

2014-01-01

Effects of East Los High, An Entertainment-Education Web Series, on Sexual Decision-Making of Young Latino/a Couples

Anu Sachdev

University of Texas at El Paso, sachdev.anu@gmail.com

Follow this and additional works at: https://digitalcommons.utep.edu/open_etd



Part of the [Communication Commons](#)

Recommended Citation

Sachdev, Anu, "Effects of East Los High, An Entertainment-Education Web Series, on Sexual Decision-Making of Young Latino/a Couples" (2014). *Open Access Theses & Dissertations*. 1343.
https://digitalcommons.utep.edu/open_etd/1343

This is brought to you for free and open access by DigitalCommons@UTEP. It has been accepted for inclusion in Open Access Theses & Dissertations by an authorized administrator of DigitalCommons@UTEP. For more information, please contact lweber@utep.edu.

EFFECTS OF *EAST LOS HIGH*, AN ENTERTAINMENT-EDUCATION WEB SERIES, ON
SEXUAL DECISION-MAKING OF YOUNG LATINO/A COUPLES

ANU SACHDEV

Department of Communication

APPROVED:

Arvind Singhal, Ph.D., Chair

Kenneth C.C. Yang, Ph.D.

Eva Moya, Ph. D.

Charles H. Ambler, Ph.D.

Dean of the Graduate School

Copyright ©

By

Anu Sachdev

2014

EFFECTS OF *EAST LOS HIGH*, AN ENTERTAINMENT-EDUCATION WEB SERIES, ON
SEXUAL DECISION-MAKING OF YOUNG LATINO/A COUPLES

By

ANU SACHDEV, M. Sc.

THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF ARTS

Department of Communication

THE UNIVERSITY OF TEXAS AT EL PASO

August 2014

ACKNOWLEDGEMENTS

The journey that I have just completed fills my heart with gratitude and warmth for everyone who has been a part of it. With every step, with every achievement, with every experience, I feel blessed to be here in company of great mentors, professors and friends. I can't thank everyone enough for all they have done to nurture me with their love and knowledge. I am beyond grateful.

I feel extreme happiness and pleasure in thanking my mentor and thesis advisor Dr. Arvind Singhal for being a source of inspiration, support, values and principles. I will walk with these values and principles all my life: The value of one step at a time, the importance of the process, being a humble leader, a driven team member, and ever mindful of building relationships. Thank you, Sir, for the gift of your mentorship, love, and life lessons. Thank you for making every moment count and for your trust in me. Thanks also to the larger Singhal clan-- Anuja Malaviya Singhal, Anshuman, Aaryaman, Ma, Papaji, and Amma for being my family away from home.

My thesis committee has always been very supportive and encouraging with their feedback, resources, time and effort. Thank you Dr. Kenneth C. C. Yang and Dr. Eva Moya for being supportive in every endeavor I have undertaken at UTEP, for helping me go beyond my own set boundaries, and for faith in my abilities.

To Dr. Lucia Dura, a big thank you for being a mentor and dear friend. Thank you for standing by me in my good and bad times. Thank you for all your encouragement and positivity. I am very grateful for our relationship and your energetic spirit that is an inspiration.

Thank you to all the couples who participated in this study. Your stories have enriched my life. I have made 30 new friends in this process; with each one I have talked, laughed and

shared personal stories. Thank you for trusting me and for sharing all that you did. Your wishes are precious and you will forever be in my thoughts.

The journey of doing this thesis has been extra joyful because of the support of friends from the University of Buffalo, Dr. Hua (Helen) Wang and Georges Abu Khalil, who helped me in operationalizing my methodology and refining my research skills. I was lucky to be learning about *East Los High*, being an avid viewer, and then being part of the evaluation team, and finally undertaking my thesis project on the topic. *East Los High* as a platform has been an experience of active learning and enjoyment.

Thank you my wonderful friends, Claudia Boyd, Megha Sharma and Carliene Quist and my friends in India whose energies have made every day a joy.

And the biggest piece of thank you for my Papa, Mummy, and Aman. Thank you for believing in me. Thank you Papa-Mummy for never asking any questions and trusting me in whatever I did. Thank you for holding my hand and walking when I didn't know what to do. Thank you for being awake with me on all those nights I wanted to study. Above all, thank you for all you've done to make me who I am. You are my heroes and my inspiration. Mummy, thank you for always keeping me in your prayers. I am a product of your hard work and your unfailing support.

Because of efforts of dear ones and the best wishes of my students at UTEP, in April 2014, I was honored with two awards, outstanding graduate student in communication and outstanding graduate teacher of the year for 2013-14. UTEP has been good to me. I am thankful for the opportunity that this university on the U.S.-Mexico border has afforded me.

Most importantly, I am never alone. My Guruji is always with me and he has blessed me with a life worth living. *Jai Guruji*.

ABSTRACT

Involving multiple actors and critical decisions, the phenomenon of early, unintended pregnancies, single parenthood, and sexually transmitted infections have grave consequences for the life trajectory of a youth. In the U.S., the highest sexual risks are borne by Latino/a youth. Often their life, career, and well-being outcomes are a function of the quality of their sexual decision-making. This study was designed to investigate the process of sexual decision-making among Latino/a couples who were exposed to a web-based narrative called *East Los High* (*ELH*). The program, originally screened on the Hulu web-channel was designed specifically to promote sexual responsibility among Latino/a audiences.

Given a sexual relationship involves two people, it is imperative that sexual decision-making is studied at the level of couples. While the literature on teenage sexuality is vast, sexual decision-making studies and prevention interventions are gendered i.e. males and females have been studied separately. This study took a different path. Fifteen Latino/a unmarried couples between ages 18 to 24 participated in this study. Participant observations and in-depth couple interviews after the participants watched the *ELH* narrative were used to collect data.

The effects of *East Los High*, as was experienced by the viewing couples, were investigated at three decision-making points during the portrayed sexual encounters: pre, during and after sex. Sexual decision-making portrayed in *ELH* was analyzed from the viewpoint of (1) female decision-making and (2) male responsibility. Female agency, women's negotiation skills, and their mental resilience seemed to play a key role in the kind of decisions women made about pre-during, and post sexual encounters. Male responsibility played itself out in terms of orientation toward using protection (or condom use), providing care and support for the partner,

and maintaining healthy and respectful interpersonal communication before, during, and post sexual encounter.

Viewing of *ELH*, especially the viewing of consequences that young protagonists faced on account of their sexual encounters, heightened a sense of vulnerability among couples. Many of them decided to either initiate and/or continue using prevention measures such as condoms and birth control pills. The couples also seemed to gain efficacy in discussing their STI status and getting tested. A major talking and decision point for most couples arose around pregnancy, and the *ELH* narrative helped spark conversations around options that one may consider post conception. The show, however, seem not to engender any change in perception on the issue of abortion, which was viewed as a shared decision.

When asked to generate creative solutions in the context of sexual decision-making, the responses favored being playful in bed, delaying sexual activity, and using tricky turn offs for their partners. These devices were deemed effective in pausing unwanted sexual activity.

In sum, the quality of sexual-decision making among partners is based on communicative behaviors displayed by both partners. The *ELH* narrative helped spark a dialogue among the couples while also developing the sense of self-efficacy among both partners. Both these skills are important in sexual negotiation and decision-making.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	iv
ABSTRACT.....	vi
TABLE OF CONTENTS.....	viii
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
PREFACE.....	xiii
1. CHAPTER 1: INTRODUCTION.....	1
1.1. Purpose.....	3
1.2. Adolescence, Sexuality and Outcomes.....	4
1.2.1. The Perils of Adolescence.....	5
1.3. Media Sparked Campaigns and Entertainment Education.....	6
1.4. <i>East Los High: Sex, Love and Revenge</i>	7
1.5. Summary.....	10
2. CHAPTER 2: LITERATURE REVIEW.....	11
2.1. Teenage Sexuality: A Complex Problem.....	12
2.2. How Do I take Decisions?.....	13
2.2.1. Sexual Decision-Making Framework.....	14
2.2.2. Factors Affecting Sexual Decision-Making.....	16
2.2.3. Male Responsibility and Female Decision-Making.....	20
2.2.4. Latina/o Sexual Decision Making and Gender Roles.....	24
2.3. The Entertainment-Education Strategy.....	26
2.3.1. Social Cognitive Theory.....	28
2.3.2. Narrative Involvement.....	29
2.4. Significance and Research Questions.....	32

2.5. Summary.....	34
3. CHAPTER 3:METHODOLOGY.....	35
3.1. Site of Research.....	36
3.2. Participants.....	37
3.2.1. Procedure for Recruitment.....	38
3.2.2. Privacy and Confidentiality of Participants.....	38
3.3. Data Collection.....	38
3.3.1. <i>ELH</i> Narrative.....	39
3.3.2. Viewing Context.....	40
3.3.3. Participant Observation.....	40
3.3.4. In-Depth Interviews.....	41
3.3.5. Couple Interviews.....	41
3.3.6. Interview Guide Design.....	42
3.3.7. Recording and Transcribing Interviews.....	43
3.3.8. Follow Up.....	43
3.4. Data Analysis.....	43
3.5. Summary.....	44
4. CHAPTER 4: FINDINGS.....	45
4.1. Research Question #1: Effect of <i>ELH</i> on Sexual Decision-Making Perception of Couples.....	47
4.1.1. Perceptions of the Show.....	48
4.1.2. Health Risk Perception.....	50
4.1.3. Female Decision-Making.....	52
4.1.4. Male Responsibility.....	58
4.1.5. Abortion, A Shared Decision.....	63

4.1.6. Power in Sexual Decision-Making.....	65
4.1.7. Summary of Effect of ELH on Sexual Decision-Making Perceptions.....	66
4.1.8 Couple’s Dialogue about ELH Sexual Encounters.....	68
4.2. Research Question #2: Generative Solutions.....	72
4.3. Summary.....	76
5. CHAPTER 5: DISCUSSION AND CONCLUSIONS.....	78
5.1. A Summary of Key Points.....	78
5.2. Methodological Implications.....	80
5.3. Implications of Findings.....	82
5.4. New Generative Practices.....	85
5.5. Limitations and Future Research.....	87
5.6. Conclusions.....	88
APPENDIX A: Informed Consent (IRB# 608382-1).....	91
APPENDIX B: Couples’ Interview Guide for <i>East Los High</i>	95
APPENDIX C: Synopsis of East Los High Feature Narrative.....	97
APPENDIX D: Major Sexual Encounters Among Characters of Latino/a Web Series <i>East Los High</i>	99
APPENDIX E: Case Matrix of Couples Interviewed.....	105
REFERENCES.....	107
VITA.....	123

LIST OF TABLES

Table 1: Character and Character Descriptions of <i>East Los High</i>	8
Table 2: Effect of <i>ELH</i> on Female Decision-Making.....	53
Table 3: Effect of <i>ELH</i> on Male Responsibility.....	59
Table 4: Contraception/Protective Behaviors.....	62

LIST OF FIGURES

Figure 1: Ceci and Abe Having Unprotected Sex In The Latino/A Web Series, <i>East Los High</i> ...	1
Figure 2: <i>East Los High</i> Online Promotion Banner.....	3
Figure 3: Jessie and Jacob’s Sexual Encounter In The Latino/A Web Series, <i>East Los High</i>	11
Figure 4: Sexual Decision-Making Framework.....	16
Figure 5: Christian Seduces Jessie In The Latino/a Web Series, <i>East Los High</i>	34
Figure 6: Soli and Paulie Engage In Pre-Sexual Conversation, <i>East Los High</i>	45
Figure 7: Flowchart of Effects of East Los High on Sexual Decision-Making of Latino/a Couples.....	48

PREFACE

My MA work at UTEP allowed me to explore diverse avenues in communication research. This MA thesis project has helped bring home a research journey on the topic of sex education that I started five years ago as an undergraduate student at the University of Delhi, India.

In 2009, as an undergraduate, I decided to undertake an Information Education Communication (IEC) project on age-appropriate sex education, and used an IEC toolkit to educate young girls and their mothers about sex education. In my graduate school journey at the University of Delhi, my first project was an investigation of a multi-media, sex-education, and entertainment-education intervention “*Jo Bola Wohi Sikander*” (Those Who Talk Are Winners). This intervention, research showed, significantly changed the way men perceived condoms, greatly increasing condom use among the targeted audiences.

After graduate school, I was engaged by the Johns Hopkins University’s Center for Communication Programs (JHUCCP) in New Delhi to write the evaluation report for an adolescent sex education program funded by UNICEF. This program was a school based sex education program that became highly controversial on account of the sensitive nature of the topic. At the same time, I was inducted into undertaking formative research for an upcoming entertainment-education television serial, “*Main Kuch Bhi Kar Sakti Hoon*” (I, A Woman, Can Achieve Anything) that focused on reproductive health and empowerment on women in India. Dr. Arvind Singhal of UTEP’s Department of Communication led this project in India and our meeting in New Delhi helped pave the way for me to enroll for my second MA degree at UTEP in 2012.

At UTEP, I was fortunate to take up a variety of research topics that helped me understand the El Paso community better. I carried out research projects on a variety of topics, including on teenage mothers and college graduation, increasing high school graduation among disadvantaged Latino/a populations, health literacy, and liberating interactional structures, among others.

I was pulled between doing a thesis on the topic of liberating structures and/or positive deviance and/or entertainment education. After considerable thought and brainstorming with Dr. Singhal, here we are: A project on entertainment education and sexual decision-making.

I wanted to take up this project for various reasons. My interactions with Latino/a population in El Paso have helped me understand their life better, and my association with teenage mothers has given me a different perspective on decision-making. Being a 24-year-old, the topic and the methodology of this project intrigued me to talk to others of my age. Sexual decision-making, as an issue, has always interested me in its complete seriousness and the fun with which it can be approached.

With this MA thesis project, I have lived a dream—one that has come full circle in my academic journey.

CHAPTER 1

INTRODUCTION

Consider the following snatch of conversation during a sexual encounter from *East Los High*, a web series involving high school senior Ceci and her boyfriend Abraham

Abraham: [moans]

Ceci: Already? Pull out! Pull out! Abe, you got to stop doing that, you dick!

Abraham: My bad. It just felt so goood...

[They both laugh]

Abraham (continues): All right, we'll do it again and I'll pull out this time. Might need a couple minutes, though.

Ceci blushes and pulls the cover on her.



Figure 1: Ceci and Abe Having Unprotected Sex In The Latino/A Web Series, *East Los High*

Why does Ceci say: “Pull out, Pull out”?

Because, the couple were engaging in unprotected sex!

East Los High's tagline is "Sex, Love and Revenge." In the web series, multiple young characters, such as Ceci and Abraham, live out their youthful lives, centering on a high school in East Los Angeles. They take actions, sexual and otherwise, make commitments, and renege on them. Their decisions and actions result in different outcomes. In the case of sexual matters, decisions made by partners, or an individual, yield different consequences, and differing life trajectories.

East Los High is a web series designed to create conversations around matters of youthful aspirations, motivations, and Latino/a sexuality. Its purpose is to tap the power vested in fast-paced narratives in order to show a multitude of youthful encounters, struggles, and resolutions. Its desired outcome: expand the viewers' understandings about sexual decision-making, actions, and resulting consequences.



Figure 2: *East Los High* Online Promotion Banner

In the present chapter, *East Los High* is situated in the context of Latino/a adolescence, sexuality and outcomes. Media-sparked campaigns and entertainment-education (EE) are discussed as interventions to address the problem of adolescent sexuality. A description of *East Los High*, an EE web series is provided to set the stage for upcoming chapters.

Purpose

The youth in the U.S., especially those who are Latino/a, often find themselves in situations of unplanned pregnancy. Latina women have the highest teenage pregnancy rate in the country with 107 pregnancies per 1000 females (15-19 years) (Kost & Henshaw, 2012) and the highest birthrate of any ethnic groups (Martin et al., 2012). The highest teenage pregnancy rates are found in the south and southwest regions of the country. Specifically, the state of Texas reports 65 pregnant teens for every 1000 teens and the city of El Paso reports 80 pregnancies per 1000 females (Department of Health, El Paso, TX, 2012). Additionally, Sexually Transmitted Infection (STI) rates for Latino adolescents are approximately two times higher than white non Latino Americans (8.93 and 4.3 per 1000, respectively). And among the Latino/a population, the highest risk of STIs is noted for Latina female adolescents, ages 15-19, as compared to Latino male adolescents of the same age group (8.93 and 1.92 per 1,000, respectively) (CDC, 2011).

Involving multiple actors and critical decisions, the phenomenon of early, unintended pregnancies, single parenthood, and sexually transmitted infections have grave consequences for a youth's life trajectory. Sexual decisions and actions represent highly complex processes, involving multiple causes and effects dispersed over time and between partners. While the literature on teenage sexuality is vast, sexual decision-making studies are instrumentally gendered i.e. males and females have been studied separately. Given a sexual relationship involves two people, it is imperative that sexual decision-making is studied at the level of couples. Sexuality is enacted relationally, the risks are "related" and therefore it is communicative and dynamic at the same time. Thus, the purpose of this study is to investigate the process of sexual decision-making as influenced by a media intervention (specifically, *East Los High*) among Latino/a couples.

To study how an EE program influences change, we focused on the degree of audience involvement with the various components of the narratives. Various conceptual investigations suggest that audience involvement in the narrative is often a function of their identification with the characters, transportation, degree of wishful identification, and parasocial interaction. These processes highlight different components of audience engagement. For example, an audience member can identify with a specific character (identification) or wish to be like a character (wishful identification). An audience member can feel transported into the narrative (transportation) while losing sense of the reality or develop a face-to-face like relationship with a character (parasocial interaction).

Adolescence, Sexuality and Outcomes

Adolescence is a development stage that begins with puberty and extends into manhood or womanhood: into the 20's (Crouter & Booth, 2006). Characterized by rapid physical growth, reproductive maturity, and psychosocial changes, it can be a highly formative and turbulent period of one's life. It is the period of growing up into a functional and responsible adult. This process of growing up from being a 'boy' to a man, and a 'girl' to a woman is full of complexity. While the definition of adolescence may mean different things to different people, sexual development includes changes in physical, mental and social states.

Adolescence is also marked by sexual experimentation from touching oneself or a partner, to penetrative sex – whether oral, vaginal, or anal. How an adolescent conducts their sexual life i.e. when to have sex, with whom, with or without contraception, has important life-changing consequences for them. These decisions are at the core of sexual exploration and development.

Sexual decisions have consequences that affect the individual, a partner, family members,

and perhaps even the community at large. Conversely, peers, family, society, personal goals and aspirations shape the decisions that an individual or couple makes (Gardner & Steinberg, 2005; Fantasia, 2008). Thus, there exists a strong interdependency among factors that affect sexual decision-making.

The Perils of Adolescence

Adolescence is often marked by high-paced, high-energy activities, and some of them can become a source of struggles and problems. Social problems of adolescence may include addiction, consumption of harmful substances, early/unintended pregnancies, and STIs.

Adolescents (13-24 years) become parents; contract STIs and some drop out of school. In the U.S., less than 2% of adolescents are sexually active at age 12, but by the time they are 19 years, 71% have experienced sex (Finer & Philbin, 2013). On average, most young people have their first sexual encounter at age 17 (CDC, 2013). However, most will marry in their low to mid-20s. Research indicates that among those who are sexually active, 70% females and 56% males report their first sexual encounter with a steady partner whereas, 16% female and 28% males report having sex with someone they just met or with a friend (Martin et al., 2011).

Consequences of sexual activity range from pregnancy, sexually transmitted infections, abortions and childbirths (Singh & Darroch, 2003), among others. Each year, almost 750,000 U.S. young women aged 15-19 become pregnant, out of which, two-thirds of all teen pregnancies occur among the older teens (18-19 year-olds) (Kost & Henshaw, 2012). Eighty-two percent of teen pregnancies are unplanned, and teens account for about one-fifth of all unintended pregnancies annually (Finer & Zolna, 2014). However, not all women decide to become mothers. In 2010, 14.6% of all abortions were accounted among adolescents aged 15–19 years and 20-24 year olds obtained 32.9% of all abortions (CDC, 2013).

Sexually Transmitted Disease prevalence estimates suggest that young people between the ages of 15–24 years acquire half of all new STDs and 1 in 4 sexually active adolescent females have a STD, such as chlamydia or human papillomavirus (HPV) (Satterwhite et al., 2013).

Media-Sparked Campaigns and Entertainment Education

A variety of interventions have been implemented to address the problems related to youth sexuality in the U.S. The interventions have ranged from school based sex education programs focusing on abstinence only, to more community-based skill building programs that help form negotiation skills (Kohler, Manhart & Lafferty, 2008). Other types of interventions include comprehensive risk reduction programs that cater to contraception use, involving families and community members of adolescents (Chin et al., 2012). Several interventions employ the use of mass media. Due to their large audience reach, cost effectiveness, and ability to target messages, media programs represent an important tool in the strategy toolkit.

Media campaigns usually represent a planned series of actions intended to influence audience's behavior. A meta-analysis to examine effect of media interventions on health behavior change showed an 8% behavior change among population (Snyder et al., 2004). This eight percent is the average effect size calculated from 48 studies, suggesting that media campaigns have a certain degree of tangible effects on health behavior change. Even though they appear small, they are noteworthy considering the immense audience reach of mass media and the potentiality they present for targeted messaging.

Media campaigns play an important role in presenting important information in an interesting, understandable and personally meaningful way. Media-sparked changes can occur in two ways: first, encouraging changes in perceived social norms; second, by stimulating interpersonal communication (DeJong & Winsten, 1998; Randolph & Viswanath, 2004).

The use of entertainment (storytelling) and education (information) in melodramatic shows is a widespread media strategy for change. These interventions have proved to be successful around the world in preventing risky sexual and health behaviors (Singhal & Rogers, 1999; Slater & Rouner, 2002). Entertainment-education is defined as “a theory-based communication strategy for purposefully embedding educational and social issues in the creation, production, processing, and dissemination process of an entertainment program, in order to achieve desired individual, community, institutional, and societal changes among the intended media user populations” (Wang & Singhal, 2009, 272-273). EE works on the principle of social learning (Bandura, 1986, 2009), i.e. learning by modeling and observing. Complex social problems such as safe sex, family planning, and violence against women are portrayed in an engaging form to arouse emotions, engage the audience into the narrative and evoke interpersonal dialogue.

East Los High: Sex, Love, and Revenge

East Los High (from now on *ELH*) utilizes a transmedia storytelling strategy—one that assumes that the gradual dispersal of media through multiple formats can be an effective way of sustaining widespread audience conversations, while inspiring others in seeking and sharing new information (Jenkins, Ford, & Green, 2013). *ELH* is a teen drama, which was aired on *Hulu*, a website supporting commercial and popular video streaming, broadcast in the summer of 2013. *East Los High* is the first *Hulu* series with an all Latino/a cast and targeted for American-Latino/a audience (Population Media Center, 2013). *ELH* depicts the lives of Latino/a high school adolescents living in East Los Angeles. The plots open in layers in the 24 episode series where relationships, family, aspirations and struggles mark decisions and consequences that

these adolescents face. In addition, *ELH* includes nine transmedia elements and numerous additional resources that audience can use to seek information and services.

The show centers on a roller coaster plot between cousins Jessie and Maya. The drama feeds on the love triangle between the cousins and Jacob, the hottest boy in the high school (See Table 1 for Character Descriptions). The drama unfolds with characters that feed on and off the triangle and peer influences.

