and ethnic identity (e.g., by Phinney, 1997). These two dimensions need to be treated as distinct phenomena at least for Russian immigrants. Longitudinal studies across settings with various ethnic density are needed to address the question about changes in acculturation strategies as the time of residence in the US increases. It is likely that certain strategies prevail at various stages (as was suggested by earlier thinking in acculturation research) of resettlement depending on the cultural milieu.

Risky health behaviors and acculturation.

The study also confirmed the importance of studying gender differences in risky health behaviors, particularly the interplay of gender roles and culture. The protective role of natal culture for recent teenage female immigrants from the FSU is in line with prior research with immigrant females. Future studies need to focus on qualitative aspects of risky health behaviors in a relevant cultural context. For example, the meaning of smoking and alcohol consumption for the present group of immigrant girls may be different from that for immigrant Korean girls. Therefore, the prevention and intervention methods will employ different culturally relevant messages for these two groups.

Future research needs to use independent measures of acculturation for multiple outcomes across various contexts to understand interrelationships between acculturation processes and health behaviors. The issues of assessing domain specific acculturation (e.g., sex roles) versus global acculturation (e.g., global American

acculturation) need to be explored as well. This assessment needs to be based on prior analysis of the relevant cultures and has to target potential areas of conflict. Culturally valid measures of various domains need to be developed. For example, in addition to cross-cultural validation of attitudes toward women measures prior to using them, future studies will need to use multiple measures of this construct to assess both attitudes and behaviors.

Future studies also need to investigate the health promoting behaviors in immigrant youth and the roles that culture and gender play in these behaviors. Such studies will shift the focus from deficits to strengths. Based on the results of such studies, prevention and intervention efforts can be developed that would utilize identified health promoting mechanisms.

The issue of taking ecology into account is closely related to the fact that roles of such proximal ecological subsystems as parents and peers seem to be just as important as roles of seemingly more distant macrosystems (e.g., natal vs. host culture). The issue of continuity between the home environment and other environments in which the adolescent girls function needs to be investigated further. It appears that at least for recent immigrants, such continuity provides a safety net and helps the girls develop the competence in American culture without "hard lessons".

Practical Implications

The study stresses the protective role of natal culture and that of parents in immigrant girls' risky health behaviors. Schools and community centers need to utilize these results and continue to provide for rich cultural opportunities and parental involvement. The free-floating fear that studying Russian in High School

and having Russian friends will hamper one's adjustment seems to be unfounded in relation to risky health behaviors. Some of the specific recommendations to the school professionals working with immigrant teenage girls from the FSU are the following. Inform and educate the parents about their role. Encourage them to share their cultural heritage with their children by attending cultural events, exhibits, celebrations, etc.

Assure parents that their relationship with their daughters and her friends is the avenue for prevention of risky health behaviors. A long-standing tradition of knowing your child's friends and being able to relate to them just as well as you can to your child, is a strong protective mechanism.

Empower parents by educating them that their cultural competence in their natal culture is what is beneficial to their children. Parents do not have to be highly acculturated to American culture to be important in their children's lives in America.

The agencies and community centers that are serving this immigrant group should be aware of the protective role that Russian acculturation can play through after-school activities. Russian Jewish Theater, Russian Ballet, Russian Lunch Club and other activities may provide the Russian immigrant teenage girls with the opportunities to stay connected to their roots while developing competence in a new environment.

School psychologists and other mental health professionals should be aware of the roles that community and family play in the lives of Russian immigrant adolescent girls. Special attention should be paid to the fact that a high degree of behavioral American acculturation in this group does not imply a high degree of

identification with American culture. The split between identity and behavior may actually be a source of significant distress and should be addressed when working with these girls. The intergenerational discrepancies should be carefully assessed as these girls likely experience them, and these discrepancies may contribute to risky behaviors. Finally, Russian Bilingual psychologists should be aware of their own acculturation strategies so that they do not over- or under-estimate these girls' reports of distress.

Fig. 1. Conceptual and testable model of "fit": How discrepancies in acculturation may contribute to risky health behaviors.