Table 1: Character and Character Description of *East Los High*

Character	Actor/Actress	Character Description
Jacob Aguilar, Central male character	Gabriel Chavarria	The central male character. Jacob is the only son to his father. He is good-looking and very popular senior in school. He gets in relationship with Jessie, the main female character. He has protected sexual encounters with multiple partners. Later, he falls in love with Maya (Jessie's cousin).
Jessie Martinez, Central female character	Janine Larina	Junior in high school, Jessie is the only daughter to her single mother. She is in a relationship with Jacob. She is seduced by Christian Camacho, the dance coach and loses her virginity. She becomes pregnant and finally decides to abort.
Maya Martinez, Jessie's cousin	Alicia Marie Sixtos	Jessie's cousin and a rape victim. Maya arrives newly in Los Angeles and returns to high school. She works at Jacob's father's restaurant business. She and Jacob fall in love toward the end of the series.
Vanessa De La Cruz	Tracy Perez	She is a strong female, senior in high school and leads the dance group, Bomb Squad. She cheats on Jacob and conspires with Christian to have sex with Jessie. She has sexual intercourse with Freddie Garcia, the host of dance show, Dance 5 to get the group in for competition. She later discovers that

		she is HIV positive.
Freddie Garcia		Freddie hosts dance competition show Dance 5 and has unprotected sexual intercourse with Vanessa in his studio. Later, he refuses to have tested and being HIV positive.
Ceci Camayo	Danielle Vega	Ceci is a senior in high school and Vanessa's best friend. Ceci gets pregnant with her older boyfriend, Abraham and finally decides to keep and deliver the baby.
Abraham (Abe)	Unknown	Abe is Ceci's boyfriend. He is older and impregnates Ceci and deserts after impregnating her.
Cristian Camacho	Hector David Jr.	Christian is Vanessa's sex partner and plans a revenge on Jessie for his dance career. He seduces Jessie and then deserts her after she is pregnant.
Paulie Hernandez	Jorge Diaz	Paulie is a senior in high school and Jacob's best friend. He is a joyful boy and a sex addict. He talks about safe sex with humor. He later gets into a relationship with Soli.
Soli Gomez	Noemí González	Soli is a junior in high school and Jessie's best friend. She is a journalist for school newsletter and a virgin. She doesn't agree till later to have sex with Paulie and only after her conditions of using condom and being on the pill have been met.

Sex, drugs, relationships, struggle are some of the characteristics of the show. The key events in the series revolve around the major objectives of the show, concerning sexual and reproductive health, pregnancy and abortion. The story highlights the journey of teenage girls, one who becomes pregnant (Ceci) and decides to keep the baby, one who gets pregnant but decides to abort (Jessie), and one who acquires HIV as a result of having multiple sex partners (Vanessa). On the other side, the male characters are portrayed as responsible and irresponsible.

Among the various male characters, one uses a condom all the time, ensuring protection (Jacob). The other indulges in unprotected sex with multiple partners, putting all his partners at risk of pregnancy and infections (Christian). This interesting mix of female sexual decision-making and male sexual responsibility provides Latino/a audience with fodder for dialogue and alternatives.

Summary

The purpose of the present thesis investigates the effect of a web-based entertainment-education series *East Los High* on sexual decision making of young Latino/a couples. The present chapter discussed the use of media-sparked entertainment-education campaigns to address adolescent problems, including teenage pregnancy. In the next chapters, the literature relevant to the present study is reviewed (Chapter 2) and the methodology and data-collection procedures are discussed (Chapter 3). The findings of the study (Chapter 4) and conclusions/implications are discussed in Chapter 5.

CHAPTER 2

LITERATURE REVIEW

In *East Los High*, Jacob and Jessie decide to study together at Jessie's house. As Jessie explains chemical equations, Jacob leans in to kiss her. As they kiss aggressively, Jacob makes a bolder move.



Figure 3: Jessie and Jacob's Sexual Encounter In Latino/a Web Series *East Los High*

Jessie: Wait, wait, wait.... I can't do this. I like you and everything....but I've never....I mean I....

Jacob: Jessie, you are a virgin?

[Jessie nods]

Jacob: Jessie, it is totally cool.

Jessie: I totally understand if you think I am lame.... and if you don't want to hang out anymore.

Jacob: I don't think you are lame.... Its my fault.... I kinda lost control!

Jessie: Its ok!

Jacob: If I had known, I wouldn't have taken it any further.

Jessie: You wouldn't?

Jacob: I mean I want to but.... I like you and everything.... but if you don't want to take it that far....

Jessie: I just need more time....

Jacob: I respect that....

If the intense encounter continued without a “time out”, sexual intercourse would have been a highly likely outcome between Jessie and Jacob. However, Jessie interrupted the rising intensity and expressed her desire to wait. Jacob respected her perspective and was supportive. How likely is this to occur in real life? Do girls usually have the courage to express their desire to “wait”, and do men so easily curb their desires, letting go?

This chapter reviews literature for sexual decision-making, a central issue for *East Los High*. A sexual decision-making framework is presented to guide our inquiry into viewers' perceptions of sexual encounters in *East Los High*. Considering the nature of dyadic relationship among sexual partners, male responsibility and female decision-making represent an important part of partner communication. The chapter ends with research questions, building on a review of entertainment-education programs, how they engender audience involvement, conversations, decisions, and actions.

Teenage Sexuality: A Complex Problem

East Los High is purposely designed to address a variety of complex social issues such as sexuality, education, and drug use among Latino/a population. With all the efforts that have been directed in the past to address these issues, some lessons have clearly been learned.

Complexity theorists have highlighted an approach away from the general logic model of solving social problems (Westley, Zimmerman & Patton, 2007). They suggest a problem such as teenage pregnancy is complex in at least three ways (Senge & Scharmer, 2001). First,

dynamically, the cause and effect are interdependent. Second, when the actors in a problem have different perspectives and interests, values, they are socially complex, suggesting engagement of actors themselves in solving the problem. Third, when the future is uncertain, the problems are generatively complex, best solved by introducing ‘new practices’ rather than ‘best practices’. This three-fold complexity is seen in sexual decision-making among partners. The couples’ decisions emerge from interdependent motivations and actions, and the consequences evolve and manifest over time. In addition, social norms, gendered roles, and personal characteristics interplay with one another to affect decisions that are made, actions that follow, and consequences that emerge.

How do I take Decisions?

The process of decision-making has been theorized in many disciplines, including in psychology, economics, neuroscience, and communication. Merriam-Webster dictionary (2003) defines *decision* as a determination or a conclusion that is arrived at after some consideration. That is, to decide is to arrive at a solution that makes a choice or a judgment, bringing things to a definitive end. Decision-making is often referred to in alternative ways e.g. critical thinking, reflective judgment, and problem solving.

According to classical decision theory, making a decision involves choosing a course of action among a fixed set of alternatives to work toward a specific goal (Hastie & Dawes, 2001). Conventional decision theorists have outlined five progressive steps in a decision-making process: (1) identify possible decision options, (2) determine the risks and benefits associated with each option, (3) evaluate the desirability or severity of each consequence, (4) assess the probability of each consequence occurring, and (5) use a decision rule to proceed based on the accumulated information. However, as individuals’ decisions do not always seem to support their

best interests, therefore behavioral decision theorists evaluated the congruence between the decisions one can make and actual decisions one makes (Peterson, 2009). Researchers that have focused on adolescent subjects describing decision-making as a dynamic and complex process suggest changes in conjunction with their cognitive, physical, contextual, and psychosocial changes (Byrnes, 1998; Fishbien, 2003; Jacobs & Klaczynski, 2002).

Sexual Decision-Making Framework

Over time, decision-making begins to occur in a natural way. People are good at dynamically analyzing what is happening around them and often decide on a course of action fairly naturally. Even though sexual decision-making is rather unconscious or normal process, it is subjective and considered rational by the decision maker. Every situation, every relationship and every individual determines for himself or herself, best decisions, based on their experience and their perspectives.

Research on sexual decision-making started in the 1960s and has been pursued on various fronts as partner negotiation, female agency, and mutual responsibility. Juhasz (1975) first, outlined the complexity of sexual decision-making, highlighting the dynamic chain of decision points, with different consequences or outcomes. There are several decision-making clusters, at least from the perspective of situations portrayed in *East Los High*.

First, should there be intercourse or not? Should one remove all clothes, and allow for foreplay, leading to penetrative intercourse? Second, if penetrative intercourse occurs between a couple, will there be ejaculation or not? Should the man ejaculate inside the woman; is there an expectation for conceiving children? Third, are birth control methods such as condoms, pills, rings and the like are used or not? Are couples protected against the transmission of STIs? Fourth, if the woman conceives, should she keep the baby or abort? Fifth, if the woman decides

to give birth to the child, should she keep it with herself or give up for adoption to other parents?
Sixth, should the man and woman get married or remain single?

But, the foundational decision-making point centers on “whether or not to have sexual intercourse?” (See Figure 4). One can either stop or go back to some of the links in the decision-making chain depending upon the choice made at that point. For example, a girl becomes pregnant, she may decide to keep the baby and get married but she can also abort the baby and stop the decision-making chain. Other decisions allow no reversal or going back but require the consideration of the next question/steps/choices such as, continuing sexual activity, disclosure of STI status. These decision-points hold true throughout the reproductive life span of individuals or partners.

The process of sexual decision-making is guided by multiple factors that are marked by individual differences in motivation, psychological and physical reactions, value system and self-concept. Sexual decision-making is hence interplay of personal identity, normative socialization, and adolescent development (Campen & Romero, 2012; Michels, Kropp, Eyre, & Halpern-Felsher, 2005; Shornack, 1986). These factors are discussed in the next section of the chapter.

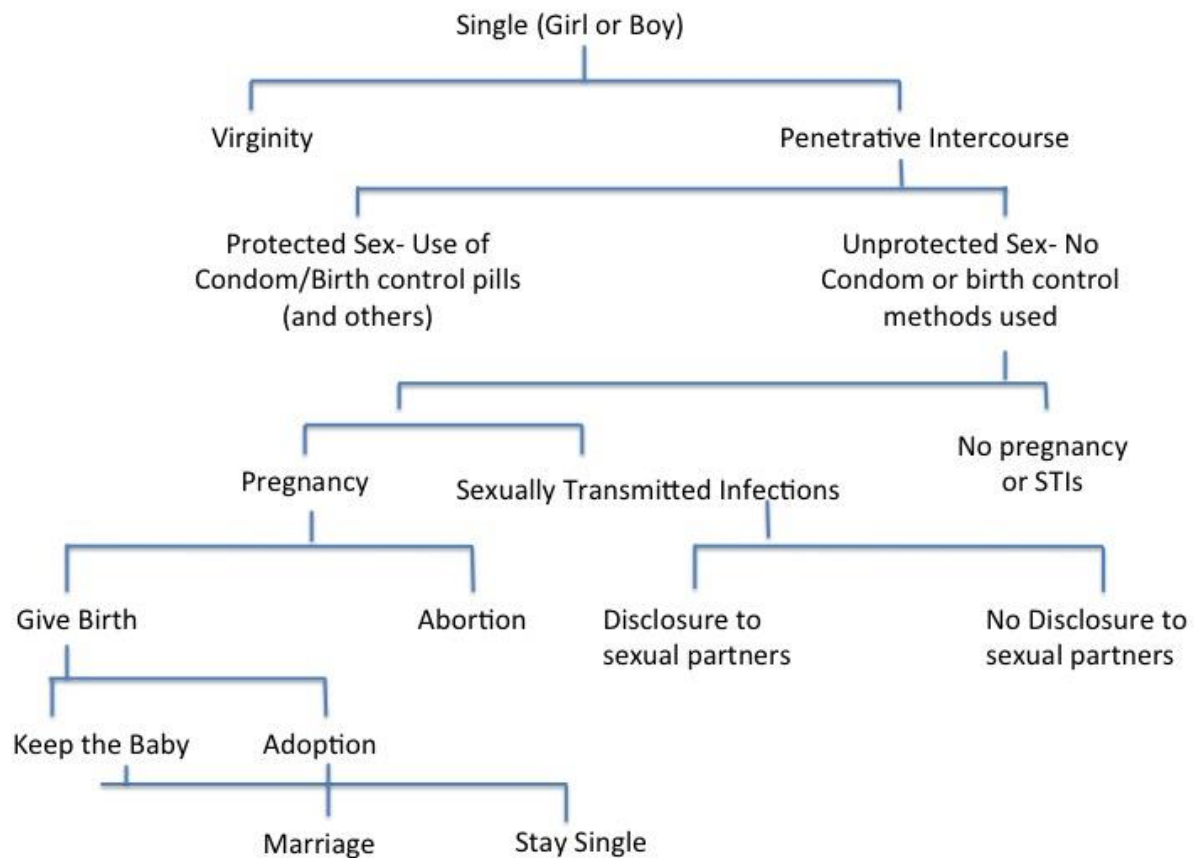


Figure 4: Sexual Decision-Making Framework (adapted from Juhasz, 1975)

Factors affecting sexual decision-making

Sexual decision-making, a highly complex process, involves the dynamic interplay of multiple factors, external to the decision-makers, and also their internal in-the-moment states. They are affected dynamically by how each partner responds during an encounter. Researchers have utilized various research methodologies to shed light on sexual-decision-making processes, as the following section notes. Sexual decision-making bears heavily on life and career outcomes of adolescents. Adolescents who become parents early in their lives attain less education and make less income than their non-parent counterparts. Additionally, teenage marriages are less stable than adult ones (Card & Wise, 1978, Fletcher & Barbara, 2012).

In the 1980s, Christopher and Cate (1984) studied the factors affecting pre-marital sexual decision-making among college students. Authors used factor analysis to determine factors guiding first sexual engagement, and compared males and females on their relative importance in decision-making. Four factors emerged as important: (1) positive affect/communication, (2) obligation or pressure, (3) arousal or receptivity, (4) circumstances. Females considered positive affect or communication to be more important than males whereas males considered obligation or pressure to be slightly more important for engaging in sexual activity (when faced with a situation). Also, as sexual experience increased in respondents, communication became less important and arousal/receptivity gained more importance.

Research has found affect and emotion as a major contributor in young peoples' risky sexual encounters (Von Sadvoszky, Vahey, McKinney, & Keller, 2006). Even after engaging in risky sexual behaviors (i.e. intercourse without a condom), more than half of the individuals reported positive emotions, underestimating actual risk. Participants did not overwhelmingly identify love as an experienced emotion. Most frequently reported emotions included sexual desire or attraction. Another study by Von Sadvoszky et al. (2003) found that among 18 to 20-year-olds, physically attractive partner, comfortable atmosphere, and a steady relationship were the most prominent factors associated with risky sex. Generally- speaking, research on both older and younger adolescents suggests that youth have difficulty in correctly assessing risk in sexual situations. This difficulty, pervasive across age groups, contributes to unplanned pregnancy and STIs (Faulkner, 2003).

Michels, Kropp, Eyre, and Halpern-Felsher (2005) used grounded theory approach to provide a framework of sexual decision-making. The authors reported six dominant categories that affected decision-making: (1) contextual factors (relationship and personal characteristics),

(2) consideration of risks and benefits, (3) boundary setting, (4) boundary communication, (5) the sexual experience, and (6) evaluation. The study highlighted active consideration of health & social risks and benefits, as well as the generation of options regarding sexual activity. Findings suggested that adolescents set clear boundaries of sexual limits and tend to evaluate sexual experiences with a wee bit of deliberation.

Also, partner's physical characteristics such as looks, size of breasts, thighs, buttocks, muscularity, tight clothing, etc. strongly influenced their decisions to engage in sexual activity. Fantasia (2008) presented a comprehensive concept analysis on adolescent sexual decision-making, reporting six attributes of sexual decision-making among adolescents: First, desire for intimacy, sexual attraction and a need to be loved or cared about is central to the decisions of sexual engagement (Garwick et al., 2004; Van Sadovszky et al., 2006). Second, a desire for perceived relationship safety, a misconception, as adolescents usually miscalculate the risks associated with sexual activity and contraception use (Lenoir et al., 2006; Lescano et al., 2006; Manning et al., 2006). Third, lower levels of problem solving skills mark early initiation of sexual activity (Felton & Bartoces, 2002; Talashek et al., 2006). Forth, family and peer influence, norms, peer communication relate to relationship and personal characteristics of their partner (Michels, Kropp, Eyre, & Halpern-Felsher, 2005; Zwane et al., 2004). Fifth, concern for pregnancy or sexually transmitted disease, the perceived severity of anything happening to them is very low and generally attributed to the "others" (Chapin, 2001; Johnson et al., 2002; Kershaw et al., 2003). Sixth, lower level of cognitive ability mark early and risky initiation of sexual activity (Garwick et al., 2004; Talashek et al., 2006). Belief in one's ability to exert control over one's sexual behavior or perceived self-efficacy is a major predictor of sexual risk taking among adolescents (Bandura, 1997, 2006).

The other factors affecting sexual decision-making include, parental communication, monitoring, and closeness with adolescents and are associated with reduced sexual risk taking and delay of sexual debut (Vélez-Pastrana, González-Rodríguez, & Borges-Hernández, 2005), safer sex practices, and fewer sexual partners (Borawski, Ievers- Landis, Lovegreen, & Trapl, 2003; DiClemente et al., 2001). Parents' influence, however, becomes more indirect and less influential as the child reaches adolescence and begins to engage with the larger social world outside the home. Adolescents' decision-making becomes increasingly guided by their own sense of self-efficacy. A parents' ability to contribute or influence an adolescents' self-efficacy depends on the degree of trust between them and their children (Bandura, 2006).

The concept of self- efficacy is theoretically rooted in family practices. Children develop their physical, social, and cognitive capabilities through interactions with the environment, largely the family, when they are young (Bandura, 1997, 2006). According to self-efficacy theory, belief that one can produce desired results through their actions makes individuals more likely to adopt, start, and maintain health-promoting behaviors, reducing the likelihood of health-compromising behaviors (Bandura, 2006). Sexual self-efficacy is comprised of multiple components, including not only the ability to use “precautions” such as purchasing and effectively using condoms, but also to refuse (or the skills to refuse) unwanted sex and assert one's needs for sexual fulfillment (Pearson, 2006).

Bourdeau and colleagues (2008) expanded the “precaution” component to include the ability to talk with one's partner about HIV and AIDS and other STIs. For adolescents at high risk for HIV, sexual self-efficacy is a predictor of intentions of engaging in safe sex, where intentions represent a strong predictor of unprotected sex. Conversely, youth who get involved in detrimental health behaviors in general tend to have lower self-efficacy (Schwarzer &

Luszczynska, 2006).

Male Responsibility and Female Decision Making

Sexual decisions are by their very nature communicative, involving at least two people. Even though individuals are guided by personal choices and circumstances, active sexual decision-making seldom takes place alone. The outcomes for these decisions usually involve at least the couple, and also have a ripple effect on others around the couple. Definitely, the biggest economic setbacks are seen in teenage pregnancies and therefore health practitioners have focused heavily on reducing and preventing early pregnancy. Contraceptive methods such as the use of condoms (male and female), birth control pills, or use of intra uterine or sub-dermal devices like Norplant are promoted.

Interventions to engage young men in contraceptive decision-making are few and far. The burden of decision-making and actions is usually largely conferred upon women in the relationship. The other side of the coin is male engagement and responsibility in sexual decision-making. Male partner's intentions and desires greatly affect the timing of pregnancy and women's desire for becoming pregnant. Once pregnant, male partner also influences how a woman feels about her pregnancy and changes in women's evaluation of pregnancy during pregnancy (Raine et al., 2010). Male participation significantly strengthens and reduces conflict in relationships and enhances and reinforces a man's responsibility for the children he fathers (Heavey et al., 2008). In 1996, Grady et al. presented results for men's perceptions about their roles in a couples decision-making and contraception. Men reported to be *three* times as likely to say that women play a greater role in a couple's decisions about sex. At the same time, men perceive themselves to have greater responsibility in contraceptive decisions and bear same degree of responsibility for the children they have together.

Allen, Husser, Stone, & Jordal (2008) conducted a qualitative study on men's agency in sexual decision-making. Men's agency for control, experimenting and learning, struggling but growing to being irresponsible best described participant experiences in "waiting it out" to "working it out" experiences of active sexual decision-making.

Sexual arousal is likened to other physical urges such as hunger or sleep. If one has an urge, the likelihood of indulging in the behavior is very likely. When a man is sexually aroused, he is motivated to find release immediately. At this time his clear judgment of consequences is distorted (Ariely & Loewenstein, 2006; Ditto, Pizarro, Epstein, Jacobson, & MacDonald, 2006). If available, the only fulfillment a man seeks through tunneled vision is sex. A study examined the effect of high levels of sexual arousal on men's sexual decision-making and actions. Subjects that were sexually aroused were less likely to use condoms and had an increased chance of unprotected sex (Ariely & Loewenstein, 2006).

It is natural to think that if women are aroused, they will also follow in the man's way. However, Baumeister, Catanese, and Vohs (2001) concluded from multiple sources of evidence that male sex drive is more intense and uncompromising than the female. In principle, women are not as much affected by sexual arousal as men are. As 'couples' and in dyadic decision-making, females play a disproportionate role in taking on consequences of sexual decisions. Female decision-making has not just a direct bearing on contraceptive behavior but also on child bearing, abortion, and education, to name a few.

Theoretically, young women have the agency to negotiate, affirm and attach sexual meanings to their relationships (Wood, Koch, & Masfield, 2006). Men, in their own right, do the same. However, the social construction of female responsiveness to the wants of their male partners and the attached responsibility of maintenance of their sexual relationships makes

women more vulnerable. They tend to lack of agency and empowerment to say 'no' (Risman & Schwartz, 2002).

Added to the assumed responsibility is the expected compliance by the female. Women are muted for men's needs and desires, and young women's expressions of desire are about their own experiences but represent their internalization (e.g., "the male in the head") of male needs, bodies, and desires (Allen, Husser, Stone, & Jordal, 2008). This incomplete gender revolution puts women, more than men, at risk for vulnerability in sexual encounters.

Also, women's margin for error in sexual decision-making is much narrower than their male counterparts. For young adults, one of the most often found reasons is their lack of a future orientation and poor risk assessment. However, women who do take risks of conceiving a child, do in fact assess risks within the framework of their feelings and knowledge at the time in their relationship with their sexual partner. Partner support for oral contraceptives and relationship stability are important factors in the consistent and continued use of contraception (Commendador, 2007).

The reason why many women do not use contraception, or do not use it effectively, has been examined from multiple perspectives. One major reason for women's inaction is their wish to hide their sexual status from their sexual partners. For example, getting access to the pill requires a visit to the doctor and the pharmacist and this can be perceived as awkward or embarrassing. In addition to issues of access there are issues of negotiating power surrounding the use of contraception. For a young woman, producing a condom or asking about condom use can make her seem "promiscuous" and signal her intention to have sex (Allen, 2003).

Farris and Fischhoff (2012) found that women value the importance of communicating their intent clearly to men as an end in itself, as well as a means to avoid unwanted sex.

However, they also cited other, potentially conflicting, goals such as maintaining relationship stability and protecting their partner. These other goals were associated with self-reported histories of sexual victimization. In choosing strategies to communicate sexual non-consent, the most important factors were communicating clearly and avoiding unwanted sex, followed by avoiding partner anger, and avoiding embarrassment. Thus, within valued relationships, women's decisions involve weighing multiple conflicting goals that may or may not lead to the sexual decisions they wish to make.

Negotiation and communication among partners is key to responsible decision-making. If a couple talks before they initiate sexual activity, they are more likely to engage in safe sex practices. A major reason they don't have these conversations is that they don't know what to say and they don't know how to say it (Allen, Emmers-Sommer & Crowell, 2002). But, is there a way to generate new practices?

Research also demonstrates that increased communication and intimacy within relationships is positively associated with contraceptive use. For example, studies show increased contraceptive use when women feel more at ease communicating with male partners and when young men participate in more 'couple-like activities' with partners before sexual initiation (Rosengard et al., 2005).

In sum, partner communication between men and women are at the heart of sexual decision-making processes, actions, and consequences. Just like any behavior is guided by the culture, environment, and our social upbringing, sexual decisions are also shaped by such factors. In reference to this study, the complexity of sexual decision-making is particularly of importance in the Latina/o population. It is not just the rapid growth in the Latina/o population demographics, but the problem of unintended, teen pregnancies looms large among this group.

Tied to sexual decisions are pregnancies, STIs, and lifelong consequences. In the next section, the Latina/o sexuality and gender roles are discussed.

Latina/o Sexual Decision-Making and Gender Roles

In the multiethnic society of the U.S., the Latina/o population is the most rapid growing, comprising of approximately 17% of the total U.S. population (US Census Bureau, 2012). In the Latina/o families, not unlike other groups, traditional gender roles are observed (Deardorff et al., 2010). Generally-speaking, men are viewed as providers and hence work outside of homes and women manage the household, raising children. Clearly, these traditional roles are changing although the cultural traits undergirding them are slower to change. Latina/o men are governed by *machismo* (maleness or male pride) that portrays them as strong, wielding power and ones who take care of others. This trait may lead Latino/a men to engage in risky sexual behaviors, have multiple sex partners, and engage in unprotected sex. On the other hand, women's traditional role is termed as *simpatía*, emphasizing smooth interpersonal relationships, and "sexual silence". Women do not initiate discussions on sexual issues and do not negotiate sexual safety with male partners (Amaro & Raj, 2000; Marin, 2003; Russell, Alexander, & Corbo, 2000).

In a relationship, men exercise power in sexual and reproductive matters. In couples, even though the sexual activity is consensual, men initiate the desire to have sex. Females, in general, feel more empowered to take part in sexual and reproductive decisions when they are economically independent (Harvey, Beckman, Browner, & Sherman, 2002).

Even though there are clearly defined gender roles that guide sexual decisions, other factors also play an important role. A study examined association between family involvement, sexual self-efficacy, and risky sexual behaviors among Mexican origin young adults in the south

west region of U.S. Family involvement, measured as parental closeness, monitoring, and communication significantly correlated with delay in sexual initiation, and fewer lifetime sexual partners. Family involvement does influence adolescents' decisions regarding sexual risk-taking (Atienzo, Walker, Campero, Lamadrid-Figueroa, & Gutierrez, 2009; Bourdeau, Thomas, & Long, 2008). Also, sexual self-efficacy (refusal and talking with one's partner about safe sex) affects the future course of sexual activity. Closeness and regular daily interaction with family is significantly associated with increased disclosure by adolescents to their parents (Bird et al., 2001; Dinh et al., 2002; Ledoux et al., 2002; Stattin & Kerr, 2000).

Sexual relationships are a behavioral risk because of gender based power imbalances and lack of negotiation. Studies have indicated that women's lack of negotiation correlates strongly to the lack of or failure of condom use. At the same time, in a sexual relationship power is positively associated with consistent condom use (Tschann, 2010).

Sexual relationships also embody power dynamics among couples in the form of violence or gender based roles within the confines of interpersonal communication. Gender-based power imbalances may constrain women's negotiation ability for contraceptive use (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002). Among Latinos, traditional cultural norms maintain that it is inappropriate for men and women to communicate about sex, even within a sexual relationship. Thus, discomfort with sexual communication among young Latinos may lead to inconsistent contraceptive use (Marín, 2003). These traditional domains of relationship power as decision-making dominance and relationship control influence the sexual behaviors of a couple (Zukoski, Harvey, Oakley & Branch, 2011). It thus becomes critical to understand how young Latino/a men and women respond to each other's negotiation attempts and what these responses yield with respect to sexual decisions.

A lot of interventions employ sexuality education, including contraception use, and/or development of negotiation skills with partners. Among them, school based sex education programs are designed to increase knowledge and encourage sexual risk reduction strategies for reducing teen pregnancies and STIs. Most programs, research indicates, do not do much to boost healthy sexual behaviors. Gains are seen in knowledge and attitudinal dimensions.

In recent years, mass media campaigns for sexual responsibility have employed storytelling to engage audiences and evoke interpersonal dialogue (Wang, Singhal & Rogers, 2013). The advantage of entertainment-based genres is that they can portray sexual dilemmas without having ‘to tell’ the audience what is right and what is wrong. Entertainment programs provide a platform, for audience members to discuss sexual matters vicariously by talking about the predicaments faced by certain characters, and may spur information seeking behavior (Moyer- Gusé, 2011). The next section of this chapter discusses the purposive use of entertainment for educational purposes.

The Entertainment-Education Strategy

Seventy percent of all U.S. television shows have showed or talked about sex related behaviors and 27% have depicted sexual risks and responsibility (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005). Why talk about sexual behaviors on entertainment television?

Entertainment-education (EE), also commonly known as infotainment, edutainment, enter-educate is “a theory-based communication strategy for purposefully embedding educational and social issues in the creation, production, processing, and dissemination process of an entertainment program, in order to achieve desired individual, community, institutional, and societal changes among the intended media user populations” (Wang & Singhal, 2009, 272-273). The entertainment media have been purposely used for educating people on issues such as

HIV, family planning, maternal and childcare, violence against women, and others. EE capitalizes on the potential of popular media to dramatize social problems and provide ways to live safer and healthier lives (Singhal, Wang & Rogers, 2013). There are two levels of change that can occur by EE: at the individual level, where the knowledge, attitudes and behaviors may be changed; and at the systemic level, where conditions are enabled for change to occur (Singhal & Rogers, 1999, 2004).

EE programs have been designed, implemented and evaluated around the world. However, majority of these efforts have been outside of the U.S. For instance, a large-scale program, *Soul City*, used dramatic television programming to influence knowledge and attitudes toward HIV prevention, condom use, awareness of domestic violence, rape, and other social issues (Singhal & Rogers, 2001; Soul City Institute, 2008). Apart from exclusive EE programming, educational media messaging has been inserted in mainstream television programs such as the issue of condom efficacy in the popular sitcom, *Friends* (Collins, Elliott, Berry, Kanouse, & Hunter, 2003), an HIV/AIDS storyline in *The Bold & The Beautiful* (Kennedy, O’Leary, Beck, Pollard, & Simpson, 2004), and emergency contraception in the drama *ER* (Brodie et al., 2001).

EE represents an alternative way to influence attitudes and change behaviors compared to traditional persuasive messages. EE frames messages within a narrative rather than overtly and directly promoting the behavior, which can create counter reactance and resistance (Brown, Steele, & Walsh-Childers, 2002). The engaging format of entertainment narratives makes them less subject to counter-arguing and reactance, unlike the more direct persuasion messaging techniques such as public service announcement, advertising campaigns (Moyer-Gusé & Nabi, 2010; Slater & Rouner, 2002). Narratives are designed to absorb audience’s attention (Dal Cin,

Zanna & Fong, 2004; Moyer- Gusé, 2008). They are capable of motivating the audience to care about fictional plots and characters and their dilemmas. An EE narrative provides an effective means of cognitive and emotional engagement.

Social Cognitive Theory (SCT)

The most commonly applied theory to understand the audience effects of entertainment-education is Social Cognitive Theory (Bandura, 1986, 2004; Singhal & Rogers, 1999; Sood et al., 2004). SCT suggests that in addition to direct, experiential learning, people learn vicariously by observing media role models (Bandura, 2002). Television models can transmit “knowledge, values, cognitive skills, and new styles of behavior” to viewers (Bandura, 2004, p. 78) and audience may emulate and imitate such behaviors. However, not all observed behaviors are imitated.

SCT indicates observational learning is significantly guided by individual’s motivation. Audience members do not engage in every behavior they may have acquired from a media model (Bandura, 1986; 2004). Whether or not a behavior is performed is dependent on outcome expectancies i.e. rewards or punishments to be gained in performing the modeled behavior (Bandura, 2004). Motivation is also driven by identification or the ability to relate with a character in the EE program.

Another important construct is self-efficacy, which determines the motivation of audience members to imitate modeled behavior. When a viewer sees a “similar” model accomplish a health behavior change, it increases his or her own self-efficacy regarding the practice of that behavior. While emotional involvement with characters and motivation to perform a certain behavior are key processes, SCT recognizes that viewers do not heartily accept any modeled behavior. Their preexisting values, norms, and attitudes usually influence their

motivation to change health behaviors.

Emotional Arousal and Responses

Entertainment narratives are particularly attractive for their ability to provide emotional experiences to the viewer at no personal costs (Papa et al., 2000; Rogers et al., 1999). Audience members vicariously experience infinite number of situations through narratives and walking through different character identities. Beyond entertainment, the viewer gets the power to be imaginative and to shape and change real world beliefs (Djikic et al., 2009; Green, Strange, & Brock, 2002; Mar et al., 2006), and their attitudes about social dilemmas (Nussbaum, 1995). Audiences process narratives much like real-life social experiences (Schiappa, Gregg & Hewes, 2005).

Narrative involvement

A narrative can be defined as a story with “an identifiable beginning, middle, and end that provides information about scene, characters, and conflict; raises unanswered questions or unresolved conflict; and provides resolution” (Hinyard & Kreuter, 2007, p. 778). Fiction is a kind of simulation for the reader (Oatley, 2002). This simulation offers involvement by constructing ‘real life’ like events through narrative. The narrative structure of entertainment-education programs foster involvement of the audience in the storyline. The interest with which a viewer follows the story is an indicator of their involvement. Narrative involvement has been synonymously used with absorption, transportation, engagement and engrossment (Bandura, 2004; Green & Brock, 2000; Slater & Rouner, 2002). When such happens, the audience members are engaged in the story and experience vicarious cognitive and emotional responses to the unfolding narrative.

As the audience experiences EE program, mental shortcuts that influence how people assess the program and make decisions, emotional responses are unintentional. When viewers experience positive emotions, they are more likely to judge risks as low and the benefits as high. Conversely, when emotions are negative, viewers are more likely to judge risks as high and benefits as low (Finucane et. al., 2000). Therefore, affect or emotion influences the decision-making process and factors into problem solving by risk and benefits perception. A strong emotional response to a stimulus can significantly alter judgments of a viewer who is engaged in the narrative (Finucane, Alhakami, Slovic, & Johnson, 2000; Slovic et al., 2003).

However, cognitive processing of information is not a linear process. An audience member goes through many cognitive and affective processes simultaneously while watching an EE narrative. Cognitive and affective processes that engage the audience in an EE program are identification and similarity with characters, transportation into the narrative or vicariously interacting with the characters. The next section highlights the processes of narrative involvement of audiences. Specific processes, such as, identification and transportation, wishful identification, similarity, and parasocial interaction provide features of narrative involvement and effects of EE. The last section of this chapter describes the significance of this research and research questions for investigation.

Identification and Transportation

Audience experiences identification when they become one with the character in the story. During identification, a viewer imagines “being that character and replaces his or her personal identity and role as audience member with the identity and role of the character” (Cohen, 2001, p. 251). This process involves four dimensions: empathic (shared feelings with the character); cognitive (sharing the character’s perspective); motivational (internalizing the

character's goals); and absorption (the loss of self-awareness during exposure) (Cohen, 2001). Identification with characters can be a major factor in an audience member being influenced by the narrative (Moyer- Gusé, 2011).

At the same time, the most commonly used term for narrative involvement has been transportation (Green & Brock, 2000). Transportation is defined as “a convergent process, where all mental systems and capacities become focused on events occurring in the narrative” (Green & Brock, 2000, p. 701). This premise also differentiates EE messages from those that are overtly persuasive (Green, Brock, & Kaufman, 2004).

Transportation may or may not always co-occur with identification. Given that entertainment narratives are designed to be engaging, a viewer may feel highly transported into a narrative although they do not specifically identify with a particular character (Slater & Rouner, 2002).

Wishful identification

Apart from identifying with a character, audience can also be involved in wishful identification. Such occurs when a viewer wants to be like the character, experiencing an active “desire to emulate the figure” (Giles, 2002, p. 12), and looks up to the character. This idea has been explored by social cognitive theory (SCT), where viewers are expected to emulate attractive models (Bandura, 2006).

Similarity

When an audience perceives the commonness with a character while maintaining one's perspectives and making judgment on the character. The similarity can be in the form of values, personality, physical, demographic or behaviors (Eyal & Rubin, 2003; Hoffner & Cantor, 1991; Cohen, 2001)

Parasocial interaction

Parasocial interaction is defined as “the seeming face-to-face relationship between spectator and performer” (Horton & Wohl, 1956, p. 215). It is a one-way communication between an audience member and the characters, such that a pseudo relationship (not a real one) forms between them. When a character is sad, an audience member may empathize verbally with a character on television screen, exemplifying that they perceive the relationship as being “real” when in actuality, it is non-reciprocal. All together, these constructs transportation and identification, wishful identification, similarity and parasocial interactions help in basing the why and how EE can affect audience members.

During transportation and identification, the audience member temporarily loses his or her own perspective and experiences events, as does the character. Wishful identification moderates the range, with the viewer simultaneously aware of his or her own perspective (an awareness of his or her own desire to be like the character) while also imagining him or herself as the character in a wishful way (Moyer- Gusé 2008). In the case of similarity and parasocial interaction, the viewer is entirely him- or herself, making judgments about the character and/or the relationship between them. An EE program can reach viewers during programs they already watch and attract attention through features such as dramatic intensity, engrossment, emotional and expressive music, and of course, attractive characters (Bandura, 1986, 2004).

Significance and Research Questions

Past research on teenage pregnancy interventions have identified factors that shape sexual decision-making, participant agency, and errors in decision-making. Past sexual responsibility interventions have been designed to influence male and female roles in sexual decision-making, but separately. Few studies have investigated the role of couples and the interactions among

them in sexual decision-making processes. Moreover, neither the research literature nor prevention programs provide young women with guidance about the effectiveness of nonaggressive, non-consent strategies. Research is needed on how well different sexual intervention strategies achieve different outcomes in situations where there is more at stake than just sexual pleasure.

Considering the magnitude of the teenage pregnancy problem and the plethora of interventions employed, purposely designed EE programs may offer a promising strategy. The intervention being investigated for this study is an EE web series, *East Los High*, which highly dramatizes friendships, love, sex and its outcomes, some good some bad. The purpose of this research is to investigate the effect of *East Los High* on process of sexual decision-making of young Latino/a couples. This investigation will be qualitative in nature using in-depth interviews to investigate how *East Los High* helps couples to perceive sexual encounters in a fictional storyline, and what it may mean for their own sexual decision-making.

East Los High was produced by Population Media Center for Latino adolescent and young adults in the United States. The show communicates healthy decision-making and life skills through romance, crisis and journeys of characters that overcome multiple barriers in order to succeed. Set in low income East Los Angeles, the drama unfolds with teens and their decisions about sexuality and ongoing decisions. These ongoing decisions add a layer to the process when the characters seek out help, weigh options, analyze emotions, and then reach conclusions. Not just the young in the show, but families play a role in motivating the adolescents and helping them make efficient long-term decisions such as education.

In summary, *East Los High* has multiple Latino/a characters that make sexual decisions (before, during and after sex) and assume different roles otherwise (a description of major sexual

encounters, male and female roles and final outcomes are presented in Appendix D). Their sexual decisions are guided by individual differences, but depending on role and responsibility the character plays in decision-making of a particular sexual encounter, they accrue different outcomes.

Research Questions

Research question #1: *What is effect of the East Los High narrative on the perceptions of sexual decision making in couples (18-24 years)? How do couples dialogue about the sexual encounters portrayed in the East Los High narrative?*

Research question #2: *What generative solutions do couples come up with for men, women, and partners in the sexual decision-making process, weighing the consequences of decisions made?*

Summary

This chapter reviewed the literature for sexual decision-making among youth, and also the main ideas on entertainment education as a mass-mediated strategy. The literature on sexual decision-making depicts it a complex social problem, guided by multiple factors that affect an individual and even then the decisions made ‘in the moment’ are unpredictable based on the dynamic characteristics of the relationship. Further, this chapter discussed sexuality and gender roles in Latino/a population, as also how narrative involvement in EE programs may influence the sexual decision-making of viewing couples.

CHAPTER 3

METHODOLOGY

Christian takes Jessie to his place and shows her their dance video. They both look at each other and lean in to kiss.



Figure 5: Christian Seduces Jessie In The Web Series, *East Los High*

Christian: You are so beautiful

[Kissing aggressively, Jessie stops Christian]

Jessie: We should slow down. I'm not on the pill or anything.

Christian: That's okay. I'll take care of you.... I love you Jessie....

Jessie: [smiles] I love you, Christian!

Christian: I will pull out....

Jessie: Promise?

Christian: Promise!

In this sexual encounter, Christian skillfully takes Jessie to his apartment and then works toward building a situation where Jessie wants to say “no,” but succumbs.

Jessie’s dilemma is not uncommon: A girl wants to deny sex but does not do so because she wants to preserve the relationship. But is there a way she could say “no”?

The present chapter unravels the methods and data collection processes that allowed the participants in this study to respond to the *East Los High* narrative.

Site of Research

The primary site for conducting this research was El Paso, TX and specifically The University of Texas at El Paso (UTEP). In 2013, about 81.1% of the population of El Paso was Latino (U.S. Census Bureau, 2014) and UTEP serves as an ideal locale for conducting this research because the majority of the student population is Latino/a. UTEP holds a population of approximately 23,000 students and 17,983 i.e. 78 percent of the population is Latino/a (UTEP Facts, Fall 2013). Apart from the majority being Latino/a, 85% of the student population is between 18-24 years of age.

Texas ranks 5th among the 50 states and District of Columbia at 65 per 1000 pregnancies and number one in repeat teenage pregnancy. The highest numbers of teenage pregnancies occur to Hispanic/Latino population and the abortion rates are at 20 per 1000 females compared to the 29 per 1000 nationally (Texas Adolescent Reproductive Health Facts, 2011). El Paso, on the other hand, reports highest teenage pregnancy in the state of Texas at 80 per 1000 females. Thus, El Paso’s demographic and its high-risk population makes it a salient location for this study.

Participants

Fifteen Latino/a, unmarried, heterosexual, couples participated in this qualitative study.

The criterion for recruitment were the following:

- Latino/a background,
- In a heterosexual romantic relationship,
- Both partners between the ages of 18-24,
- At least one of the partners enrolled at UTEP,
- Both the partners must understand and speak English (since *East Los High* narrative is in English. Also, the interviews were in English).

For this study, couples who had not watched *East Los High* series were recruited. Past research has shown that if audience members are already familiar with the narrative or the type of characters portrayed in the narrative, then the likelihood of the narrative being assessed more critically rises, especially viewer assessments related to perceived similarity (Cohen, 2001). Alternatively, if the viewer is unfamiliar with the setting and the character types, identification with the character may encourage perceived similarity.

In order to gain an in depth understanding of perceptions of sexual decision-making among young people at UTEP, sample was collected purposefully (purposive sampling). Most qualitative studies go on the premise of informed judgments about what to observe and who to interview. The rationale has been described by Schwandt (1997) “sites or cases are chosen because there may be good reason to believe that ‘what goes on there’ is critical to understanding some process or concept, or to testing or elaborating some established theory” (p. 128). The couples were reached out through personal networks, and they were asked if they would like to volunteer for the study. An informed consent was sought prior to initiating any data collection.

Procedure for Recruitment

Consistent with the approved IRB protocols for the present study, personal snowballing networks were used to enroll couples in the study at UTEP. The couples were briefed about the study and then asked if they would like to volunteer for the study. The couples who participated further facilitated recruitment through their networks.

Again, consistent with IRB protocols, each participant/couple had the choice to opt out of the study at any time and if the researcher noted any discomforts or frictions, the process was aborted to ensure the comfort of the participant couple or of either of the partners. Also, if the interviewees were uncomfortable answering any question or did not want to answer a question, that question was skipped to ensure interviewee comfort. They were provided with the necessary contact information in case they had any questions or concerns at a later time.

Privacy and confidentiality of participants

Keeping interview materials protected helped protect confidentiality of the participants and the data. None of the information is identified by their names. Couples were assigned a number or code in the process of research, and pseudo names are used for reporting. The audio-recorded interviews were transcribed and the files are only available to the principal researcher. Therefore, complete confidentiality was maintained.

Data Collection

Sexuality is a central issue in young people's lives, even though it is generally taboo (Russell, 2005). To gain insights to complex social issues like sexuality, trust building with respondents is key. Further, qualitative, narrative approaches provide in depth information about the ways in which meaning is ascribed to sexual behaviors and decisions (Wood et al., 2006).

Two methods of data collection were used for the present study: participant observations and in-depth interviews of couples. Each of the methods, the scenario in which they played themselves out, and their significance to the study is described below.

A Typical Scenario in a meeting with a responding couple, the following steps were followed:

1. The meeting was held at a place of comfort and convenience of the interviewees. After a brief meeting, the couple and I walked up to my office on the third floor of Cotton Memorial building on the UTEP campus. This was an ideal place for viewing and conversation because it is a quiet, private and a comfortable room with a couch and cushions.
2. During the meeting, the couple was explained the process of the interview. Consent forms were given to each partner and read, understood and signed. Only then did the process begin. The couple viewed a 110-minute feature narrative of *East Los High*. The couples had the choice of stopping the video at any time if they wished to take a break.
3. The couple was then interviewed about their experience of watching the *East Los High* narrative and asked questions regarding their perceptions and influences of the show on their sexual decision-making (See Interview Guide in Appendix B).

For each couple, on average, the interview lasted for about an hour to an hour and half.

Participants were contacted for a follow up, if additional information was needed.

***East Los High* Narrative**

East Los High is a 24 episode *Hulu* (www.hulu.com) web series with an all Latino/a cast. Each episode was, on average 22 minutes long. For the purposes of this study, a 110-minute edited feature-length narrative film of *East Los High* was used. This 110” video was edited to include all the major social and teenage sexuality objectives of the show (See Appendix C for

ELH feature narrative synopsis). This video was edited at the University of Texas at El Paso for another parallel experimental evaluation of *East Los High*. The video is not available to the audience and was used for research purposes only. However, the full series is available on *Hulu* website for *Hulu* plus subscribers or on www.eastloshigh.com.

Viewing Context

The couples watched the *ELH* narrative in a quiet, comfortable place (my office or at a place most convenient for the couple) and on a couch, sitting together. The couples were given snacks and water. I was present in the same room as a participant to the viewing process. The role of the viewing context was very important. Indeed, much entertainment programming is watched in the company of others and is often talked about during and/or after exposure. As we continue to understand entertainment-education effects, we are also considering how certain factors facilitate and/or hinder involvement, resistance, and persuasive outcomes.

Viewing on a couch, with cushions, and snacks helped the research setting become inviting and comfortable. The couples grabbed snacks while watching and expressed themselves rather freely because it was a closed room and there was a pre-established rapport between the couple and I.

Participant Observation

Participant observations were taken while the couple viewed the *ELH* narrative. It allowed me to observe and capture emotions and reactions of the couples to the narrative and allow me to follow-up on those observed reactions during the interview. These ongoing emotional responses, captured in real time, were an important piece of data for this study as they related to the perceptions of the characters, situations and therefore, the effects. Participant observation notes were taken at the descriptive level while the participants watched the narrative,

and the interpretations were probed in the follow-up interview. Lindolf and Taylor (2011) described the “validity of participant observation [as] deriving from the researchers’ having been there” (p. 135). Participant observation is the craft of experiencing and recording events in social settings. For this study, participant observation was combined with in-depth interviews of the couples to gain a fuller, richer understanding of EE effects.