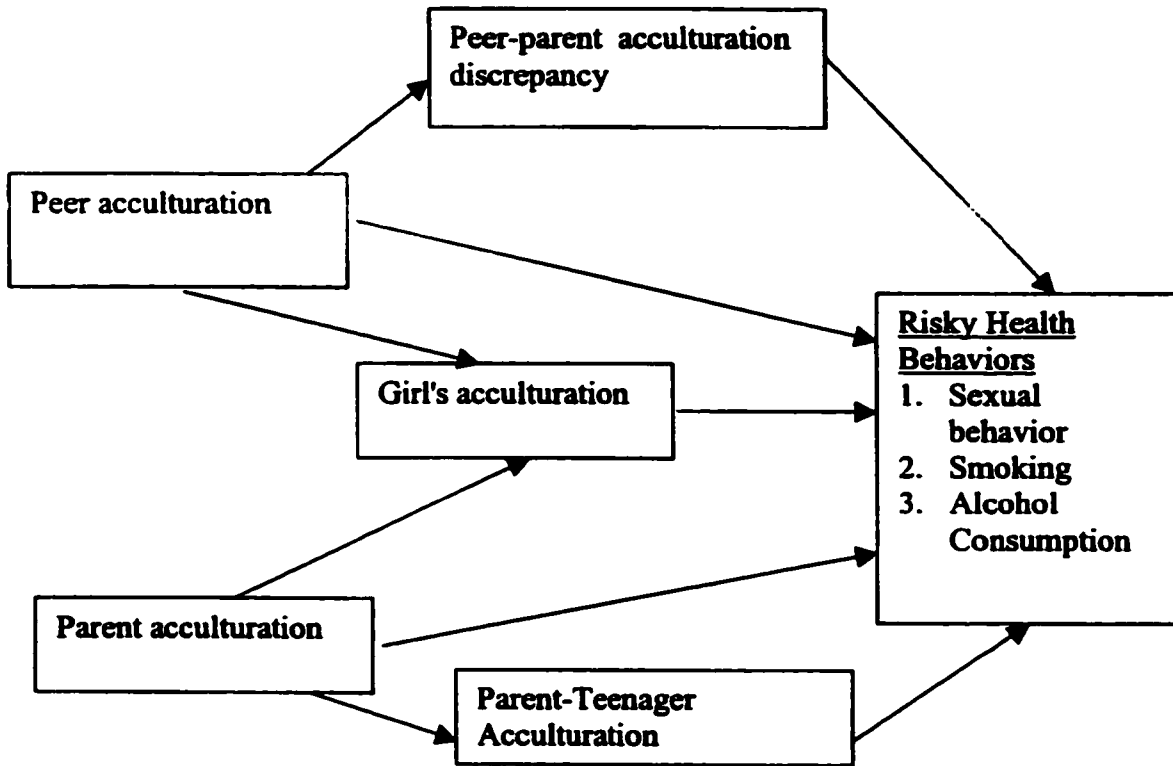


Fig. 2 Possible relationships between acculturation and enculturation

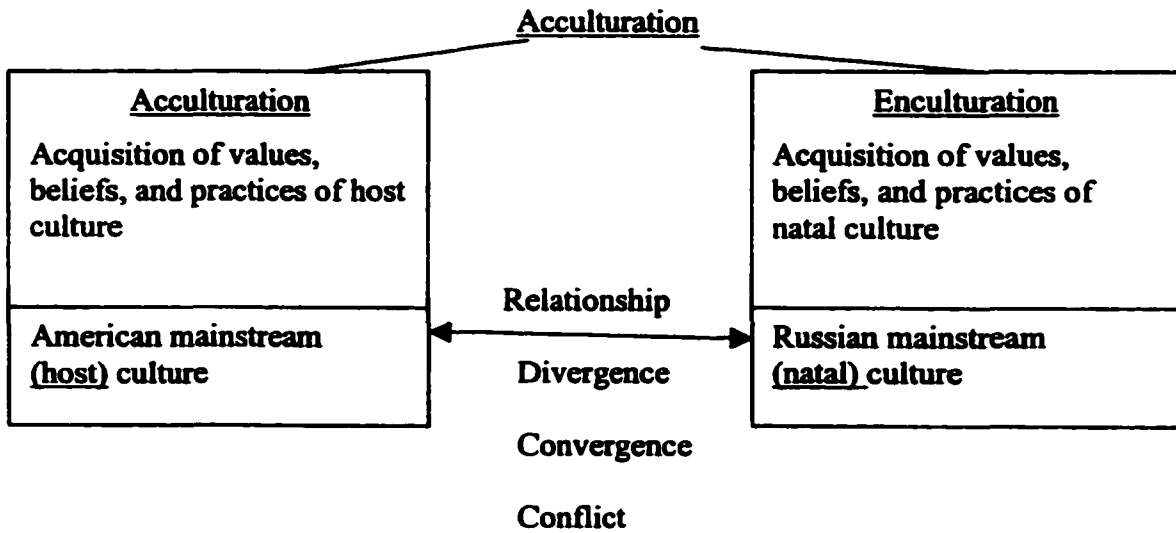


Figure 3. Poisson Distribution

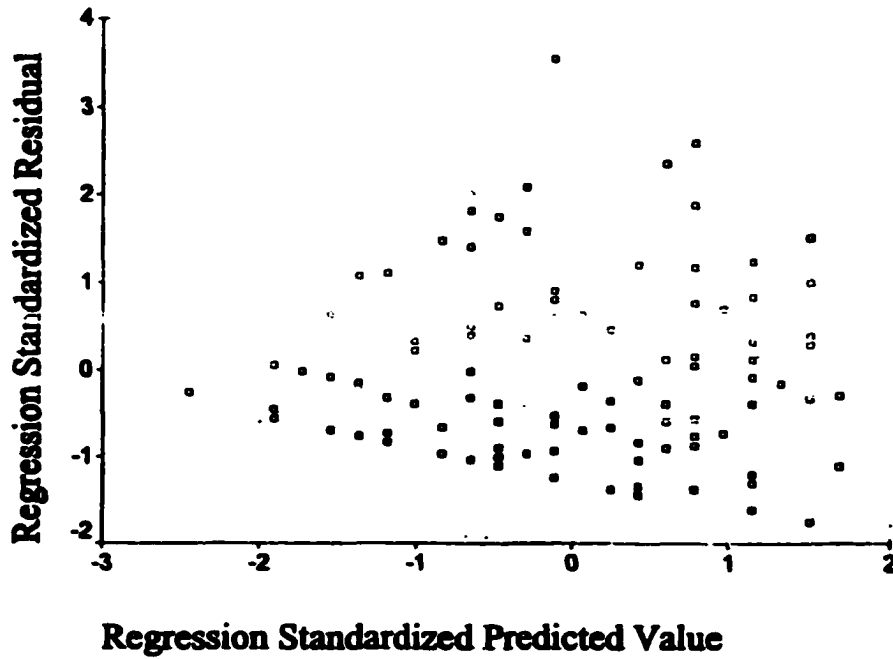


Figure 4 Poisson Distribution

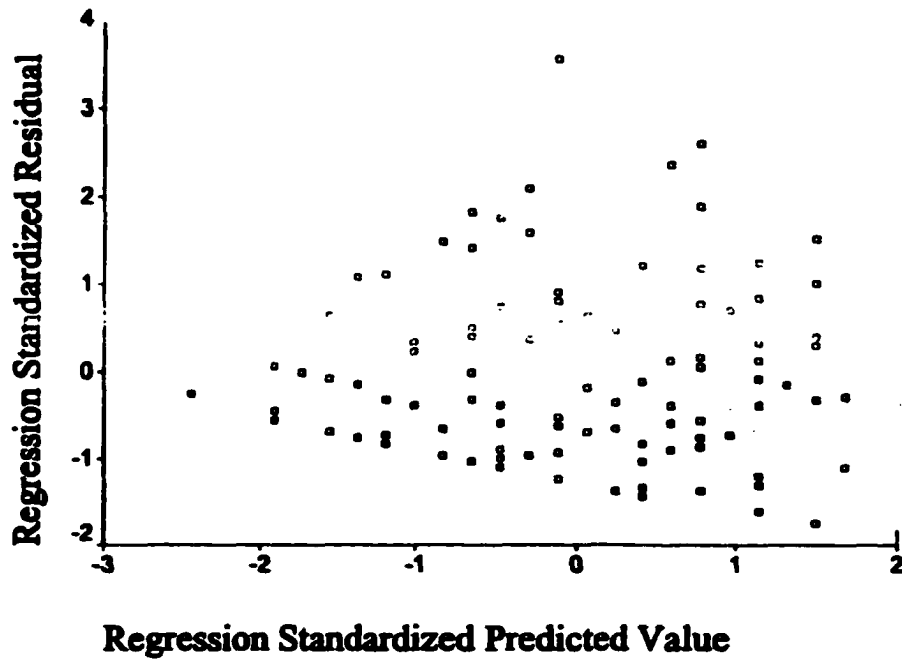


Table 1
Measures Used in the Study

Measure	Construct	Description	Yielded scores	Modifications
LIB Language, Identity, Behavior (Birman, 1997)	Acculturation and Enculturation	Contains 50 rating items (from none to like native/very much) for American and Russian culture. One open-ended item (How would you describe your identity...). Items are grouped into three subscales: language, identity, and behavior.	RAI - Russian Acculturation Index. AAI- American Acculturation Index Language score Russian and American. Identity score Russian and American. Behavior score Russian and American	Participants rate perceived acculturation in their peer and parent. Two separate items on perceived ethnic and cultural identity

Table 1 (continued).

Measure	Construct	Description	Yielded scores	Modifications
AWS-A Attitudes Toward Women Scale in Adolescents (Galambos, Petersen, Richards, & Gitelson, 1985)	Sex roles orientation	Contains 12 rating items (from <i>strongly agree</i> to <i>strongly disagree</i>).	One score reflects global attitudes toward women. The higher the score the less traditional the attitudes are.	Participants rate perceived attitudes toward women in their peer and parent.
YRBSS Youth Risk Behavior Surveillance Scale (CDC, 1999)	Smoking, alcohol use, and risky sex behavior.	Contains 19 multiple- choice items. Smoking - 4 items, Alcohol use - 5 items, and Risky sex - 10 items. Options for each item question are in the order of increasing risk except for three items.	Total score reflects the global index of engagement in risky health behaviors. Separate score for Smoking, Alcohol consumption, and Sexual Behavior. The higher the score, the greater the involvement in risky health behavior.	Participants report on ever experiencing sexual encounter. Participants report what alcoholic beverage they usually have when they drink.

Table 2

The Predictor Variables Used in the Study

Predictor variable	Perceived Parent	Perceived Peer	Self-Perceived
Russian Global Acculturation	P1	P2	P3
American Global Acculturation	P4	P5	P6
Attitudes toward Women	P7	P8	P9

Table 3

Discrepancy Variables Used in Poisson Regression Analyses

Discrepancy #	Formula	Predictor variables
D1	p1-p2	perceived parent – perceived peer global Russian acculturation
D2	p1-p3	perceived parent – self- perceived global Russian acculturation
D3	p4-p5	perceived parent – perceived peer global American acculturation
D4	p4-p6	perceived parent – self- perceived global American acculturation
D5	p7-p8	perceived parent attitudes toward women – perceived peer
D6	p7-p9	perceived parent attitudes toward women – self-perceived attitudes toward women

Table 4 (continued)

Characteristic	N	%
Father's educational level Mean=11.87, SD=2.81		
University degree or higher	38	36.8
High school and 2 years of technical school	12	11.7
High school	38	36.9
8 years of school	15	14.6
Maternal employment		
employed	88	85.43
unemployed	13	12.62
Do not know	2	41.94
Paternal employment		
Employed	86	83.49
Unemployed	15	14.56
Do not know	2	1.94
After school activities Mean=3.05, SD=4.25		

Table 5

Response Rate Across Settings

	Number of parental consent forms given out	Number of returned, signed parental consent forms	Number of surveys completed	Number of surveys used in data analyses
Shorefront Y	29	31	29	26
Kingsbay Y	18	19	19	18
Jewish Community				
House of Bensonhurst	4	3	3	3
North East High School	24	30	30	29
North West High School	25	28	28	27
Total	100	111	109	103

Table 6

Smoking Behavior in the Present Sample Compared to Smoking Behavior of Female High School Students in NYC, NYS and Nationwide

Survey question	Sample	NYC	NYS	Nation
1. Have you ever tried cigarette smoking, even one or two puffs?	67	-	-	70.9
2. Smoked whole cigarette	55	63.5	-	-
How old were you when you smoked a whole cigarette for the first time?				
Never smoked whole cigarette	44	34.4		
8	13.6	1.9	-	-
9-10	34	3.5		
11-14	4.9	34.4		
15 and up	2.6	11.4		
3. On average, how many days a month do you smoke cigarettes?				
Tried once and never smoked again	18.4	-		
1-2	12.6	6.3		
3-5	2.9	4.3	-	-
6-9	1.9	2.7		
10-19	2.9	3.6		
every day	16.5	8.9		

Table 7

Alcohol Consumption in the Present Sample Compared to Alcohol Consumption in Female High School Students in NYC and NYS

Survey question	Sample	NYC	NYS
1. Have you ever tried at least one drink of alcohol			
Yes	72.8	73.9	80.6
2. How old were you when you tried your first drink of alcohol?			
8 years	3.9	8.3	-
9-10	8.7	6.6	-
11-13	20.4	16.1	-
14-15	31.1	26.6	-
16 and up	8.7	17.9	-
3 On average, how many days a month do you have at least one drink of alcohol?			
1-2	45.6	17.9	47.7
3-5	14.6	8.2	12.9
6-9	2.9	5.8	7.5
10-19	1.9	2.4	3.7
20-29	1.9	.7	1
every day	0	.1	.6

Table 7 (continued)

Survey question	Sample	NYC	NYS
4. On a typical occasion, how much alcohol do you consume?			
1 drink	37	-	-
2 drinks	11	-	-
3 drinks	11	-	-
4 drinks	4	-	-
5 drinks	4	14.2+	24.9+
6 drinks	4	-	-
5. How often do you become drunk?			
Never	39.8	-	-
Once in a few months	22.3	-	-
Once a month	6.8	-	-
Once in a few weeks	1	-	-
Once a week	1	-	-
Once in a few days	0	-	-
Every day	0	-	-

+ *Note.* CDC (1999) provides results for female students who drink 5 drinks or more.

Table 8
Sexual Behavior in the Present Sample Compared to Sexual Behavior of Female High School Students in NYC and NYS

Survey question	Sample	NYC	NYS
Have you ever had a sexual intercourse?			
Yes	25.2	37.2	39
How old were you when you had first sexual intercourse?			
11 or younger	1	1.9	1.1
12-13	1.9	7.1	5.6
14-15	14.6	20.5	20.9
16 or older	7.8	8.7	11.4
During your life, with how many people have you had sexual intercourse?			
1	9.7	17.1	18.0
2	6.8	8.3	8.4
3	3.9	5.1	4.2
4 or more	4.9	6.6	8.2

Table 8 (continued).