In-Depth Interviews

The participant couples were interviewed after they viewed the *East Los High* feature. Interviews enabled the collection of stories, accounts, knowledge, perspectives and experience. Specifically, respondent interviews were done to elicit open-ended responses. They were useful to determine what influenced the person/couple to form an opinion or to act in certain way, and also to understand the interpretations that people attribute to their actionable motivations (Lindlof & Taylor, 2011).

An interview guide was developed after an informal pilot viewing session with a college-aged Latina couple. The informal, casual pilot provided a framework for developing and sequencing questions, providing guidance on what information to pursue in more detail. The interview guide provided a flexible yet focused sequence of questions.

Before the interview, the couple and I engaged in an informal interview, where the couples shared their story. Conversation about age, education, how they met, length and intensity of their relationship, and future aspirations generated useful information about the couples. It also eased the environment with laughter and storytelling rather than question and answers.

Couple Interviews

For the purpose of collecting nuanced data, couples were interviewed together after watching *ELH*. As a methodology, couple interviews have been used in previous research

involving marital or family issues. When interviewed together as a couple, the participants have more control over the construction and interpretation of a common story of which they are a part, and the problems of anonymity and consent among interviewees are reduced. Joint couple interviews provide rich and valid data related to both, the couples and the individuals. Bringing the partners together for joint reflection brings out nuances in the data material and things can be brought to surface much quickly than the individual interviews. In addition, a couple or joint interview can reveal patterns of communication between the partners. Examining the interaction and dynamics within a relationship may provide valuable additional information that can strengthen the knowledge base of the researcher. The only limitation is that the individuals may not want to discuss certain things in front of their partners.

In addition to the verbal data from the interview, a joint interview can also produce observational data about how the couples interact. In this study, the interpersonal communication between partners during the viewing was very revealing (Bjørnholt & Farstad, 2014). Also, the couple-generated data was partly verbal, containing information about the dynamics of the verbal exchange. For example, who spoke about what and how, interruptions, overlaps was very rich observational data to give a larger picture to the story. Other researchers have also drawn attention to the advantages of the joint couple interview in studying couple relationships and families.

Interview Guide Design

The interview guide was designed and divided into several parts to investigate, first, couple's narrative involvement, second, perceptions of sexual behaviors and decision-making portrayed in the narrative, and third, generating alternate solutions/improv role-playing (See Appendix B). Improv role-playing is a process in which participants sketch out and rehearse

complex problems and discover innovative solutions through acting them out

Recording and Transcribing Interviews

Each interview lasted for about an hour to an hour thirty minutes and therefore, to retain the right and complete information, the interviews were recorded on a digital recorder. Apple software called Garage Band was used to record the interviews with high quality audio. Post the interviews, the interviews were transcribed to create scripts and analyze data.

Follow up

The couples were called for a follow up approximately a week after, if needed, to clarify anything they said in the interview. This follow up call was also be used to collect information if they watched the series, or if they had a dialogue with a peer or family member about *East Los High*.

Data Analysis

The interview transcripts underwent the typical data analysis steps: data management, data reduction, and conceptual categorizing. A systematic process of data analysis was carried out and codes and categories were developed. Each verbal exchange was depicted in the context of the conversation; that is, what is being said, how it is being said, and where is the speaker in the scene. Once the text was interrogated with sensitivity and reflexivity, personal meanings were attached to the verbal exchange. ‘Rich points’, speech acts such as jargon, slangs or ironies were noted as they especially depict respondents’ cultural knowledge. Second, attention was paid to ‘turning points’, that is, conversations about critical decisions, as they unfolded between the couple.

Case oriented and variable oriented (mixed strategies) was used in analyzing the data. By the means of variable oriented analysis of the couple’s data, themes that cut across cases were

analyzed. After careful inductive coding (descriptive and interpretive), themes that provide a larger picture for the couples were configured.

Utilizing the case oriented strategies; successive cases were examined whether a pattern found match in the previous cases. It also allowed discovering the discrepancies within and between cases. A cross case comparison helped in further highlighting the nuances in the findings (Miles, Huberman & Saldaña, 2013).

The ethnographic participant observation data and the interview data were used in a complementary manner to enhance nuance and contextualization. Data matrices, helped in data presentation and also highlighting important information about the cases.

Summary

This chapter presented the methods, data-collection activities and data analysis procedures to conduct this study. Fifteen Latino/a couples, between ages of 18 to 24, were recruited for this study. The couples watched the 110-minute *East Los High* feature narrative and in-depth interviews followed. The data were transcribed and analyzed using mixed method strategies that enabled cross case comparisons. Participant observations and interview data enhanced the nuances, the rich textures, and subtleties of the findings, which are presented in the next chapter.

CHAPTER 4

FINDINGS

In a scene in *East Los High*, at Jessie's mother's funeral at a Church, Paulie and Soli are engaged in the following racy conversation:



Figure 6: Soli And Paulie Engage In Pre-Sexual Conversation, *East Los High*

Paulie: Funerals always make you realize life is short.... look at me.... I could be shot and drop by any minute.... [he pauses] You wanna come over?

Soli: [looks at him in anger] Nooo...! [whispering] I am on birth control pills but they won't take effect until a week.

Paulie: [shrieking] a week? That's like a year for me to get a blue ball.... I promise I will wear a cap on big Paulie.

Soli: Oh.... you will wear a condom.... but only after birth control kicks in.... I don't want to get pregnant, I don't want gono, mano.... whatever!

Paulie: [smiling] Hell not.... condom.... pill.... whatever you want, baby!

Soli: [smiles]

This is a pre-sexual encounter (from now “pre-sex”) conversation between Paulie and Soli, two characters in *East Los High*. Here Soli clearly lays down the conditions for them to have sex, carefully considering the consequences that might accrue from their actions. Here we see how *East Los High* was designed to reach young Latino/a audiences, especially couples, in order to influence their sexual decision-making in the direction of shared responsibility.

Guided by two research questions, this chapter presents the key findings from our research on *East Los High*, drawing upon the interview data gathered from 15 young Latino/a couples. In addition, insights are gleaned from our qualitative participant observations as well.

As noted in the previous chapter, each couple’s interview was initiated through personal contact with the couple and they were invited at their convenience to watch the *ELH* feature narrative and engage in a post-viewing conversation. On average, every viewing session lasted about four hours, out of which the interview took one to one-and-a half- hours. The couples sat comfortably on a couch and munched on snacks as they watched the *ELH* narrative. The ambience was designed specifically for couples to be cozy and comfortable while watching the show. The post-viewing conversations started with exploring their personal stories and their time together. This conversation unfolded their demographic information, motivations to be with each other, past background, and aspirations for future (See Appendix E for case matrix of couples interviewed for details). This informal conversation allowed the breaking of ice, leading us to talk about personal sexual issues. The tone of the conversations was light, including a lot of rippling laughter, and some intensely emotional moments given the nature of the discussion at hand. The relational and interpersonal dynamics between couples were palpable as they viewed

and made sense of various sexual encounters (See Appendix D for the details of sexual encounters) in the *ELH* narrative.

Multiple readings of the interview and observation transcripts undergirded the data sense-making process and distillation of findings. This chapter presents the findings, highlights the major themes and areas of decision-making that demonstrate the effect of *ELH*, including the sensitivities and inhibitions experienced by the couple while viewing the narrative. The findings are presented in the form of major themes that arose from the interview transcriptions and participant observations of the couples. “Rich points” and “turning points” with respect to speech acts were especially given attention in the analysis. All participant names have been changed to maintain confidentiality and pseudonyms are used for the purposes of reporting.

Effects of *East Los High* on Sexual Decision-Making

Research Question #1 asked: *What is effect of the East Los High narrative on the perceptions of sexual decision-making in couples (18-24 years)? How do couples dialogue about the sexual encounters portrayed in the East Los High narrative?*

Responses to the first research question allowed the examination of narrative involvement on part of the couples, including how their perception of the narrative influenced their sexual decision-making.

How are the responses to RQ #1 organized? Answers to RQ #1 are presented (see Figure 7) foremost from the couple’s perception of the *ELH* feature and their own sexual health risk perception. Further, sexual decision-making in *ELH* is analyzed from the viewpoint of (1) female decision-making and (2) male responsibility. Attention is further paid to behaviors that the couples believed were important to adopt from the show. Attention is also focused on the importance of abortion as a shared decision, and how power manifests in sexual relationships.

Finally, the effect of the *ELH* feature on the sexual decision-making of couples is distilled from the above analysis. The figure below illustrates the flowchart and conceptual map of how the response to RQ#1 is organized.

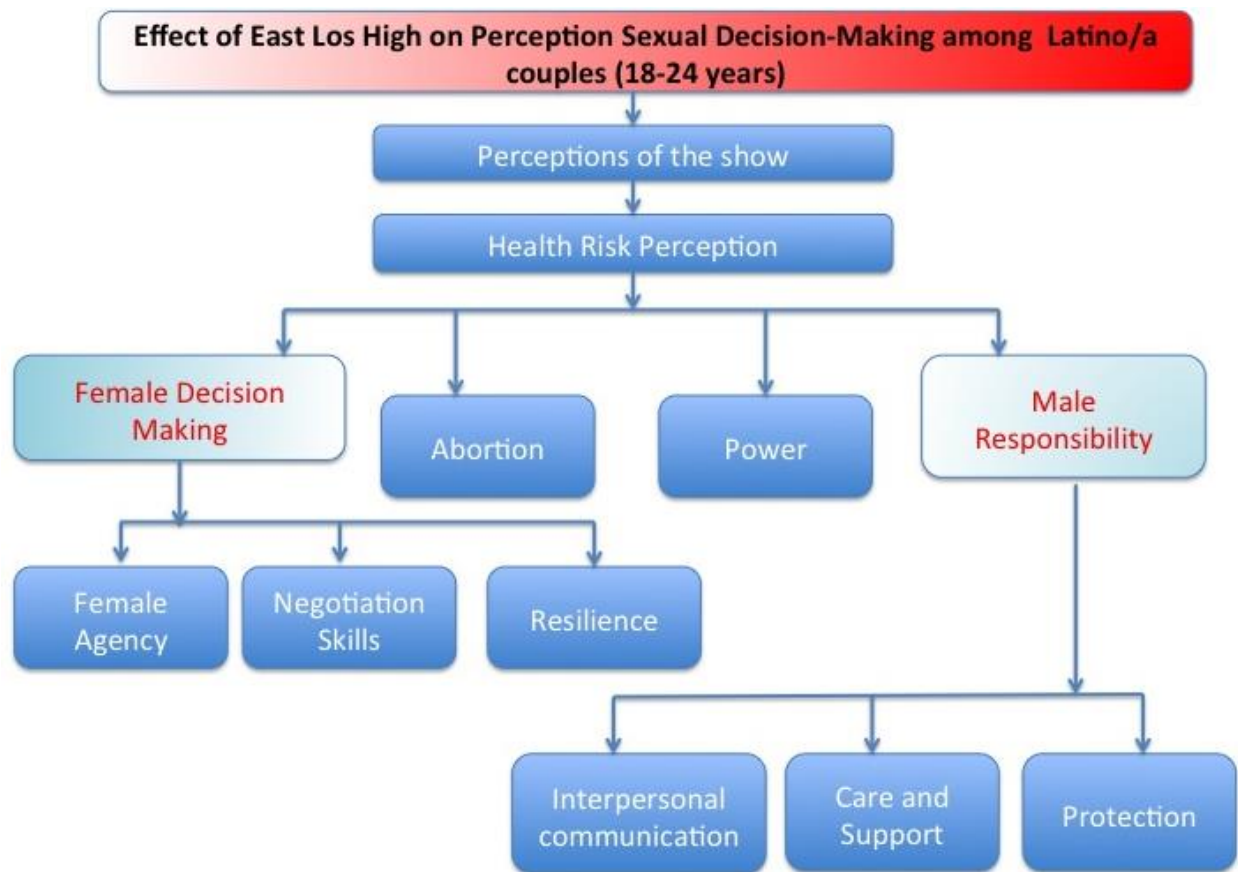


Figure 7: Flowchart and conceptual map of how the response to RQ#1 is organized

Responses to the second part of RQ #1 provided insights on how couples dialogued about the sexual encounters portrayed in the *ELH* narrative.

Perceptions of the Show

How did the couples perceive the *ELH* feature narrative?

Foremost, the couples were excited to talk immediately after the feature ended. This excitement emphasized their engagement with the show.

The couples expressed their opinion of the show as being realistic-- true to what they see around them. In general, the show was highlighted as being “modern,” “interesting,” and “non-preachy.” Laura, for instance, rolled her eyes and said: “It actually happens.... Everyone sleeps with everyone.... and it is nasty....”

For some couples, it was not the first time they had watched a show that talked about teenage pregnancy and STD. The couples talked of shows like *Degrassi*, *16 and pregnant* often. Others suggested that they already knew about how pregnancies happen and how STDs spread.

It seems that the narrative format engaged and intrigued most participants to watch the show carefully, helping build para-social relationships with certain characters. For many couples, the show seemed to reinforce existing knowledge about teenage pregnancy and STIs. Several participants noted that they especially enjoyed watching *ELH* without feeling that they were being told to do something.

Mario bent over and with a smirk on his face said:

“It is not something new to me.... How HIV spreads and how pregnancy can happen.

But it did impress me how they showed it, how it could affect one in the long term and then not knowing from where you got it.... It is the scary part....”

The couples quickly referred to some major episodes/plots in the narrative that stood out for them such as Jessie’s cheating on her boyfriend Jacob, Maya’s journey from being raped to graduating high school, Ceci’s pregnancy and delivery, and Vanessa’s sexual escapades and her confirmation of her HIV+ status. The recall of specific storylines suggested a high degree of narrative involvement with most characters. Leti, a young woman, added that she could totally relate to the story because she got pregnant at 16. Chris, a young man, added that he went to high school with the boys he saw in the video.

The *ELH* story, many felt, removed awkwardness and pushed the “sex thing” to a non-personalized space which allowed more open sharing. The couples related to the characters and identified with them, and did not feel threatened by the decisions they made, or the consequences they faced, as a result. Also, the realism of the story made the couples realize that they often ignored the realities around them. For instance, Edith, a 19-year-old said

“This is the shit up on your face. Once they put it like that (on video) you really notice that it is actually happening. In real life, you are realizing, not analyzing it but in a video, in a movie, you do. You catch every single thing.” Her boyfriend nodded affirming her statement.

Watching the *ELH* narrative spurred the telling of personal stories, stories of those around and also their high school experience. Couples’ responses suggest that this entertainment-education intervention was able to spark conversations about how it influences them in different personal ways. Most importantly, it seems that the couples had fun watching *ELH* and talking about it!

Health Risk Perception

Follow this snatch of conversation between the researcher (Anu) and Natalie, 20 years old and Jorge, who is 21. Both have been in a steady relationship for about two years and before they got steady, they were in mostly a sexual relationship without emotional involvement, that is, “friends with benefits”. They have recently moved in together, both attend UTEP, and both are pursuing careers in healthcare.

Anu: Who starts the conversation about using contraception and protection?

Natalie: We don’t wear condoms all the time but when we don’t, we are safe about it.

Anu: Safe?

Natalie: Yeah.... how can you be safe? [laughed loudly]

Jorge: Maths! [laughs]....may be its not even that safe! [laugh]

Natalie: Yeah its not safe.... we are not protected.... [long pause] yeah I don't know.... [shoulder shrug].... [long pause] He pulls out.... its physics and science.... all that....

Jorge: Basic biology!

Natalie: Its gravity! He is really good at knowing when he is.... you know....

And luckily I haven't gotten pregnant to date and I mean we do use condoms sometimes

Me: Sometimes? Out of 10 how many times do you use condom?

Jorge: 0.5

This conversation provided insights about the health risk perception that couples hold for their actions. On probing more, the couple revealed that Natalie had never used birth control pills because she couldn't afford them and Jorge never felt that there was a need for birth control, as he perceived himself being good at "pulling out."

Health risk perception of our respondents provides a basis to analyze some of the key high-risk sexual behaviors, including how the apparent inconsistencies may (or may not) be influenced by the viewing of *ELH*. Conversation with couples revealed that a lot of them widely use the "pull out" method (coitus interruptus) with tacit consent, having no conversations about sex or contraception, before, during or after sex.

Couples manifested the concept of invincibility after having unsafe sexual intercourse repeatedly. As Amanda said, "I can never get pregnant", and Raphael said "I thought we were both sterile before she got pregnant", and Lina noted: "We just wait for my next period." Joseph confessed "I am lucky as far as safe sex in concerned.... [i.e.] intercourse without protection and

thinking I could finish inside of her whenever I wanted to.... and I did it for years and she never got pregnant.... she took forever to get pregnant.”

The couples did not evaluate consequences of having unprotected sex and hence did not perceive themselves at risk to face consequences. Thus low (or no) perceived susceptibility to risk and perceived severity of consequences was demonstrated. Interestingly, ‘others’ were always seen to be at risk. Although several female respondents evaluated their behaviors in conjunction with their feelings and consequences, moving forward they did not need to use any more protection. They partly attributed their behaviors to “trust”, “comfort” and “he is going to be a good father” and “fun.”

Natalie noted directly and confidently “you know I am going to put it out there.... we don’t have conversations.... sex to us is very natural and sex to us is showing each other love.... so for us wearing protection or not wearing protection, it doesn’t matter.... we just have sex... a lot of sex....”

Among the thirteen sexually active couples (out of 15) that were interviewed, inconsistencies and contradictions abounded. Most couples claimed to be “protected”, however, on probing, they did not exhibit safe sex practices. Efficacy among females to take decisions and males to take responsibility for their actions was perceived to be high, however, responses suggest of little substantive evidence to support these claims.

Female Decision-Making

Sexual decision-making is a shared dynamic process between partners. In this process, the female counterpart can play a key role in this decision-making. They can guide sexual decision-making through initiation and willingness to engage in sex and/or responsiveness to sexual invitations. Females can begin conversations about safe sex or assert choices in line with

their desires and self-respect, guiding the decision-making process. Out of the thirteen sexually active females (out of the 15 interviewed) and one woman who did not indulge in penetrative intercourse, eight felt comfortable initiating the conversation for having sex and almost all of the females never practiced saying “no” to their partner. Even though they mentioned that communication about not having sex was as easy as saying “I am tired” or “let’s not do it today”, the partner could very easily persuade them by being insistent.

In this light, the decisions that female makes about having or not having sex hold grave consequences for them and their partners. What influence did the *ELH* narrative and the show’s characters have on decision-making of its female viewers? The next section highlights answer to this question by pointing out important and demonstrable effect on the couples. *ELH* narrative affected their (1) female agency, the feeling of being capable, (2) negotiation skills, reaching agreement without argument and (3) resilience. Table 2 highlights the behaviors that were adopted from *ELH* for female decision-making.

Table 2: Effect of *ELH* on Female Decision Making

Female Decision-Making Behaviors Adopted from the Show	
Female Agency	
<i>Safe guarding self</i>	<ul style="list-style-type: none"> • No sexual intercourse without using condom • Self care management • Reminding the male partner about protection • Self respect • Character most wished to be like- SOLI
<i>Definite NO</i>	<ul style="list-style-type: none"> • Stop talking to him • Don’t care about his frustrations • Character most wished to be like- SOLI
Negotiation Skills	<ul style="list-style-type: none"> • Interpersonal communication about the nature of sexual activity • Keeping each other informed • Communicating with love • Making sure he wears a condoms every time • Getting both the partners checked for STDs (even when maintaining monogamy) • Character most wished to be like- SOLI • Character de-identified with- VANESSA
Resilience	<ul style="list-style-type: none"> • Continuing school even after child birth • Retaining self respect • Responsibility of the baby and work • Assertive behavior with partners • Practicing safe sex to avoid more pregnancies

Female Agency

What do we mean by female agency? When a female's desires and decisions are communicated efficaciously and are heard by the partner, we say the female has agency. Female viewers expressed their own agency to communicate with their partner, while comparing themselves to *ELH* characters. They also articulated how they may be able to adopt certain behaviors portrayed in the show in their own relationships. Female agency was found to manifest in two ways: first, safeguarding self, that is, using some sort of protection always, such as condoms; second, having the courage to say a definite "no" to their partner without worry about upsetting the partner.

Safeguarding self

One of the ways in which female agency was articulated was by engaging in behaviors to not have sex with their partners unless they are sure of being protected. The protection was not just the females being on the contraceptive pill, or taking the plan B pill the morning after, but it meant that they made sure they did not have sexual intercourse without a condom. They ensured that the male put on the condom in front of them and they almost 'supervised' it.

Patricia, who has been in relationship for more than three years with her boyfriend, affirmed "I wouldn't have sex without taking care of myself.... More than anything for me.... not for the other person...."

Patricia also pointed out that Jessie, the protagonist in *ELH* had her self-respect until she had sex with Christian and Jacob. Her boyfriend quickly reminded her that Patricia herself was like Soli.

“Remember Soli? She was not going to have sex anymore and how in the end they both took out a condom....”. Patricia agreed, “Oh yeah, that’s me”.

Some of our female respondents reminded their boyfriends about buying condoms when on their way to a rendezvous. Laura said that she stops her boyfriend and says, “Go get it” before getting in the act. By “it” Laura meant a condom. For some females, who seem to have agency, appear to feel okay in saying they were not going to have sexual intercourse until the boyfriend gets condoms.

Females identified themselves with and liked the character of Soli. They seemed to like her attitude towards her friends, honesty and being straightforward to her partner. The couples reacted to the Soli-Paulie conversation featured at the beginning of this chapter with laughter, noting, “Oh, that’s how it should be.”

Characters Tia Paulina, the successful business aunt of Jessie, and Maya, intrigued some females and evoked wishful feelings. Females were motivated to have careers before they got married or got pregnant. Also, they wanted to stay away from drama like Maya.

Definite NO

Another strategy that worked for some females with respect to their viewing of *ELH* was saying “no,” that is, a straight no, “stop” or “wait.”

Karla, who was in a relationship with her boyfriend for three months said, “If he doesn’t take my no.... I would just stop talking to him so I don’t have to be in that situation.” That situation she referred to was of Jessie with Christian. Mother of the four-month-old Maria said “it is frustrating for him, but if I say no, it means a no.”

On the other hand, some females had trouble articulating their desires and needs and did not assert themselves at all. Soli’s behaviors elicited strong affirmation to adopt the definitive no

strategy. Several female respondents realized that they had never really expressed themselves with their partner in sexual matters.

Negotiation skills

After watching the *ELH* narrative, female participants were asked what negotiation skills they were likely to adopt from the show. For the purpose of this research, negotiation skills involved the female putting her perspective in front of the male partner and then regulating the decision-making process. A variety of responses were given in which the females identified and de-identified themselves with certain characters in *ELH*. From the responses, two types of negotiation skills seem to be adopted: communication with their partners, and safety for both of them.

Females seem to note the importance of interpersonal communication between both the partners and about expressing her authentic feelings to the male. There is perceived ease in negotiating choices and decisions, such as keeping each other informed all the time and communicating sexual denial with love. Such as telling the boyfriend that “I am on my period, let’s not do it” or “Baby, I am sore from the last time, let’s wait”. After watching the show, Pricilla, a 19-year-old, adopted a way to negotiate birth control. She told her boyfriend “You pay for my birth control... there will be lot less times when I have to say no.”

The second important negotiation was noted for safer sex, which included wearing condoms at all times and getting both the partners tested for STD. Stephanie said “I will make sure that he wears condoms 5 out 5 times....” Another participant Krizia said

“Always use protection, if someone is messing with everyone then you have to get checked.... like Vanessa.... that happened to her.... because she was all over the place

and never cared about consequences. You also have to get your partner checked even before you do anything.... saying is not enough.”

Krizia seemed to adopt a negotiation skill while de-identifying herself from the character Vanessa. She attributed Vanessa’s behavior to risk-taking and her response suggested the importance of getting tested for STD regularly and also maintaining monogamy with a sexual partner.

Maria, who is now a mother of a four month old, expressed her desire to be like Soli and being safe.

“I like Soli.... I like how she says I don’t want to end up like her and her (Jessie and Ceci).... she wants to have sex someday but she was not going to be dumb like everybody else, and she laughs about it. I think everybody should be like that. You have to be sure and take care”.

On the other hand, out of the fifteen, six females perceived no need to negotiate anything with their partner. Claudia said “everything is so understood between us, I don’t have anything to negotiate with him”.

Resilience

If in a relationship, the female gets pregnant, she goes through physical and psychological difficulties; it alters her life in a lot of ways. Resilience is the ability to quickly recover from difficult situations and highly emotional journeys. The *ELH* feature depicted female character journeys that portrayed resilience, for instance even though Ceci was alone and had nowhere to go, she managed to find herself a place to live, have the baby and get a job. According to the couples, female decision-making was a common function of resilience. Such as Jessie, after getting pregnant, evaluated her options quickly and took a decision to abort so that

she could finish school. Respondent females who had experienced pregnancies expressed themselves being like characters Ceci and Jessie. Maria, a new mother, even though she did not want to be with her partner, she gave birth to the baby and continued to work after her delivery.

For some females, strong emotional experiences portrayed in the *ELH* narrative seem to shape or reinforce their decisions. Three female respondents who are now mothers, perceived themselves to be strong and resilient. Lauren, mother of two children, at age 21, said that her kids have made her who she is today. If not for them, she would have been in trouble. Lauren continues to go to school and looks forward to have a career in health care. Lauren described herself being like Ceci, carefree at first, and then becoming responsible. She related with Ceci and her struggles of being alone.

Maria appeared to be emotionally moved by the experience of watching the show. She said that she broke up with the father of the child a week after watching *ELH* as she felt that he was harming her and being irresponsible. Maria said, “I didn’t have a father growing up, and I don’t think my daughter needs one too.... I will take care of her.”

Resilience seemed to be a skill that was perceived as desirable and communicative of female agency. Females seem to note Ceci’s struggle through pregnancy as an empowering decision. Responses from females also suggest that resilience could be best manifested as separating themselves from relationships that could harm them in any way, even though they were emotionally involved.

Male Responsibility

Most couples were actively co-engaged in the conversation and such was evident through overlapping responses, restating and sometimes countering their partners’ response. Even when the questions that were directed for females, some men took the initiative in answering and

supporting female's trust in them. Through these responses, males expressed behaviors related to perceived responsibility in sexual decisions. Male responsibility can affect the process of sexual decision-making by maintaining equality in the relationship. The concept of male responsibility was communicated differently among the 15 couples. Three types of behaviors were perceived as being responsible, and seemed to be influenced by their viewing of the *ELH* narrative: enhanced interpersonal communication between partners, care and support for the female partner, and protection of both the partners from pregnancy and STDs. Table 3 depicts the male responsible behaviors that were adopted from the show.

Table 3: Effect of *ELH* on Male Responsibility

Male Responsible Behaviors adopted from the show	
Interpersonal Communication	<ul style="list-style-type: none"> • Frequently talking about pregnancy and options • Not having sex when there is no condom • Reminding partner about birth control pills • Not pressuring partner for sex • Maintaining menstrual calendar • Character identified with- JACOB AND PAULIE
Care and Support	<ul style="list-style-type: none"> • Maintaining monogamy • Financial and emotional support during pregnancy • Character most wished to be like- JACOB • Characters found to be most responsible- PAULINA AND MAYA
Protection	<ul style="list-style-type: none"> • Always carrying condoms • Protecting both the partners from pregnancy and STDs

Enhanced interpersonal communication

In most couples, the male counterparts initiated conversations about contraception (birth control pills) but often seem to ignore the use of condoms, putting the responsibility of taking care of avoiding pregnancy on the female. Yet, the couples' responses suggest that the partners had talked about the situation that may arise from unplanned pregnancy and the males stressed on discussing options with their partners. Three out of the 15 males said that if their girlfriend

got pregnant, they would talk about the options and not take decisions without considerable thinking. Julio, a 20-year-old male said, “It is important for us to talk, in every given situation, its her body and I don’t want to harm her life. We will talk about options.”

Males’ responses suggest that they relate to Christian and Jessie’s situation and hinted that they wouldn’t have done it. In the narrative, Christian just wanted to have sex with Jessie and he persuaded her into it even when he didn’t have a condom and neither was she on birth control pills. Julio said “If we didn’t have a condom, we would just talk.... sex is never a priority....”

Interestingly, two men, put alarms on their phones to remind their girlfriends of the birth control pills and ask their girlfriend “Did you take your pill?” Therefore, men can assume responsibility of making sure that the contraceptives are followed and they provide support to the female in doing so. Two other men exclusively maintained calendars for their girlfriend’s menstrual cycles and did not have sex in the days she ovulated.

After watching the *ELH* narrative, 21-year-old, Leo said that he was going to be more open to his girlfriend before they consider having sex for the first time. Leo shared his story that he and his partner had been dating for five months now and they really loved each other but that didn’t give them a reason enough to have sex. They have “talked” and “understand” that they want to save the “special moment” for after marriage. Thus, male responses suggest that some realize the importance of interpersonal communication before, during and after sex. A seeming realization that they had not been talking about sensitive things, made them say “from now on.... we must talk” and most importantly, “why don’t we talk about this?”

Even though a small number, two out of the 13 sexually active males stressed that it is important to understand what the female wants and not pressure her into having sex by lying or

flattering her. During the interview, two males pointed out their present behaviors and said, “I understand”, “I stop when she doesn’t want it”. However, the females seem to contradict “but it still happens”, “we do it after all babe”. The two males said that it is important in their relationship to listen to their partner’s feelings and act accordingly.

Care and Support

Many men identified and wished to be like the character Jacob. Jacob was perceived as being responsible, caring, supportive of the partner and hard working. “I will take care of her like Jacob did if she got pregnant”, said Daniel, a 21-year-old male who was “actively protected” while being sexually active with his girlfriend. Even though, some relationships were more casual than others, all men appeared to express their sense of responsibility towards their girlfriends, emotionally and financially, in case of pregnancy. Few males responded with marriage as a responsible option if their girlfriend got pregnant.

Male responses about knowledge of the emergency contraception usage and also being aware that regular intake of emergency contraception is not desirable, seems to keep males somewhat responsible on the condom usage front. Chris said “I try to make it without the plan B pill because I don’t want to harm her, like Jacob”.

Monogamy was indicated to be the most important responsible behavior that men talked about. Men did not like characters like Vanessa, Christian, and Abraham “Naa, I am not like that.... I don’t sleep around with everyone.” On the other hand, interestingly, males often identified themselves with responsible behaviors exhibited by characters such as Tia Paulina and Maya.

Protection

Protection from pregnancy, protection from STDs, and self-protection emerged as dominant themes for men. Most of the male respondents seemed to get anxious when Jessie disclosed her pregnancy to Jacob. Jorge, who used condoms only 0.5 times out of 10 (or 5% of the times) said “I will use a condom every time from now because I don’t her to be pregnant, not anytime soon.” For some men, this seems to emphasize the realization condoms may be an important prevention measure. Table 4 shows the contraception/protection related behaviors in couples.

“I should be like Jacob, he was a smart guy, he always carried his condoms with him” said 18-year-old Diego who was maintaining a casual sexual relationship with this partner. Diego was anxious while watching the narrative and kept shifting places. He especially got scared when Vanessa found out her HIV status.

Table 4: Contraception/Protection Behaviors In Couples

Couple number	Condom		Birth control pills	Plan B pill	IUD/Ring	
	Use	Count /10				
1	✓	3	✗	✓	✓	Vaginal Ring
2	✓	10	✗	✓	✗	
3	✓	10	✗	✗	✗	
4	✓	10	✓	✓	✗	
5	✗	0	✗	✗	✓	IUD
6	✗	0.5	✗	✗	✗	
7	✗	0	✓	✗	✗	
8	Abstinence		-	-	-	
9	✓	8-9	✓	✗	✗	
10	✓	8	✗	✓	✗	
11	✓	10	✗	✗	✓	IUD
12	✓	10	✗	✗	✓	IUD
13	No sexual intercourse			-	-	
14	✓	9	✗	✓	✗	
15	✓	7	✗	✓	✗	

“Protected from pregnancy, protected from STD... I am always doing condom, condom, condom....” said Chris who was obsessed with condoms because of his experience with

gonorrhea. Three out of the 15 males said that they got tested for STDs in the last six months and they make sure their partners get tested too.

Some men talked of responsibility using “twin protection”: condoms and birth control pills. Ryan said, “I always put on a condom, what if.... just in case, the birth control doesn’t work?” He added, “I can’t afford to take risks like those guys in the show....”

Condom use seemed to be the most commonly perceived way of exhibiting male responsibility. Most males suggested that they are going to make sure they wear a condom every time. . “Using a condom relates to having a condom handy all the time”, Julio said. Diego added “I will always carry a condom now, in my car, pocket, wallet, bag. I cannot think of not using a condom, even when she wants me to not use it.”

Abortion, A Shared Decision

Two major plots in the *ELH* narrative feature center around decision-making related to pregnancy. Once pregnancy is validated, there are three major decisions that a couple can make: going through the pregnancy and keeping the baby, or terminating the pregnancy, or giving the baby for adoption. In the narrative, character Ceci got pregnant with Abraham and Jessie conceived with Christian. Both the characters went through the dilemma of having the baby or to undertake an abortion. Character Ceci chose to keep the baby and Jessie finally decided to abort. The couples frequently talked about these plots, repeatedly and strongly. Two types of perceptions seem to emerge. First, the couples’ perception of these characters decisions, and second, their own decision-making regarding abortion.

All the couples stated that they had already discussed the possibility of pregnancy (even if they felt invulnerable) and they knew what they were going to do in case it happened (planned or unplanned). Eleven out of 15 couples expressed themselves as being anti-abortion. The

couples disliked the notion of abortion in *ELH* and in their own decision-making. The attribution, in most cases was related to their religious leanings, being Catholic or Christian.

A couple noted strongly

“Mario: I didn’t like the abortion thing... it is like killing a life.

Christina: We are both Christian and we both don’t agree on killing a life. There is life already and there is a purpose and having an abortion is not going through god’s decision.”

Although Christina was against abortion for herself, she supported Jessie’s decision to abort. Christina added that she would like to fulfill her dream of finishing college but stressed “not the abortion thingi.”

Jessica, a 19-year-old Catholic girl, who has sworn chastity, wiped her forehead while watching the scene when Ceci decided to keep the baby and uttered “thank god.” Jessica’s boyfriend, Eric, who is also a Catholic and practices abstinence said he wished to be like Tia Paulina but said she “ruined it” in the end by saying that she had an abortion in the past.

Perceived self-efficacy among the couples to be able to take responsibility of the child was another major reason for not having abortion but the same was not felt for the characters. While watching the feature, Lauren said she wanted the characters to get an abortion but not for herself as she thought she was capable of taking care of the kid, if she was to be pregnant herself. Lauren had not thought of abortion in the two teen pregnancies she had at age 16 and 17.

The rationale presented by certain couples for their decision-making with respect to abortions seem bewildering, at least at face value. Another female respondent, as noted previously, encountered three pregnancies at age 13, 16, and 21, but did not consider abortion even once. She felt efficacious in taking care of the children. Even, Filipe, the 24-year-old father

of three children, on seeing Ceci and Jessie discuss their options, exclaimed, “Why do they keep pressing for abortion again and again?”

On the other hand, four out of the fifteen couples seemed to be in favor of abortion. Marisol, 18-year-old female said that she would get an abortion, like Jessie did because she wants to have a future and not worry about the kid so young. Her boyfriend, Eduardo, a-20-year old, affirmed her views by saying that “we will talk about options and I will let her decide what she wants to do because it affects her more.”

Priscilla and Ryan explained abortion scientifically and stressed on talking to their partner, but ultimately the female seemed to decide.

“Priscilla: I am open to abortion. I have seen microorganisms and human cells.... I don’t see any difference. I wouldn’t just walk to the clinic and abort the child.... I would talk to him and discuss my options.

Ryan: We will talk about it.... it affects her more than it affects me.... so ultimately it is her decision. I will be more in favor of abortion. We’ll just have kids later.

Priscilla: And even if u said you wanted the kid and I didn’t want it, too bad, I am getting an abortion. We’ll just have them later.”

Abortion is perceived to be a taboo act, however a decision that couples favor taking together. *ELH* did not seem to alter couple’s judgment of abortion, and it was still perceived as a decision that ‘others’ should take. Future research may consider researching age as well as culture specific motivations for abortions.

Power in Sexual Decision-Making

There are many ways power can be manifested in a relationship by either of the partners. In this study, some forms of power seem to be exercised by men. The ‘machoness’ displayed

itself sometimes during the interviews. Latino men are governed by the cultural trait of being strong and in-charge, which seemed to display itself in certain sexual decisions such as when and how to have sex (e.g. a “quickie”) and the degree of intensity characterizing the sexual encounter. Men seem to take initiative in starting the conversation about sex and ultimately deciding if contraception is involved, and which method of protection is used, if any. Five out of the 15 males said that birth control pills is their way of getting off from using condoms, so they insisted that their girlfriends get on pills. A couple of males reported getting rough on the female or not taking her no for a no even when she did not want to have sex. In other cases aspects of dominance in the way males used language indicated power imbalances in interpersonal communication. Chris said “Sometime I ask her, Babe can I just do you.... I want to ravage you.” Post this comment, he stressed that it is her (girlfriend’s) responsibility to control him, otherwise he is going to be all over the place.

Also, experiencing male ‘porno fetish’ and asking girlfriend for exact number of times she had orgasm while having sexual intercourse seem to control the female in certain ways. Three young mothers, who were a part of this study, had an IUD and males decided such after childbirth. Males said that they wanted to continue having sex without condoms even after multiple pregnancies in two cases.

Summary of Effect of *ELH* on Sexual decision-making Perception

Karla, a 21-year-old female, shouted and jumped up the couch when asked, how could the show help her think differently about sexual decisions?

“We were right... we were right... we were right in what we do....in being careful.”

A major research question in hand with the design of the study was to investigate if *East Los High* narrative has an effect on the sexual decision-making of young Latino/a couples. In the

previous section of the chapter, key areas of decision-making were highlighted in explaining the ways in which the couples seem to engage with the narrative and adopt certain behaviors. In this section major demonstrated effects are highlighted to explain how *ELH* may have been effective in altering or shaping perceptions of sexual decision-making among couples.

A major social objective of *East Los High* was to promote safer sex practices among the Latino/a population in the 15-24-age range. After watching the feature length, the couples seem to articulate its effect on them in terms of gaining knowledge about sexual decision-making. Second, the narrative involvement and the emotions highlighted their responses and anxieties to certain plots and decisions. Third, planning behavior change through actions, and relating the benefits of change to both the partners.

The couples said the show reminded them to be safe. The females exclaimed that one might think this only happens in movies or shows, but this is how real life was. Stories of their high school, friends and family supported their claim of not being safe. The couples then explained how they planned to be 'safe'. Joint decisions such as the males planning to wear a condom during every sexual encounter, not investing in an unprotected sexual intercourse even when the girl is on birth control, were important effects of the narrative. In retrospect, some couples, especially females who had become pregnant and/or had the babies and the men who had impregnated females, reflected back and said that if they had watched the show earlier, they could have made better decisions for themselves and their partner. Interestingly, both the partners watched Ceci's delivery and empathized with her pain. This plot created a sense of anxiety about what happens when one gets pregnant.

In general, most couples realized that their current strategies are not safe enough to keep them away from pregnancies and STDs. The couples prioritized to change the "pull out" method

to effective use of condoms. Seven couples made plans to get tested for STDs together. Some women told their partners, that they are going to get themselves checked in the next week to make sure they are both clear.

It seems, there was a lot of trust in the relationships, or at least perceived trust, that held the couples back from talking to each other before, during or after sex. After watching the show, the couples decided to talk more often to each other and be more open about their choices. Some couples expressed that they will use condoms, even though they maintain and plan to continue maintaining monogamy. Maria anxiously said

“I guess it is for everything.... till u don’t realize something in your head, it is unreal. And being irresponsible with sex.... that’s how it was.... I never thought that I was at risk.... I never thought about it.... I was out of my mind and I don’t know how did I get so confident that nothing would happen to me.”

Many couples said that the show helped them realize it is best to wait until both the partners are ready, first to have sex and then to have a baby. In relation to the characters and their decisions, the couples noted the most responsible and desirable decisions and asserting their stand as ‘not being ready’, “we need to know more”, “we don’t want that to happen to us.”

Thus, the effects of *ELH* on perception of sexual decision-making were multifold, comprising of the ability to generate healthy dialogue among couples about issues that would generally not be spoken of.

Couple’s Dialogue About *ELH* Sexual Encounters

The second part of the RQ #1 allowed examining couples dialogue about the major sexual encounters in the *ELH* feature. The five sexual encounters in the feature are, Jacob and Jessie, Vanessa and Freddie, Jessie and Christian, Abraham and Ceci, and Soli and Paulie (See

Appendix B for details of sexual encounters and character descriptions table in chapter 1). These conversations were embedded in the interview as specific questions that asked about the behaviors of the characters. In this section, perceptions of couples of portrayed sexual encounters are discussed. Each sexual encounter has been presented separately highlighting the key dialogue patterns.

Soli and Paulie

The Soli-Paulie sexual encounter seemed to generate a lot of dialogue among couples. The couples seem to look up to Paulie's fun sex talk positively. At the same time Soli was perceived as a strong female character that held self-respect, and was educated about sexual matters. According to Priscilla, Paulie was "Bau chic wao wao". She explained that it means "wanna have sex with everyone, all the time and be swag about it." Out of the 15 girls eight identified with and liked Soli and her sexual behaviors. Griselda said, "she (Soli) knows, she wants sex but safe sex" and told her boyfriend, "That's how I want to be educated and careful."

Male reactions and responses suggest that they were intrigued by Paulie's talk about the girl who had gonorrhea and his way of using condoms even though he wanted to have sex with every other girl. Chris said "Paulie's talk about the girl really hit me.... she was sweet but she was dirty.... so I am like condom condom condom. She gave me gonorrhea man...."

Couples frequently referred to the funeral scene and Soli-Paulie talk to be extremely funny and educative, some paused, rewound and watched it again. Their conversation was perceived as being "that's how it should be" and "that's how girls should be".

Filipe said, "If 10 years ago, had I met Soli, I would have wanted to be educated like her. Now I want my daughter to be like her, educated and strong and know what she is doing."

Thus, Paulie-Soli engaged the couples into safe sex and negotiation dialogue.

Jessie -Christian -Jacob

Jessie, Christian and Jacob were spoken of together by the responding couples. Couples' responses in general suggest Jessie as being an irresponsible and negative character. Couples asserted that Jessie could have stopped Christian, said "no" and left the room but she didn't. Most females said that Jessie chose to be with Christian because she was a follower and she wanted to fit in among the popular groups. The couples referred to Jessie as a "bad girl", "easy to convince", "ambitious", "jealous", and "angry". All the couples showed anger that Jessie cheated and lied to Jacob. The males empathized and related to Jacob as "poor guy". Jacob was perceived as a responsible male who was going to be with Jessie. At the same time, Christian was seen as a "smart dude", and "clever".

While watching the feature, Natalie shouted "Slut" when she saw Jessie come to Jacob in the new look. During the interview she said with anger "Jessie was trying to be a follower, trying to fit into the scene.... She fell into peer pressure.... she got trapped into having sex with that guy and then to be loved she went and had sex with Jacob."

Character Christian's claim that Jessie should have taken care of herself to avoid pregnancy because she is the girl, frustrated the couples. Jorge disagreed: "Wait, you can't blame her". A lot "sic", "chh", "aah" "what" followed Christian's comment and his behavior towards Jessie. Couples seem to perceive outcomes of sexual decisions as a joint responsibility of both the partners.

Couples argued among themselves about whose baby was Jessie pregnant with. This conversation happened between almost all couples.

The dialogue about Jessie-Jacob and Christian situation was frustrating for couples because of cheating, irresponsibility, lying, marriage and abortion.

Abraham and Ceci

Abraham and Ceci's sexual encounter brought up issues of male responsibility, commitment, pregnancy, female agency and resilience. "Man", "Yikes", "Oh no", "Pregnant?" like comments followed when Ceci discovered that she was pregnant, couples seem to be surprised, scared, anxious on her decisions and angry towards Abraham.

Five out 15 girls, who were pregnant, related with Ceci's experiences and referred to Abraham as highly irresponsible. All the males, also, pointed out that Abraham should have been responsible. They said that he should have been responsible in dating a younger girl and wore condom at the first place and if Ceci got pregnant, Abraham should have supported her and the baby. Alex shouted while watching the scene where Abraham shouted at Ceci and Abraham scene "womanizer, use a condom."

Vanessa and Freddie/Christian

"The girl who was sleeping around with everyone?", "The one who was all over the place?" Conversations about Vanessa's character started with a recall of her multiple sexual partners. Couples showed surprise when they saw Vanessa having sex in the car. Six out of the 15 girls mentioned that they had a friend like Vanessa who had multiple sexual partners in high school or does now and does not go to college. Females, especially, detached and de-identified themselves from Vanessa's character. Edith said, "I am never going to sleep with anyone out of the nothing!"

A couple paused the scene in which the doctor tells Vanessa that she is HIV positive. Griselda said, "Oh no... so now.... wait.... Jacob has it! To that her boyfriend, Chris added, "Jessie has it! Shit, the baby has it!"

This couple rewound the scene and saw it again to see who may have given Vanessa HIV. Couples perceived Vanessa's behavior as harmful to everyone around her.

Couples saw Vanessa, as "that's how some girls are" and did not want to talk about her. "I am not her for sure!" said 21-year-old Lina [disgusted] "I kinda see of it as gross.... sex has to be with someone who you love, trust and bond with.... not just like that." Her boyfriend, agreed.

Research Question #2- Generative Solutions

Research Question asked #2: *What generative solutions do couples come up with for men, women and partners in the sexual decision making process, weighing the consequences of the decisions made?*

The reason why women do not refuse sex in the absence of protection like condom or birth control is the fear of losing the partner or upsetting him. Questioning or stopping the partner may also mean a sign of cheating or dis interest (See Chapter 2). The second research question allowed finding new solutions for themselves as couples to deal with situations where talking might not be usually done.

In investigating this research question, the couples participated in an improv role-playing with Jessie and Christian encounter. Improv role-playing helps in creating the experience of a real life situation but in a playful way. The participants become actors that playfully experiment, invent, and discover better ways to address the challenge by acting out the situation and possible solutions.

In this particular encounter, Christian creates a 'point of no return' by taking Jessie to his place, and in his bedroom. He creates an atmosphere of romance by dimming the lights and showing Jessie a video in which they are dancing very close on a 'hot' song. Jessie was tempted into the Christian's plan of arousal and bracketed herself so she couldn't say no. However, Jessie

tries to interrupt by mentioning that she is not on birth control pills. She also asks Christian, if he has a condom. But, Christian has an answer for everything. He tells her that he will take care of her and Jessie finally gives in when he says ‘I love you, Jessie’. Jessie couldn’t stop affirming and going forward.

This above situation is a problem with a lot of couples whether in their initial phase of relationship or ‘comfortable’ with each other to a point where sex becomes ‘natural’ and ‘understandable’.

For this research question, the participating couples were asked to act out the Jessie and Christian situation. The girl was asked to think of ways of saying a “no” in a friendly way by using creative ideas yet not upsetting their partner.