Survey question	Sample	NYC	NYS
What one method did you or your partner use to prevent pregnancy the last time you had sexual intercourse?			
None	11.5	15.4	10.5
Birth control pills	73.1	19.7	19.2
Condoms	0	53.9	50.7
Depo-Provera	7.7	3.3	3.5
Withdrawal	0	12.7	12.7
Other	0	5	3.5
Did you drink alcohol or use drugs before you had sexual intercourse the last time?			
Yes	4.5	9.5	19.2
How many times have you been pregnant?			
1	0	6.6	4.9
2 or more	.9	.9	.9
not sure	.9	.5	.5

Table 9
Intercorrelations between Risky Health Behaviors

Subscale	RHB	Smoking	Alcohol	Sex
RHB	1	.807**	.833**	.776**
Smoking		1	.583**	.402**
Alcohol			1	.437**

Note. RHB = total score on Risky Health Behavior Scale

** $p < 0.01$, two-tailed.

Table 10

Pearson Intercorrelation Coefficients Between Dimensions of American and Russian acculturation

Subscale	AB	AI	AL	RB	RI
AI	0.7033***	1			
AL	0.6962***	0.5735***	1		
RB	-0.6080***	-0.4443***	-0.4222***	1	
RI	-0.0837	0.0378	0.1446	0.3219***	1
RL	-0.5377***	-0.5021***	-0.4886***	0.6199***	.2117*

Note. AL = American language; AI = American identity; AB = American behavior, RL = Russian language; RI = Russian identity; RB = Russian behavior.

* $p < .05$. *** $p < .001$.

Table 11

Pearson Intercorrelation Coefficients Between Levels of American and Russian Acculturation and Attitudes Toward Women in Adolescents in Self

Subscale	AA	RA
RA	-0.4653***	-
AWS	0.2102*	-0.1599

Note. AA = American acculturation; RA = Russian acculturation; AWS = Attitudes toward women in adolescents.

* $p < .05$. *** $p < .0001$

Table 12

Pearson Intercorrelation Coefficients Between Levels of Acculturation in Self, Parent, and Peer

Subscale	AA	RA	AAPA	RAPA	AAPE
RA	-0.4653***				
AAPA	0.5753***	-0.2835***			
RAPA	0.0164	-0.0846	-0.0095		
AAPE	0.7341***	-0.2958***	0.4187***	-0.0402	
RAPE	-0.2571**	0.4688***	-0.0270	0.0506	-0.4479***

Note. AA = American Acculturation index score; RA = Russian Acculturation index score; AAPA = American Acculturation index score in parent; RAPA = Russian Acculturation index score in parent; AAPE = American acculturation index score in peer; RAPE = Russian Acculturation index score in peer.

*** $p < .0001$. ** $p < .01$. * $p < .05$.

Table 13

Pearson Intercorrelation Coefficients Between Discrepancies in Levels of Acculturation and Degree of Non-traditionalism in Attitudes Toward Women Between Girls and Their Parents, Peers and Parents

Subscale	AAPEPA	AASPAR	RAPEPA	RASPAR	AWSPEPA
AASPAR	0.1051				
RAPEPA	-0.505***	-0.090			
RASPAR	0.754***	0.138	-0.364***		
AWSPEPA	0.059	0.759***	-0.088	0.177+	
AWSSPAR	-0.198*	-0.082	0.498***	-0.369***	-0.059

Note. AASPA = Discrepancy in levels of American acculturation between girls and their parents; RASPA = Discrepancy in levels of Russian acculturation between girls and their parents; AAPEPA = Discrepancy in levels of American acculturation between peers and parents; RAPEPA = Discrepancy in levels of Russian acculturation between peers and parents; AWSPAR = Discrepancy in degree of non-traditional attitudes toward women between girls and their parents; AWSPEPA = Discrepancy in degree of non-traditional attitudes toward women between peers and parents.

* $p < .05$. ** $p < .01$. *** $p < .0001$.

+ $p < .10$.

Table 14

Pearson Intercorrelation Coefficients Between Dimensions of American and Russian Acculturation and Length of residence in the USA, Age of Arrival, and Current Age

Dimension	Current Age	Age of Arrival	Time in USA
AL	.045	-.584***	.632***
AI	-.109	-.520***	.494***
AB	.109	-.492***	.566***
RL	.087	.701***	-.693***
RI	-.143	-.092	.030
RB	.006	.454***	-.474***

Note. AL = American language; AI = American identity; AB = American behavior, RL = Russian language; RI = Russian identity; RB = Russian behavior; Time in USA = Length of residence in the USA.

*** $p < .0001$

Table 15

Summary of Multiple Stepwise Forward Regression Analyses to Predict Levels of American and Russian Acculturation in Immigrant Adolescent Girls from the FSU with the Perceived Acculturation Levels of Their Parents and Peers (N = 103)

Variable	Predictors	beta	R square change	R square total	F total
American Acculturation	Step 1				
	AA parent	.32	.53		
	RA parent	ns	ns		
	Step 2				
	AA peer	.59	.87		
	RA peer	ns	ns	.63	83.70
Russian Acculturation	Step 1				
	AA parent	-.24	.06		
	RA parent	.237	.113		
	Step 2				
	AA peer	ns	ns		
	RA peer	.423	.174	.35	17.55

Table 16

Paired Sample t Tests Comparing Means of Acculturation Levels Between Girls and Their Parents (N =103, DF =102)

Acculturation Dimension	<u>Adolescent Girls</u>		<u>Parent</u>		t
	M	SD	M	SD	
American Language	2.97	.53	2.43	.62	8.929***
American Identity	2.43	.93	2.09	.80	6.308***
American Behavior	3.12	.57	2.20	.65	14.409***
Russian Language	3.06	.63	3.88	.33	-13.508***
Russian Identity	3.35	.72	3.59	.61	-8.080***
Russian Behavior	2.96	.52	3.45	.48	-4.811***

***p <.001 level

Table 17

Means of Risky Health Behaviors Across Acculturation Strategies of Assimilation, Separation, and Integration

Acculturation type/ Risky Health Behavior	RHB	Smoking	Alcohol Use	Sexual Behavior
Assimilation	X=21.9	X=6.5	X=6.60	X=8.80
	SD=14.41	SD=5.50	SD=4.33	SD=6.90
Separation	X=6.22	X=1.91	X=3.57	X= .74
	SD=6.90	SD=3.26	SD=3.44	SD=2.07
Integration	X=13.36	X=4.03	X=5.99	X=3.33
	SD=9.64	SD=3.85	SD=4.48	SD=4.14
Total	X=12.60	X=3.80	X=5.50	X=3.28
	SD=10.46	SD=4.07	SD=4.35	SD=4.60

Table 18

Post-Hoc Bonferroni Comparisons for Oneway ANOVA of Various Acculturation Strategies for RHB

Compared acculturation types	Mean difference	Standard error	Sig.	95% Confidence Interval	
				Lower Bound	Upper bound
Assimilation - Separation	15.6826	3.65815	.000***	6.7753	24.5899
Assimilation - Integration	8.5429	3.26486	.031*	.5932	16.4925
Separation - Integration	-7.1398	2.32112	.008**	-12.7915	-1.4880

* p < .05. **p < .01. ***p < .001.

Table 19

Post-Hoc Bonferroni Comparisons for Oneway ANOVA of Various Acculturation Strategies Over Smoking

Compared acculturation types	Mean difference	Standard error	Sig.	95% Confidence Interval	
				Lower Bound	Upper bound
Assimilation - Separation	4.5870**	1.48079	.008**	.9814	8.1926
Assimilation - Integration	2.4714	1.32159	.193	-.7465	5.6894
Separation - Integration	-2.1155	.93957	.080+	-4.4033	.1722

**p < .01

+ p < .10

Table 20

Post-Hoc Bonferroni Comparisons for Oneway ANOVA of Various Acculturation Strategies Over Alcohol Us.

Compared acculturation types	Mean difference	Standard error	Sig.	95% Confidence Interval	
				Lower Bound	Upper bound
Assimilation - Separation	3.0348	1.61375	.189	-.8946	6.9641
Assimilation - Integration	.6143	1.44025	1.000	-2.8926	4.1212
Separation - Integration	-2.4205	1.02393	.060+	-4.91137	.0727

+p < .10

Table 21

Post-Hoc Bonferroni Comparisons for Oneway ANOVA of Various Acculturation Strategies Over Sexual Behavior.

Compared acculturation types	Mean difference	Standard error	Sig.	95% Confidence Interval	
				Lower Bound	Upper bound
Assimilation - Separation	8.0609	1.56337	.000***	4.2542	11.8675
Assimilation - Integration	5.4714	1.39529	.000***	2.0740	8.8688
Separation - Integration	-2.5894	.99197	.031*	-5.0048	-.1741

* p < .05 **p < .01. ***p < .001.

Table 22

Summary of Poisson Regression Analysis for Variables Predicting Risky Health Behaviors (N =103)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Null Model	2.53231	.02775	91.24	0.0000			
Deviance					956.64	0.0000	102
Model 1 Age							
Constant	-0.11872	0.32974	-0.36	0.7188			
Age	0.16209	0.01989	8.15	0.0000			
Deviance					888.06	0.0000	101
Model 2 American acculturation in self							
Constant	-1.61520	0.35727	-4.52	0.0000			
Age	0.15438	0.01965	7.86	0.0000			
AA	0.55069	0.05318	10.36	0.0000			
Deviance					775.49	0.0000	100

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 3 American (AA) and Russian (RA) acculturation in self							
Constant	-0.36931	0.44367	-0.83	0.4052			
Age	0.15599	0.01978	7.89	0.0000			
AA	0.43188	0.05823	7.42	0.0000			
RA	-0.30455	0.06174	-4.93	0.0000			
Deviance					751.78	0.0000	99
Model 4 American (AA) and Russian (RA) acculturation and Attitudes Toward Women in Adolescents Scale (AWS) in self							
Constant	-0.79551	0.50901	-1.56	0.1181			
AGE	0.15859	0.01992	7.96	0.0000			
AA	0.41187	0.05935	6.94	0.0000			
RA	-0.29611	0.06202	-4.77	0.0000			
AWS	0.13312	0.07662	1.74	0.0823			
DEVIANCE					748.77	0.0000	98

Table 22 (continued).

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 5 Attitudes Toward Women Scale as a sole predictor controlling for age							
Constant	-1.20270	0.41872	-2.87	0.0041			
Age	0.16652	0.02018	8.25	0.0000			
AWS	0.32276	0.07397	4.36	0.0000			
Deviance					868.90	0.0000	100
Model 6 Relative discrepancy between American and Russian acculturation (DAARAR) for Self							
Constant	0.00922	0.32849	0.03	0.9776			
Age	0.15614	0.01982	7.88	0.0000			
DAARAR	0.37077	0.03212	11.54	0.0000			
Deviance					753.37	0.0000	100

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 7 Relative discrepancy between American and Russian acculturation and Attitudes Toward Women							
Constant	-0.47197	0.42352	-1.11	0.2651			
Age	0.15887	0.01996	7.96	0.0000			
DAARAR	0.35574	0.03300	10.78	0.0000			
AWS	0.13890	0.07636	1.82	0.0689			
Deviance					750.07	0.0000	99
Model 8 with SELF-PARent relative discrepancies in American and Russian acculturation							
Constant	-0.60842	0.34389	-1.77	0.0769			
Age	0.17458	0.02026	8.62	0.0000			
AASelf-PARent	0.19058	0.06078	3.14	0.0017			
RASself-PARent	-0.27477	0.06436	-4.27	0.0000			
Deviance					845.52	0.0000	99

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 9 with Relative Discrepancy in Self-Parent Attitudes Toward Women							
Constant	-0.27589	0.33523	-0.82	0.4105			
Age	0.16494	0.02011	8.20	0.0000			
AWSSPA	0.38301	0.07683	4.99	0.0000			
Deviance					864.35	0.0000	100
Model 10 All the relative discrepancies between Self and Parent							
Constant	-0.72117	0.34762	-2.07	0.0380			
Age	0.17709	0.02041	8.68	0.0000			
AASPAR	0.16394	0.06043	2.71	0.0067			
RASPAR	-0.26510	0.06354	-4.17	0.0000			
AWSSPA	0.32748	0.07769	4.22	0.0000			
DEVIANCE					828.44	0.0000	98

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 11 with all relative Discrepancies for Peer and Parent							
Constant	-0.09009	0.33843	-0.27	0.7901			
AGE	0.16008	0.02017	7.94	0.0000			
AAPEPA	-0.03120	0.05241	-0.60	0.5516			
RAPEPA	0.01352	0.04958	0.27	0.7851			
AWSPEPA	0.17416	0.07555	2.31	0.0212			
Deviance					882.43	0.0000	98
Model 12 with Peer-Parent relative discrepancy in attitudes toward women as a sole predictor							
Constant	-0.14413	0.33051	-0.44	0.6628			
Age	0.16135	0.01992	8.10	0.0000			
AWSPEPA	0.16562	0.07459	2.22	0.0264			
Deviance					883.22	0.0000	100

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P valueDF
Model 13 with all relative discrepancies for RHB*						
Constant	-0.31706	0.34336	-0.92	0.3558		
Age	0.16630	0.02031	8.19	0.0000		
AASPAR	0.37053	0.07748	4.78	0.0000		
RASPAR	0.68018	0.08624	7.89	0.0000		
AAPEPA	-0.50616	0.08011	-6.32	0.0000		
RAPEPA	-0.01972	0.04875	-0.40	0.6859		
Deviance					798.93	0.0000 97

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 14	All acculturation variables for self, parent, and peer						
Constant	-0.73401	0.45980	-1.60	0.1104			
Age	0.13379	0.02037	6.57	0.0000			
AA	0.73763	0.10400	7.09	0.0000			
RA	-0.27452	0.07864	-3.49	0.0005			
AAPA	-0.03514	0.06067	-0.58	0.5624			
RAPA	0.28558	0.04002	7.14	0.0000			
AAPE	-0.31407	0.09332	-3.37	0.0008			
RAPE	0.03671	0.06439	0.57	0.5686			
Deviance					679.21	0.0000	95

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 15 American Acculturation in Peer							
Constant	-0.84653	0.36245	-2.34	0.0195			
Age	0.16183	0.01987	8.14	0.0000			
AAPEER	0.23229	0.04795	4.84	0.0000			
Deviance					863.99	0.0000	100
Model 16 Russian acculturation in Peer							
Constant	0.10118	0.34240	0.30	0.7676			
Age	0.16618	0.01998	8.32	0.0000			
RAPEER	-0.09620	0.04169	-2.31	0.0210			
Deviance					882.85	0.0000	100

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 17 with American and Russian acculturation levels in peer							
Constant	-0.83348	0.40826	-2.04	0.0412			
Age	0.16196	0.01996	8.11	0.0000			
AAPEER	0.23064	0.05356	4.31	0.0000			
RAPEER	-0.00335	0.04829	-0.07	0.9447			
Deviance					863.98	0.0000	99
Model 18 with American and Russian acculturation in peer and Attitudes Toward Women in peer							
CONSTANT	-1.01664	0.46607	-2.18	0.0292			
Age	0.16185	0.01998	8.10	0.0000			
AAPEER	0.22116	0.05493	4.03	0.0001			
RAPEER	9.528E-06	0.04855	0.00	0.9998			
AWSPEER	0.06667	0.08098	0.82	0.4104			
Deviance					863.30	0.0000	98

Table 22 Poisson Regression ANOVA of RHB

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 19 Absolute discrepancies between Self and Parent							
Constant	-0.94809	0.35405	-2.68	0.0074			
Age	0.18340	0.02055	8.93	0.0000			
DSPARA	0.35323	0.06763	5.22	0.0000			
DSPA AA	0.22201	0.06579	3.37	0.0007			
DSPA AWS	0.32971	0.08212	4.02	0.0001			
DEVIANCE					813.53	0.0000	98
Model 21 American acculturation in parent							
Constant	-0.65963	0.34246	-1.93	0.0541			
Age	0.15871	0.01979	8.02	0.0000			
AAPA	0.25962	0.04613	5.63	0.0000			
Deviance					856.86	0.0000	100

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 22 American and Russian acculturation in parent							
Constant	1.00401	0.49895	2.01	0.0442			
Age	0.14357	0.02005	7.16	0.0000			
AAPA	0.22399	0.04634	4.83	0.0000			
RAPA	-0.36887	0.08013	-4.60	0.0000			
Deviance					836.90	0.0000	99
Model 23 American and Russian acculturation and Attitudes Toward Women in parent							
Constant	1.25201	0.54206	2.31	0.0209			
Age	0.14301	0.02002	7.14	0.0000			
AAPA	0.23354	0.04716	4.95	0.0000			
RAPA	-0.37271	0.08023	-4.65	0.0000			
AWSPA	-0.08682	0.07618	-1.14	0.2544			
Deviance					835.60	0.0000	98

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 24 Absolute discrepancies between Self and Parent							
Constant	-0.94809	0.35405	-2.68	0.0074			
Age	0.18340	0.02055	8.93	0.0000			
DSPARA	0.35323	0.06763	5.22	0.0000			
DSPAAS	0.22201	0.06579	3.37	0.0007			
DSPAAS	0.32971	0.08212	4.02	0.0001			
Deviance					813.53	0.0000	98

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 25 Parent and Peer American and Russian acculturation levels							
Constant	0.13037	0.33980	0.38	0.7012			
Age	0.14390	0.02036	7.07	0.0000			
AAPA	0.15864	0.05578	2.84	0.0045			
RAPA	-0.37257	0.08570	-4.35	0.0000			
AAPE	0.18409	0.05476	3.36	0.0008			
RAPE	0.05745	0.04012	1.43	0.1522			
Deviance					821.64	0.0000	97

Table 22 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 25 Absolute discrepancies in levels of American and Russian acculturation between Peer and Parent							
Constant	-0.16044	0.34688	-0.46	0.6437			
Age	0.16363	0.02033	8.05	0.0000			
AAPEPA	0.02004	0.06058	0.33	0.7408			
RAPEPA	0.00790	0.05309	0.15	0.8818			
AWSPEPA	-0.02535	0.09467	-0.27	0.7889			
Deviance					887.81	0.0000	98

Note. AA = American acculturation; RA = Russian acculturation; AWS = Attitudes toward women; AAPA = American Acculturation index score in parent; RAPA = Russian Acculturation index score in parent; AAPE = American acculturation index score in peer; RAPA = Russian Acculturation index score in peer; AWSPA= Attitudes toward women in parents; AWSPE = Attitudes toward women in peers; AASPA = Discrepancy in levels of American acculturation between girls and their parents; RASPA = Discrepancy in levels of Russian acculturation between girls and their parents; AAPEPA = Discrepancy in levels of American acculturation between peers and parents; RAPEPA = Discrepancy in levels of Russian acculturation between peers and parents; AWSPAR = Discrepancy in degree of non-traditional attitudes toward women between girls and their parents; AWSPEPA = Discrepancy in degree of non-traditional attitudes toward women between peers and parents.

Table 23***Summary of Poisson Regression Analysis for Variables Predicting Risky Sexual Behaviors (N =103)***

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 1 American (AA) and Russian (RA) acculturation in self							
Constant	-4.31579	0.89857	-4.80	0.0000			
Age	0.32108	0.04195	7.65	0.0000			
AA	0.57489	0.11513	4.99	0.0000			
RA	-0.50506	0.11374	-4.44	0.0000			
Deviance					415.54	0.0000	99

Table 23 (continued).