The couples were given a minute or two to think and then act as if they were in that situation. Interestingly, the participants did not just assess the scene with Jessie and Christian in its own right but with the background that Jessie had a boyfriend. This part of the conversation took place towards the end of the interview, once the whole context of the conversation was established. Four themes emerged; they are highlighted in this section, providing generative solutions that couples may be able to adopt.

“Tell Hero it’s not happening today”- Playful in bed

During the act, the male tried everything like touching her on her erotic zones, trying to arouse the female, but the female looked at the male’s genitals and said

“Hi Hero! Hero, it is not happening today.”

The male hugged her.

Another female used the same strategy in a similar way where she named the male's genital as "friend" and sex to be "funny". She told her boyfriend "we can snuggle but tell your friend not to do anything funny."

In both these cases, the male stopped pushing the girl for sexual intercourse. In asking further, the male said that he liked how she talked to his genitals, and that it was a loving turn on for him. The second male reported that if she is talking to 'him' (genitals) then she is serious! And laughed.

Both the circumstances highlight the importance of being playful in bed, especially when female initiates it. The playfulness ensured that the boyfriend did not get upset and yet the female is able to 'have fun' with him, her way.

In probing more with the partner, the male partner described that being playful with the girlfriend is more important than just having sex. The female described that this conversation between the "talking genitals" makes the couple invisible in the scene.

"I have Diarrhea" – Tricky Turn offs

The females found a way to turn off their partners when they thought sex wasn't the best idea that day. In an intense act, where the male aroused the female by playing with her, she shouted, I had beans today, but he continued. She thought for a moment and put one of her hands on his cheek and said

"Baby, I have Diarrhea..."

The male immediately stopped and said "oh, that's fine.... some other day!"

Really? Would you stop at that? I exclaimed!

The male remarked that, "I would stop, it would smell terribly. We can wait."

Another effective strategy used by all the females was “I am on my period” and the male stopped after being persistent for a little while. This was a rather common strategy that the females used to stop boys in those heated moments. In cases where the females couldn’t think of what they could say then the boyfriends reminded them “oh! You can say you are on your period....you know I don’t like it then.”

Knowing that her boyfriend liked playing with her skin, a female told her boyfriend “I am not shaven” and other said, “I have nausea.”

Both these statements turned their partners off. This strategy was effective because the female wasn’t saying no for sex completely but she managed to play around with her partner’s preferences of looks, smell and other attributes of pleasure in their relationship. The awareness of these inclinations can greatly enhance a female’s agency and self-efficacy.

“Save it for another time”- Delaying

For some females, it took a long time before they could figure out what can they tell their partner to stop. If a female couldn’t think anything more creative, she always gave male the option of another time while still having fun “today”. Being playful in bed came with the fact that there is “other stuff” they can do and “have fun.” Karla went close to the male’s lips and whispered

“Why waste time.... let’s have fun!”

In waiting it out for another time, the females framed their responses to their partners as, “this is not the right time.”

This act of delaying sex was effective on the males because the female left them looking forward to the next time when they would do something special for them. This solution, allowed them to avoid the situation and get out without upsetting the male or compromising her choice. If

females can persuade boy friends to wait, they may be able to find ways to practice safer sex, as well.

He is great at convincing me! - NOTHING

As pointed out in the review of literature, females do not have the agency to say no or at least think that they don't have it. In this process, it was observed that even in an improv situation, females couldn't figure what they could potentially say to their partners to most effectively say no. This raises concerns for situations where females don't say anything.

After 15 minutes of trying to think of a reason, a female said:

“He is so good at convincing me.... I can never say no.”

Females responded that “I have never have to say a no to him, I am so comfortable with him.”

If the couple cannot communicate, then the stakes of pleasure increase multifold. This is also because, in their own relationship, they have never practiced saying no to their partner. This insight gives rise to critical questions. So how do they say a no?

Summary

This chapter was a presentation of the findings to the two research questions in hand. The chapter was presented from demonstrating the findings for RQ #1, to highlight the effect of *ELH* on sexual decision making of young Latino/a couples. Beginning from couple's perception of the feature and their sexual health risk perception, the subsequent sections explained female decision-making and male responsibility, including the behaviors they adopt from *ELH*. Then abortion as a shared decision and power in sexual relationships was discussed. The last section for this part of the research question summarized the effects of the show on the couple's sexual decision-making. The second part of RQ #1 described the findings about how couples dialogue

about the sexual encounters portrayed in the narrative. In the later part of the chapter, RQ #2 was discussed with the strategies that couples adopt for interpersonal communication among partners in situations where sexual intercourse is not desired.

The findings suggest that the *ELH* narrative had an effect on the perceptions of safe sex, including condom use, contraception use, getting tested for STDs and maintaining monogamy. The couples demonstrated strong emotions towards the narrative and characters, and highlighted their own behavioral preferences with *ELH* as background. The couples emphasized the importance of interpersonal communication among partners for effective sexual decision-making and equal responsibility for both partners.

The second research question allowed discovering generative solutions that couples may be able to use in situations where they do not want to indulge in sexual intercourse. The next chapter discusses the implications of the findings, limitations, future research and conclusions.

CHAPTER 5

DISCUSSION AND CONCLUSIONS

“How was this [research] process? It was like how molecules interact with each other within the cell organelles, totally synced!!”

-- Priscilla, a participant in the present *ELH* research

Priscilla made the above statement in relation to the sexual decision-making between her boyfriend and her. She referred to herself and her partner as ‘molecules’ in a cell organelle called “relationship”. Running with Priscilla’s analogy, this present chapter focuses on the sense-making aspects of the ‘molecular interaction’ (between partners) after having been catalyzed by an entertainment-education ‘formula,’ and discusses the implications of the ‘reactions’ for the larger scientific community. Such is, done by providing a summary of the present research, and discussing the implications associated with methods employed, and results found. Limitations of this research and some recommendations for future research are discussed, before the closing conclusions.

A Summary of the Key Points

The purpose of the present study was to examine the effect of an EE intervention, *East Los High* on the sexual decision-making of young Latino/a couples in El Paso. Fifteen couples watched the *ELH* narrative and provided their impressions and opinions about the sexual encounters portrayed in the show. Second, the research sought to discover generative solutions that couples come up with in the process of sexual decision-making so that both partners could be empowered to make sounder decisions. These questions were investigated through a multi method approach of joint couple interviews and participant observations.

Why the focus on sexual-decision-making? Sexual decision-making is a social, complex, dynamic and a communicative process, involving at least two actors at a given time. Even though one may decide his/her own sexual actions, in a relationship, the decision-making is shared. The dynamic, in-the-moment nature of sexual decision-making leads to consequences that have a long-term impact on young couples, especially the women. The consequences of an unwanted pregnancy or the contracting of a sexually transmitted infection are grave. Latino/a youth (18 to 24 years) in the United States are at highest risk for these outcomes. Highest teenage pregnancy rates have been noted for Latina women at 107 pregnancies per 1000 females (Kost & Henshaw, 2012) and highest birthrate of any ethnic groups in the U.S. (Martin et al., 2012). Among all the states, Texas ranks 5th in teenage pregnancy, however within the state of Texas, El Paso reports highest teenage pregnancy rate at 80 pregnancies per 1000 females (Department of Health, El Paso, TX, 2012).

Sexual decision-making is an iterative process that requires actors to evaluate their decisions, in the moment, at every decision point. Starting with decisions to have sex or not, decisions about whether the man will ejaculate inside the vagina and a whether a woman desires to conceive or not, using birth control methods such as condoms or birth control pills or not, and evaluating protection against STDs. If a woman conceives, whether or not she should keep the baby, should she consider an abortion or an adoption, and if she decides to keep the baby, should she get married or remain single?

Many factors contribute to the sexual decision-making process among young people. Research shows interdependence of factors such as personal and partner characteristics, need for sexual intimacy, desire for perceived relationship safety, parental and peer communication that affect adolescent sexual activity. Although the literature on teenage sexuality is vast, males and

females have been studied as separate actors. Given the nature of sexual relationship, involving two people, it was imperative that sexual decision-making was studied at the level of couples.

Many interventions have been employed for sexuality education, such as, school based sex education programs and comprehensive sex education programs. However, gains are only seen in knowledge and attitudinal dimensions, at best. In recent years, mass media campaigns for sexual responsibility have employed storytelling to engage audiences and evoke interpersonal dialogue, using a communication for behavior change strategy called entertainment-education (EE) (Wang, Singhal & Rogers, 2013). The entertainment-based genres portray sexual dilemmas without having ‘to tell’ the audience what is right or wrong. EE has been shown to be, under several conditions, a highly effective behavior change communication strategy around the world and in the U.S., especially in dealing with complex social problems, particularly HIV/AIDS, family planning, gender equality and sexual responsibility (Wang, Singhal & Rogers, 2013). The EE intervention for this study was *East Los High (ELH)*, a transmedia storytelling package, including a web novela, which aired on *Hulu* in the summer of 2013. The lives of Latino/a high school adolescents living in East Los Angeles were depicted in plots that unfold over 24 episodes. For the purpose of this study, an edited, 110-minute feature narrative of *ELH* was used. This study on *ELH*, and the research reported here, present significant implications for method employed, and results found.

Methodological Implications

This study was undertaken with the proposition that past research on sexual decision-making has lacked a couple’s perspectives. When rarely, couple interviews have been used to study marital or family issues, it has been noticed that participants have more control over the construction and interpretation of a “common story” and problems of anonymity and consent

among interviewees are reduced. However, the fact remains that couples as respondents is a highly rare phenomenon.

Why so? Data from couples is rarely collected because of challenges of recruitment, disclosure issues among partners, and lack of interest to participate from either of the participants (Mellor, Slaymaker & Cleland, 2013). Almost exclusively, research on sexual decision-making has focused on the independent perspectives of males and females. The couple interviews, in this study, clearly allowed for a richer, relational perspective on gauging audience effects of a show where the protagonists were also couples engaging in sexual encounters.

In this study, recruitment of couples, understandably, posed a challenge but once a relationship was developed with a potential participant (male or female), and if they fit the criteria, it was they who helped recruit their counterpart to participate. During the interview, it was possible that one of the partners could take over the conversation, but extra care was taken while designing the interview guide to ensure equal involvement of both partners. It was heartening that no problems were encountered in terms of personal disclosure, precisely because the design of the study ensured that the type of questions that were asked invited a dual perspective, and a space of comfort for the couple was provided.

The method employed, as well as the interview guide, allowed the couples to talk about the *ELH* narrative while they watched the feature, and to talk about the characters and their actions within the context of their own relational experiences. Participant observations and interviews provided a concrete in-the-moment way to analyze the degree of couple's engagement with the narrative, and to see how it manifests through their own embodied co-presence as viewers. Also, the problem of data contamination is reduced because the partners were called together, and participated fairly on an equal basis. The researcher can ensure high data quality in

such interviews by carefully selecting the setting and establishing a personal rapport with the couples. Couples engaged in healthy disclosures and the partners immediately clarified contradictions, ensuring the veracity and consistency of the information provided.

In conjunction with in-depth couple interviews, participant observations helped to collect real time data on emotional engagement of the respondents with the *ELH* narrative. Researchers have utilized technology such as emotion recognition software for measuring audience engagement with media. However, employing participant observations to record emotions, reactions and body language of the respondents provided guides to ask follow-up questions. For instance, when Ceci learned about her pregnancy, several couples verbally reacted to indicate their surprise. Recording their surprise allowed for probing them further on why they reacted the way that they did, giving insights into their emotional engagement with the narrative.

So, the present research raised important methodological implications about participation of couples, especially when shared decision-making matters, as in sexual encounters, are involved. What are the implications of the research's findings?

Implications of Findings

A striking, though not surprising, revelation from the present research was the following: The viewing of *ELH* opened conversations of perceived invulnerability among the young participants, who demonstrated an “optimistic bias” that they were totally invulnerable and that the negative behaviors of their unsafe actions would not affect them. Goossens, Beyers, Emmen, and van Aken (2002) have talked about the construction of these “personal fables” of invulnerability. In the context of sexual activity, the perceived invulnerability leads couples to not use condoms or other contraceptives. The interviewed couples believed that they could not get pregnant and definitely not get STDs since they maintained monogamy. The perception that

one is not susceptible to any outcomes of their non-healthy behaviors, and low perceived severity of the outcomes can hinder behavior change, especially when high-risk group does not have a social script or existing efficacy to planned behavior change.

The findings suggest important implications for EE intervention design and evaluation. Sexual decision-making is a highly complex process and may be affected through de-personalized communication to raise dialogue. The process of creating a system where audience is not going through the process themselves but learning vicariously can create a system of empathy, break the cycle of invulnerability through identification and mass-mediated transportation. Narrative involvement with the characters evokes a hope or wishes to become like certain positive characters can give rise to aspiration. Identification with certain desirable behaviors of certain characters can motivate audience to take up their sexually responsible behaviors too. For example, Jacob's responsible behavior at work and his vocalized aspiration to go to college was a highly identified behavior among the male respondents. Not surprisingly, his condom-using sexually responsible behaviors were most referred to as being necessary and appropriate.

ELH created a dialogue among the couples and parasocial interaction with the characters. Parasocial interaction is a seemingly face-to-face relationship that develops between the audience and the character, leading to one-way audience interaction with the character (Horton & Wahl, 1956). The findings suggest that couples rarely engage in interpersonal communication before, during or even after sexual activities. Therefore, they never talk about consequences that may accrue. However, couples did engage in "cognitively - oriented" parasocial interaction. That is, after exposure to *ELH*, they paid careful attention to the characters and their stories and talked about the educational messages of each sexual encounter. Cognitively-oriented parasocial

interactions entail the degree to which audience members pay attention to a particular character and think about character's action. For instance, Jessie's character was well followed by the couples, through display of real-time emotions such as disgust, anger and frustration. Her decision of having sex with Christian and then Jacob disturbed most couples. The couples became critical of her decisions and she was perceived as an irresponsible and negative character, at least in those encounters. Research has suggested that this kind of reiteration on the educational subjects may facilitate audience recognition and they may be able to change behaviors that put them at risk (Papa & Singhal, 2009; Papa et al., 2000; Sood & Rogers, 2000).

Dialogue can also drive change by creating self-efficacy, clarifying perceptions so that the audience can set actions and plan to undertake to change present behaviors. Self-efficacy is a belief that one can produce desired results through their actions, making individuals more likely to adopt and maintain healthy sexual behaviors (Bandura, 2006). Findings suggest that self-efficacy is compromised in cases where communication fails to happen with respect to use of condoms, contraception and even refusing or asserting no to one's partner. On the other hand, collective efficacy refers to a couple's shared belief in its conjoint capabilities to attain sexual decision-making goals (Bandura, 1986). It involves the belief or perception that an effective collective action is possible to address their shared problem. Collective efficacy of both partners in understanding safer sex practices (such as use of condoms, contraceptive pills) and regular screening for STDs through maintaining interpersonal communication at all times is critical in shaping behavior change. For example, Soli and Paulie's pre-sex conversation (reported at the top of Chapter 4) demonstrates their self as well as collective efficacy toward safe sex practices. This particular sexual encounter evoked realizations of the need of interpersonal communication; assertion, waiting it out and the couples believed they were capable of doing so. In other words,

they believed they could dialogue about the issue, negotiate from their points-of-view, and co-decide on a responsible course of action.

The effect on self-efficacy of couples was noted through their active involvement and judgment of *ELH* characters. There were strong emotions expressed and parallels drawn between the characters and their own behaviors. Interestingly, in couples where sexual practices tended to be “unsafe,” strong desires were expressed about the need to talk and act on safe sex practices. Some couples planned to get tested, and several females told their male partners right then and there to wear a condom every time.

Thus, behavior change in sexual decisions is collective and communicative among partners. The couples in this study frequently talked about their present sexual decisions finding similarity with the character’s lives. Some couples dialogued about their own decision-making through these characters, thus making their own communication easy through indirect and with a third person reference (character). Such as, Ceci and Abraham sexual encounter brought to the surface the most commonly followed practice of “pulling out.” In communicating about this behavior, the couples talked to each other and expressed fear of the outcomes, and a desire to change their behaviors. In cases where the belief is that sex is “natural” and “routine,” self and collective efficacy to be safe is compromised.

New Generative Practices

The second research question allowed the complex sexual decision-making process to take place in a hypothetical situation, where in the couple were asked to simulate a situation involving two characters of the show. The couples pretended, for instance, to be Jessie and Christian, who were in a position where sexual intercourse was the outcome, even after Jessie tried to negotiate. To discover solutions that may enhance their interpersonal communication and

sexual relationship, the couples were asked to stop obvious outcome of sexual intercourse from happening. As reported in our previous chapter, the outcomes were creative and emerged from the young couple, hence owned by them. Sexuality researchers and EE practitioners can use this improvisational role-play approach in the communities to harness the collective wisdom of the community, because some people may have found a way to solve the problem.

The generation of new practices helped facilitate the process of breaking sexual silence among couples, especially with respect to saying “no”, STI testing, cheating, among others. The *ELH* narrative, with its cast of fictional characters, opened up spaces for the couples to discuss power dynamics in sex, desire for intimacy, and the lack of communication before, during, and after sexual encounters. In this sense, the generation of new practices through improvisation methods can provide new culturally specific solutions to problems that seem to be stuck, involve more than one actor, and where causes and effects are interdependent.

One of the important implications of this data is about casual sex partners and the comfort with which sex is perceived by couples. While doing this project, I read through an interesting research project going on called the *casualsexproject.com*, that aims to collect stories of casual sex from around the world. Fortunately, in this study, I met a couple that was in a casual sexual relationship. Their expression of decision-making was rather different than a couple in an official relationship. It was more secretive, safe and more interactive. They both were clear on what they wanted and how safe they wanted to be about it. More research into these kind of casual relationships may also provide insight into sexual decision-making from another perspective.

In summary, the effects of this *ELH* feature can be described at three levels. First, pre sexual, the couples decided to talk more about their sexual behaviors, initiation and continuation

using protective measures such as condoms and birth control pills. Second, during sex, this is also the time when couples can mostly oversee the importance of a condom and may engage in unsafe sexual activity. The couples developed a sense of vulnerability after watching *ELH* feature and hence planned to use a condom every time they engaged in sexual intercourse. This claim was especially strongly put forward by the females, showing more impact of *ELH* on them than males. They also decided to get an emergency contraceptive if at any time intercourse happened without a condom, and not wait until the next menstrual cycle or take pregnancy as it comes. Third, the after sex talking seemed to be crucial among partners in case there was a pregnancy. Interpersonal communication about options such as abortion or keeping the baby was serious. The couples that had not been checked for STDs decided to get tested for STDs. The show however, was not able to cast an effect on the perception of abortion and adoption was not an option for any.

East Los High provided a transmedia storytelling platform in its original form, with 24 episodes and nine crossmedia components, enhancing the capability of the audience members to seek information, and develop their self-efficacy through a number of media products beyond the show. However, this study utilized the frame of the main character plots with an edited *ELH* feature version, compacted to fit and accentuate the educational and dramatic content. Viewing context is a major concern point of EE research that has been taken into consideration with this research. This kind of a research design can facilitate change through immediate dialogue among the participants who watch the EE show. Research on persuasion of EE messages has been countered with audience resistance to the message, but if the design allows for the resistance to be expressed, perceptions can be clarified to enhance the persuasive nature of the messages.

Also, the overall findings from this research can help in creating scripts for EE shows that aim to focus of sexual issues.

Limitations and Future Research

Unmarried, young, Latino/a couples participated in this study for an average of four hours. The cross sectional nature of this study makes it hard to suggest how couple relationships play themselves out in real time, knowing that each couples will craft their own story. As in social problems, it is hard to keep track of longitudinal outcomes, but if these couples could be followed up at a three-month interval, concrete long-term results of this intervention may be more (or less) apparent. Also, the interview was done right after the viewing and therefore the recall of the content was high. It may be interesting to expose the couples to the intervention and then interview them after a week and then at a month's time to measure the long-term effect of narrative such as *ELH*.

During this research, participant observation notes were taken for all the couples while viewing and during the interviews. All of the observations may not be reflected in this study because of the scope of research questions. Therefore this research does not fully cover the emotions that were expressed and recorded during the process. A suggested research question is *“which emotions are expressed at these sexual encounters and how do they differ among males and females?”*

Another under explored area in this research is of gender-based violence among Latino/a couples during sexual decision-making. Future research may consider these questions in collecting data through innovative and sophisticated research designs that call for collective perspectives.

Conclusions

“I don’t think there was a need to do it (sex) this fast....I was not dying to do it and if he loved me, then he would need to wait. If he really cared, and not only for that (sex), I was going to give it to him....”

Edith, a study respondent confessed that her first sexual encounter with her partner, three months into their relationship was not something she wanted to do. She wanted to wait for at least a year before she and her partner had sexual intimacy. Edith continued that she insisted on waiting but her boyfriend insisted that they do “it” (sex). This is a case of a couple, that did engage in pre-sexual conversation and the female asserted her agency and negotiate what she wanted. The male, however was insistent and got what he wanted.

This research has highlighted the subtleties of the complex problem that sexual decision making is. As a young girl, growing up in India, sex education was never a part of my school curriculum. High school boys and girls seem to sit in corners and share whatever small knowledge they had in giggles and whispers. In college, sex was a “social taboo” (even if it happened under closed covers) and boyfriends had to be “remote” and “invisible,” if they existed. The lack of comprehensive and correct knowledge, led to my ‘conservative’ Indian society to show me a different face of reality among friends and acquaintances.

This research project has allowed me to come a full circle in being with my own age group here on the U.S.-Mexico border, and shows me the value of making informed choices. The purpose and the design of the study helped me probe into what is perceived as ‘secret’ and allowed open and honest disclosures by those who are most affected, the couples. Sexual decision-making is a non-linear and adaptable process. Each condition is different and the couples actively evaluate their desires and weigh them with their aspirations.

This work adds to the literature from a complexity science perspective, focusing on the system and considering it as a whole rather than separating its part to ‘fix’ the problem piecemeal. A couple is a system; acting together and complex nature of human feelings makes the system even more tied together. This is first of its kind research, even if a small attempt, where couples are invited and their shared stories of effect of an EE intervention are analyzed. The complex system approach suggests, generating ‘new practices’ as opposed to ‘best practices’, this study has embarked on the process of generating solutions and bringing them to surface with minor changes in the qualitative research structure. The findings of this study hold significance for interventions designs in sex education and EE. The findings about persuasion and immediate dialogue vs. resistance may allow future research and practice in EE.

I have lived a dream with this thesis and I hope to continue my EE journey through innovation in applied research.

APPENDIX A INFORMED CONSENT

University of Texas at El Paso (UTEP) Institutional Review Board Informed Consent Form for Research Involving Human Subjects (IRB # 608382-1)

Protocol Title: Effects of *East Los High*, An Entertainment-Education Web Series, on Sexual Decision-Making of Young Latino/a Couples

Principal Investigator: Anu Sachdev

UTEP: Communication

In this consent form, “you” always means the study subject. If you are a legally authorized representative (such as a parent or guardian), please remember that “you” refers to the study subject.

1. Introduction

You are being asked to take part voluntarily in the research project described below. Please take your time to make your decision about whether or not you wish to participate in the present study, and feel free to discuss it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

You have been asked to take part in a research study “Effects of *East Los High*, An Entertainment-Education Web Series, on Sexual Decision-Making of Young Latino/a couples”

Approximately, 15 Latino/a couples between the ages 18-24 will be enrolling in this study at UTEP.

You are being asked to be in the study because you are a Latino/a male or female between the ages of 18- 24 and currently in a romantic heterosexual relationship. If you decide to enroll in this study, your involvement will entail about 3 hours total of your individual time.