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 2 American (AA) and Russian (RA) acculturation and Attitudes Toward Women in Adolescents Scale (AWS) in self							
Constant	-4.42946	1.03834	-4.27	0.0000			
Age	0.32220	0.04231	7.61	0.0000			
AA	0.56951	0.11776	4.84	0.0000			
RA	-0.50269	0.11426	-4.40	0.0000			
AWS	0.03321	0.15124	0.22	0.8262			
Deviance					415.49	0.0000	98
Model 3 Attitudes Toward Women in Adolescents Scale (AWS) in self							
Constant	-5.46036	0.89745	-6.08	0.0000			
Age	0.34097	0.04279	7.97	0.0000			
AWS	0.32417	0.14718	2.20	0.0276			
Deviance					484.91	0.0000	100

Table 23 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 4 Relative discrepancies in levels of acculturation and attitudes toward women between self and parents							
Constant	-5.19931	0.75266	-6.91	0.0000			
Age	0.35801	0.04332	8.26	0.0000			
AASPAR	0.36996	0.12498	2.96	0.0031			
RASPAR	-0.37290	0.12715	-2.93	0.0034			
AWS	0.17227	0.07612	2.26	0.0236			
Deviance					443.73	0.0000	98

Table 23 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 5 Relative discrepancies in levels of acculturation and attitudes toward women between self and parents							
Constant	-4.05774	0.73519	-5.52	0.0000			
Age	0.31967	0.04230	7.56	0.0000			
DPEPAA	-0.42720	0.17091	-2.50	0.0124			
DPEPARA	0.25826	0.05268	4.90	0.0000			
AWSREPA	0.18505	0.09197	2.16	0.8700			
Deviance					465.05	0.0000	98

Table 23 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 6 Global levels of acculturation to American and Russian culture in self, parents, and peers							
CONSTANT	-2.32553	1.0227	2.27	0.050			
AGE	.279388	.04361	6.39	0.050			
AA	1.09735	.22249	4.98	0.050			
RA	-.37379	.16726	2.23	0.050			
AAPAR	-.48109	.13991	3.45	0.050			
RAPAR	-.79714	.18022	4.42	0.050			
AAPE	-.01614	.19906	.08	0.050			
RAPE	.261317	.13953	1.87	0.050			
Deviance					389.616	0.0500	95

Table 23 (continued)

Predictor Variable	Coefficient	STD Error	Coeff/SE	P value	Deviance	P value	DF
Model 7 Relative discrepancies in levels of acculturation between self and parents, peers and parents							
Constant	-4.86755	0.7554	6.48	0.050			
AGE	.346525	.04347	8.51	0.050			
DSPAAA	-.296416	.05820	5.00	0.050			
DSPARA	.555726	.12884	4.29	0.050			
DPEPAAA	.135965	.10718	1.26	0.050			
DPEPARA	-.132495	.13925	.94	0.050			
Deviance					457.147	0.0000	97

Note. AA = American acculturation; RA = Russian acculturation; AWS = Attitudes toward women; AAPA = American Acculturation index score in parent; RAPA = Russian Acculturation index score in parent; AAPE = American acculturation index score in peer; RAPA = Russian Acculturation index score in peer; AWSPA = Attitudes toward women in parents; AWSPE = Attitudes toward women in peers; AASPA = Discrepancy in levels of American acculturation between girls and their parents; RASPA = Discrepancy in levels of Russian acculturation between girls and their parents; AAPEPA = Discrepancy in levels of American acculturation between peers and parents; RAPEPA = Discrepancy in levels of Russian acculturation between peers and parents; AWSPAR = Discrepancy in degree of non-traditional attitudes toward women between girls and their parents; AWSPEPA = Discrepancy in degree of non-traditional attitudes toward women between peers and parents.

Table 24

Summary of Hypotheses and Findings

Hypothesis	Finding	
	<u>Risky Health Behaviors</u>	<u>Risky Sexual Behavior</u>
<p><u>Hypothesis 1.</u></p> <p>The American Acculturation will be positively related to risky health behaviors and the Russian Acculturation will be negatively related to the risky health behaviors.</p>	Fully supported	Fully supported
<p><u>Hypothesis 2a.</u></p> <p>Non-traditional sex roles attitudes will be positively related to risky health behaviors.</p>	Fully supported	Fully supported

Table 24 (continued)

Hypothesis	Finding	
	<u>Risky Health Behaviors</u>	<u>Risky Sexual Behavior</u>
<p><u>Hypothesis 2b.</u></p> <p>Sex role attitudes will be more important than global levels of acculturation when predicting risky health behaviors.</p>	Not supported	Not supported
<p><u>Hypothesis 3.</u></p> <p>The degree of discrepancy between self-perceived global level of acculturation to American and Russian culture and the degree of non-traditional sex roles attitudes will be positively related to risky health behaviors.</p>	Partially supported	Partially supported

Table 24 (continued)

Hypothesis	Finding	
	<u>Risky Health Behaviors</u>	<u>Risky Sexual Behavior</u>
<p><u>Hypothesis 4.</u></p> <p>The degree of discrepancy in levels of acculturation to American culture, Russian culture and non-traditional sex roles between girls and their parents will be related to the risky health behaviors.</p> <p>Specifically, a greater discrepancy will be related to greater degree of engagement in risky health behaviors.</p>	Fully supported	Fully supported
<p><u>Hypothesis 5.</u></p> <p>The degree of discrepancy between parental and peer's levels of acculturation to American culture,</p>		

Table 24 (continued)

Hypothesis	Finding	
	<u>Risky Health Behaviors</u>	<u>Risky Sexual Behavior</u>
<p>Russian culture and non-traditional sex roles will be related to the risky health behaviors.</p> <p>Specifically, a greater discrepancy will be related to greater degree of engagement in risky health behaviors.</p>	<p>Partially supported</p>	<p>Fully supported</p>
<p><u>Hypothesis 6.</u> The degree of perceived discrepancy in American and Russian global levels of acculturation between girls and parents, and between peers and parents will have stronger relationship with risky health behaviors, than will the individual global acculturation level scores for self, parent, and peer.</p>	<p>Not supported</p>	<p>Not supported</p>

Appendix A

Recruitment Flyer in English



**Are you 13-18 years of age? Female?
Immigrated from Former Soviet Union?**

What. A study about the relationship between acculturation and risky health behavior in immigrant female adolescents from Former Soviet Union.

Who. 13-18 year old females, who immigrated from any republic of former Soviet Union at the age of 5 or older are eligible to participate.

Where. Room# _____. No more than 30 minutes.

Your participation will help learn more about Soviet immigrant teenagers.

Participate and bring in your friends too!

You will get **\$10 for participation**

all the information obtained will be kept **CONFIDENTIAL**

Interested? The study will take place on ____ (date) or contact me at (718) 896-4694 or at ijeltova@aol.com. I am a doctoral student in Educational Psychology, CUNY. This research project is supervised by Dr. Marian Fish and Dr. Tracey Revenson.

This study has also been approved by the CUNY Institutional Review Board, Jewish Board for Family and Children's Services Review Committee and by the Board of Education of the City of New York Institutional Review Board.

Appendix B

Recruitment Flyer in Russian

ИССЛЕДОВАНИЕ

Того 13-18 лет? Иммигранты из бывшего СССР?

Что?

Исследование/опрос о Культуральной адаптации, поведенческих механизмах риска и физическом здоровье девушек-подростков из стран бывшего Советского Союза.

Кто?

Девушки от 13 до 18 лет которые иммигрировали из бывшего Советского Союза.

Когда?

Заполнение опросника займет не больше 30 минут.

Ваше участие поможет узнать больше о наших подростках и их нуждах.

Участвуйте и скажите своим подругам.

Конфиденциальность гарантирована.



\$10 за участие.

КАК скажите (имя работника ведущего группы) что хотите участвовать или позвоните **(718) 896-4694** или напишите мне лично **ijeltova@aol.com**.

Я являюсь студенткой Факультета Школьной Психологии в Городском Университете г. Нью-Йорка. Данное исследование было разрешено Комитетами по Научной Работе Городского Университета г. Нью-Йорка, Городского Бюро по Образованию, и Еврейского Центра по Работе с Семьями и Детьми.

Appendix C

Parental Consent Letter in English



Ph.D. Program in Educational Psychology



The Graduate School and University Center
The City University of New York
365 Fifth Avenue
New York, NY 10018-0001
Tel: 212.642.3000 ext. 712.017.1516

Dear parents,

My name is Ilna Jehova and I am a doctoral student in Educational Psychology, with specialization in Bilingual School Psychology, at the Graduate Center, City University of New York. As a part of my training I am conducting my dissertation research on *Acculturation and Risky Health Behaviors in Soviet Female Adolescents*. I am writing to you to ask for your permission for your daughter to participate in my study.

Teenage behavior related to smoking, alcohol consumption as well as HIV and AIDS is of a great concern nationwide. Certain ethnic and cultural minority groups are at a greater risk than other groups, and young women are at greater risk than men are. The study entails surveying adolescent girls from the Former Soviet Union (FSU) and asking them about (a) their attitudes toward American and their own culture; (b) their experiences as teenagers; (c) their health behaviors; and (d) their attitudes toward women and their roles in society.

Little research has been conducted on Soviet immigrant teenage girls. The information obtained as a result of this study will provide better understanding of this cultural group and help identify needs of these girls. Various institutions involved in providing services to Soviet immigrants might become able to address the groups' strengths and needs better.

The participants of this study will fill out a multiple-choice questionnaire that includes questions on their attitudes toward American culture and Russian culture, health behaviors (e.g., smoking, alcohol consumption, and sexual behavior), and beliefs about gender roles. "Russian" is used to describe the culture of origin shared by refugees and immigrants from the Former Soviet Union who speak the Russian language. They will also be asked to answer a few open-ended questions about their experiences as immigrant teenagers. The total time of administration will not exceed 20 minutes.

Prior research that asked adolescent girls about their risky health behaviors reported no negative consequences for the participants. Your daughter's time and effort will be very appreciated. She will be compensated in the amount of \$10 upon completion of the questionnaire.

The participation in this study is voluntary and your daughter may choose to withdraw at any time without any penalty. All the participants are guaranteed confidentiality and anonymity. At no point will any of the participants be asked to provide any personal information (e.g., name or address). The goal of the study is to obtain data about the group and not about individual girls. All the information obtained during this study will be kept in a locked file cabinet at the Graduate Center, CUNY. Only my advisor and I will have access to the data.