3. What is involved in the study?

If you agree to take part in this study, the researcher will ask you to come with your partner. You will be asked to watch a roughly 100-minute *East Los High* feature length video together. While you are watching the video, the researcher will be present in the same room and will unobtrusively observe and take notes on your emotions/reactions to the video. After watching the

video, the researcher will interview you and your partner on your perceptions of sexual decision-making in the show and the effects, if any, of the show on your individual and collective sexual decision-making. The interview will last for about an hour and it will be audio recorded. These audio-recorded files will be maintained confidentially by the present researcher and will be deleted permanently after the interviews are transcribed and analyzed. No personal names, attributions, or identifying marks will be disclosed to anyone at any time. A code number will be assigned to each participant to maintain complete confidentiality.

4. What are the risks and discomforts of the study?

There are no known risks associated with this research. However, if you are uncomfortable during any part of the research or process, you can opt out of the study at any time. Also, if the researcher notes any risk or discomfort, the process will be aborted immediately. If you have any questions or doubts or concerns, please feel free to stop and ask the researcher at any time.

5. What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form. You should report any such injury to **Anu Sachdev (915-841-9862)** and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

6. Are there benefits to taking part in this study?

We hope that you will find the 100-minute long feature length video to be engaging and to deal with important issues that relate to healthy lifestyles of Latino/a youth. This research, broadly speaking, will also help us to understand the sexual decision-making behaviors of young Latino/a couples after exposure to an Entertainment-Education show, *East Los High*. The insights may be useful nationally and regionally for designing and implementing future media interventions targeting young Latino/a adults in the U.S.

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study. If during the study, you are uncomfortable or do not wish to participate, you can opt out anytime. Also, if you do not wish to answer certain questions, those questions can be skipped without any problem. Feel free to share your thoughts with the researcher.

8. Who is paying for this study?

This study is being done as a Master's thesis. The expenses are minimal and will be borne by the researcher.

9. What are my costs?

There are no direct costs.

10. Will I be paid to participate in this study?

You will not be paid for taking part in this research study.

11. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty.

If you choose to take part, you have the right to stop at any time. However, we encourage you to talk to the researcher so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

If there are any anticipated harms in the process, the researcher may decide to stop the process at any time.

12. Who do I call if I have questions or problems?

You may ask any questions you have now or in the process. If you have questions later, you may call **Anu Sachdev at 915-841-9862, asachdev2@miners.utep.edu**

If you have questions or concerns about your participation as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

13. What about confidentiality?

1. Your part in this study is confidential. None of the information will identify you by name. All records will be kept with the researcher and will not be shared with any information identifying you. Each study participant will be assigned a number and in reporting pseudo names will be used.

2. Every effort will be made to keep your information confidential. Your personal information may be disclosed if required by law. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include but are not necessarily limited to:

- The sponsor or an agent for the sponsor
- Department of Health and Human Services
- UTEP Institutional Review Board

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed. The results of this research study may be presented at meetings or in publications; however, your identity will not be disclosed in those presentations or any other publications.

All records will be maintained in digital files and after the interviews are analyzed, the audio files will be deleted permanently to ensure data security.

3. Your confidentiality will be maintained at all times by assigning numbers to your audio files and use of pseudo names while reporting.

14. Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

15. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Date: _____

Participant Signature: _____ Time: _____

Consent form explained/witnessed by: _____

Signature: _____

Time: _____

APPENDIX B

Interview Guide for the Couples

This interview guide shows questions and their order. Some questions were asked to both the partners to answer as a couple and some questions were directed for the male or the female.

Narrative involvement

1. What are your opinions about the show?
2. Which characters did you like most in the show? Why?
3. Which character did you most relate to in the show? How? (Ask this question to both the respondents)
4. Who's behavior did you identify with? Why?
5. Which character would you want to most be like? Why?
6. Who's sexual behaviors in the show did you identify with most and saw similarities? Why?

About present sexual behaviors

1. Who starts the conversation of having sex? Who decides?
2. Do you talk about using a contraceptive or protection?
3. Who initiates this topic? And who decides?
4. How do you usually decide? Can you give me an example..
5. How does the show help you in thinking differently in terms of your sexual decisions and conversations?
6. What does a typical conversation before sex look like between the two of you?
7. What does a conversation look like after sex?
8. So what happens in an episode of unplanned sexual encounter?

To Female

1. If you were to relate with a character, what would you do if you were pregnant?

2. How did the *East Los High* show your past experiences or what you did?
3. What do you think about what was happening to Jessie? Was Jessie responsible for being pregnant?
4. If you didn't want to have sex, how do you communicate it your partner?
5. What are some of the negotiation skills about sexual decision-making you will adopt from the show?

To Male

1. If you were Abe, what would you do differently?
2. Who all are a part of your sexual decisions? Or influence your decisions about sexual matters?
3. Out of 10 times, how many times do you use protection?
4. What are the male responsible behaviors that you will adopt after watching *East Los High*?

Alternate solutions/ Improv Prototyping

Imagine you are Jessie and Christian, and you are at Christian's place.

To girl: You are Jessie and you are trying to tell Christian that you don't want to have sex.... and that you are not ready....

To Boy: You are Christian and you are ready to do anything to lure Jessie into having sex.

Act this out, so as to how will you, Jessie, most effectively and amicably say 'no' and you, Christian, try your best to lure her into consent, so that she says 'yes'.

APPENDIX C

Synopsis of East Los High Feature Narrative

Here I provide a synopsis of the 110-minute long *East Los High* narrative that was watched by the present study's respondents. Set at a high school in East Los Angeles, with a predominantly Latino/a population, the melodramatic narrative revolves around the unfolding lives of high school juniors and seniors, shaped by the personal choices and decisions they make.

The narrative of *East Los High* focused on the topics of teenage pregnancy, sexual responsibility, and STD transmission, through dramatic storyline of five young women -- Jessie, Ceci, Vanessa, Soli and Maya, and four young men -- Jacob, Paulie, Christian and Abraham. The narrative begins with Vanessa, a high school senior, as she is taped having sex in a car with an acquaintance. As a result, she loses her boyfriend Jacob and her crown. Vanessa seeks to find out who taped her, and later learns that Jessie's cell phone was used for the purpose.

Jessie, a junior, introduces her cousin Maya to her new boy friend and high school senior, Jacob. Jacob and Maya work together at Jacob's father's cafe and the plot instigated to develop with Jessie-Jacob-Maya love triangle.

At the same time, Vanessa uses her influences with dance show host Freddie to get an audition to the famous Dance 5 show through engagement in sexual favors. Vanessa also plots revenge over Jessie with her friend-with-benefits Christian to have sex with her as she blames Jessie for her break up with Jacob.

Meanwhile, Vanessa's best friend Ceci, finds out she is pregnant at 17 with her boyfriend Abraham's child. Ceci got pregnant as a result of trusting that her boyfriend Abraham will "pull out" as he climaxed. Ceci goes through the dilemma of choosing between options, of going through with the pregnancy, adoption or abortion as Abraham was not a responsible father. Ceci couldn't decide until the 20th week of her pregnancy, and finally decided to keep the baby. Ceci finally, finds herself

a place in the homeless pregnant teen shelter and delivers the baby. Unfortunately, she has to drop out of school in order to take a job to support her baby.

Christian makes clever moves to lure Jessie into having sex with him. One day, Christian took Jessie to his place and persuaded her into having sex with him by his romantic and seductive acts. Jessie was not on birth control pills and tried to negotiate condoms but Christian promised to pull out. Jessie soon finds out that her boyfriend Jacob and cousin Maya are cheating on her. To keep her boyfriend, Jessie engages in sex with Jacob. Jessie did not know about Vanessa's revengeful intentions and she fell for sex with Christian thinking it was love and then had sex with Jacob in plotting revenge against her cousin, Maya. A month later, Jessie found out she is pregnant. She confessed her pregnancy to Christian, he blamed her for not being on oral contraception and Jacob was confused because he used a condom.

Jessie's ill mother asked Jacob to marry Jessie and Jacob anxiously agrees to take responsibility. Jessie searches her options and is very hesitant about abortion. Confused and guilty, Jessie decides to go with the pregnancy till the 11th week. On the wedding day, Jessie discloses to Jacob that he did not get her pregnant but it was Christian. Jacob was taken by his disbelief and called off the wedding.

Vanessa who had sex with multiple partners, Jacob, Christian and Freddie, found out that she is HIV positive. Vanessa was frustrated, angry, and scared. On disclosing her status, she found out that Christian got himself tested two weeks ago, was negative and Freddie denied having AIDS, then, who gave it to her?

Finally, Jessie decides to get an abortion and later go to college in San Francisco. Jessie humbly notes the lessons that life has taught her: never cheat on your boyfriend, don't lie to yourself or family, and don't have sex with a guy before you really get to know him. If you do, make sure he always wears a condom.

APPENDIX D:

Major Sexual Encounters Among Characters of Latino/a Web Series *East Los High*

1. JESSIE AND CHRISTIAN

Phase	Description of Encounter	Female's role	Male's role	Decisions/Outcomes
PRE sexual activity	Christian wants to have sex with Jessie. He tries to get close to her. Jessie is reluctant and avoids this topic with him. Christian takes Jessie to his place. They watch their dance video together.	Jessie ignores and avoids getting into a situation of sexual activity. Jessie wants to stay loyal to Jacob, her boyfriend. She wants to be a virgin.	Christian is persistent in luring Jessie to have sex with him.	Delayed sexual activity/ Abstinence
DURING sexual activity	Jessie wants to stop the activity and indicates she is not on the pill. Christian promises her to take care of her. Jessie asks Christian if he has a condom. Christian promises to pull out.	Jessie raises the issue of protection by talking of birth control pills and condoms.	Christian wants to continue and that time takes responsibility of taking care.	Unprotected sex
AFTER sexual activity	Jessie feels guilty and she decides to talk to Christian.	Jessie regrets having unprotected sex with Christian.	Christian ignores her.	Pregnancy

2. CECI AND ABRAHAM

Phase*	Description of Encounter	Female's role	Male's role	Decisions/Outcomes
DURING sexual activity	Ceci and Abe are unprotected having sex and Ceci shouts "Already? pull out, pull out.. You gotta stop doing that" and Abe does not stop because he is feeling good. Abe wants to have sex again and assures Ceci that he will pull out this time, Ceci approves.	Ceci wanted him to pull out before the ejaculation and voices that he has to stop doing it, indicating pattern during their sexual encounter. However, seeing Abe enjoy, Ceci is happy and blushes.	Abe has unprotected sex with Ceci because he enjoys it. Abe is persistent with having unprotected sex again	Unprotected sex
AFTER sexual activity	While dancing, Ceci feels nauseous and checks to see that she is pregnant. Ceci goes to the clinic to explore her options. Dr. tells her about abortion and the state of California rules for abortion. Ceci asks her if her parents or Abe would have to know. She also asks if it is going to be expensive. The doctor explains that no body has to know, according to	Ceci quickly checks to see if she is pregnant Ceci is confused and regretting but she is actively engaging in looking for options at the clinic	Abe is not involved in the process at all.	Pregnancy, Looking for options. Ceci decides to keep the baby

	<p>state rules of California. Dr. also explains the procedure costs and gestation durations. Dr. wants Ceci to decide soon, because after 24 weeks of gestation pregnancy can only be terminated for serious illness reasons. Ceci is confused and cries that why did she have to get pregnant in the first place.</p> <p>Ceci decides to keep the baby and moves out of Abe's place to move into a shelter.</p> <p>Ceci gives birth to her daughter.</p>	<p>She takes the responsibility of the baby and doesn't want to live with Abe.</p> <p>Ceci has the baby and lives with her at a shelter and works as a nanny</p>		
--	---	--	--	--

*No pre sexual encounter was shown in the show for this couple

3. JESSIE AND JACOB

Phase	Description of Encounter	Female's role	Male's role	Decisions/Outcomes
PRE sexual activity	Jessie and Jacob are studying together and Jacob tries to have sex with her and Jessie promptly stops him. Jacob stops and says that he	Jessie stops him as soon it is getting intense.	Jacob stops when Jessie stops him and is ready to wait until she is ready	Delayed sexual activity/ Abstinence

	will wait until she is ready			
DURING sexual activity	Jessie lures Jacob and takes him to the room. They have sex.	Jessie expresses her desire to have sex because she wants to keep Jacob as her boyfriend	Jacob uses condom	Protected Sex
AFTER sexual activity	<p>Jessie finds out that she is pregnant and tells Jacob that it is his baby. Jacob is shocked as he used a condom.</p> <p>Jacob suggests that Jessie should get an abortion, as they are too young to raise a baby.</p> <p>Jessie explores options at the clinic but her mother wants Jacob and Jessie to marry before she dies</p> <p>On the wedding day, Jessie decides to disclose the truth to Jacob and refuses to marry.</p>	<p>Jessie regrets and lies to Jacob that she is pregnant with his baby and is confused about what to do.</p> <p>Jessie decides to not have an abortion.</p> <p>Jessie continues with her lie and gets ready to marry and give birth to the child.</p> <p>Jessie takes responsibility and decides to get an abortion</p>	<p>Jacob regrets and says they should have waited to have sex. Jacob takes responsibility of the baby and prepares to marry Jessie</p> <p>Jacob initiates the idea of abortion</p> <p>Jacob gets ready to marry Jessie</p>	Pregnancy/ marriage/abortion/ not going to college

4. VANESSA AND FREDIE

Phase	Description of Encounter	Female's role	Male's role	Decisions/Outcomes
PRE sexual activity	Vanessa goes to Dance Five set to meet Freddie Garcia (host of the show) and asks him if he remembers her in a seductive manner	Vanessa uses her personal characteristics to seduce Freddie for a favor. She leads the act.	Freddie walks to a room	No conversations about sex/ seduction/ sex
DURING sexual activity	As soon as Freddie has an intercourse, Vanessa asks him indirectly if he was going to use a condom. Freddie in turn, asks her if she is on the pill and continues to have sex with Vanessa. Vanessa fakes arousal.	Vanessa decides to have sex with Freddie because she needs a favor and has unprotected sex because she is on birth control pills.	Freddie continues despite Vanessa raising the condom topic because he is aroused	Unprotected sex
AFTER sexual activity	Vanessa discovers that she is HIV positive so she calls Freddie to tell him that he gave it to her. However, Freddie denies it and says that she gave it to him and that he doesn't have AIDS. Vanessa asks him if he has been tested?	Vanessa decides to inform her sex partners about her status as she follows medical advice.	Freddie refuses to accept that he is HIV positive and doesn't take responsibility	HIV transmission

5. SOLI AND PAULIE

Phase	Description of Encounter	Female's role	Male's role	Decisions/ Outcomes
PRE sexual activity	Paulie and Soli talk about having sex. Soli refuses to go to Paulie's place because she just began her birth control pills and they will take a week to get active. She tells him that he will have to wear a condom because she doesn't want to get pregnant or get STDs.	Soli is very straightforward and honest in communicating that she is not going to have sex without protecting herself.	Paulie tells her that he will wear a condom but after Soli says she is not doing anything before birth control, Paulie agrees to wait till she is ready.	Waiting till birth control is active.
DURING sexual activity	While in the bed, they both jump to get condom from either side of the bed.	Soli makes sure that Paulie wears a condom.	Paulie is responsible and takes out a condom.	Protected sexual activity.

APPENDIX E

Case Matrix of Couples Interviewed

Couple Number	Young Woman's age	Young Man's age	Pregnancy History	Marital aspiration	Relationship summary
1	20	24	None	Yes	The couple met four years ago through mutual friends. The young man wanted to date a young woman with “big buttocks”. Both partners have not been tested for STD.
2	20	24	None	Yes	The couple met through mutual friends at a community college. They have been in a relationship for two years. The young woman is a bisexual. When she first asked him out, he was confused, as she had broken up with a girlfriend recently. They describe themselves as “sex maniacs”. Both the partners have been tested for STD and are negative.
3	20	20	None	No	The couple met at a bar three months ago. The young man found her attractive and “drama free” so they started dating a week later. They first had sex after the first week of their relationship. Both the partners have been tested for STD and are negative.
4	19	21	None	Yes	The couple met at high school and has been dating for three years and eight months. They describe themselves as “actively protected”. Both the partners have been tested for STD and are negative.
5	22	24	Once-at age 22	May be	The couple met four years ago at a community college. The young man was a drug addict and they started having casual sex before moving into a steady relationship. The young woman got pregnant last year and now they have a baby together. They were living together at the time of the interview. The young man has not been tested for STD. The young woman was tested while pregnant and is negative.
6	19	21	None	May be	The couple met first at their work place two years ago and started as friends with benefits. They started dating three months after and have been together since then. They moved in together recently. None of the partners have been tested for STD.
7	19	22	Once-Miscarriage at age 18	Yes	The couple met two years ago at the church and has been together since then. The young woman has been tested for STD and is negative; the young man has not been tested.
8	19	19	None	Yes	The couple went to high school together and started dating five months ago. The couple describes themselves as “pure” because they follow the vows of chastity and practice complete abstinence.
9	18	20	None	No	The couple met eleven months ago at a party and started dating two months thereafter. The couple works together. None of the partners have been tested for STD.
10	19	24	Twice-1 st at age 15 with another partner	Yes	The couple met five years ago through young woman's first boyfriend. The young woman said she was forced into losing her virginity with her first boyfriend and got pregnant when she was only 15. The young man denied impregnating her. Eventually, the young woman miscarried the baby. Then she started dating her present partner at 16. At 18, she got pregnant with this partner's baby, but miscarried it. Both the times, the young woman didn't know she

			2 nd at age 18 with the present partner-miscarried both.		was pregnant until she miscarried the tissues. Both the partners also contracted gonorrhea from previous sex partners and therefore are very careful in being “protected”. Both the partners have been tested for STD and are negative at present.
11	21	24	Twice-1 st at age 15 with her first young boyfriend. 2 nd at age 17-one night stand.	May be	The couple met five months ago through mutual friends at a party and has been together since. The young woman lives with her children in a household program. The young woman has been tested for STD and is negative; the young man has not been tested.
12	23	24	Thrice-1 st at age 13 2 nd at age 16 3 rd at age 21	Yes	The couple met ten years ago when the young woman was 12. She got pregnant with his baby at 13. She said that they “planned” the baby when she was 13 as they both wanted to be together. They did not use protection before the first pregnancy. After that, then she got pregnant at 16. She was on irregular birth control pills and he was not using condoms. Then she got an IUD but as it caused problems, it was removed. She got pregnant again at 21. Her second and third pregnancies were unplanned. The couple now lives together but is unmarried. The young woman has been tested for STD and is negative; the young man has not been tested.
13	22	21	None	Yes	The couple met at their workplace on UTEP campus and the young man found her “very pretty.” They have been together since five months but have talked to not have sex until they get married. They “have fun” doing “other stuff.”
14	18	23	None	Friends with Benefits	The couple met six months ago at a party and had a one night stand. They started seeing each other for physical pleasures. They don’t want to exclusively date each other. The young man has been tested for STD and is negative; the young woman has not been tested.
15	18	18	None	No	The couple met a month ago at a party. They are in the initial phase of dating but are sexually active. None of the partners have been tested for STD.

REFERENCES

- Allen, L. (2003). Girls want sex, boys want love: Resisting dominant discourses of (hetero) sexuality. *Sexualities*, 6, 215. doi: 10.1177/1363460703006002004
- Allen, M., Emmers-Sommer, T. M., & Crowell, T. L. (2002). Couples negotiating safer sex behaviors: A meta-analysis of the impact of conversation and gender. In M. Allen, R. W. Preiss, B. M. Gayle, & N. A. Burrell (Eds.), *Interpersonal communication research: Advances through meta-analysis* (pp. 263-279). Mahwah, NJ: Erlbaum.
- Allen, K.R., Husser, E.K., Stone, D.J., & Jordal, C. E. (2008). Agency and error in young adults' stories of sexual decision-making. *Family Relations*, 57(4), 517-529.
- Amaro, H. & Raj, A. (2000). On the margin: The realities of power and women's HIV risk reduction strategies. *Journal of Sex Roles*, 42(7/8), 723-749.
- Ariely, D., & Loewenstein, G. (2006). The Heat of the moment: The effect of sexual arousal on sexual decision making. *Journal of Behavioral Decision Making*, 19, 87-98.
doi: 10.1002/bdm.501
- Atienzo, E. E., Walker, D. M., Campero, L., Lamadrid-Figueroa, H. & Gutierrez, J.P. (2009). Parent-adolescent communication about sex in Morelos, Mexico: Does it impact sexual behaviour?. *European Journal of Contraception and Reproductive Healthcare*, 14 (2), 111-119.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman.
- Bandura, A. (2002). Social Cognitive Theory in Cultural Context. *Applied Psychology*, 51(2), 269-290. doi: 10.1111/1464-0597.00092

Bandura, A. (2004). Health Promotion by Social Cognitive Means. *Health Education & Behavior, 31*(2), 143-164. doi: 10.1177/1090198104263660

Bandura, A. (2006). Adolescent development from an agentic perspective. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (1 – 43). Greenwich, CT: Information Age Publishing.

Baumeister, R. F., Catanese, K. R., & Vohs, K. D. (2001). Is there a gender difference in strength of sex drive? Theoretical views, conceptual distinctions, and a review of relevant evidence. *Personality and Social Psychology Review, 5*(3), 242-273.

Bjørnholt, M. & Farstad, G. R. (2012). 'Am I rambling?' on the advantages of interviewing couples together. *Qualitative Research, 14*, 3-19. doi: 10.1177/1468794112459671

Bird, H. R., Canino, G. J., Davies, M., Zhang, H., Ramirez, R., & Lahye, B. B. (2001). Prevalence and correlates of antisocial behaviors among three ethnic groups. *Journal of Abnormal Child Psychology, 29*, 465 – 478.

Borawski, E. A., Ievers-Landis, C. E., Lovegreen, L. D., & Trapl, E. S. (2003). Parental monitoring, negotiated unsupervised time, and parental trust: The role of perceived parenting practices in adolescent health risk behaviors. *Journal of Adolescent Health, 33*, 60-70.

Bourdeau, B., Thomas, V. K., & Long, J. K. (2008). Latino sexual styles: Developing a nuanced understanding of risk. *Journal of Sex Research, 45*, 71-81.

Brodie, M., Foehr, U., Rideout, V., Baer, N., Miller, C., Flourney, R., et al. (2001). Communicating health information through the entertainment media: A study of the television drama ER lends support to the notion that Americans pick up information while being entertained. *Health Affairs, 20*, 192–199.

Brown, W. J., & Fraser, B. P. (2004). Celebrity identification in entertainment-education.

In A. Singhal, M. J. Cody, E. M. Rogers, & M. Sabido (Eds.), *Entertainment-education and social change: History, research and practice* (pp. 97–115). Mahwah, NJ: Lawrence Erlbaum.

Brown, J.D., Steele, J.R. & Walsh-Childers, K. (2002). *Sexual Teens, Sexual Media. Investigating Media's influence on Adolescent Sexuality*. London: Lawrence Erlbaum.

Byrnes, J.P. (1998). *The nature and development of decision-making: A self-regulation model*. Mahwah, NJ: Erlbaum.

Campen, K. S.V., Romero, A. J. (2012). How are self-efficacy and family involvement associated with less sexual risk taking among ethnic minority adolescents?. *Family Relations*, 61, 548-558. doi:10.1111/j.1741-3729.2012.00721.x

Card, J.J., & Wise, L. L. (1978). Teenage mothers and teenage fathers: The impact of early childbearing on the parents' personal and professional lives. *Family planning perspectives*, 10 (4).