If you have any further questions please contact me at (718) 896-4694 or ijehova@mail.cuny.edu or my advisor, Dr. Miriam Fish, at (212) 817-2398 or mfish@gc.cuny.edu. If you have questions about your rights as a participant please contact Hilry Fisher at (212) 817-7523 or at hfisher@gc.cuny.edu.

I agree to let my daughter _____ (name) participate in the study described above. _____ signature _____ date

I do not agree to let my daughter _____ (name) participate in the study described above. _____ signature _____ date

Please sign both copies. One is yours to keep.
Thank you.

Ilna Jehova
<http://www.gsc.cuny.edu>

The Graduate School and University Center is the City University of New York's premier graduate institution. It is a unique combination of the City University of New York's research and teaching excellence and the City University of New York's commitment to diversity. The Graduate School and University Center is a member of the City University of New York's system of higher education. The City University of New York is a public university and is committed to providing a high quality education to all students. The Graduate School and University Center is a member of the City University of New York's system of higher education. The City University of New York is a public university and is committed to providing a high quality education to all students.

Appendix F

Participant Consent Letter in Russian.



P.H.D. Program in Educational Psychology



The Graduate School and University Center
The City University of New York
365 Park Avenue
New York, NY 10017-2488
tel. 212.617.5285 ext. 212.617.1516

Уважаемый участник,

Меня зовут Ида Ханова, я являюсь студенткой Факультета Школьной Психологии в Городском Университете г. Нью-Йорк. Я хочу спросить Вас принять участие в моем исследовании с международными участниками из бывшего СССР. Тема исследования – Культурные различия, связанные с употреблением табака и факельными сигаретами. Исследование будет проводиться на территории бывшего СССР.

Исследование проводится в отношении их здоровья. Исследование будет проводиться в отношении участников, имеющих опыт употребления табака и факельных сигарет. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет.

Моя исследовательская группа состоит из студентов, аспирантов и преподавателей факультета Школьной Психологии в Городском Университете г. Нью-Йорк. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет.

Участники моего исследования получат в общей сложности около 20 минут, включая их первоначальное интервью. В среднем, интервью сформированы в отношении различных аспектов. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время.

Исследование проводится в отношении их здоровья. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет. Исследование проводится в отношении участников, имеющих опыт употребления табака и факельных сигарет.

Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время.

Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время. Вы можете отказаться от участия в любое время.

Если вы согласны участвовать в моем исследовании, пожалуйста, напишите мне по адресу:

Я согласен участвовать в исследовании _____

Я не согласен участвовать в исследовании _____

Спасибо,
С уважением,
Ида Ханова

The Graduate School and University Center is a part of the City University of New York. The City University of New York is a public institution of higher education. The City University of New York is a public institution of higher education. The City University of New York is a public institution of higher education.

Appendix G

English Version of the Survey Items Used in the Study

GENERAL INSTRUCTIONS

DOB _____ Zip code _____
 When did you arrive to USA, mm / dd / yy to NYC, mm / dd / yy _____
 What is your country and city of origin (where you last lived before immigrating from the FSU) _____

Parental Educational Level:
 Please indicate the highest educational level that your parent(s) completed in the Former Soviet Union.

Mother
 8 years of school _____ 10 years of school _____ 8 years and tech. School _____ 10 years and tech. School _____ University/Institute _____
 Do not know _____

Father
 8 years of school _____ 10 years of school _____ 8 years and tech. School _____ 10 years and tech. School _____ University/Institute _____
 Do not know _____

Parental Employment: Please write in the occupation or profession that your parents have now and the one that they had prior to immigration.

Mother
 Current employment status _____ Father Current employment status _____
 Last employment prior to immigration _____ Last employment prior to immigration _____
 Do not know _____ Do not know _____

Are you currently attending school? Yes _____ No _____

How would you describe the ethnic make up of your school? Please write in the percentage.

"Russian" _____% African-American _____%
 Latin _____% Asian _____%
 Whites (other than Russian) _____% Other (specify) _____%
 TOTAL should be 100%

Are you participating in organized after school activities? Please circle all that apply and specify how many hours a week.

a. ball/fitness _____ hours d. sports _____ (specify) _____ hours
 b. music school _____ hours e. other _____ (specify) _____ hours
 c. math _____ hours f. other _____ (specify) _____ hours

C. Cultural Participation.

To what extent are the following statements true about the things that you, your parent and your friend do(es)? Again, we use the term «Russian» to refer to the culture shared by refugees from the former Soviet Union.

How much do you speak *English*:

How much do you speak <i>English</i>	You	Parent	Friend
1. at home	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
2. at school/work	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
3. With friends	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much

How much do you, your parent, and your friend

How much do you	You	Parent	Friend
4. read American books, newspapers, or magazines	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
5. listen to American songs	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
6. watch American movies (on TV, VCR, etc)	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
7. eat American food	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
8. have American friends	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
9. attend American clubs or parties	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much

2. Cultural Identity

To what extent are the following statements true of you, your parent, and your friend?

For the following statements, please mark **ONE** of the four possible answers for yourself, your parent, and your friend.

When answering questions about your parent and friend please think of a parent or guardian and a friend who has the most influence on you.

American Cultural Identity	In Yourself	In Your parent	In Your friend
1. Think of self as being American	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
2. Feel good about being American	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
3. Being American plays an important part in my life	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
4. I feel that I am part of American culture	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
5. If someone criticizes Americans I feel they are criticizing me	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
6. I have a strong sense of being American	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
7. I am proud of being American	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
"Russian" Cultural Identity	In Yourself	In Your parent	In Your friend
8. Think of self as being Russian	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
9. Feel good about being Russian	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
10. Being Russian plays an important part in my life	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
11. I feel that I am part of Russian culture	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
12. If someone criticizes Russians I feel they are criticizing me	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
13. I have a strong sense of being Russian	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
14. I am proud of being Russian	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much

A. Russian

How would you rate the ability to speak RUSSIAN

Russian	In Yourself			In Your parents			In Your friend						
	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
1. At home	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
2. with friends	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
3. On the phone	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
4. With strangers	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
5. OVERALL	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native

How would you rate the ability to understand RUSSIAN

Russian	Yourself			Your parents			Your friend						
	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
6. On TV or at movies	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
7. In newspapers or magazines	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
8. With strangers	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native
9. OVERALL	None	Poor	Well	None	Poor	Well	None	Poor	Well	None	Poor	Well	Native

LANGUAGE, IDENTITY, and BEHAVIOR

The following three sets of questions will ask you about use of language (native and English), identity (American and native), and cultural behaviors (American and native).

Each set of questions asks about your own behaviors, your parent, and your friend. When answering questions about your parent and friend please think of a parent or guardian and a friend who has most influence on you.

For the following statements, please mark **ONE** of the four possible answers.

How would you rate the ability to speak ENGLISH

	<u>In Yourself</u>				<u>In Your parent</u>				<u>In Your friend</u>			
1. At school/work	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
2. Friends	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
3. On the phone	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
4. With strangers	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
5. Overall	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native

How would you rate the ability to understand ENGLISH

	<u>In Yourself</u>				<u>In Your parent</u>				<u>In Your friend</u>			
6. TV or at movies	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
7. Newspaper or in magazines	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
8. With strangers	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native
9. Overall	None	Poor	Well	Native	None	Poor	Well	Native	None	Poor	Well	Native

As immigrants we are dealing with at least two cultures: culture of origin and culture of the new country.

In the following questions we would like to know the extent to which you consider yourself American and "Russian." The term "Russian" is used to describe the culture of origin shared by refugees and immigrants from the Former Soviet Union who speak the Russian language. We recognize that when you lived in the former Soviet Union you may not have been of Russian nationality and, in fact, may have lived in one of the other former republics. Since in the U.S. most Americans refer to émigrés from the former Soviet Union as "Russian" because of the language and culture, we use that term here, recognizing that it's not completely accurate. In responding to the questions below, please respond to this general definition of the term "Russian."

Please fill in:

How would you describe yourself in terms of your cultural identity _____

How would you describe yourself in terms of your ethnic identity (if different from above) _____

Throughout this questionnaire you will be asked to make rating according to your own thoughts and behavior and then according to your parent's and then to your friend's. When answering questions about your parent and friend please think of a parent/guardian and a friend who has the most influence on you.

Here is the same question that you just answered for yourself. Now please answer it for your parent and the for your friend.

Please specify the gender of your parent M or F and your friend M or F

How would you describe your parent's cultural identity _____

How would you describe your parent's ethnic identity (if different from above) _____

How would you describe your friend's cultural identity _____

How would you describe your friend's ethnic identity (if different from above) _____

C. Cultural Participants (continued)

How much do you, your parent, and your friend speak Russian:

How much do you speak Russian:	You	Parent	Friend
10. at home	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
11. at school/work	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
12. with friends	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much

How much do you	You	Parent	Friend
13. read Russian books, newspapers, or magazines	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
14. listen to Russian songs	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
15. watch Russian movies (on TV, VCR, etc)	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
16. eat Russian food	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
17. have Russian friends	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much
18. attend Russian clubs or parties	None Some Moderate Very Much	None Some Moderate Very Much	None Some Moderate Very Much

ATTITUDES TOWARD WOMEN

The following set of questions asks you about your attitudes toward women's rights and roles in modern society. You are to first answer these questions for yourself, then for your parent, and then for your friend. When answering questions about your parent and friend please think of a parent or guardian and a friend who has most influence on you.