Cardoza, V. J., et al. (2012). Sexual health behavior interventions for U.S. Latino adolescents: A systematic review of the literature. *North American Society for Pediatric and Adolescent Gynecology*, 136-149. doi:10.1016/j.jpap.2011.09.011

Center for Disease Control. (2013). HIV Surveillance Report, 23. Available from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

Centers for Disease Control and Prevention. (2012). Vital signs: HIV infection, testing, and risk behaviors among youths. *Morbidity and Mortality Weekly Report*, 61.

Chambers, K. .B. (2003). Safer sexual decision making in adolescent women: Perspectives from the conflict theory of decision-making. *Issues in Comprehensive Pediatric Nursing*, 26, 129–143. doi: 10.1080/01460860390223853

Chapin, J. (2001). It won't happen to me: The role of optimistic bias in African American

teens' risky sexual practices. *The Howard Journal of Communications*, 12, 49–59.

Christopher, F.S. & Cate, R.M. (1984). Factors Involved in Premarital sexual decision-making. *The Journal of Sex Research*, 20 (4), 363-376.

Cohen, J. (2001). Defining identification: A theoretical look at the identification of audiences with media characters. *Mass Communication & Society*, 4, 245–264.

Collins, R. L., Elliott, M. N., Berry, S. H., Kanouse, D. E., & Hunter, S. B. (2003). Entertainment television as a healthy sex educator: The impact of condom-efficacy information in an episode of “Friends.” *Pediatrics*, 112(5), 1115–1121.

Commendador, K. (2007). The relationship between female adolescent self-esteem, decision making, and contraceptive behavior. *Journal of the American Academy of Nurse Practitioners*, 19, 614-623. doi:10.1111/j.1745-7599.2007.00267.x

Cromwell, R. E. & Ruiz, R. A. (1979). The myth of macho dominance in decision making within Mexican and Chicano families. *Hispanic Journal of Behavioral Sciences*, 1(4), 355-373. DOI: 10.1177/073998637900100404

Crouter, A. C. & Booth, A. (2006). *Romance and sex in adolescence and emerging adulthood: Risks and opportunities*. Mahwah, NJ: Erlbaum.

Dal Cin, S., Zanna, M. P., & Fong, G. T. (2004). Narrative persuasion and overcoming resistance. In E. S. Knowles & J. A. Linn (Eds.) *Resistance and Persuasion*. Mahwah, NJ: Erlbaum.

Darabi, K. F., Dryfoos, J., & Schwartz, D. (1986). Hispanic Adolescent Fertility. *Hispanic Journal of Behavioral Sciences*, 8, 157- 171. doi: 10.1177/07399863860082004

Deardorff, J., Tschann, M., Flores, E., et al. (2010). Sexual values and risky sexual behaviors among Latino youths. *Perspectives on Sexual and Reproductive Health*, 42, 23.

Dejong, W. & Winston, J. A. (1998). The Media and the message: Lessons learned from past public service campaigns. Washington DC: The National Campaign to Prevent Teen Pregnancy.

DiClemente, R. J., Wingood, G. M., Crosby, R., Sionean, C., Cobb, B. I., Harrington, K., Davies, S., Hook, E. W., 3rd, & Oh, M. K. (2001). Parental monitoring: Association with adolescents' risk behaviors. *Pediatrics*, 107, 1363 – 1368.

Dinh, K. T., Roosa, M. W., Tein, J. Y., & Lopez, V. A. (2002). The relationship between acculturation and problem behavior proneness in a Hispanic youth sample: A longitudinal mediation model. *Journal of Abnormal Child Psychology*, 30, 295 – 309.

Ditto, P. H., Pizarro, D. A., Epstein, E. B., Jacobson, J. A., & MacDonald, T. K. (2006). Visceral influences on risk taking behavior. *Journal of Behavioral Decision Making*, 19 (2), 99–113

Driscoll, A.K. et al. (2001). Adolescent Latino reproductive health: A review of the literature. *Hispanic Journal of Behavioral Sciences*, 23(3), 255-326.

doi: 10.1177/0739986301233001

Edward, S. (1994). The role of men in contraceptive decision-making: Current knowledge and future implications. *Family Planning Perspectives*, 26(2), 77-82.

El Paso County Quick Facts from the U.S. Census Bureau. (2014). Available from <http://quickfacts.census.gov/qfd/states/48/48141.html>

Evans, A. (2000). Power and negotiation: Young women's choices about sex and contraception. *Journal of Population Research*, 17 (2), 143-162.

Jacobs, J.E., & Klaczynski, P.A. (2005). The development of judgment and decision making in children and adolescents. Mahwah, NJ: Erlbaum.

- Fantasia, H. C. (2008). Concept analysis: Sexual decision-making in adolescence. *Nursing Forum*, 43 (2), 80-90.
- Farris, C., & Fishchhoff, B. (2012). A decision science–informed approach to sexual risk and non consent. *Clinical Translational Science Journal*, 5, 482-485. doi: 10.1111/cts.12017
- Faulkner, S. L. (2003). Good girl or flirt girl: Latinas' definitions of sex and sexual relationships. *Hispanic Journal of Behavioral Sciences*, 25, 174-200.
doi: 10.1177/0739986303025002003
- Felton, G. M., & Bartoces, M. (2002). Predictors of initiation of early sex in black and white female adolescents. *Public Health Nursing*, 19 (1), 59–67.
- Finer, L. B. & Philbin, J. M. (2013). Sexual initiation, contraceptive use, and pregnancy among young adolescents. *Pediatrics*, 131(5), 886-891
- Finer, L. B., and Zolna, M.R. (2014). “Shifts in intended and unintended pregnancies in the United States, 2001–2008.” *American Journal of Public Health*, 104 (S1), S43-S48.
- Finucane, M. L., Alhakami, A., Slovic, P., & Johnson, S. M. (2000). The affect heuristic in judgments of risks and benefits. *Journal of Behavioral Decision Making*, 13, 1–17.
- Fishbein, M. (2003). Toward an understanding of the role of perceived risk in HIV prevention research. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach*. Thousand Oaks, CA: Sage.
- Fletcher, J. M. & Barbara, W. L. (2012). The effects of teenage fatherhood on young adult outcomes. *Economic Inquiry*, 50(1), 182-201.
- Frost, J. J., & Darroch, J. (1995). Understanding the impact of effective teenage pregnancy prevention programs. *Family Planning Perspectives*, 27 (5), 188-195.
- Garwick, A., Nerdahl, P., Banken, R., Muenzenberger-Bretl, L., & Sieving, R. (2004).

Risk and protective factors for sexual risk taking among adolescents involved in Prime Time. *Journal of Pediatric Nursing*, 19(5), 340–350.

Gage, A. J. (1998). Sexual activity and contraceptive use: The components of the decision-making process. *Studies in Family planning*, 29(2), 154-166. DOI: 10.2307/172156

Gardner, M., & Steinberg, L. (2005). Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology*, 41(4), 625-635. doi: 10.1037/0012-1649.41.4.625

Gilliam, M.L. (2007). The role of parents and partners in the pregnancy behaviors of young Latinas. *Hispanic Journal of Behavioral Sciences*, 29(1), 50-67.
doi: 10.1177/0739986306295036

Giles, D. C. (2002). Parasocial interaction: A review of the literature and a model for future research. *Media Psychology*, 4, 279–305.

Goossens, L., Beyers, W., Emmen, M., & Van Aken, M. A. G. (2002). The imaginary audience and personal fable: Factor analyses and concurrent validity of the “New Look” measures. *Journal of Research on Adolescence*, 12, 193–215.

Grady, W.R., et al. (1996). Men's perceptions of their roles and responsibilities regarding sex, contraception and childrearing. *Family Planning Perspectives*, 28(5), 221-226.

Green, M. C., Brock, T. C., & Kaufman, G. F. (2004). Understanding media enjoyment: The role of transportation into narrative worlds. *Communication Theory*, 14, 311–327.

Green, M. C., Strange, J. J., & Brock, T. C. (2002). Narrative impact: Social and cognitive foundations. Mahwah, NJ: Erlbaum.

Hamilton, B. E., Martin, J. A., Osterman, M. J. K., & Curtin, S. C. (2014). Births: Preliminary data for 2013. *National vital statistics reports web release*, 63(2). Hyattsville, MD:

National Center for Health Statistics.

Hamilton, B. E., Martin, J. A. & Ventura, S. J. (2012). Births: preliminary data for 2011, *National Vital Statistics Reports*, 61(5). Available from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05.pdf

Harvey, S.M., & et al. (2002) Relationship power, decision making, and sexual relations: An exploratory study with couples of Mexican origin. *The Journal of Sex Research*, 39(4), 284-291.

Hastie, R., & Dawes, R. M. (2001). *Rational choice in an uncertain world: The psychology of judgment and decision-making*. Thousand Oaks, CA: Sage.

Heavey, E. J. et al. (2008). Female Adolescents' Perceptions of Male Partners' Pregnancy Desire. *Journal of Midwifery & Women's Health*, 53(4), 338-344.

DOI: 10.1016/j.jmwh.2007.12.002

Health Indicators: Unsafe sexual practice and teen pregnancy. (2012). *El Paso County Health Indicators Report*, 44-47.

Hinyard, L. J., & Kreuter, M. W. (2007). Using narrative communication as a tool for health behavior change: A conceptual, theoretical, and empirical overview. *Health Education & Behavior*, 34, 777-792.

Horton, D., & Wohl, R. R. (1956). Mass communication and parasocial interaction: Observations on intimacy at a distance. *Psychiatry*, 19, 215-229.

Jacobs, J. E. & Klaczynski, P. A. (2002). The development of judgment and decision making during childhood and adolescence. *Current Directions in Psychological Science*, 11, 145-149.

- Jenkins, H., Ford, S., & Green, J. (2013). *Spreadable media: Creating value and meaning in a networked culture*. New York: New York University Press.
- Juhasz, A. (1975). A chain of sexual decision-making. *The Family Coordinator*, 24(1), 43-49.
- Johnson, R. J., McCaul, K. D., & Klein, W. M. P. (2002). Risk involvement and risk perception among adolescents and young adults. *Journal of Behavioral Medicine*, 25(1), 67–82.
- Kennedy, M. G., O’Leary, A., Beck, V., Pollard, W. E., & Simpson, P. (2004). Increases in calls to the CDC national STD and AIDS Hotline following AIDS-related episodes in a soap opera. *Journal of Communication*, 54, 287–301.
- Kershaw, T. S., Ethier, K. A., Niccolai, L. M., Lewis, J. B., & Ickovics, J. R. (2003). Misperceived risk among female adolescents: Social and psychological factors associated with sexual risk accuracy. *Health Psychology*, 22(5), 523–532.
- Kirkendall, L.A. (1967). Characteristics of sexual decision-making. *The Journal of Sex Research*, 3 (3), 201-211.
- Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health*, 42, 344-351. doi:10.1016/j.jadohealth.2007.08.026
- Kost, K. & Henshaw, S. (2012) U.S. Teenage Pregnancies, Births and Abortions, 2008: State Trends by Age, Race and Ethnicity, New York: Guttmacher Institute.
- Kunkel, D., Farinola, W., Cope-Farrar, K., Donnerstein, E., Biely, E., & Zwarun, L. (2002). Deciphering the V-Chip: An examination of the television industry’s program rating judgments. *Journal of Communication*, 52, 112-138.

Ledoux, S., Miller, P., Choquet, M., & Plant, M. (2002). Family structure, parent-child relationship, and alcohol and other drug use among teenagers in France and the United Kingdom. *Alcohol and Alcoholism*, 37, 52 – 60.

Lescano, C. M., Vazquez, E. A., Brown, L. K., Litvin, E. B., & Pugatch, D. (2006). Condom use with “casual” and “main” partners: What’s in a name? *Journal of Adolescent Health*, 39, 443e1–443e7.

Lenoir, C. D., Adler, N. E., Borzekowski, D. L. G., Tschann, J. M., & Ellen, J. M. (2006). What you don’t know can hurt you: Perceptions of sex-partner concurrency and partner-reported behavior. *Journal of Adolescent Health*, 38, 179–185.

Lindlof, T. R. & Taylor, B. C. (2011). *Qualitative communication research methods*. Thousand Oaks, CA: Sage Publications

Manning, W. D., Giordano, P. C., & Longmore, M. A. (2006). Hooking up: The relationship contexts of “nonrelational” sex. *Journal of Adolescent Research*, 21(5), 459–483.

Marín, B. V. (2003). HIV prevention in the Hispanic community: sex, culture, and empowerment. *Journal of Transcultural Nursing*, 14(3), 186-192.

Marín, B. V., Gomez, C. A., Tschann, J. M., & Gregorich, S. E. (1997). Condom use in unmarried Latino men: A test of cultural constructs. *Health Psychology*, 16(5), 458-467.

Martin J.A. et al. (2012) Births: final data for 2010, National Vital Statistics Reports, 61(1).

Maskay, M. H., & Juhasz, A. (1983). The decision-making process model: Design and use for adolescent sexual decisions. *Family Relations*, 32(1), 111-116.

Mellow, R. M., Slaymaker, E., & Cleland, J. (2013). Recognizing and overcoming challenges of couple interview research. *Qualitative Health Research*, 23(10), 1399–1407. DOI: 10.1177/1049732313506963

Michels, T. M., Kropp, R. Y., Eyre, S. L., & Halpern- Felsher, B. L. (2005). Initiating sexual experiences: How do young adolescents make decisions regarding early sexual activity?. *Journal of Research On Adolescence*, 15(4), 583–607.

Miles, M. B., Huberman, A. M. & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook*. Thousand Oaks, CA: Sage Publications.

Morgan, D. L., Ataie, J., Carder, P. & Hoffman, K. (2013). Introducing dyadic interviews as a method for collecting qualitative data. *Qualitative Health Research*, 23(9), 1276–1284. DOI: 10.1177/1049732313501889

Moyer-Gusé, E. (2008). Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory*, 18, 407–425.

Moyer-Gusé, E., Chung, A., & Jain, P. (2011). Identification with characters and discussion of taboo topics after exposure to an entertainment narrative about sexual health. *Journal of Communication*, 61(3), 387–406.

Moyer-Gusé, E., Mahood, C., & Brookes, S. (2011). Entertainment-Education in the context of humor: Effects on safer sex intentions and risk perceptions. *Health Communication*, 26, 765–774. DOI: 10.1080/10410236.2011.566832

Moyer-Gusé, E., & Nabi, R. L. (2010). Explaining the persuasive effects of entertainment-education: An empirical comparison of three theories. *Human Communication Research*, 36, 26–52.

Moyer-Gusé, E., Nabi, R. L. (2011). Comparing the effects of entertainment and

educational television programming on risky sexual behavior. *Health Communication*, 26, 416–426. DOI: 10.1080/10410236.2011.552481

Papa, M. J., Singhal, A., Law, S., Pant, S., Sood, S., Rogers, E. M., et al. (2000). Entertainment-education and social change: An analysis of parasocial interaction, social learning, collective efficacy, and paradoxical communication. *Journal of Communication*, 50(4), 31–55.

Pazol, K., Creanga, A. A., Burley, K. D., Hayes, B. & Jamieson, D. J. (2013). Abortion Surveillance- United States, 2010. *Center for Disease Control*, 62(ss08), 1- 44.

Pearson, J. (2006). Personal Control, self-efficacy in sexual negotiation, and contraceptive risk among adolescents: The role of gender. *Sex Roles*, 54, 615-625.
DOI: 10.1007/s11199-006-9028-9

Peterson, M. (2009). *An Introduction to Decision Theory*. Cambridge, M.A.: Cambridge University Press.

Preiss, B. M. Gayle & N. Burrell (Eds.), *Interpersonal communication research: Advances through meta-analysis* (pp. 263–280). Mahwah, NJ: Erlbaum.

Pulerwitz, H., Amaro, W., De Jong, S. L., Gortmaker, S. L., & Rudd, R. (2002). Relationship power, condom use and HIV risk among women in the USA. *AIDS Care*, 14(6), 789-800

Raine, T. R., et al. (2010). Contraceptive decision-making in sexual relationships: young men's experiences, attitudes and values. *Culture, Health & Sexuality*, 12(4), 373–386.

Randolph, W. & Viswanath, K. (2004). Lessons learned from public health mass media campaigns: Marketing health in a crowded media world. *Annual Review of Public health*, 24, 419-437.

Risman, B., & Schwartz, P. (2002). After the sexual revolution: Gender politics in teen dating. *Contexts*, 1, 16-24.

Rosengard, C. Adler, N. E., Gurvey, J. E. & Jonathan, M. (2005). Adolescent partner-type experience: Psychosocial and behavioral differences. *Perspectives on Sexual and Reproductive Health*, 37(3).

Russell, L.D., Alexander, M. K. & Corbo, K. F. (2000). Developing culture-specific interventions for Latinas to reduce HIV high-risk behaviors. *Journal of the Association of Nurses in AIDS Care*, 11(3), 70-76.

Satterwhite, C. L. et al. (2013). Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sexually Transmitted Diseases*, 40(3), 187-93.

Schooler, D., Ward, L.M. Merriwether, A., & Caruthers, A. S. (2005). Cycles of shame: menstrual shame, body shame, and sexual decision-making. *The Journal of Sex Research*, 42 (4), 324-334.

Schwarzer, R., & Luszczynska, A. (2006). Self-efficacy, adolescents' risk-taking behaviors, and health. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (pp. 139-159).

Senge, P. & Scharmer, O. (2001). Community action research. Peter Reason and Hilary Bradbury, eds., *Handbook of Action Research*, Thousand Oaks, CA: Sage Publications.

Shornack, L.L. (1986). Teenage Pregnancy: A problem of sexual decision-making or of social organization?. *International Journal of Sociology of the Family*, 16 (2), 307-326.

Singh, S., & Darroch, J. E. (2003). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives*, 32, 14-23.

Singhal, A., & Rogers, E. M. (2001). The Entertainment-Education Strategy in Communication Campaigns. In R.E. Rice and C. Atkins (Eds.) *Public Communication Campaigns*, 3rd Edition. Thousand Oaks, CA: Sage Publications.

Singhal, A., & Rogers, E. M. (1999). Entertainment-education: A communication strategy for social change. Mahwah, NJ: Lawrence Erlbaum Associates.

Singhal, A. & Rogers, E. M. (2004). The Status of Entertainment-Education Worldwide. In A. Singhal, M. J. Cody, E.M. Rogers, & M. Sabido (eds.), *Entertainment-Education and Social Change: History, Research, and Practice* (pp. 3-20). Mahwah, NJ: Erlbaum.

Singhal, A., Wang, H. & Rogers, E. M. (2013). The entertainment-education communication strategy in communication campaigns. In R.E. Rice and C. Atkins (eds.) *Public communication campaigns* (pp. 321-334). 4th edition. Beverley Hills, CA: Sage Publications.

Slater, M. D., & Rouner, D. (2002). Entertainment-education and elaboration likelihood: Understanding the processing of narrative persuasion. *Communication Theory*, 12, 173–191.

Slovic, P., Finucane, M. L., Peters, E., & MacGregor, D. (2003). Risk as Analysis and Risk as Feelings: Some Thoughts about Affect, Reason, Risk, and Rationality. Paper presented at the National Cancer Institute workshop on Conceptualizing and Measuring Risk Perceptions, Washington, D.C., February 13-14, 2003

Snyder, L. B. et al. (2004). A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication*, 9(S1), 71-96.

Sood, S., Menard, T., & Witte, K. (2004). The theory behind entertainment-education. In A. Singhal, M. J. Cody, E. M. Rogers, & M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (pp. 117–145). Mahwah, NJ: Lawrence Erlbaum.

- Soul City Institute. (2008). Soul city series. Retrieved from <http://www.soulcity.org.za/programmes/the-soul-city-series/>
- Stattin, H., & Kerr, M. (2000). Parental monitoring: A reinterpretation. *Child Development, 71*, 1072 – 1085.
- Talashek, M. L., Alba, M. L., & Patel, A. (2006). Untangling the health disparities of teen pregnancy. *Journal for Specialists in Pediatric Nursing, 11* (1), 14–27.
- Texas Adolescent Reproductive Health Facts. (2011). Available from <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/tx.html>
- Tschann, J. M., Flores, E., De Groat, C. L., Deardorff, J., & Wibbelsman, C. J. (2010). Condom negotiation strategies and actual condom use among Latino youth. *Journal of Adolescent Health, 47*(3), 254-62.
- U.S. Census Bureau. (2013). Current Population Survey, Annual Social and Economic Supplement, 2012. Washington, DC: U.S. Census Bureau. DOI: 10.1080/13691050903524769
- Velez-Pastrana, M. C., Gonzalez-Rodriguez, R. A., & Borges-Hernandez, A. (2005). Family functioning and early onset of sexual intercourse in Latino adolescents. *Adolescence, 40*, 777 – 791.
- Von Sadvoszky, V., Keller, M. L., Vahey, D. C., McKinney, K., Powwattana, A., & Pornchiakate, A. (2003). Situational factors involved in college students' safer and riskier sexual encounters. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 32*(5), 612–622.
- Von Sadvoszky, V., Vahey, D. C., McKinney, K., & Keller, M. L. (2006). Emotions involved in college students' sexual encounters. *Western Journal of Nursing Research, 28*(7), 864–879.
- Wang, H. & Singhal, A. (2009). Entertainment-education through digital games. In

Ritterfeld, U., Cody, M. J., & Vorderer, P. (Eds.) *Serious games: Mechanisms and effects* (pp. 271-292). New York: Routledge.

Ward, L. M., & Rivadeneyra, R. (1999). Contributions of entertainment television to adolescents' sexual attitudes and expectations: The role of viewing amount versus viewer involvement. *Journal of Sex Research, 36*, 237–249.

Weinstock, H., Berman, S., & Cates, W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health, 36* (1), 6–10.

Westley, F., Zimmerman, B. & Patton, M. Q. (2007). *Getting to may be: How the world is changed*. Canada: Vintage.

Wood, J. M., Koch, P. B., & Mansfield, P. K. (2006). Women's sexual desire: A feminist critique. *Journal of Sex Research, 43*, 236-244.

Zukoski, A. P., Harvey, S. M., Oakley, O., & Branch, M. (2011). Exploring power and sexual decision making among young Latinos residing in rural communities. *Women's Health Issues, 21*(6), 450-457.

Zwane, I. T., Mngadi, P. T., & Nxumalo, M. P. (2004). Adolescents' views on decision-risky sexual behavior. *International Nursing Review, 51*, 15–22.

Vita

Anu Sachdev

My research and application competencies have grown through my experience and proactivity in graduate school. I specialize in entertainment-education, complexity science, positive deviance approach to social change, liberating structures and strategic innovation management. My goal is to be in organizational roles that allow me to bring innovation in teams and program implementation in communication for social change projects around the world.

I graduated with my M.A. in communication from University of Texas at El Paso in 2014 with a 4.0 GPA. I was awarded as the outstanding graduate student in communication (2013-14) and earned the title of Allen and Paul C. Davidson UTEP Scholar (2013-2014).

As a graduate teaching assistant, I independently taught public speaking and digital media production courses. In April 2014, I was awarded as the university graduate teacher of the year (2013-14). Throughout three semesters as a research assistant, I co-led various research projects around the U.S. and facilitated Social Justice Initiative programs.

I presented my novel research projects at the International Communication Association annual conferences and have volunteered my time to organize and facilitate conference proceedings at various locations. I have worked professionally with Johns Hopkins University Center for Communication Programs, Breakthrough, PCI-Media Impact and Population Foundation of India on diverse communication for social change projects on various social issues.

In 2012, I earned my M.Sc. with honors in development communication and extension at the University of Delhi, India after my Bachelor of Science. I also hold a certificate in Radio Production and Media Management from Michigan State University.