Please read each item carefully and rate your answer according to this scale:

1= strongly agree 2=agree 3=disagree 4=strongly disagree

Attitude	You				Your parent				Your friend			
1. Swearing is worse for a girl than for a boy	1	2	3	4	1	2	3	4	1	2	3	4
2. On a date, the boy should be expected to pay all the expenses	1	2	3	4	1	2	3	4	1	2	3	4
3. On the average, girls are as smart as boys	1	2	3	4	1	2	3	4	1	2	3	4
4. More encouragement in a family should be given to sons than daughters to go to college	1	2	3	4	1	2	3	4	1	2	3	4
5. It is all right for a girl to want to play rough sports like soccer (football)	1	2	3	4	1	2	3	4	1	2	3	4
6. In general, the father should have greater authority than the mother in making family decisions	1	2	3	4	1	2	3	4	1	2	3	4
7. It is all right for a girl to ask a boy out on a date	1	2	3	4	1	2	3	4	1	2	3	4
8. It is more important for boys than girls to do well in school	1	2	3	4	1	2	3	4	1	2	3	4
9. If both husband and wife have jobs, the husband should do a share of the housework such as washing dishes and doing laundry	1	2	3	4	1	2	3	4	1	2	3	4
10. Boys are better leaders than girls	1	2	3	4	1	2	3	4	1	2	3	4
11. Girls should be more concerned with pleasing their fathers and mothers than desiring a professional career	1	2	3	4	1	2	3	4	1	2	3	4
12. Girls should have the same freedoms as boys	1	2	3	4	1	2	3	4	1	2	3	4

IV Health Behavior Questionnaire

This questionnaire is about health behavior. It asks about things that you do that may affect your health.

The next 4 questions ask about tobacco use.

Please circle your choice.

1. Have you ever tried cigarette smoking, even one or two puffs?
 - a. Yes
 - b. No

2. How old were you when you smoked a whole cigarette for the first time?
 - a. I have never smoked a whole cigarette → skip questions 3-6
 - b. 8 years old or younger
 - c. 9-10 years old
 - d. 11-14
 - e. 15-16 or older

3. On average, how many days a month do you smoke cigarettes?
 - a. 1-2
 - b. 3-5
 - c. 6-9
 - d. 10-19
 - e. every day

4. How many cigarettes do you smoke a day (on a day that you smoke)?
 - a. 1
 - b. 2-5
 - c. 6-10
 - d. 11-20
 - e. more than 20

The next 6 questions ask about alcohol consumption.

Drinking here includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

1. Have you ever had at least one drink of alcohol?
 - a. Yes
 - b. No → skip questions 2-5

2. How old were you when you had your first drink of alcohol other than a few sips?
 - a. 8 years old or younger
 - b. 9-10 years old
 - c. 11-13
 - d. 14-15
 - e. 16-17 or older

alcohol consumption (continued)

3. On average, how many days a month do you have at least one drink of alcohol?

- a. 1-2
- b. 3-5
- c. 6-9
- d. 10-19
- e. 20-29
- f. every day

4. On a typical occasion, how much alcohol do you consume?

- a. 1 drink
- b. 2 drinks
- c. 3 drinks
- d. 4 drinks
- e. 5 drinks
- f. 6 drinks

What kind of alcoholic drink do you usually have _____

5. How often do you become drunk?

- a. never
- b. once in a few months
- c. once a month
- d. once in a few weeks
- e. once a week
- f. once in a few days
- g. every day

The next 10 questions ask about sexual behavior.

1. Have you ever had a sexual encounter (including kissing, touching, having intercourse)?

- a. Yes
- b. No → skip questions 2-9

2. How often do you feel that you can control the sexual encounter (only things that you want to happen will happen)

- a. every time
- b. most of the times
- c. rarely
- d. never

3. Have you ever had sexual intercourse?

- a. Yes
- b. No → skip questions 4-10

sexual behavior (continued)

- 4. How old were you when you had sexual intercourse for the first time?**
 - a. 11 or younger
 - b. 12-13
 - c. 14-15
 - d. 16-17 or older

- 5. During your life, with how many different people have you had sexual intercourse?**
 - a. 1
 - b. 2
 - c. 3
 - d. 4

- 6. How often do you (your partner) use a condom when you have sexual intercourse?**
 - a. always
 - b. often
 - c. more often than not
 - d. rarely
 - e. never

- 7. What one method did you or your partner use to prevent pregnancy the last time you had sexual intercourse? (Select only one response)**
 - a. no method
 - b. birth control pills
 - c. condoms
 - d. Depo-Provera (injectable birth control)
 - e. Withdrawal
 - f. other _____

- 8. Did you drink alcohol or use drugs before you had sexual intercourse the last time?**
 - a. Yes
 - b. No

- 9. How many times have you been pregnant?**
 - a. 0
 - b. 1
 - c. 2 or more
 - d. not sure

- 10. How often are you able to negotiate with your partner the use of condom?**
 - a. every time
 - b. every other time
 - c. rarely
 - d. never

Appendix H

Russian Version of the Survey Items Used in the Study

Демографический вопросник.

Дата рождения ___/___/___ Почтовый индекс _____

Дата прибытия в США ___/___/___ В Нью-Йорк ___/___/___.

Страна и город бывшего СССР откуда Вы прибыли _____

Образовательный уровень родителей.

Мать.

8 лет школы ___ 10 лет школы ___ 8 лет школы и техникум ___ 10 лет школы и техникум ___ Университет/институт ___

Не знаю ___

Отец.

8 лет школы ___ 10 лет школы ___ 8 лет школы и техникум ___ 10 лет школы и техникум ___ Университет/институт ___

Не знаю ___

Трудовая история родителей.

Мать.

Профессия или род занятий до иммиграции _____

Профессия или род занятий _____

Не знаю ___

Отец.

Профессия или род занятий до иммиграции _____

Профессия или род занятий в США _____

Не знаю ___

Посещаете ли Вы сейчас школу? Да ___ Нет ___

Как бы Вы описали этнический состав в Вашей школе? Выделите примерный процент.

"Русские" _____

Афро-Американцы _____

Испано-Американцы _____

Афро-Американцы _____

Другие белые (уточните) _____

Другие (уточните) _____

Всего должно получиться 100%

Посещаете ли Вы какое-либо клуб/клубы? Посетите клубы в свободное время в школе Вы там проводите.

а. Балет/танец _____ часов

с. Математика _____ клуб _____ часов

е. Разное _____ часов

б. Музыка _____ часов

д. Спорт какой _____ часов

г. Разное _____ часов

Как и многие другие иммигранты, мы сталкиваемся с по крайней мере двумя культурами - нашей родной культурой и культурой страны в которую приехали. В следующих вопросах нас интересует насколько Вы считаете себя "русским" и(или) американцем. Под термином «русский» мы подразумеваем русскоговорящих беженцев и эмигрантов из бывшего СССР. Мы понимаем, что возможно Вы не жили в России и наверное не были русским по национальности. Так как большинство американцев называют советских эмигрантов «русскими» из-за их языка и культурных традиций, мы будем придерживаться этой терминологии, хотя она и не вполне точна. Отвечая на вопросы ниже, пожалуйста, имейте в виду, что термин «русский» здесь относится к культуре, общей для всех выходцев из бывшего СССР.

Пожалуйста, напишите ответ

Как бы Вы назвали Вашу культуру? _____

Как бы Вы назвали Вашу этническую принадлежность (если отличается от вышеуказанной) _____

На протяжении всего опросника Вы встретите вопросы о Вас, Ваших друзьях, и родителях. Когда Вы будете отвечать на эти вопросы, пожалуйста, рассматривайте "друзья" как Ваш(а) друг/подруга который имеет на Вас наибольшее влияние, и "родители" как Вашего родителя/опекуна который имеет на Вас наибольшее влияние.

Сейчас, пожалуйста, ответьте на тот же вопрос Вы ответили выше, но уже о Ваших родителя и друге/подруге.

Как бы Вы определили культуру Вашего родителя? _____

Как бы Вы определили этническую принадлежность Вашего родителя
(если отличается от вышеуказанной) _____

Как бы Вы определили культуру Вашего друга/подруги? _____

Как бы Вы определили этническую принадлежность Вашего друга/подруги
(если отличается от вышеуказанной) _____

Укажите пол для "родителя" М или Ж
"друга/подруги" М или Ж

Следующий вопросник состоит из трех частей. Первая часть содержит вопросы о Вашей личной жизни (родного и английского), вторая часть – о Вашей идентификации или чувстве принадлежности к той или иной культуре, и третья часть спрашивает о Вашем участии в различных культурных мероприятиях.

Пожалуйста, рассматривайте "друга" как Ваш(о) друг(а)/подруга который имеет на Вас наибольшее влияние, и "родителя" как Вашего родителя/родителя который имеет на Вас наибольшее влияние.

Имя Вашего друга

II. Пожалуйста, прочитайте каждый вопрос и один вариант ответа, который соответствует Вашему мнению.

Как Вы оцениваете свой умение говорить на-американски:

	Сам	Родитель	Друг/Подруга
1. на работе/в школе	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
2. с друзьями	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
3. по телефону	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
4. с друзьями/родителями	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
5. вообще	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном

Как хорошо Вы понимаете английский язык:

	Сам	Родитель	Друг/Подруга
1. на работе/в школе	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
2. с друзьями/родителями	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
3. с друзьями/родителями	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном
4. вообще	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном	Ничка Плохо Хорошо Как на родном

Как Вы оцениваете своё умение говорить на-русский?

	Сам	Родные	Друг/Другая
1. на работе в школе	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
2. с друзьями	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
3. по телефону	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
4. с знакомыми людьми	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
5. вообще	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном

Как хорошо Вы понимаете русский язык?

	Сам	Родные	Друг/Другая
1. по телевизору или в газете	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
2. в разговорной речи	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
3. с знакомыми людьми	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном
4. вообще	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном	Ничкак Плохо Хорошо Как на родном

Идентификация (культуральная принадлежность)

Насколько следующие утверждения соответствуют Вашему мнению? Пожалуйста обведите Ваш выбор для Вас, Вашего родителя и Вашей подруги/друга.
 Пожалуйста, рассматривайте "друзья" как Ваш(а) друг/подруга который имеет на Вас наибольшее влияние, и "родители" как Вашего родителя/опекуна который имеет на Вас наибольшее влияние.

Американская культура	Сама	Родитель	Друг/Подруга
1. Я считаю себя американкой	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
2. Мне нравится быть американкой	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
3. Для меня важно, что я - Американка.	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
4 Я полностью ощущаю себя частью Американской культуры	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
5. Когда кто-то критикует Американцев, я чувствую себя так как-будто это меня критикуют	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
6. Я полностью ощущаю себя американкой	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много
7. Я горжусь тем, что я американка	Нет Немного Вполне Много	Нет Немного Вполне Много	Нет Немного Вполне Много

Насколько следующие утверждения соответствуют Вашему мнению? Термин «русский», здесь относится ко всем выходцам из бывшего СССР.
 Пожалуйста, рассмотрите "друзья" как Ваш(а) друг/подруга который имеет на Вас наибольшее влияние, а "родители" как Вашего родителя/опекуна который имеет на Вас наибольшее влияние.

"Русский" культура	Сам	Родитель	Друг/Подруга
8. Я считаю себя "русским"	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
9. Мне нравится быть "русским"	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
10. Для меня важно, что я - "русский"	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
11. Я полностью ощущаю себя частью "русской" культуры	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
12. Когда кто-то критикует "русских", я чувствую себя так как-будто это меня касаются	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
13. Я полностью ощущаю себя "русским"	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много
14. Я горжусь тем, что я "русский"	Нет Ниского Вполне Много	Нет Ниского Вполне Много	Нет Ниского Вполне Много

Пожалуйста, прочитайте каждый вопрос и выберите одну цифру, которая соответствует Вашему мнению. Опять же, термины «русский», здесь относятся к культуре, общей для всех выходцев из бывшего СССР.

Как часто Вы говорите по-английски:

	Сам	Редко	Довольно
1. дома	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
2. в школе/ на работе	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
3. с друзьями	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много

Как часто Вы

	Сам	Редко	Довольно
4. читаете американские книги, газеты, журналы	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
5. слушаете американскую музыку	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
6 смотрите американские фильмы и видео ДЕНЬ ЗА ДНЕМ	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
7 едите американскую пищу	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
8. общаетесь с американцами ИСТОРИИ	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много
9. посещаете американские концерты, выставки	Нет Невозно Больше Много	Нет Невозно Больше Много	Нет Невозно Больше Много

Пожалуйста, прочитайте каждый вопрос и выберите одну цифру, которая соответствует Вашему мнению. Опять же, термин «русский», здесь относится к культуре, общей для всех выходцев из бывшего СССР.

Как часто Вы говорите РУССКИ:

	Сам	Родитель	Друг/Подруга
1. дома	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
2. в школе/ на работе	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
3. с друзьями	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много

Как часто Вы

	Сам	Родитель	Друг/Подруга
4. читаете "русские" книги, газеты, журналы	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
5. слушаете "русские" музыку	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
6. смотрите "русские" фильмы в кино или на видео	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
7. едите "русские" пищу	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
8. общаетесь с "русские" друзьями	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много
9. посещаете "русские" концерты, выставки	Нет Ниского Воляне Много	Нет Ниского Воляне Много	Нет Ниского Воляне Много

Оценочный вопросник

Следующий ряд вопросов спрашивает Вас о Вашем отношении к женщинам, о Ваших взглядах на роль женщин в обществе. Пожалуйста, как и в предыдущих вопросах, сначала выберите Ваш выбор для Вас, потом для Вашего родителя и потом для Вашей подруги/друга. Пожалуйста, рассматривайте "друга" как Ваш(а) друг/подруга который/которая имеет на Вас наибольшее влияние, а "родителя" как Вашего родителя/сестру который/который имеет на Вас наибольшее влияние.

Пожалуйста используйте следующую шкалу при ответе на вопросы:

1= абсолютно согласен 2=согласен 3=не согласен 4=совершенно не согласен

Описание	Сам	Родитель	Подруга/Друг
1. Ругаться матом является худшим проявлением характера человека.	1 2 3 4	1 2 3 4	1 2 3 4
2. Все расходы во время свидания должны делиться поровну между юношей и девушкой.	1 2 3 4	1 2 3 4	1 2 3 4
3. В среднем, девушки так же умны как и мужчины.	1 2 3 4	1 2 3 4	1 2 3 4
4. Семья должна в первую очередь поддерживать самозанятых, чтобы те вошли в профессиональную сферу, а не помогать им.	1 2 3 4	1 2 3 4	1 2 3 4
5. Это совершенно нормально когда девушки хотят играть в такие контактные спортивные игры как футбол (или американский футбол).	1 2 3 4	1 2 3 4	1 2 3 4
6. Вообще то, отцы должны иметь решающее слово в принятии семейных решений.	1 2 3 4	1 2 3 4	1 2 3 4
7. Это совершенно нормально для девушек предлагать сексуальную связь.	1 2 3 4	1 2 3 4	1 2 3 4
8. Хорошая успеваемость в школе является важным для девушек, чем для мужчин.	1 2 3 4	1 2 3 4	1 2 3 4
9. Если оба студента работают, муж должен иметь право часть домашней работы. Например, мыть посуду или стирать.	1 2 3 4	1 2 3 4	1 2 3 4
10. Юноши лучше выступают как родители, чем девушки.	1 2 3 4	1 2 3 4	1 2 3 4
11. Девушки должны делать больше бытовых дел, чем мужчины, и материнские дела стирка, чем о том, как приготовить еду.	1 2 3 4	1 2 3 4	1 2 3 4
12. Девушки должны иметь такую же свободу как и мужчины.	1 2 3 4	1 2 3 4	1 2 3 4

4. Сколько Вам было лет когда Вы в первый раз имели половой акт?

- a. 11 и старше
- b. 12-13
- c. 14-15
- d. 16-17 и старше

5. Как было людей с которыми у Вас был половой акт?

- a. 1
- b. 2
- c. 3
- d. 4

6. Как часто Вы (Ваш партнер) используете презерватив во время полового акта?

- a. всегда
- b. часто
- d. довольно-таки часто
- e. редко
- f. никогда

7. Каким противозачаточным методом Вы (Ваш партнер) воспользовались во время последнего полового акта? (выберите один ответ)

- a. никаким
- b. противозачаточные таблетки
- c. Презервативы
- f. Дюпо-Провера (укол)
- g. Прерывание полового акта перед овуляцией
- h. Другой (укажите) _____

8. Употребляли ли Вы алкогольные напитки или наркотики во время последнего полового акта?

- a. Да
- b. Нет

9. Сколько раз Вы были беременны?

- a. 0
- b. 1
- c. 2 и больше
- d. не уверена

12. Как часто Ваш партнер соглашается с Вами на то чтобы использовать презерватив когда Вы предлагаете?

- a. каждый раз
- b. через раз
- c. иногда
- d. никогда

11. В среднем, как часто Вы выпиваете хотя бы одну рюмку (одни стакан) каждый месяц?

- a. 1-2
- b. 3-5
- c. 6-9
- d. 10-19
- e. 20-29
- f. каждый день

5. Сколько Вы обычно выпиваете?

- a. 1 напиток
- b. 2 напитки
- c. 3 напитки
- d. 4 напитки
- e. 5 напитков
- f. 6 напитков

Что Вы обычно пьете? _____

6. Как часто Вы пьете до состояния алкогольного опьянения?

- a. никогда
- b. раз в несколько месяцев
- c. раз в месяц
- d. раз в несколько недель
- e. раз в неделю
- f. раз в несколько дней
- g. каждый день

Следующие десять вопросов о половом поведении

1. Был у Вас когда-либо половой опыт (включая сексуальные прикосновения, поцелуй и половой акт)?

- a. Да
- b. Нет —> Пропустите вопросы 2-9

2. Как часто Вы знаете, что контролируете ситуацию при половом контакте (происходит только то, что Вам хочется)?

- a. все время
- b. часто
- c. редко
- d. никогда

3. Был ли у Вас когда-либо половой акт?

- a. Да
- b. Нет —> Пропустите вопросы 4-10

IV Поведение связанное со здоровьем

Этот вопросник содержит вопросы о поступках, которые могут влиять на твоё здоровье.

Следующие четыре вопроса про курение.

Пожалуйста, прочитайте каждый вопрос и обведите одну букву.

1. Пробовали ли Вы когда-либо курить? Хотя бы одну или две затяжки?

- a. Да
- b. Нет

2. Сколько Вам было лет когда Вы выкурили свою первую сигарету?

- a. Я никогда не выкуривала целую сигарету? → Пропустите вопросы 3-4
- b. 8 лет и старше
- c. 9-10 лет
- d. 12-14 лет
- e. 15-16 лет и старше

3. В среднем, сколько дней в месяц Вы курите?

- a. 1-2
- b. 3-5
- c. 6-9
- d. 10-19
- e. каждый день

4. Сколько сигарет Вы выкуриваете в день (тот день когда курите)?

- a. 1
- b. 2-5
- c. 6-10
- d. 11-20
- e. больше 20

Следующие пять вопросов об употреблении алкоголя.

Когда Вы будете отвечать на эти вопросы, пожалуйста, помните об отношении что употребление алкоголя ~~включает~~ употребление пива, вина, рома, виски, водки, коньяка или шекви. Употребление нескольких глотков вина в религиозных целях не считается употреблением алкоголя.

1. Выпивали ли Вы когда-либо полную рюмку алкоголя?

- a. Да
- b. Нет → Пропустите вопросы 2-5

3. Сколько Вам было лет, когда Вы выпили полную рюмку?

- a. 8 лет и старше
- b. 9-10 лет
- c. 11-13
- d. 14-15
- e. 16-17 и старше

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